Youth Smoking and Drug Use Trends Analysis (2020–2024)

An interactive analysis of smoking and drug use trends (2020–2024) presented through a dynamic dashboard, exploring patterns across age groups and investigating factors such as peer influence, media impact, and parental supervision. This empowers stakeholders to develop targeted health initiatives and prevention strategies.

OBSERVATIONS

1. Mental Health Trends (2020–2024): Youth mental health scores declined from 5.54 in 2020 to 5.40 in 2022, improved to 5.52 in 2023, but dipped slightly to 5.47 in 2024, indicating fluctuating trends over the years.

2. Smoking Prevalence by Age Group: Smoking is most prevalent among the 25–29 age group (28.7%), followed by the 20–24 age group (27.8%), with lower prevalence in younger and older groups.

3. Drug Experimentation by Age Group: Experimentation is relatively consistent across age groups, with higher engagement observed among youth aged 15–24.

4. Media Influence by Age Group: Media influence is strongest among the 15–19 age group and decreases with age, highlighting the importance of targeting younger demographics in media campaigns.

5. Peer Influence by Gender: Peer influence is slightly higher among females (19K) compared to males (18K).

6. Parental Supervision by Gender: Males experience marginally higher parental supervision (35.7%) compared to females (34.2%).

7. Access to Counseling by Age Group: Counseling access increases with age, peaking in the 25–29 age group (1K), indicating a need to focus on younger groups (15–19) for increased counseling availability.

RECOMMENDATIONS

1. Increase Mental Health Services:

- Introduce school-based mental health programs for early detection.
- Provide affordable counseling services for vulnerable youth.

2. Community Awareness Campaigns:

- Conduct workshops to improve mental health literacy and reduce stigma.
- Partner with media outlets for campaigns promoting mental wellness.

3. Crisis Support Systems:

- Expand access to 24/7 mental health hotlines and online resources.
- Establish peer support networks for open discussions on mental health.

4. Age-Specific Campaigns:

- Target the 20–29 age group with social media campaigns focusing on health risks and recovery stories.

5. Accessible Quit Programs:

- Offer free or low-cost smoking cessation programs and nicotine replacement therapies.

6. Policy Interventions:

- Enforce stricter regulations on tobacco advertising aimed at young adults.
- Increase tobacco taxes to reduce affordability among economically active youth.

7. Education Programs:

- Include drug awareness in school curricula using interactive approaches such as role-plays.

8. Community Engagement:

- Establish youth clubs and recreational centers offering healthy alternatives.
- Work with community leaders to amplify anti-drug messages.

9. Early Intervention:

- Use school screening tools to identify and support at-risk individuals.
- Collaborate with NGOs to ensure access to rehabilitation programs.

10. Regulate Harmful Media Content:

- Work with regulators to limit portrayals of smoking and drug use in media.
- Promote positive content related to health and community activities.

11. Leverage Media for Positive Messaging:

- Develop youth-centric social media campaigns advocating healthy lifestyles.

- Partner with influencers to share anti-smoking and anti-drug messages.

12. Peer Mentorship Programs:

- Train youth leaders to serve as positive role models, particularly for female groups.

13. Build Peer Support Networks:

- Encourage peer-led discussions in schools and communities about the risks of smoking and drug use.

14. Targeted Interventions:

- Design gender-specific campaigns addressing the unique impact of peer pressure.

15. Parental Engagement Workshops:

- Teach parents how to communicate effectively about smoking and drug risks.
- Emphasize balanced supervision across genders.