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Examining the Nexus Between Juvenile Delinquency and Narcotics Use in India

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Drug use and juvenile delinquency are major issues in India, with grave societal repercussions. This article looks at the factors that lead to teenagers being drawn to drugs, as well as the causes of juvenile delinquency and its connection to drug usage in India. The euphoric effects and withdrawal symptoms of several opioids intensify the substantial correlation between drug use and criminal activity. The four primary traits used to identify young people who are at risk for delinquent behaviour are individual, family-related, mental health, and substance addiction. A survey of school-going kids found that alcohol and heroin were the most often used drugs. There is a significant prevalence of intravenous drug usage among working and street children. India has one million registered heroin users and widespread usage of cannabis derivatives, including charas, bhang, and Ganja. Substance use can impair judgment and raise the chance of criminal behaviour. In an impoverished country like India, the problem of juvenile drug addiction is further aggravated by concerns of destitution, illiteracy, migration, and abuse. The Juvenile Justice Act serves as the fundamental framework of law for juvenile offenders in India. The statute calls for a unique approach to the prevention as well as treatment of juvenile offenders. The Juvenile Justice Act of 2015 emphasises preventative and rehabilitative interventions for minors under the influence of drugs or other narcotics. The Narcotic Drugs and Psychotropic Substances (NDPS) Act was passed in 1985 and revised in 1989, which forbids the manufacturing, cultivation, possession/use, trade, transportation, as well as storage of any narcotic substance. However, the stringent nature of the NDPS Act inhibits the possibility of rehabilitation of the minors who are under the influence of narcotics. The legislation criminalises the use of narcotics, which can lead to obstacles in recovery and a higher risk of relapsing into drug use after release from jail.

Keywords: delinquency, narcotics, juvenile, drugs, crimes.

INTRODUCTION

The energy industry is a vital part of modern economies, just like capital, labour, and land. In India, juvenile delinquency and the consumption of drugs are increasing concerns with severe societal ramifications. There is a close connection between drug use and criminal activity. The link between drugs and violence is further compounded by the intoxicating effects of certain substances and/or their withdrawal symptoms. The link between the two might be ambiguous and difficult to understand. Narcotics can have both direct and indirect impacts on violence and criminal conduct. The issue impacts more than merely crime victims; it also has ramifications for the juvenile delinquents' homes and society as a whole. The most significant effects of adolescent crimes are socioeconomic and psychological problems that affect their families and society as a whole.

Juveniles engaged in robberies, rapes, and assaults are sometimes noteworthy due of mental disorders. The purpose of this article is to investigate the relationship between adolescent delinquency and drug use in India, focusing on the variables that contribute to this linkage and the possible repercussions for people and society.

Juvenile: A Juvenile is a person who is not yet over 18 and is not sufficiently mature to comprehend what is right and what is wrong. A person who is under the age of eighteen is considered a Juvenile for Section 12 of The Juvenile (Care and Protection) Act, 2015. A juvenile is a youngster who has not reached the age when he or she may be held accountable for their criminal activity in the same manner that an adult can. A juvenile refers to someone under 18 who has not yet been considered an adult.¹

Juvenile Delinquency: Juvenile delinquency is defined as the involvement of a minor (below 18 years of age) in criminal activity. The word delinquent is used to describe someone whose behaviour differs from that of an expected social existence. A juvenile delinquent is a young person under the legal age of eighteen who participates in actions that might endanger

¹ Sandeep Kumar, 'Juvenile Justice System in India: An Overview' (2022) 9(1) Journal of Emerging Technologies and Innovative Research <<u>https://www.jetir.org/papers/JETIR2201363.pdf</u>> accessed 02 May 2025

themselves, society, or both.² Juvenile delinquency is the involvement of youngsters, primarily those under the age of 18, in unlawful or antisocial activity. Behaviours can vary from petty infractions like disobedience or shoplifting to significant felonies like burglary, damage to property, drug misuse, gang-related activities, and violence.³

JUVENILE OFFENDERS: LAWS AND REGULATIONS

The Juvenile Justice (Care and Protection of Children) Act 2015⁴ (JJ Act) is the most significant piece of law that governs juvenile justice in India. Its objective is to offer care, protection, and rehabilitation to children who violate the law, as well as children who require care and protection.⁵

The Act focuses on a child-centred approach and distinguishes between juveniles in confrontation with the law (the ones who commit crimes) and children in need of care and protection (the ones who are in at-risk situations). It establishes age-based boundaries, designating a juvenile as anybody under the age of 18, guaranteeing that minors under this age are handled through the juvenile justice system instead of the ordinary criminal court system.

The JJ Board has the authority to examine the accused's juvenility under Rule 12 of the JJ Rules, 2007. In Krishna Bhagwan v State of Bihar,⁶ the Supreme Court ruled that the appropriate date for determining a juvenile's age must be the day of the offence. The statute emphasises children's rehabilitation & social reintegration. The legislation provides for the establishment of special homes, childcare homes, and observation houses.

According to the JJ Act, the above two categories of children are sent to institutional care:

1. Children who require care and protection (including children addicted to drugs), and therefore, they are placed in children's homes and shelter homes; and

² Ashutosh Chauhan et al., 'Juvenile delinquency in India: Causes and prevention' (2022) 6(4) International Journal of Health Sciences <<u>http://dx.doi.org/10.53730/ijhs.v6nS4.9343</u>> accessed 02 March 2025 ³ *Ibid*

⁴ The Juvenile Justice (Care and Protection of Children) Act 2015

⁵ Ved Kumari, 'The Juvenile Justice Act 2015-Critical Understanding' (2016) 58(1) Journal of the Indian Law Institute <<u>https://www.jstor.org/stable/45163062</u>> accessed 02 March 2025

⁶ Krishna Bhagwan v State of Bihar (1991) 2 RECCRIR 45

2. Juveniles who are in conflict with the law and therefore are placed in observation homes and special homes.

In terms of children in need of protection and care, these facilities are not incarceration centres, nor are they supposed to keep children in detention; but for children in conflict with the law, the homes, while not prisons, do have an element of captivity and are intended to function as correctional facilities.⁷ The objective is to rehabilitate the youngster so that he or she can grow up to be a responsible citizen of the country.

THE CAUSES OF JUVENILE DELINQUENCY

Recognising the root causes of juvenile delinquency is essential to keeping youngsters away from harmful, unlawful, and inappropriate behaviour. Young persons predisposed to delinquent behaviour can be identified by four main risk factors: mental health, drug abuse, family dynamics, and individual characteristics. A youngster is frequently susceptible to risk factors in several categories.

Individual Risk Factor: A youngster with poor intellect who has not had appropriate schooling is more likely to engage in delinquent behaviour. Other risk factors comprise impulsive conduct, uncontrollable anger, and the inability to defer desire. In many cases, many individual risk factors contribute to a juvenile's participation in harmful, destructive, and unlawful behaviours.⁸

Family Risk Factors: The home environment has a huge impact on a child's growth and behaviour. Children who have experienced neglect, abuse, or erratic punishment are more prone to engage in delinquent behaviours.⁹ A continuous pattern of familial risk factors has been linked to the growth of delinquent conduct in young individuals. Family risk factors include inadequate parental supervision, recurrent parental conflict, neglect, or abuse.

Adolescents who lack parental supervision and interaction may seek acceptance and a sense of belonging from social circles, exposing them to delinquent conduct. Parents who show

⁷ Kumar (n 1)

⁸ Prakash Haveripet, 'Causes and consequences of juvenile delinquency in India' (2013) 5(3) Recent Research in Science and Technology <<u>https://updatepublishing.com/journal/index.php/rrst/article/view/1038</u>> accessed 02 March 2025

⁹ Kumar (n 1)

disrespect for the law and societal conventions are more likely to have kids who share their views.

Lastly, the young people who exhibit the lowest levels of closeness to their families and parents are also the ones who participate in improper practices, including delinquent behaviour.¹⁰ Childhood trauma, such as neglect, parental divorce, and abuse, has been linked to a variety of negative health outcomes, including depression, sexual risk behaviour, and illicit drug use.¹¹

Mental Health Risk Factors: Several mental health variables have also been identified as related to delinquent behaviour. However, it is vital to remember that many forms of mental health illnesses, particularly personality disorders, cannot be diagnosed in a child. However, there are antecedents to these disorders that may be seen in infancy and often manifest as delinquent conduct. One typical example is conduct disorder, described as a lack of compassion and disdain for social standards.¹²

Substance Abuse Risk Factors: The majority of juvenile delinquent behaviours involve substance misuse. Substance use can negatively impact judgment and raise the chance of criminal behaviours. Furthermore, juvenile drug offences have been linked to a variety of adverse consequences. Some of these negative consequences include participation in various types of delinquency at an increased probability than non-drug offenders, a larger risk of recidivism if sentenced, and an increased probability of criminal behaviour into adulthood.¹³

Two tendencies have been noticed about drug addiction and children. First, juveniles are now utilising more potent narcotics than they were ten years ago. Second, youngsters may start taking drugs at a very early age. Children in primary schools have been revealed to be taking strong illicit substances. The use of these illicit substances, as well as the illegal use of legal substances, drives young people to commit crimes to earn money for drugs. Furthermore, when juveniles use drugs and alcohol, they are significantly more prone to participate in disruptive, hazardous, and unlawful actions.¹⁴

¹⁰ Chauhan (n 2)

 ¹¹ Honoria Guarino et al., 'Adverse Childhood Experiences Predict Early Initiation of Opioid Use Behaviors' (2021) 6 Frontiers in Sociology <<u>https://doi.org/10.3389/fsoc.2021.620395</u>> accessed 03 March 2025
 ¹² Kumar (n 1)

¹³ J. David Hawkins, *Delinquency and crime: Current theories* (Cambridge University Press 1996)

¹⁴ Kumar (n 1)

SUBSTANCE ADDICTION

Addiction is a chronic, sometimes recurrent brain disorder characterised by obsessive drug seeking and use, notwithstanding the severe effects on the addict and others around them. Addiction to drugs is a brain disorder because drug usage causes structural and functional abnormalities in the brain. While it is true that a lot of people's first decision to indulge in drugs is voluntary, as time passes, the changes in the brain induced by repeated drug usage might impair a person's self-control and capacity to make sensible decisions, while also sending powerful urges to take drugs.

Substance misuse has become a major global public health concern. According to the most recent World Drug Report 2022, around 209 million individuals used cannabis and 61 million individuals used opioids in 2020.¹⁵ The most often misused drugs are psychotropics, which alter a person's thoughts, feelings, and actions. These prescription drugs are commonly used to treat pain, anxiety, and insomnia.¹⁶ According to UNICEF estimations of 2002, roughly a hundred million kids live on the streets across the world, with India having the most street children. According to the World Health Organisation, almost ninety per cent of these street children take drugs. Globally, the issue has emerged as a major public health concern for the world's 30-100 million street children.

DRUG LAWS IN INDIA

Since independence, the Indian government has made significant efforts to address the abuse of drugs in the country. Prohibiting drug trafficking and addiction aligns with Article 47.¹⁷ The Indian Constitution prohibits the consumption of intoxicating drinks and drugs that harm health, except for medical purposes. Although it is sometimes contended that it is not enforceable in court since it is based on directive principles of state policy, the article has been applied by the authorities to frame criminal justice policies.

¹⁵ United Nations, World Drug Report (2022)

¹⁶ Putul Mahanta, 'Substance abuse and its medico-legal considerations' (2011) 2(2) Journal of Clinical Pathology and Forensic Medicine <<u>https://doi.org/10.5897/JCPFM.9000013</u>> accessed 02 March 2025 ¹⁷ Constitution of India 1950, art 47

Over the last 70 years, several statutes and national programs have been created and reshaped.¹⁸ Several initiatives, including innovative revisions to the enforcement, legal, and judicial systems, have gone into effect. The imposition of the death sentence for drug-related crimes has been a significant deterrent.

The Narcotic Drugs and Psychotropic Substances (NDPS) Act¹⁹ was passed in 1985, which forbids the manufacturing, cultivation, possession/use, trade, transportation, as well as storage of any narcotic substance. One of the most notable aspects of the NDPS Act is that not only is drug usage illegal, but so is having drugs.

The Act provides for a minimum sentence of ten years in jail, extendable to twenty years, and a fine of Rs. one lakh, extendable to Rs. two lakhs for violators. The Act was amended in 2014, and it contains measures for the seizure of properties generated from unlawful drug trafficking.²⁰ However, the stringent nature of the NDPS Act inhibits the possibility of rehabilitation of the minors who are under the influence of narcotics. The legislation criminalises the use of narcotics, which can lead to obstacles in recovery and a higher risk of relapsing into drug use after release from jail.

Other drug-related laws include the Mental Healthcare Act,²¹ which protects addicts from cruel, inhumane treatment in mental health facilities and the Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act of 1988,²² which provides for the full enforcement of the NDPS Act 1985.

Since drug-related offences are not considered significant crimes in other countries, they are not punishable by the death penalty. However, in India, the punishment for repeat drug traffickers continues to include the death penalty. Between 2008 to 2012, in February 2012, Paramjit Singh²³Omkarnath Kak,²⁴ and Ghulam Malik were convicted and sentenced to

¹⁸ Arpit Parmar et al., 'National Drug Laws, Policies, and Programs in India: A Narrative Review' (2024) 46(1) Indian Journal of Psychological Medicine <<u>https://doi.org/10.1177/02537176231170534</u>> accessed 02 March 2025

¹⁹ Narcotic Drugs and Psychotropic Substances Act 1985

 ²⁰ Dr. Sangita Laha, 'Substance Use and Abuse in India – A Comparative Study with Other Countries' (2016)
 2(7) International Journal of Arts, Humanities and General Studies

<<u>http://ijahms.com/upcomingissue/01.07.2016.pdf</u>> accessed 02 March 2025

²¹ Mental Healthcare Act 2017

²² Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act 1988

²³ Paramjit Singh v State of Punjab (2008) Crim Misc. No M-22137/2008

²⁴ Ibid

death by the Court after being found with a substantial number of narcotics for the second time.

These three examples have escalated the issue regarding giving the death penalty for the trafficking of drugs in the country. Following a constitutional appeal by two drug offenders condemned to death by NDPS special courts in 2011, India became the world's first court to overturn the legally mandated death sentence for drug-related crimes.

The Bombay High Court division bench ruled that Section 31a of the NDPS Act was invalid. However, the statute was not invalidated but rather read down, which implies that the earlier obligation to impose the death sentence on recurrent offenders was now rendered optional.²⁵ However, the Act fails to appropriately distinguish between addicts, minor peddlers, and drug traffickers. There is no distinction between the numerous crimes. The Act defines any unlawful drug activity as trafficking, and the punishment is severe.

The circumstances of the offence, the intention of the accused, and the judge's discretion, all of which serve as the foundation for determining an accused's guilt or innocence, have been eliminated with a single stroke. The judge must punish the accused with a minimum term of five years (in the case of Ganja) and ten years of severe imprisonment in other situations. The sentence cannot be reduced, commuted, or transferred. These provisions make the legislation extremely impractical. Because the majority of substance abusers come from rural or lowincome families, they are unable to pay penalties and are denied justice owing to a lack of legal representation.

According to research, many people convicted on drug charges spend years in jail before their cases are heard, which is a direct result of India's infamously sluggish legal system. In some cases, persons accused of small amounts of narcotics were finally acquitted after suffering years in prison. Extended jail sentences for low-level drug offenders pose more issues than simply the evident unfairness; they also boost the possibility of recruitment by criminal organisations.²⁶

²⁵ Shivani Bharti, 'Death penalty for drug crimes in India' (*iPleaders*, 20 September 2020) <<u>https://blog.ipleaders.in/death-penalty-drug-crimes-india/</u>> accessed 02 March 2025

²⁶ Joshua George and Ashwin Krishnan, 'Loopholes in the Narcotic Drugs and Psychotropic Substances Act, 1985' (2012) SSRN <<u>https://dx.doi.org/10.2139/ssrn.2021750</u>> accessed 03 March 2025

DRUG ADDICTION: RISK FACTORS

Genetics & Family History: Many people are raised in households where drugs and addiction are prevalent. Others inherited it from their parents, who misused drugs and passed the addiction on to their children genetically.²⁷ The likelihood of acquiring a drug addiction significantly increases if one's parents or grandparents have a history of drug misuse.²⁸

Environmental Cause: Environment-related factors pose a considerable risk for drug addiction. For children who have been ignored by their parents, a lack of parental monitoring in youngsters, particularly adolescents, can lead to drug addiction. Growing up in a family with a drug addict increases the likelihood that the child will also be confronted with drugs. Peer pressure is one more environmental aspect that might contribute to addiction to drugs.²⁹ Other environmental variables, such as poor socioeconomic status, troubled relationships, and anxiety, may all lead to drug addiction.

Psychological Cause: Psychological issues such as physical or sexual abuse, neglect from parents and friends, and violence at home can all contribute to mental strain, and some turn to drugs to relieve it. This drug abuse has the potential to develop into an addiction.³⁰ Other psychological factors, such as mental illness, a lack of connections in any societal setting, or incidents of trauma in early childhood, can also contribute to drug addiction.³¹

CRIMINALISATION OF DRUG USE

Criminalising drug misuse has negative implications, including difficulty with recovery and increased likelihood of relapse. The stigma connected with drug addiction, such as being an ex-addict, the necessity for housing and a job, and the needs of criminal justice monitoring, might lead to a desire to indulge in drugs again. Drug abusers are now treated for their drug

²⁸ 'What Are the Key Risk Factors for Drug Addiction' (*Healthcare Business Today*, 16 June 2022)
<<u>https://www.healthcarebusinesstoday.com/what-are-the-key-risk-factors-for-drug-addiction/</u>> accessed
03 March 2025

<<u>https://www.academia.edu/7547698/Drug_dependence_in_adolescents_1978_2003_A_clinical_based_obse_rvation_from_north_India</u>> accessed 03 March 2025

²⁷ 'Most Common Causes of Drug Addiction' (*HARCOURT*) <<u>https://harcourthealth.com/10-most-common-causes-of-drug-addiction/</u>> accessed 03 March 2025

²⁹ Ibid

³⁰ Baljeet Singh Saluja et al., 'Drug Dependence in Adolescents 1978–2003: A Clinical-based Observation from North India' (2007) 74 The Indian Journal of Pediatrics

³¹ Most Common Causes of Drug Addiction (n 27)

usage before being released from the criminal justice process; nevertheless, drug therapy is ineffective since drug awareness receives little to no attention. Because drug addiction is not recognised as a mental illness by India's criminal justice system, therapy for drug users is not guaranteed, as for other mental illnesses. As a result, drug addiction will always be stigmatised. Drug addicts' right to life includes the right to appropriate medical care so they can recover from their drug addiction. When it comes to public safety interventions for offenders whose unlawful conduct is directly linked to drug usage, punishment alone is a fruitless and insufficient reaction to drug misuse. The growing number of drug addicts in the criminal justice system necessitates treating it as both a crime and a mental health issue that may be addressed through appropriate treatment.³²

DRUG POLICY IN INDIA

In 2012, the Indian Government adopted a national policy on NDPS aimed at directing ministries, state governments, foreign organisations, and non-governmental organisations in combating the drug scourge holistically. The strategy emphasises the government's responsibility in treating, rehabilitating, and reintegrating drug users into society.

The policy outlines the responsibilities of various ministries in reducing drug demand. These responsibilities involve carrying out a national survey on substance abuse, providing training to doctors working in government hospitals, assisting other hospitals in establishing treatment and de-addiction canters, creating facilities specifically for female patients, creating minimum standards of care that de-addiction centres must adhere to, and requiring all government-run treatment facilities to offer rehabilitation and social reintegration schemes for drug abuse victims.³³

Substance Use, Criminality, and Juvenile: Although drug use may lead to addiction at any stage of life, the younger it begins, the more probable it is to escalate to more serious usage, which is particularly challenging for adolescents, since their brains are still growing in regions that drive decision-making, reasoning, and discipline, and the addiction make them more prone to risk-taking activities.

³² Namita Gupta and Raj Kumar, Human Rights, Youth and Drugs (Regel Publishers 2020)

³³ Parmar (n 18)

Adolescent substance addiction is not unusual in India. The use of opioids and cannabis is widespread, even in India. Commonly consumed substances include alcohol, nicotine, cannabis, and small amounts of tranquillisers and analgesics.³⁴ In an underdeveloped nation like India, the problem of teenage addiction to drugs is further complicated by issues of poverty, illiteracy, migration, and exploitation. Most drug users are between the ages of 14 and 15.³⁵ Street kids under the age of ten typically begin using cigarettes and other tobacco products, then move on to consuming alcohol, inhalants, and bhang.

Subsequently, many of them switch to using illegal narcotics like heroin, ganja, and other opioids. In research at New Delhi, which included 115 male street children between the ages of 6 and 16, it was found that over half of those surveyed had used drugs before coming into the observation home.³⁶ Another study conducted in North India found that the most commonly used primary class of drug was opioids, with heroin being the most commonly used opioid.

In one research study, 487 minors, ages 8 to 18, who were in the custody of the juvenile justice system, were chosen at random. Many youths participating in the juvenile justice system face a variety of personal, educational, and family issues. Substance abuse and criminal activity are linked. These are the key dependent variables, which undoubtedly overlap. The more the engagement in substance usage, the more serious the involvement in criminal behaviour, and vice versa. According to the survey, there is an increase in major crimes including rape, murder, and robbery among teenagers.

In the current sample, there were 37 adolescents found guilty of rape and 54 juveniles who committed murder. Young people who do not attend school or who drop out are more prone to become involved in delinquent/antisocial behaviour. This study suggests that drug usage has a direct impact on aggression and criminal conduct. Individuals with addictions to substances frequently commit crimes or commit violence to obtain drugs, such as robbery, theft, prostitution, narcotics possession, and selling.³⁷

³⁴ B.M. Tripathi and R. Lal, 'Substance abuse in children and adolescent' (1999) 66 The Indian Journal of Pediatrics <<u>https://link.springer.com/article/10.1007/BF02727172</u>> accessed 02 March 2025

 ³⁵ Ministry of Social Justice and Empowerment and United Nations Office on Drug and Crime Regional Office for South Asia, *National Survey on extent, Pattern and Trends of Drug Abuse in India* (2004)
 ³⁶ Ibid

³⁷ Shridhar Sharma et al., 'Substance use and criminality among juveniles-under-enquiry in New Delhi' (2016) 58(2) The Indian Journal of Pediatrics <<u>https://doi.org/10.4103/0019-5545.183791</u>> accessed 02 March 2025

The prevalence of psychoactive drug addiction is 25% in slum regions and 18% among college students. In both categories, tobacco was the most often abused substance, followed by alcohol.³⁸ Another research from New Delhi, comprising 115 male homeless kids aged 6-16 years, revealed that over fifty per cent of the individuals had engaged in drug usage before arriving at the observation home.³⁹

In another case study of a non-governmental organisation running a de-addiction centre in Delhi, informal conversations with juveniles, volunteers, psychological experts, and the incharge of the de-addiction centre revealed a strong link between drug addiction and delinquency, with the former potentially motivating criminal behaviour.⁴⁰

From the preceding discussion, it is clear that drug use has a direct influence on aggressiveness and criminal behaviour. Substance use has been linked to criminal activity, as seen by the high prevalence of substance use among the criminal justice community. Neglect and abuse by family members, violence at home, childhood trauma, and a lack of suitable education are some of the common variables that lead to both delinquent behaviour and drug misuse among juveniles.

Drug abuse or addiction at a young age is especially challenging for teenagers because it impairs their decision-making, reasoning, and rational thinking, making them more likely to engage in reckless actions. The more substance abuse occurs, the more significant the involvement in criminal behaviour.

SUGGESTIONS

1. Within the context of the criminal justice system, prevention refers to the entire range of actions done by individuals, voluntary organisations, and state agencies to either prevent or lessen the likelihood of criminal activity. A three-part typology of delinquency prevention – primary, secondary, and tertiary prevention – was devised by Brantingham and Faust.⁴¹

 ³⁸ KP Kushwaha et al., 'Prevalence and abuse of psychoactive substances in children and adolescents' (1992)
 59 The Indian Journal of Pediatrics <<u>https://link.springer.com/article/10.1007/BF02759995</u>> accessed 02
 March 2025

³⁹ Ibid

⁴⁰ Paul J. Brantingham and Frederic L. Faust, 'A Conceptual Model of Crime Prevention' (1976) 22(3) Crime and Delinquency <<u>https://doi.org/10.1177/001112877602200302</u>> accessed 02 March 2025
⁴¹ Ibid

The goal of primary prevention is to identify the social and physical environments that provide adolescents with the chance to commit crimes. Secondary prevention aims to identify prospective juvenile offenders early on and become involved in their lives in a way that discourages them from breaking the law. Timely identification, predelinquent screening, personal assistance, and community education, recreation, and counselling programs are a few examples of the preventive measures.

2. Providing high-quality educational and vocational opportunities is critical to lowering the likelihood of juvenile delinquency and drug addiction. Policymakers should endeavour to improve access to education, particularly for vulnerable populations, and expand the curriculum to cover practical skills, dispute resolution, and compassion training. Children prone to crime can benefit from vocational training programs by gaining useful skills that lessen their susceptibility to criminal activity.

3. Policymakers should concentrate on helping families and communities develop a supportive environment for children. This may be accomplished through programs like family therapy, parenting classes, and community-oriented support networks. Establishing social support networks can assist in tackling issues of abuse, abandonment, and broken family structures, which tend to be contributing causes to drug misuse and juvenile delinquency.

4. Current drug misuse legislation, such as the NDPS Act, does not include provisions for laws about juvenile delinquents who are addicted to drugs. To tackle the improper conduct of adolescents who are hooked on drugs, a new drug legislation specifically for juveniles needs to be introduced.

5. Customised therapies for adolescent offenders, tailored to their personal needs and circumstances, should be the emphasis of correctional facilities as well as rehabilitation programs. Access to education, vocational training, psychological care, and counselling are all vital aspects of successful recovery. Furthermore, it is imperative to undertake measures to facilitate the smooth reintegration of juveniles into society, thereby reducing the likelihood of recidivism as they grow into adulthood.

CONCLUSION

The study demonstrates a link between substance abuse and delinquency, with the former serving as a motivation for a variety of criminal activities. It is a well-established truth that drug usage has an impact on society as a whole and fuels an increase in criminal activity. Therefore, it is necessary to strengthen the NDPS Act, which gives the government the authority to set up centres for the identification and treatment of drug addicts as well as for regulating the supply of drugs, with the main goal of lowering drug demand, which will eventually lead to a decrease in drug supply.

Reforms are required to enhance the Juvenile Justice framework, making sure that it meets international standards while protecting the rights of juvenile offenders. Lawmakers should endeavour to create a more efficient and equitable mechanism that offers age-appropriate therapy and prioritises rehabilitation over punitive measures.

The family's cooperation is also necessary in the rehabilitation process, which proves challenging when family members are unwilling to spend time dedicating themselves to the drug addict's recovery. It is necessary to increase the community's capacity to cope with the challenge of addiction to establish an effective method of successful recovery for ex-addicted individuals.