

Regulating and Controlling Addiction among Youth @ 2047

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Abstract

Addiction is a neuropsychological disorder characterized by a persistent urge to use a drug or engage in a behaviour that provides the individual with a so-called needed reward. The irony of addiction is that the affected individual cannot live in a normal state without the required substance or behaviour. Usually, it falls into two broad categories: Substance Addiction and Behavioural Addiction. A third type of addiction is known as Impulse Control Addiction. Physical/Substance addiction demands alcohol, tobacco, opioids, etc., as rewarding agents, whereas behavioural addiction is associated with sex, food, work, pornography, etc., as relievers from stressful states. Impulse Control Disorders are associated with the urges and behaviours that pose a risk to the individual or others. A large portion of our youth suffers from addiction, which turns our demographic dividend in a negative direction. Without regulating addiction among our youth, we will not be able to achieve a *Viksit Bharat* by 2047. Although we possess extensive knowledge and data on addiction through research in various fields, what we need is an integrated approach for its regulation, management, and control. Education is the most potent means for this, and our educational institutions must be held accountable. The government must put proper educational policies and plans in place and take decisive steps. We, along with our education system and the concerned government, must take measures such as ensuring universal primary education for one and all; providing universal and vocational secondary education to all; focusing on publicly funded tertiary education; strengthening publicly funded higher education along with technical and professional education; designating a weekly or fortnightly electronic gadget-free day in educational institutions from primary to higher levels; arranging frequent group activities in every educational institution in the nation; and employing more group-centred methods and approaches across all classes. Among the four pillars of *Viksit Bharat* specified by the government—*Yuva* (Youth), *Garib* (Poor), *Mahilayen* (Women), and *Annadata* (Farmers)—the youth is the key pillar as it cuts across every other group. *Viksit Bharat @ 2047* demands the channelisation of our youth's potential to its maximum limit, for which they must be protected from every form of addiction. Addiction regulation, management, and control must become our national agenda to attain our ultimate goal: *Viksit Bharat @ 2047*.

Key Words: Addiction, Substance, Behavioural, Impulse Control, Youth, *Viksit Bharat*, Universal Education.

Addiction as a Concept

Addiction is a neuropsychological disorder characterized by a persistent and intense urge to use a drug or engage in a behaviour that produces the required reward. WHO (2019) defines, "Addiction is a chronic disease. It affects a person's brain and changes their behaviour so that they act in a way that harms them. They become unable to stop taking a drug or engaging in a

certain behaviour (gambling, shopping, online gaming) to the point where it becomes harmful." The addicted person continues to use the substance or engage in the behaviour even though it causes harm and produces negative consequences. Addiction is a complex chronic condition characterized by compulsive engagement in substance use or behaviour despite its negative and harmful effects. WHO (2019) asserts, "Addiction is a chronic relapsing disease once you have passed the initial phase of detoxification or got established on an opioid substitution programme, you need to learn how to cope and prevent the risk of relapsing into use." It is about a loss of control and inability to abstain from the urge of the behaviour or the substance. It is a brain disease as repeated use of the substance affects brain structure and function. Addiction and conditioning are distinct yet significantly related and intertwined. The Operant Conditioning Theory of Learning explains how drug-seeking behaviours are learned through positive or negative reinforcement. The Classical Conditioning Theory of Learning also explains how environmental cues trigger cravings. Obsession and addiction are also related, as they share underlying brain mechanisms. Although obsession influences addiction, they are not the same. Obsession is an unwanted urge or thought that is distressing in nature and rooted in fear, whereas addiction involves a compulsive drive toward a substance or behaviour motivated by a desire for pleasure. Individuals with conditions like Obsessive Compulsive Disorder (OCD) are at risk of being addicted. This is due to the anxiety caused by the disorder. Anxiety in any form may direct towards addiction. The anxiety of addiction can also trigger obsessive thoughts and behaviours. Obsessions can fuel addictions and addictions can intensify obsessive behaviour and thought. Both these phenomena affect brain circuits related to decision-making, impulse control, and reward processing. In fact, obsession and addiction overlap and mutually influence each other. Furthermore, addiction is a recognized disease that affects multiple areas of an individual's life—mental, physical, emotional, and social. It is a chronic condition of the individual that demands a holistic approach to treatment. Without proper care and treatment, the individual cannot attain his/her personality, thinking, and behaviour patterns. Lahariya and Vaz (2023) while discussing youth health issues in terms of mental health; alcohol and drug use; tobacco use; physical inactivity; diabetes and hypertension; and other health problems have aptly suggested, "Prevention of ill health effects in youth can have long-term benefits individually, at family level and at national level. The policies aimed at youth should be targeted at healthier lifestyle, adaption of regular physical activity and health prevention and promotion measures. Healthy youth today will make healthy nation tomorrow."

Two Broader Types of Addiction

Broadly, addiction can be classified into two categories: (1) Substance Addiction, and (2) Behavioural Addiction. Substance addiction is related to the involvement of physical dependence on drugs or alcohol. In this type of addiction, the body develops a demand for drugs or alcohol, and their non-availability causes bodily functions to go out of control. Behavioural addiction is about compulsive engagement in non-substance activities like the use of pornography, mobile use, gaming, gambling, etc. Common examples of substance use or substance addiction are the use of alcohol, nicotine, opioids, etc. Common examples of behavioural addiction are internet use, work addiction, sex, and many more. In a discussion with psychiatrists at the Indira Gandhi Institute of Medical Sciences, Patna, *Dainik Jagran Daily* (2025) reported that 40% of children are becoming mobile addicts, and excessive mobile use is pushing them toward depression, anxiety, and negative thought orientations.

Substance Addiction

There are different types of substance addictions affecting addicted individuals, producing physical and psychological dependence. Tedela, R (2021) reflects, "Drug abuse is a serious problem worldwide and India is not immune to this problem as it creates a hurdle in the development of our country. According to the Annual Report 2018-19 of Ministry of Social Justice and Empowerment, it clearly states that in India, males aged between 15 and 35 are indulged in drug addiction. Up to 20% of injecting drug users are female, and some users are under 18." These drug addictions include the following:

- **Alcohol Addiction or Alcoholism:** An alcohol-addicted person has a chronic dependence on alcohol. Alcohol intake leads to negative health effects and social consequences. The individual's body and brain come under the control of alcohol, leading to a loss of control over their own body.
- **Drug Addiction:** There are several drugs prohibited by the law such as heroin, cocaine, etc. These illegal drugs make the individual dependent. The individual cannot work or behave normally without intake.
- **Nicotine Addiction:** Dependency on tobacco products like cigarettes, khaini, bidi, etc., constitutes nicotine addiction, and those products adversely affect human health.
- **Inhalant Addiction:** This type of addiction involves inhaling chemical products through the nose, such as paint, thinner, gasoline, glue, etc. These chemicals produce dangerous impacts on the individual.
- **Cannabis Use Addiction:** In this type of addiction, cannabis or marijuana affects a person's mental health. Cannabis consists of psychoactive preparations made from plants of the *Cannabis* genus. It affects the human nervous system; while it may sometimes help a person feel relaxed or relieved from pain, the individual's overall health is badly affected due to its intake.

Behavioural Addiction

Behavioural addictions involve compulsive engagement in certain activities that release pleasure hormones like dopamine, though they produce negative impacts on the human body, mind, and health. Das, S and Pandey, MK (2023) note regarding behavioural addiction, "With the availability of a techno-savvy young population and energetic medical students who are also very much computer proficient, we can aspire to lead the world in developing a successful model to tackling the problem of behavioural addiction. In the coming years, we are expected to have a robust action plan for the entire country." In one sense or another, it captures individual minds. Behavioural addictions include the following:

- **Gambling Addiction:** In this type of behavioural addiction, the concerned person exhibits a compulsive urge to engage in gambling activities, which affects their health through financial losses and other negative consequences.
- **Video Game Addiction:** Video game addiction is becoming quite common among present-day children due to the easy and frequent availability of mobile phones. Adults also suffer from this addiction, which captures and controls human behaviour and, more particularly, brain functioning, leading to excessive and compulsive engagement in video games.
- **Internet Addiction:** Excessive use of internet, social media, and online forums has become common due to data availability and accessibility at low prices. Modern lifestyle and individual living arrangements have also contributed to this type of addiction.

- Food Addiction: This involves compulsive overeating or binge eating.
- Shopping Addiction: This involves a compulsive need to buy things, creating financial and personal problems where the goal is a sense of pleasure rather than need-based shopping.
- Exercise Addiction: This relates to an excessive and compulsive need to exercise, causing many problems and occasionally leading to issues like heart attacks.
- Sex Addiction: This involves compulsive engagement in sexual activities, including pornography, which has negative impacts, causes distress, and results in poor consequences. There are other behavioural addictions driven by a compulsive search for pleasure that lead to adverse consequences for an individual's normal functioning. Between the two types, substance addiction is a larger issue, and the medical world is working on this aspect with greater concentration and planning.

Nature of Addiction

The nature of addiction includes the following:

- Compulsive in Nature and Loss of Control: The addicted person has an overwhelming urge to use the required substance and is unable to control the urge or distance themselves from the substance or behaviour, experiencing intense mind and body demands.
- Preoccupation and Obsessive Character: The addicted person spends a significant amount of time thinking about the substance or behaviour and is always in search of it to satisfy their urge.
- Continuity in Nature and Negative in Consequence: Addiction is a continuous process that persists even when it harms physical, mental, and emotional health, social relationships, and financial status, without the individual caring for the consequences.
- Decreased Tolerance: The individual dependent on the addictive substance or behaviour experiences a loss of tolerance, falling under its control as the required amount and intensity continually increase to achieve the desired effect, while their baseline tolerance level drops.
- Difficulty in Withdrawal: The individual becomes so dependent that they find withdrawal near impossible, experiencing severe physical and psychological unpleasantness upon attempting to stop.
- Loss of Interest in Other Activities: The addicted person loses all interest in hobbies and other activities, becoming so controlled by the substance or behaviour that they sacrifice previously enjoyable acts and social interactions.
- Lack of Manifestation and Undue Secrecy: The concerned individual hides their substance use or behaviour from loved ones, concealing their actions and resorting to lying when questioned.
- Negative Social Impact: The individual finds difficulty in adjusting and maintaining social relationships, struggles to perform work tasks, and distances themselves from friends and loved ones.
- Brain Control Issue: Addiction gradually produces chronic effects on the brain, successively compromising the brain's reward system, self-control, and stress management mechanisms.

- **Many More Unspecified Varieties:** While classified broadly, addiction has many varieties that cannot all be individually categorized.
- **Relapsing in Nature:** It is a relapsing problem or disease, meaning that even after recovery through treatment, individuals experience periods of abstinence followed by a return to addictive behaviour.

Third Type of Addiction

Some sources classify addiction into three categories instead of two: Physical, Behavioural, and Impulse Control. Physical addiction is associated with the use of substances and an individual's dependence on them, including alcohol, tobacco, opioids, marijuana, cocaine, etc. Physical addiction may occur due to peer pressure, preexisting mental health conditions, neurotransmitter imbalances, family history, or attempts to cope with emotional instability, and is primarily treated through counselling and detoxification. Behavioural addictions do not involve substance use but rather compulsive engagement in maladaptive behaviours such as sex, food, work, exercise, and pornography addiction. These carry significant physical, mental, emotional, and social consequences and stem from mental health issues, changes in brain functioning, or life stressors, treated primarily through psychotherapy and rehabilitation facilities. Impulse control disorders involve urges and behaviours that pose risks to the individual or others, leading to social impairments through trouble in resisting excessive and harmful impulsive actions. This type includes gambling disorders, pyromania, kleptomania, intermittent explosive disorder, etc., caused by biological, social, genetic, and environmental factors, and treated primarily through therapies like Cognitive-Behavioural Therapy (CBT).

Three Addictions and its Specific Treatment

Based upon the type and nature of addiction, treatment is provided individually, with each patient receiving a personalized plan addressing their specific addiction, co-occurring mental health conditions, and overall health. Options include medication, therapy, support services, Partial Hospitalization Programmes (PHP), Intensive Outpatient Programmes (IOP), counselling sessions, and psychoeducation.

There are distinct differences in treating physical, behavioural, and impulse control addictions:

(1) Treatment Approach for Physical Addiction

Physical addiction treatment approaches include the following methods:

- **Counselling and Behavioural Therapies:** Individual or group counselling sessions organized based on problem severity to help the addicted understand addiction and develop coping strategies.
- **Support Groups:** Peer support groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- **Detoxification:** A medically supervised withdrawal process for safely managing withdrawal symptoms as toxic substances leave the body.
- **Dual Diagnosis Treatment:** Addressing two or more issues simultaneously, particularly co-occurring mental health disorders.
- **Medication-Assisted Treatment (MAT):** Using medications alongside counselling and behavioural therapies to manage substance use disorders that cannot be treated otherwise.

(2) Treatment Approach for Behavioural Addiction

Behavioural addiction treatment approaches include the following methods:

- Cognitive Behavioural Therapy (CBT): Useful for helping individuals identify and change negative thought patterns and behaviours across all addiction types.
- Group Therapy: Employed to help addicted persons learn from the experiences of others with similar addictions and treatment procedures.
- Family Therapy: Addressing family dynamics and improving communication.
- Lifestyle Changes: Instrumental in encouraging healthier habits and activities incompatible with addictive behaviour. (
- Motivational Interviewing: Useful in encouraging an individual's motivation to replace harmful acts with healthier ones and engage with treatment.
- Medication: Needed in cases with co-occurring conditions like anxiety or depression.

(3) Treatment Approach for Impulse Control Addictions

Impulse control addiction treatment approaches include the following methods:

- Cognitive Behavioural Therapy: Employed to treat impulsive behaviours.
- Psychoeducation: Educating individuals about their condition and management strategies.
- Family Therapy: Clarifying family dynamics and improving relationships.
- (iv) Stress Management: Using relaxation techniques and mindfulness to manage stress, which often triggers impulse control issues.
- Medication: Mood stabilizers or SSRIs managed under a genuine medical practitioner.

Complexity of Addiction Treatment

Addiction treatment is a complex and comprehensive process governed by general principles such as:

- Adopting an individualized treatment plan.
- Applying a holistic approach including related health and psychosocial issues.
- Building a support network.
- Maintaining long-term follow-up.

The goal of treatment extends beyond merely stopping addictive behaviour to helping individuals develop healthier coping mechanisms, improve their quality of life, and rebuild relationships. Treatment demands efforts from central and state governments. Pokharna, R (2017) informs, "The central and the state government have come together to empower the youth of insurgency affected areas so as to motivate them to contribute to the growth of their area and thus the country at large." Just as insurgency has been addressed through specific measures, youth addiction can be managed and minimized. Awareness efforts through educational institutions are also essential. Rajya Sabha Answer (2024) notes necessary actions under the NAPDDR scheme, including the "organization of workshops and seminars in coordination with various Government agencies and Non-Government Organizations in the country about ill effects of drug trafficking and abuse." Prevention remains better than cure.

Addiction Overlap

Impulse control disorders are less common than substance and behavioural addictions among the general public and youth, and some are considered parts of behavioural or substance addictions due to significant overlap and co-occurring disorders. While debate exists, the most widely recognized categories remain substance and behavioural addictions. Gambling and internet use (behavioural) and alcoholism (substance) are most frequent, whereas specific impulse control disorders like intermittent explosive disorder have a lower prevalence (affecting around 2.7% of the population) and frequently co-occur with substance use disorders (35% to 48% of people). Behavioural and impulse control disorders also frequently co-occur due to similar underlying neurobiology and symptoms involving socially unacceptable or harmful behaviours like stealing, compulsive buying, and aggression. The DSM-5 has placed pathological gambling under substance-related and addictive disorders from impulse control disorders. Behavioural addiction describes compulsive behaviours sharing similarities with substance addiction without the chemical substance.

Addiction and its Relapsing Nature

The relapsing nature of addiction is similar to chronic conditions like high blood pressure or asthma, where compulsive drug-seeking and use continue despite harmful effects due to brain changes that impair self-control and weaken the ability to resist urges. Factors like emotional breakdown, stress, and social pressures trigger intense cravings and a return to drug use or behaviour repetition. Addiction is relapsing due to brain changes, impaired self-control, and the chronic illness model. Substances and addictive behaviours stimulate the brain's release of dopamine, providing pleasure and reinforcing the behaviour. The brain becomes accustomed to this, and baseline tolerance drops without it. Addicted people fail to control impulses and resist intense cravings despite wanting to stop. Relapse is not a treatment failure but an indication that treatment needs to be resumed, modified, or changed completely. Relapse triggers include social pressure, stress, and internal/external cues, unfolding gradually through emotional, mental, and physical relapse stages. Relapse demands protection from overdose risks and the resumption of treatment for improvement.

Addiction is Not Instinct

Addiction is not innate like a biological drive or instinct; rather, it is acquired and learned through a long process. Addiction follows a cycle that includes:

- **Anticipation or Craving:** Starting with a desire for the substance or behaviour triggered by stress, anxiety, or psychological/emotional reasons, rather than a biological need like food.
- **Use or Engagement:** The desire leads to use and engagement in the substance or behaviour.
- **Rewarding Stimuli:** The individual continues because they find the intake rewarding through pleasure and relief.
- **Withdrawal or Cravings:** The individual becomes dependent or habitual as it provides expected relief from problems they are trying to escape. Addiction is a chronic and relapsing brain disorder marked by compulsive reward seeking and impaired self-regulation that persists despite negative consequences.

Causes of Addiction among Indian Youth

Addiction is acquired and learned, driven by major factors among youth including:

- **Peer Pressure:** Peer pressure during late childhood and adolescence is a major reason for acquiring addiction.
- **Family Environment:** A lack of family care, monitoring, cordial parental relationships, or a broken/stressful family environment can lead youth toward behavioural or substance addictions.
- **Availability of Drugs:** Substance availability makes addiction more common, particularly in border states, while unutilized leisure time can lead to behavioural addiction.
- **Stress Management:** Frequent, unmanaged stress, academic pressure, competition, and mental health issues drive youth toward addiction.
- **Glamorization:** Media hype and social platforms glamorize addiction and influence youth.

Common Addiction among Indian Youth

Substance and behavioural addictions are major issues among Indian youth, including widespread use of tobacco, alcohol, and cannabis, alongside gaming and gambling. These trends stem from curiosity, easy access, peer pressure, and gaps in control and discipline, particularly among adolescents. Reddy, KBN and Others (2024) conclude, "The findings reveal complex and evolving picture of addiction in India. Substance abuse, involving alcohol and tobacco, remains a prevalent concern, but emerging trends such as internet addiction and gambling are on the rise, particularly among the youth. Socioeconomic factors, cultural norms, and peer influence were identified as key contributors to addiction vulnerability." Addiction harms youth health and well-being, threatening development and country progress. The WHO notes that addiction adversely affects public health, causing over three million annual deaths from alcohol and drug use, alongside diseases like HIV and hepatitis C from drug injection. Drug abuse constitutes a vital part of addiction among Indian youth. A 2019 Ministry of Social Justice and Empowerment report states that 14.6% of the population uses alcohol (higher in men), and 2.8% uses cannabis. Positioned between major opium-producing regions (Pakistan/Afghanistan/Iran and Thailand/Myanmar/Vietnam/Laos), India also sees use of six other substances: opioids, sedatives, inhalants, cocaine, amphetamines, stimulants, and hallucinogens. As per a 2019 report, 7.2 million people need treatment for cannabis use, 57 million for alcohol use, 6 million for opioids, and 1.1 million for sedatives, with around 160 million people consuming alcohol in the 10-75 age range. Tobacco, alcohol, cannabis (ganja, bhang, charas), opioids, and sedatives are common among Indian youth, with adolescence being the most crucial stage for development of addiction. Data reveals 1.7% of children and adolescents use inhalants, and around 1.8 million children need help for drug abuse. NFHS-5 finds 0.3% of women aged 15-19 consume alcohol and 1.0% use tobacco. NGO surveys indicate 63.6% of drug addiction patients started below age 15, and 13.1% of those involved in substance abuse are under 20. Heroin, opium, alcohol, cannabis, and propoxyphene are the top five drugs consumed by Indian youth. The Ministry of Social Justice and Empowerment (2019) recommends evidence-based, socio-culturally sensitive policies and programmes to address substance use disorders. Behavioural addictions like internet and online gaming addiction, social media addiction, and online shopping are also significantly affecting Indian youth and their families. Reports show 7.4% of college students have gambling-related problems, internet addiction among adolescents ranges from 4.0% to 19.1% (0.7% to 18.3% in adults), and gambling increased by 300% between 2019 and 2022. Behavioural addiction leads to depression, anxiety, poor emotional regulation, social isolation, strained relationships,

workplace problems, and poor academic performance. Similarities between behavioural and substance addictions include pre-initiation craving states, anxiety reduction and positive mood reinforcement from use, emotional dysregulation, high impulsivity and sensation-seeking scores, and low harm avoidance measures.

The Youth and the Viksit Bharat

India is recognized today as the world's youngest nation, and building on this demographic dividend, Prime Minister Shri Narendra Modi has initiated the vision to make India a developed nation (*Viksit Bharat*) by 2047. Thakur, AS (2023) notes, "The World's youngest yet largest democracy is 75 years old today. The nation will celebrate 100 years of independence in 2047. The next 25 years are termed Amrit Kaal by Prime Minister Shri Narendra Modi Ji... The youth of today are the Arjuna of the chariot who will take Bharat on an Amrit Journey." *Viksit Bharat* is an ambitious plan focused on global leadership in education, technology, healthcare, economic development, environmental sustainability, social welfare, entrepreneurship, and innovation. Editorial (2025) shares, "Empowering the Amrit-Seedling, the country's youth, is another cornerstone. With the world's largest young population, the National Education Policy (NEP) 2020 is overhauling the education system." *Viksit Bharat @ 2047* aims for inclusive growth centered on four pillars: (1) Youth (Yuva); (2) Poor (Garib); (3) Women (Mahilayen); and (4) Farmers (Annadata), promoting quality education, healthcare, food security, skilled labor, and zero poverty. Dubey, AK (2017) writes, "In order to meaningfully avail of this demographic dividend, it is essential that the youth are put in a circle of generating beneficial output and constructive inputs." Operating on principles like *Atmanirbhar Bharat*, *Vocal for Local*, innovation, and sustainability, the *Viksit Bharat* plan places youth at the center. Tomar, NS (2019) states, "The largest section in its population comprising of vibrant youth is a clear proof that at present, India has enormous wealth in the form of youth power and dynamic human resource." The Ministry of Youth Affairs transformed the National Youth Festival into the *Viksit Bharat* Young Leaders Dialogue to harness youth potential. On November 18, 2024, Union Minister Shri Mansukh Mandaviya announced the renaming, guided by the Prime Minister's vision to identify and nurture youth talent for the *Viksit Bharat* plan. Wats, RK and Wats, M (2017) share, "The key to youth empowerment is to educate them and make them employable. We cannot talk about sustainable development, for any nation, without the active role of its youth." Initiatives like online quizzes, essay contests, and national forums engage youth as both agents and recipients of change. Youth is defined internationally and in the Indian context as individuals aged 15-29 years, following the National Youth Policy 2014 and previous definitions. Sanghi, Sunita (2017) asserts, "As per the National Youth Policy, 2014 all young persons in the age group 15-29 years constitutes youth population which is diverse group with varying needs, aspirations and requirements." India holds the world's largest youth population, with nearly one-fifth of the world's population, where 50% are below 25 and 65% below 35. Editorial (2019) reveals, "In India more than 65 percent of the population is below the age of 35 years. This favourable demographic dividend has unlocked ample opportunities for India to channelize the energy of youth in the right direction." However, youth face challenges like child labour, malnutrition, child marriage, street children, and addiction. Sevda, P; Garg, S; and Sarkar, S (2025) share, "With India's enormous population, this means that substance use issues affect crores of people. Since these people are frequently in their prime, the economy and society may suffer significant indirect consequences as a result of their drug addiction." Addiction is a major obstacle to *Viksit Bharat @ 2047*, with India housing approximately 371 million youth aged 15-29 (27.3% of the total population).

Controlling Addiction among Youth for Viksit Bharat

Achieving *Viksit Bharat* demands healthy youth manpower. Addiction among Indian youth is a growing public health crisis impacting social and national development, encompassing substance abuse and a significant rise in behavioural addictions like digital addiction. KR, Anish (2025) writes, "Behavioural addiction is emerging as a critical concern in contemporary mental health practice, particularly in the post-COVID context marked by increased digital dependency." Consequences include academic decline, social isolation, mental health issues, suicidal ideation, and physical problems. While the government has initiated programs like *Nasha Mukti Bharat Abhiyan* and limited counselling sessions, much more is needed. Managing addiction requires an integrated approach combining prevention (life skills learning and awareness), early intervention (school/family counselling), and effective treatment (CBT, medication, group therapy). NEP (2020) notes, "Students will be taught at a young age the importance of 'doing what's right' and will be given a logical framework of making ethical decisions." Treatment and rehabilitation must utilize professional services like Cognitive Behavioural Therapy, Family Based Interventions, and Motivational Enhancement Therapy. National curriculum frameworks emphasize health; NCFSE (2023) states, "Through regular participation (and reflection) in sports a person also learns about how they feel and react under different circumstances." NCF (2005) reflects, "Collective and individual responsibilities for health and community living need to be emphasized." NCFSE (2000) highlights that health education must focus on total health.

General steps in education and teaching to consider include:

- Ensuring and attaining universal primary education for each individual child irrespective of status. Managing universal and vocational secondary education for each child.
- Focusing on publicly funded tertiary education. Employing the Common School System nationwide. Strengthening publicly funded higher education across all streams (general, technical, professional).
- Designating weekly or fortnightly electronic gadget-free days in educational institutions from primary to higher levels. Minimizing unnecessary machine implications in teaching-learning processes introduced post-COVID and returning to the formal mode. Initiating face-to-face deliberations in programs like UGC Induction/Refresher programmes, online PhD vivas, and similar gatherings.
- Arranging frequent group activities in every educational institution. Employing group-centred teaching methods across all academic stages.
- Taking care of the physical and emotional health of youth irrespective of social status, as suggested by the National Youth Policy Draft (2024).
- Presenting an annual report on the nation's youth health status, as viewed by the National Youth Policy (2014).

Proper education and care for unattended children are vital measures to manage youth addiction for a developed India by 2047. Kumbhar, VM (2025) explains the Physical Quality of Life Index (PQLI), asserting, "India's PQLI stands at 41.5, whereas the U.S. is at 73.9. This index highlights the need for improvements in essential services, including education, healthcare, and livelihood opportunities." Mittal, RK (2025) suggests, "The Concept of Atmanirbharta should be extended at all levels i.e., students, colleges/universities, villages/cities, states, and the country." Thakur, AS (2023) notes, "India has one of the youngest populations in the World with 27.2 percent of the nation's population belonging to 15-29 years age-group." Lal, B (2023) rightly states, "It is youth of the country who can enable India to realize its full potential and dreams."

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