

THE DRUG ADDICTION IN JUVENILE DELINQUENTS – A CASE STUDY



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Abstract:

Substance abuse and criminal behavior are intimately linked. The magnitude of drug addiction may be associated with the severity of the criminal behavior and violence. This relationship is more serious and alarming in case of young population. The present study was conceptualized to get a better understanding of the phenomenon of drug addiction and juvenile delinquency in young population through a case study in a NGO De-addiction center dealing with juveniles in Delhi. Semi-structured interviews were conducted with the juveniles, volunteers, mental health expert and the branch project in-charge of the center. Detailed field observations were recorded in three field visits with the team of researchers. A theme-based analysis of the data indicated that there is a complex relationship between drug addiction and juvenile delinquency with diverse implications for the psychological, socio-cultural and policy realm. The efficacy of therapeutic interventions at the NGO was also assessed. A representative model was constructed to represent the journey of the juvenile from entry to the exit. It revealed that multiple factors play a role in initiation, perpetuation and escalation of drug use, abuse and criminal behaviour. The paper describes these findings in detail.

Key words: Juvenile delinquency, drug addiction, rehabilitation, therapeutic interventions

Introduction

Drug Addiction in Juvenile Delinquents - A Case Study

The researchers of this case study were inspired to carry out this study after watching a YouTube video by the name of 'kamlesh soluchan' uploaded for the first time in 2012 shot in Connaught Place, New Delhi. It is a short interview of a scrap picker named Kamlesh aged 13 years who admitted being addicted to multiple drugs starting from nicotine (beedi and cigarettes), alcohol, weed, hash, opium, heroin and inhalants. He spent most of his earnings on drugs and mere rupees 20 on his diet. He perceived that there was no advantage in trying to give up the drug as he slept well and remained in a blissful state most of the times. He had no major ambitions in life. When the interviewer asked if he wished to go back to his hometown, he simply refused since his mother would not allow him to use inhalants and do drugs. He had a carefree attitude towards death and did not care even if he died very soon. Many viewers can find the video disturbing because it is presented as a humorous satire but highlights a very critical problem, plaguing the world.

Menace of drug abuse

Drug abuse is a devastating menace to human life, affecting not just the individual but their friends, family and many other people involved whether directly, indirectly or circumstantially. 356 million Indian youth are facing a surge in rates of drug abuse and crime. As reported by the NCRB, rates of juvenile delinquency increased by 2% from 2018-19 wherein 75.2% of all juveniles delinquents were aged 16-18. With a share of 8.6% in all-India juvenile crime, Delhi stands as the third largest contributor despite having a considerably lower projected population of children (56 lakhs) as compared to majority of Indian states (National Crime Records Bureau, 2019).

Coupled with this is another worrisome fact; most drug abusing youth involved in crime come from an underprivileged background. Delhi alone has an estimated 1 lakh or more street children (Naik, Bansode, Shinde, & Nirgude, 2011), with 4 to 8 lakhs being the total estimate for the entire nation given by UNICEF (Chatterjee, 1992) – which rose to 2 million in 2009 according to a study by Save the Children, India (Kanti, 2018) and substance abuse is reported as a major health problem in this segment of the population. According to information given by the Ministry of Social Justice and Empowerment in 2017, more than 90 percent of street children in Delhi-NCR are addicted to drugs (Shakil, 2018). The psychiatry department of IHBAS (Institute of Human Behaviour and Allied Sciences) in Delhi estimates that over 87 percent of the total examined adolescents had a history of drug abuse, while a report by the DCPCR (Delhi Commission for the Protection of Children's Rights) on substance abuse by children found that 100 percent of children in conflict with the law were drug abusers in 2015 (Sharma, 2016). These statistics reflect an alarming situation about the link between drug abuse and juvenile delinquency in the Indian context.

A survey conducted by the Society for the Promotion of Youth and Masses (SPYM) and the National Substance Dependency Treatment Centre (NSDTC), AIIMS, New Delhi, in 2015 in Punjab, where 2,32,856 drug abusers were identified in 10 districts, is a horrifying example of a long ignored drug abuse crisis caused by a combination of such socio-environmental factors- ongoing agrarian crisis in the state coupled with easy availability of narcotic substances, a profit nexus between drug associations, organized crime, politicians and legal set-up, police and a lack opportunities for profitable jobs (Phukan, 2018).

Etiology

Juvenile delinquency and drug abuse have a multi-faceted and overlapping etiology which includes familial, social, psychological, environmental and economic factors (Jenkins & Zunguze, 1998; Noyori-Corbett & Moon, 2010). Social factors such as the culture, neighbourhood and family play a vital role in initiation, perpetuation, and even escalation of drug use and criminal behaviour in an individual. Family structure and functioning; broken homes, absent or problematic interpersonal relations, lack of balanced parenting, lack of guidance, economic instability, substance abuse or addiction in the family or among peers, access to addictive substances and exposure to physical, sexual, emotional abuse or trauma violence and peer pressure can lead to and perpetuate juvenile delinquency (Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg, 1997).

High stress and personality traits like high impulsivity or sensation seeking, depression and anxiety are some psychological factors that can lead to usage of substances and criminal behaviour. People who develop substance use disorder have excessive dependency which might get reinforced initially because it reduces tensions and raises spirits. Linked to this reduction is the expectancy that drugs will be comforting and helpful due to which their use persists. A positive relationship between hyperactivity, concentration or attention problems, impulsivity and risk taking and later violent behaviour has also been reported (Hawkins, et al., 1998).

Types of substances

Despite such a detrimental impact, the storehouse of substances abused everyday has expanded and metamorphosed into various types, six of which are as follows:

Alcohol

A cultural staple in many countries, its excessive intake serves as the introductory step to misuse of many other substances. Of the total 14.6% of Indian population that consumes alcohol, 1.3% are youth between 10-17 years of age (Ambekar, et al., 2019). Overdrinking has several short and long term impacts on cognitive, psychological and biological functions such as lowered inhibitions leading to poor judgments, trouble in concentrating, coordinating, perception (especially vision), trouble learning, mood changes, slowed reaction times, difficulty remembering, confusion and loss of consciousness, depression, diminished gray and white matter in the brain, memory loss, stroke, high blood pressure, irregular heartbeat, liver fibrosis and throat, mouth, breast and liver esophageal cancer (Monico, 2020). Long-term effects include conditions such as disruption of person's job performance, personal relationships, legal issues etc.

Nicotine

Nicotine is another legally available substance used on a daily basis by 24.9% (232.4 million) of Indians aged 15 and above as reported by the Ministry of Health and Family Welfare through the Global Adult Tobacco Survey or GATS 2 (TISS, 2016-17). It is mostly consumed through chewing of khaini, gutka, zarda and smoking of beedi and cigarettes. Non-smokers have to face its ill-effects since they are often forced to inhale passive smoke. Many smokers report arousal, relaxation and perceived stress relief due to smoking however it puts people at high risk of developing various health complications such as chronic bronchitis, peptic ulcer disease, stroke, diabetes, heart diseases and loss of sense of taste or smell in the long run. Once dependence sets in, withdrawal from nicotine causes symptoms such as headaches, drowsiness, nausea, sleeping problems, excessive weight gain or loss, concentration difficulties and mood swings.

Cocaine

Cocaine is a status symbol in India, has a high price tag and is famous among rich urban elite Indians. Cocaine addiction develops swiftly and can create psychological dependence greater than any other drug. Other stimulants such as LSD and ecstasy are used increasingly as part of "rave"

parties. Short term effects of such stimulants include increased heart rate, constriction of vessels causing cardiac arrests, suppression of appetite and prevention of sleep. It also elicits positive moods, makes person friendly, energetic, and produces brief sense of euphoria. Withdrawal may lead to dizziness, confusion, panic states, irritability and depressed mood. It's long-term effects however include the disruption of occupational and social roles, heart problems, respiratory effects, digestive problems and long term usage may lead to onset of psychosis, increase in violent behaviour, depression which may cause suicidal tendencies(NIDA, How does cocaine produce its effects?, 2020).

Heroin

Heroin is a type of opioid that can be injected, sniffed, snorted or smoked (also known as Chitta, Brown sugar and Smack). Based on a survey by NDDTC and AIIMS, 77 lakh issue opioid consumers are reported to be in the country as of 2019 (Ambekar, et al., 2019). Heroin binds to opioid receptors in the brain and body that send a surge of dopamine and intense pleasure through the body, much like other opioids. Dry mouth, nausea and vomiting, extreme itching, and clouded thought are among its short-term symptoms. A very strong dose can interfere with breathing and lead to death. Insomnia, heart infections, liver and kidney failure, collapsed veins, depression, and extreme addiction are among its long-term consequences. Addicts to heroin are much more likely to die from AIDS, aggressive actions, suicide, etc. As reported by Punjab Police in 2018, despite its high price heroin is abused widely regardless of class and income in Punjab since many turn to peddling as a source of income while others steal to sustain their habit. (BBC India, 2018) This also reflects on the severe life conditions faced by farmers in India.

Cannabis

Cannabis in both its legal form (bhang) and illegal forms (charas/hashish, ganja) is the second most commonly consumed substance (after alcohol) alongside opioids in India. About 3.1 crore individuals (2.8% of the population) reported use of cannabis product in 2018 (Ambekar, et al., 2019). Depending on the duration of use and the individual, the impacts of cannabis usage vary. Short-term effects can include feeling a sense of happiness and well-being, relaxation, talkativeness accompanied by need to munch on something. Withdrawal may cause difficulty sleeping, anxiety, depressed mood, irritability and restlessness. It may cause lapses in memory, concentration problems, trouble in retaining and organizing information.(National Health Service UK, 2017).

Inhalants

Inhalants are volatile chemicals that have psychoactive/mind- altering properties and are consumed through inhalation. Categorizing them is difficult since such chemicals are present in a variety of products such as correction fluids, glues, sprays and other industrial/household items. As a result, the abuse of inhalants is worst amongst children and adolescents, who are able to access these chemicals way more easily and at cheaper rates than any other drug. At the national level, approximately 58 lakh children and 18 lakh adults need help for their problematic inhalant use

(Ambekar, et al., 2019). The mind- altering effects of inhalants are very strong, setting in within seconds of inhaling. Slurred speech, dizziness, unconsciousness, hostile behaviour, impaired judgement and severe headaches are some of the symptoms that surface during or a very short while after use. Long term use can irreversibly damage organs like the liver, heart, lungs, bone marrow severely, result in hearing loss and death from heart failure or asphyxiation(Elkins, 2020).

Consequences of Drug Addiction

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

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

Treatment

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

The initial step of treatment is usually detoxification. This requires the removal of material from the body and constraining withdrawal responses. As per the drugs they used, detoxification is hard for many people. Withdrawal effects may be more physical or mental depending on the substance. Detoxification also involves medications that replicate the effects of drugs to reduce withdrawal symptoms. Medicines can also treat co-occurring diseases or overall discomfort.

While recovering from a drug-related disorder and its associated complications, a person may take medication on a daily basis. However, during detoxification, people frequently use medication to control symptoms of withdrawal. The treatment may differ depending on the substance to which the individual is addicted.

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

Juveniles who continue to abuse substances are also more likely to pursue their crime careers. The drug-crime cycle reflects that substance abuse and crime similar risk factors (Chassin, 2008). A study by Plattner, Giger, Bachmann et al. (2012) too found rates of psychopathology to be high in detained juveniles which suggests that the same cycle of drug abuse and crime was at play among juveniles.

To pay for their habit of drug use, addicts turn to violence. Drugs reduce restraint and weaken judgement that can lead to violence. It is a vicious cycle. In addition to impacting financial stability, addiction raises tensions and causes any member of the family untold emotional pain. The loss in terms of human potential is incalculable, with most drug users being in the active age group of 18-35 years. The damage to the physical, psychological, moral and intellectual growth of the youth is very high (Nadeem, Rubeena, Agarwal, & Piyush, 2009).

Chassin (2008) focused on the high prevalence in the criminal justice system of drug use disorders among young offenders and on attempts by the justice system to provide care for these disorders. A lack of aftercare services and a lack of coordination of services in the juvenile justice system indicate the need to establish models of treatment that incorporate and organise multiple services for adolescent offenders, particularly community-based approaches, both during and after their justice system involvement. Malhotra, Sharma, Ingle, and Saxena (2006) in a study carried out in Delhi, showed that peer groups and media were chief etiology for initiation of drug use and criminal activities and it progressed gradually from tobacco and alcohol use to other drugs.

Sharma, Sharma, and Barkataki (2016) conducted a study in New Delhi to find a correlation between substance use and criminal behaviour in juveniles. Results showed that greater the substance abuse, the greater the criminality and violence; drug-crime relation was observed among use of cannabis with murder, inhalants with rape, and opioids with snatching related offences. Hansraj Gangaram Ahir, the Indian union minister of state for home stated that 2499 crimes were committed by juveniles in 2016, an increase of 133 cases as compared to the previous year -with a significant increase in the number of women centric crimes and vehicle thefts (Javaid, 2017).

The review of literature clearly established the link between crime and drug addiction which is on the rise amongst juveniles in the country. NGOs have an especially important role to play in the prevention, treatment and rehabilitation process of drug abusing juvenile delinquents. Few studies had been conducted on the role of NGOs and rehabilitation centre on the theme of drug addiction and juvenile delinquency. In view of the above discussion, the present study was conceptualized to study the theory and practice interface on the problem of juvenile delinquency and drug addiction in an NGO setting. The following objectives were proposed:

- To understand the causal factors leading to the problem of juvenile delinquency and drug addiction
- To explain the role of non-governmental organizations in addressing the problem of juvenile delinquency and drug addiction.
- To understand the role of caregivers and school system in dealing with juvenile delinquents and drug addicts.

- To understand the treatment methods used with drug addicts and juvenile delinquent in NGO setting.
- To understand the process of rehabilitation and relapse.
- To understand the role of legal system in dealing with juvenile delinquency and drug addiction.

Method

Participants

A NGO dealing with juvenile delinquents and drug addiction was selected for the case study. The organization provided an opportunity to interact with a sample of 100 male juvenile delinquents, aged 7-18years. In-depth semi structured interviews were conducted with 3 juveniles, 3 reformed juveniles (referred to as volunteers in the NGO) project manager and counsellor separately.

Design

In-depth case study in the NGO setting was conducted spanning over three field visits.

Tools used

Four semi-structured interview schedules were constructed to collect data from juvenile delinquents, volunteer, project manager and counsellor. Data collectors also actively interacted with the 100 juvenile delinquents the details will be shared in a separate paper.

Procedure

Data collectors and three faculty supervisors conducted three field visits. The purpose of the case study was to understand juvenile delinquency and drug addiction, their underlying causes and reformatory processes in male participants. Permission for the field visits, interviews and interaction was taken from the concerned NGO in accordance with APA ethical guidelines. Interviews were semi-structured, the questionnaire was constructed and finalized with the help of three faculty supervisors. All the data collectors were assigned specific roles. In all the three field visits the project manager briefed the entire team about the whole institution's functioning; the judicial procedure followed for admitting the delinquents and the reformatory processes used. They visited the relevant sections of the organization and were explained day to day routine of the juveniles. All data collectors took detailed notes of the entire experience which were collated in several sessions after the field visits.

Results

Table 1, 2, 3,4 and 5 depict the themes analysed from the interviews. Table 1 represents themes emerged from the juveniles' interview.

Table 2 represents themes which emerged from the volunteer's interview.

Table 3 represents themes from project head.

Table 4 represents themes from counsellor's interview.

Table 1:*Themes from the juvenile's interview*

<i>Themes</i>	<i>Definition</i>	<i>Verbatim Evidence</i>
1. Family Dynamics	The juvenile's life prior to coming to SPYM and the role of family	"My father used to say let's drink alcohol together, don't to smack. But that was not enough for me." "My elder brother use to abuse drugs. He was the reason why I experimented with drugs."
2. School System	General attitude towards the conventional schooling system	"Studying used to bore me out of my wits. My heart never stayed in studies." "I never adjusted in school. The teacher use to beat me in front of everyone in the class."
3. Relationship with friends	Role of peer group in the initiation of drug use	"I was 8 years old when I stole my father's cigarettes... because smoking them felt so good. Then I started meeting, spending more time with my friends and that's when I started taking drugs. They used to take them too. Then we met more people who used to do drugs so we gradually got into it."
4. Substance abuse & criminal history	Past history with drugs and crime	"I got caught stealing..." "I've done everything... cannabis, heroine, weed/marijuana; smoked cigarettes as well of course and did rings too."
5. Emotions linked to theme 4	Emotions of the juvenile when he started using drugs and later when he thought of quitting	"Initially I used to really like the feeling of being high. But when the frequency of drug intake increased, I started feeling guilty about it. I started praying to God because I felt like I was destroying my life. I used to think about quitting but I was so used to doing drugs that I couldn't stop. Since I was unable to do anything, I would run to go buy drugs again."
6. Life at the NGO	Day to day life of juvenile	"They don't torture us here unlike other places where they wouldn't even let us see the daylight... the focus is on education here." "I have come here to change myself." "I feel better clean and cared for."
7. Transformation	Change perceived by the juvenile	"A man is known by the company he keeps, you must've heard? He becomes similar to the kind of people he is around... so I don't meet those old friends anymore." "I definitely feel a positive change." I like the security."
8. Hope	Future expectations after leaving the NGO	"I want to change myself now... that's why I wouldn't want to do drugs again." "I also want have a normal life. I want to live long."

Table 2:*Themes from the project-in-charge's interview*

<i>Themes</i>	<i>Definition</i>	<i>Verbatim</i>
1. History of abuse and crime	An overview of the past of the volunteer with special focus on drug abuse and crime.	"I began at around 8-9 years of age. Everyone around me used to do drugs. There isn't any type of drug that I haven't done. I began with weed and fluid (whitener solution)."
2. Influence of family	Role family played in etiology of drug and crime.	"No, my family members didn't know. They found out very late; only once I came here." "My father was a wife beater. It had a very detrimental influence on my life."
3. Influence of school	Role played by peers, teachers & other stakeholders in juvenile's introduction & perpetuation into drug addiction & crime.	"Yes, my friends in school used to do drugs, that is how I started too. We used to run away from school and no one would find out...where we went, what we did. They were that careless probably because it was a government school."
4. Criminal history	Volunteer's involvement in any crime before he came to this institution	"Yes, I've stayed behind bars for many years. I've also been held in Tihar jail for 6 months. Once I had set fire to a tent at school...I even smashed the principal's head." "In the past when I used to do drugs, whenever there would be a burglary anywhere, the cops would pick me up as a suspect automatically."
5. Transformation	Physiological and psychological changes felt by volunteer during treatment and relapse episode if any.	"Before I came here, I had lost all track of time; didn't know whether it was day or night...all I could think of was wanting to do drugs. Now I do everything on time, even if I sleep at 3 in the night, I automatically wake up at 5am."
6. Role of the institution	Volunteer's involvement in the institution and his perspective about the treatment provided here. Contribution of the organization in his reformatory process.	"The treatment here is very good. They should conduct more activities here, perhaps they could teach us more skill sets, things like mobile repairing perhaps...for now, they only train us as plumbers and electricians." "Now I like life a lot. I feel happy about how I've transformed from what I used to be when I first came here...how I've reformed and changed now."

Table 3:*Themes from the project-in-charge's interview*

<i>Themes</i>	<i>Definition</i>	<i>Verbatim</i>
1. Institution history	A brief history of the institution	"The said organization primarily started with the aim of rehabilitating juvenile delinquents but later on due to co-morbidity of delinquency and drug addiction the focus shifted to drug de-addiction also."
2. Background of the inmates	Background details	"Most of the inmates here are street children who come from a low socio-economic background. However, there are a few children who are from well off families."
3. Activities	Daily routine of the inmates and the additional tasks they are supposed to perform	"The inmates are supposed to follow a strict time-table throughout the day which consists of daily essentials and different activities like yoga, meditation and different types of sports. Some activities are done every day at the same time so that they develop good habits and follow them throughout their lives"
4. Interventions	Actions performed to bring about change in people	"The center follows a 90 days program wherein the first month is for reformation, second for rehabilitation and third for reintegration."
5. Obstacles	Difficulties faced while implementing the program	"We've faced extreme financial crisis in setting up this organization. The government has not provided the grant for our project for more than 4 years." "A crucial problem faced by the organization is the relapse of the problem in the juvenile delinquents when they get into their original surrounding."
6. Reformation	Number of successful reformation of juveniles	"Around 1650 inmates have been reformed and resettled in their lives till now."

Table 4:*Themes from the counsellor's interview*

Themes	Definition	Verbatim
1. Academic Background	Details of counselor's qualifications and experience	"I have completed my B.A. Philosophy, M.A. Psychology from IGNOU and done a drug de-addiction certificate course"
2. Motivating Factors	Inclination towards the cause	"My husband has been struggling with alcohol addiction for the past 30 years."
3. Counseling Schedule	Counseling sessions held for the inmates	"Individual and group sessions are conducted for 45minutes to 1 hour. There are 10-15 boys in a group. Each inmate receives 2-3 individual sessions in 90 days stay at NGO. Otherwise all are free to visit anytime".
4. Interventions	Steps taken to create a conducive environment for counseling	"A particular strategy used to help the inmate open-up, is OARS (Open -ended questions, Affirmation, Reflective Listening, Summarize)."
5. Therapies	Therapeutic methods used by the Counsellor	"Therapy is based on Cognitive Behaviour Therapy, but gets modified as per requirement. Group sessions include workshops on, Problem Solving, Decision Making and Stress Management and in individual sessions personal facts about the child are uncovered".
6. Diverse response to treatment	Varied individual responds to the three month treatment process	"One of them is a great artist and painted the walls with colorful designs." "Another boy is great at rapping, he wrote a song for his mother and performed it in front of everyone." "While there was one child who got released at 4pm and at 6pm sent pictures of himself holding drugs, to a volunteer; mocking him and using abusive language."
7. Challenges	Difficulties encountered during counselling sessions	"Juvenciles are initially resistant, there are 2 stages, pre-contemplation and contemplation. Especially in pre-contemplation stage there is a lot of resistance."
8. Reinforcing rehabilitation	Steps taken to strengthen rehabilitation once the inmate has left the institution	"Since there is no way to tell how they will behave when they have easy access to drugs, juveniles are advised to come for monthly check ups and sessions if they're having difficulties."
9. Personal well being	Managing their own mental well being	"The more you suffer, the more you learn, the stronger you become." "With the good comes the bad; people who grill you the most, teach you the best" "The best is yet to come, and it will come, it will."

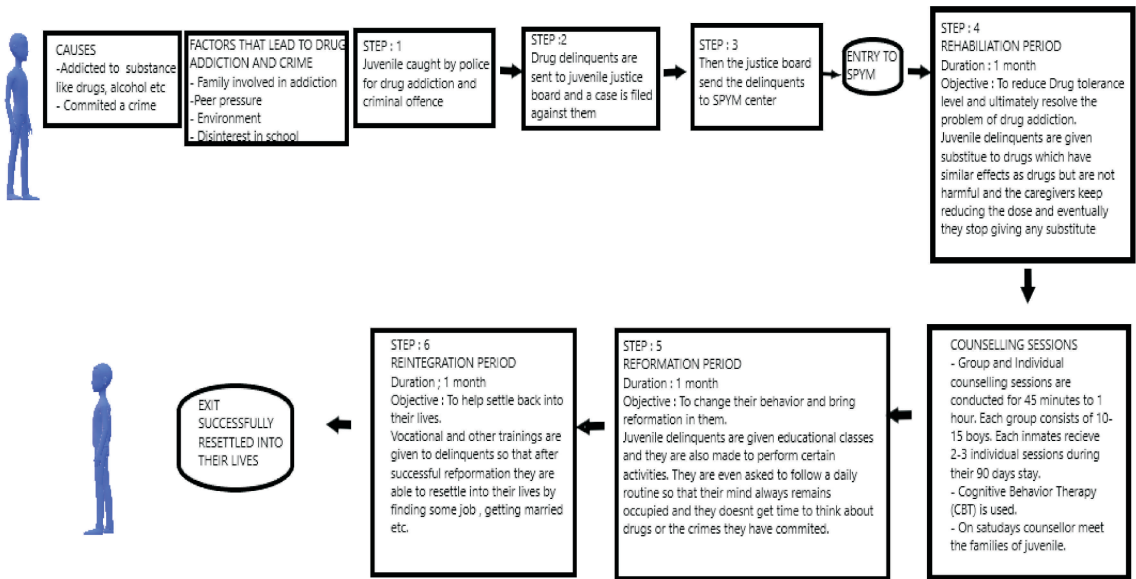


Figure 1. Successful reformation of juvenile delinquent- An Illustrative Model

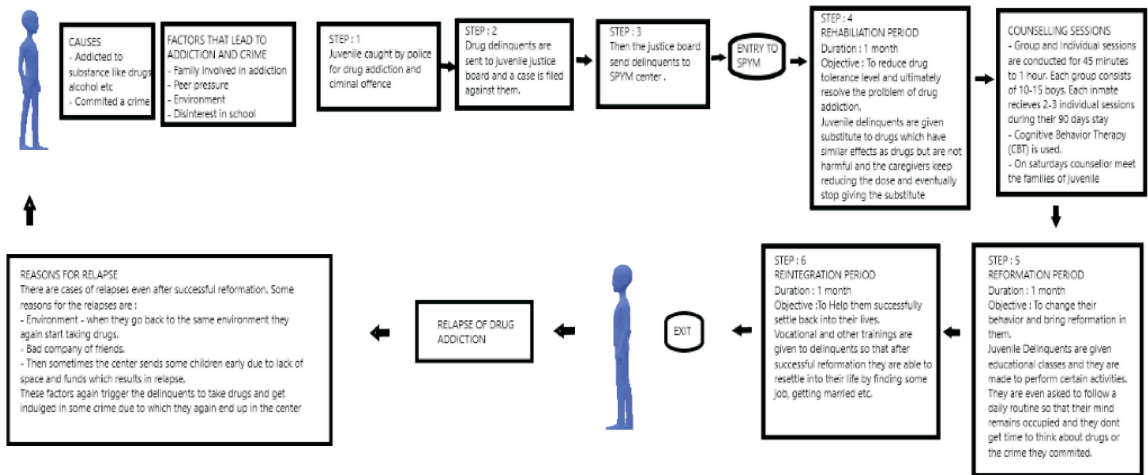


Figure 2. A relapse of juvenile delinquent into drug addiction- An illustrative model

Discussion

The aim of this study was to study drug addiction in juvenile delinquents. The objectives of the study were to study the link between theory and practice and to understand the functioning of the organization and its role in dealing with the problem of juvenile delinquency and drug addiction. For this purpose, the counsellor and project manager were also interviewed alongside the juvenile and volunteer.

The following account of juvenile's interview (Table 1) is based on the themes namely- Family dynamics, School system, Relationship with friends, Substance abuse and criminal history, Emotions linked to crime and abuse history, Life at NGO, Transformation and Hope. The analysis of juvenile's interview shows that prior to coming to the NGO, he lived in Delhi-NCR with his family. His family belonged to a low socio-economic background: his mother worked as a nurse, father- as a goldsmith, elder sister and a younger brother were both studying; in college and class 8th respectively. He was the closest to his mother (who also influenced his future aspirations- he wished to be a doctor as she was a nurse). However, the same cannot be said for his father. He first began substance abuse by stealing his father's cigarettes, and used to run away from home due to his father, who was an alcoholic and verbally abusive. His father beat him when he found out about his son's addictions and encouraged him to "stop drugs and drink alcohol instead". His parents were the one who first found out about his addictions and tried sending him to private rehabilitation centers. He was still in touch with his family, and wished to go back home.

In most cases, the precipitating factors of drug abuse appear to be adverse home and social environment, where the parents were either abusive, or working- which might be suggestive of neglect faced by the child.

The education system failed to keep children on the right track. Interaction with the juvenile revealed that he disliked authority as well as following schedules. He also displayed an aversion towards the conventional schooling system- he stopped studying after class 5th and even when he did attend school, he used to run away- stating he disliked studying. His family did insist on his schooling, but he did not pay heed to them. Even at the NGO, there wasn't any particular subject that had caught his interest, although cooking was an exception (he was genuinely engaged while talking about what all he knew how to cook). He liked to play, saying he enjoyed badminton (here at NGO), however he digressed to negative behaviour.

His friends/peers exercised a major influence on his life choices, and were a major reason for his current condition. While the juvenile's substance abuse started with cigarettes, he began using drugs after meeting his associates at the time. He was the youngest member of the group, and it is in their company, that he progressed to committing theft and burglary. They used to burglarize homes together to buy drugs. He himself successfully convinced some of his friends to take drugs. Prior to NGO, his friends also used to attend his court hearings, and then he, along with them, use to get intoxicated. However, after coming to NGO, he no longer was in touch with them. He has also made various new friends here, and was quite happy with them.

The juvenile's account demonstrated the extent to which one's peer group could influence a person's addiction especially an adolescent's. Relationship between the juvenile delinquency and drug addiction can be understood by the following series of events. The juvenile started smoking cigarettes he stole from his father at the age of 8 years. He used to consume alcohol too, and used to even drink with his father and uncles. While his father encouraged him to abuse alcohol and not drugs, it wasn't enough for him. He had an extensive history of substance abuse, in addition to committing burglaries in homes to obtain money for buying drugs. He then progressed to more dangerous drugs, under the influence of his friends. He used to actively consume a variety of drugs- from smack (heroin), to charas-ganja (street names for cannabis), to injected substances. He had been addicted to these for 9 years, and had undergone 2-3 private rehabilitation attempts, all unsuccessful.

Given the juvenile's continuous and broad substance abuse, there was a high risk of relapse. He himself admitted of there being a possibility of him relapsing into his old ways, however he was also determined to avoid that as much as he could.

While being interviewed, the juvenile admitted that when he began substance abuse, he used to feel good. But when he got addicted to it, these feelings changed to those of guilt. He used to pray to god, thinking he was wasting his life. He used to have thoughts about giving up, but found himself unable to do so, as the addiction had seeped into his veins. He couldn't help but buy drugs. However, he never himself actually tried to do something about his guilt. After his parents found out about his addictions, they sent him to private rehabilitation centers, twice/ thrice, but it was unsuccessful- he relapsed every single time. He described how those centers were in stark contrast to the NGO. The private centers were strict and used punishment, NGO focused more on their education, and did not use harsh disciplinary methods.

At the time of interview, the juvenile had been in NGO for almost 3 months. After he was caught by the police, he was beaten, kept in a lock up for 3 days, following which he was taken for medical checkup, where it was revealed that he was an addict. From there, he was referred to this NGO. It was the one that brought about a change in his life. He had to follow a schedule here- getting up in the morning, doing yoga, attending various classes- he likes cooking, and had learned to make various dishes. He had even made various friends, after breaking ties with his previous peer group. He attended the counselling sessions, and shared his story with the counsellor, and was provided help to solve his problems, etc. He found himself changing for the better after coming here.

He developed courage to admit his mistakes. Previously, he was attracted towards destructive things, but he feels he is changing. Now he shares more and opens up to others. Earlier, he used to believe drugs to be the solution to every problem, but now he realizes it is not so. He admitted that his older peer group was toxic, and now he tries to stay away from such people.

The juvenile, while being reflective and empathic, was hopeful towards his future. He was to be presented before court in a few days (at the time of interview), after which he would be transferred

to a different jail, following which he might be released. He was fully aware of his vulnerability, but he was determined to overcome it. He wanted to go home. He aspired to become a doctor. He acknowledged that he had troubled a lot of people, but he had been given a second chance by God. As repentance, he now wished to do good for others.

The analysis of volunteer interview (Table 2) revealed various themes like History of abuse and crime, Influence of family, Influence of school, Criminal history, Transformation and Role of institution. The volunteer was asked questions about his history, life transformation, perspective on institution and other aspects. The volunteer had been in the institution for 1.5 to 2 years after his time in the institution as an inmate. Currently, he had been working as a staff member for the past 5-6 years. He was 20 years old when he was sent to the institution because of his criminal record and drug abuse. He spent 1.5 years as an inmate in the institution due to various cases in different courts. He reported that he wrote his age less than his actual age in order to avoid going to some big jail (Tihar). He also reported that he earned a reasonable amount and spends almost all of it on himself only. When asked about his relationship with other inmates, he reported feelings of affection and attachment with the children; he also said that they listen to him (ex-addict) more as compared to non-addicts. He also reported feeling of happiness about his transformation because of his stay at the institution.

The volunteer started using drugs at the age of 8-9 years and claimed that he had abused all kinds of drugs but started with 'Ganja' and 'Fluid'. He also reported that it was very easy to find and buy ganja (only Rs 50) and he did petty crimes like theft to arrange money for buying drugs. He had extreme withdrawal symptoms like loose motion, body aches, red and watering eyes.

The volunteer was introduced to drugs by his school friends. He and his friends used to skip school in order to get drugs. The volunteer had an inclination towards knowledge and wanted to educate himself but the school did not provide him with conducive atmosphere which might be one of the factors that pushed him into abusing drugs. He also reported an incident in which he set fire to the tent in which they used to study and smashed the head of the principal in a fit of anger under the influence of drugs. He was currently doing his tenth standard from an open school and had plans for future studies. He reported that it was very easy to procure drugs in school. He suggested that the schools should have counselling services to counter this vice.

The volunteer reported that his family members didn't know about his involvement with drugs and crime; they came to know after he was sent to the institution by the court. This shows their negligent attitude. During his stay at the institution, he never met his family members and only called his brother a few times. When asked if he would like to stay with his family he refused and expressed desire of living by himself. However, he also reported that he was ready to help if his family was faced with any crisis.

The volunteer reported being sent to many different jails before coming to this institution. He also reported staying at the Tihar Jail for 6 months before this. When asked about the accessibility of

drugs in the jails, he reported that they were very easily available.

The volunteer reported a state of helplessness and numbness before his treatment began; he said the only thing on his mind twenty-four into seven was how to get drugs. However, after the treatment he reported having a schedule and a purpose in life; he focused on his job as a volunteer and on completing his studies. He recalled that if there was any crime in his location, the police used to arrest him, but now he worked with the police. When asked about the relapses, he reported that relapses occurred because of lack of follow ups.

The volunteer reported being satisfied with the treatment being provided in the institution. Helping juveniles proved to be therapeutic for him. The facilities in the NGO were also up to the mark according to him. The quality of education provided was also above average. In his opinion, there should be more activities like mobile repair in the organization for some more varieties of skills and jobs.

Interview with the Project Head (Table 3) helped in gaining insight about how the organization worked. The Project Head who was working since 2008 in this field. The organization was started in 2010. Its goal initially was to reform male juvenile delinquents but later eradicating addiction also became its primary goal. According to him the most addictive substances were smack and alcohol. The inhabitants belong to Delhi NCR. The ninety days treatment of 3Rs provided to juveniles, consisted of one month of reformation, another month of rehabilitation and finally a month of reintegration. He also told us about the various difficulties and challenges faced while implementing the programme successfully. Many problems revolved around lack of infrastructure, resources and shortage of funds. They faced issues with funding which the government had not contributed to, for the past 5 years. They got donations but they were inadequate.

They had given treatment to around 1750 inhabitants so far. The exact relapse rate was still not known. Number of juveniles who came on a daily basis could be 0-5. The infrastructure and land used by the organization were provided by the government. They did not carry out promotional activities for their center and were instead working like a hospital. They carried out a follow up after juveniles leave for around 2 months. The reform and follow-up period was too short due to paucity of resources. Ideally instead of three months treatment should be at least six months and follow-up should go up to one year.

Interaction with the organization counsellor also revealed a lot of information. She started by telling how it was her personal family issues that pushed her into counselling field. She was a graduate in Philosophy and did her Masters in Psychology from a central university and a De-Addiction course. Then she narrated her work experience and nature of job till now at this organization. On regular days she counselled 3-4 inmates with 45 minutes-1 hour session each. Her style of counselling involves motivational interviews, open-ended questions, reflective listening and summarizing and paraphrasing whatever the child had said. Therapy was based on Cognitive

Behaviour Therapy maybe modified as required. Group sessions included workshops on problem solving, decision making, stress management. NGO also tied up with organizations like Narcotics Anonymous, Alcoholic Anonymous and Aman Biradari for successful rehabilitation of juvenile delinquents back into the society. The juveniles at NGO were from varying socio-economic backgrounds but mostly were from lower income group. She believed that as most inmates were from low economic strata hence they suffered from low self esteem. Easy availability of some drugs, detrimental peer influence and stress-busting properties of drugs made these adolescents much more vulnerable. The NGO not only aimed at recovery of juveniles but also targeted their successful re-integration back into the mainstream society. She had taken initiatives like teaching them coping skills to deal with extra ordinary situations. Meditation, yoga, relaxation techniques, healing music and other similar techniques were also taught to make them well equipped to lead quality lives.

Based on detailed observations and interviews two illustrative models were proposed. Model 1 depicted a successful recovery and reintegration into the society and model 2 depicted a relapse. For the various stages please refer to figure 1 and 2.

In conclusion it can be said that study was able to fulfil its aims satisfactorily. Though there is a scope of many more detailed studies. The study clearly establishes a deep connection with drug addiction and delinquency, where the former can be a motive to commit various crimes. NGOs and other such institutions can play a pivotal role in reform and rehabilitation process provided they are funded and staffed adequately. All the juveniles had a lot of potential to lead productive and drug free lives. They had adequate cognitive capacities. As far as care givers and school system was concerned, they were failing the juveniles. In fact the entire system was failing them as they were from lower socio-economic strata so they had uneducated parents and ill equipped schools and no support from the government. A detrimental peer group in the dangerous neighbourhood and school did not help the matters, on the contrary worsened them. A multi-method and diverse approach to treatment should be followed. Treatment should be individualized from case to case. It was also very clear that the responses to treatment could also vary from one individual to another. So the facilitator has to be sensitive and flexible to these realities. The process of rehabilitation and reintegration was a huge challenge with very high relapse rate. The key was to make the treatment period go up to six months and follow up to one year at least. But as pointed out earlier paucity of funds was a huge issue. Not much could deciphered from research about role of legal system but it was clear that legal system and police may extreme punitive measures with these juveniles which was detrimental and even illegal. Though, juvenile justice system had a positive role to play.

Some limitations in the present study include- There has been a theory practical interface discrepancy. The theory states complete rehabilitation, while the inmates have to leave even if the process is incomplete due to a constricted time period of 90 days. Further, a demand and supply imbalance can be noted, there are few organizations while the number of delinquents is much more. Rate of relapse is also high and reformation is less which can be attributed to environmental factors,

like easy accessibility of drugs and an unsupportive family. The juvenile and volunteer were not selected randomly for the interview; rather they were selected by the administration which might have affected the authenticity of the answers.

Some suggestions for further research include- Interviewing the significant others of the juveniles including parents, siblings and teachers. These accounts could be corroborated with the interviews of the juveniles. As the juveniles are mostly the wage earners of the family, their families often make them leave before their treatment is complete. Thus a need arises for spreading proper awareness among the parents so as to make them realize the severity of the problem- this can be done by collective sessions and activities involving parents and children. It was observed that some techniques used to promote healthy behaviour in inmates are not effective. For instance, the quotes written on the walls are not able to achieve the desired goal of motivating and educating the inmates about de-addiction. Therefore there is a need for introducing more innovative interventions that would be able to inculcate the right thoughts and values in the juveniles. Researchers, policy makers and all important stake holders should work on strategies to providing adequate funding to all deserving organizations doing promising work in this field. Going a step further many grass root level interventions are required including parent education and drastically improving school system so that these children do not get exposed to drugs. A comprehensive and affordable counselling facility should also be accessible to all especially the vulnerable section of the population. This will help in solving the problem from the root itself.

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