

DRUG DEPENDENCE, RELAPSE AND RECIDIVISM AMONG ADOLESCENTS : A COMPARATIVE STUDY

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Abstract

Objective: To compare and investigate into the socio economic profile of children habituated to substance use, who are in need of care and protection and children in conflict with law. The role of family and society in leading the children to substance use and weaning them away as well has been the focus of the study.

Methods: This empirical study is based on data collected from De-addiction Homes for boys and girls separately (children in need of care and protection) as well as Juvenile Home for Boys (children in conflict with law). The entire sample was habituated in substance use and is presently under de-addiction treatment at the respective Homes. The sample consisted of 10 girls from the De-addiction Home for Girls, 17 boys from the De-addiction Home for Boys (children in need of care and protection) and 19 boys from the Juvenile Home for Boys (children in conflict with law). This constituted about 40% to 70% of the existing population of the three respective Homes. The comparative analysis was conducted after collection of data on 29 variables. Data was analysed with the help of the SPSS and Chi square test has also been applied.

Results: Children in conflict with law showed higher incidence of use of hard drugs and was the only group that also recidivated. Peer influence was an instrumental factor in initiation and relapse of boys, both in need of care and protection and in conflict with law. The entire cohort examined expressed lack of guidance and counselling on the right and wrong behaviour at home or in the locality or at school.

Conclusion: The content, duration and frequency of substance abuse are critical determinants of relapse and conflict with law among children. A multi-agency approach is the need of the hour with clear cut roles assigned to each stakeholder to holistically handle the challenge of substance use among children.

Keywords: Adolescence, Substance Use, Drug Dependence, Juvenile, Relapse.

INTRODUCTION

Nearly 1.5 crore minors in India are into some kind of substance abuse.¹This is based on the findings of the survey, conducted in 2018 by the Ministry of Social Justice and Empowerment.

Adolescence is the phase of exploration for every human being. An adolescent has been categorised as any person between ages 10 and 19 by the World Health Organisation which is a subset of the group defined as *young people*, referring to persons between ages 10 and 24.² In the transitional phase between childhood and adulthood, an adolescent experiments with self and surroundings. Stereotypical portrayal of as rebellious, over assertive or excessively withdrawn, distracted and daring is not without reason. The physical and emotional changes in the body of a child in course of becoming an adult often obscure the lines between right and wrong in terms of behaviour.

Peer influence and conformity to it is generally the norm of socialization in this age. Addiction to substances is one such activity. For the adolescent in terms of physical, mental and psychological implications and the likelihood of indulging into commission of offences has the potential of devastating outcomes for the individual and the society.

Substance Use : The American Psychiatric Association defines Substance use disorder (SUD) as a “complex condition” characterised by uncontrolled use of a substance despite harmful consequences.³ Repeated and excess use of substances like “alcohol, tobacco, or illicit drugs” to an extent that it leads to disruption of normal functioning of an individual and impairs the thought process and decision making. An individual indulging in

¹http://timesofindia.indiatimes.com/articleshow/96207960.cms?from=mdr&utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst, accessed on 25/01/2024

² <https://www.britannica.com/science/adolescence>, accessed on 24/01/2024

³ American Psychiatric Association <https://www.psychiatry.org/patients-families/addiction-substance-use-disorders>; accessed on 25/01/2024

substance use is aware of the harmful effects of consumption of substances, yet continues with it. The degree of acuteness of substance use grades it into drug dependence and addiction.

Drug Dependence on the other hand is a manifestation of acuteness of substance usage which is chronic and progressive and reflects a “significant impairment that is directly associated with persistent and excessive use of a psychoactive substance.”⁴ The resultant impairment may include collective physiological, psychological, or social dysfunction.

Relapse : A brief indulgence into consumption of alcohol or other drug use, or gambling refers to a lapse. It can be regarded as a temporary regression on the path to recovery or de-addiction. On the other hand, re-acquiring of the behaviour of consumption of alcohol or other drugs, “which someone has previously managed to control or quit completely”⁵ is referred to as a relapse.

Juvenility : Section 2(35) of the Juvenile Justice Care and Protection Act, 2015 defines a juvenile as “a child below the age of eighteen years.

Recidivism has been referred to a condition of relapse into commission of crime after undergoing intervention by the criminal justice system for an offence committed previously.⁶

The paper dwells upon the interlinkages between substance use and commission of crime and whether the latter feeds the former or is the consequence of it. The impact of socio-economic conditions on this interplay between substance use and crime has also been studied in a comparative manner between the adolescent addicts and the juvenile addicts. Another strain of comparison has been the role of socio-economic indicators on drug use patterns. An individual’s ability to distinguish between right and wrong weakens under the influence of drugs and secondly the compulsion to feed the habit compels an addict to employ means to ensure obtaining the substance, which may be right or wrong and may even extend to commission of offence or could there be any other reasons?

The paper attempts to answer the above questions. Empirical data has been collected and the tools employed are for data collection are interview and group discussion method. The identity of the subjects has been anonymized and prior permission of appropriate authorities has been duly taken study of drug dependent children in need of care and protection (girls and boys) and drug dependent children in conflict with law.

Substance use at a younger age interferes with normative age appropriate developmental milestones of children addicted to substance use not only get adversely affected but also make them vulnerable to several health and psychosocial consequences.⁷ There is also a greater possibility of children in conflict are dependent or addicted to one or other form of substance use, further complicates the issue of timely administration of criminal justice and ensuring their rehabilitation and mainstreaming with society.

This was one of the findings of the pan India survey conducted by the National Drug Dependence Treatment Centre [NDDTC], All India Institute of Medical Sciences [AIIMS], New Delhi for the National Commission for Protection of Child Rights (NCCPR) in the year 2013. The objective of the pan India survey was to comprehend the profile, pattern and correlates of substance use among child population and the socio-economic, health and legal indicators. The highlights of the findings have been mentioned as follows :

- Rampant use of opioids including opium or its derivatives or variants like poppy husk known as doda/phukki, heroin (or its impure form – smack or brown sugar) and a variety of pharmaceutical opioids. Nationally, the most common opioid in use was found to be heroin (1.14%) followed by pharmaceutical opioids (0.96%) and opium (0.52%).⁸
- It was estimated that at the national level, approximately 4.6 lakh children and 18 lakh adults are dependent on harmful use of inhalants and Uttar Pradesh, Madhya Pradesh, Maharashtra, Delhi and Haryana had the highest number of use of inhalants.
- An overall estimate of 0.70% of Indians aged between 10-75 years was found to be users of Inhalant products. 0.58% of adults and 1.17% of children and adolescents use inhalants. In this category, children outnumbered adults and males outnumbered females. Among children, earlier research from India has shown that the street children are particularly vulnerable population for inhalant use.⁹
- Use of alcohol was reported in all the age groups which included children aged 10- 17 years.
- In most States, bhang was preferred over ganja /charas, whereas in the eastern and north-eastern region, in states like West Bengal, Bihar, Sikkim, Mizoram, Nagaland and Meghalaya, the illicit cannabis products like ganja/charas as compared to bhang are used by a larger proportion of people.

⁴Katsumasa Miyasato *The definition of drug dependence*, <https://pubmed.ncbi.nlm.nih.gov/20715472/> accessed on 25/01/2024

⁵ Lapse and relapse <https://www.turningpoint.org.au/treatment/about-addiction/treating-addiction/lapse-and-relapse>

⁶ <https://nij.ojp.gov/topics/corrections/recidivism>

⁷ Assessment of Pattern and Profile of Substance Use among Children in India; Study Conducted By National Drug Dependence Treatment Centre [NDDTC], All India Institute of Medical Sciences [AIIMS], New Delhi; Conducted for National Commission for Protection of Child Rights (NCCPR); August 2013

⁸ Magnitude of Substance Use in India, 2019 Ministry of Social Justice and Empowerment

⁹ Dhawan et al (2015) “Treatment seeking behavior of inhalant using street children: Are we prepared to meet their treatment needs”. *Indian J Psychol Med*;37:282-7

- The report expressed concern over the lesser outreach of the “flagship treatment” of the Ministry of Social Justice and Empowerment and the Ministry of Health and Family Welfare, each mandated with providing harm reduction and treatment services.

Substance	Children (10-17 yrs.)	
	Prevalence (%)	Estimated no. of Users
Alcohol	1.3	30,00,000
Cannabis	0.9	20,00,000
Opioids	1.8	40,00,000
Sedatives	0.58	20,00,000
Inhalants	1.17	30,00,000
Cocaine	0.06	2,00,000
ATS	0.18	4,00,000
Hallucinogens	0.07	2,00,000

Prevalence of substance use among children based on the study report titled ‘Magnitude of Substance Use in India, 2019’ Ministry of Social Justice and Empowerment ¹⁰

Any intervention planned towards prevention and treatment needs to focus on variable settings where children at risk can be targeted. These include school, community, institutional and health care settings.¹¹ NCPCR has also formulated a “Standard Operating Procedure (SOP) for Care and Protection of children in Street situations” who are mostly affected from substance use.¹²

Legal provisions of the Juvenile Justice Care and Protection Act, 2015

- ❖ **Section 2** : Definitions - In this Act, unless the context otherwise requires,—
 - (12) "child" means a person who has not completed eighteen years of age;
 - (13) "child" in conflict with law means a child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence;
 - (14) "child in need of care and protection" means a child—
 - (ix) who is found vulnerable and is likely to be inducted into drug abuse or trafficking;
- ❖ **Section 77** : Penalty for giving intoxicating liquor or narcotic drug or psychotropic substance to a child
Whoever gives, or causes to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance, except on the order of a duly qualified medical practitioner, shall be punishable with rigorous imprisonment for a term which may extend to seven years and shall also be liable to a fine which may extend up to one lakh rupees.
- ❖ **Section 78** - Using a child for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance.
Whoever uses a child, for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance, shall be liable for rigorous imprisonment for a term which may extend to seven years and shall also be liable to a fine up to one lakh rupees.

The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (also referred to as “The Beijing Rules”) (United Nations, 1985), emphasizes “that the detention, arrest and imprisonment of a young person should be used as a measure of last resort, and that alternatives to institutional care should be provided, such as close supervision, intensive care or placement with a family or in an educational setting or home.”

Cases registered (year 2019) under ss 77 /78 of the Juvenile Justice Act, 2015¹³

Sl. No.	State / UT	No. of cases registered under ss 77/78 of the JJ Act, 2015
1.	Puducherry	1
2.	Uttarakhand	1
3.	Sikkim	2
4.	Punjab	2
5.	Mizoram	1

¹⁰<https://sansad.in/getFile/loksabhaquestions/annex/172/AU1962.pdf?source=pqals#:~:text=Under%20Section%2077%20of%20the,which%20may%20extend%20to%20seven>

¹¹ National Consultation on Drug/Substance Use Among Children 2019; National Commission for Protection Of Child Rights, https://ncpcr.gov.in/uploads/165650678462bc49a042e86_report-on-national-consultation-on-drug-substance- accessed on 24/01/2024

¹² Ibid

¹³ Supra Note 5

6.	Meghalaya	1
7.	Manipur	10
8.	Madhya Pradesh	15
9.	Haryana	2
10.	Chattisgarh	4

The study concluded that the average age of those using drugs like opium, pharmaceutical opioids and heroin is as low as 14.3 years and that the victims included street children as well as those living in secure homes and attending schools.¹⁴ Data also indicated that the rate of growth of substance abuse among children in India was much faster than expected.

After lapse of about a decade after conducting of this study, a news report in December 2022, reflected that a staggering 1.58 crore children aged between 10 and 17 years are addicted to substances in the country. This is a fair indication that the gravity of the issue is only increasing with passing time.

METHODOLOGY

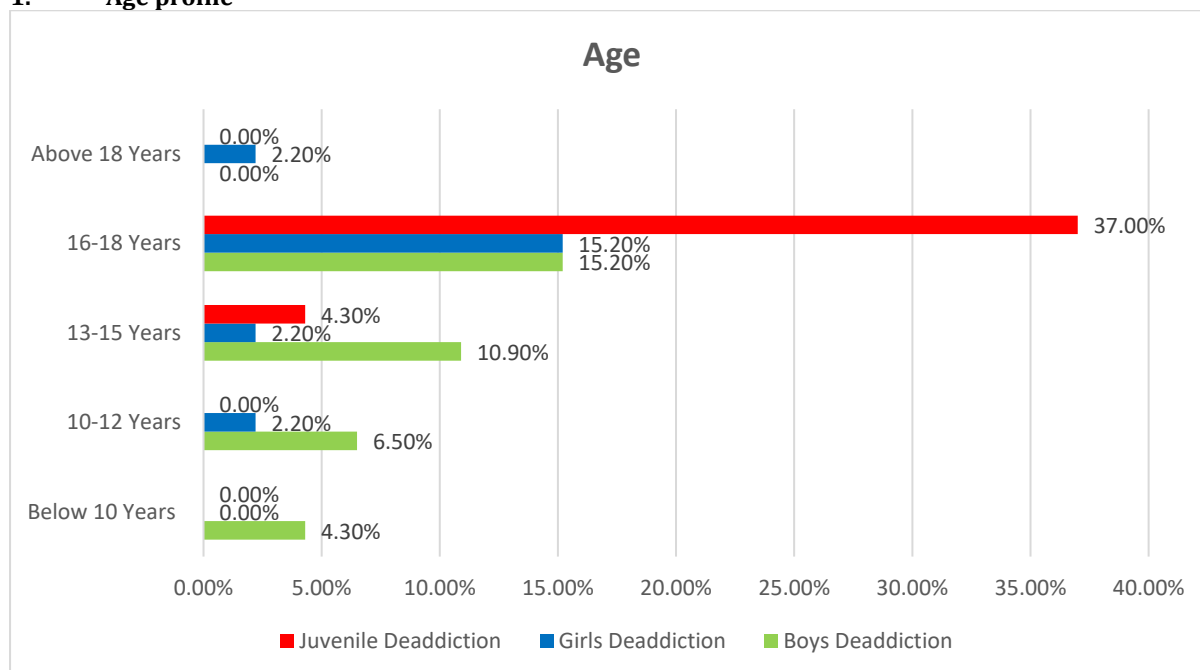
To understand the ground reality in the present context, an empirical study was conducted in three Children Homes, one each for the adolescent girls and boys addicted to drugs, whereas the third one was for the juveniles addicted to substances. The data collection tools were - interview schedule for the target group that is children and group discussion with the caretakers and inquiry from parents of the children. The interview schedule aimed at creating a socio-economic profile of children in de-addiction centres and juvenile de-addiction centres.

Sample : The sample size included 30-50% of the girls/ boys total number present in the three respective homes, viz. the Boys De-addiction Home, Girls De-addiction Home, De-addiction Home for Children in Conflict with Law.

Sl. No.	Children in Need of Care and Protection De-addiction Home		Children in Conflict with Law Juvenile De-addiction Home (Boys) (N=19)
	Boys (N=17)	Girls (N=10)	
1	(N=17)	(N=10)	(N=19)

Analysis of empirical data :

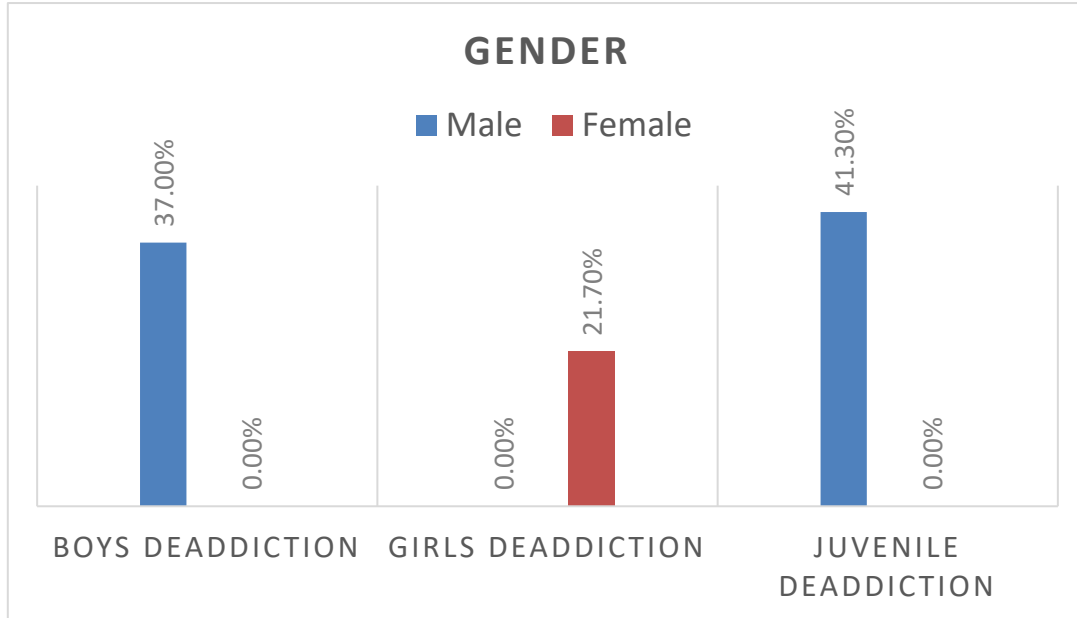
1. Age profile



¹⁴ Study on "Pattern, Profile and Correlates of child substance use among children" (2012-13); National Consultation on Drug/Substance Use Among Children 2019; National Commission for Protection Of Child Rights, https://ncpcr.gov.in/uploads/165650678462bc49a042e86_report-on-national-consultation-on-drug-substance- accessed on 24/01/2024

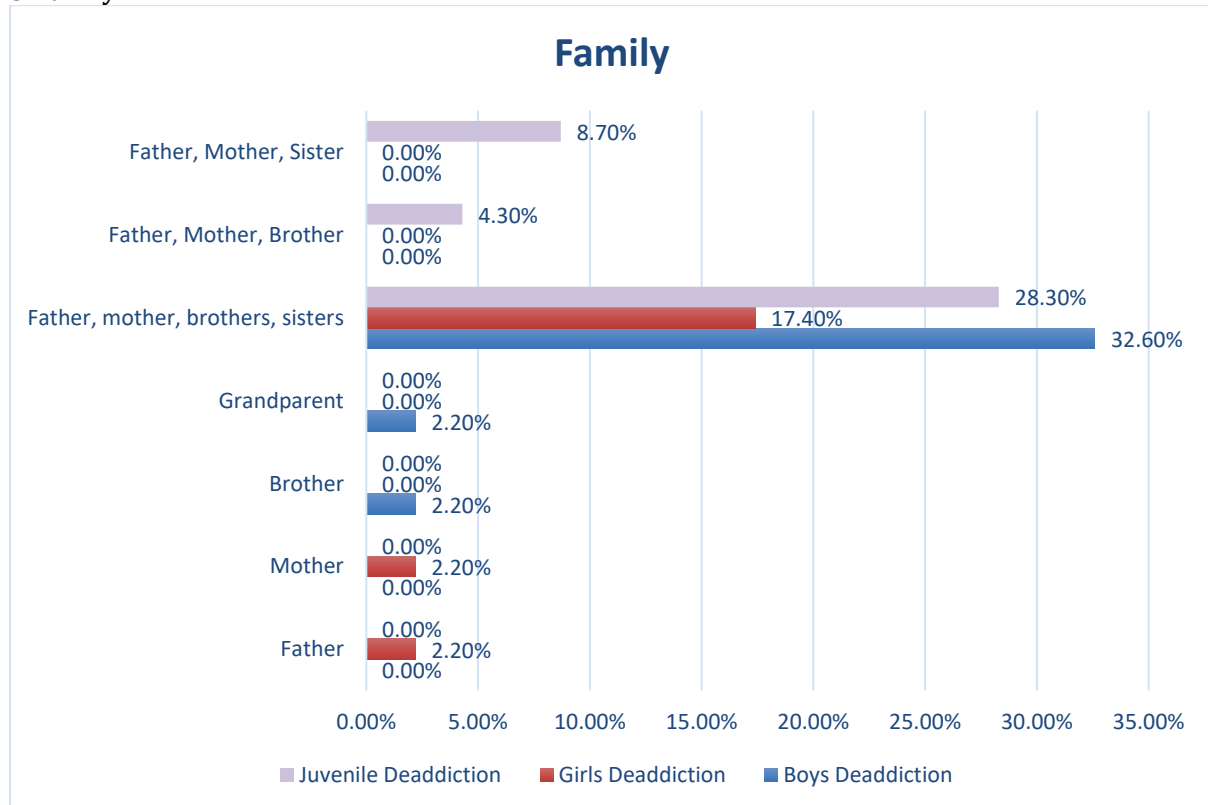
Among the cohort interviewed, over 67% children belonged to the age group of 16 -18 years which is the highest percentage collectively as well as in the respective groups of Juvenile de-addiction (37%), Girls de-addiction (15.20%) and Boys de-addiction (15.20%). Addiction to substances has been seen to commence in boys below 10 years of age whereas the age of commencement of substance use among girls has been seen in the age group of 10 -12 years.

2. Gender



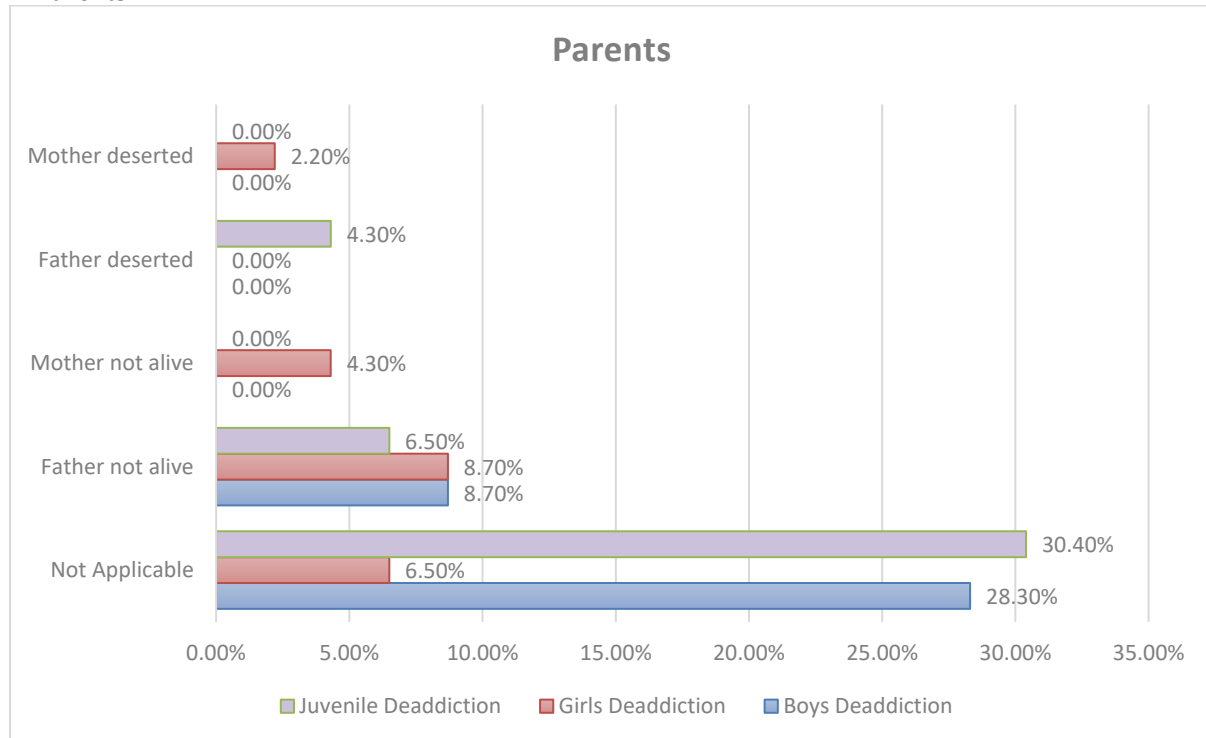
78.3% of the collective sample of respondents were males while 21.7% were females.

3. Family



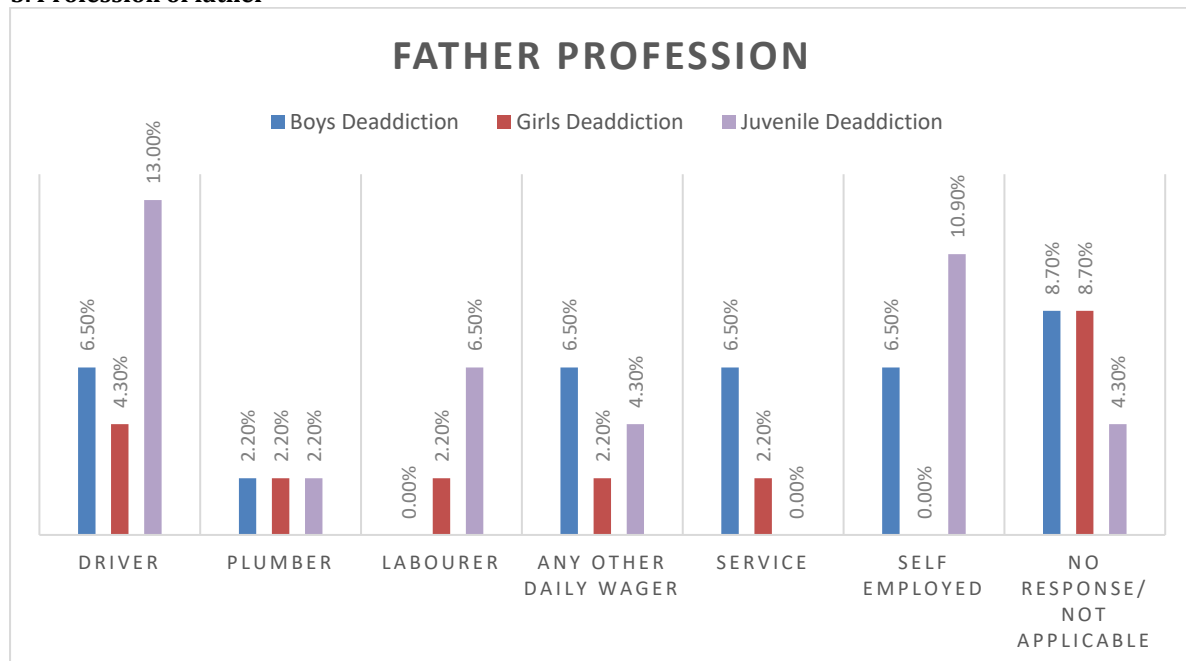
78% of the respondents had families with parents and siblings including both brothers and sisters, while around 10% lived with a single parent or grandparents or with sibling brothers only.

4. Parents



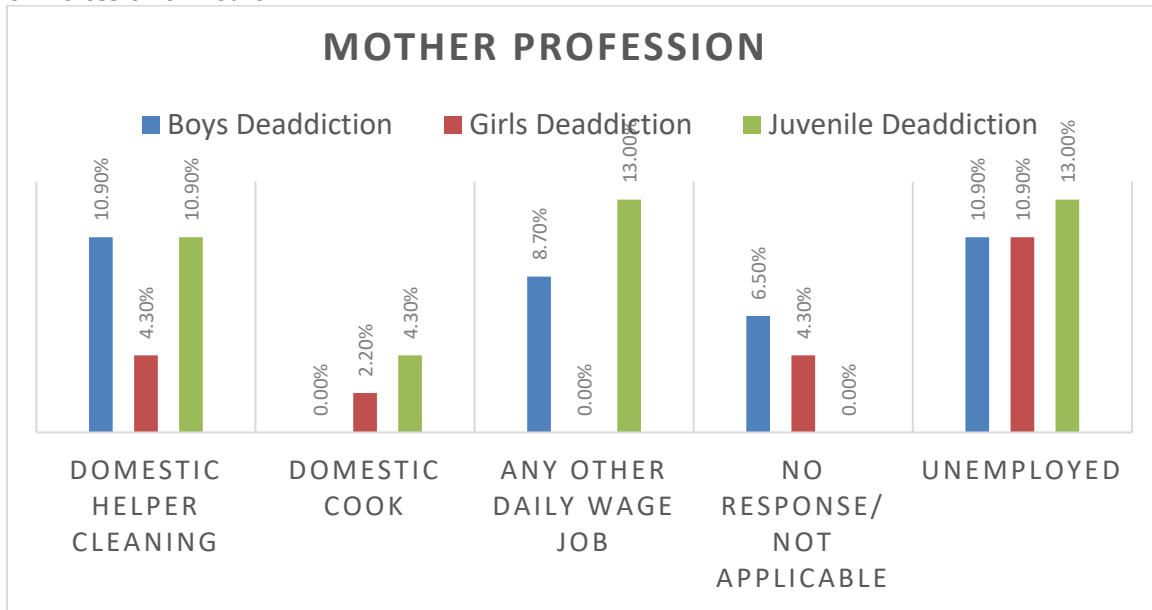
One-fourth of the sample i.e. about 23.9% had their upbringing in homes where the mother was the sole earner due to death of father. Among all the three groups under study, single mother homes are the highest as compared to the other given categories. In the Juvenile Addicts category, desertion of the father has been seen in over 4% cases which have again been found to be run by the mother alone. A total of over 28% of the respondents were brought up by mothers alone due to death of or desertion by the father.

5. Profession of father



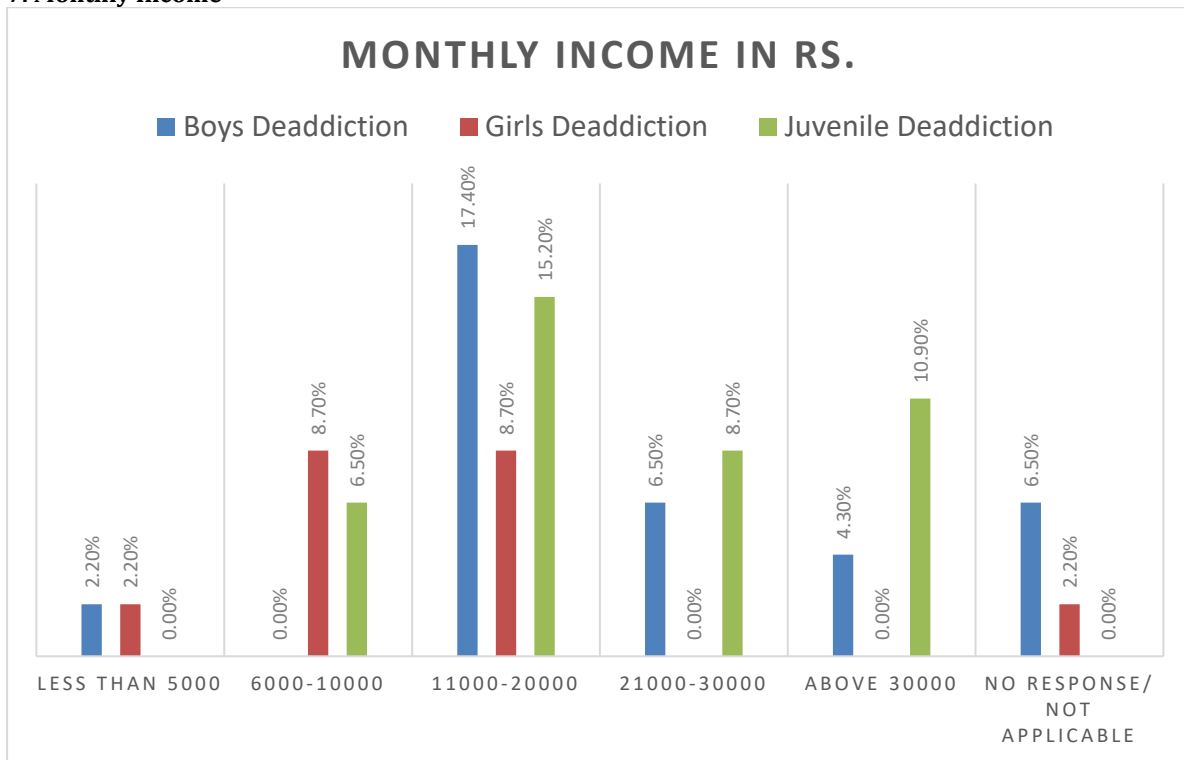
Driving is the profession engaged in by the fathers of children of 23.9% whereas 13% are engaged in other forms of daily wage labour. A significant percentage of 17.4 of the children's fathers earn a living through self-employment.

6. Profession of mother



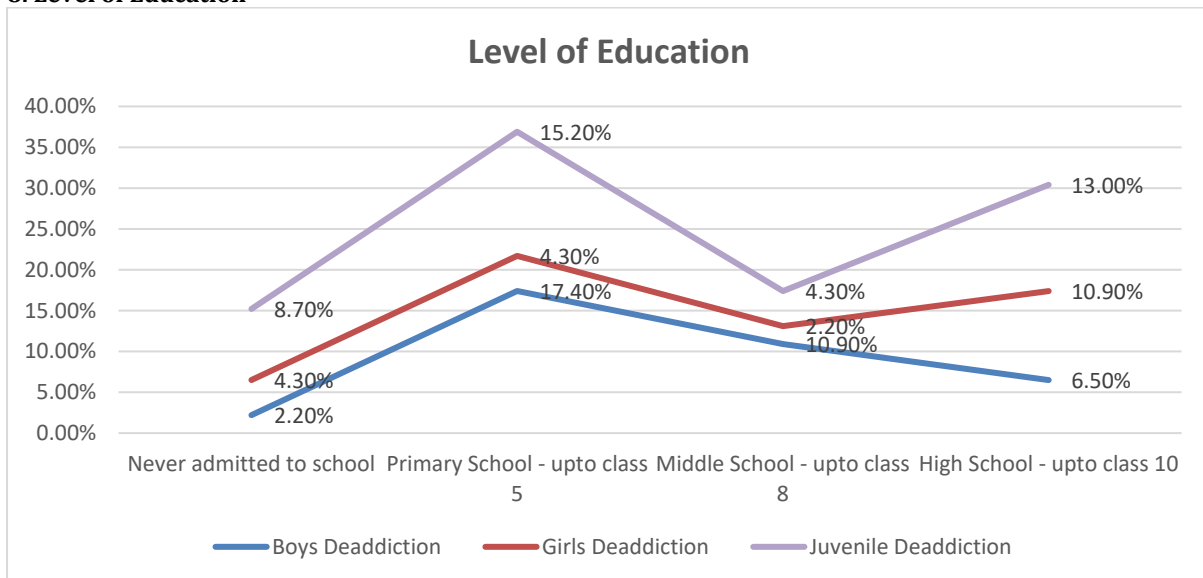
Over 50% of the children have mothers working as domestic help or in daily wage labour jobs, whereas mothers of about 34% children are unemployed. The employment is in un-organized sectors with low pay and poor working conditions.

7. Monthly Income



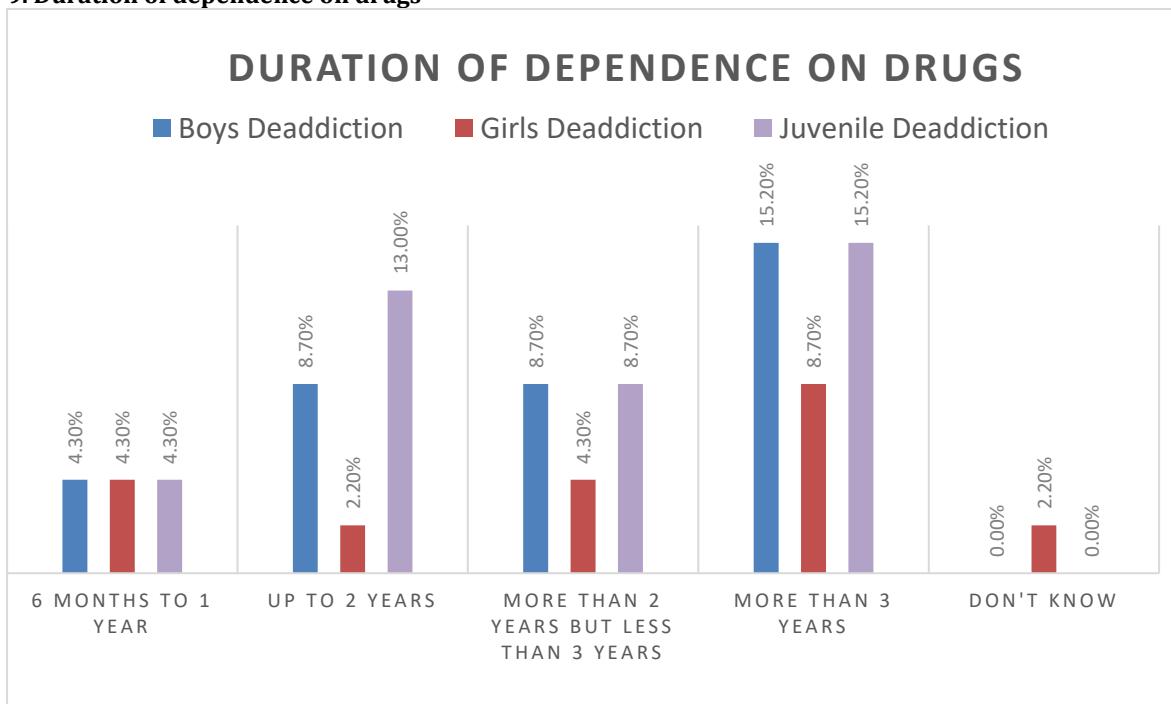
Income of families of over 41.3% children fell within the bracket of Rupees 11000 – 20000 per month. Income of families of about 4% children was below Rupees 5000, whereas that of over 15% families was above Rupees 30,000. The response received from Juvenile addicts indicates income which also includes earning by the addict himself by engaging in jobs such as selling pizza or working in a clothes shop.

8. Level of Education



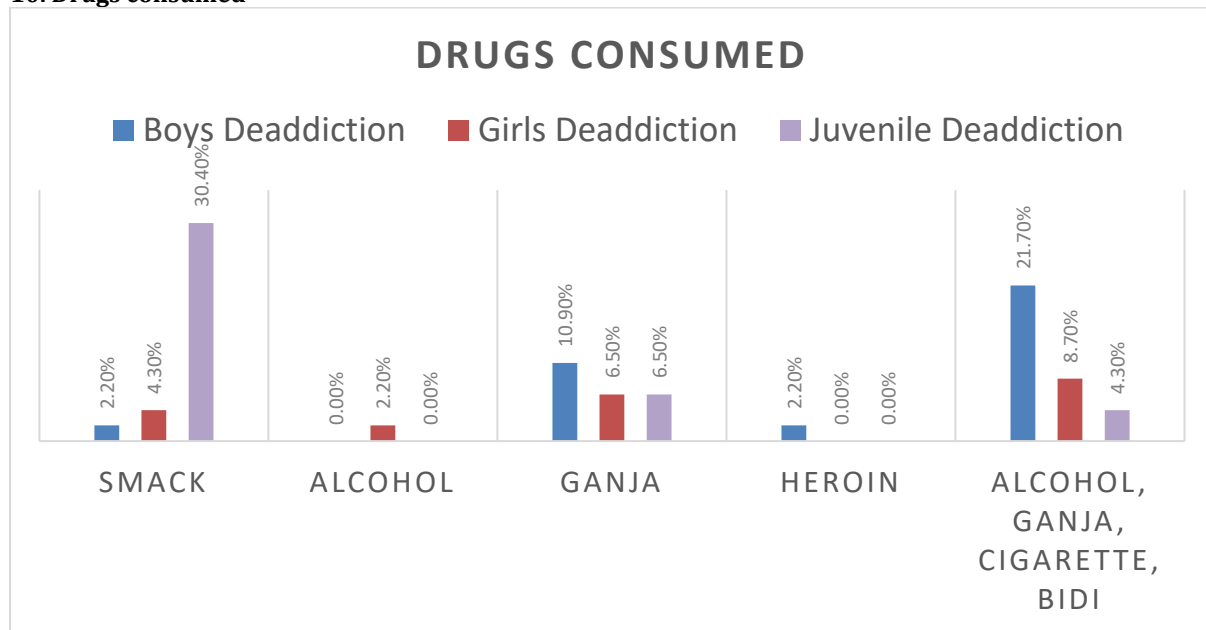
While 15% of the children were never admitted to school, none of the children interviewed have education beyond class 10. It has been significantly observed that among the three groups taken cumulatively, 30.4% children have schooling up to class 10, which includes 13% juvenile addicts and over 10% Girls in the De-addiction centre. Boys at the de-addiction centre are at 6.5% in this category.

9. Duration of dependence on drugs



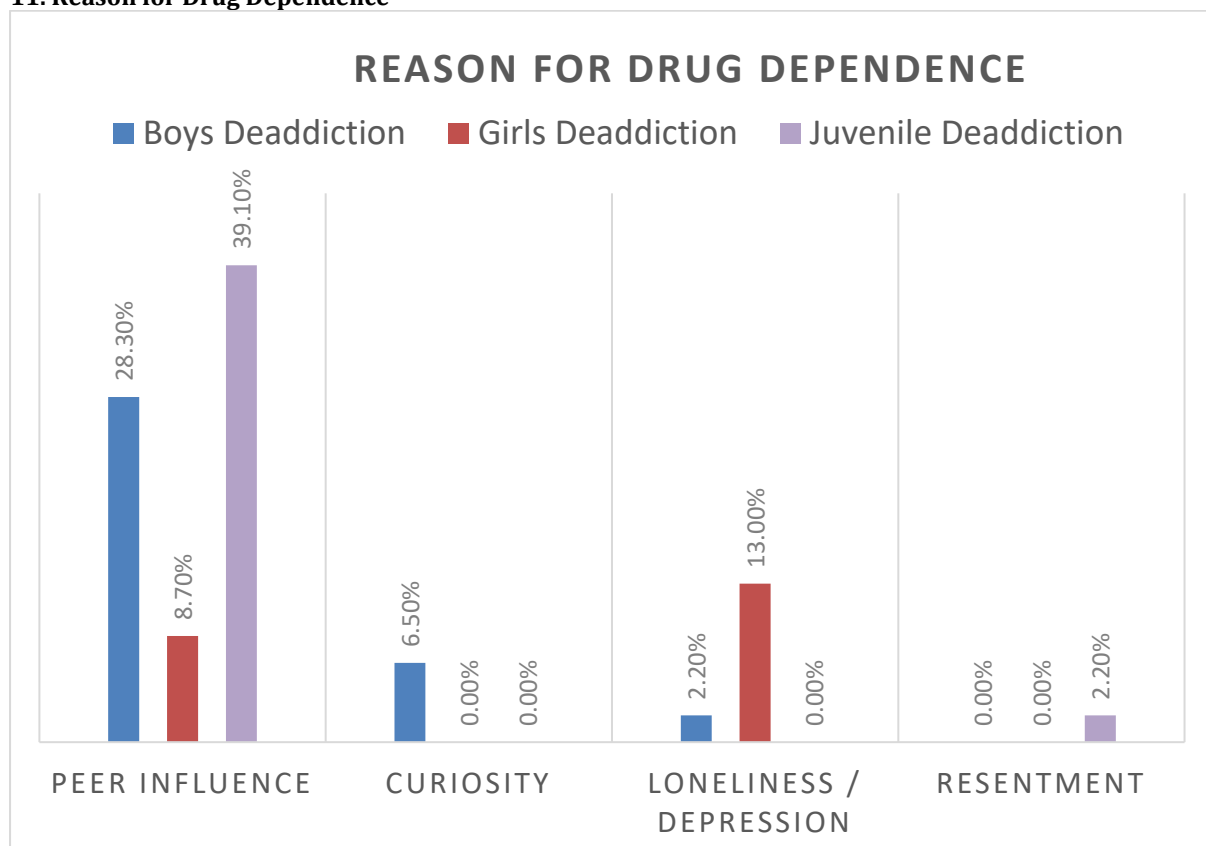
About 39% of the children of all the three Homes are into substance use for more than three years. It is also significant to note that the percentage of boys of the de-addiction Home as well as those in the Juvenile De-Addiction Homes are about 15.2%.

10. Drugs consumed



While about 37% of the children are addicted to Smack, out of which a significant 30% are Juveniles in the De-addiction Home. A larger percentage of girls at the de-addiction homes at 4.3% use smack, which is almost two times to the same used by boys at the de-addiction centre at 2.2%. Use of substances like 'inhalants, alcohol, ganja, cigarette, bidi' has been found by another 34.8%, out of which 21.7% belong to the Boys De-addiction Centres and 8.7% are Girls at the De-Addiction Home. Maximum number of girls fall in this category.

11. Reason for Drug Dependence

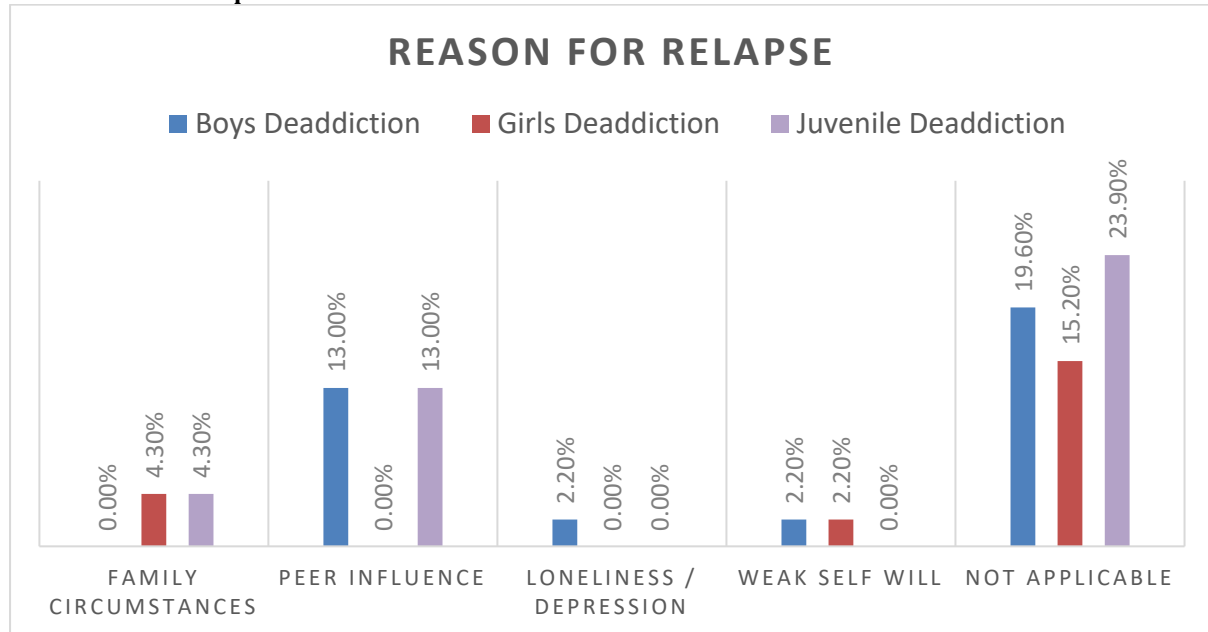


The most dominant factor leading children to substance use was found to be peer influence. About 76% of the children were influenced by peers and which led to use of substances. Boys have been reflected to be succumbing more to peer pressure, as compared to girls. Peers influenced about 39% of the juvenile addicts and 28% of the

<https://www.gapjibfs.org/>

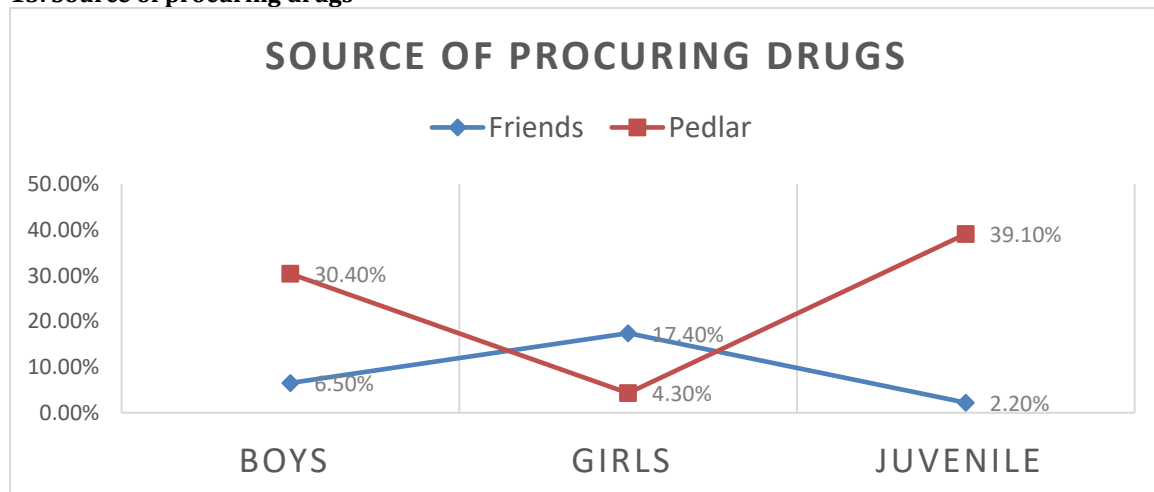
Boys as the De-addiction Centre. Factors such as loneliness or depression have been seen to drive the girls into addiction. Curiosity is another reason that led 6.5% of the boys at the De-addiction Home into substance use or addiction.

12. Reason for Relapse



About 58% of the children habituated to substance use were first time admissions into the de-addiction homes or the juvenile home for de-addiction. The remaining 42% were treated for de-addiction previously and were re-admitted due to relapse. Peer influence was attributed to the cause for relapse in about 26% of the re-admitted children. The boys in de-addiction homes and the juvenile homes reported to peer influence pushing them into substance use again, whereas peer influence was not a driving force for the girls who reported relapse. The relapse was seen in 4.3% of the girls due to their inability to handle stressful conditions at home. Loneliness and weak self-will were the other reasons for which a miniscule 2.2% of the boys and girls took up substance use again.

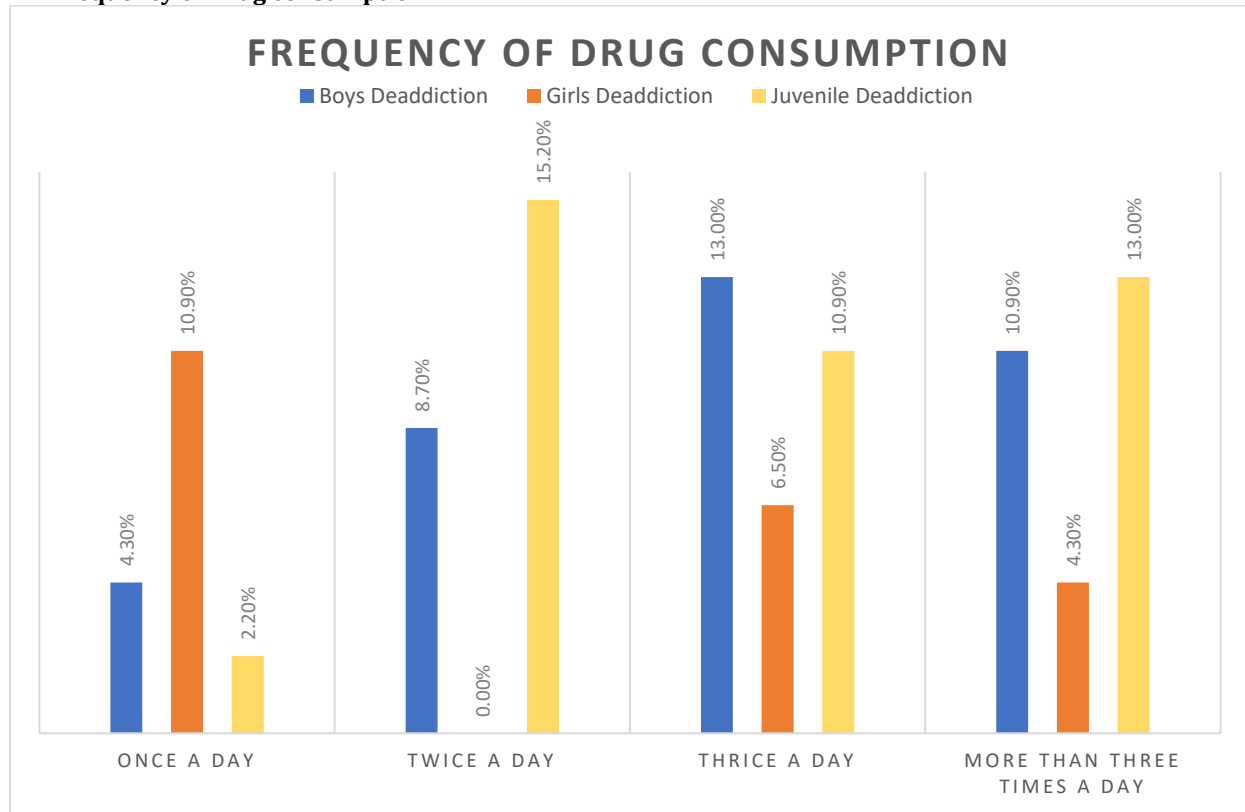
13. Source of procuring drugs



Friends and pedlars have been found to be the two sources through which the respondents procured drugs. Over 73% children procured drugs through purchase from drug pedlars, while about 26% children procured it through their friends. Nearly 39% of the juvenile addicts sourced their drugs through pedlars and around 30.4% of the boys addicted to drugs also reported the same. On the other hand pedlar sourced drugs was at 4.3% for the girl addicts who were provided with substances by their friends. 6.5% of the boys in addiction homes were provided with drugs by where and only a miniscule 2.2% of the juvenile addicts fell in to this category of procuring drugs through friends.

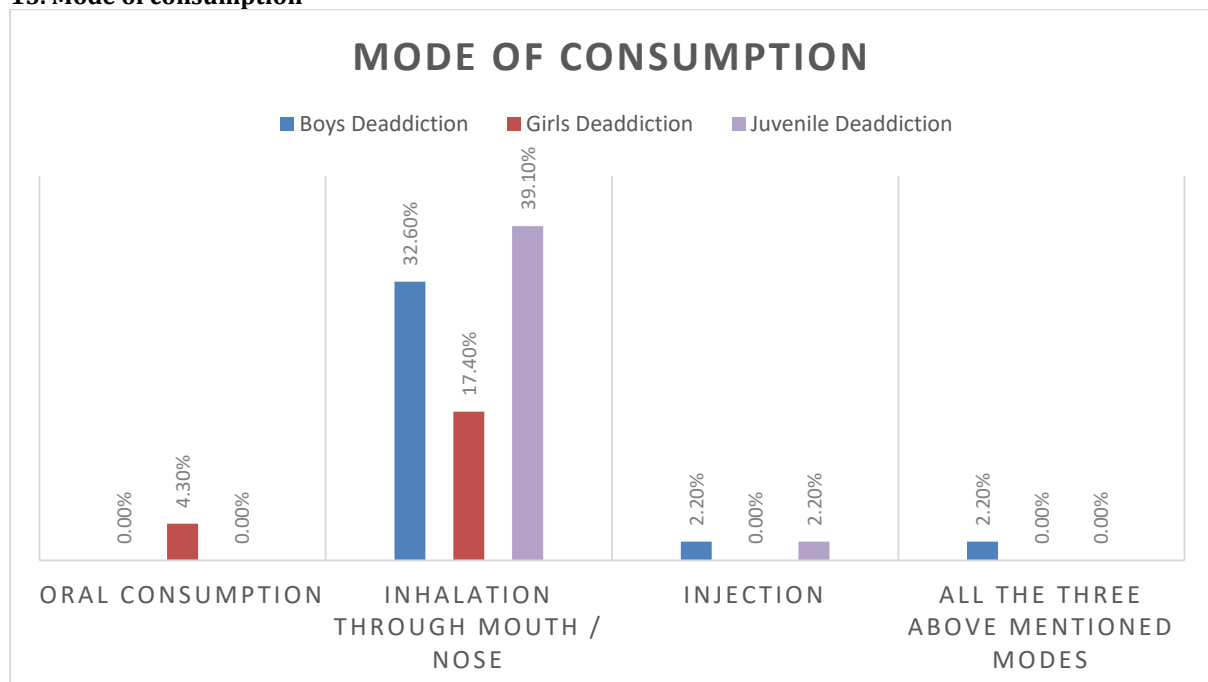
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14. Frequency of Drug consumption



While 30.4% consumed substances thrice a day, in over 28% of the children, the frequency was found to be more than three times a day. The severity of addiction was found to be greater in the boys, both at the De-addiction home as well as the Juvenile De-addiction centre. Out of the 58.7% children who consumed substances three times or more than three times a day, 10.8% were girls, while the rest were boys. In juvenile addicts, frequency of consumption at twice a day was also found to be higher as compared to the boys at the de-addiction homes.

15. Mode of consumption

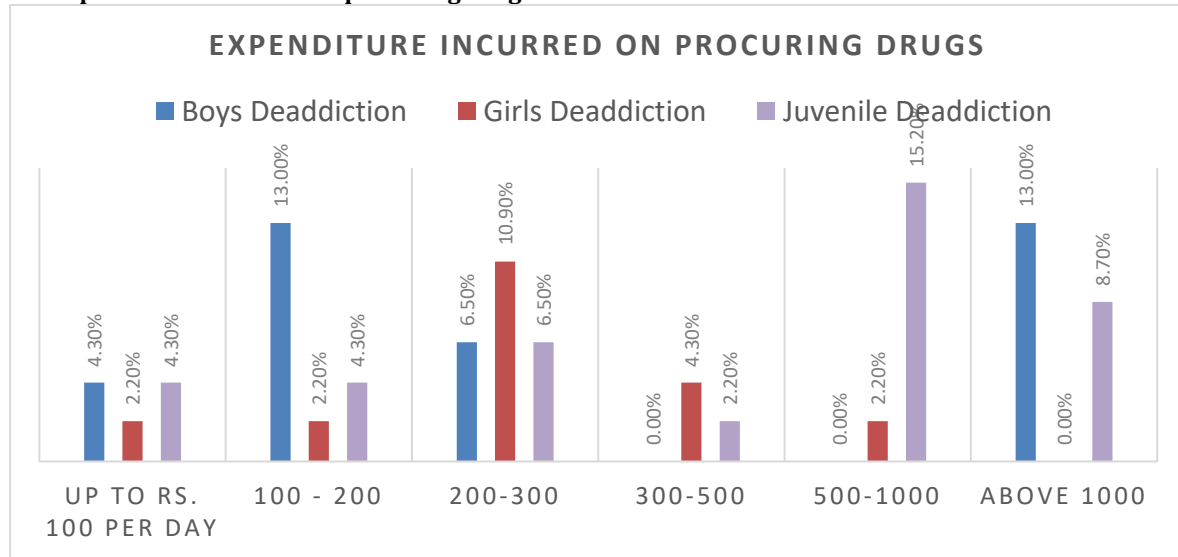


Snorting i.e inhalation through nose and inhalation through mouth is the mode of consuming drugs. Snorting is often associated with a quick high. About 89% of the respondents used this mode of consumption of drugs, while 4.3% girls in the De-addiction Home consumed drugs an alcohol orally. Aound 2% of the respondents in the De-

<https://www.gapjibfbs.org/>

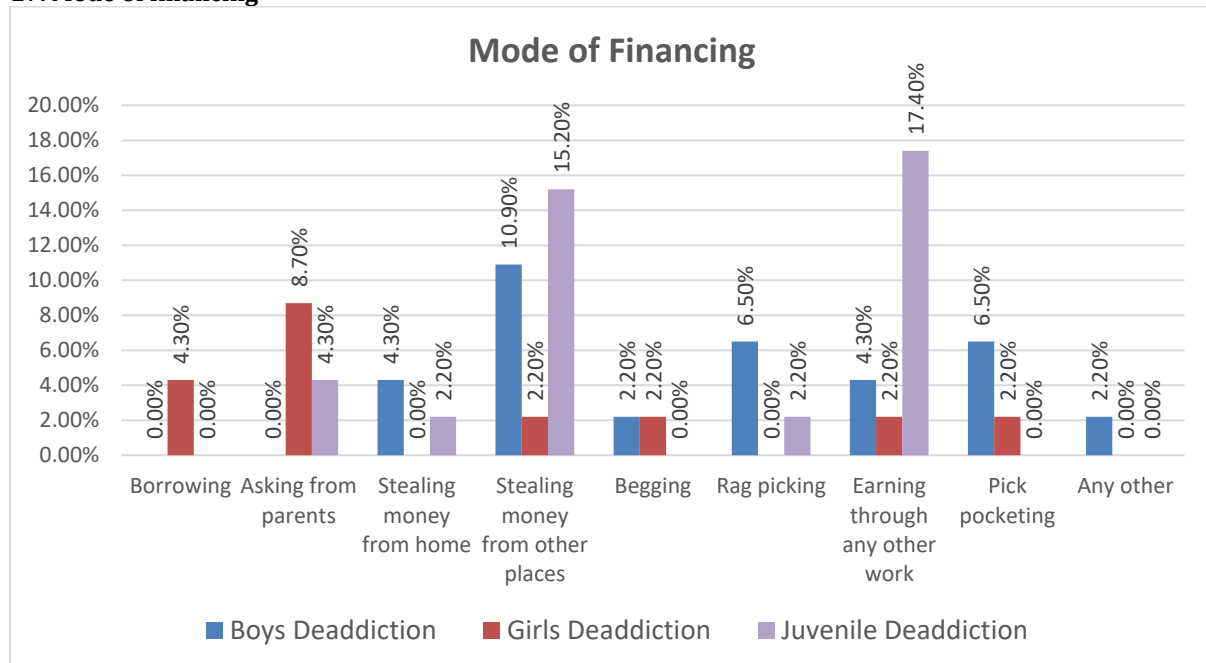
addiction Home and in the Juvenile de-addiction Home had also used injections as a mode of drug consumption. None of the respondents in the Girls De-addiction Home used injectives for drug consumption.

16. Expenditure incurred on procuring drugs



Out of 23.9% children who spent up to Rupees 300 on substance use per day, 10.9% were girls which is higher than 6.5% each for the addicted boys and the juvenile addicts. 15.2% juvenile addicts spent up to Rupees 1000 per day whereas 13% of the boys at the de-addiction home spent more than Rupees 1000 per day, which was done by 8.7% of the juvenile addicts.

17. Mode of financing

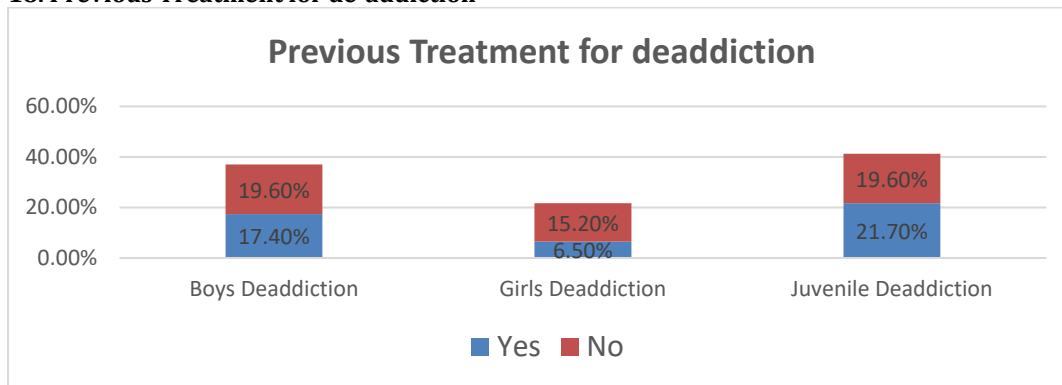


Boys at the de-addiction Home did not borrow money from others or ask from parents. About 30% of them indulged in theft while about 20% each took up rag picking and pick-pocketing to procure the drugs. Over 15% of the boys at the de-addiction Home self-sponsored their substances by earning through working.

The number of girls at the de-addiction Home using theft, begging, earning by working and pick pocketing stood at 10% each. While 40% of the girls borrowed from parents by lying that they need money to buy books or other necessities, 20% borrowed money from others to feed the habit of substance use.

In case of juvenile addicts, none of the respondents borrowed, begged or picked pockets. More than 40% of the respondents in this category financed their substance use habit by earning through jobs. About 35% indulged in theft and used the proceeds in purchasing drugs.

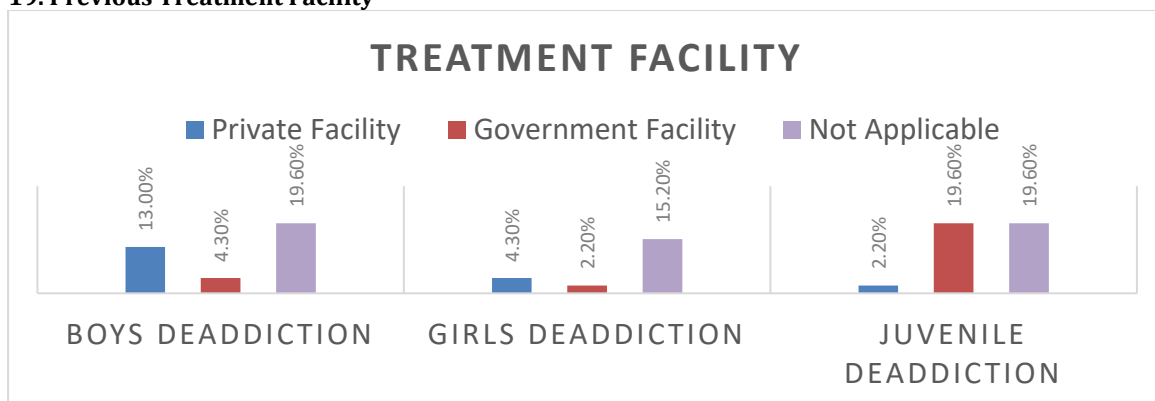
18. Previous Treatment for de-addiction



47% of the respondents at the Boys De-addiction Home, 29.9% of the girls at the Girls De-Addiction Home and 52.5% of the respondents at the Juvenile De-addiction Home were cases of relapse and had undergone de-addiction treatment earlier.

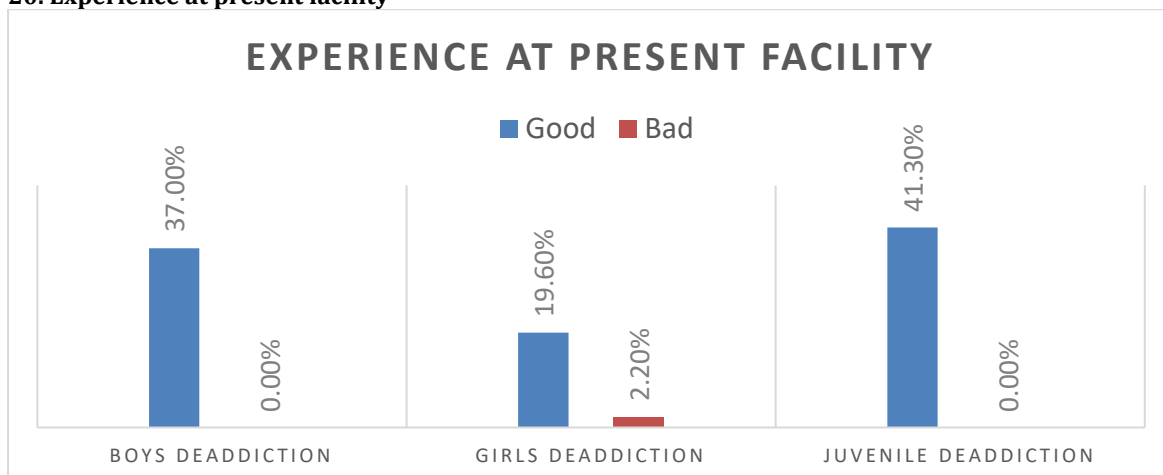
Cumulatively, about 45.7% of the respondents were treated for de-addiction previously and are cases of relapse. Out of these the maximum i.e. 21.7% are juvenile addicts and 17.4% are boys at the de-addiction centre. Girls have shown lower rate of relapse as compared to the boys.

19. Previous Treatment Facility



About 26% of the respondents exhibiting relapse were treated at the Government facility whereas 19.6% were treated at private facilities. Of the respondents treated for de-addiction earlier at Government facility, the maximum percentage was that of juvenile addicts at 19.6% and the minimum was girl addicts at 4.3%. On the other hand, 13% of the boys at the de-addiction centre were treated at private facility previously, while the figure was 4.3% for girl addicts and merely 2.2% for juvenile addicts.

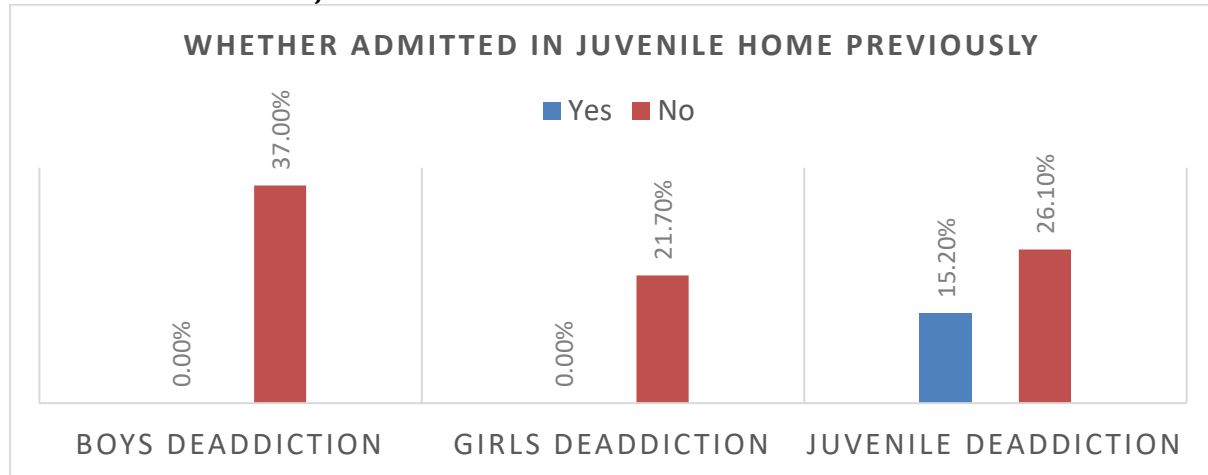
20. Experience at present facility



Majority of the respondents (97.8%) found the present facilities at the respective Boys and Girls De-addiction Homes and the Juvenile De-addiction Homes to be 'good.' Respondents narrated that they get food, proper

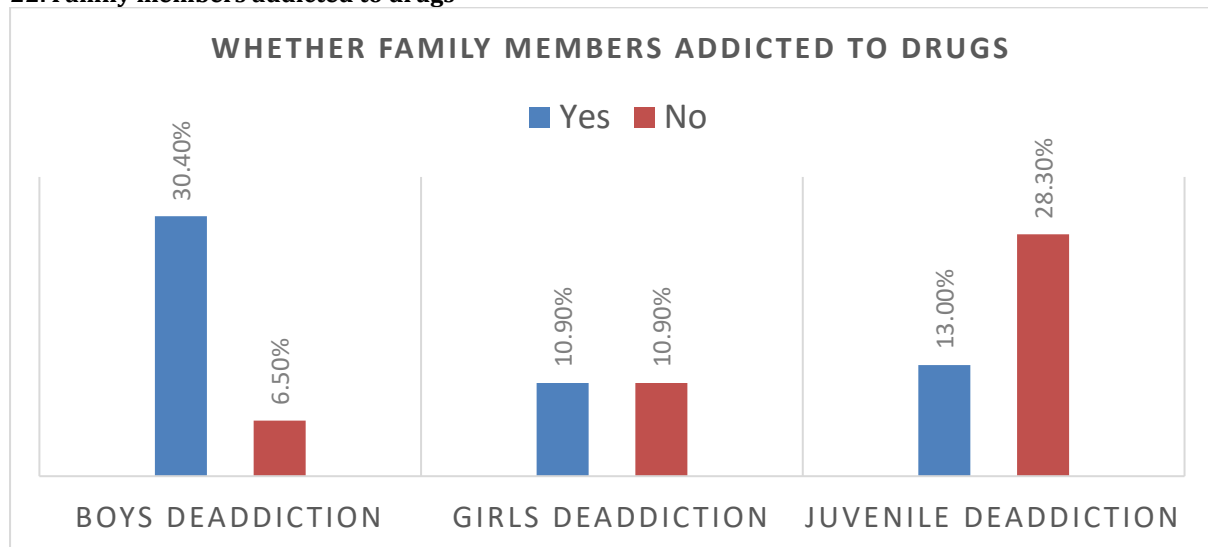
clothing and other necessities timely. They have adequate facilities for bathing, cleaning which is not available while they are at home. Moreover, they also felt that they were cared for in the concerned De-addiction / Juvenile Homes, yet they missed their family and wanted to return to their own homes where their family stayed.

21. Previous admission in juvenile home



15.2% of the respondents were previously admitted in juvenile homes and all of these belonged to the juvenile de-addiction homes. This reflects the rate of recidivism among juvenile addict boys. None of the children from the Boys De-addiction Home or the Girls De-addiction Home were earlier admitted in juvenile homes.

22. Family members addicted to drugs



Graph 22:

Results for Chi – Square test for family addiction and children in various de-addiction centers.

Whether family members addicted to drugs	Category						χ ² (Fishers exact)
	Boys Deaddiction		Girls Deaddiction		Juvenile Deaddiction		
	N	%	N	%	N	%	
Yes	14	30.5	5	10.9	6	13.0	9.478**
Residual	1.6		-.2		-1.3		
No	3	6.5	5	10.9	13	28.3	
Residual	1.7		0.2		1.5		

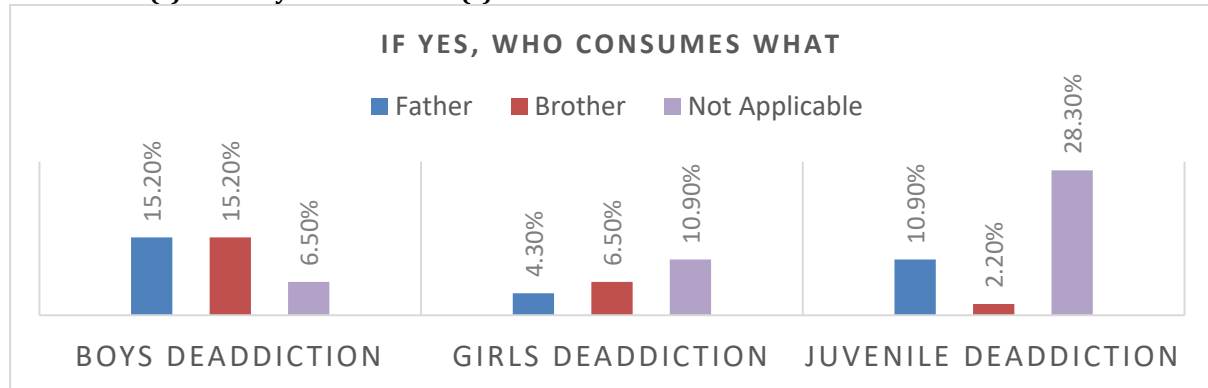
p** < 0.05

Graph 22: Shows Chi – Square test results for the drug addiction of family members and children at various drug addiction centers. The Chi-Square value was 9.478, which was significant the probability associated with the value which was .008. Hence the alternate hypothesis is accepted. It can be said that there is a significant

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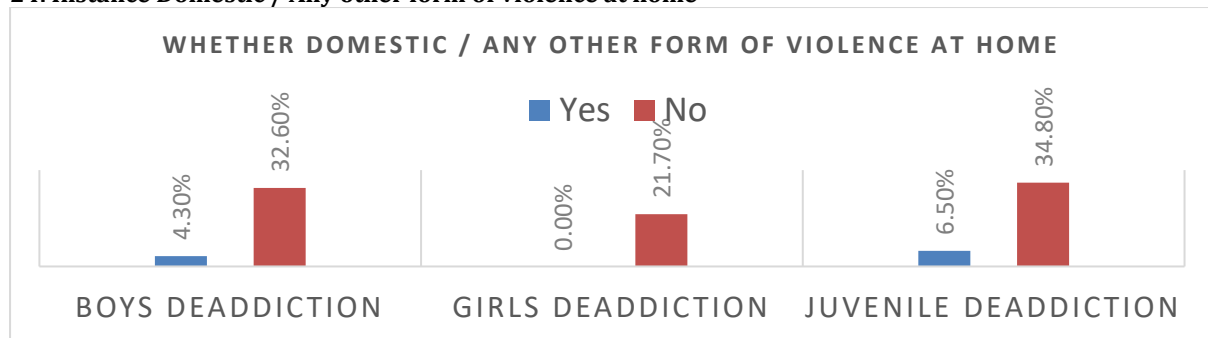
association between habits of substance use by family members and habits of substance use by boys (Deaddiction).

23. Member(s) of family and substance(s) consumed



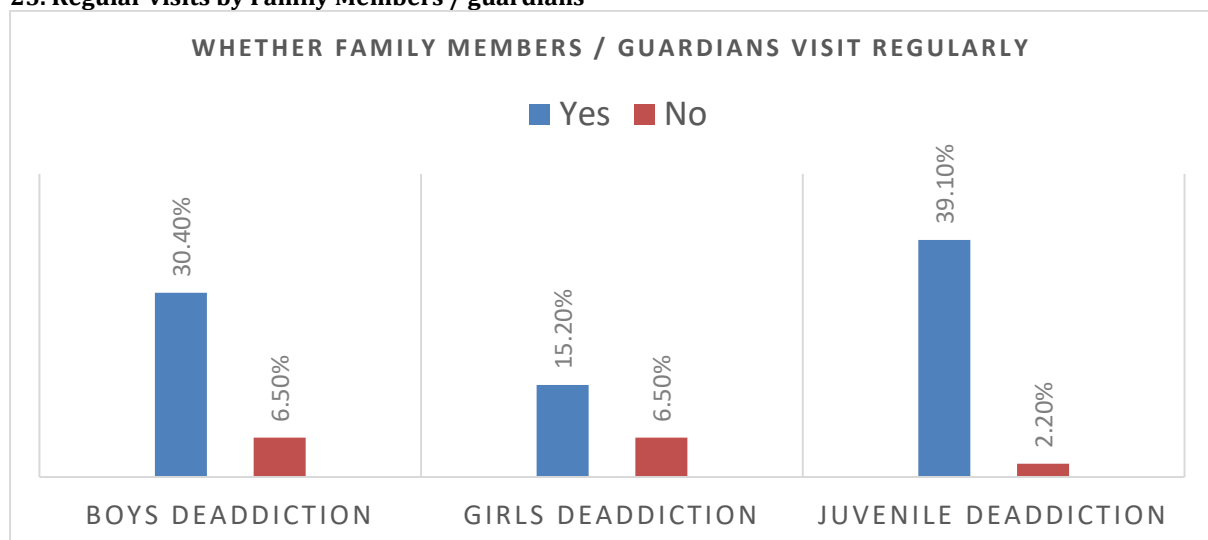
Of the 54.3% respondents whose family members were into substance use or addiction, all such users were found to be male members of the family, where the head of the family was an alcoholic or tobacco user in 30.4% cases followed by another male member 'brother' using alcohol, tobacco or even drugs in some cases. The occurrence of alcoholic father or alcoholic or drug user brother in case of girls at the De-addiction Home was found to be 4.3% and 6.5% respectively.

24. Instance Domestic / Any other form of violence at home



About 89% of the respondents did not witness domestic violence at home but stated that altercations and arguments over family issues, resources crunch and other related matters were a regular feature, whereas about 11% of the total respondents informed that domestic violence takes place at their homes. Among the three categories, over 15% of the juvenile addicts and about 10% of the boys at the Boys De-addiction Homes had witnessed domestic violence at their homes. There were no instances of domestic violence at the homes of any of the girls interviewed at the Girls De-addiction Home.

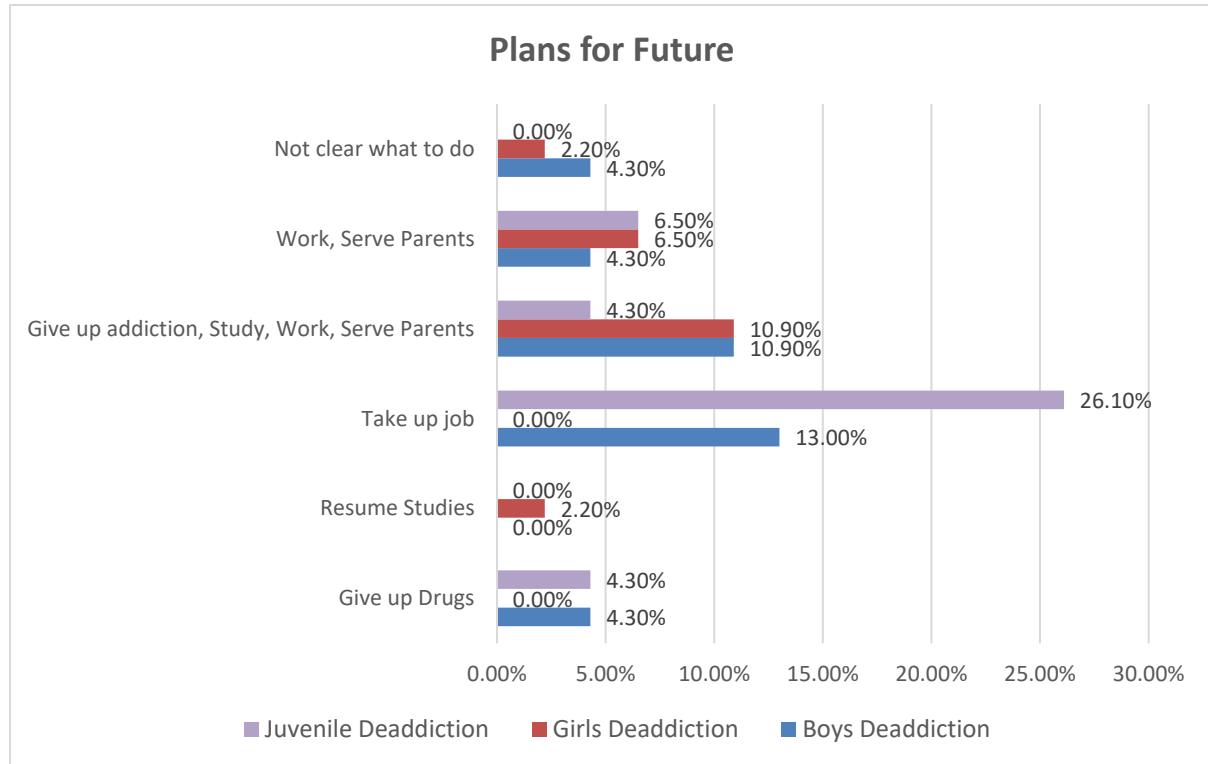
25. Regular visits by Family Members / guardians



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84.8% of the respondents informed that their family members regularly visit them and they look forward to meeting their family members. Thus family ties and bonding have been found to be intact in a majority of cases. The remaining 15.2% of the respondents whose family members do not come to meet have attributed reasons such as parents daily wage labourers, hence unable to visit for fear of losing wages or parents living in other cities and unable to bear the cost of travel etc.

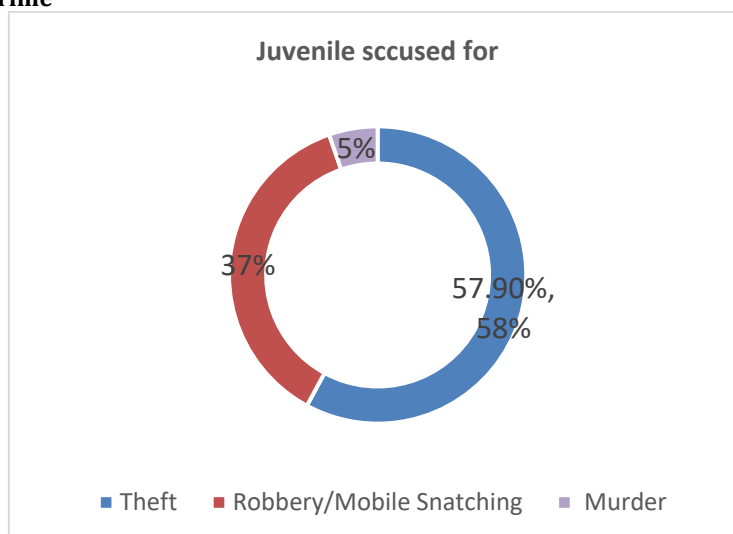
26. Plans for Future



A sizeable proportion (39.1%) of respondents cumulatively (boys only) at both, which included 35% of the sample at the Boys De-addiction Home (35%) and 63.65 % at the Juvenile De-addiction Home has a singular future plan of taking up a job.

29% of the respondents at the Boys De-addiction Home, 50% of the Girls De-addiction Home wanted to collectively give up addiction, study, work and serve parents whereas only 10.4% of the juvenile addicts aspired to do the same. 11.62% of the respondents at the Boys De-addiction Centre and 10.1% at the Girls De-addiction Home had no clarity on their future plans.

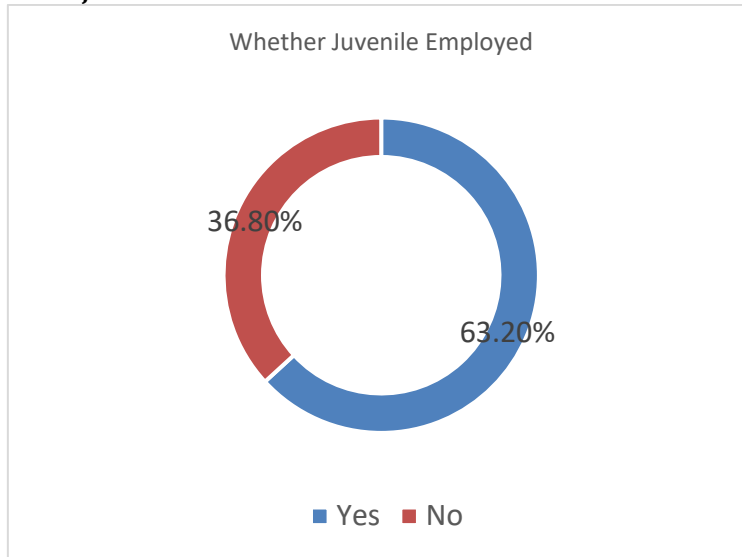
27. Accusation of crime



5.3% of the respondents interviewed at the juvenile de-addiction home were charged with the offence of murder whereas 94.7% were charged with petty property offences such as theft, robbery / chain snatching. None of the

respondents at the Boys and Girls De-addiction Homes were neither charged with any offence at present nor had any previous antecedents of having committed any offence.

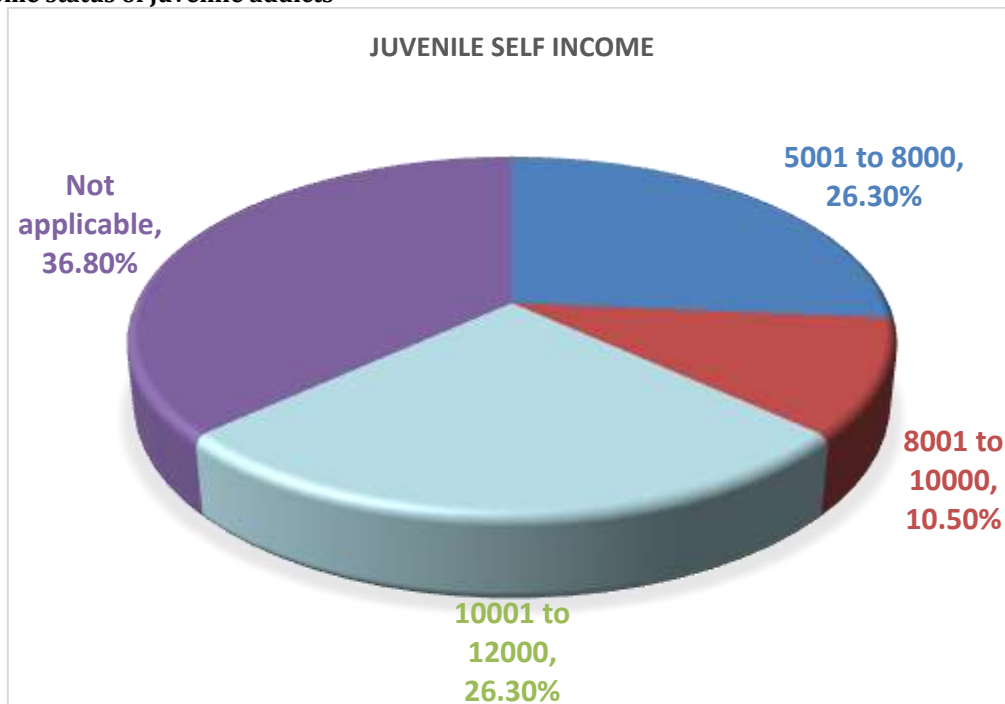
28. Employment status of juvenile addicts



Data was collected with reference to employment status of the respondents. The figures indicated above pertain to juvenile addicts only as none of the respondents from the Boys and Girls De-addiction Home were employed. Some boys of the De-addiction Home responded to have done odd jobs like rag picking intermittently. None of the girls interviewed in the Girls De-addiction Home engaged themselves in odd jobs like rag picking nor monthly salaried jobs.

On the contrary a high number of juvenile addicts (63.1%) were employed in jobs with monthly income.

29. Income status of juvenile addicts



63.1% of the juvenile addicts were engaged in employment like selling pizza or working as salespersons in cloth shops. Over one-fourth of the juvenile addict respondent interviewed, earned a monthly income up to Rupees 12000 while another 26.3% up to Rupees 8000. The remaining 36.9% had no income as they were unemployed. All the employed respondents were in jobs in the unorganised sectors.

CONCLUSIONS AND RECOMMENDATIONS

The conclusion and recommendations have been made based on the data analysis and the existing practices encountered in course of the study.

Boys at the de-addiction Home reflected commencement of the substance use habit at an early age with about 11% of the cohort belonging to the age group of below 10 years, with some as young as 7 years of age. This was seen in case of multiple siblings at the Boys de-addiction Home. In these cases, sibling influence seemed to be the prime factor where the younger sibling imitated the elder ones in use of substances. None of the girls on the other hand belonged to the age group of below 10 years. 15% of the children interviewed never went to school. Among the category of juvenile addicts, the percentage of children who were never admitted to school was found to be the maximum at 21.1%, and those who were educated up to class 5 was about 31%. Hence about 52% of the cohort of juvenile addicts showed poor response on the indicator of education. A correlation could be found in the incidence of children never admitted to school and indulging in criminal behaviour.

5.9% of the boys in the De-addiction Home never went to school, while 47% studied up to class 5. Thus a cumulative of about 53% of the boys were literate up to class 5 only. On the contrary 50% of the girls studied up to class 10, whereas 17% of boys at the de-addiction home and 31% of the juvenile addicts could reach this level. Thus non-exposure to education appears to be a crucial factor in habit formation of substance use among adolescents.

Recommendation

The prime unit for ensuring education of children is the family in general and parents in particular. But given the vulnerable socio-economic conditions, the parents of respondents would not be in a position to educate their children or monitor their progress in academics. The Primary and Secondary Education Departments need to ensure improvement in not only enrolment rate but retention rate as well. A number of respondents informed about dropping out of school due to peer influence. Hence the target group up to 18 years of age must be the focus of the Department to ensure completion of schooling. The adolescents who were never admitted to school could be enrolled in Bridge Courses to catch up with their contemporaries and later mainstream them with regular classes. Parents are also required to be sensitised about the need to educate children for a secure future and for keeping away from substance use and juvenility.

1. The duration of dependence of drugs for more than three years has been found in 41% of the boys and 40% of the girls at the respective De-addiction Homes and about 36% of the juvenile addicts. The range of age of the respondents was from 7 years to 18 years.

Recommendation

A high percentage of them using substances for more than three years is a matter that merits immediate attention of the social welfare department of the State. Identification and mapping of vulnerable children and preparation and implementation of an 'Action Plan' for prevention of substance use as well as de-addiction and prevention of relapse must be prioritised by the Government at the State and the Centre.

2. Family is an important unit which has a profound influence on an individual in terms of physical, psychological and social development of an individual. The study reflects that family ties of about 89% of the cohort were normal, with about 26% children brought up by single mothers. In terms of employment in these as well as in other cases where both parents are alive, the parents are largely engaged in daily wage labour or driving, cooking, cleaning etc. The respondents shared that there is no guidance from parents as they are busy working and making the two ends meet for the family. Only 15% respondents are from families which earned up to Rupees 30000 per month. It has also been seen that 63% of the juvenile addicts themselves were additional earning members of the family along with parents and earned an income ranging from Rupees 5000 to Rupees 12000 per month. The respondents were largely slum dwellers in the company of other children who were dropouts from school.

Recommendation

It is recommended that regular visits by teams of the social welfare department visit the slum areas are counsel families on interaction with children and have the knowledge of their activities.

Children in employable age as per the Child Labour Act or other laws may be skilled as per aptitude for better and safer employment and commensurate wage prospects. Parents of respondents could also be taken up for skilling with a view to enhance their wage prospects.

3. **Drug consumption and recidivism** : 73.6% of the Juvenile addicts reported to be addicted to smack, whereas the incidence of smack consumption was 5.9% and 19% respectively from the boys and the girls of the De-addiction Homes. The boys and the girls at the De-addiction Homes showed higher inclination to alcohol,

ganja, cigarette, bidi and inhalants at 58.6% and 40% respectively, whereas only 10% of the juvenile addicts consumed these substances. There appears to be a direct correlation between consumption of high potency drugs and commission of offences or even recidivism as 36.8% of the juvenile addicts have been to juvenile home earlier and 57.9% were accused for theft, 36.8% accused for robbery / mobile snatching and 5.3% for murder.

Recommendation

Usage of smack or heroin, a semi-synthetic drug obtained from opium among adolescents can be stopped with stringent enforcement measures. The respondents have alluded to easy availability of drugs in the localities, lanes and by-lanes of their place of stay. Section 77 of the Juvenile Justice (Care and Protection) Act, 2015 prescribes a term of up to seven years imprisonment and a fine of up to one lakh rupees for giving, or causing to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance whereas section 78 penalises the act of using a child, for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance with the same quantum of punishment are required to be strictly implemented and those individuals or groups providing illicit drugs to children need to be acted against. The law enforcement agencies and the agencies under the Juvenile Justice (Care and Protection) Act, 2015 must be sensitised and trained to take appropriate action to ensure that children are protected from consumption of drugs.

As far as consumption of alcohol is concerned, the excise policy of Delhi stipulates 25 years of age as the legal age for consumption of alcohol. The Excise Department must take all possible measures of preventing individuals in general and children in particular from consuming alcohol or addiction to it by ensuring strict legal action against the vendors supplying the same.

4. The reason for initiation into and dependence on drugs in about 76% of the children cumulatively in all the three groups was found to be peer influence. The juvenile addicts showed maximum incidence on this indicator at 94.6% whereas boys Home at 76.4% and about 40% of the girls at the De-addiction Homes respectively were seen to be influenced by peers in initiation into and dependence on drugs. Among the cumulative cohort, 41.3% reported to relapse after previous de-addiction treatment out of which about 26.1% took to substance use again under peer influence. It is notable that none of the respondents from the Girls De-addiction Home relapsed into substance use due to peer influence. Friends again were a source through which drugs were available to about 26.1% of the cohort while the remaining 73.9% bought it through pedlars. Thus the population of children in and outside de-addiction homes are vulnerable to getting into and relapsing into addiction.

Recommendation

A mapping exercise by the social welfare department on the vulnerable target of substance use could go a long way in prevention and treatment of children into substance use as children are exercising peer influence resulting in a continuum of the habit of substance use. Counselling of identified children would keep them away from substance use.

5. The mode of consumption has been found to be sniffing, snorting and using of injections for a quick high. This is also associated with high health related risks including contacting communicable diseases like HIV AIDS. Addiction of family members of over 54% of the respondents has found co-relation with the addiction of children.

Recommendation

The Health Department and the Social Department of the State must collaborate and provide counselling and treatment to children with communicable diseases due to use of injections and other health related issues due to use of drugs like smack in large quantities over an extended duration as seen with the respondents who have been dependent on drugs for three years or more. De-addiction of family members also deserves attention of the Government, though the same has been found in terms of alcohol and tobacco.

6. Recidivism was exhibited by 36.8% of the juvenile addicts who were previously admitted in juvenile homes. There appears to be possible co-relation between substance use and juvenility. Respondents at the Boys and Girls De-addiction Homes also were in conflict with law, but as per data, they did not come into the purview of the juvenile justice system, nor was any counselling provided to them.

Recommendation

Psychological counselling of children in need of care and protection and children in conflict with law is undertaken when the child is at the concerned Homes. But upon being released there needs to be established a system of continuous monitoring and counselling. The Probation Officers could be tasked with this monitoring and collaborating with the counsellors.

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