



JUVENILE JUSTICE IN INDIA - THE CHANGING FACE OF CRIMES BY YOUTH

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Abstract: *Drug misuse and juvenile delinquency share overlapping aetiologies that are complex and multifaceted and include parental, social, psychological, environmental, and economic aspects. Initiation, maintenance, and even escalation of drug use and criminal behaviour in an individual are heavily influenced by social factors like culture, neighbourhood, and family. Juvenile delinquency can be influenced and sustained by factors such as family structure and functioning, broken homes, absent or unsatisfactory interpersonal relationships, unbalanced parenting, lack of guidance, economic instability, substance abuse or addiction in the family or among peers, access to addictive substances, exposure to physical, sexual, emotional abuse or trauma violence, and peer pressure. Psychological factors that can result in drug use and criminal behaviour include high stress, personality traits like high impulsivity or sensation seeking, depression, and anxiety. People who develop substance use disorders have excessive dependencies, which may initially be reinforced because they lower stress and lift spirits. The belief that drugs can provide solace and help lift one above all misery, which underlies continued drug use, is associated with this reduction. There has also been evidence of an association between early violent behaviour, impulsivity, and problems with concentration or attention.*

Keywords: *drug addiction, Juvenile delinquency, rehabilitation, family structure, balanced parenting*

Table of Contents

1. INTRODUCTION
2. TYPES OF SUBSTANCES ABUSE
3. DRUG ADDICTION CRIMES AND REHABILITATION
4. CASE STUDY OF A DRUG ADDICT
5. CONCLUSION

1. INTRODUCTION

Criminal activity and substance usage go hand in hand. There may be a correlation between the severity of criminal activity and violent crime and the extent of drug addiction. When it comes to young people, this relationship is more grave and concerning.

This research was motivated by the "kamlesh soluchan" on a YouTube video (2012). It concerns Kamlesh, a 13-year-old junk collector who admitted to abusing a variety of substances, including nicotine (beedi and cigarettes), alcohol, marijuana, hash, opium, heroin, and several inhalants. He spent the most of his salary on narcotics while only allocating rupees 20 to his food. He felt there



was no use in trying to stop using the drug because he consistently had good sleep and was happy most of the time. He had no overarching life goals. He approached death carelessly and was unconcerned if he passed away quickly. The film was unsettling because it shed focus on the serious issue of juvenile drug abuse and its devastating effects around the globe.

Drug abuse is a terrible threat to human existence because it affects not only the user but also their friends, family members, and many other people. Drug misuse and criminality are on the rise among India's youth, who number over 356 million. According to the NCRB, there was a rise in juvenile delinquency rates of 2% during 2018-19, with 75.2% of all juvenile delinquents being between the ages of 16 and 18. Delhi is the third-largest contributor to juvenile crime in India with a proportion of 8.6%, but having a far lower projected kid population (56 lakhs) than the majority of Indian states (National Crime Records Bureau, 2019).

A survey conducted in 2015 by the Society for the Promotion of Youth and the Masses (SPYM) and the National Substance Dependency Treatment Centre (NSDTC), AIIMS, New Delhi, in Punjab, where 2,32,856 drug users were found in 10 districts, is an appalling example of a long-ignored drug abuse crisis caused by a combination of such socio-environmental factors. The state is currently experiencing an agrarian crisis, which is combined with the ease with which drugs can (Phukan, 2018).

2. TYPES OF SUBSTANCES ABUSE

Alcohol is a common cultural practise that has led to cases of excessive consumption and antisocial behaviour getting away with it. Overindulging affects cognitive, psychological, and biological processes in both the short and long term. For example, it lowers inhibitions, which results in poor judgement, difficulty concentrating, coordinating, perception (especially vision), difficulty learning, mood swings, slowed reaction times, difficulty remembering, confusion and loss of consciousness, depression, diminished grey and white matter in the brain, memory loss, stroke, high blood pressure, irregular heartbeat, and liver fibrosis (Monico, 2020). Long-term impacts can include things like disruptions in a person's relationships, work performance, and legal concerns.

According to data from the Ministry of Health and Family Welfare's Global Adult Tobacco Survey, or GATS 2, 24.9% (232.4 million) of Indians aged 15 and older use nicotine daily (TISS, 2016-17). It is primarily ingested via chewing khaini, gutka, and zarda as well as by smoking beedi and cigarettes. Since they are frequently forced to breathe in passive smoke, nonsmokers must deal with its negative effects.

Smoking is often credited by smokers with arousal, relaxation, and perceived stress relief, but smoking also puts people at a high risk for a number of long-term health issues, including chronic bronchitis, peptic ulcer disease, stroke, diabetes, heart diseases, and loss of taste or smell. Nicotine withdrawal symptoms include headaches, dizziness, nausea, trouble sleeping, excessive weight gain or loss, trouble concentrating, and mood swings once dependence has taken hold.

It seems that in India, cocaine is a status symbol. The first two are typical, but the third is expensive and well-known among the wealthy urban elite of India. The addiction to cocaine grows quickly. Greater than with any other substance, it can lead to psychological dependence. In "rave" events, the use of additional stimulants like LSD and Ecstasy is rising. Such stimulants have a number of short-term side effects, such as increased heart rate, constricted blood vessels that can cause cardiac arrests, appetite suppression, and sleep disruption. It also evokes favourable moods, making person friendly, energetic, and produces brief sense of euphoria.

Dizziness, confusion, panic attacks, irritability, and depression are all symptoms of withdrawal. The disruption of social and occupational roles, heart and respiratory issues, digestive issues, and long-term use may result in psychosis, an increase in violent behavior, and depression that may lead to suicidal thoughts (NIDA, How does cocaine produce its effects?, 2020).

Opioids like heroin can be injected, sniffed, snorted, or smoked. According on a survey by NDDTC and AIIMS, 77 lakh problem opioid consumers are believed to be in the country as of 2019 (Ambekar, et al., 2019). (Ambekar, et al., 2019). Heroin binds to opioid receptors in the brain and body that deliver a surge of dopamine and strong pleasure through the body, much like other opioids.



The short-term symptoms of this condition include dry mouth, nausea, vomiting, intense itching, and foggy thinking. A very strong dose can interfere with breathing and lead to death. One of its long-term effects is insomnia, which can also lead to heart infections, liver and kidney failure, collapsed veins, extreme addiction, depression, and anxiety.

Addicts to heroin, however, are considerably more likely to die from AIDS, aggressive actions, suicide, etc. The Punjab Police said in 2018 that despite its expensive cost, heroin usage is widespread in Punjab, regardless of class or money, as many turn to peddling as a source of revenue and some turn to stealing to support their habit. (BBC India, 2018) This also reflects on the difficult life conditions encountered by farmers in India.

The second most popular drug consumed in India, right behind alcohol, is cannabis, whether it be in its legal form (bhang) or illegal form (charas or hashish, ganja). In 2018, about 3.1 crore people (2.8% of the population) reported using cannabis products. Depending on the duration of use and the individual, the impacts of cannabis usage vary.

Short-term effects can include feeling a sensation of enjoyment and well-being, relaxation, talkativeness coupled with wanting to nibble on anything. Aside from making it difficult to fall asleep, withdrawal can also make you anxious, depressed, irritable, and restless. Memory lapses, attention issues, and issues retaining and organising information are possible effects.

In addition to the habituates Inhalants are volatile chemicals that are consumed through inhalation and have psychoactive or mind-altering properties. Categorizing them is challenging because such compounds are included in a variety of products such as correction fluids, glues, sprays and other industrial/household items. Because they may obtain these substances far more readily and at lower costs than users of other drugs, children and adolescents are those who abuse inhalants the most.

At the national level, roughly 58 lakh children and 18 lakh adults need support for their problematic inhalant usage (Ambekar, et al., 2019). (Ambekar, et al., 2019). Inhalants have very potent, immediately noticeable effects that alter consciousness. Among of the symptoms that manifest during using or shortly after are slurred speech, dizziness, unconsciousness, angry behaviour, impaired judgement, and excruciating migraines. Long-term usage can cause serious, irreversible damage to organs like the liver, heart, lungs, and bone marrow, as well as hearing loss, heart failure, and asphyxiation-related death (Elkins, 2020).

3. DRUG ADDICTION CRIMES AND REHABILITATION

In those who inject drugs, the risk of having HIV or hepatitis C infection—two diseases transmitted by blood and other bodily fluids—is also increased as sharing needles or other injection equipment is often used. The practice of indulging in unprotected sex, which heightens the chance of contracting HIV is also more prevalent among drug users.

The abuse of different drugs has been found to prevail with different types of crimes. As per a review conducted at Prayas observation home for boys, Inhalant use was found to be high among juveniles convicted of rape, cannabis was common among those accused of murder, while opioid and heroin use was higher in mugging and snatching-related crime convicts. Crimes of a more serious nature were found to exist due to abuse of psychoactive substances (IHBAS, 2016).

Drug treatment is of critical importance not only for abusers and their families but also to reduce the rising crime rate in society. It may include psychotherapy (such as cognitivebehavioral therapy or management of contingency), medications, or their combination. Based on the individual needs of the person and often on the types of drugs they use, the precise type of treatment or mixture of treatments can vary (NIDA, 2020).

The initial step of treatment is usually detoxification. This requires the removal of material from the body and constraining withdrawal responses. As per the drugs they used, detoxification is hard for many people. Withdrawal effects may be more physical or mental depending on the substance. Detoxification also involves medications that replicate the effects of drugs to reduce withdrawal symptoms. Medicines can also treat co-occurring diseases or overall discomfort. While recovering from a drug-related disorder and its associated complications, a person may take medication on a daily basis. However, during detoxification, people frequently use medication to control symptoms



of withdrawal. The treatment may differ depending on the substance to which the individual is addicted.

Behavioural therapies can help motivate addicts to engage in drug treatment, provide strategies to cope with drug cravings, suggest ways to avoid drugs and prevent recurrence, and help people cope with relapse when it happens. Behavioural therapies can also help enhance communication skills, interpersonal skills, parenting skills, and family structure. As per the person's specific needs, therapy may occur on a one-to-one, group or family basis. At the beginning of therapy, it is usually intensive with the frequency of sessions slowly decreasing over time as symptoms subside (Felman, 2018).

Adolescents who fail to stop substance misuse are also more prone to continue down a path of criminal activity. The drug-crime loop illustrates how substance misuse and criminal behaviour share common danger factors (Chassin, 2008). High rates of psychopathology were also reported in a study conducted by Plattner, Giger, Bachmann, et al. (2012), suggesting that the same cyclical relationship between drug usage and criminal behaviour was present among incarcerated youth. Addicts resort to crime as a means of supporting their drug usage. Drug use weakens inhibitions and impairs judgement, both of which can lead to violent behaviour. It's a never-ending circle of bad luck. Addiction not only disrupts the family's capacity to provide for itself financially, but it also creates stress and suffering for everyone involved. Most drug users are young, inactive adults (aged 18-35), making this a tragic waste of human potential. There is significant harm done to children's health and development on all levels: (Nadeem, Rubeena, Agarwal, & Piyush, 2009).

For his dissertation, Chassin (2008) examined the efforts made by the criminal justice system to address the epidemic of adolescent drug abuse. There is a pressing need to develop treatment models for juvenile offenders that integrate and coordinate a wide range of services for them, especially community-based ones, before, during, and after their participation with the court system. According to research conducted in Delhi by Malhotra, Sharma, Ingle, and Saxena (2006), the use of cigarettes and alcohol are often the gateway drugs that lead to more serious criminal behaviour.

The literature evaluation unequivocally showed the correlation between the rising rates of youth crime and drug abuse. Non-governmental organisations (NGOs) play a crucial part in the prevention, treatment, and rehabilitation of young criminals who use drugs. Few studies had been undertaken on the involvement of NGOs and rehabilitation facility on the issue of drug addiction and juvenile delinquency.

The educational system did not successfully keep students on track. In talking with the youngster, I learned that he had a strong aversion to authoritative figures and routines. He also showed a distaste for the traditional schooling system, abandoning his education after the fifth grade and frequently skipping classes because he found them boring. He said that badminton (offered here at the NGO) was one of his favourite games, but his enthusiasm soon gave way to nasty behaviour. Friends and classmates influenced him significantly, which contributed to his current situation. The adolescent began abusing substances, initially smokes, but then moved on to drugs after befriending his peers. He was the youngest member of the group, and it is in their company, that he moved to committing theft and burglary. To fund their drug habit, they used to commit burglaries together. Through his own persuasiveness, he got some of his pals to try drugs.

4. CASE STUDY OF A DRUG ADDICT

There was a substantial chance of relapse given the juvenile's extensive and ongoing substance addiction. He acknowledged that there was a chance he may revert to his former behaviour, but he was also determined to do everything in his power to prevent that from happening. Although he had previously considered quitting, the addiction had already gotten into his system and prevented him from doing so. He couldn't help but buy narcotics. But he himself never made an attempt to deal with his guilt. When his parents learned about his addictions, they twice or three times sent him to a private rehab facility, but each time he relapsed. He explained how those facilities stood in blatant contrast to the NGO. While NGO's prioritised education and avoided using harsh disciplinary measures, private schools were strict and used punishment.



The young person had been with the NGO for almost three months at the time of the interview. He was beaten after being apprehended by the police, detained for three days, and then taken for a medical examination, during which it was discovered that he was an addict. He was then pointed in the direction of this NGO. It was the one that brought about a change in his life. He had to adhere to a regimen while he was here, which included getting up early to practise yoga and attend classes. He enjoys cooking and has developed a variety of cooking techniques. After severing ties with his former peer group, he had even made a variety of friends.

The young person was hopeful for the future while being reflective and empathic. He was scheduled to appear in court in a few days (at the time of the interview), after which he would be moved to a different jail and possibly released. Though he was well aware of his weakness, he was committed to overcoming it. He wanted to go home. He aspired to become a doctor. Although he admitted that he had caused a lot of people pain, he was grateful that God had given him another chance. He was now motivated to help others out of repentance.

The volunteer claimed that he began abusing drugs when he was 8 to 9 years old and that he began with "Ganja" and "Fluid," though he had abused many different substances. Furthermore, he claimed that it was simple to locate and purchase ganja, which costs only Rs 50, and that he had committed small-scale crimes like theft to raise the necessary funds. He experienced severe withdrawal symptoms, including loose mobility, bodily aches, and red, watery eyes. His school pals introduced the volunteer to narcotics. He used to skip class with his companions to get narcotics. The volunteer wanted to learn more and had a desire to further his education, but the school did not offer him a supportive environment, which may have contributed to his drug abuse. In another incident, he claimed to have been under the influence of drugs when he set the principal's head on fire and burned down the tent where they used to study. His ambitions for further education included finishing his tenth grade at an open school. He claimed that buying drugs in school was a fairly simple process. To combat this vice, he suggested that schools should offer counselling services. According to the volunteer, his family members were unaware of his participation with drugs and criminality until he was ordered by the court to enter an institution. This demonstrates their careless behaviour. He never spoke to his family members while he was a patient at the facility and only made a few calls to his brother. When asked if he would like to stay with his family, he declined and stated that he would like to live alone. He did state that he was prepared to assist, though, should his family encounter a crisis. The volunteer described being taken to numerous different jails before coming to this institution. In addition, he claimed that he had previously spent six months in the Tihar Jail. He stated that drugs were quite readily available when questioned about their availability in the jails. Before his treatment, the volunteer claimed to feel helpless and numb; he claimed that his only thought was where he could get drugs, which consumed him constantly from dawn to dusk. But following the therapy, he claimed to have a timetable and a goal for his life; he concentrated on his volunteer work and finishing his coursework. He recalled that in the past, if there was a crime in his neighbourhood, the police would have to arrest him; now, however, he collaborated with them. He stated that lack of follow-ups caused relapses when questioned about them.

5. CONCLUSION

The majority of young people work as the family's primary wage earner. Some methods for encouraging healthy behaviour in prisoners have been found to be ineffective. For instance, the quotes posted on the walls are unable to inspire and inform the prisoners about de-addiction, which was their intended purpose. Thus, there is a need to provide more creative treatments that might help young people develop the proper attitudes and values. Researchers, decision-makers, and other key stakeholders must develop strategies to fund all deserving organisations doing promising work in this area. Going even further, other grassroots initiatives are required, such as parent education and dramatically bettering the educational system, to ensure that these kids are not introduced to narcotics. Everyone should have access to a thorough and reasonably priced counselling service, especially the most vulnerable members of society. This will assist in eradicating the issue from its very roots.



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