

# **NDPS Act and Juvenile Justice System: A Critical Analysis of Juvenile Drug Inhalation in India**

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## **Abstract**

Legislators, judges, and social organizations in India are very worried about the disturbing increase in juvenile drug inhalation. Understudied but crucial among the many elements impacting young people's behavioural and criminal trajectories is narcotic drug usage. The purpose of this research is to examine if there is a connection between drug use and the emergence of antisocial behaviour in Indian youth. This study delves at the complex web of factors psychological, social, economic, and familial that put teenagers at risk for substance abuse and criminal activity. It takes an interdisciplinary approach by drawing on the fields of law, psychology, and criminology. In addition to examining the links between drug misuse and juvenile delinquency, the study also assesses legislative frameworks such the Child Welfare and Juvenile Justice Act of 2015 and the Narcotic Substances and Care Act of 1985. The results highlight the need for holistic intervention plans that address narcotic-induced delinquency by integrating mental health services, community assistance, and education. By providing practical recommendations for reforming Indian law, public policy, and adolescent rehabilitation programs, this study adds to the larger conversation on juvenile justice.

**Keywords:** Juvenile Drug Inhalation, NDPS Act 1985, Juvenile Justice Act, 2015, Child Protection; Drug Rehabilitation, Juvenile Delinquency, Criminalisation, Judiciary, India

## **INTRODUCTION**

Drug abuse, especially among the youth of today, is a big problem for governments and police forces across the globe. Juvenile drug inhalation, the abuse of volatile drugs for psychoactive effects, is a growing worry among Indian lawmakers, child rights groups, and legal experts. Because inhalant chemicals are easily accessible, cheap, and lawfully obtained, and because many people who use them come from economically and socially disadvantaged backgrounds, traditional drug control strategies do a poor job of addressing this problem.

Public health and society are increasingly confronted with the growing issue of adolescent drug usage. The problem is becoming much worse in India as the number of teenagers consuming narcotics continues to rise. The joy a kid brings to their loved ones and the power they provide to our nation are intrinsically linked to their future. With more than 1.3 billion people, India has the largest child population globally, as per the 2011 census. Out of this massive population, 243 million individuals fall into two age groups: children ages 5 to 9 and adolescents ages 10 to 19. Children and teenagers in these age groups are more susceptible, therefore it's crucial to help them grow in all areas: physically, mentally, socially, and academically. Heroin abuse affects between 40 and 70 percent of India's over 18 million homeless youth, according to the National Commission for the Protection of Child Rights. It is worrisome that among India's drug users, one-fifth are children.

More than half a million youngsters in the nation are living or working on the streets, and they're in terrible circumstances that make them vulnerable to drug misuse. This number may be very low, so keep that in mind. A staggering 25% to 29% of India's street youngsters utilize drugs, and that's just using the most conservative estimate. Worry about this disturbing tendency has grown in recent years, especially in light of the alarmingly high rates of drug usage among minors. Adolescent drug use has increased dramatically in many Indian states in the UNDCP's 2022 World Drug Report: Andhra Pradesh, Haryana, Punjab, Rajasthan, Gujarat, and Hyderabad.

The teenage years are formative for the discovery and exploration of new things. Adolescent drug addiction is rapidly leading to a global epidemic of physical and mental health problems. Our nation's young, a generation that won't be left behind, is swiftly and persuasively picking up on the latest trends in drug addiction as the epidemic advances.

Kids India's youth, who make up 20% of the population, are the country's future leaders. We may look to our country's young to shape its political, social, and moral frameworks.

Dealing with a densely populated nation like India is no easy feat. Drug usage among adolescents is also counterproductive. Here, "substance abuse" refers to the harmful or risky use of alcoholic beverages and illicit drugs. Substances such as alcohol, marijuana, bhang, hashish, cough syrups, sedative pills, brown sugar, cocaine, heroin, and tobacco (gutka, pan masala, cigarettes, etc.) are heavily misused. Substance misuse may be referred to as drug abuse. Increased drug manufacturing, distribution, marketing, and accessibility, together with

shifting societal norms, has made substance misuse among young people a pressing issue in India's public health system. These substances are often chosen by underprivileged or socially excluded youth because to their accessibility and low cost. Given the urgent need to address this matter, the effectiveness, responsiveness, and completeness of India's legal system have been examined. This is especially true in regards to the connection between “the Juvenile Justice (Care and Protection of Children) Act of 2015 and the 1985 Narcotic Drugs and Psychotropic Substances Act (NDPS Act)”.

In this context, "the JJ Act of 2015" and the NDPS Act of 1985 are relevant statutes that address the care and safety of adolescents involved in the juvenile justice system. Although the JJ Act specifies procedures for dealing with minors who have committed crimes, the NDPS Act regulates and outlaw's psychotropic and narcotic substances. In contrast to the JJ Act's accent on reintegration and protection, the NDPS Act emphasizes punishment as a means of deterrence. Because of this contradiction, important questions must be asked about whether or not the laws of India are sufficient to address the specific problem of teenage inhalant abuse in a fair and effective manner.

### **Conceptual Framework: Understanding Juvenile Drug Inhalation and Its Socio-Legal Dimensions**

Medicinal drug usage predates recorded human history. Whether for medicinal, religious, or recreational reasons, drugs have always had a place in every culture's history. By delving into the historical association between humans and psychoactive substances, the history of drugs reveals much about humankind's past. The use of cannabis and other hallucinogenic drugs in religious rituals has been documented for thousands of years. There has been opium usage since the dawn of civilization, and the practice of workers chewing coca leaves goes back thousands of years. A wide variety of mood-altering substances, including alcohol alone, have been employed by almost every civilization from the most ancient to the most contemporary.

The creation of novel pharmaceuticals from ancient sources has been made possible by developments in chemistry and pharmacology, the study of drugs, during the last century. Opium was refined and processed to create heroin and morphine. Crack and cocaine were made by processing and refining coca leaves. New hallucinogenic substances including LSD, Ecstasy, and MDA were created in the lab, along with a new family of stimulants called amphetamines. More potent and addicting than any previous drug are these new medications

and improved antique drugs. The development and use of pharmaceuticals for medicinal purposes have advanced significantly.

Mood-altering medicines of all kinds divert the user's attention from reality. The risk increases as more and more addicts use them there. When under the influence of alcohol, cannabis, or heroin, people's cognitive abilities deteriorate and they conduct dangerous actions that put them at risk for falls, traffic accidents, and other unintentional injuries. Their capacity to drive or operate machines may be impacted by even minute doses of alcohol or medicines like tranquilizers.

The cumulative effect of the medications is increasing danger, and the probability of an overdose increases as more drugs are added. People of all ages and backgrounds are susceptible to drug misuse. Even a little amount of a drug may have a devastating effect, and most people don't realize it until it's too late. Multiple medical categories apply to an individual's self-administered usage of different medications, deviates from accepted medical and social standards, and is detrimental to an individual or social group. "Substance use" should be used in place of "drug use" to describe a variety of drug habits". Environmental, social, economic, and psychological aspects all play a role in the complex problem of drug misuse among India's youth. Adolescents face emotional vulnerabilities and difficulties such as a lack of self-confidence, peer pressure, and environmental effects because of their developmental stage. Juvenile delinquency is facilitated by these variables, which lead them to experiment with and maybe develop a dependency on drugs.

Looking back a few years, the impact of the media and the internet have skyrocketed. Young people might get desensitized to the risks of drug use via watching movies, music videos, and following influencers that glorify drug use. Drugs are easier to get than ever before due to the internet's accessibility to information on narcotics and their availability. Another big issue is that schools don't provide enough drug teaching and therapy. There is a severe lack of drug abuse education programs in the majority of Indian schools. Juvenile drug misuse is on the rise, and one reason for this is the easy access to narcotics, particularly in metropolitan and border regions. Teens have a lot of free time and not much to do since there aren't enough youth engagement activities or recreational facilities. For reasons of curiosity or boredom, this might lead to drug experimentation.

## **Extent of juvenile delinquency and drugs**

There are serious social, psychological, and legal ramifications to the worrisome trend of more and more underage drug misuse in India. Addiction is often a stepping stone to criminal behaviour, making adolescent drug misuse an underlying cause of the epidemic of juvenile delinquency. Youth, security, and developmental advancement are all jeopardized by the epidemic of adolescent drug misuse that is plaguing India today.

A huge chunk of India's demographic dividend comes from its 253 million adolescents, who range in age from 10 to 19, the biggest young population in the world. Nevertheless, this group is becoming more vulnerable to drug abuse due to factors including urban stress, fractured family structures, poverty, and peer pressure. According to recent research and reports from the NCRB and NCB, a growing number of teenagers have been taken into custody for drug use, trafficking, peddling, and other related offenses while they are under the influence of substance addiction. Cities like Amritsar, Mumbai, Delhi, and Chennai, as well as border regions and slums, are seeing this increase with great worry.

Drugs used by minors vary from mild ones, like marijuana and prescription painkillers, to strong ones, like heroin, cocaine, and methamphetamines. Children in urban slums and those living on the streets are more likely to be victims of inhalants like correction fluids and industrial adhesives because of their accessibility and affordability. It seems that people between the ages of 14 and 18 are the most impacted. Intense emotional, mental, and social change characterizes this age group. Deviant peer groups have a disproportionate impact on adolescents because they have not yet found their place in the world and are still seeking to define themselves in socially.

The rising prevalence of drug misuse among university and high school students has been reported in several studies, including those directed by the Indian government agencies concerned with includes the "All-India Institute of Medical Sciences (AIIMS), which is dedicated to social justice and economic development". Drug culture is flourishing in the private homes, coaching centres, and hostels in major educational cities in India, such as Bengaluru, Hyderabad, and Kota. The lack of appropriate counselling or mental health care inside institutions, the media's glamorization of substance usage, and the ease of access to drugs online frequently make this worse.

## **Overview of India's Legal Framework on Drug Control and Juvenile Justice**

A robust statutory framework to address adolescent drug misuse has been promptly established by the Indian judiciary. Recovery programs, community-based efforts, international cooperation, and other statutes are all part of the effort to govern and regulate drug-related activity. This comprehensive attempt to decrease drug usage encompasses a plethora of laws and regulations, including school programs, the Rashtriya Kishor Swasthya Karyakram, the "The National Drug Demand Reduction Policy of 2014, as well as the National Policy for Children of 2013". An estimated 14.6% of Indians use alcohol, with 5.2% saying they would want help becoming sober (Sahu and Sahu, 2021). Roughly 1.5 million people in Uttar Pradesh are alcoholics or drink to dangerous levels often. Odisha reports 21 lakhs alcoholics, but Bengal records 27 lakhs. By adjusting the numbers for each state's population share, we find that the most dangerous and dependent drug abusers live in Uttar Pradesh.

### ***Narcotic Drugs and Psychotropic Substances Act, 1985***

The overarching goal of the 1985 Narcotic Drugs and Psychotropic Substances Act (NDPS Act) is to manage, regulate, and ban activities related to narcotic drugs and psychotropic substances. The drug policy in India is governed by this primary legislation. The Act, which aims to discourage and penalize drug trafficking, was passed in reaction to India's rising commitment to international drug control agreements and the growing problem of drug addiction and trafficking inside the country. Unlike previous laws passed during the colonial period, the NDPS Act creates a single law that makes it illegal to deal in narcotics and psychotropic substances in almost every way imaginable, including making, possessing, transporting, selling, and even consuming them.

NDPS Act's progressive punishment scheme based on drug count is one of its most noticeable features. Laws distinguish small, moderate, and commercial volumes of illegal narcotics. Official notice may outcome in a time in custodial, a fine, or both for a little sum. Possession of modest to commercial quantities may result in a fine and a 10-year jail term. The Act requires a large fine and a least of 10 years in custodial and all-out of twenty years if the accused is found with a commercial quantity. This category, which attempted balance in sentencing, has been criticized for inconsistencies and unclear enforcement.

In addition to criminal sanctions, the NDPS Act provides police broad additional jurisdiction. Under sections 41–67, police, customs, and tax agents have limited judicial oversight over search, seizure, arrest, and inquiry authorities. Section 42 allows warrantless searches, while Section 37 prohibits commercial crimes from being released on bail, which is a high bar. These limitations have led to long pretrial jail sentences and widespread preventive detention for economically and socially underprivileged people. Section 27 allows voluntary treatment but prohibits personal use of opioids. However, this treatment option is seldom used.

In 1985, India passed the NDPS Act, which established a strong legal framework to regulate the country's drug trade. Critics continue to challenge the law's effectiveness and justice due to its focus on punishment rather than therapy and rehabilitation, its broad enforcement powers, and its dependence on punitive methods. Considering these institutional, sociopolitical, and legal aspects, the section that follows provides a critical evaluation of the Act.

## **CASE STUDIES**

***The Punjab Drug Crisis:*** Punjab has historically been one of India's worst drug-abusing states. It is a heroin and other narcotics smuggling hub because to its closeness to Pakistan in the Golden Crescent. Official statistics and independent polls have shown significant rates of drug addiction, particularly among youngsters, during the last decade. Statewide opioid dependence was estimated at around 2.3 lakh by the Punjab Opioid Dependence Survey (2015). Law enforcement has boosted arrests and drug seizures, but drug availability and usage have not decreased.

***Aryan Khan Case (2021):*** The Narcotics Control Bureau's (NCB) October 2021 arrest of “Shah Rukh Khan's son Aryan Khan ushered in the NDPS Act “and its execution into sharp focus in the eyes of the public and the media, a Bollywood celebrity, in a high-profile case. The officials detained Khan during a search of a cruise ship on suspicion that he had or used drugs. But there were no narcotics in his hands, and the accusations were based on conversations on WhatsApp and purported relationships.

The allegations against Aryan Khan were eventually dismissed because there was insufficient evidence, after he had spent more than a month in prison, and he was subsequently freed on bail. The case highlighted the need of judges exercising caution, reforming bail regulations,

and putting constraints on arbitrary enforcement, particularly in situations involving non-commercial quantities and personal usage.

***Drug Trafficking in Northeast India case:*** Nagaland, Assam, Manipur, and Mizoram are the states of northeastern India are now key nodes in the drug trade due to their proximity to Myanmar, a member of the Golden Triangle and a world leader in the production of opiates and amphetamines. The province is susceptible to cross-border smuggling due to its open borders, ethnic insurgencies, and the lack of official presence in isolated regions. It is not uncommon for heroin, Yaba pills, and crystal meth to be smuggled into India from mainland markets or sent farther westward after passing via Myanmar.

### **Juvenile Justice System in India**

One of the main goals of Juvenile Justice, 1986 was to replace the Children's Act of 1960 with the ideas stated in a set of guidelines established by the UN in 1985 for the management of juvenile justice systems. India as a whole is subject to the seven-chapter, sixty-three-part Act mentioned above, with the exception of the Jammu and Kashmir state. Fundamental goals of the legislation were safeguarding neglected youth offenders, providing them with therapy, fostering their growth, and rehabilitating them.

Juvenile delinquency minimum ages varied throughout India's individual states prior to 1960. For purposes of the Bombay Children's Act of 1948, any person not yet sixteen or eighteen is considered a child. Indian juvenile justice system evolution Legislation safeguarding children and juvenile offenders was imposed upon India's government upon gaining independence, in line with the constitutionally mandated basic rights and guiding principles of state policy. This article discusses the Indian juvenile court system, focusing on both the present and the past. There are minors at risk, and they need assistance and safety.

Juvenile justice in India has its roots in the country's founding document, which sought to safeguard its inhabitants and put certain responsibilities on the government. Welfare, education, mentorship, and training were all provisions of the Children's Act of 1960, which aimed to safeguard youth and juvenile offenders. The Act also included special education programs and observation houses. Juveniles in India's juvenile courts could not have committed crimes carrying the death penalty or a life sentence unless they were under the age of sixteen. For juvenile justice systems to be in line with Juvenile Justice Acts of 2000 and 1986, as well

as United Nations Conventions and Minimum Rules for the Administration of Juvenile Justice aimed to do precisely that.

In the wake of the Nirbhaya tragedy in Delhi gang rape case, juvenile justice became harsher. In India, social control organizations play a crucial part in the juvenile justice system, which aims to rehabilitate youth via non-punitive therapy and education.

### ***Juvenile Justice Act, 2000***

The rationale for enacting the Act in the year 2000 was to ensure the safety of children. Two revisions were made to the mentioned: one in 2006 and another in 2011. The implementation was found to have gaps and loopholes, which led to the modification.

Furthermore, lawmakers were compelled to pass the legislation due to the concerning "Delhi Gang Rape Case" and the rising number of criminal cases involving adolescents in the last several years. Concerns about the Act's ability to deal with juvenile delinquency, a major issue with the juvenile justice system in India, have valid points. Juvenile Justice (Care and Protection) Act, 2015 superseded it almost immediately upon its approval.

### ***Juvenile Justice Act, 2015***

In 2015, lawmakers made major changes to juvenile law with "2015's Juvenile Justice Reform for the Safety and Well-being of Youth", which was passed in 2015. Juvenile archaic clusters, which include the prosecution of several individuals aged sixteen to eighteen as adults, are one of these significant shifts. When a person reaches the age of 21 while serving their sentence, they are required to spend the remaining time in prison. But in the end, this matter is decided by the Board of Juvenile Justice. The contentious provisions of the recently passed Juvenile Justice Act have been the primary emphasis of this research, which draws on the views of several activists. Included in this study are the outcomes of comparing and contrasting Along with the Prevention of Child Marriage Act of 2006 and "the Protection of Children from Sexual Offenses Act of 2012".

In 2015, a new Juvenile Justice statute took effect, replacing the Juvenile Justice act of 2000 in order to create a stronger and further efficient judicial system that prioritized both corrective and preventive actions. There are those in Parliament who believe that minors need their own justice system so that they may get the specialised care they require, such as greater time and

space for rehabilitation and personal development than adults get. Thus, the goal of the new JJ act legislation, 2015 was to establish a system that is more accommodating to juveniles in terms of how cases are decided and handled.

Some of the salient features are as follows:

- Anyone under the legal age of majority (currently set at 18 years old) is deemed a child as stated in Section 2 (12) of “the Juvenile Justice (Care and Protection of Children) Act, 2015”. A law enacted in 2015 to ensure the safety of children and promote juvenile justice classifies children as either "Child in need of care and protection" or "Child in conflict with law" under Section 2 (13) of the Act.
- As a result of this differentiation in focus, crimes were classified as either "heinous," "serious," or "petty" according to their various aspects. After a thorough evaluation of their mental ability, juveniles (defined as those amid the ages of 16 and 18) may be tried as adults for any kind of crime they commit.
- The creation of special courts for the trial of juvenile offenders; these courts would be analogous to those already in place for matters involving the National Detention and Probation Service (NDPS) and POCSO, etc., but would hear cases involving juveniles only.

### **Critical Evaluation of the Effectiveness of the NDPS Act and Juvenile Justice System in mentioning Juvenile Drug Inhalation**

#### **Effectiveness of the NDPS Act, 1985**

The NDPS Act has enabled significant drug seizures and law enforcement operations, mainly in border areas such as Punjab, the North-east, and coastal towns like Mumbai. Examples include the seizure of significant amounts of synthetic narcotics and heroin close to the border between Pakistan and India, as well as the disruption of other international drug networks. These successes demonstrate the Act's robust enforcement authority.

International Cooperation and Coordination India- has been in close contact with international organizations including Interpol, the SAARC Drug Offences Monitoring Desk, and the UNODC. The capacity-building programs, collaborative operations, and information-sharing that have resulted from these partnerships have greatly improved India's capabilities to combat international drug trafficking.

In spite of attempts to clamp down on drug dealers, addicts and small repeat offenders are disproportionately targeted, statistics reveal that most of the people apprehended are consumers or small-scale transporters rather than cartel heads or kingpins. Because of this, disadvantaged and impoverished people, among others, are disproportionately incarcerated and unable to get the care and legal representation they need.

**Overcrowded Prisons Due to Harsh Punishing Provisions-**Under Sections 37, 35, and 54, there are restricted bail possibilities and rigorous sentencing requirements, which have led to overcrowding in jails, especially with undertrial convicts who may not be major criminals. This is against the spirit of criminal justice's proportionality concept.

**Inadequate Focus on Rehabilitation-**There is no formal process under the Act to guarantee that ex-drug users would be able to rejoin society. The lack of resources, inadequate funding, and insufficient integration of law enforcement policies into addiction and rehabilitation programs results in a vicious cycle of addiction and imprisonment.

### **Effectiveness of the Juvenile Justice System (JJ Act, 2015)**

Despite improving the legislative framework for dealing with children in conflict with the law and those in need of care and protection, the JJ Act, 2015 has encountered obstacles and concerns throughout implementation. Among the many problems with the 2015 JJ Act are:

1. **Inadequate facilities and materials:** Particularly in more remote places, inadequate infrastructure and resources pose a significant barrier to the law's effective execution. Unfortunately, many jurisdictions lack the resources to address the needs of at-risk and rehabilitated youth who are involved with the justice system.
2. **Case disposition delays:** The court system continues to have backlogs despite measures meant to speed up the resolution of cases. Long periods of incarceration for juvenile offenders have negative effects on their chances of recovery and eventual reintegration into society.
3. **The emphasis on prevention is insufficient:** Although there are legal provisions for reintegration and rehabilitation, the causes of juvenile delinquency are not adequately addressed via preventative measures. Included in this category are problems including low income, inadequate education, and social isolation.

4. **Insufficient education and knowledge:** Stakeholders, such as attorneys, judges, and police officers, are not well-informed on the laws pertaining to juvenile offenders and how to effectively handle these cases.
5. **Discordant application in different states:** various states have various approaches to enforcing the law; some have more systems and resources to help troubled youth than others.

### **Judicial Interpretations**

Substance abuse, especially over an extended period of time, poses serious risks to public health in India, since it increases the likelihood of negative outcomes such as depression, unemployment, and neglecting one's family. Typically, when we are trying to find a solution to an issue, we consider both the root of the problem and potential solutions. From an Indian perspective, this assessment delves into the topic of drug use. Social, economic, and psychological factors are the three most common explanations for why individuals continue to take medication. Different groups act for different reasons. Right now, there are a number of regulations put in place to prevent individuals from taking medications without authorization. But these regulations aren't usually adhered to, and there are exceptions. Recognizing the importance of social responsibility in addressing the issue of long-term drug use, this research seeks to develop social and legal regulations to limit it. In this chapter, we will examine the current legislation in India that addresses the issue of excessive medication usage. The major emphasis will be on the usage of illicit drugs. In it, we assess the merit of the government's programs aimed at ensuring that citizens have access to necessary medications.

Continuous drug use is a pattern of using drugs in different ways over and over again. Addicts will use things that are easy to get, like cough syrup, pain relievers, stick, cleaning fluids, and paint. Gasoline and a jumbled sound. Teenagers who work or are homeless often use things like teeth whitener, alcohol, cigarettes, and both hard and soft prescription drugs. Manipur, Mizoram, Nagaland, Western Rajasthan, and the Punjab area of Haryana are some of the states in our nation where drug misuse has recently emerged as a serious issue. There, Punjab takes the lead while Manipur takes second place in this summary.

Illegal substances may impair the customer's memory and focus. This might cause HIV/AIDS, heart problems, and other illnesses. This study examines long-term drug usage, including substance dependency and illicit drug use. It also seeks long-term drug cessation. Any nation

with a lot of drug users is humiliated, but agriculture-dependent India is particularly troubled. Drug misuse is illegal for several reasons. Here are some reasons: Misusing pharmaceutical medicines may kill you. Teens should know drug misuse is hazardous. Article 47 of India's Constitution requires the government to prevent drug abusers from acquiring prescriptions. The Indian Constitution prohibits harming people with drugs.

India's judiciary has increasingly recognized that treating child drug addicts as criminals is counterproductive. This shift is evident in several landmark cases:

***Bachpan Bachao Andolan vs. Union of India (2014)***: Though primarily about child trafficking, this Supreme Court case stressed the state's duty to protect all vulnerable children, including those at risk of drug addiction.

***Social Jurist vs. Government of NCT of Delhi (2012)***: The Delhi High Court mandated the establishment of de-addiction centres in every district, highlighting the need for accessible rehabilitation services.

***Rajasthan Network of Positive People vs. State of Rajasthan (2019)***: This case saw the Rajasthan to provide comprehensive care, including drug de-addiction services, to HIV-positive children, many of whom were drug users.

## CONCLUSION

Combating narcotic drug addiction in children is an important and ever-changing responsibility of the Indian court. The government's executive, legislative, and judicial branches must work together in harmony, with the help of families and communities, to tackle the complex socio-legal issue of youth drug use. Judicial pronouncements and interventions, along with laws like a law passed in 2015 to ensure the safety of children involved in the juvenile justice system, and another one passed in 1985 to address psychotropic substances and narcotics, are vital in protecting children's constitutional rights; however, these steps fail to tackle the root causes of addiction.

We must work together, based on constitutional morality and restorative justice, to generate organization that is reconstructive, rights-based, and prevents drug dependency so that all children may grow up in a safe and supportive environment free from addiction. An increasing number of people, especially young people, are abusing substances, and this is a major

problem. Finding those who are more likely to become dependent on alcohol is a current focus of preliminary neuroscience research. Addressing the intricacies of drug addiction requires a shift from a criminal justice approach to one that is health-led and centred on human rights. This must be accompanied with legal regulation and control. It was Mahatma Gandhi who famously observed, "If you want real peace in the world, start with children." Our youth are India's greatest asset, and it's time we eradicated the danger they pose.

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