
DRUG ADDICTION AND JUVENILE DELINQUENCY – AN EXPLORATORY STUDY OF VULNERABLE YOUTH IN DELHI

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Abstract: Drug abuse is one of the predominant social problems faced by all the developing as well as developed nations, acting as a major barrier in the path of youth development. An estimate of 20 million children, becoming drug addicts yearly in India, eventually falls in the trap of crime. *Society for Promotion of Youth and Masses* (SPYM) established a 90-day treatment program of the Juvenile Justice Board in Delhi, India for drug addict youth that are less than 18 years of age and are in conflict with law. The organization initiated an innovative project *Padhai Ka Maza* (PKM) for them to cater their functional literacy and vocational needs. The present study was undertaken to gain in-depth insights about the relationship between drug addiction and juvenile delinquency. The study was based at *Sahyog* center in Delhi and a multi-method research approach was adopted. The sample comprised of 627 youth, who participated in SPYM project. The data was collected using a questionnaire and a literacy testing tool. The profile of boys revealed that most of them were illiterate, had been abusing Cannabis, Opium and Inhalants for more than one year, were daily spending Rs.500-1500 on drugs and most had criminal charges of theft or robbery against them. The PKM project focused on building functional literacy, life-skills and vocational skills of these boys for their holistic development. The study concludes that the PKM project in a short span of 90 days provided crucial opportunities and a positive environment that enabled them to develop positive qualities for resisting peer pressure and the conviction to avoid drugs thus supporting them to become responsible adults. This 90-day rehabilitation program provides a base to these juveniles to come out of the trap of crime and drug addiction, and reduces their chances to relapse.

Keywords: Crime, Drug Addiction, Juvenile, Rehabilitation, Vulnerable Youth.

Introduction: Among all countries in the world, India has the highest proportion of younger age groups. India is home to approximately 60 million population which is younger than 25 years of age. This is close to 70% of the total population, less than the age of 40 years [1]. According to the National Youth Policy, about 40% of the population in India is between the age group of 13 to 35 years that is defined as youth. In 2020, average age of India will be 29 years [2].

Youth serve as building blocks for a nation. Development of any nation needs multipronged strategies to strengthen their youth and curb its inherent social issues. Similarly, India has also put a lot of effective measures curbing the cause and effects of various existing social problems persistent in the country. Drug addiction is one of the most predominant social problems that is curbing the potential of youth, the drivers of development of India and other developing countries.

Around 20 million children are becoming drug addicts yearly in India. The incidence of drug abuse among children and adolescents is increasingly higher than the general population. Twenty million children a year and nearly 55,000 children become tobacco addicts daily in India [3]. At the national level, drug addiction and abuse is intrinsically linked with racketeering, violence, terrorism, illegal money transfers, conspiracy and corruption. Easy availability of these substances adds to the complexity of this problem. A study from Egypt done in a random sample of 120 street children aged 10 to 18 years found that 91 per cent of the subjects reported abuse of volatile solvents for the reasons that they were inexpensive, legal, and easy to buy [4].

There are several factors that lead Indian youth today towards the trap of drugs. Sharma (1986) explained that it is not the only fact that drugs are taken by youth to get pleasure in fact; there are some other causes which lead to large scale drug abuse. Some of these may be mentioned as curiosity, influence of peer groups, desire to overcome fatigue, depression, lack of affection, easy availability, doctor's prescription, lack of medical supervision and family support, and lack of follow-up program. [5].

The constitution of India provides the basis for the legal framework to protect children, whom it recognizes as a discrete group with identifiable rights and needs. A kind of criminal or quasi-criminal jurisdiction was provided under the Juvenile Justice Act (Government of India (GOI), 1986), covering proceedings for both the categories of children, viz., delinquent juvenile as well as the neglected juveniles. The convention on the Rights of the Child (United Nations, 1989) provides elaborate catalogue of children's right that can be grouped into four categories: Right to Survival, Right to Protection, Right to Participation and Right to Development [6]. The Juvenile Justice Act (JJA) (Government of India, 1986) was inadequate as non-institutional methods such as family and school based preventive services to deal with juvenile delinquency who were neither specified nor explored. Moreover, the Act did not directly deal with child sexual abuse. Despite the law, children were taken for interrogation overnight, detained, tortured and released in the morning. So, the Juvenile Justice Act (Government of India, 1986) got replaced by the most comprehensive law to deal with children's right Juvenile Justice (Care and Protection of Children) Act, 2000 [6].

Padhai Ka Maza Project, SPYM: *Sahyog*, an initiative for De-addiction and Rehabilitation for adolescents was established in March, 2011 by the Society for Promotion of Youth & Masses (SPYM) in collaboration with the Department of Women & Child Development, Government of NCT of Delhi at *Sewa-Kutir* complex, Delhi. The program offers a 50+ bedded facility for male adolescents in conflict with law under the age of 18 years and assessed to have a history of substance abuse. All the juveniles are being placed for duration of 90 days initially. The *Sahyog* project, added the non-formal education component, incorporating literacy and library activities. The name given to the project "*Padai Ka Maza*" (PKM) meaning 'Fun of Learning' is indicative of its edutainment value. The adolescents are motivated and counselled to learn to treat this 90-day confinement as an opportunity to give themselves a second chance in life - building anchors of literacy and vocational skills. This includes several activities in which boys are actively engaged. Games, art and craft, literacy and library activities, vocational training, yoga and meditation, counseling and *Bal Panchayat* (children's' court) form an integral part of the rehabilitation program. The residents are actively involved in the running of the day to day activities of the center such as cooking and cleaning thus contributing to the management of the operations [7].

Significance of the Study: The study "Drug Addiction and Juvenile Delinquency – An Exploratory Study of Vulnerable Youth in Delhi" endeavored to create awareness about the issue in the general public and by identifying and analysing the factors that led most of the drug addict youth towards the trap of crime. It also attempts to identify the role of innovative PKM Project in enhancing skills of vulnerable youth and to seek multi-stakeholder perspectives to understand how innovative projects can be made sustainable. This will help in building the good models of de-addiction services promoting health and well being of vulnerable youth in capital city of India with a scope to generalize it from micro to macro level.

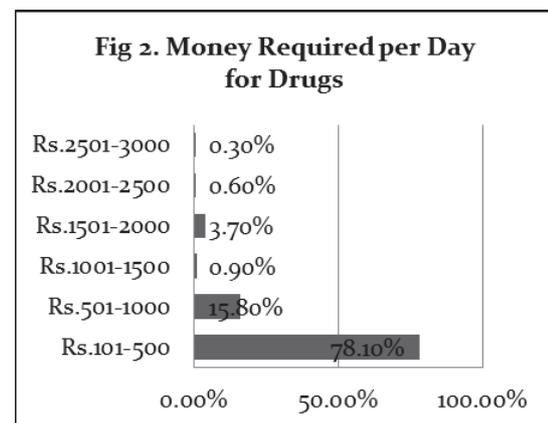
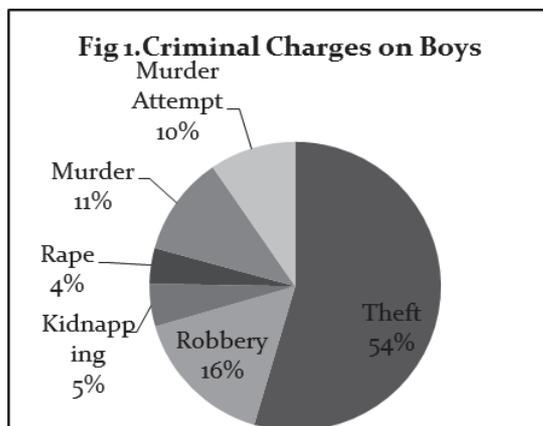
Methodology: The study was located at the Society for Promotion of Youth and Masses (S.P.Y.M) rehabilitation center located at *Adharshila Observation Home, SewaKutir Complex, GTB Nagar Delhi*. The sample was compromised of youth, currently enrolled and participants who have been passed out from the program. A total of 627 questionnaires were collected from juvenile youth who participated in the program, followed by a literacy testing tool. Literacy assessment has become a systematic procedure with each juvenile being tested for two times for the progress made. Literacy tests are conducted at the time of being admitted to the center and at the time of release after 3 months. Then the differences in the levels are perceived and identify the change. The literacy testing tool provided the results of change in the literacy level of the participants before enrolling and after the completion of 90-day rehabilitation

program. The analysis of questionnaire provided insights about the profile of youth, their family background, educational status, drug dependence, and crime record.

Findings:

- a) **Personal Profile of Boys:** Majority (80.7%) of the boys admitted to the de-addiction center were between 15-18 years. Nearly one third of them (34.1%) had never been to school while about 40.8% had been to school for less than five years with most of them relapsing into illiteracy. Only 8.8% boys had studied beyond middle school. Majority had attended government schools.
- b) **Family Background:** Only 36% of the boys were living with their families while almost the same numbers (33.5%) were living with peer groups. More than one fourth (30.5%) of them were living on the streets. The boys admitted in the center belonged to marginalized families where a large percentage of whose parents were illiterate (19% fathers; 22% mothers). Moreover, 64.4% of the boys having family size of less than 5 members, followed by 34.3% boys having family size of 6 to 10 members.

Nearly 80% of the boys' families' monthly income was less than rupees 1000 per month. About half of the boy's (48.3%) fathers were daily wage workers and small entrepreneurs (23.6%). Half of their (51.2%) mothers were housewives and 23.8% mothers worked as daily wage laborers or housemaids. Concerning with results most of the boys were coming from low income families having very little education and other resources. Further, in this condition, having a large number of family members lead to financial and other problems causing stress in their personal lives.



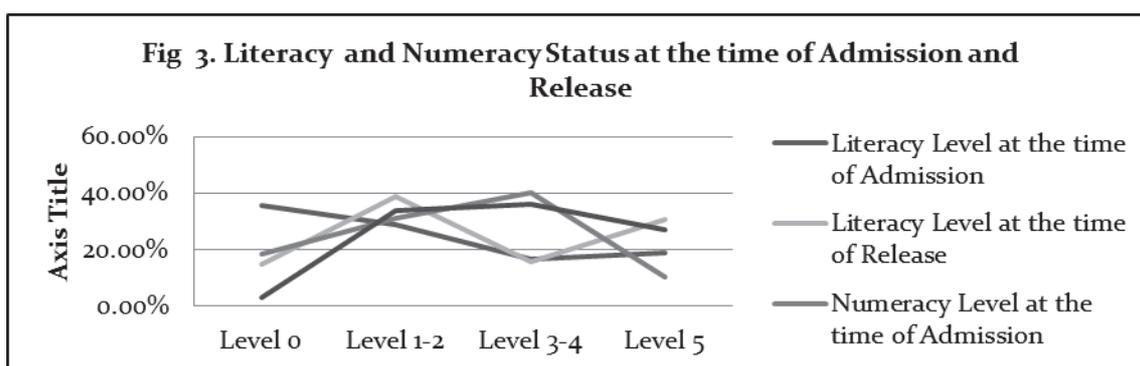
- c) **Drug History of Boys:** More than half (51.3%) of the drug using adolescents were on single drug. The drugs most commonly used were Cannabis (44.4%) followed by Opium (22%) and Inhalants (19.2%) by the boys and their preferred choice was Cannabis (44.2%); Opium (26.1%) and Inhalants (13.8%).
- d) **Reason for drug addiction:** The most pressing reason for indulging in drugs was peer pressure (81%) followed by dysfunctional family background (12.5%). Interestingly, (45%) half of the boys had a family drug history. More than half of the boys 52% were taking drugs from the age of 10 to 14 years followed by 42.9% of boys of the age group 15 to 18 years. Only 23.2% of the boys had been on drugs for less than 6 months and 34.4% had been on drugs for more than 2 years. Thus, most of the boys were abusing heavy drugs and had a long history of drug abuse.
- e) **Criminal charges and financial implications of drug abuse:** They all were involved in anti-social activities to meet the expenses. Most of the boys 54% were caught in the charge of theft followed by robbery 16% and murder 11% (Fig 1). The amount of money spent on purchasing drugs every day ranged from rupees 100 to rupees 2000 and more in which 78% boys were spending rupees 100 to 500 per day followed by 15.8% boys were spending rupees 500 to 1000/day (Fig 2).
- f) **Progress in the Literacy Skills of boys:** There was a significant positive shift in the literacy skills of most of the boys after got admitted in the center for 90 days treatment. The maximum positive shift was noticed in those boys who were at zero level in both literacy and numeracy, as at the time of admission there were 35.5% boys in literacy and 18.3% boys in numeracy were at zero level but at the time of release only 14.8% boys in literacy and 2.9% boys in numeracy were on the same level (Fig 3).

Discussions: The findings showed that most of the boys were between the age group 15-18 years followed by 11-14 years and leaving with their peers on a rented room or were vagabonds. Half of the boys used drug for the first time between 10-14 years mainly because of the peer pressure. Most of these boys were illiterate as they were never been to school or those who studied relapse back into illiteracy because of the ill-effects of drugs. Cannabis was the drug used by most of the boys followed by opium and then inhalants. Indulging in anti-social activities was the main source of sustaining drug dependency as an amount of Rs.100- 1500 per day was required by the boys to sustain their drug dependency. Most of the boys were abusing drugs for more than one year. It was also noticed that significant number of their parents were illiterate due to which the family income of most of the boys were between Rs.5000 to Rs.10000 and half of boys had family members' dependent on drugs. There was a significant positive shift in the literacy skills of most of the boys after got admitted in the center for 90 days treatment programme.

Conclusion: The results have clearly shown that there is a direct relationship between drug addiction and crime. The drug addicts need to spend a lot of money on daily basis to sustain their addiction. This huge demand of expenses nudges them towards the habit of getting easy money and thus delving themselves in the trap of crime. The drug treatment and rehabilitation process becomes difficult and non-sustainable because majority of them are school dropouts who relapse into illiteracy and do not have vocational skills to engage in productive and economic activities. Thus, while they need a treatment and rehabilitation program, it is equally important for them to become functionally literate for sustainable development.

Youth especially drug using adolescents need a nourishing, supportive and protective environment during their treatment and rehabilitation so that they can come out of the 3-month period as empowered confident adolescents with life skills to face the world outside. If opportunities are offered in the positive environments planned, they will pick up the positive qualities that prepare them not only to resist peer pressure to avoid drug addiction, but also to grow into responsible adults.

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