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ABSTRACT:

“Drugs and crime go hand in hands. One can associate delinquent child with use or abuse of drug be at any form. Initially the drugs which are used ultimately to incite euphoria or alter the mood to escape the reality, are being abused by users thereby negatively impacting to oneself and society. The drug once ingested or injected interacts with specific receptors present in central nervous system and cause psychological changes by escalating the mood and other actions which includes analgesia, sedation, euphoria, muscular rigidity. Drug abuse per se refers to illicit use of substances or deviation from standard median measure that is advisable for safe consumption. Drug cannabis, bhang have been in our society from time immemorial following its cultural significance in Hinduism. However, this drug along with other substances like opioids, cocaine is being abused by people with no regard to their age. Youth population phenomenally contributes to nations development and it's essential that children are well channelised accordingly. It becomes essential to protect them from getting addicted to drugs and substances. This paper deals about how juvenile turn into addicts, the relationship between juveniles”.

I. INTRODUCTION:

Given that many criminal careers have childhood roots, juvenile misbehaviour often stand to be a springboard to adult criminal activity, which now is a matter of concern worldwide. In order to keep the young people from growing up to be seasoned criminals, thus their criminal tendencies must be curbed early on. A life of crime is a direct result of drug usage. Opium and related drug purchases and possession are prohibited, which ipso facto renders the drug user a criminal. The youth of today will be the citizens of tomorrow, hence it is important to curb their criminal tendencies early on to keep them from developing into offenders down the road. The majority of nations in the globe are addressing the issue of juvenile offenders as a top priority in order to achieve this goal. Due to the high expense of heroine, the substance that most adolescent offenders take, certain delinquencies are committed to procure the same for reasons that they don't have financial means to procure the same. The typical youthful addict

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is too young and inexperienced to be able to use his salary to maintain his habit.¹ Drug dependency is seen as a multifactorial health issue, a chronic disease pattern, with an intrinsic risk of recurrence and remission. Regretfully, drug-using and dependent youngsters are almost invisible across the world. Drug abusers have additional difficulties since many cultures do not view drug dependency as a legitimate health issue and stigmatise those who use or abuse drugs. Based on scientific data, the condition develops as a result of a complex multifactorial interplay including biological and environmental components, as well as recurrent drug exposure.² Drug and crime are interwoven. Once a person is intoxicated, he shows reduced inhibition and involves in committing anti-social activities. Children at the tender age are entitled to live in a drug free society, but sadly the twenty first century with dynamic development in media and with internet paving way to meet all desire irrespective of its legality has caused chaos and disruption in equilibrium in this society. Children have their right to live in drug devoid society, but due to drug abuse evidently occurring in our society they get influenced by it very easily. Unlike olden days where kids had less knowledge of drugs and procuring of the same, recent growth of internet and technology has made it easy for young minds to learn about drugs and ways to procure the same.

There are wide range of narcotics prevailing which includes cannabis, opium, cocaine and so on. The cannabis plants contain dried leaves are also known as bhang, Ganja (flowering top of female plant) and charas (concentrated resin from stem, leaves). Cannabis has been in Indian society from time immemorial with cultural significance. The dried leaf portion of cannabis has cultural importance. The Brahmin group in India has long been a fan of the intoxicating component, despite their traditional prohibition against consuming alcoholic beverages. Some particularly pious regions of the nation, such as Varanasi, are renowned for babas and sadhus, or holy men, smoking

¹ Shiv Kumar Dogra, Socio-Legal Aspect of Drug Addiction and Criminal Behaviour in Children, Shrinkhla Ek Shodhparak Vaicharik Patrika, vol. III, Issue-VI (Feb. 2016)

² United Nations Office on Drugs and Crime, Children - Our Future, Our Responsibility 2 Prevention of Illicit Drug Use and Treatment of Drug Use Disorders for Children/Adolescents at Risk (2014), available at https://www.unodc.org/documents/drug-prevention-and-treatment/Technical_Report_GLOK42.pdf.

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bhanga either straight from a clay pipe called a chillum or indirectly through it. During Hindu holidays such as Shivaratri, often called the "night of Shiva," and Holi, also known as the festival of colours, bhanga is a significant component. In India, bhanga has always had cultural importance. As the plant that Shiva, the deity of devastation, favoured, bhanga has a unique value in Hinduism. It is said that Shiva used bhanga to focus within and to employ his divine abilities for the sake of the world.³ Apart from cultural significance bhanga and other drugs have been used as medications and to treat mental illness. The term drug initially denoted those legitimate substances used for medical conditions and now the usage has shifted towards nonmedical use of substance i.e. Abuse of substance. This accelerates a person to commit unethical activity leading to dire consequences.

II. EVOLVING OF DRUGS IN SYSTEM:

Individuals taking drugs over a period of time start to develop tolerance with respect to that drug. Tolerance is nothing but a point wherein the quantity of drug which was sufficient to produce the mood change is no longer sufficient to produce that effect and requires larger quantity. Individuals when excessively consume the drugs in order to overcome the tolerance may start to overuse the drugs and when it crosses the limit it might turn fatal.

II. Inquisitive exploration:

Adolescents are basically having an inquisitive nature. They are drawn towards exploring and trying new adventurous stuff. With this mindset they move towards experimenting the drugs available and start consuming.⁴ With an impulsive nature they are very often influenced by their peer or media and movies and end up using and abusing drugs. Over a period of time adaptation of physiological changes takes place on consumption of drug over a period of time ultimately resulting in tolerance to drug.

³ Charukesi Ramadurai, The 'Holy' Drug Authorities Ignore, BBC Travel (Mar. 7, 2017), <https://www.bbc.com/travel/article/20170307-the-intoxicating-drug-of-an-indian-god>.

⁴ Garrett O'Connor, The Psychology of Adolescent Addiction, 31 VAL. U. L. REV. 701 (1997).

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II.II Neuroadaptation:

Experimenting drug on initial stages continue to form periodical use and this regular use of drug end up in routine and absence of drug eventually causes ‘imbalance in physiological equilibrium’, and withdrawal symptoms upon disruption in continuous intake of particular drug after developing neuroadaptation also called as dependence. Basically, drug intake causes the effect of Analgesia, respiratory depression, sedation, euphoria, miosis, muscular rigidity, reduced mobility and dependency while drug withdrawal symptoms include severe hypertension, restlessness, precipitation of myocardial infarction etc.

II.III Drug habituation:

The desire to have substances which is a step away from addiction is called drug habituation. Often drug habituation may go overboard and it’s hard for one to realise when the desire moves forward to take form of craving. Upon craving and constant intake drug dependency is developed.

II.IV Drug addiction:

The optimal well-being feels like to have been affected upon absence of intake of drug and it takes constant drug intake to do any activity else one end up in emotion distress. Over a period of time this ends up in over consumption of drug and some individuals lose control of the intake of drug, therefore progress in losing control over the consumption and ‘psychological dependence’. Procuring drug for constant uninterrupted consumption becomes the priority than any other activity upon addiction. In order to reinforce the effect of drugs the user end up in drug seeking behaviour and adapt using of injection for faster reinforcement of drug effect in body as injecting produce the effect way earlier than in way if its consumed orally. Finally, one ends up in abusing drug (intake of medicine in deviation to standard medical pattern). Most of individuals don’t recognise that they are addicted as they stay at state of denial.⁵

⁵ Garrett O'Connor, The Psychology of Adolescent Addiction, 31 VAL. U. L. REV. 701 (1997).

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III. JUVENILE DELINQUENCY:

Anti-social conduct can be characterised as delinquent behaviour (Hadfield,⁶). Delinquency, by this definition, is defined as antisocial or unsocial conduct. People in a society benefit from its benefits, but society also imposes rules and expectations on them to follow. Even if they may be enjoying all the benefits, a person's activity is deemed anti-social if it deviates from accepted social standards. Such a person's actions are considered criminal, or delinquent. Delinquency is essentially a sociological word that refers to an inability to adapt. Delinquency, however, frequently results from a pathological disease. It could also be a sign of neurotic complexes. Children are known as delinquents because they damage property, steal, etc. Some of them even do horrible crimes like murder and dacoity. Furthermore, it is frequently discovered that they lack the ability to discriminate between appropriate and inappropriate behaviour. However, the term "Juvenile delinquents" typically refers to teenagers who are old enough to be under the jurisdiction of the juvenile justice system. A child is legally regarded as juvenile until the age of sixteen. After the age of seven, a child is liable for his offence. Because everyone who is seven years old or older, or who is regarded by the relevant state's legislation to be of appropriate mature understanding, is legally accountable for whatever crime they do, and unless they are insane, they may be referred to as "criminals."⁷

Substance among adolescent is a series matter of concern and adolescence are prone to substance abuse irrespective of the demography where they are. Being keen in exploring new things they are prone to substance addiction and abuse of the same. ***On reviewing the source, the types of substance that adolescents use include:***

- Stimulants(tobacco)
- Volatile solvents (thinner, paint, petrol etc)
- Depressant (beer, liquor)

⁶ Dr. S.S. Mathur, Educational Psychology 594 (1962).

⁷ T. Pathak, Drug Abuse and Juvenile Delinquency in North East Region (2024), available at Infilbnet.ac.in, <http://hdl.handle.net/10603/67730>.

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- Cannabis (bhang, Ganja, charas)
- Narcotics (opioid morphine, heroine, codeine)
- Prescription drugs (cough syrup, pain killer, sleeping pills)⁸

A person might develop a drug habit for a variety of causes and methods. While some people are drawn to drugs out of curiosity, others are motivated to do so by their friends and acquaintances. Many people use drugs and refuse to deal with the real-world issues, conflicts, and irritations they face in their social and personal lives. They find themselves surrounded by a variety of worries and concerns in a society that is changing quickly. In these circumstances, individuals yearn for the world of drugs and other opiates rather than taking on the task. Once more, narcotic substances can provide some people a new experience, pleasure, or excitement from an otherwise dull and uninteresting life. When suffering from a protracted physical ailment, some people may begin using drugs as painkillers and eventually develop a drug addiction. Some people may resume drug use as a result of sleeplessness and develop an addiction to it. The younger generation is drawn to drugs because they are either dissatisfied with their lives or because using drugs has almost become a peer group trend. For teenagers, it represents becoming adulthood and being bold, brave, rough, and adventurous. Teenagers are frequently affected more by role models than by criticism. As a result, drug-using parents are unable to stop their kids from using drugs. But it needs to be made clear that there is no one reason why someone should not use drugs. His ultimate decision to use drugs may have been influenced by a number of things. Curiosity, annoyance, worry, pleasure seeking, disobedience against parents, and a clear or specific life goal are examples of causes that may coexist.⁹ Studies have occasionally revealed that the majority of teenagers in our nation use alcohol and other illicit substances, especially marijuana. A portion of these young people utilise opiate drugs like heroin, brown sugar, and other substances, which are typically linked to the most serious addiction issues. Drug-abusing teenagers interact with the police, courts, and

⁸ Priyanka Goswami, The Drugs Abuse in India, 5 INDIAN J.L. & LEGAL RSCH. 1 (2023).

⁹ T. Pathak, Drug Abuse and Juvenile Delinquency in North East Region (2024), available at Infilbnet.ac.in, <http://hdl.handle.net/10603/67730>.

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correctional programmes in a variety of ways. Alcohol and other drug use, selling and buying these drugs, as well as using them for purposes other than therapeutic ones, are unlawful actions in and of themselves. In addition, it's thought that using these drugs causes additional kind of illegal conduct.¹⁰

Juvenile drug abuse can result from several circumstances, such as:

- 1. Peer Pressure:*** In an effort to blend in or be accepted by their social circles, adolescents may give in to peer pressure. Drug experimentation may appear to be a means of achieving acceptance or popularity inside a group.
- 2. Inquiry:*** Adolescence is a period of world-exploration and substance-related inquiry. Young people may try with substances just to see what happens.
- 3. Home Environment:*** A juvenile's risk of drug misuse can be increased by dysfunction in the home, such as parental substance abuse, neglect, or absence of parental supervision. Juveniles who grow up in unsupportive and unguided families may turn to drugs as a way to cope or escape.
- 4. Trauma and Stress:*** Adolescents who have gone through trauma, such as being abused physically, emotionally, or sexually, may take drugs as a coping strategy to dull their suffering or get rid of upsetting feelings.
- 5. Mental Health Concerns:*** Adolescent drug usage is more likely in those with untreated or undiagnosed mental health conditions including depression, anxiety, or ADHD. Using drugs or alcohol may be an effort to treat symptoms or self-medicate.
- 6. Accessibility:*** Adolescents who have easy access to drugs in their neighbourhood or at school are more prone to try with and misuse them.
- 7. Media and Cultural Influence:*** The way drugs are portrayed in music, movies, and social media may normalise drug use among young people and glamorise substance addiction.

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Addiction to drugs at a young age can result in a wide range of issues for the user and society at large. Among the main problems linked to adolescent drug addiction are:

- 1. Health Issues:** Substance abuse can have detrimental effects on one's physical and emotional well-being. Adolescents who misuse drugs run the danger of acquiring long-term health ailments such as liver damage, heart difficulties, respiratory disorders, and infectious infections including hepatitis and HIV/AIDS.
- 2. Academic and Educational Problems:** Substance abuse frequently impedes one's ability to learn and complete their schooling. Addicts' underage may find it difficult to focus in class, miss school frequently, or fail to finish projects or tests. Lower grades, academic failure, and eventually a decreased chance of pursuing options for further education or employment might result from this.
- 3. Social and Interpersonal Difficulties:** Substance abuse can cause a rift in friendships and familial ties. Addicts' underage who uses drugs run the risk of experiencing social distancing, retreating from social interactions, and having disputes among their social circles. They could also take part in dangerous activities that endanger both their own safety and other people's safety.
- 4. Legal Issues:** Substance abuse frequently results in contact with the criminal justice system. Addicts' underage may commit crimes including stealing, break-ins, or drug trafficking in order to get narcotics. Arrests, jail, and other legal repercussions, such as juvenile delinquent records, may follow from this.
- 5. Financial Hardship:** It can be expensive for young people and their families to support a drug addiction. The price of buying drugs, in addition to possible fines and legal costs, can strain finances and cause instability in the economy. Due to their addiction, young drug users may find it difficult to keep a job or earn a consistent income.
- 6. Risk of Overdose and Death:** Substance abuse raises the possibility of overdosing, which can cause fatalities or major injuries. Addicts underage may unintentionally take hazardous dosages of drugs or combine substances that might interact severely. Drug addiction can

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also result in dangerous behaviours, such drunk driving or engaging in high-risk activities, which raises the possibility of mishaps and deaths.

IV. LEGISLATIONS:

According to Article 47 of the Indian Constitution, the state is required to work towards outlawing the use of drugs and alcohol that are harmful to one's health. There are two types of initiatives aimed at lowering drug-related issues in the nation: supply reduction and demand reduction. The Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances (PIT) Act, 1988, and the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985, two Acts provide broad search, seizure, and prosecution powers to law enforcement organisations such as the police, customs, and central excise, among others, and encompass the whole spectrum of the drug trade. The Act forbids growing any kind of coca, opium poppy or cannabis plant, collecting any part of a coca plant, producing, manufacturing, possessing, selling, buying, transporting, warehousing, using, consuming, importing into and exporting from India the products of coca, opium poppy and cannabis plants, unless they are used for medical or scientific purposes, and without the appropriate licence or permission from the Central or State Government.¹¹ Act of 1988 to Prevent Illicit Trafficking in Narcotic Drugs and Psychotropic Substances allows those who utilise minors in drug trafficking to be charged as conspirators or aiders to the crime. The Juvenile Justice Act, 1986 was passed by Parliament to address the needs of neglected or delinquent youth and to provide for their care, protection, treatment, development, and rehabilitation. It also addressed the resolution of specific issues pertaining to these juveniles¹². Sanjay Kumar v. State of M.P. an accused person under section 20(1)(b)¹³

¹¹ NDPS Act, § 5(1),
NDPS Act, § 5(1),
NDPS Act, § 7(1),
NDPS Act, § 8
NDPS Act, §§ 9 and 10.

¹² Shiv Kumar Dogra, Socio-Legal Aspect of Drug Addiction and Criminal Behaviour in Children, Shrinkhla Ek Shodhparak Vaicharik Patrika, vol. III, Issue-VI* (Feb. 2016).

¹³ §20 of NDPS Act, 1985; Punishment for contravention in relation to cannabis plant and cannabis

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of the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS) is not eligible for bail release unless he meets the precedent-setting condition outlined in Section 37 of the NDPS Act. Furthermore, it is held that a juvenile must meet the prerequisite requirements outlined in under section 37 of the NDPS Act. In *Antaryami Patra v. State of Orissa*¹⁴, the Orissa High Court held that while Section 18 of the Juvenile Justice Act undoubtedly made general provisions regarding a juvenile delinquents right to be released on bail, regardless of the offence committed, a special provision pertaining to the requirements that must be met in order for an accused person to be released on bail has been made by the Narcotic Drugs Act. Thus, even in the case of a juvenile delinquent involved in the commission of an offence under the said Act, no bail can be granted until and unless the provisions of Sec. 37 of The Narcotic Drugs Act are complied with. This is because the aforementioned special provision of the special statute, namely Sec. 37 of The Narcotic Drugs Act, would supersede Sec. 18 of The Juvenile Justice Act.

International laws and conventions address various aspects of juvenile drug abuse, aiming to protect the rights and well-being of young people and mitigate the negative impact of drug abuse on individuals and societies. ***Here are some key international instruments and initiatives related to juvenile drug abuse:***

1. *****United Nations Convention on the Rights of the Child (UNCRC)*****: The UNCRC, adopted in 1989, is a comprehensive international treaty that outlines the civil, political, economic, social, and cultural rights of children. Article 33 of the UNCRC specifically addresses the protection of children from the illicit use of narcotic drugs and psychotropic substances, calling on states to take appropriate measures to prevent the use of children in the illicit production and trafficking of such substances.
2. *****United Nations Office on Drugs and Crime (UNODC)*****: The UNODC plays a central role in coordinating international efforts to address drug abuse and trafficking. It provides

¹⁴ 1993 Cri. L. J 1908

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technical assistance, promotes international cooperation, and supports the implementation of drug control policies and programs, including those aimed at preventing juvenile drug abuse.

3. ****International Standards on Drug Control****: The United Nations Drug Control Conventions, including the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), establish international standards for the control of narcotic drugs and psychotropic substances, including measures to prevent drug abuse among juveniles.

4. ****World Health Organization (WHO) Guidelines****: The WHO provides guidance and technical assistance to member states on the prevention and treatment of drug abuse, including among juveniles. WHO guidelines emphasize evidence-based approaches to prevention, early intervention, treatment, and rehabilitation, tailored to the specific needs of young people.

V. RECOMMENDATIONS AND SUGGESTIONS:

The state must bring in various rehabilitation, aftercare programme while dealing with addicted adolescent. The Ministry of Health & Family Welfare operates a Drug De-Addiction Programme (DDAP) by providing financial grants for augmenting post abuse treatment facilities in selected Central Government Hospitals/ Institutions and the Government Hospitals/ Institutions in North-East States.¹⁵ "Supply reduction" and "demand reduction" are the tactics used to prevent, manage, and reduce drug usage, regardless of the strategy used. Supply reduction is possible if the drug control system is strengthened and the supply of drugs is eliminated from illegal sources. The supply and demand of psychotropic chemicals and narcotic medications for medical uses should be balanced as well. It is necessary to reduce demand at two distinct levels. On the one hand, there should be a greater understanding that drug usage is a social evil that harms both the user and society as a whole. Conversely,

¹⁵ Annexure-I Drug De-Addiction Programme (DDAP) (n.d.), available at <https://main.mohfw.gov.in/sites/default/files/drugs%20deaddiction%20programme.pdf>.

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initiatives to improve the circumstances of the individual abuser have to be launched concurrently. The fact that law enforcement officers are more worried by large seizures than they are about street-level drug sales is another cause for concern. This mindset must shift, and stopping drug sales on the streets must also become a top concern. When addicts seek treatment, treatment facilities that include detoxification, rehabilitation, and counselling should ask them about their drug-purchasing sources. These facilities should then forward this information to law enforcement for appropriate action. However, the origins of these kinds of information must be kept completely confidential.

Many of the medications that are stocked at medical supply stores are frequently supplied without the necessary prescriptions and can be dangerous if misused or abused. Those who sell dangerous medications, such as cough syrups and tranquillizers, should face harsh penalties. In a similar vein, a workable system that allows medical supply stores to alert law enforcement to those who misuse, or abuse pharmaceuticals should also be implemented. When it comes to drug-related offences, political meddling should be avoided while law enforcement is investigating them. It is imperative that all relevant authorities work together to provide an integrated solution to the problems of de-addiction and the rehabilitation of addicts who have recovered. The government's first priority is their medical rehabilitation. The facilities now in place in our nation to treat those who have abused narcotics are far from adequate. There are now two stages of treatment: withdrawal and recovery. Both psychological and psychiatric support are necessary throughout the withdrawal or de-addiction phase. The rehabilitation procedure must be carefully designed with the requirements of the specific abuser in mind. A lengthy enough hospital stay is necessary to identify his personality in order to proceed with psychoanalytic treatment for withdrawal. All of the nation's main hospitals should have a sufficient number of withdrawal and de-addiction clinics established for this reason. These clinics must to include services for psychological counselling, physical examinations, and medications that help with withdrawal. To supplement the current facilities, the Indian government's Ministry of Health and Family Welfare has already set up a network of these de-

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addiction clinics. However, appropriate follow-up measures are necessary for these projects to be successful.¹⁶ Drug addiction is a matter which can't be made right with strict measures and government alone, the involvement of NGO, educational institution, teachers, mentor and family is required to deal with this in such a way that the addict doesn't end up in relapse.

VI. CONCLUSION:

Upon doing a detailed analysis of the causes of juvenile delinquency, we discover that most of these cases stem from social and familial environments. Nobody is a born criminal in our world. The state of the environment caused them to do so. A family that uses drugs and alcohol frequently is likely to have a lot of bad behaviours, such as fighting, gambling, having extramarital relationships, etc. From an early age, these bad behaviours encourage children to learn and engage in illegal or delinquent behaviour. Therefore, parents need to be corrected before children. In a similar vein, the social environment should support children's healthy physical and intellectual development while being free of pollutants like alcohol and other drugs. In addition to imparting moral values, engaging in healthy leisure activities promotes a child's overall development and keeps him active. The argument is that after school, if the kids are still occupied with their games and sports, they won't have much time to engage in antisocial or delinquent behaviour. In addition to appropriate enjoyment, religious texts and well-written literature aid in character development. Children who are attached to religious organisations also benefit from acquiring social graces and moral or ethical standards, which will aid them later on in life as well-rounded members of society. This aids in children's intellectual or moral growth as well.

¹⁶ T. Pathak, Drug Abuse and Juvenile Delinquency in North East Region (2024), available at Inflibnet.ac.in, <http://hdl.handle.net/10603/67730>.