



DRUG DE-ADDICTION AMONG CHILDREN

RELATED MEASURES AND LAWS

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This research paper written Nandini Agrawal, [Intern](#) at [Corpus Legal Jurist](#), Based at Ghaziabad, Uttar Pradesh, the Article deals with drug De-Addiction and their consequences among children.

Drug abuse or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain. There are over 190 million drug users around the world and the problem has been increasing at alarming rates, especially among young adults under the age of 30. Therefore, the campaign for drug deaddiction must be taken seriously into account and to support the same there are several measures and laws which are made by government in order to help resolve the issue of drug addiction especially and majorly among teenagers. The Ministry of Social Justice and Empowerment, Government of India, addresses the prevention and rehabilitation aspect of substance use through the establishment of “rehabilitation centre’s” run by nongovernmental organizations. The Drug De-addiction Programme (DDAP) was also another stepstone which was initiated in 1988 under the Ministry of Health and Family Welfare, Government of India, and was mandated with provision of treatment for SUDs (Substance Use Disorder). The Constitution of India, under Article 47, enjoins that the “state shall endeavour to bring about prohibition of the consumption of intoxicating drinks and drugs, which are injurious to health” and this can be mainly done through reduction of supply and demand of drugs.

Now the world is changing, and it is proved by many facts and surveys that the incidence of drug abuse among children and adolescents is higher than the general population. In India an NGO survey revealed that 63.6 % of patients coming in for treatment were introduced to drugs at a young age below 15 years. According to another report 13.1% of the people involved in drug and substance abuse in India, are below 20 years.

Delhi is one of the highest reported states in drug abuse cases among adolescents. The highest proportions of heroin abusers were found in Delhi (44.0%) and also according to the 2011 Census, Delhi’s child, and adolescent population (0-19 years) was 62.3 lakh, out of which 33.4 lakh were male. Although it is complex to find the accurate data, a recent study in 2015 was done by Delhi state legal service authority and it was found that 36% of children used substances for intoxication. Even children under 10 years (17% of the sample) had started taking drugs. The 2015 DCPCR study found that the mean age of street children in Delhi taking drugs was about 13 years (range 10-17 years) whereas the age of initiation into drugs could be as low as 5 to 7 years (the mean age being 9 years).

To talk about how these addictions really effect the behaviour as well as lifestyle of a child, it can take serious twists and turns like Unhealthy behaviour’s such as smoking, drinking, and illicit drug use often begin during adolescence are closely related to increased morbidity and mortality and represent major public health challenges. There could be some clinical manifestations or behavioural changes that can be seen in adolescent’s who are drug addicted and that includes acting withdrawn, feeling tired frequently, depressed, poor grooming, absenteeism of school and family events, alteration in eating and sleeping habits and deterioration in family and peer relationships also including behaviour’s leading to juvenile delinquency. Other changes such as engaging in risky or self-destructive behaviour, giving away belongings, developing personality changes, becoming extremely worried or disturbed or being severely anxious or agitated can be seen as some typical warning signs and actions

could be taken immediately for those children in need by sending them to rehabilitation centres or giving family, behavioural therapy, motivational approach, detoxification etc.

There are many risk factors which push children into these heinous acts which of those are childhood maltreatment (including abuse and neglect), parental or familial substance abuse, marital status of parents, level of parental education, parent-child relationships, physical and sexual abuse, emotional abuse, neglecting child's needs and other social risk factors such as deviant peer relationships, peer pressure and popularity, bullying, gang affiliation and others. Even some individual risk factors are also major cause for such actions of teenagers such as Attention Deficit Hyperactivity Disorder (ADHD) and depression.

We need de-addiction centres in every nook and cranny of the country, but because of several limitations and drawbacks it becomes difficult to provide for those in need as well as those in conflict with law. To support this argument a few people were asked about their views on the accessibility provided by certain de-addiction centres.

One of the person I talked to stated and I quote "That although the fee was decent the services, maintenance of the rooms as well as quality of food was not good and because of that they had difficulty finding a proper rehab centre", while another who interned at one such centre told that some of them were expensive and because of the scarce availability of the centres as compared to the plentiful amount of people in need of it, these centres are becoming more and more inaccessible. Some of the basic but most heard feedbacks were that they lack in providing basic facilities like that of hot water, transportation facilities and also that although many meetings were conducted, and rules were made still they failed to improve things and take it to substandard quality. On the contrary, some people had great review about the de-addiction centres as they mentioned that there was in house hospital facility (other rehabs usually send the patients to outside hospitals), focuses on ensuring that the environment that the addict lives in is stress free, and the members know how to deal with future addiction instances and also that some of the centres focuses on engaging the patients into physical training, vocational as well as occupational activities etc.

Who are children in conflict with law and children in need?

'Juveniles in Conflict with Law' refers to any persons below age of 18 years who comes into contact with the justice system as a result of being suspected or accused of committing crime (*as per ncrb.gov.in*) and also as per defined under Section 2 (13) of the Juvenile Justice (Care & Protection of Children) Act, 2015. Children in need means any child who has difficulty in achieving or maintaining a reasonable standard of support, care, proper health because of lack of facilities (for example disabled or drug addicted adolescents). Every child who comes in contact with the juvenile justice system is a child in difficult circumstances who has fallen out of the protective net at some point and has been robbed of an opportunity of a safe and secure childhood. First and foremost, reform and rehabilitation and not punishment are the guiding principle of the Juvenile Justice (Care and Protection of Children) Act, 2015. The Act provides that children in conflict with law and children in need of care and protection are to be catered for their basic needs through proper care, protection, development, treatment, social reintegration, by adopting a child-friendly approach in the adjudication and disposal of

matters in the best interest of children and for their rehabilitation. Government have taken several measures for children in need and care as well as children in conflict with law through state and district levels.

To take some as examples are the Prayas Observation Home for Boys (POHB) that runs the 'Yuva Connect Aftercare Programme,' which provides vocational training and effective social re-integration of children in conflict with law. It is a project for youth in need of social integration and rehabilitation of CCLs who are about to leave or have left POHB in **Delhi**. The state is required to frame a policy with proper financial back-up to strengthen the initiative of NGOs involved in such projects. Some steps taken for CNCP (Children in need of care and protection) by Delhi Government are, like a Police Officer dealing with CNCP should strictly follow the provisions of Juvenile Justice (Care and Protection children) Act, 2000, Amendment Act 2006 and Rules 2007, other institutions such as Child Welfare Committee (CWC) have been formed. The police in charge should provide the child with all facilities and if a kid from outside Delhi is found then they should be immediately taken to their respective districts police station once found.

All in all, Delhi government has established an integrated multi-purpose centre to combat substance and drug abuse in the capital. It aims to create awareness and educate people about the ill-effects of alcoholism and substance abuse and provide a range of community-based services for identification, motivation, counselling, and de-addiction, after care and rehabilitation.

To throw some light on the issue of why or why not there should be different rehab/ de-addiction centres for children and adults, there are few arguments to support both. First to say that children and adults have different mindset and because of that they need different level of support, facilities/arrangements, environment around them to help them get back integrated into societies, whereas adult need a more rigorous way of training. Adults having more disposable income and can readily purchase more intense and corrosive drugs, unlike children that tend to be limited to cheaper alternatives (hash or weed). This change in type of drug and dosage can result in more manic and extreme withdrawal symptoms, which a child should not be exposed to at such a tender time. Moreover, if children witness adults make such mistakes- who are supposed to be the responsible, wise, mentor- it may provoke them to not get better as they think that if an adult can do it, why cant I?

Although, on the other hand, being in an all age centre might be helpful for those misguided youth, by finding helpful mentors to guide and advise them in live and give a hopeful picture of the future and reintegrating them back into mainstream.

To conclude there is a significant and urgent need for de- addiction centres, especially in and around metropolitan cities such as Delhi. With the concerning growth in supply and demand for drugs in the adolescent age group, it is critical that such centres be easily affordable and accessible to reach and provide service to people of each and every class, and not just the affluent or upper middle class. The implementation of de-addiction centres for consumption of drug and alcohol, will also improve the taboo surrounding these topics and open them up for discussion making more of the general public rather than just the concerned few. This will further help spread awareness and information for the same, and hopefully with the help of the

government led initiatives, lead to a decrease in the number of 'known' affected children, a brighter future for not just us but the future generations.