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# A Study on Drug Abuse among Juveniles and Its Impact in Society

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## ABSTRACT

*The Problem of use and abuse of drugs is not new to our country. Drug abuse is an age old phenomenon traditionally viewed as a form of victimless crime as drug abusers often face stigmatization from the society and the legal structures which in turn impacts their welfare and health. There are certain offences which though punishable under law, do not have any harm on others. Such offence may be termed as victimless crime. Therefore, the stigma, and the discriminations caused by it often lead to violations of human rights of the drug abuser which are rarely questioned. Drugs could actually be a wide variety of substances with a place in everyday life. For Eg. Medicines, poisons, foods and drinks. Drugs are on one hand is taken for clinical purposes and on the other hand for recreation. Thus it is very clear that drugs attain two different status i.e. legal and illegal. Consuming drugs among the youngster, nowadays, became a fashion as we are addicted to western culture and they believe that it shows their standard of living among the peer group. And it is very sad to note that the gender equality enshrined by our Constitution of India can very well be seen in clubs and pubs. In this paper we are going to look about juvenile drug addicts and how far they are protected by the hands of law.*

**Keywords:** *Constitution of India, Drug abuse, human rights, juvenile drug addicts, stigmatization.*

## I. INTRODUCTION

A Drug is a chemical substance associated with distinct physical and psychological effects. It alters a person's normal bodily processes or functions. Well, in medical parlance, a drug is a substance prescribed by a physician for curing and preventing disease and ailment by its chemical nature.<sup>2</sup> But here, we are concerned about the definition of drug from the psychological and sociological contexts. In this context, "a drug is a term for a habit-forming substance which directly affects the brain or nervous system. It is a chemical substance which affects bodily function, perception or consciousness which has the potential for misuse, and

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<sup>2</sup> <http://medicine.in/drugs>

which may be harmful to the individual or the society.”<sup>3</sup>

Drug abuse is the use of an illicit drug or misuse of legitimate drug resulting into physical or psychological harm. Drug addiction is a complex neurobiological disease that requires integrated treatment of the mind, body, and spirit. Addiction is chronic, it is progressive, and if left untreated, it can be fatal.

Addiction is a psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm. The term addiction does not only refer to dependence on substances such as heroin or cocaine. A person who cannot stop taking a particular drug or chemical has substance dependence. Some addictions also involves an inability to stop partaking in activities, such as gambling, eating, or working. In these circumstances, a person has a behavioural addiction. Addiction is a chronic disease that can also result from taking medications. When a person experiences addiction, they cannot control how they use a substance or partake in an activity, and they become dependent on it to cope with daily life. Most people start using a drug or first engage in an activity voluntarily. However, addiction can take over and reduce self-control.<sup>4</sup>

## **II. DRUG ADDICTION IN INTERNATIONAL SCENARIO**

The problem of Drug addiction and trafficking has become a global phenomenon. Therefore, as a measure of drug control, a thirteen-nation international conference on narcotic drugs was held in China in 1909. The International Opium Convention called the Hague Convention in Narcotics was held in 1912 which was the first drug traffic control treaty at the international level. The Single Convention on Narcotics Drugs, 1954 which attempted to simplify and consolidate international drug control machinery. The Convention codified all the existing multi-national treaties and merged the permanent Central Board and Drug Supervisory Board into a Single International Narcotics Control Board in 1954. Article 38 insists that facilities for medical treatment, care and rehabilitation of drug addiction should be globally expended. Convention on Psychotropic Substances was signed in 1971 which came into force on 16 August, 1976. The Convention has stressed the need for Prevention of abuse of Psychotropic substances and early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved. International Conference on Drug Control was held in Vienna from 1987 under the auspices of United Nations<sup>5</sup>.

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<sup>3</sup> Drugs (culture, controls & everydaylife) by nigel south, p.3

<sup>4</sup> <http://medicine.net/what-is-addiction/>

<sup>5</sup>. CRIMINOLOGY & PENOLOGY WITH VICTIMOLOGY BY Prof. N.V. Paranjape, Pg.no.211

**(A) Reasons of drug abuse**

Drugs that are indispensable in the treatment of pain and various illnesses of human beings, when abused are dangerous to the individuals, to the nation and to the entire mankind. The health consequences of drug abuse are many. The main reason for the Drug addiction is a mental depravity; it has been agreed by the sociologist and criminologist. Persons with balanced emotional and physical health normally do not indulge in criminality or aggressive conduct; nor do they take to drug beyond control. Some of the reasons are as follows:

- Rapid industrialisation and urbanisation have ushered a new way of life with new values like permissiveness.
- Failure in career like failure in business or profession.
- Unemployment is also main factor contributing to drug and alcohol addiction especially among youths.
- The lack of parental care and partly due to working situation of both spouses and disintegration of joint family system. The Drug addiction is more common to middle, upper middle and high economic class.
- People often take drugs for relief from painful illness and ultimately get addicted to it.
- Frustration and emotional stress due to some reasons.
- Hippie culture also detracts youngsters to drug addiction and they start is as a fun or enjoyment. After it gradually increased.
- Lack of knowledge of child psychology and communication gap between parents and young addicts.
- Social disorganisation is also a contributing factor for the menace of drug abuse or misuse.

The absence of quality control and the conditions in which illicit drugs are dealt with and consumed may result in acute poisoning and the resultant death of the consumers. Some of the most severe effects of heroin abuse are due to the unhygienic injecting practises, which cause hepatitis and HIV/AIDS<sup>6</sup>. The economic costs of drug abuse are multifarious. It affects the working efficiency. One of the most important social and economic consequences of drug abuse is crime, for the prevention and control of which the society has to spend its scarce resources. Dependence on drugs can create a number of dangerous and damaging complications,

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<sup>6</sup> Law of control on Narcotic Drugs and Psychotropic Substances in India-Dr.M.C.Mehanathan, p.1.

including:

People who are addicted to a drug are more likely to get an infectious disease, such as HIV, either through unsafe sex or by sharing needles. Drug addiction can lead to a range of both short-term and long-term mental and physical health problems. These depend on what drug is taken. People who are addicted to drugs are more likely to drive or do other dangerous activities while under the influence. People who are addicted to drugs die by suicide more often than people who aren't addicted. Behavioural changes may cause marital or family conflict and custody issues. Drug use can negatively affect academic performance and motivation to excel in school. Legal problems are common for drug users and can stem from buying or possessing illegal drugs, stealing to support the drug addiction, driving while under the influence of drugs or alcohol, or disputes over child custody. Spending money to support drug use takes away money from other needs, could lead to debt, and can lead to illegal or unethical behaviors.

### **III. LEGISLATIVE MEASURES FOR DRUG CONTROL**

India's response to the problem of drug abuse flows on different currents of traditional and modern society. There is widespread availability, but also stringent enforcement of anti-drugs policies. We tolerate the use of drugs (I'm sure everybody had a bhang thandai on Holi!!) and also prohibit it. We produce drugs for medical use, but there is a lack of medical aid for opium addicts. India's drug policies are based on the supply and demand control. The country's large pharmaceutical industry is very much inclined towards the illicit manufacturing of drugs. Some parts of the country report startling rate of drug abuse making harm reduction and health vital policy considerations while the stringent drug control laws (criminalization of drug use; even capital punishment in some cases) conform strictly to the prohibitions that are in place.

As early as 1930 itself, the Dangerous Drugs Act was enacted to control and regulate drugs derived from poppies, hemp, and coca. Through this act, the cultivation, sale, possession, manufacture, and trade of drugs obtained through these products mentioned above was licensed, and unlicensed activities were penalized. India is a signatory to three of United Nation's drug conventions. The first being the 1961 Single Convention on Narcotic drugs, the second being the 1971 Convention on Psychotropic Substances and the last being the 1988 Convention against Illicit trafficking Narcotic Drugs and Psychotropic substances. The domestic legislation was enacted after almost 25 years of signing the 1961 convention when the grace period for abolishing the non-medical use of drugs expired under the 1961 Convention. The 1985 Act was passed in a hurry without any discussion, and it replaced the 1930 act of Dangerous Drugs Act, but the Drugs and Cosmetics Act, 1940 remained and still continues to apply. The Act of 1985

has been amended three times in 1989, 2001 and then a couple of years ago in 2014. The NDPS Act places a restriction upon cultivation, production, sale, purchase, possession, use, consumption, import, and export of narcotic drugs and psychotropic substances except when they are used for a scientific purpose or medical use.

Narcotic drugs include-

- **Coca Plant-** Leaf or other derivatives including cocaine. It also includes any preparation which contains 0.1% cocaine.
- **Opium-** This category includes poppy straw, poppy plant, opium poppy juice, and any preparation having 0.2% morphine. Derivatives of opium include morphine, heroin, thebaine, etc.
- **Cannabis- Resin (Charas and Hashish),** plant, fruit tops and flowering of the plant (Ganja), or any mixture of Ganja, Charas and Hashish are all included in this category. It is important to note that cannabis leaves i.e. bhang is excluded from this category and is regulated by the state laws.

The NDPS Act lays down the procedure to be followed in case any search or seizure is to be done. Procedure for arresting a person in relation to an offense In the NDPS Act is also provided for. But the norms of investigation and permissibility of evidence are interpreted in such a way that they are prejudicial to the cause of the accused. It can be said that the NDPS Act is essentially a punitive and punishing statute, it also contains a regulatory framework. The Act gives authority to the Central and the State government to frame rules in relation to drug-use activities. The regulatory framework also paves a way for supply of opium, to registered users, for medicative purposes.

#### **IV. NDPS AMENDMENTS**

##### **(A) In 1989**

The NDPS Act went through its first change in the year 1989. Very harsh punishments were introduced, like the mandatory minimum imprisonment of 10 years, a bar on suspension, restriction on bail, trial by special court, forfeiture of property, and mandatory death penalty in some cases of repeated offense. After these amendments, people caught even with small amount of drugs had to go through long imprisonments and very hefty fines, until and unless the person could prove that it was for his own personal use.

##### **(B) In 2001**

Due to the criticism faced by the 1989 amendment because of its irregular sentencing policies,

the 2001 amendment was passed. According to the 2001 amendment, the penal provisions were upgraded, and penalties were imposed based on the quantity of the drugs. Three categories regarding the quantity were made- small, commercial, and intermediate. The threshold was provided through a Central Government notification in October 2001.

### **(C) In 2014**

The NDPS Act was again amended in the year 2014, and from May 2014, the amendments came into force. The main features of the latest amendments are-

- A new category of essential narcotic drugs was created which the Central Government can regulate uniformly throughout the nation.
- The objective of the law was widened with the promotion of narcotic drugs and psychotropic substance for scientific and medical use but also prohibiting illicit use.
- Including the terms “management” of drug dependence and “recognition and approval” of treatment centres, thus allowing for the establishment of legally binding treatment standards and evidence-based medical interventions.
- The death penalty was made discretionary for repeated offence.

Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act was introduced in 1988 as a supplementary to the NDPS Act. The Reformatory Institutions Act, 1909, later the requirement of the better provisions regarding the treatment of alcoholics and drug addicts. The Alcoholism and Drug Addiction Act 1966 was enacted and Substance Addiction (Compulsory Assessment and Treatment) Act 2017. The NDPS Act Sec 64A gives immunity from prosecution to the offender if the individual voluntarily agrees to undergo medical treatment for addiction from a hospital or institution recognized by the government. However, this is rarely practiced or known (NDPS, 1985). The implementation of any law is dependent on the law enforcement that is the police. The duty of the police is also to safeguard the rights of the people of the society and hence drug abuse prevention model necessitates the change in role of the police to see them as victims and not offenders.

Another important Act for the prevention of narcotic drugs is “The Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act” which was passed in the year 1966 by the Parliament of India. It was enabled for the enforcement of the Narcotic Drugs and Psychotropic Substances Act, 1985. Drug abuse has become a growing threat to humanity. Drugs pose complex problems for law enforcement agencies, while drug traffickers and mafias

play havoc with the social structure of our country by wielding enormous power with illegal wealth. Since 1991, June 26 is observed every year as International Day against Drug Abuse and Illicit Trafficking to create awareness among drug abusers as well as those who are engaged in waging war<sup>7</sup> against drugs.

## **V. DRUG ADDICTION IN INDIA**

The population of India has reached over billions of people and is rising. The country is growing at an incredible pace. Its culture, social values, demographics and economy is rapidly changing, and these stresses are having an impact on the people. Some evidence suggests that there is an increasing use of illicit drugs and reported numbers point to over 3 million drug addicts in India. However, the World Health Organization does note that there is significant difficulty in estimating drug usage and addiction rates in the country due to poor bureaucratic processes and census reporting.

Cannabis, heroin, opium and hashish are the most commonly used drugs in India. However, some evidence indicates that there is an increasing prevalence of methamphetamine as well. Drug addiction is a major problem for many families, communities and law enforcement. HIV is a significant issue for drug addicts in India with over 2.4 million people infected. This places India as the third-highest country in terms of rate of infection in the world. Injecting drug users making up nearly 10 percent of the affected groups. HIV positive drug users are often violently attacked, discriminated against, rejected by families and communities. Some HIV positive people hide their status due to fears and anxieties about being denied medical care, housing or jobs and this place others at risk. The increasing rate of HIV that spread throughout all communities of India alarmed the government who began on a policy of harm reduction which included needle exchange programs and maintenance therapy.

A form of heroin known as brown sugar is commonly used in the country, which is made of a mixture of heroin which typically ranges between 20 to 60 percent purity, and adulterants in the form of chalk, zinc or other chemicals. The drug is popular in India because it is cheap and readily available.

In a National Survey conducted by United Nations Office on Drugs and Crime (UNODC) and Ministry of Social Justice and Empowerment, for the year 2000-2001 (report published in 2004), it was estimated that about 732 lakhs persons in India were users of alcohol and drugs. Of these 87 lakhs used Cannabis, 20 lakhs used opiates and 625 lakhs were users of Alcohol.<sup>8</sup>

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<sup>7</sup> Section 121 of IPC, 1860.

<sup>8</sup> [http://narcoticsindia.nic.in/drug addiction in India](http://narcoticsindia.nic.in/drug%20addiction%20in%20India)



## VI. JUVENILES AND DRUGS

**Section 2 (k) of the Juvenile Justice (Care and Protection of Children) Act, 2000** defines “juvenile” or “Child” as a person who has not completed eighteenth year of age. Almost 74 per cent Indian homes have one member, an adult, who is a drug addict. Then where do the kids go? The youth of our nation has a massive responsibility. And as India’s potential rests delicately in their hands the drug epidemic continues to rage on the sidelines. Just as a single footballer’s attitude and actions can hurt his whole team and cause them to lose the match, illicit drugs have the potential to thwart the success of India's future.

Education is a vital part of any nation's philosophy for success. Of course education is important, but education like so many other ideas in life, is a two way street. If the students don't end up doing their part in the educational process, the system can quickly backfire. Public schooling can ironically turn into breeding grounds for addicts. In and out of the classroom, teens and young adults are influenced by the social acceptance of drugs. This lack of personal responsibility and the general apathy surrounding the issue has filtered down to the youth creating normality in drug abuse.

A careful study, accomplished by a group of scientists at the university of Pittsburgh, discovered neuron activity in adolescent rats that might explain the irrationality of some teenagers and young adults. A frenzy of stimulation occurred with varying intensity throughout the study along with a greater degree of disorganization in adolescent brains. The brains of adult rats, on the other hand, processed their prizes with a consistent balance of excitation and inhibition.<sup>9</sup>

Substance abuse among Indian children is growing at a much faster rate than previously believed. And contrary to popular belief, the addicts are not just street children. A first-of-its kind study conducted by the National Commission for Protection of Child Rights (NCPCR), has found that one third of juvenile substance abusers live in homes and attend schools.

The average age of those using drugs like opium, pharmaceutical opioids and heroin is as low as 14.3 years, noted the study which covered more than 4,000 children and adolescent substance abusers across India. Tobacco and alcohol were found to be the most common substances used by children, with 83.2% and 67.7% of respondents respectively admitting to having used it. 35.4% of respondents admitted to having used cannabis, while 34.7% said they used inhalants as a means of intoxicant. The use of tobacco and alcohol was found to be higher among children living at homes than those living on the street. Approximately 12% of those questioned admitted

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<sup>9</sup> [http://iresearch.net/drugs and juvenile](http://iresearch.net/drugs%20and%20juvenile)

to having used injectable substances, a practice that was believed to be prevalent only among adults. The practice may make them vulnerable to HIV and Hepatitis B & C infections.<sup>10</sup>

Substance abuse in the young poses a different set of challenges when compared to addiction among the adults. Unlike adults, they do not want to come forward for treatment because they don't even realise that they are in trouble. How the young addicts ensure they get their daily dose of drugs is even more disturbing from lying to parents to get money, to selling off their belongings, pilfering and borrow money from friends. Indulging in sex in exchange for either narcotics or money is also not uncommon. 20% of respondents living on streets admitted to using this method for supporting their addiction.

Many become members of criminal gangs. A significant number of juvenile offenders are substance abusers. Once they become addicts, you can make them do anything in return for narcotics. Narcotics may cost up to Rs. 1,000- Rs. 1,500 per day. Neither can they earn so much money, nor can they borrow it from someone. Those belonging to the lower socio-economic groups are left with no option but to turn to theft and robbery.

Children who at times do have access to high quality drugs will use volatile substances easily found in corner stores such as cough syrups, pain relief ointments, glue, paint, gasoline and cleaning fluids. There are very few to no health centres that deal with child substance abuse problems, especially in the rural areas. The use of tobacco is another major concern amongst children. The use of certain drugs such as whitener, alcohol, tobacco, hard and soft drugs is especially wide spread among street children, working children and trafficked children but there is currently a lack of reliable data on drug abuse amongst children.

Use of solvents or inhalants such as typewriter thinners and whiteners were reported to be high among the juveniles convicted of rape when compared to other crimes. Similarly, cannabis intake was rampant among those held guilty for murder. Also, consumption of opioids and heroin was higher in convicts of mugging and snatching-related crimes. However, intake of psychotropic drugs was common only with crimes of more serious nature such as murder, rape, snatching, and burglary.

There is a need to sensitize state governments and key stakeholders about the problem of child substance use in India so that appropriate policies and action plans can be formulated. The problem has usually been minimized in administrative circles to be a 'big-city phenomenon' only, an observation not supported by this nationwide study. Prevalence studies in a representative sample, size estimation of substance using children should be done in specific

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<sup>10</sup> [http://academecia.net/juvenile drug addicts](http://academecia.net/juvenile%20drug%20addicts).

high- risk areas to be able to plan effective services and coverage. Appropriate budgetary allocations need to be made to deal with child substance use, for large-scale preventive interventions as well as for development of specialized services.

Integration with other central/state programmes for adolescents: Information, awareness and preventive interventions directed at child/adolescent substance use must be integrated as far as possible with other programmes aimed at adolescent health in India (reproductive health, education, mental health, etc.). For example, the National Youth Policy (Ministry of Youth Affairs and Sports, Government of India, 2014, stresses on the need for education, skills development, sports and healthy recreational activities and promotion of social values in youth, which may be protective factors for substance use. The National Adolescent Health Policy focuses on five key areas: nutrition, mental health, sexual and reproductive health, injuries and violence and substance misuse. Many of these key areas are related to substance abuse either as a risk factor (e.g. mental health issues) or as a consequence (e.g. injuries and violence).

The cannabis legalization debate in the international forums may have influence on our vulnerable youth. We need to have our own policy with consensus among experts, literature support and other India-specific factors. Training manpower and capacity building can be enhanced through short-term training, long-term training and skill-based workshops, etc. to succeed in our prevention and treatment efforts.

Cost-effective, culturally relevant interventions should be developed separately for children in school, at home or on the streets, which have acceptability for children-using substances and can be delivered through trained manpower. Child welfare systems need to be strengthened, especially for homeless children, children with history of abuse in family, etc. as these should be effective safe spaces for children. Effective counselling services in these centres could reduce the risk of substance use. Services for children should be provided through facilities that are separate in time/space from that for adults, and should be child-sensitive and safe.

Important part of the juvenile drug addicts is though they are prohibited to use and consume drugs, when they continue to do they will not be prosecuted instead they will be sent to juvenile homes or boards for rehabilitation and de-addiction.

**Section 25** of the act say about- **Penalty for giving intoxicating drug or psychotropic substance to juvenile or child.**- Penalty for giving intoxicating drug or psychotropic substance to juvenile or child.-Whoever gives, or causes to be given, to any juvenile or the child any intoxicating liquor in a public place or any narcotic drug or psychotropic substance except up in the order of duly qualified medical practitioner or in case of sickness shall be punishable with

imprisonment for a term which may extend to three years and shall also be liable to fine.

## **VII. INFORMATION'S GAINED THROUGH RESEARCH**

When the topic was chosen, the researcher planned to do a field work to the areas where these drugs are for sale; surprisingly the researcher gained lots of new information regarding the sale and consummation of drugs by the juveniles. As am concerned about the juvenile drug addicts, interviews were conducted for some of the important personalities like a reporter, an official and some students. The key information gathered through this research is as follows:

- In Chennai, north Chennai plays a major role in trading drugs. In north Chennai, washermenpet, vyasarpadi, korukkupet etc are few the areas which sell drugs.
- Almost various drugs used by the juveniles in Chennai are ported from Andhra Pradesh. Cheap and easily available drug is Ganja, Hans etc.
- Even the paint thinner, whitener, cough syrup contains some kind of drug which is used by our future generations. (We would have seen a whitener which we use for correction in nailpolish form. In that there will be two bottles given, if we pour few drops of both the bottle in a kerchief and rub some kind of smoke will emerge and that is a type of drug consumed by the school students.)
- Commonly available drug where no person can find out is cough syrup namely DXM (Dextromethorphan) and Codeine.
- There is a wing called NIB (National Intelligence Bureau) under the control of CBCID which is an agency to serve the country free from corruption and crime. It will take urgent step and investigation for corruption, crime, fake currency, narcotic drugs, child and women related offences etc.
- There is another wing called NCB (Narcotics Control Bureau), which is located in Annanur, Chennai. And its head office located at New Delhi comes under the control of Ministry of Home Affairs.
- Some of the adolescents who are from high profile family consume LSD stamps, MDMA etc. Stamps can be used in the wrist of the hand whereby the effect will be there for minimum of 24 hours, it cost about Rs.1500-Rs.40000 based on the quality.
- Sadly we can get some kinds of drugs near Kuralagam which is next to our old law college campus, parrys after 7PM.
- Terrace-Farming, this was initially started by the cultivators of Ganja. They grow small

Ganja plants even inside the houses at housing board areas and slum areas.

- Apart from this the new trend among the Juveniles are Hukkah Bars.

## **VIII. INTERVIEW REPORT**

**NAME** - Mr.Ameer Hamza

**DESIGNATION** - Reporter from Dhinamalar Newspaper.

The first person I met for the research work was Mr.Ameer hamza who works as a reporter in dhinamalar newspaper. I asked him questions which arose in my mind when I selected the topic; the answers I got from him are listed in points below:

- **In north Chennai, how many students are involved in drug addiction?**

In North Chennai nearly 60-80% of the college students are indulge in drug not only consuming it but also selling.

- **Who are the juveniles involve in drug addiction?**

Juveniles from various colleges are addicted to drugs. There are students from schools also consumed but comparatively it is low to that of college students.

- **How the drugs are sold to the juveniles?**

It is sad to say that not only criminals of the specified areas sell drugs, also juveniles from various parts of the state involve in selling drugs, especially rural area juveniles. In cemetery, from petty shops, flower shops, from Rikshaw man they get drugs. Sometime inside the campus too.

- **How the juveniles are coming inside this circle for selling?**

People (Criminals) who involve in this kind of activity go to rural areas and they will trigger and provoke juvenile to involve in criminal activity by giving them money, by explaining their family situation (poverty), by telling that they will provide employment, also they will tell that they are not educated so they won't get respect in this area and induce them come to city and involve in this activity.

- **What are the colleges and schools involve drug addiction?**

Both the private schools and government schools students consume drugs. But the students from government school can easily get the drug because they belong to those areas. It is not that private school kids don't consume but it is not easy for them to get. Schools students of class 11 and 12 are mostly affected with this drug addiction. When we take colleges the ratio is much

more than schools. Past pupils of the schools and colleges sell drugs to the students.

- **What kind of drugs they consume?**

Mostly Ganja is easily and cheaply available drug. Apart from this LSD stamps, MDMA, powder in finger rings are mostly used by the juveniles. When they have money they consume stamps, and not so they take Ganja.

- **Why do they addict to drugs?**

In order to avoid smell and for long lasting pleasure. Some take just for entertainment purpose and to show off the attitude towards the peer group.

- **What is the cost of drugs?**

If it is ganja it cost just Rs.40 to 100 and stamps cost Rs.1500 to 2000. The amount varies according to the quality of the drug and availability.

- **Name some colleges and schools involve in this practice?**

Donbosco School, Velammal School, Government Schools etc. Theyagaraja college, Ambedkar arts and science college, etc.

- **What are the measures taken by Government to prevent this?**

When they get the complain they immediately go and inspect the area and take necessary steps. NIB team works very hard to prevent this but there is no precautionary measures taken to stop this. Some old officials like Mr.Baladhandayuthabani conducted Awareness camps inside the NIB campus which was earlier situated inside Rajaji Hall and now it is in Egmore. As of now DSP Mr.Purushothamman and SP Mrs.Annie Vijaya are working hard to stop this drug addiction.

- **How many cases have filed and what will be the next process after filing?**

There are numbers cases filed before the police some go to court and some fade off. Juveniles who are involved will be sent to homes. But everything is confidential because of the future of the juveniles.

**NAME:** Mr.SARAVANAN

**DESIGNATION:** Sub-Inspector, Nagai town police station.

He is the SI of nagapattinam town police station. When I got them information from the above said personality I thought it would be good if I get information from rural side and as my native is nagapattinam I selected this area. I have got information on nagapattinam town and few rural

areas around the town. The interview is given below:

- **How many juveniles are addicted to drug?**

In nagapattinam town and some places like pettai, akkarai, kodiyaikarai etc there are about 40-50% of the students are addicted to drug.

- **Who are the juveniles involve in these kinds of activity?**

No school students involve in this practice. There are only college students are addicted to drugs?

- **From where they get drugs?**

Largest quantities of drugs are brought from Madurai. In the Nagai town they can get near some college petty shops, juice shops etc.

- **What are the forms and kinds of drugs they get?**

The only available variety is Ganja in cigarette form. Tobacco from cigars will be removed and stuffed with Ganja. It costs about Rs.200.

- **From whom they get drugs?**

There are two important families who do this as their family job, one is Siva Family from Pettai and other is Karadi family from kallukaratheru do sell these drugs.

- **What are the measures taken by the Government?**

Complaints will be taken and steps will be followed but no juveniles will be harmed rather the parents of the kids will be called and they will be advised to give counselling.

- **Name some colleges involved?**

Sir Isacc newton college, EGS Pillai college are some to name.

## **IX. FIELD STUDY**

The Researcher personally went and met some students of College in Korukkupet with the help of Mr.Ameer Hamza and spoke with the students; students were really worried about their peer group students who are addicted to drugs. They said that the college punes, office boys also help the students to get drugs. When they complain to College administration they will suspend that person and sometime they don't care a shit. No complaints were made to the nearby police station. They said that it not that easy to find how they use because they use by stuffing in finger rings, dollars, hand bands etc.

Apart from all these nowadays there is trend called Hukkah Bars. Where mostly all the juveniles

are seen inside the bars. It is a licensed Bar with certain conditions. Bar is fully covered with smoke they will consume it with the help of pipe. It was used by Arabs. They inhale the smoke through the pipe. These bars nowadays use extra quantity of special Ganja to thicken the smoke so it is recommended to close and so many youngsters are addicted to this. They go to these bars just for entertainment. And they give party for occasions. Each table costs about Rs.500 for an hour. Several bars were closed.

## **X. SUGGESTIONS**

Some of the suggestions to prevent drug addiction among the Juveniles are as follow:

- There is no specific regulation or rule to guide the juvenile drug addicts and they come under the JJ Act. It would be nice if a separate legislation is enacted.
- Awareness campaigns, marathons, walkathons, seminars etc must be conducted in every colleges and schools to impart information regarding the bane about drugs and the risks involved.
- Nowadays because of the nuclear family system, kids are not taken care properly which leads to illegal activities, thus the parents must be given counselling and classes on importance of joint family system.
- In all the schools and colleges it must be made compulsory that every student must participate either in sports, NCC, NSS, Red Cross, and other co-curricular activities. No student must be left only with studies.
- Punishment for giving intoxication must be made harsh. It was enshrined in Section 25 of JJ Act 2000, that intoxicating drug or psychotropic substance to juvenile or child must be punished with up to three years of imprisonment and fine, it must be increased up to 7 years and fine must be the thrice the value of drug he gave.
- There is a provision under section.63 (JJ Act) which emphasize about the special juvenile police unit who will be dealing with the juveniles or are primarily engaged in the prevention of juvenile crime or handling of more effectively and each police station will have a officer designated as 'juvenile or child welfare officer' who will work together with the juvenile but there are no functions were mentioned about what all the police unit must deal with. It must be specified clearly that crucial crimes like drug addiction, sexual exploitation, murder must be dealt with special police officer among the unit. Example: for each area there must be police officer who deals with the crimes apart from the juvenile officer engaged as per the act.



- Nowhere in NDPS Act there is a provision specifically stated for the use of drugs and selling of drugs by Juveniles. It must be added to the act that when a juvenile is indulging in selling drugs they must be treated in the homes with family oriented programmes.
- In US, there are juvenile drug courts; likewise it must be implemented in India as juvenile drug boards or juvenile drug homes.
- Community- based supervision must be made in each and every place.
- Family based treatment models, family therapy must be given to the juveniles who are sent to the special homes. Though it is provided under JJ Act it must be practiced in an effective manner.
- Fun-filled activities must be introduced in every college and schools like adventure games, group projects which will provide knowledge and fun have to be introduced in school syllabi not as the one students do now at home, it must be done in schools along with the friends which will help the kids to go in a straight path without any distractions from other illegal activities.
- In every area there should be a secret spy appointed by the government who will be the member of NGO's who will work for the welfare of the society not for money.
- Educating teachers may be a welcome intervention for school children with a focus not only on drug use but also on other behaviours such as conduct problems as it is unlikely that even in the near future all schools will have counsellors.

## **XI. CONCLUSION**

Currently in India more youngsters discover themselves addicted to drugs than ever before. As a result, de-addiction centres are incorporating “youth specific” programs into their centres. These youth rehabilitation opportunities can be very beneficial, and often make strides towards a future of total abstinence. The evil of drug abuse not only creates shackles on the very idea of a better life but it also acts as an impediment to the growth of the country. A lot more can be achieved by just efficiently implementing the existing laws and streamlining the procedure. Awareness of the harmful effects of drug use is high. A disturbing aspect that has been noticed is that despite having knowledge of drug use, adolescents initiate and continue its use. Efforts to control the problem in this age-group should also target their parents and other family members, by means of the media.

The school being an essential part in a student's life can include and promote an effective and healthy life-style. Interventions that enhance parental self-efficacy in conveying and enforcing

attitude shaping for their children could reduce adolescent substance use. Healthy substance use control programs, focusing on youth, are essential, to reduce the burden of related diseases. Repeat surveys would help in monitoring the tobacco epidemic in schools and in evaluating the efficacy of state level tobacco control programs.

Drug abuse among children has received attention only recently in India and much work needs to be done to address the issue. The first step is to acknowledge this emerging problem that needs to be proactively addressed. It is important to bring stakeholders together to address the issue through a multipronged approach with an equal focus on prevention as well as treatment efforts. One major youth drug addiction study declares, “In India, the majority (of addicts) became hooked on drugs after friends introduced drugs to them.” The study goes on to report that an additional 35% of subjects interviewed became addicted after trying out drugs for fun and out of curiosity. So everything depends on parenting the kids with good care and affection. To conclude, the researcher would like to say drug addiction among the future generation is one of the main backlogs of the country. It becomes the root cause for various other crimes like rape, murder, sexual abuse etc. To stop this, the systems need to improve by amending the existing laws and by providing valuable guidance to the youngsters.

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