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Juvenile Drug Delinquency in India: Socio-Economic Determinants and Policy Gaps

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ABSTRACT

Juvenile drug delinquency represents a mounting challenge for India's justice system, situated at the complex intersection of criminal law, social policy, and child rights. While the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985, enforces a rigidly punitive stance, the Juvenile Justice (Care and Protection of Children) Act, 2015, embodies a reformative philosophy. This doctrinal friction fundamentally implicates Article 21 of the Constitution and India's obligations under the UN Convention on the Rights of the Child, creating systemic inconsistencies in the treatment of vulnerable youth. Furthermore, neither framework adequately addresses the socio-economic determinants—such as poverty, family disintegration, and educational exclusion—that push children into substance abuse. Although National Crime Records Bureau (NCRB) data reveal rising juvenile involvement in drug-related offences, this paper identifies a critical data deficit obscuring the underlying socio-economic and psychological vulnerabilities of these minors. Drawing upon criminological theories, qualitative sociology, and comparative international models—including Portugal's dissuasion approach and U.S. juvenile drug courts—this study critically evaluates the gaps in India's legal responses. Crucially, it assesses the institutional challenges of transplanting these international frameworks into India's resource-constrained child protection infrastructure. The analysis concludes by proposing specific statutory amendments to harmonize the NDPS and JJ Acts, advocating for a paradigm shift from punitive criminalisation to a holistic, child-centric policy anchored in socio-economic rehabilitation, preventive education, and restorative justice.

Keywords: *Juvenile Justice, Narcotic Drugs and Psychotropic Substances (NDPS) Act, Drug Delinquency, Socio-Legal Determinants, Restorative Justice, Therapeutic Jurisprudence, Comparative Law, Child Rights.*

I. INTRODUCTION

Juvenile delinquency has long been recognised as both a legal and social concern, but its

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entanglement with narcotic drugs represents one of the most pressing challenges for India's contemporary justice system.³ The last two decades have witnessed a discernible increase in the number of juveniles apprehended for drug-related offences, ranging from consumption to participation in organised peddling networks.⁴ The National Crime Records Bureau (NCRB) consistently records cases where juveniles are either users, couriers, or minor participants in drug supply chains.⁵ This trend reflects not only the pervasiveness of narcotic substances in urban and semi-urban areas, but also the vulnerabilities of young persons to socio-economic pressures.⁶

The problem statement lies in the paradox of India's legal response. On one hand, the NDPS Act, 1985, is premised on stringent criminalisation, prescribing harsh penalties even for minor possession and peddling. On the other hand, the Juvenile Justice Act, 2015, advances a reformative approach, seeking to balance accountability with care and protection. Yet, these two frameworks operate in silos, often producing contradictions in cases where juveniles are implicated in drug-related offences.⁷ The result is a fragmented legal landscape that neither prevents delinquency effectively nor provides adequate pathways for rehabilitation.⁸

The socio-economic dimensions of juvenile drug delinquency remain critically underexplored in policy discourse. Children from marginalised backgrounds are disproportionately represented, pointing to systemic factors such as poverty, unemployment, domestic violence, peer influence, and school dropouts. The erosion of traditional family structures, combined with exposure to media narratives that normalise or glamorise drug use, compounds the problem.⁹ Girls, moreover, face unique vulnerabilities, often being coerced into drug peddling under exploitative circumstances.¹⁰

This paper seeks to bridge the gap between legal analysis and socio-economic realities. It asks: What structural conditions drive juveniles into drug delinquency in India? How effective are

³ National Crime Records Bureau, *Crime in India 2022: Statistics* (Ministry of Home Affairs 2023) Vol I, ch 4 (Juveniles in Conflict with Law).

⁴ Government of India, Ministry of Women and Child Development, 'State-wise Number of Cases Registered against Juveniles under the NDPS Act' (Unstarred Question No 2218, Rajya Sabha, 18 March 2025).

⁵ 'Crimes by Juveniles from NCRB: Year and State-wise Total Number of IPC and SLL Cases Registered against Juveniles' (Dataful, 10 March 2026) <https://dataful.in> accessed 23 March 2026.

⁶ UNODC, 'Synthetic Drug Use Soars Worldwide as South Asia Grapples with Evolving Threats' (UNODC South Asia, 2 August 2023).

⁷ NLUO, 'Rehabilitation and Reintegration of a Child in Conflict with Law under Juvenile Justice System' (NLU Odisha Working Paper, 10 October 2025).

⁸ 'Drug-related Offences in India: Observations and Insights from the NDPS Act' (2024) *Indian Journal of Psychological Medicine* (NCBI) <https://pmc.ncbi.nlm.nih.gov> accessed 23 March 2026.

⁹ National Commission for Protection of Child Rights, *National Consultation on Drug/Substance Use among Children* (NCPCR 2022).

¹⁰ *ibid*; see also UNODC, *Women and Drugs: Drug Use, Drug Supply and their Consequences* (UNODC 2022).

current laws and policies in addressing these determinants? What reforms are necessary to create a child-centric, preventive, and rehabilitative framework?

The methodology adopted is doctrinal and socio-legal, relying on statutory analysis, judicial pronouncements, UNODC reports, and scholarly literature. While National Crime Records Bureau (NCRB) data is utilized to establish quantitative baselines, this paper explicitly acknowledges a critical data deficit within state repositories. NCRB statistics capture arrests under the NDPS Act but fail to disaggregate data by socio-economic background, psychological vulnerability, or recidivism rates among juveniles. To mitigate this limitation, this paper triangulates official crime data with qualitative sociological studies and NGO field reports, constructing a more accurate socio-legal narrative of the determinants driving juvenile delinquency.

By foregrounding the socio-economic context, the paper contends that juvenile drug delinquency must be treated not merely as a law enforcement issue, but as a socio-legal problem demanding integrated solutions.

II. SOCIO-ECONOMIC DETERMINANTS OF JUVENILE DRUG DELINQUENCY IN INDIA

Juvenile drug delinquency cannot be understood in isolation from the socio-economic conditions that shape children's lives.¹¹ While legal frameworks prescribe punishments and rehabilitative pathways, the deeper causes of delinquency often lie in structural inequities, systemic failures, and socio-cultural vulnerabilities.¹² The following determinants are central to explaining the persistence and growth of juvenile involvement in narcotic drugs in India.¹³

A. Poverty and Urban Marginalisation

Poverty remains a powerful predictor of juvenile delinquency. Children from economically disadvantaged families are often drawn into drug-related activities either as consumers or as low-level couriers for local peddlers. Urban slums and semi-urban localities, where state presence is minimal, often double as hubs for drug trafficking networks.

- **Economic desperation** pushes juveniles into the drug economy as a source of income.
- **Migration to cities** without adequate social safety nets creates vulnerabilities.

¹¹ *Supra* note 8.

¹² UNODC, *World Drug Report 2024* (UNODC 2024).

¹³ RGSA, 'Factors and Patterns Associated with Juvenile Delinquency with Special Reference to NCRB Data (2017–2021)' (2024) *RGSA Journal* 1.

- The absence of vocational opportunities leaves drug trafficking as an attractive, if dangerous, livelihood option.¹⁴

Scholars argue that this nexus between economic deprivation and delinquency reflects the *strain theory* of criminology, where blocked legitimate opportunities drive youth towards illegitimate means of survival.¹⁵

B. Family Disintegration and Domestic Violence

Family breakdown and dysfunctional households play a critical role in shaping delinquent behaviour. Studies show that juveniles exposed to parental neglect, alcoholism, or domestic violence are more likely to engage in substance abuse.

- Broken families fail to provide emotional stability and supervision.
- Children of addicted parents may normalise drug use within the household.
- Domestic violence often pushes juveniles into street life, where drugs become both an escape mechanism and a pathway into crime.¹⁶

The psychological scars of abuse often manifest in delinquency, reinforcing the argument that drug abuse is as much a mental health issue as it is a legal one.

C. Peer Pressure and Criminal Networks

Adolescents are especially vulnerable to peer influence. The desire for social acceptance, combined with curiosity and risk-taking behaviour, frequently results in experimentation with drugs.

- Peer initiation into drug use is among the strongest predictors of delinquency.
- Juveniles in slums or urban ghettos often become recruits for organised gangs, used as drug carriers to exploit their presumed immunity from harsh legal consequences.¹⁷
- In some regions, school dropouts form peer groups where drug use becomes a marker of identity and belonging.

This dynamic illustrates differential association theory, which holds that exposure to deviant peers socialises juveniles into delinquent behaviour.¹⁸

¹⁴ 'The Socio-economic Factors Impacting Juvenile Delinquency' (2025) *International Journal of Law, Society and Human Rights* <https://journal.lps2h.com> accessed 23 March 2026.

¹⁵ R K Merton, *Social Theory and Social Structure* (Free Press 1968) 185–214 (strain theory).

¹⁶ National Commission for Protection of Child Rights, *National Consultation on Drug/Substance Use among Children* (NCPCR 2022).

¹⁷ UNODC, 'Synthetic Drug Use Soars Worldwide as South Asia Grapples with Evolving Threats' (UNODC South Asia, 2 August 2023).

¹⁸ Edwin H Sutherland and Donald R Cressey, *Principles of Criminology* (Lippincott 1978) (differential

D. Educational Exclusion and School Dropouts

The lack of educational engagement is another critical determinant. Dropping out of school not only diminishes prospects of formal employment but also isolates juveniles from protective environments that could steer them away from delinquency.

- Schools serve as protective institutions, and their absence leaves children vulnerable to street culture.
- A significant proportion of juveniles apprehended for drug-related offences report having discontinued education at an early stage.¹⁹
- Inadequate school counselling and poor integration of at-risk youth exacerbate the problem.

Educational disengagement reflects a systemic failure to treat schools as the first line of defence against juvenile delinquency.

E. Media, Internet, and Cultural Glamorisation of Drugs

The cultural normalisation of drugs through movies, music, and social media has made narcotic consumption appear aspirational to young audiences. Digital platforms often glorify drug use as part of a glamorous lifestyle.

- The internet and dark web provide new avenues for juveniles to access narcotics.
- Influences from Western pop culture, hip-hop, and Bollywood contribute to a distorted perception of drugs as symbols of rebellion or modernity.
- Online peer groups and unregulated platforms facilitate the exchange of information on drug use.

This determinant demonstrates how technology amplifies vulnerability, requiring policy responses that extend beyond traditional policing.

F. Gendered Dimensions of Juvenile Drug Delinquency

Girls involved in juvenile delinquency face unique socio-economic vulnerabilities. Often coerced into peddling by traffickers or intimate partners, girls face a dual victimisation: criminalisation under law and exploitation within society.

- Girls from vulnerable backgrounds may be trafficked into drug networks.

association theory).

¹⁹ National Crime Records Bureau, *Crime in India 2022: Statistics* (Ministry of Home Affairs 2023) Vol I, ch 4.

- Drug addiction is frequently used as a tool of control in cases of sexual exploitation.
- The stigma attached to female drug users is harsher, limiting their chances of rehabilitation.

This gendered dimension underscores the need for intersectional policy approaches that recognise the differentiated impact of drug delinquency across genders.

G. Intersectionality of Determinants

While each determinant is significant on its own, juvenile drug delinquency often arises from the cumulative effect of multiple vulnerabilities. A child from a poor, broken family, with limited educational opportunities and exposure to delinquent peers, is far more likely to enter the cycle of drug use and related crime.

Interim Observations

The socio-economic determinants reveal that juvenile drug delinquency in India is not merely a product of individual deviance but a reflection of structural inequalities. Legal frameworks that focus narrowly on punishment fail to address these root causes. Without integrating socio-economic considerations into juvenile justice and narcotics control policy, India risks perpetuating cycles of delinquency rather than breaking them.

III. POLICY AND LEGAL RESPONSES IN INDIA

India's approach to juvenile drug delinquency is anchored in a complex intersection of criminal law, child protection, and narcotics control policy.²⁰ Two principal legislations—the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) and the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act)—form the backbone of the legal framework. However, their divergent philosophies often create doctrinal and procedural contradictions, resulting in fragmented and inconsistent treatment of juveniles involved in drug-related offences.²¹

A. The Juvenile Justice (Care and Protection of Children) Act, 2015

The JJ Act, 2015, represents India's commitment to a reformatory and rehabilitative model of juvenile justice, rooted in the principles of the *UN Convention on the Rights of the Child (CRC)*. It recognises that children in conflict with the law require care, protection, and reintegration

²⁰ Drug-related Offences in India: Observations and Insights from the NDPS Act' (2024) *Indian Journal of Psychological Medicine* <https://pmc.ncbi.nlm.nih.gov> accessed 23 March 2026.

²¹ UNODC, *World Drug Report 2024* (UNODC 2024).

rather than retribution.²²

Key features relevant to juvenile drug delinquency include:

- **Definition of “child in conflict with law” (Section 2(13))**, encompassing all offences committed by persons below 18 years of age.
- **Principles of best interest, repatriation, and social reintegration** under Section 3, which guide the interpretation of the Act.
- **Juvenile Justice Boards (JJBs)** as specialised forums to conduct inquiries and pass orders focusing on rehabilitation rather than punishment.
- **Rehabilitation and social reintegration measures**, such as counselling, community service, and placement in Special Homes or Fit Facilities.²³

Despite these safeguards, the JJ Act’s implementation has been uneven. Resource constraints, lack of trained personnel, and insufficient coordination with de-addiction and rehabilitation services limit its effectiveness. In cases involving narcotic offences, JJBs often defer to police investigations under the NDPS Act, resulting in juveniles being treated as ordinary offenders rather than vulnerable children requiring treatment and counselling.²⁴

B. The Narcotic Drugs and Psychotropic Substances Act, 1985

The NDPS Act was enacted to fulfil India’s obligations under international drug control treaties and to combat the growing menace of narcotic trafficking. Its orientation, however, is **predominantly punitive**.²⁵

Salient features relevant to juveniles include:

- **Stringent criminalisation:** possession, consumption, sale, or trafficking of narcotic substances attracts severe penalties.
- **Presumption of guilt** (Section 35) and reverse burden of proof (Section 54), which are incompatible with child rights jurisprudence.
- **Limited scope for decriminalisation or diversion**, even in cases of first-time or minor offenders.²⁶

²² UN Committee on the Rights of the Child, *Convention on the Rights of the Child* (adopted 20 November 1989, entered into force 2 September 1990); Juvenile Justice (Care and Protection of Children) Act 2015, Preamble.

²³ Juvenile Justice (Care and Protection of Children) Act 2015, ss 2(13), 3, 4, 18.

²⁴ *Supra* Note 7.

²⁵ Narcotic Drugs and Psychotropic Substances Act 1985, Preamble; see also ‘NDPS Act, 1985 Explained: Key Provisions, Penalties & Landmark Supreme Court Judgments’ (ILMS Academy, 7 July 2025) <https://www.ilms.academy> accessed 23 March 2026.

²⁶ NDPS Act 1985, ss 21–27, 35, 54, 37.

While Section 64A provides immunity from prosecution for addicts volunteering for treatment, this provision is rarely invoked for juveniles, largely due to lack of awareness and institutional mechanisms to channel children into de-addiction programs.

The NDPS Act's rigidity thus conflicts with the rehabilitative spirit of the JJ Act. Juveniles apprehended for drug offences often face procedural treatment similar to adult offenders, particularly in cases where law enforcement agencies prioritise deterrence over rehabilitation.

C. Interplay and Contradictions between the JJ Act and NDPS Act

The coexistence of the JJ Act and the NDPS Act produces jurisprudential and operational friction.

1. Doctrinal Conflict:

- The JJ Act operates on the presumption of *diminished culpability* and the possibility of reform.
- The NDPS Act is predicated on *zero tolerance* and *strict liability*, even for small quantities.²⁷

2. Procedural Conflict:

- Juveniles booked under the NDPS Act are often investigated by narcotics cells without immediate referral to JJBs.
- The stringent bail provisions under NDPS (Section 37) often override the JJ Act's liberal approach, delaying release and violating the child's right to speedy inquiry.²⁸

3. Institutional Ambiguity:

- Coordination between law enforcement, JJBs, and social welfare departments remains weak.
- De-addiction centres are often ill-equipped to handle minors, leading to inappropriate institutionalisation or prolonged detention.²⁹

Judicial responses reflect this tension. Courts have occasionally sought to reconcile the two statutes by upholding the primacy of the JJ Act in cases involving minors. However, the absence of clear legislative guidance continues to produce inconsistent outcomes.³⁰

²⁷ NDPS Act 1985.

²⁸ NDPS Act 1985, s 37; JJ Act 2015, s 12.

²⁹ *Supra* Note 9.

³⁰ RGSA, 'Factors and Patterns Associated with Juvenile Delinquency with Special Reference to NCRB Data

D. Institutional Mechanisms and Implementation Challenges

The success of any juvenile justice policy depends on effective institutional mechanisms. In India, multiple institutions share overlapping jurisdiction over juvenile drug delinquency, often leading to diffusion of responsibility.

- **Juvenile Justice Boards (JJBs):** intended as child-friendly quasi-judicial forums, but in practice often lack psychologists, social workers, and trained probation officers.
- **Child Welfare Committees (CWCs):** mandated to handle children in need of care and protection, yet rarely involved in drug-related prevention strategies.
- **Rehabilitation and De-addiction Centres:** many lack child-sensitive infrastructure, adequate staff, and coordination with the legal system.
- **Law Enforcement Agencies:** often focus on prosecution rather than diversion, reflecting a policing mindset rather than a child protection approach.³¹

Empirical evidence from NCRB and NGO reports suggests that the implementation gap between law and practice is wide. Many juveniles continue to be detained in adult-like conditions, and community-based interventions remain sporadic and underfunded.³²

E. Judicial Pronouncements

Indian courts have occasionally intervened to protect the rights of juveniles caught under the NDPS framework.

- In *Ranjeet Singh v. State of Punjab* (2018), the Punjab and Haryana High Court emphasised the need to treat juveniles accused under NDPS as per the JJ Act's rehabilitative principles.³³
- In *Shilpa Mittal v. State (NCT of Delhi)* (2020), the Supreme Court reaffirmed that offences must be classified and dealt with in a manner consistent with the child's age and intent.³⁴

However, the judiciary has yet to develop a coherent jurisprudence that integrates narcotics law enforcement with child welfare considerations. The fragmented case law underscores the absence of a unified legislative or policy vision.

(2017–2021)' (2024) *RGSA Journal* 1.

³¹ National Crime Records Bureau, *Crime in India 2022: Statistics* (Ministry of Home Affairs 2023) Vol I, ch 4; NCPCR, *National Consultation on Drug/Substance Use among Children* (NCPCR 2022).

³² *ibid.*

³³ *Ranjeet Singh v State of Punjab* 2018 SCC OnLine P&H 4547 (P&H HC).

³⁴ *Shilpa Mittal v State (NCT of Delhi)* (2020) 2 SCC 787.

The jurisprudential friction between the two statutes fundamentally implicates Article 21 of the Constitution and India's obligations under the UN Convention on the Rights of the Child (UNCRC).³⁵ The stringent bail strictures under Section 37 of the NDPS Act—which require the court to be satisfied that there are reasonable grounds for believing the accused is not guilty—stand in stark contrast to Section 12 of the JJ Act, which mandates bail for a child in conflict with the law barring exceptional circumstances.³⁶

In *Ranjeet Singh v. State of Punjab* (2018), the High Court navigated this conflict by reading down the NDPS strictures when applied to minors, prioritizing the JJ Act's protective mandate to prevent the institutionalization of children alongside adult hardened criminals. Furthermore, the Supreme Court's ruling in *Shilpa Mittal v. State (NCT of Delhi)* (2020) regarding the classification of offences (heinous, serious, and petty) complicates NDPS enforcement. Because many NDPS offences do not prescribe a minimum sentence of seven years, applying the *Shilpa Mittal* rationale requires treating such drug-related infractions by juveniles as 'serious' rather than 'heinous' offences, thereby barring their trial as adults under Section 15 of the JJ Act.³⁷ However, without explicit legislative clarification, lower courts continue to struggle with this doctrinal overlap, often resulting in arbitrary pre-trial detention that violates the child's right to personal liberty.

F. Policy-Level Observations

The current legal response to juvenile drug delinquency reflects three fundamental policy deficiencies:

1. **Over-Criminalisation:** The NDPS Act criminalises even minor consumption and possession without considering socio-economic vulnerability.
2. **Under-Rehabilitation:** The JJ system lacks robust linkages with health and social welfare sectors necessary for effective de-addiction and reintegration.
3. **Fragmented Governance:** Multiple ministries—Home Affairs, Social Justice, Health, and Women & Child Development—operate in silos, leading to uncoordinated interventions.³⁸

These gaps demonstrate the urgent need for legislative harmonisation and inter-sectoral coordination to address the dual challenge of drug abuse and juvenile delinquency.

³⁵ Constitution of India, art 21.

³⁶ NDPS Act 1985, s 37; JJ Act 2015, s 12.

³⁷ *Supra* Note 33 & 34.

³⁸ 'Drug-related Offences in India: Observations and Insights from the NDPS Act' (n 1); UNODC, *World Drug Report 2024*.

Transitional Note

The contradictions between law and policy reveal that India's framework remains largely reactive and enforcement-oriented, with limited investment in preventive or rehabilitative mechanisms. This necessitates a re-examination of the socio-legal balance through comparative insights and best practices, which the next section explores.

IV. POLICY GAPS AND CHALLENGES IN INDIA

Despite an elaborate statutory framework addressing both juvenile justice and narcotic control, India's approach to juvenile drug delinquency remains fragmented, reactive, and insufficiently preventive. The disjunction between legislative intent and ground-level implementation exposes a series of policy gaps that perpetuate the cycle of vulnerability, criminalisation, and social exclusion among juveniles involved in substance abuse.

A. Lack of an Integrated Policy Framework

India's response to juvenile drug delinquency suffers from the absence of a comprehensive, cross-sectoral policy framework.³⁹ While the Ministry of Women and Child Development administers the Juvenile Justice system, the Ministry of Social Justice and Empowerment handles de-addiction programmes, and the Ministry of Home Affairs oversees NDPS enforcement.⁴⁰

This departmental fragmentation leads to poor coordination, duplication of efforts, and unclear accountability. Juvenile drug users often fall through institutional cracks, treated neither as offenders nor as victims in need of care.⁴¹ There is no unified policy document articulating preventive strategies, treatment protocols, or inter-agency coordination mechanisms specifically targeted at juveniles.⁴²

Furthermore, the National Policy on Narcotic Drugs and Psychotropic Substances (2012) and the National Plan of Action for Children (2016) operate in isolation, with little convergence in objectives.⁴³ The result is a duality of approach: while one prioritises suppression of supply and

³⁹ 'National Drug Laws, Policies, and Programs in India' (2023) *Indian Journal of Psychiatry* <https://pmc.ncbi.nlm.nih.gov> accessed 23 March 2026.

⁴⁰ Narcotics Control Bureau, 'Drug Abuse Control in India: Institutional Framework' <https://narcoticsindia.nic.in> accessed 23 March 2026 (noting roles of MHA, MoSJE and other ministries); Ministry of Social Justice and Empowerment, *Implementation Framework of National Action Plan for Drug Demand Reduction (NAPDDR)* (MoSJE 2018).

⁴¹ 'Drug Addiction in Juvenile Delinquents' (Haryana Police Journal) <https://haryanapolice.gov.in> accessed 23 March 2026.

⁴² *Supra* Note 39.

⁴³ Government of India, *National Policy on Narcotic Drugs and Psychotropic Substances* (Department of Revenue, Ministry of Finance 2012).

deterrence, the other promotes child welfare, without meaningful dialogue between the two.⁴⁴

B. Preventive and Community-Level Deficiencies

Effective prevention of juvenile drug use requires early identification, community sensitisation, and school-based interventions. However, India's preventive architecture remains skeletal:

1. **School-level mechanisms** under Samagra Shiksha and NCERT's life-skill education modules are inadequately implemented and lack behavioural impact assessment.⁴⁵
2. **Community-based prevention programmes**, such as those under the *Nasha Mukh Bharat Abhiyan (NMBA)*, largely rely on awareness campaigns rather than evidence-based behavioural interventions.⁴⁶
3. **Urban slums and rural hinterlands**, where socio-economic vulnerability is acute, remain underserved by outreach programs.⁴⁷

Preventive policies often focus on adult drug use, ignoring the unique psychological and social dynamics of juvenile substance involvement. The absence of child-sensitive prevention strategies reflects a broader neglect of early intervention as a core policy tool.⁴⁸

C. Criminalisation over Rehabilitation

India's policy orientation towards narcotics continues to be enforcement-dominant rather than health-centric. Juvenile users are frequently apprehended under the NDPS Act, even in cases of personal consumption or peer-influenced possession.⁴⁹

This criminalisation of addiction disregards the root causes—poverty, trauma, peer influence, and lack of support systems.⁵⁰ Although Section 64A of the NDPS Act provides immunity for addicts volunteering for treatment, its utilisation remains negligible due to procedural hurdles and lack of awareness among law enforcement and legal practitioners.⁵¹

⁴⁴ Ministry of Women and Child Development, *National Plan of Action for Children, 2016* (NPAC 2016) (released 24 January 2017).

⁴⁵ NCERT and Ministry of Social Justice & Empowerment, *Navchetna: A New Consciousness on Life Skills and Drug Education for School Children – Training and Resource Modules* (NCERT 2022).

⁴⁶ *Nasha Mukh Bharat Abhiyan*, 'About Us' <https://nmba.dosje.gov.in> accessed 23 March 2026 (campaign-mode, outreach and awareness focus).

⁴⁷ 'Nasha Mukh Bharat Abhiyan' (MyGov, 12 March 2026) <https://www.mygov.in> accessed 23 March 2026 (initially targeting 272 "vulnerable" districts and expanding reach).

⁴⁸ 'National Drug Laws, Policies, and Programs in India' (2023) *Indian Journal of Psychiatry* <https://pmc.ncbi.nlm.nih.gov> accessed 23 March 2026 (noting that most demand-reduction policies are adult-centric and lack child-focused preventive design).

⁴⁹ 'National Drug Laws, Policies, and Programs in India: A Narrative Review' (2023) *Indian Journal of Psychiatry* <https://pmc.ncbi.nlm.nih.gov> accessed 23 March 2026 (noting enforcement-led NDPS orientation and frequent use against users).

⁵⁰ *Ibid.*

⁵¹ 'Section 64A of the NDPS Act: Analysing the Immunity from Prosecution to Addicts Volunteering for

The **rehabilitation infrastructure** is also inadequate:

- The *National Action Plan for Drug Demand Reduction (2018–2025)* provides a framework for de-addiction, but most centres are adult-oriented.⁵²
- Juveniles placed in general de-addiction facilities often experience trauma and stigmatisation.
- Child-specific therapeutic communities or diversionary models—such as *drug treatment courts*—are yet to be piloted in India.

This over-criminalisation without robust rehabilitation deepens social marginalisation and contradicts the principle of restorative juvenile justice.

D. Absence of Diversionary and Restorative Mechanisms

Globally, the trend is to treat juvenile drug delinquency through restorative and diversionary mechanisms—redirecting offenders away from the formal justice system into treatment, education, and social reintegration programs.

In India, however:

- **Diversion** is rarely used, even though the JJ Act permits community-based disposition under Section 18.
- **Restorative justice practices**—such as victim-offender mediation or community conferencing—are virtually absent in drug-related contexts.
- **Probation and community supervision** systems remain weak due to a shortage of trained probation officers and a lack of standardised guidelines.

Consequently, many juveniles encounter the justice system in its most punitive form—reinforcing recidivism rather than reform.

E. Institutional and Capacity Constraints

The efficacy of juvenile justice and rehabilitation mechanisms is undermined by acute **institutional and human resource deficiencies**:

- **Juvenile Justice Boards (JJBs)** are often overburdened and lack trained social workers, counsellors, and psychologists.

Treatment’ (2024) *International Journal for Multidisciplinary Research* <https://www.ijfmr.com> accessed 23 March 2026; Department of Revenue, ‘Special provision for addicts – Section 64A NDPS Act’ <https://dor.gov.in> accessed 23 March 2026.

⁵² Ministry of Social Justice and Empowerment, *National Action Plan for Drug Demand Reduction (2018–2025)* (MoSJE 2018) (focusing on Integrated Rehabilitation Centres for Addicts and largely adult clientele).

- **Child Care Institutions (CCIs)** are ill-equipped to handle drug-dependent juveniles and lack linkages with medical or psychiatric facilities.
- **De-addiction Centres** suffer from low capacity, inadequate funding, and poor regulatory oversight.
- **Probation Officers and District Child Protection Units (DCPUs)** are inadequately trained in substance-use-related counselling.

The result is a system where legal processes function in isolation from psychological and social rehabilitation, rendering the statutory safeguards largely illusory.

F. Data Deficiency and Research Gaps

Reliable, disaggregated data on juvenile drug abuse in India are scarce. The National Crime Records Bureau (NCRB) collects data on juvenile offences under the NDPS Act, but not on patterns of drug use, socio-economic background, or recidivism rates.

Similarly, surveys by the National Institute of Social Defence (NISD) and AIIMS-NDDTC provide macro-level prevalence data but do not disaggregate by age, gender, or social vulnerability. This data deficit impedes evidence-based policymaking and obscures the real magnitude of juvenile drug involvement.

Moreover, policy evaluation studies are minimal. Government programs are rarely subjected to impact assessment or longitudinal analysis to measure rehabilitation outcomes.

G. Socio-Economic Blind Spots in Policy Design

A deeper policy flaw lies in the failure to integrate socio-economic determinants—poverty, urban deprivation, family breakdown, and unemployment—into drug control strategies. The focus on deterrence ignores that many juveniles enter the drug economy as street vendors, carriers, or couriers under coercion or survival necessity.

Policy design thus often conflates offender and victim, treating socio-economically marginalised children as criminals rather than as children in need of care and protection. The JJ Act theoretically accommodates such children under its “care and protection” category, but operationally, very few cases are classified as such when drug offences are involved.

H. Lack of Public Health Integration

The absence of convergence between public health policy and juvenile justice is another critical gap.

- Drug use among children is rarely addressed within the framework of adolescent mental health or public health programmes.
- The National Mental Health Programme (NMHP) and School Health Programme under Ayushman Bharat scarcely recognise substance use as a juvenile health issue.
- There is limited collaboration between medical institutions, NGOs, and legal authorities for child-centric treatment referral.

Without embedding drug use within a public health paradigm, India's legal and policy response will remain punitive, fragmented, and reactive.

I. Policy Silence on Post-Rehabilitation Reintegration

Even when rehabilitation occurs, post-treatment reintegration of juveniles into society remains a neglected domain. Stigma, lack of educational continuity, and family non-acceptance often push rehabilitated juveniles back into the same vulnerable environments.

There is no structured reintegration programme that connects de-addiction centres with vocational training, mentorship, or community support mechanisms. The absence of post-rehabilitation monitoring results in high relapse rates and cyclical delinquency.

J. Summary of Observations

Policy Dimension	Current Status	Core Deficiency
Legal Framework	Dual (JJ + NDPS Acts)	Contradictory orientation
Institutional Mechanisms	Fragmented and under-resourced	Lack of coordination
Prevention	Sporadic, awareness-based	Absence of evidence-driven early interventions
Rehabilitation	Adult-centric and punitive	Inadequate child-sensitive infrastructure
Data & Research	Fragmented, unreliable	No age-specific analysis
Socio-Economic Integration	Weak	Neglect of structural determinants
Reintegration	Negligible	Absence of community linkage

Transitional Note

The cumulative effect of these policy lacunae is the criminalisation of vulnerability—where children who should be treated as victims of socio-economic deprivation and addiction are

instead absorbed into punitive legal processes.

A future-oriented policy must therefore transcend retributive logic and embrace a child-rights and public-health-based model, harmonising law, welfare, and community rehabilitation—an approach elaborated in the next section.

V. TOWARDS REFORM – COMPARATIVE INSIGHTS AND POLICY RECOMMENDATIONS FOR INDIA

The preceding discussion reveals that India's approach to juvenile drug delinquency remains reactive, fragmented, and insufficiently attuned to socio-economic realities. The challenge before policymakers, therefore, is to shift from punitive enforcement toward child-centric, rights-based, and evidence-driven governance. Drawing upon comparative international models and domestic realities, this section articulates a reform blueprint designed to harmonise legal frameworks, strengthen institutions, and embed social justice within juvenile drug policy.

A. Reimagining Juvenile Drug Delinquency through a Child-Rights Lens

At its core, juvenile drug delinquency must be understood not merely as a legal infraction but as a manifestation of social vulnerability and systemic neglect.

- The **United Nations Convention on the Rights of the Child (UNCRC)** obligates State Parties to ensure that children in conflict with the law are treated in a manner consistent with their dignity, worth, and reintegration potential.
- Article 33 of the UNCRC specifically mandates protection from the illicit use of narcotic drugs.

India's reforms should thus anchor themselves in a child-rights paradigm, positioning every drug-involved juvenile as a child in need of care, protection, and rehabilitation rather than as a deviant offender.

B. Harmonisation of the JJ Act and NDPS Act

A primary reform imperative lies in harmonising the Juvenile Justice (Care and Protection of Children) Act, 2015, with the Narcotic Drugs and Psychotropic Substances Act, 1985. Presently, the JJ Act's rehabilitative ethos is undermined by the NDPS Act's punitive orientation.

Suggested Legislative Reforms:

To resolve the doctrinal friction, precise legislative interventions are required. The following draft amendments are proposed to harmonize the statutory frameworks:

1. **Amendment to Section 2(14) of the JJ Act, 2015:** Expand the definition of a 'child in need of care and protection' by inserting clause (xiii): '*(xiii) who is found consuming or in possession of narcotic drugs or psychotropic substances for personal use, indicative of a vulnerability requiring de-addiction and rehabilitative care.*' This ensures drug-dependent children are diverted to welfare committees rather than penal boards.
2. **Insertion of a Non-Obstante Clause in the NDPS Act, 1985:** To codify the primacy of juvenile law, a new proviso should be inserted into the NDPS Act: '*Notwithstanding anything contained in this Act, where an offence under this Act is alleged to have been committed by a person who has not completed eighteen years of age, the provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015 shall have overriding effect, and the juvenile shall exclusively be subject to the jurisdiction of the Juvenile Justice Board.*'
3. **Statutory Diversionary Mandate:** Implement a specific provision in the NDPS Act mandating that first-time juvenile offenders apprehended for possession of small quantities be automatically diverted to recognized de-addiction and counselling facilities, bypassing formal framing of charges.

Such harmonisation would prevent contradictory proceedings, eliminate jurisdictional confusion, and reinforce restorative justice as the guiding principle.

C. Learning from Comparative Models

1. Portugal's Decriminalisation and Dissuasion Model

Portugal decriminalised drug possession in 2001, treating users as patients rather than criminals.⁵³ Juveniles apprehended with narcotics are referred to *Commissions for the Dissuasion of Drug Addiction*—multidisciplinary bodies offering counselling, treatment, and social reintegration.⁵⁴

- *Lesson for India:* Establish *Juvenile Dissuasion Panels* under the JJ Board framework, combining medical, psychological, and social expertise.⁵⁵

While Portugal's model offers a compelling blueprint, the legal transplantation of Commissions for the Dissuasion of Drug Addiction into India's socio-legal ecosystem poses distinct

⁵³ Caitlin Hughes and Alex Stevens, 'Drug decriminalisation in Portugal: setting the record straight' (Transform Drug Policy Foundation, 2012; updated 2021) <https://transformdrugs.org> accessed 23 March 2026.

⁵⁴ European Monitoring Centre for Drugs and Drug Addiction, *Portugal: Country Drug Report* (EMCDDA 2011) (Law 30/2000 establishing Commissions for the Dissuasion of Drug Addiction as regional, multidisciplinary panels).

⁵⁵ Drug Policy Alliance, *Drug Decriminalization in Portugal: A Health-Centered Approach* (DPA 2015).

infrastructural challenges. Portugal's success relies heavily on a robust, pre-existing public health and social welfare infrastructure.⁵⁶ In contrast, India's Juvenile Justice Boards (JJBs) already suffer from acute capacity deficits, frequently lacking the mandated psychologists and medical professionals.⁵⁷

Therefore, direct transplantation is unviable without phased institutional capacity building. A localized adaptation would require leveraging existing frameworks—such as integrating the District Mental Health Units (DMHUs) with the JJBs—to act as quasi-dissuasion panels.⁵⁸ This ensures that the therapeutic intent of the Portuguese model is preserved without immediately overwhelming India's fragile child protection infrastructure.⁵⁹

2. United States – Juvenile Drug Courts (JDCs)

The U.S. introduced JDCs integrating judicial oversight with therapeutic interventions. These courts focus on treatment compliance, school attendance, and family counselling.

- *Lesson for India: Pilot Juvenile Drug Treatment Boards* in metropolitan areas as a restorative alternative to detention.

3. United Kingdom – Multi-Agency Youth Offending Teams (YOTs)

The U.K. model brings together police, social workers, psychologists, and educators to craft individualised intervention plans.

- *Lesson for India: Institutionalise District Juvenile Intervention Teams (DJITs)* comprising probation officers, NGOs, counsellors, and educators.

4. Canada – Diversionary and Community-Based Rehabilitation

Canadian law emphasises reintegration, supported by community mentoring and vocational training for youth offenders.

- *Lesson for India: Embed community-based mentoring and post-rehabilitation reintegration schemes* under State-level Child Protection Societies.

These models demonstrate that therapeutic jurisprudence—not penalisation—best serves

⁵⁶ Roxana Ximena and others, '20 years of Portuguese drug policy: developments and challenges' (2021) *Substance Abuse Treatment, Prevention, and Policy* <https://pmc.ncbi.nlm.nih.gov> accessed 23 March 2026.

⁵⁷ G Snehil and others, 'Juvenile Justice System, Juvenile Mental Health, and the Role of Mental Health Professionals (MHPs)' (2020) *Indian Journal of Psychiatry* <https://pmc.ncbi.nlm.nih.gov> accessed 23 March 2026 (noting JJ Boards' lack of mandated mental health professionals).

⁵⁸ Ministry of Health and Family Welfare, *National Mental Health Programme: Operational Guidelines for District Mental Health Programme* (MoHFW 2015).

⁵⁹ 'Mental Health and the Juvenile Justice System' (2023) *ShodhKosh: Journal of Visual and Performing Arts* <https://www.granthaalayahpublication.org> accessed 23 March 2026.

juvenile reform and public safety.

D. Institutional Strengthening and Capacity Building

To operationalise reform, India must address the chronic capacity deficits across its juvenile and narcotics control institutions:

1. **Specialised Training** for police, probation officers, and JJB members on handling drug-involved juveniles with sensitivity and understanding of addiction psychology.
2. **Accredited Certification Programs** for Child Welfare Committee members and NGO counsellors in substance abuse management.
3. **Integration of Medical Professionals** into JJB proceedings, ensuring that each case is supported by a psychological and health assessment.
4. **Upgradation of Child Care Institutions (CCIs)** to include in-house de-addiction and counselling units, linked with hospitals and psychiatric services.

Without institutional strengthening, legislative reforms risk remaining merely declaratory.

E. Reorienting Policy towards Prevention and Early Intervention

India's preventive strategy must move beyond sporadic awareness campaigns toward **structured, evidence-based interventions**:

- Introduce school-based prevention curricula integrating life skills, emotional intelligence, and digital resilience against online drug exposure.
- Implement community outreach programmes targeting high-risk zones (slums, border districts) with participatory involvement of local youth and NGOs.
- Expand the *Nasha Mukta Bharat Abhiyan* to include adolescent-specific modules, peer counselling networks, and youth clubs.

Early identification and psychosocial counselling at the school and community levels could significantly reduce initiation into drug use.

F. Mainstreaming Public Health and Social Welfare Linkages

Drug addiction among juveniles should be addressed as a public health issue within the larger ecosystem of adolescent well-being:

- Integrate substance abuse prevention and treatment under the National Mental Health Programme (NMHP).

- Establish linkages between JJ Boards, hospitals, and District Mental Health Units (DMHUs) for case referrals.
- Introduce mobile de-addiction and counselling units in rural and urban clusters.
- Create a National Adolescent Substance Rehabilitation Mission with dedicated funding, similar to the National AIDS Control Programme.

Embedding drug delinquency within a public health framework ensures treatment, not punishment, as the first response.

G. Post-Rehabilitation Reintegration and Social Inclusion

Rehabilitation must culminate in reintegration to prevent relapse and recidivism.

- Design Reintegration Roadmaps for every rehabilitated juvenile, connecting them to vocational training, apprenticeships, and mentorship programs.
- Encourage corporate participation through CSR funding for employability training.
- Develop community acceptance campaigns to combat stigma and facilitate reintegration.

This approach aligns with *restorative justice* principles—repairing harm, restoring relationships, and rebuilding lives.

H. Research, Data, and Evaluation Framework

Sustainable reform demands evidence-based policy design:

- Institutionalise longitudinal research on juvenile drug abuse through NISD and AIIMS-NDDTC partnerships.
- Mandate NCRB disaggregation of data by age, gender, and socio-economic background.
- Develop Outcome Evaluation Metrics for de-addiction and rehabilitation programmes.
- Promote interdisciplinary research combining law, psychology, sociology, and data science to understand behavioural patterns.

A transparent data ecosystem will help policymakers evaluate interventions and adjust strategies dynamically.

I. Proposed Multi-Layered Reform Framework

Layer	Strategic Focus	Implementation Mechanism
Legal Harmonisation	Align JJ Act & NDPS Act	Statutory amendments + SOPs

Layer	Strategic Focus	Implementation Mechanism
Institutional Strengthening	Capacity, training, infrastructure	Inter-ministerial coordination
Preventive Action	Schools & communities	Structured life-skill programmes
Rehabilitation	Treatment & psychosocial support	Juvenile-specific de-addiction centres
Reintegration	Education & employability	Public-private partnerships
Data & Research	Evidence-based governance	Central repository via NCRB/NISD

This multi-layered framework situates reform within a continuum of care—from prevention to reintegration—ensuring that no child is lost between legal and welfare systems.

VI. CONCLUDING REFLECTIONS

The phenomenon of juvenile drug delinquency in India demands an urgent paradigm shift from punitive criminalisation to transformative rehabilitation. As this paper has demonstrated, the deep-seated jurisprudential friction between the reformatory ethos of the Juvenile Justice Act and the strict liability of the NDPS Act can no longer be left solely to ad-hoc judicial interpretation. Resolving this tension requires explicit statutory harmonization, specifically through legislative amendments that codify the primacy of juvenile law and establish clear diversionary mandates.

Furthermore, while international models—such as Portugal’s dissuasion approach—provide valuable blueprints for therapeutic jurisprudence, their successful transplantation into the Indian socio-legal ecosystem necessitates a pragmatic reckoning with domestic institutional capacity constraints. Meaningful reform must couple legislative ambition with systemic capacity building.

Crucially, moving forward requires bridging the pervasive data deficit that obscures the true magnitude and nature of this crisis. Future policies must be grounded in empirical insight, ensuring that interventions target the structural socio-economic determinants of delinquency rather than merely punishing its symptoms.

Ultimately, a holistic policy that treats juvenile offenders as children first will not only uphold India’s constitutional safeguards and international commitments but also reinforce social justice as the cornerstone of governance. As India moves towards the vision of Amrit Kaal, the true measure of its progress will not be found in how harshly it penalizes its children in conflict with

the law, but in how compassionately and effectively it redeems them from cycles of addiction, neglect, and exclusion.
