



## Drug addiction and street children – A comparative analysis

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### Abstract

Around the world, there has been an increase in the consumption of both legal and illegal drugs, and the age at which usage first occurs is gradually declining. Tobacco and alcohol are the most often abused drugs among children and adolescents in India. Addiction to illegal substances such as heroin and cannabis has also been documented. It is concerning that a significant percentage of working and street youngsters also use drugs, even intravenously. Even though teenage years are when drug use first starts, adolescent drug users are rarely observed in various treatment facilities. Therefore, community-based initiatives are helpful in both preventing and treating drug usage in kids and teenagers. The use of drugs is becoming more widely acknowledged as a public health issue among Indian school children. There are several reasons for the concerning rise in the prevalence of alcohol and tobacco use among students. The teenagers spend a lot of time at school, where their teachers and fellow classmates have an impact on them. In order to inform children about the many negative health effects of substance use and to teach them how to refuse, it is crucial to develop and implement school-based health education programs. The sale of these goods in the vicinity of educational institutions ought to be outlawed by rigorous legal enforcement. By lowering the prevalence of substance use, these actions should lessen the scope of this new issue in our nation.

**Keywords:** Drugs, psychotropic substance, juveniles, intervention, awareness, slum dwellers, analysis

### Introduction

Children are essential to the country's future and present. According to the 2011 census of India, with a population of over 1.3 billion, has the biggest child population in the world [3]. India has the largest kid population in the world, with over 1.3 billion people, according to the 2011 census. Within this sizable group, people between the ages of 10 and 19 account for 22.8% of the total population, or 243 million people, while people between the ages of 5 and 9 make up 12.5% [4]. An estimated 40–70% of India's 18 million homeless children, or a large fraction of the population, suffer from drug addiction, according to estimates from the National Commission for the Protection of Child Rights. It is concerning to see that young boys make up one in five drug users in India. Furthermore, the nation is home to over 500,000 street children who work and live in appalling conditions, leaving them extremely vulnerable to drug misuse. It's important to remember that this number can be much underestimated. It is estimated that between 25% and 29% of Indian street children utilize drugs, even with the most conservative estimate. In recent years, this worrying trend has increased public concern, especially in light of the high frequency of drug usage among minors. According to the UNDCP's World Drug Report for 2022, drug misuse among minors has dramatically increased in a number of Indian states, including Punjab, Haryana, Rajasthan, Gujarat, Hyderabad, and Andhra Pradesh [5]. A history of using psychoactive substances—like alcohol and synthetic drugs—in a way that endangers one's health or puts them at risk is included in drug addiction. Drug addiction was once thought to be an issue that mainly affected street kids, kids who worked, and kids who were trafficked. However, it has since spread to school-age children from a variety of socioeconomic and educational backgrounds. The age at which children are

beginning to use drugs is getting younger, which is very worrying. Despite extensive efforts at the individual, community, and governmental levels, it is still difficult to successfully control the availability and distribution of drugs to children. Many chemicals are available, the most common of which is nicotine, which can be found in cigarettes, "bidis," and items like "gutkha." In addition, inhalants and volatile compounds are frequently employed. Examples of these include sticky glue, gasoline, thinner, and spirits. Additional substances include hashish, ganja, opium, cocaine, alcohol, and liquor. According to UNICEF, a major proportion of drug users who are actively using drugs are between the ages of 14 and 20. This is especially concerning for India, which has the largest population of children and teenagers in the world. Because drug abuse and addiction are growing more common, this group could end up becoming a burden [6]. India is facing a serious challenge of drug abuse and trafficking, which affects the health, well-being, and security of millions of people, especially the youth. According to World Drug Report 2022, India has the 4<sup>th</sup> largest quantity of opium seized in 2020 at 5.2 tons, and the 3<sup>rd</sup> highest amount of morphine was also seized in the same year at 0.7 tons. According to the United Nation Office on Drugs and Crime (UNOC), India accounted for 7% of the global opium seizures and 2% of the global heroin seizures in 2019. India is also situated between two major drug-producing regions, the Golden Crescent (Iran-Afghanistan-Pakistan) and the Golden Triangle (Thailand-Loas-Myanmar), which makes it vulnerable to illicit drug trafficking [7].

### Research objectives

The main object of the study is to examine the problem of drug abuse in children. Besides it, the other main objectives are as follows:

1. To examine the root causes and reasons of drug addiction among children.
2. To investigate the socio-demographic makeup of the addicted children.
3. To analyse the existing laws and judicial interpretations in the prevention of drug abuse.
4. To examine the changes which can be made in the present enactments.
5. To understand the measures which are taken by the government of India in order to tackle the problem of drug abuse in children.

**Review of literature**

1. Dr. S.S. Srivastava's book, "Criminology, Penology, Victimology" is a thorough study covering a range of victimology, penology, and criminology topics. It does not, however, primarily address the issue of drug usage in young people. Although the book may discuss concerns connected to substance misuse in general, it does not offer a comprehensive assessment of the literature on the topic of drug addiction among children.
2. Prof. S.N. Mishra's book, "Indian Penal Code", primarily focuses on the Indian Penal Code sections 272 to 276, which address crimes involving the adulteration of food and beverages. It doesn't seem like this book offers a thorough literature analysis or in-depth discussion of the issue of drug usage in youngsters.
3. The research article "Substance Abuse among Children: A Rising Problem in India" by B.S. Rathore, U. Joshi, and A. Pareek, offers insightful information about the growing problem of drug usage among Indian youth. The causes of this issue, its frequency, and its effects on the youth demographic are all carefully examined by the writers. They also look into possible interventions and preventive measures. This article provides a basis for future study and policy development in this crucial field, making it a useful resource for comprehending the complexity of drug usage among youngsters in India.
4. C. Dhawan's research article, "Drug Abuse in Indian Slums," explores the unique circumstances of substance misuse in Indian slum areas. The study offers a thorough examination of the trends, incidence, and social variables influencing drug misuse in these impoverished communities. Dhawan's work provides insights into prospective intervention and support measures while shedding light on the particular difficulties related to substance misuse that children in slums confront. Understanding and managing drug usage concerns is greatly aided by this research, especially for vulnerable groups living in Indian slums.
5. The research article titled "Pattern and Profile of Children Using Substances in India: Insights and Recommendations" by A. Dhawan, R.D. Pattanayak, A. Chopra, V.K. Tikoo and R. Kumar provides thorough investigation of drug misuse among Indian youth. This study highlights the critical need for prevention and intervention efforts by providing insightful information

about the prevalence, patterns, and profiles of youngsters involved in substance misuse. The study offers crucial suggestions for tackling this serious public health issue in India and makes a substantial contribution to our understanding of the complex problem of drug usage among adolescents.

**Predominance of illicit drug use in Indian ghettos**

Chronic drug use represents a huge danger to the wellbeing and security of the networks. It is an expensive weight on society in all spaces and is an issue that represses the development of a country. The unlawful creation and ownership of medications empower wrongdoing and savagery around the world. India also is antagonistically impacted by the scourge of substance addiction. The instances of illicit drug use in India are on an ascent. As indicated by an UN report, 1,000,000 heroin junkies are enrolled in India and informally there are upwards of 5,000,000. Which got going as relaxed use among a microscopic populace of big time salary bunch youth in the metro has pervaded to all segments of society. Weed, heroin, and Indian-created drug drugs are the most often manhandled drugs in India. Pot items, frequently called charas, bhang or maryjane, are manhandled all through the country since it has accomplished some measure of strict sacredness due to its relationship for certain Hindu divinities [8].

Illicit drug use is widespread among the Indian ghettos. A concentrate on chronic drug use among inhabitants of upper east Delhi's Seemapuri by The Society for the Promotion of Youth and Masses (SPYM) uncovered that somewhere around 80% of the youngsters reviewed in the ghetto are junkies. It was additionally tracked down that-kids as youthful as seven began mishandling drugs in this country area. The review was requested after six instances of adolescents dependent on drugs enjoying wrongdoing were enlisted in Seemapuri. It brought up that the greater part of the guardians realize that their kids were consuming medications. Yet, they were either powerless or unperturbed by the issue. The occupants of the neighbourhood are generally dependent on maryjane (weed), smack (heroin), brew or tobacco [9].

One more overview uncovered there are an expected 3,000,000 junkies in India for the medication, accessible effectively at traffic intersections in certain areas. Road kids who use drugs are bound to be presented to parental maltreatment, captures and sex work. A great many medication fiends face close to home obliteration most straightforwardly. It makes trouble the fiend as well as additionally to their companion, kids and other relatives. The immediate purchasers of medications represent a danger to the non-buyers and the climate. On account of unfortunate ghetto inhabitants, unnecessary use on ownership of drugs prompts exhaustion of pay, further prompting an absence of family care and different obligations.

**Table 1:** Comparison of Data on Selectvariables Across the Slums of Indian States [10].

	Jalandhar District, Punjab	Guwahati, Assam	Indore, Madhya Pradesh	Bhilai Chhattisgarh
Period of data collection	July 2017	February 2014-May 2014	November 2013-March 2014	January 2017 to December 2017
Sample size	400	401	5516	172
Demography	adolescents and young adults (11-35 years)	Adolescents (10-19 years)	10+	Adolescents (10-19 years)

Drug abuse pattern	alcohol=41.8%, tobacco=21.3%, heroin=20.8%, non-alcohol and non-tobacco substance=34.8%.	non-tobacco substance=83.4% Prevalence of drug abuse=8.33% Drug dependence=5.13%.	alcohol=46.5%, cannabis=8.9% opiates=4.9%, cocaine=0.1%, nontobacco=41.4%	tobacco=25% alcohol= Tobacco users had significantly higher rates of use of alcohol=90% than tobacco non-users=7.8%
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**Factors which contribute to drug abuse in children – a complex interplay**

Adolescent drug misuse is a complicated phenomena that is influenced by a number of factors both at the beginning and throughout the abuse. A number of factors influence the beginning of drug usage. The social and cultural elements that lead to drug use vary greatly between countries, between developed and developing countries, between regions, and between different cultural groups.

**1. Parental Impact**

Studies indicate that children of smoker parents are twice as likely to start smoking themselves. Parents have a great deal of influence over their offspring. Teenagers are less likely to start smoking when their parents are against it. Adolescents using drugs like Bhang and Charas may be socially and even parentally accepted in certain cultural groupings. The way that parents feel about alcohol is also a major factor in determining whether or not adolescents start using drugs or alcohol.

**2. Family Structure**

One noteworthy risk factor for future substance misuse is childhood abuse. It was discovered that the chance of drug usage was twice as high for female children who had been physically abused as it was for non-abused children [11]. Furthermore, there is an inverse link between teenage drug usage and socioeconomic status and greater parental education levels. Families with lower socioeconomic and educational standing in society typically have higher smoking prevalence. Adopted children or those left to fend for themselves without parental guidance are much more likely to take drugs. Individuals who use inhalants frequently originate from low-socioeconomic origins, engage in manual labour and have variable family incomes. Adolescent drug addiction is also linked to problems including parental divorce, marital strife, and solo parenting.

**3. Peer Influence**

Peer pressure is a major factor in the beginning of drug and tobacco use, and, surprisingly, it can also have an impact on drug abstinence. Adolescents typically create their own peer networks, and friends have a big influence on kids when it comes to drug usage. Adolescents begin using tobacco products frequently when they hang out with friends who smoke. Notably, the likelihood of female teenagers becoming smokers increases nine times if they have a best friend who smokes. When it comes to marijuana addiction among students, it has been connected to lower academic achievement, a rise in school dropout rates, and the reinforcement

of behavioural problems. Adolescents' decisions regarding substance use are shaped by peer pressure, which can both encourage and discourage substance usage [12].

**4. Influence of Role Models**

Smoking is frequently portrayed as fashionable and alluring by celebrities in pop music, movies, television, and fashion, which encourages teenagers to follow in their footsteps. These powerful individuals can have a significant effect on young people's perceptions, making smoking seem trendy.

**5. Promotion and Advertising**

When it comes to influencing young people's decisions to start smoking, advertising is a potent weapon. There is ample evidence to support the effectiveness of advertising prohibitions in lowering the youth cigarette smoking prevalence. As a result, the Indian government enacted legislation outlawing the promotion of cigarettes and other tobacco products. This move was made in recognition of the substantial influence that advertising has on young people's decisions to start smoking.

**6. Socio-economic Factors**

Depending on the kind and price of the particular substance in issue, drug addiction rates differ between poorer and higher income groups. Adolescents with varying socioeconomic origins demonstrate distinct patterns of substance misuse. It is noteworthy that adolescents from poorer socioeconomic backgrounds are more likely than their middle-class counterparts to start smoking. Adolescents in India smoke cigarettes and bidis more often than they should because of things like price, convenience and ease of usage [13]. Teenagers from low-income homes frequently turn to cheap, illicitly manufactured national alcohol. It is also typical for teenagers from low-income families to use inhalants. Conversely, teenagers who have a lot of pocket money or who come from wealthy families have a tendency to favour more costly drugs like cocaine, amphetamines, and methamphetamines. After they develop an addiction, they frequently select drugs that produce strong euphoric effects [14]. Poverty, lack of access to education and illiteracy add fuel to the fore.

**7. Availability**

One of the main factors determining the start and persistence of substance usage among adolescents is the accessibility and availability of drugs or alcohol. Adolescents are more likely to experiment with drugs and alcohol when they have easy access to these substances, frequently because of parental or elder sibling use. In a similar vein, peer group members have the ability to successfully lure new teenagers into drug usage by making these substances easily accessible.

**8. Beliefs, Knowledge and Attitude**

Being aware of the harmful consequences drug usage has on one's health serves as a deterrent to drug use. On the other hand, some people think that drinking in moderation is safe, giving up cigarettes can make you gain weight, and cannabis is a god-given social and religious boon. Teenagers may use drugs without hesitation or shame as a result of these myths. Adolescent drug initiation is also significantly influenced by a good attitude about drugs.

**Impact of drug abuse on children**

**1. Effects on Health**

The rising incidence of HIV/AIDS and other bloodborne infections among youth is mostly attributable to drug misuse. This is especially worrying because more and more

people are utilizing new synthetic injectable medications, which need to be injected directly into the bloodstream with syringes. Unfortunately, because of their low financial means, a lot of kids share needles with their friends, unintentionally spreading illnesses to one another. Some even use the same syringe for extended periods of time, which is extremely dangerous for their health. In addition, a considerable proportion of these kids already suffer from malnourishment, and abusing drugs erodes their resistance to infections, making them more vulnerable to sickness. Juvenile drug addicts risk a multitude of health hazards, including nausea, abdominal pain, brain damage, memory loss, lung disease, convulsions, strokes, mental confusion, liver related problems, and heart disease <sup>[15]</sup>.

## 2. Social Impact

A large percentage of young people who take drugs or who are among peers who abuse drugs usually fit into the "Children in need of care and protection" category. The lack of effective care and rehabilitation for juvenile drug addicts is caused by a legal and societal gap. Even when these young people show a desire to leave their drug-dependent lives behind, they frequently lack understanding or direction, which increases their suffering and makes them unaware of their options going forward <sup>[16]</sup>. Poverty and lack of chances for economic and social Progress, illiteracy, lack of access to education, abusive circumstances, a poisonous home life and the usage of medications to treat depression and anxiety are also contribute to the social impact. Drug Abuse is inherent in families living in slums.

## 3. Legal Implications

Strict rules and controls were intended to be placed on drug and psychotropic substance-related activities with the passage of the Narcotics and Psychotropic Substance Act of 1985. 21Three changes to this act were made in 1989, 2001, and 2014. Despite these initiatives, it has been challenging to stop young people in impoverished neighbourhoods from having easy access to drugs. Due to the legislature's recognition of a number of problems in the current NDPS Act of 1985, the NDPS (Amendment) Bill of 2021 is now being discussed in the Lok Sabha.

According to NCRB figures from 2014, the police charge over 50,000 crimes annually, with 31.7% of those cases remaining unresolved at the end of the year. According to 2015 prison statistics, there were 15959 NDPS cases that were still pending in Indian jails and 7227 cases that were found guilty. These figures alone demonstrate the volume of cases handled by the police and the overcrowding in NDPS jails <sup>[17]</sup>.

## 4. Economic Impact

Although drugs are illegal goods with particular dangers associated with production and distribution, their overall cost is not very significant. But drugs become a priority for kids, especially those with low incomes who can hardly afford basic requirements. A young person with a drug addiction is more likely to select drugs over food when given the option. Juveniles who are addicted to drugs also frequently spend all of their wages on drugs and, due to their inability to handle money, accumulate debt that they find difficult to pay back. Their cycle of poverty and financial struggle is maintained by this <sup>[18]</sup>.

## 5. Political Impact

In order to tackle the problem of drug abuse among children various initiatives are taken by the Government of India. In November 2016, the Narco-Coordination Centre (NCORD) was established and the "Financial Assistance to States for Narcotics Control" program was brought back to life. The Narcotics Control Bureau (NCB) developed Seizure Information Management System (SIMS) as an electronic portal to compile an extensive online database of drug offenses and offenders. In addition, the Ministry of Social Justice & Empowerment, with assistance from the National Drug Dependence Treatment Centre of AIIMS is carrying out a National Drug Abuse Survey to gauge trends in drug addiction in India. The Ministry of Health and Family Welfare started this initiative in 2016 to address the rising rate of HIV infection in northeastern Indian states, particularly among drug injectors. The government has also declared the commencement of the Drug-Free India Campaign, popularly known as *Nasha Mukt Bharat*, which centre on community engagement initiatives. It educate schoolchildren about the negative effects of drugs <sup>[19]</sup>.

## 6. Technological Impact

Significant advancements in fields like communication and transportation have been made possible by technology. The issue of drug possession and sale has grown due to advancements in technology. Internet exposure, drug sellers' accessibility, and their ability to connect with non-drug users have all significantly grown. It has been shown that 48% of the herbal supplements offered for sale online are comparable to illegal substances like ecstasy and marijuana. All parties involved are very happy with this since it allows them to remain anonymous when doing business online and guarantees a steady supply of narcotics. The Narcotics Control Bureau has received funding to create the Seizure Information Management System (SIMS), a new piece of software which will create an online database of both drug offences and drug offenders <sup>[20]</sup>.

## International treaties and conventions to combat drug menace

India is signatory of the following international treaties and conventions in order to combat the menace of Drug Menace:

1. United Nations (UN) Convention on Narcotic Drugs (1961).
2. UN Convention on Psychotropic Substances (1971).
3. UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).
4. UN Convention against Transnational Organized Crime (UNTOC) 2000 <sup>[21]</sup>.

## Legislative enactments dealing with drug abuse

### 1. The Narcotics Drugs and Psychotropic Substance Act 1985.

The goal of the 1985 Narcotic Drugs and Psychotropic Substances Act (NDPS Act) was to curb drug misuse by outlawing the production, distribution, use, and sale of narcotics. Drugs classified as narcotics cause sleep, while compounds classified as psychotropics alter the mind for the better. The NDPS Act was passed by the Indian Parliament on November 14, 1985. There is a role for these kinds of medications in medical practice. As a result, the Act contains provisions pertaining to the production of psychotropic compounds in conjunction with the cultivation

of cannabis, poppy, and coca plants. Its main goal is to control the production, distribution, sale, and possession of substances categorized as narcotics or psychotropics. 200 psychoactive substances are not allowed to be sold to walk-in clients as a result of this act. These medications can only be obtained with a prescription. The law has undergone numerous revisions since it was created. Furthermore, the NDPS does not distinguish between hard-core criminals engaging in this activity and drug consumers or sellers. Without authorization from the relevant authorities, it is illegal for anybody to manufacture, produce, cultivate, possess, sell, buy, transport, store, or consume any drug or substance that is classified as narcotic or psychotropic. Following are the main objects of the NDPS Act.

- a. To amend and consolidate the laws governing the use and possession of narcotic drugs.
- b. To establish stringent provisions for the control, regulation, and supervision of the illegal possession, sale, transit, and consumption of narcotic drugs and psychotropic substances.
- c. To provide a mechanism for forfeiting narcotic drugs and psychotropic substances, as well as the properties derived from, or used in, illicit drug trafficking.
- d. It also provides for the establishment of special courts dealing with narcotic cases.
- e. Punishment under the NDPS cases are given in accordance with the quantity seized. The Act classified drug quantity into small and commercial quantity.
- f. Special measures for addicts are included in the NDPS Act. An accused individual may be shielded from prosecution under Section 64A of the NDPS Act if they declare their intention to participate in a de-addiction program. This section of the law offers immunity to addicts who volunteer for treatment.
- g. To establish a mechanism for the implementation of the provisions of the International Convention on Narcotic Drugs and Psychotropic Substances, as well as for other purposes connected therewith <sup>[22]</sup>.

## 2. Narcotic Control Bureau

Narcotics Control Bureau was established in 1986 that regulate the drug trafficking in India. The Bureau will use the authority and functions of the Central Government to take action regarding the following, under the direction and control of the Central Government:

- a. coordination of actions taken by different offices, State Governments, and other authorities in accordance with the terms of the NDPS Act, 1985, as well as the Customs Act, the Drugs and Cosmetics Act, and any other current law.
- b. Enforcement of the obligation to take countermeasures against illegal trafficking under the various international treaties and protocols that are in effect now or that India may ratify or join in the future.
- c. Assistance in coordinating and implementing universal measures for the prevention and repression of the illegal trafficking in certain drugs and substances to concerned international organizations and foreign authorities.
- d. coordination of the responses to drug addiction issues made by the various relevant Ministries, Departments, and Organizations.

## 3. The Drugs and Cosmetic Act, 1940

This Act was amended in 1964, and very recently in 2008. It deals with “the import, manufacture, distribution, and sale

of all kinds of drugs (allopathic, ayurvedic, unani, siddha, etc.) and cosmetics”. As per the Act, “every patented or proprietary medicinal preparation should display on the label of the container, either the exact formula or a list of the ingredients”. The modified Act has increased the severity of penalties for a variety of offences, including the selling of counterfeit medications, drug and cosmetic adulteration, hazardous pollution, and so on <sup>[23]</sup>.

## 4. Indian Penal Code, 1860

- a. **Section 272:** Adulteration of food or drink intended for sale <sup>[24]</sup>.
- b. **Section 273:** Sale of noxious food or drink <sup>[25]</sup>.
- c. **Section 274:** Adulteration of drugs <sup>[26]</sup>.
- d. **Section 275:** Sale of adulterated drugs <sup>[27]</sup>.
- e. **Section 276:** Sale of drug as a different drug or preparation <sup>[28]</sup>.

## Weaknesses of narcotic drug and psychotropic substance act, 1985.

1. The legislative definition of drugs, particularly those that use a numerical percentage to determine the quantity involved, must be relied upon by some courts as there is no guidance for determining quantity under the NDPS Act. This led to conflicting conclusions and divergent interpretations of the same medicine, as well as between various pharmacological classes.
2. The authorities declared that the overall weight of the seized product, not just the pure drug content, must be taken into account when determining the quantity. Street drugs are heavily "cut" and are rarely found in pure forms, which has caused enormous harm to drug users and other low-level criminals who run the risk of being punished for offenses involving intermediate or commercial quantities.
3. Quantity-based sentencing ignores other important factors, such as the offender's involvement and motivation. The penalty for simple possession is the same as that for distribution for profit.
4. Courts have made it clear that defendants facing charges for offenses involving minor amounts of drugs are entitled to bail. However, it appears that neither drug users nor police are aware of the legislation, which forbids random raids and arrests, particularly of street users.
5. It is challenging to make a definitive statement on whether enforcement is directed against "users" or "traffickers" because the law itself does not discriminate between possession for personal use and possession with intent to sell for profit.
6. Courts have not given treatment requirements any priority or implemented them seriously in the NDPS Act's implementation. Many provisions of the NDPS Act are more or more severe than those found in the UN drug control conventions, including the criminalization of drug use, the death penalty, and the punishment for possessing narcotics for personal use.
7. Even though the Act punishes offenders, trials proceed slowly, packing jails and resulting in acquittals; as a result, the Act has proven to be a hissing snake without venom in its fangs.

## Methods to prevent drug abuse in children

1. For the purpose of forming positive habits and keeping themselves occupied with work, children should follow

- a well-organized and productive routine that includes meaningful activities or group participation.
2. Regularly monitoring students' performance, behaviour, and attendance is important for schools and institutions. They should also disclose any questionable findings to parents and take immediate action.
  3. In addition to keeping an eye on their child's behaviour patterns and school attendance and performance, parents and caregivers should also have a close relationship with their child and be aware of their interests and peer groups. They should also attend parent-teacher conferences.
  4. Collaborating to enhance the self-worth and self-assurance of children who are struggling with substance misuse, parents, guardians, educators, and friends can help them make better decisions. Since recovering from substance misuse takes time, open lines of communication should be maintained, along with patience and faith in the child.
  5. When it comes to encouraging healthy habits and teaching their kids about the risks associated with drugs, alcohol, and cigarettes, parents should set an example for their children. Parents who struggle with substance misuse can talk to their kids about their experiences in order to help them see the negative consequences and get help to stop using drugs.
  6. Communities and society as a whole ought to speak out against drug demand, trafficking, and trade. Any unlawful activity ought to be reported to the authorities.
  7. The government ought to arrange health campaigns and awareness initiatives to educate people about substance addiction, its impacts, and accessible therapies, particularly in rural and neglected areas.
  8. Education on substance abuse ought to be a required subject in college and school curricula in order to increase students' awareness.
  9. Deceptive marketing for substances such as alcohol and tobacco should be monitored and controlled by ethical committees, the government, society, parents, and schools. It is necessary to implement legal mechanisms to control the supply and demand for drugs.
  10. Strengthening the implementation of the NDPS Act and PITNDPS Act by providing adequate resources, training and modern equipment to law enforcement agencies. Creating a more robust surveillance and intelligence gathering system to effectively curb drug trafficking along with improving coordination between agencies <sup>[29]</sup>.
  11. Enhancing the accessibility of reasonably priced treatment and rehabilitation centres for kids and expanding public awareness efforts to inform people about the risks associated with drug misuse and the need of getting assistance.
  12. Putting more of an emphasis on breaking up drug supply networks through stronger border security, the use of cutting-edge technology, and increased international collaboration.
  13. Lowering the manufacturing of drugs by farmers who cultivate illegally with alternative income opportunities. The state of Jharkhand has introduced an alternative livelihood program for farmers who cultivate poppies illegally, offering financial incentives to destroy the illicit crops.

14. Drones and satellites to keep an eye on, identify, and send high-resolution photos of suspected drug cultivation sites. Provide a mechanism for citizens to report drug misuse and trafficking operations online.
15. Increasing collaboration with surrounding nations, particularly those in the Golden Triangle and Golden Crescent, in order to successfully combat drug trafficking. enhancing collaborations to share knowledge and best practices with global institutions like Interpol and the UNODC.
16. To detect and track drug trafficking networks, track drug movements, and spot patterns linked to drug trafficking, big data, analytics, and artificial intelligence can be used.

### Conclusion

It is imperative to take immediate action due to India's sizable child population and the growing problem of drug usage among young people. If we don't act now, the harm might get worse and become permanent. To stop more harm, we must concentrate on developing focused awareness campaigns, particularly for underrepresented groups, with a special emphasis on youth awareness. Raising awareness is not enough; we also need to execute local laws strictly and conduct efficient surveillance. To get better results, the government should work with non-governmental organizations and specialized authorities. "If you want real peace in the world, start with children," as Mahatma Gandhi once stated. It's imperative that we remove the threat to our youthful population, which is India's greatest asset. Therefore, addiction in children should be viewed as a medical condition that anyone might suffer from, rather than a reflection of a person's character. As a result, there needs to be less stigma attached to drug use. It's important for society to realize that drug addicts are victims, not offenders.

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