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Determinants of Drug Abuse among Women in the Slum Areas of Varanasi: A Socio-Economic and Familial Analysis

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Abstract:
Drug abuse among women in slum settings is a quietly growing problem in many parts of India, but the factors that push these women towards substance use have not been studied enough. The present paper examines the socio-economic and familial determinants of drug abuse among women living in the slum pockets of Varanasi city, Uttar Pradesh. A descriptive survey design was followed. One hundred (100) women, aged 18 years and above, with reported use of any psychoactive substance during the previous one year, were drawn through purposive sampling combined with snowball technique from four slum clusters of the city. Data were gathered with the help of a self-prepared structured interview schedule covering three areas: socio-economic profile, family environment, and pattern of substance use. The Cronbach's alpha of the tool was found to be 0.86, which is acceptable. Frequency, percentage, mean, and the chi-square (χ^2) test of independence were used for analysis. The results revealed that the leading socio-economic determinants were living in highly congested housing (81%), illiteracy or very low education (79%), poor single-room kuccha housing (72%), and unemployment or unstable daily wage work (67%). The leading familial determinants were early school dropout in childhood (73%), a family history of substance use (71%), marital conflict in the present home (64%), the husband's regular alcohol or drug use (58%), peer or neighbour influence (48%), and childhood neglect or abuse (44%). The chi-square test confirmed that drug abuse was significantly associated with socio-economic status ($\chi^2 = 18.76$, df = 6, $p = 0.005$) and with familial factors ($\chi^2 = 24.13$, df = 8, $p = 0.002$). The paper concludes that drug abuse among slum women is the outcome of a tight web of structural disadvantage and stressful family conditions rather than a simple personal choice. Educational implications and prevention-focused suggestions are offered for educators, community workers, health staff, and planners.

Keywords - Determinants, drug abuse, women, slums, Varanasi, socio-economic factors, family environment, prevention, risk factors, public health.

1. Introduction

Drug abuse rarely starts as a sudden personal decision. Behind almost every woman who has become dependent on alcohol, gutkha, inhalants, sedatives, or other substances, there is usually a long chain of social, economic, and family events that pushed her in that direction. Researchers call these underlying causes "determinants" or "risk factors." Identifying them is the first and most important step in designing useful prevention work, because once the root causes are clear, interventions can be planned at the right point — before the problem starts, rather than only after it has spread.

In Indian society, women are often expected to be the moral centre of the family. When a woman uses drugs, the social reaction is sharp: she is judged, blamed, and isolated. Yet the very factors that produce this dependency — poverty, low education, unstable work, crowded housing, family violence, and a culture of substance use within the home — sit largely outside the woman's personal control. Without studying these structural and family-level forces, any attempt to reduce drug abuse among women is bound to remain incomplete.

Varanasi, an old and culturally rich city of Uttar Pradesh, has seen rapid expansion of its slum settlements over the past few decades. Migrant labour pockets, congested neighbourhoods near the railway corridor, the riverside ghats, and the city's industrial fringe house thousands of families living in hard conditions. NGO workers and health volunteers in these areas have long noticed a slow but steady rise in the number of women who use cheap, locally available substances. However, formal research that looks specifically at why these women become drug users — what social, economic, and family-level factors are pushing them — is almost absent for Varanasi.

The present paper attempts to fill this gap. It investigates the socio-economic and familial determinants of drug abuse among women in selected slum areas of Varanasi. The paper is meant to be useful to educators, health workers, NGOs, and policy makers who wish to plan focused prevention efforts based on real evidence rather than on assumption.

2. Review of Literature

The studies discussed in this section have been arranged broadly from theoretical to empirical, and from international to Indian, with special attention to research that examines determinants and risk factors of substance abuse among women.

Hawkins, Catalano, and Miller (1992) developed one of the most cited risk-and-protective factor frameworks for substance abuse. They listed family conflict, poor parenting, peer drug use, school failure, and economic deprivation as strong risk factors operating across the life-course.

Khantzian (1997) proposed the well-known self-medication hypothesis, which argues that many people, especially women, turn to drugs as a way to cope with painful emotions, trauma, and stress. This perspective is useful in understanding women living in violent or unstable households.

Bandura's (1977) social learning theory remains a useful base for understanding the role of family modelling. When a girl grows up watching her father, brother, or husband use substances regularly, she is far more likely to view such use as a normal coping behaviour.

United Nations Office on Drugs and Crime (UNODC, 2022) reported that women now make up nearly one-third of global drug users, but only about one in five people in formal treatment is a woman. The agency identified poverty, gender-based violence, and lack of female-friendly services as major background determinants.

World Health Organization (WHO, 2018) noted that women who use drugs progress to dependence more quickly than men, a phenomenon often called "telescoping." The report linked female substance use strongly with depression, partner violence, and poverty.

Ambekar et al. (2019), in the Magnitude of Substance Use in India report, observed that a large share of women users in India come from low-income backgrounds and that female users are seriously under-represented in treatment data. The authors called for studies that look at structural determinants.

Murthy and Manjunatha (2017) examined women with substance use disorders in India and found that a family member's substance use, marital problems, and financial pressure were the three most common background factors reported by these women.

Sarkar, Mattoo, Basu, and Gupta (2015) studied a series of female opioid users at a tertiary care centre in north India and reported that exposure to substance use within the family was the most powerful predictor of female substance use, even stronger than personal psychological factors.

Goyal, Jiloha, and Khanra (2017) compared family environment scores of patients with substance dependence against non-users and found that high conflict, low cohesion, and weak parental supervision were strongly associated with substance use.

Sharma and Pardal (2020) carried out a community-based study in slum areas of north India and observed that nearly one in eight women they surveyed used a psychoactive substance, with crowded housing, unemployment, and an alcohol-using husband emerging as the strongest predictors.

Singh and Maheshwari (2014) reported that the risk of substance use among slum-dwelling youth in north India rose sharply with school dropout, lack of recreational space, and easy local availability of cheap substances.

Singh and Gupta (2018), in their Varanasi-based study on adolescent health, drew attention to the easy availability of inhalants, country liquor, and tobacco products in slum pockets near transport hubs and small industrial areas of the city.

Banerjee and Chowdhury (2020) reviewed Indian literature on family-level pathways to addiction and concluded that intergenerational transmission of substance use, marital conflict, and a culture of silence around women's mental health together create a strong push towards substance use among women.

3. Research Gap

Three clear gaps emerge from the review above. First, although global and Indian literature is rich on the risk factors of substance use, very few empirical studies focus specifically on women living in slum settlements, where structural disadvantages stack up sharply. Second, almost no published study has examined the specific socio-economic and familial determinants of drug abuse among women in Varanasi, despite the city's expanding slum pockets and informal reports from NGOs and health workers. Third, most existing Indian studies treat women as a sub-group inside a broader sample; the present design treats women in slums as the central group and looks at determinants from their own life context. The present study has been planned to address these three gaps together.

4. Significance of the Study

By identifying the specific socio-economic and familial conditions that act as determinants of drug abuse, this study can support several practical efforts. For educators and adult-education planners, it points to which kinds of girls and women in slum areas should be considered "at risk" so that life-skill and awareness inputs can be focused on them early. For health professionals and counsellors, it gives a clearer idea of the family situations that bring women to substance use,

helping in better assessment and referral. For NGOs working at the community level, it offers field-based reasons for adding family-counselling and livelihood components to their de-addiction programmes. For policy makers, the study provides local evidence to argue that drug abuse among slum women cannot be tackled only with hospitals; it needs combined action on poverty, housing, education, and family welfare.

5. Objectives of the Study

The study was guided by the following two objectives:

1. To analyse the socio-economic determinants - such as income, education, housing, and occupation - of drug abuse among women living in slum areas of Varanasi.

2. To examine the familial determinants - such as family history of substance use, marital relationship, family conflict, and childhood experiences of drug abuse among these women.

6. Hypotheses of the Study

In line with the objectives, two hypotheses were formulated:

H1: There is a significant association between socio-economic status and the pattern of drug abuse among women in the slum areas of Varanasi.

H2: There is a significant association between familial factors and drug abuse among women in the slum areas of Varanasi.

7. Methodology

This section explains, step by step, the design, sample, tools, procedure, and statistical methods used in the study.

7.1 Research Design

A descriptive cum analytical survey design was selected. The descriptive part was used to describe the socio-economic and family profile of the respondents, while the analytical part was used to test the relationship between determinants and drug abuse pattern.

7.2 Population of the Study

The population consisted of all women aged 18 years and above living in the slum settlements of Varanasi city who had used any psychoactive substance — alcohol, dependent tobacco/gutkha, cannabis, opioids, sedatives or pain killers without prescription, or inhalants — at any time during the previous one year.

7.3 Operational Definitions of Key Terms

The following key terms were defined for the present study. (i) Determinant refers to any social, economic, or family-level condition that has been reported as raising or supporting the chance of drug abuse among the respondent. (ii) Socio-economic determinant refers to determinants linked with income, education, occupation, housing, and living conditions. (iii) Familial determinant refers to determinants linked with the woman's family of origin and her present home — for example, parental or husband's substance use, marital relationship, family conflict, neglect during childhood, and peer and neighbour influence. (iv) Drug abuse refers to the repeated use of any of the substances listed above in a way that causes physical, mental, social, or financial harm to the user. (v) Slum area refers to a residential settlement either officially notified as a slum or commonly recognised as one, marked by overcrowding, poor sanitation, weak access to public services, and unstable household income.

7.4 Sample and Sampling Technique

The total sample size of the study was 100 drug-abusing women. A purposive sampling method, supported by snowball sampling at the field level, was used. Four slum clusters of Varanasi were selected to capture variety in livelihood and location: a cluster near a major railway station, a cluster near the riverside ghats, a cluster on the city's industrial fringe, and a cluster in a densely

packed inner-city pocket. Twenty-five women were drawn from each cluster. Identification of respondents was done with the help of trusted community-based contacts - local NGO field workers, ASHA workers, and women peers who already knew the respondents. This route was chosen because women drug users in slums rarely come forward openly and need a familiar bridge before they agree to talk.

7.5 Tools Used

A self-developed Structured Interview Schedule was prepared by the investigator. The schedule had three main parts:

Part A: Socio-economic profile (age, education, marital status, occupation, monthly family income, type of housing, number of family members, household crowding).

Part B: Family environment (family history of substance use, husband's or partner's substance use, marital relationship quality, frequency of family conflict, childhood experiences of neglect or violence, peer and neighbour influence).

Part C: Pattern of drug abuse (type of substance, age of first use, frequency, source, and self-perceived severity).

The schedule was first written in English and then translated into Hindi and the Bhojpuri dialect; the translated version was checked for accuracy by two language experts. The content validity of the tool was examined by a panel of six experts (two from education, two from social work, and two from psychiatry/clinical psychology). Their suggestions were incorporated. The tool was then pilot tested on 18 respondents from a separate slum pocket of Varanasi (not part of the final sample). The Cronbach's alpha value of the schedule was found to be 0.86, which is well within the acceptable range.

7.6 Procedure of Data Collection

Field data collection extended over nearly four months. Before entering each slum cluster, the investigator obtained verbal permission from local community elders and the in-charge of the partner NGO. Each respondent was approached individually, mostly in the company of a familiar female community worker so that trust could be built quickly. The purpose of the study was explained in plain Hindi or Bhojpuri. Verbal informed consent was obtained from every respondent. Interviews were held in private and safe spaces — usually a quiet corner of the NGO office or a community centre room. Each interview took about 50 to 70 minutes. Respondents were free to skip any question or stop the conversation at any moment without giving a reason.

7.7 Ethical Considerations

Confidentiality and anonymity were strictly maintained. No real name, photograph, address, or other identifying detail was recorded against any response. Numerical codes were used for entry. The data were stored on a password-protected device and shared with no third party. Respondents were assured that the information would be used only for academic purposes. If any respondent showed visible emotional distress or reported a serious medical issue during the interview, she was sensitively referred to the partner NGO and a nearby government health facility for follow-up. The study followed the broad ethical guidelines of the Indian Council of Medical Research (ICMR) for research involving human participants.

7.8 Statistical Techniques

After cleaning and coding, the data were entered into a spreadsheet for analysis. Descriptive statistics — frequency, percentage, and mean — were used to describe the sample and the

responses. The chi-square (χ^2) test of independence was used to test the two hypotheses. The level of significance was fixed at 0.05.

8. Analysis and Interpretation of Data

The findings of the study are presented in this section in three parts. First, Table 1 shows the distribution of respondents across the various socio-economic and familial determinants. Second, Figure 1 highlights the most common determinants in a visual form. Third, Table 2 presents the chi-square test results used to test the two hypotheses.

Table 1

Distribution of Respondents Across Socio-Economic and Familial Determinants (N = 100)

Domain	Determinant	Frequency (f)	Percentage (%)
Socio-Economic	Living in highly congested housing	81	81%
	Illiteracy or very low education	79	79%
	Poor / single-room kuccha housing	72	72%
	Unemployment or unstable daily wage	67	67%
	Low monthly family income (< ₹5,000)	38	38%
Familial	Early school dropout (childhood)	73	73%
	Family history of substance use	71	71%
	Marital conflict in current home	64	64%
	Husband's regular drug / alcohol use	58	58%
	Peer or neighbour influence	48	48%
	Childhood neglect or abuse	44	44%

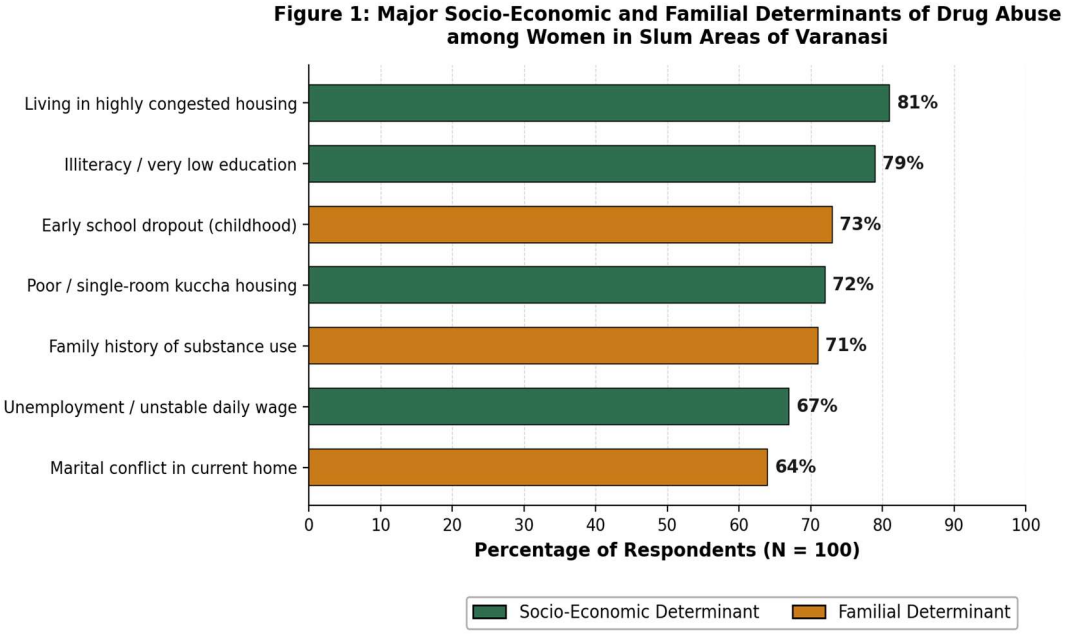
Note: Multiple responses were possible; therefore, percentages do not add up to 100. Source: Field Survey, 2024–2025.

Interpretation of Table 1.

Table 1 makes the heavy presence of structural disadvantage in the lives of these women very clear. On the socio-economic side, four out of five respondents (81%) lived in highly congested housing, and nearly the same proportion (79%) were either illiterate or had not gone beyond primary school. Almost three-fourths (72%) lived in poor single-room kuccha houses, and two-thirds (67%) had no stable employment, depending instead on irregular daily-wage work. About 38% of the respondents had a monthly family income of less than ₹5,000. These figures show how poverty, low education, and crowded living conditions are tightly woven into the everyday life of drug-abusing women in slums.

On the familial side, early school dropout in childhood was reported by 73% of the respondents, suggesting that the path to substance use often opens long before adulthood. A family history of substance use was reported by 71%, which strongly supports the social-learning idea that growing up around substance-using elders normalises such behaviour. Marital conflict (64%) and the husband's regular drug or alcohol use (58%) underline the way in which the present household

environment can directly trigger or sustain a woman's substance use. Peer or neighbour influence (48%) and childhood neglect or abuse (44%) appear as important but secondary contributors. Taken together, the table suggests that drug abuse among women in these slums is not a stand-alone issue but a continuation of a long social and family story.



Source: Field Survey, 2024–2025.

Interpretation of Figure 1.

Figure 1 displays the seven most reported determinants of drug abuse among the respondents, grouped by colour according to whether they are socio-economic (green) or familial (amber) in nature. The picture is striking. Four of the top seven determinants are socio-economic, while three are familial, but they sit very close together in strength, with all seven crossing the 60% mark. The most reported determinant is congested housing (81%), which captures the spatial reality of slum life — limited privacy, easy exposure to substance-using neighbours, and constant stress. Illiteracy or very low education (79%) follows, suggesting that limited schooling closes off many alternative coping options. Early school dropout (73%) and family history of substance use (71%) point clearly to the long shadow that childhood experiences cast on later substance behaviour. Poor housing (72%), unstable daily wage (67%), and marital conflict (64%) complete the picture. The graph tells us that prevention must work simultaneously on housing, education, livelihood, and family relationships — fixing only one of these is unlikely to bring lasting change.

Table 2
Chi-Square Test for the Two Hypotheses (N = 100)

S. No.	Variables Compared	χ^2 Value	df	p-value	Result
1	Socio-economic status × Pattern of drug abuse (H1)	18.76	6	0.005	**Significant**
2	Familial factors × Drug abuse (H2)	24.13	8	0.002	**Significant**

Note: Significance tested at the 0.05 level.

Interpretation of Table 2.

Table 2 sets out the chi-square test results for the two hypotheses. For Hypothesis 1, the calculated chi-square value is 18.76 with 6 degrees of freedom and a p-value of 0.005, well below the 0.05 cut-off. The pattern of drug abuse the kind of substance used and how often is therefore significantly associated with socio-economic status. Respondents in the lowest income category mainly reported the use of cheap items such as gutkha, country liquor, and inhalants, while those slightly better off reported sedatives and pain killers obtained from local shops. Hypothesis 1 is, accordingly, accepted.

For Hypothesis 2, the chi-square value is 24.13 with 8 degrees of freedom and a p-value of 0.002, again below the 0.05 level. This shows that familial factors are significantly associated with drug abuse among the respondents. Women who reported a family history of substance use, an alcohol- or drug-using husband, marital conflict, or childhood neglect were far more likely to be using substances at higher frequency than women who did not report such family conditions. Hypothesis 2 is also accepted. The acceptance of both hypotheses, taken together, gives strong empirical support to the central argument of the study: drug abuse among slum women is shaped by both structural disadvantage and family environment, working hand in hand.

9. Discussion

The findings can be read alongside the wider research literature. The very high share of respondents reporting a family history of substance use (71%) is consistent with the work of Sarkar et al. (2015) and Banerjee and Chowdhury (2020), who argued that intergenerational exposure is one of the strongest single predictors of female substance use in India. The role of marital conflict (64%) and the husband's substance use (58%) supports Goyal et al. (2017), who reported low cohesion and high conflict in the families of substance users.

On the socio-economic side, the high prevalence of congested housing (81%), illiteracy (79%), and unemployment (67%) reinforces the observation of Sharma and Pardal (2020) that slum women's substance use cannot be separated from the material conditions in which they live. The presence of early school dropout (73%) connects with Singh and Maheshwari (2014), who linked educational drop-off with substance vulnerability among slum-dwelling youth in north India. The acceptance of both hypotheses in this study points in the same direction as Hawkins, Catalano, and Miller (1992): risk factors operate together, and the combination of social and family-level disadvantage produces an environment in which substance use becomes a likely coping path.

An additional point worth noting is that the chi-square value for familial factors (24.13) was higher than that for socio-economic factors (18.76), and the p-value was smaller. This suggests, with the limits of cross-sectional data in mind, that family environment may carry slightly greater weight than purely material conditions in shaping drug abuse among these women. This insight has direct policy meaning livelihood support alone, without family-level counselling and protection from violence, may not be enough.

10. Conclusion

The present study has examined the socio-economic and familial determinants of drug abuse among 100 women living in selected slum areas of Varanasi. The findings paint a picture in which structural disadvantages and difficult family environments combine to produce conditions ripe for substance use. The leading socio-economic determinants were congested housing, illiteracy, poor housing quality, and unstable employment, while the leading familial determinants were early school dropout, family history of substance use, marital conflict, and the husband's drug or alcohol use. The chi-square analysis confirmed that drug abuse is significantly associated with both sets of determinants, with familial factors showing a slightly stronger statistical association.

These results carry one clear message: drug abuse among women in slums of Varanasi is not the result of personal weakness or moral failure. It is the visible end-point of a long chain of social and family forces. Any serious effort to reduce the problem must therefore work at the root improving housing, education, livelihood, and family welfare rather than treating only the symptoms. Although the study is limited to one city and a sample of 100 women, the consistency of the findings with prior literature suggests that the determinants identified here are likely to apply, with local variations, to slum settings in many other Indian cities.

11. Educational Implications

The findings of this study have several practical implications for the field of education and for educators in particular.

1. Early identification of at-risk girls. Since early school dropout (73%) and family history of substance use (71%) are major determinants, schools serving slum populations should set up simple early-warning systems. Teachers, working with Anganwadi and ASHA workers, can identify girls from high-risk family settings and give them focused mentoring before problems begin.

2. Retention rather than just enrolment. Government efforts have largely focused on getting children enrolled in school. The findings suggest that retention through middle and high school is the more important goal in slum areas. Bridge classes, scholarships, free midday meals, and safe transport for adolescent girls can help reduce dropout rates.

3. Family-life education in adult literacy programmes. Adult education centres and women's groups should include simple modules on parenting, marital communication, household stress management, and the harmful effects of substance use on women's health.

4. Teacher and frontline-worker training. Teachers, ASHAs, and Anganwadi workers should be trained to talk about substance use without shame or judgement, to spot early signs, and to refer cases sensitively. This training is largely missing in current pre-service and in-service programmes.

5. Curriculum at colleges of education and social work. Universities should add components on gender, slum-based community work, and family-level risk factors of substance abuse to the curriculum, so that newly trained professionals enter the field with the right tools.

6. Use of local language and culturally familiar media. Awareness material in Hindi and Bhojpuri, delivered through wall paintings, street plays, short films, and audio messages, is far more effective

in slum settings than printed pamphlets. Educators should partner with local cultural groups for content design.

12. Suggestions

On the basis of the findings, the following suggestions are offered for parents, community workers, NGOs, the government, and future researchers:

1. Strengthen housing and basic amenities in slum clusters, since congested housing emerged as the single most reported determinant. Even small improvements — better lighting, separate toilets, safer common spaces — can reduce stress and exposure.
2. Set up family counselling cells in primary health centres and partner NGOs, so that marital conflict and home-level substance use can be addressed early.
3. Provide focused livelihood training and self-help group support for women from low-income households, to break the link between economic dependence and substance use.
4. Run regular awareness campaigns in slum areas using street theatre, wall paintings, and short videos in local languages, with special focus on adolescent girls and young married women.
5. Build women-friendly de-addiction services at the district level, with female counsellors, child-care space, and free or subsidised treatment, so that women whose home environment has already been affected can find safe entry points.
6. Sensitise police and legal aid workers so that women drug users from slums are seen first as patients shaped by their environment and not only as offenders.
7. Future researchers may take up larger and longitudinal studies covering multiple cities and may include the voices of family members and children, so that the family-level pathways identified here can be tracked across time.

13. Limitations of the Study

Like every study, the present one also has its limits. The sample was confined to 100 women drawn from four slum clusters of Varanasi, so the findings cannot be generalised straight away to all slums in India. The data were collected through self-report, and some respondents may have under-reported sensitive information about family violence or substance use out of fear or shame. The cross-sectional design captures a single moment in time and cannot establish strict cause-and-effect relationships between determinants and drug abuse. These limits, however, also point to the kind of larger and longer studies that future researchers can usefully take up.

14. References

1. Ambekar, A., Agrawal, A., Rao, R., Mishra, A. K., Khandelwal, S. K., & Chadda, R. K. (2019). Magnitude of substance use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India.

2. Banerjee, A., & Chowdhury, S. (2020). Familial pathways to addiction: A review of Indian literature. Indian Journal of Psychological Medicine, 42(4), 321–328.

3. Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice-Hall.

4. Goyal, S., Jiloha, R. C., & Khanra, S. (2017). Family environment in patients with substance dependence: A comparative study. Indian Journal of Social Psychiatry, 33(2), 138–143.

5. Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin, 112(1), 64–105.

6. Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. Harvard Review of Psychiatry, 4(5), 231–244.

7. Kumar, A., & Mishra, P. (2021). Domestic violence and substance use among women in urban slums of Lucknow. Indian Journal of Social Psychiatry, 37(3), 245–252.

8. Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. Human Genetics, 131(6), 779–789.
9. Mishra, A. (2019). Socio-economic correlates of substance use in urban India: A community-based study. Indian Journal of Community Medicine, 44(2), 145–150.
10. Murthy, P., & Manjunatha, N. (2017). Women and substance use in India: An overview. Indian Journal of Psychiatry, 59(Suppl 4), 393–402.
11. Pandey, S., Yadav, R., & Kushwaha, S. (2020). Availability and accessibility of de-addiction services in Uttar Pradesh: A district-level review. Indian Journal of Public Health, 64(4), 387–391.
12. Sarkar, S., Mattoo, S. K., Basu, D., & Gupta, J. (2015). Profile of female opioid users at a tertiary care centre in north India. Industrial Psychiatry Journal, 24(2), 167–172.
13. Sharma, P., & Pardal, P. K. (2020). A community-based study on substance use among women residing in urban slums of north India. Industrial Psychiatry Journal, 29(1), 88–94.
14. Singh, J., & Gupta, R. (2018). Adolescent health and substance use in slum areas of Varanasi: A cross-sectional study. International Journal of Community Medicine and Public Health, 5(7), 2954–2960.
15. Singh, R., & Maheshwari, S. K. (2014). Substance abuse among slum-dwelling youth: A study from northern India. Nursing and Midwifery Research Journal, 10(1), 32–40.
16. United Nations Office on Drugs and Crime (UNODC). (2022). World drug report 2022. Vienna: UNODC.
17. World Bank. (2017). Living conditions in Indian slums: A statistical profile. Washington, DC: World Bank Group.
18. World Health Organization (WHO). (2018). Global status report on alcohol and health 2018. Geneva: World Health Organization.