
CHAPTER – 2

ALCOHOLISM AND DRUG ADDICTION

AS CAUSATION OF JUVENILE DELINQUENCY

Mahatma Gandhi said: If we are to reach real peace in this world, and if we are to carry on a real war against war, we shall have to begin with children. And, if they will grow up in their natural innocence, we won't have to struggle, we won't have to pass fruitless, idle resolutions, but we shall go from love to love and peace to peace, until at last all the corners of the world are covered with that peace and love for which consciously or unconsciously, the whole world is hungering.....

A baby, when born, cannot be said that he would be a law abiding child or law breaking one. In him neither the tendency for abiding the law nor for breaking the law is found at the time of his birth. His family is the first agency to lead him in any of the directions good or bad.¹ Children require the protective umbrella of society for better growth and development. It is the responsibility of the society and is one of the paramount obligations of those who are in charge of governance of the country today to attend to the children to make them appropriate citizen tomorrow.²

Children being vulnerable are in need of special protective treatment and the greatest social care.³ Adolescent is a time of trial and uncertainty for many youths. They may become extremely vulnerable to emotional turmoil and experience anxiety, humiliation and mood swings.⁴ Bhagwati, C.J., in *Lakshmi Kanth Pandey v. Union of India*⁵, has rightly observed, "The child is a soul with a being, a nature and capacities of its own, who must be helped to find them, to grow into their maturity, into fullness of

¹ Myneni, S.R. (2018), *Criminal Psychology*, New Era Law Publications, Faridabad, at P.176.

² Choudhury, R.N. (2008), *Law relating to Juvenile Justice in India*, Orient Publishing Company, New Delhi, at PP.94-95.

³ Sait, Nizam Azeez (2014), *Juvenile Justice, Care and Protection of Children Act, 2000*, Lexis Nexis, Haryana, at P. 1.

⁴ Sigel, Larry J. & Welsh, Brandon C. (2013), *Juvenile Delinquency Theory, Practice and Law*, Wadsworth, U.S.A., at P.4.

⁵ *Lakshmi Kanth Pandey v. Union of India* (1984) 2 SCC 244, AIR 1984 SC 469.

physical and vital energy and the utmost breadth, depth and height of its emotional, intellectual and spiritual being; otherwise there cannot be a healthy growth of the nation. Now obviously, children need special protection because of their tender age and physique mental immaturity and incapacity to look after themselves. That is why there is a growing realization in every part of the globe that children must be brought up in an atmosphere of love and affection. In India this consciousness is reflected in the provisions enacted in the Constitution.”

There is a proverb which says that it takes a village to raise a child and there is no such thing as other people’s children. The poet, Khalil Gibran too said, “Our children are not our children, they are the sons and daughters of life, longing for itself.”

Delinquency is a psycho-social problem. In a developing country, like India the problem of delinquency is becoming increasingly complex. There are various factors, like personal characteristics of delinquents, social economic background, parental occupation and income and home etc. contributing the juvenile delinquency. Besides these the researcher through this research work has tried to establish a relationship between Alcoholism, Drug addiction and Juvenile Delinquency in general and in specific in the district of Kamrup (M), Assam.

In the simplest language, those children who create a problem or indulge themselves in bad habits, crime or mal-activities are called delinquent juveniles. In other words we call them problematic children. Actually, these symptoms are started in early age of the child and these activities start in school time, such as telling lies, stealing things, and quarrelling with their friends and they start taking cigarettes, gutka, dendrite, alcohol and go far beyond to the world of bigger crimes as theft, rape, murder etc.

Such children belong to the same category of the students who miss school or tell a lie for not doing homework. Sometimes these children steal stationary items from friend’s bag, sometimes they are missing the class to avoid a teacher’s anger, but

certainly all of the students do not fall in to the category of juvenile delinquents. The researcher while conducting research in the district of Kamrup (M) regarding juvenile delinquency under the influence of drugs and alcohol has found lot of cases relating to early stage anti-social behavior. As per the data collected by the researcher the reported cases of juvenile delinquency in the district of Kamrup (M), Assam is depicted below. The researcher has visited the CID Office, Assam, Ulubari, Guwahati and collected data regarding juvenile delinquency committed within the district of Kamrup (M), Assam. The researcher has collected data regarding registered/informed cases of juvenile delinquency in various Police Stations situated at Kamrup (M), Assam. The collected data pertains to the years 2014, 2015, 2016, 2017 and 2018. The data obtained from CID, Assam, Guwahati regarding juvenile delinquency in the district of Kamrup (M) is given in tabular form below:

Table No.2

Record of Juvenile apprehended, released, sent home acquitted or disposed off and to sent special Home from 2014 to 2018 in Kamrup(Metro) district, Assam

Years	Number of Juveniles Apprehended	Number of Juveniles released on probation, on good conduct and placed under the care of Parent/ Guardian	Number of Juveniles sent home after advice or admonition	Number of Juveniles acquitted or otherwise disposed off	Number of Juveniles sent to Special Home
2014	108	-	16	-	92
2015	115	108	-	-	7
2016	48	-	-	4	44
2017	192	-	-	-	-
2018	150	-	-	-	-

Source- CID Headquarters, Assam, Guwahati

It is very difficult work for teachers and parents to identify the anti-social behaviour of the children. However, there are some characteristics for proper identification of the anti-social behaviour of the juvenile.⁶

- (1) Repeated same action like stealing, quarrelling with peers.
- (2) Emotional distance from parents.
- (3) Sudden change in normal behaviour.
- (4) Distraction from studies.
- (5) Complaints from peers and other teachers.
- (6) Complaints from neighbours etc.

Before discussing Alcoholism and Drug Addiction as causation of juvenile delinquency in urban setting, the researcher has realized that it is important to know the concept of Juvenile, Delinquency, Juvenile Delinquency, Vagrancy, Urbanization, Alcoholism and Drug Addiction. These concepts are discussed below.

2.1 Delinquency

The word 'delinquency' is derived from Latin word 'delinquentia' (a fault offence) and from Latin word 'deliquere' (to transgress, from de-liquare to forsake). The dictionary meaning of delinquency is criminal behavior. In U.S. the word 'delinquency' means failure or neglect to do what duty or law requires. The plural form is 'delinquencies'. Synonyms of delinquency are 'crime', 'misconduct', 'wrongdoing', 'fault' 'misdeed', 'offence'.⁷

Delinquency is criminal behaviour, especially that of young people. It is behaviour of the young or child which is anti-social or in violation of the law. Juvenile deviance is the anti-social behaviour by youths, which includes status offences and delinquent acts.⁸

⁶ Patel, Bharat R. (2015), *Juvenile Delinquency*, Shree Niwas Publications, Jaipur, at P.38.

⁷ Myneni, S.R. (2018), *Offences Against Child & Juvenile Offence (Law relating to child)*, New Era Law Publications, Faridabad, at P.174.

⁸ Martin, Gus (2016), *Juvenile Justice*, SAGE Publications, London, at P.7.

2.2. Juvenile Delinquency

The term 'Juvenile delinquency' was for the first time; it is used by an American Committee constituted in the city of New York in the early part of Nineteenth Century.⁹

Juvenile delinquency is the participation by a minor child, usually between the ages of 10 and 18, in illegal behavior or activities.¹⁰ 'Juvenile delinquency' means "The behaviour of a minor child that is marked by criminal activities, persistent anti-social behaviour or disobedience which the child's parents are unable to control". It is "violation of the law by a minor", which is not punished by death or life imprisonment.

2.3. Delinquency and Crime

Crime and delinquency do not have universal meanings. Both the terms 'Delinquency' and 'Crime' are legal terms and carry different meaning not only from country to country but also from one State to another State in the same country. The Second U.N. Congress of Crime and Treatment of Offenders in 1960 stated that juvenile delinquency should be understood as the commission of an act which, if committed by an adult, would be considered as a crime.¹¹ This in fact, indicates that there is no difference between delinquency and crime. But from the point of view of the perpetrator of the act, there are differences between crime and delinquency. In broadest sense, crime is an act prohibited by law, while juvenile delinquency may refers to prohibited acts committed by a young person below certain age or behaviour patterns which may serve to get a juvenile labelled as delinquent through the process of legal action. In every society, the nature of both crime and juvenile delinquency is somewhat complex. The growth of urbanization and industrialization has affected the traditional forms of socialization and social control. This has led to increasing rates of all types of deviant

⁹ Chatterjee, S.K. (2016), *Offences Against Children and Juvenile Offence*, Central Law Publications, Allahabad, at P.388.

¹⁰ Supra note 7, at P.174.

¹¹ Sen, S. (1993), "Juvenile Delinquency", *Indian Journal of Criminology* Vol. 21 (2) July, at P.82.

behaviour, juvenile delinquency and crime especially in large cities rather than rural areas.¹²

Firstly, it is apparent that the main difference between a juvenile delinquent and a criminal is an age. Both the delinquent and criminal indulge in antisocial activities. If a criminal is below a certain specification age, he will be designated as juvenile delinquent.

Secondly, criminals and juvenile also differ in respect of crimes they commit.

Thirdly, juvenile is generally unaware of the objectives of his own actions. But a criminal acts with an intent to gain something.

Finally, a juvenile may not be able to comprehend the consequences of his act or may not have a definite motive. But a criminal always acts or commits a crime on a pre-planned and in a well-organized basis.

Thus, motive essential for truly criminal acts do not ordinarily characterize juvenile delinquencies. The realization of these differences between juvenile delinquency and adult criminality finally led to the establishment of Juvenile Courts, detention homes and reformatories, where the primary aims are reformation and rehabilitation rather than punishment retribution.¹³

Other characteristics

Kohen has distinguished criminals from juvenile delinquents on the basis of the following distinguishing characteristics:¹⁴

- (a) A Juvenile's mischief are lacking in utility as he performs actions that do not benefit him in the least, such as roaming about the streets without cause. On the other hand, the criminal acts with the intent to gain something. A juvenile is sometimes even unaware of the objective of his own actions.

¹² Nagpaul, Hans (2005), *Social Work in Urban India*, Rawat Publications, New Delhi, at PP.45- 46.

¹³ Deka, Nilima; Chakrabarty, Abha Misra& Sen, Ranjana (2000), *Juvenile Crime in Guwahati City*, Academic committee of Latit Chandra Bharali College, Maligaon, at PP.3-4.

¹⁴ Sharma, Rajendra Kumar (2010), *Urban Sociology*, Atlantic Publishers and Distributors Pvt. Ltd, New Delhi, at PP. 199-200.

- (b) Sometimes a juvenile a crime with only an intention to enjoy himself and indulge his sense of humour. It finds expression in practical joking like breaking car glasses, putting boulders on railway tracks or pushing people into a pond of water just for the fun of it. A criminal does not find this a suitable mode of manifesting his sense of humour.
- (c) The juvenile delinquent does not commit a crime on a preplanned and well organized basis, being more apt to things on the spur of the moment. A hardened criminal is more inclined to plan his moves and organize crime with certain show of skill.

2.4. Vagrancy and Delinquency in an Urban Setting

Vagrancy simply means leading a wandering life without any specific aims and objectives. In other words, vagrancy means to the acts of those children who go around the streets aimlessly.¹⁵ Mostly, they are uncontrollable children who, in the absence of proper care, guidance, protection and parents, are likely to have conflicts with law.¹⁶ Vagrancy can be considered as pre-delinquency stage of children. Vagrant children, when they feel helpless take shelters with beggars and other criminals. Vagrant children forget their homes and accept begging as a job. They sleep on the street and footpath after they join groups of thieves, rackets, beggars, and other criminals¹⁷.

2.4.1. Vagrancy and Criminalizing Homelessness and Poverty

Vagrancy laws, where they exist, prohibit such things as loitering, panhandling, sleeping outdoors in public places, gambling, prostitution, and even fortune telling. They also prohibit, however, being a certain type of person, such as being: homeless, unemployed, an addict and a prostitute etc.¹⁸

¹⁵ Vadackumchery, James (2005), *Judiciary and Juvenile Justice*, Indian Publishers' Distributors, Delhi, at P.92.

¹⁶ Ibid at P. 6.

¹⁷ <https://legaldictionary.net/vagrancy>. Accessed on 25.07.2018 at 5 P.M.

¹⁸ Ibid.

2.4.2. Juvenile

The word 'juvenile' is derived from Latin word "Juveniles" [youthful (adj.)] and from 'Juvenis' [young (n)].¹⁹ Section 2(k) of the Juvenile Justice (Care and Protection of Children) Act, 2000 'Juvenile' or 'Child' means a person who has not completed eighteen years of age.

2.4.3. Juvenile Delinquency is a tremendous burden on society

Juvenile delinquency is a tremendous burden on society and keeping in mind the present situation, it can be said that the number of the crimes being committed by the juvenile is increasing and is to be checked.²⁰ The crimes are sometimes of heinous in nature like murder, rape, robbery; age must not be a sole criterion to award a lenient punishment to the offender. New amendments are made to existing laws after the Delhi rape in 2012. The Government made some amendments and inserted section 376 and section 376 E of Indian Penal Code which provides imposition of the death penalty on those who are convicted of rape. In contrast to this Juvenile Justice (Care and Protection of Children) Act, 2000 only impose only a maximum sentence of 3 years without the reference to the nature committed. It is not justified to let the convicted persons to get off with such leniency.²¹

Urbanism is a special concept which inherits within itself all the characters connected with urbanization and the urban way of life. The concept was given the final shape by Louisworth Cycle.²² According to Louisworth, "Urbanization is a process of extension or accentuation of the mode of life, characteristic of a city". J.C. Mitchel defines urbanization as the process of becoming urban, moving to cities, changing from agriculture to other pursuits common to cities and corresponding changing of behavioural pattern.

¹⁹ Supra note 7, at P.170.

²⁰ Malik's (2018), *Law of Juvenile Justice in India*, New Delhi Law House, Delhi, at P.11

²¹ Ibid.

²² Supra note 14 at P.37.

According to Kingsley Davis, urbanization is the switch from 'spread out' to concentration pattern of human settlement. Hope Tisdale Eldridge treats urbanization as a process of population concentration and identifies two elements in the process:

- i. One is the multiplication of point of concentration and
- ii. The other one is increase in the size of individual concentrations.

2.4.4. Feature of Urbanism

The following are the important factors which determine the characters of urban way of life.²³

- i. Size of Population:** Since the time of Aristotle, it has been recognized that increase in the number of inhabitants in a settlement beyond a certain limit will affect the relationship between people and habitat. Hence, it leads to competition over scarce resources and a search for alternatives and reduces intimacy and nearness of relations, while increasing the number of contacts and acquaintances.
 - ii. Density:** Increase in the size of the population over a limited area increases its density. Increase produces differentiation and specialization as a necessary condition for survival. In denser areas while physical contact will be close, social contacts are distant. Increase in size and density of population are the necessary concomitant of urbanization.
 - iii. Heterogeneity:** Heterogeneity is another concomitant of urbanization as urban areas are the reservoirs people of variety of cultural, ethnic and social backgrounds. The city has always been 'the melting pot' of a variety of people and cultures. It has brought together people from different corners of the world and has not only tolerated but rewarded individual differences.
- 4. Nuclear families:** Nuclear families are found in urban community. In nuclear families husband, wife and their children live together. The rate of divorce, dissolution and family disorganization is more in urban community.

²³ Supra note 14 at P.38.

2.4.5. Urban Social Problem

The researcher observed that in urban way of life, the people faces many social problems. The main social problems that appear in the urban milieu are that of housing and inadequacy of family and neighbourhood, lack of stability in the social structure, lack of intimate social relations, congestion, unemployment, pollution, diseases peculiar to urban way of life and increased social disorganization.²⁴

1. **Housing:** Housing is one of the important problems of the urban society. But continuous inflow of rural population in to the city due to rapid industrialization with simultaneous development of housing colonies results in formation of slums.
2. **Slums:** Slums exist either in the zone in transition or around factories or in congested districts. Poverty constitutes the main characteristic of slum dwellers. Poverty is regarded as one of the major problems of the society. Slums acts as cover for hideouts for all sorts of crimes and vices like gambling which prevail live upon the city population. Juvenile delinquency and mal-socialization of more or less orphan juveniles of the slum society whose parents have enough on their hands is a curse of the slum upon city life. Living conditions in slum areas are characterized by overcrowding, poor environmental conditions, scarcity of health and family welfare services, and absence of minimum level of residential accommodation. As a result, conditions of people living in slums are far more pathetic than in rural areas.²⁵ Migration of deserted and destitute boys to slums brings them in contact with anti-social elements carrying on prostitution, mugging of liquor or narcotic drugs and bootlegging.²⁶
3. **Pollution:** Pollution results from the discharge of wastes into the environment. Some industries release gas, solid, liquid into air or water canals. Much concern

²⁴ Myneni, S.R. (2017), *Sociology, Part- II, Rural, Urban and Tribal Sociology in India*, Allahabad Law Agency, Gasidabad, at PP. 53-57.

²⁵ Ahuja, Ram (2015), *Society in India*, Rawat Publications, Jaipur, at P.358.

²⁶ Ahmed, Sartaj; Bhartiya, Vaibhav Goel & Tripathi, Manoj Kumar (2019), *A Textbook of Sociology*, University Book House Pvt. Ltd., Jaipur, at P.498.

about pollution stems from the damage it can do to ecological balances and the irrevocable changes in the environment .these certainly cost to society.

- 4. Spiritual degradation:** People have become materialistic in the cities. Everybody has become self-centered and is madly pursuing his self interest without any consideration for others. This is resulted because of decline in the influence on religion in the life of the people living in urban areas.
- 5. Lack of family control:** The family plays an important role in the society. But due to urbanization the parents go to the work and to remain busy for the whole day at workplace and for that reason parents are not able to give the time to their children. Lack of family control, the deviant behavior grows in the society and gain the habit of drug and alcohol and committing the offence. Sutherland holds that family background has the greatest influence on criminal of the offender.²⁷
- 6. Increase in crime:** The Government has passed various laws for the prevention of crime. But day by day basically in urban areas crime rates are increasing. In cities there is a sharp increase in juvenile delinquency. Children became delinquent because their parents go to work and not able to take care properly of their children. There is rise in evil practices due to frustrating working conditions in the factory, where workers drink, gamble and adopt vices as a matter of routine.
- 7. Reducing of joint family system:** In urban areas there is a decay of joint family system and increasing tendency of nuclear family.

In urban social life is impersonality. The main reason for this state of affairs is that people in cities do not regard affectionately other persons and do not have any respect for them. They give love and respect goods and things in preference to human

²⁷ Paranjape, N.V. (2011), *Criminology and Penology with Victimology*, Central Law Publications, Allahabad, at P.78.

beings. Every commodity and service in urban society is evaluated in terms of cash. Thus money and cash govern the behavior of urban man.²⁸

As a consequence of impersonality of relations, industrialization and the widespread use of modern sophisticated technical gadgetry the urban life has become mechanical. It has lost all creativity. The professionalism, so rampant in urban life comes in the way of development of deep and intimate relations, because no one is prepared to sacrifice his or her professional interest and the intimacy personal relations militates against the professional interests. Therefore, love and sympathy are conspicuous by their absence in cities.²⁹

Due to impersonality of social relations and the mechanical nature of the social life, primary controls are not effective in urban context. There is little control of family, caste and Biradari upon the conduct and behavior of the individual. An urban man is under the control of the law enforcing agencies of the government only. Therefore, in cities law and police assume great significance and play very crucial role. In the various clubs, associations and societies formed in the cities each is given its constitution which lays down the rules and regulations, violation of which attracts punishment.

Another important feature of urban life is social mobility which affects the social relations. It obstructs the development of collective consciousness. All these factors help in breakdown of social relations.³⁰ The important problem of the urban society is the lack of feelings of neighbourness.³¹

The researcher has observed that in urban life, there is a conflict and competition. In mechanical nature of urban life and its artificiality the mental conflicts are also on the rise. As a consequence of conflicting discuss the life is full of discontent and sorrow and people face many problems in the life.

²⁸ Supra note 14, at PP. 108-114.

²⁹ Ibid.

³⁰ Supra note 27, at P.76.

³¹ Ibid at P.76.

Every society has certain moral values and moral principles which regulate and control the human behavior in the society. In primitive societies, the existence of society without some moral principles is impossible. But in modern society, the value of moral principle is reduced in the society. That is why people involve in various crimes in the society e.g. Juvenile take alcohol, drugs and also involve in offences also.

The researcher has found that the more maladjustment in cities than in villages. The main reason for this is that life in the city becomes impersonal and the sense of community and fellowship is superseded by the sense of gain, profit or status. Therefore, people in cities do not care or bother about others. In cities in many families' husband and wife both work out of home. These leads to forced neglect of children and they are involved the various crimes and also develop the habit of taking of drugs and alcohol.

2.5. Effects of Alcoholism and Drug Addiction on Crime Causation

Alcoholism and drug Addiction may be conceptualized as crime without victim i.e., addicts himself is victim who becomes a prey of its misuse.³² Alcoholism and drug related offences being victimless crime; they fall in the category of public order crimes or consensual crimes. Siegel (2004) has defined victimless crime or public order crime.³³

Alcoholism and drug addiction are indicative of the irresponsibility and weakness of the character of the persons using these intoxicants.³⁴ Unlike the drug addict, alcoholic is usually accepted by the public as a sick person.³⁵ Robert Seligar in his Article on "Alcohol and Crime" says that relation between alcoholism and various aggressive and criminal acts is often confirmed by the statistics which indicate that in the present day there is considerable increase in such alcoholic-criminal episodes. Drug

³² Kundram, P. & Murty, V.N. "*Drug Abuse and Crime: A Preliminary Study*", (1979) Indian Journal at PP. 65-68.

³³ Supra note 27, at P.208.

³⁴ Sirohi, J.P.S. (2013), *Criminology & Penology*, Allahabad Law Agency, Haryana, at P. 607.

³⁵ Bernes and Teeters (1959), *New Horizons in Criminology*, Prentice Hall, USA, at P.89.

abuse, seems to have become a fashion for fun and a way to escape from the family tensions at home and to forget the disgust and desperation which has made their life miserable. But the conduit pipe for this flourishing trade is provided by the street children, who in their frustration and poverty are ready to do anything, unmindful of the nature and the consequences as the income from the trade for merely acting as messengers, is too large and is easily earned. The enforcement agencies have little doubt on the activities of these street children and thus they have become safe channels for the trade. Resultantly, the number of street children is bound to increase looking to the income generated and the concept of 'safe channel'.³⁶

Alcoholics are those excessive drinkers whose dependence on alcohol has attached such a degree that they show a noticeable mental disturbance or, an interference with their mental and bodily health, their interpersonal relations and their smooth social and economic functioning; or who show prodromal signs of such development.³⁷ There are two types of alcohols- Methyl and Ethyl, latter is used in the preparation of alcoholic drinks. The quantity of alcohol in the drinks determines its strength.³⁸

Drinking of liquor is a moral sin. It is no doubt a social evil, but it is a slow poison to spoil the society, especially juveniles. Liquor destroys health and ruins the family. Under the influence of alcohol, mind surrenders to muscle, and brain abdicates to brawn, and passion subdues. The evils that flow spread over a wide spectrum such as crime, dacoities, murder, and prostitution, neglect of dependent families, malnutrition, disease, illness, unemployment, indebtedness and child delinquency.³⁹

³⁶ Nalwa, Suman& Kohli, Hari Dev (2016), *Commentary on the Juvenile Justice Act*, Universal Law Publishing, New Delhi at PP.17-18.

³⁷ World Health Organisations P.7, Vol. XCVIII, 46.

³⁸ Sanajaoba, Naorem (1986), *Socio-Legal Problems and Developing Society*, Deep& Deep Publications, New Delhi, at P.197.

³⁹ Seliger, Robert "Alcohol and Crime, the Journal of Criminal Law and Criminology", XLI (May-June, 1950) at PP.24-31.

The effect of alcohol on the brain is depressant from the beginning. Its apparently stimulating effect is due solely to the fact that it deadens the higher control centers (and progressively the other centers as well), so weakening or removing the inhibitions that normally keep us within the bounds of civilized behavior. It also impairs perception, reasoning and the ability to foresee consequences.⁴⁰

Like alcoholics, narcotic drug addiction is also regarded as one of the psychopathic traits of criminal behaviour. Lindsmith observed that a man may start using narcotic drugs for two reasons. He may start it out of sheer fun or curiosity or observance of folkways or he may initially start using them as a medicine for his ailments and subsequently get addicted to it due to prolonged use. These addicts suffer distress when the supply of drugs is withdrawn and often resort to violence in an attempt to secure the dose. Moreover, drug addiction produces physical and mental deterioration and the addicts frequently resort to crimes such as theft and vagrancy to secure money for procuring drugs. That apart, addicts too often associate themselves with the underworld characters and pick up criminal tendencies for acquiring the supply. Thus, unknowingly they lend into criminality without any real intention on their part to become criminal.⁴¹

2.5.1. Alcoholism

Alcohol is formed when yeast ferments i.e. breaks down without oxygen. The sugars in different food, for example, wine is made from the sugar in grapes, beer from the sugar in malted barley (a type of grain), and cider from the sugar in apples, vodka from the sugar in potatoes, beets or other plants.⁴²

Alcohol is classed as a 'sedative hypnotic' drug, which means it acts to depress the central nervous system at high doses. At lower doses, alcohol can act as a stimulant, inducing feelings of euphoria and talkativeness, but drinking too much alcohol at one

⁴⁰ Williams, G. (1983), *Text Book of Criminal Law*, Stevens & Sons Ltd, United Kingdom, at P. 464.

⁴¹ Supra note 27, at PP.64-65.

⁴² http://www.drugs.ie/alcohol_info/about_alcohol/what_is_alcohol. Accessed on 02.06.2018 at 9 P.M.

session can lead to drowsiness, respiratory depression (where breathing becomes slow, shallow or stops entirely), coma or even death as well as its acute and potentially lethal sedative effect at high doses, alcohol has effects on every organ in the body and these effects depend on the blood alcohol concentration (BAC) over time.⁴³

2.5.1.1. Meaning of Alcoholism

Alcoholism is a condition in which an individual loses controls over his alcohol intake in and he constantly unable to refrain from drinking once he begins. According to Keller and Vera, alcoholism is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary use or compliance with the social customs of the community and that adversely affects the drinker's health or interferes with his social or economic functioning.⁴⁴

An alcoholic is different from an 'occasional drinker'. Any person who takes alcohol is a 'drinker', while a 'compulsive drinker' who cannot live without taking alcohol is called an 'alcoholic'.⁴⁵ According to Waskin, an alcoholic is an excessive drinker whose dependence upon alcohol has reached such a degree that it results in a noticeable mental disturbance or an interference with his bodily and mental health, his interpersonal relations, and his smooth social and economic functioning' or one who shows the early signs of such developments. Cline bell has defined an 'alcoholic' as one whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships.⁴⁶

Broadly speaking, alcoholism has been characterized by four factors: (1) excessive intake of alcoholic beverages, (2) individual's increasing worry over his drinking, (3) loss of the drinker's control over his drinking, and (4) the disturbance in functioning in his social world. The definition of alcoholism is chronic alcohol use to

⁴³ Supra note 42.

⁴⁴ Thakur, Navendu K. (2016), *An Introduction to Sociology*, Central Law Publications, Allahabad, at P. 362.

⁴⁵ Ibid at, P. 363.

⁴⁶ <https://www.alcoholrehabguide.org/alcohol/causes>. Accessed on 25.06.2018 at 8 A.M.

the degree that it interferes with physical or mental health, or with normal social or work behavior. Alcoholism is a disease that produces both physical and psychological addiction. Alcohol is a central nervous system depressant that reduces anxiety, inhibition, and feelings of guilt. Alcoholism is a disease that damages the brain, liver, heart, and other organs.⁴⁷

2.5.1.2. Causes of Alcoholism

Several of the most common causes of alcoholism are: biological factors, environmental factors, social factors and psychological factors. Here's a breakdown of how each one plays a role in the development of alcohol abuse.⁴⁸

(i) Biological Factors: Research has shown a close link between alcoholism and biological factors, particularly genetics and physiology. While some individuals can limit the amount of alcohol they consume, others feel a strong impulse to keep going. For some, alcohol gives off feelings of pleasure, encouraging the brain to repeat the behavior. Repetitive behavior can make more vulnerable to developing alcoholism.

(ii) Environmental Factors: The studies have explored a possible connection between ones environment and risk of Alcohol Use Disorder (AUD). For example, many researchers have examined whether or not a person's proximity to alcohol retail stores or bars affect their chances of alcoholism. People who live closer to alcohol establishments are said to have a more positive outlook on drinking and are more likely to participate in the activity. Another environmental factor, income can also play a role in the amount of alcohol a person consumes. Contrary to popular belief, individuals who come from affluent neighborhoods are more likely to drink than those living below poverty.

⁴⁷ Sain,Bhim(1995),*Drug Addiction and Environmental Pollution*, Mittal Publications, New Delhi ,at PP.190-191.

⁴⁸ Supra note 46.

(iii) Social Factors: Social factors can contribute to a person's views of drinking.

Culture, religion, family and work influence many of your behaviors, including drinking. Family plays the biggest role in a person's likelihood of developing alcoholism. Children who are exposed to alcohol abuse from an early age are more at risk of falling into a dangerous drinking pattern.

(iv) Psychological Factors: Different psychological factors may increase the chances of heavy drinking. Every person handles situations in their own unique way. For example, people with high stress, anxiety, depression and other mental health conditions are more vulnerable to developing alcoholism. In these types of circumstances, alcohol is often used to suppress feelings and relieve the symptoms of psychological disorders.

2.5.1.3. Alcohol & Pleasure

The fact that alcohol improves the drinker's mood in the short term is an important reason why many people drink and that mood change can be regulated according to the amount consumed.

- Alcoholic beverages are used for their mood-changing properties. The more you drink the more parts of your brain become numbed from the sedative drug-alcohol.
- As the alcohol moves quickly to the brain it acts like an anesthetic to the various parts. First affected is the frontal lobe with immediate effects of increased enjoyment, euphoria, happiness, and the general expression of positive moods.
- These feelings are experienced more strongly in groups than when drinking alone and very much influenced by expectations.
- Drinkers' expectancies of positive outcomes from drinking are associated with increasing consumption levels.⁴⁹

⁴⁹ Supra note 46.

2.5.1.4. Alcoholism Risk Factors

There are many risk factors involved in the potential for developing alcoholism. Several common alcohol abuse risk factors include.⁵⁰

- a) **Drinking at an Early Age:** The earlier a child starts to drink alcohol, the greater problems he or she will face in adulthood, not only with substance abuse but with meeting important life goals such as education and careers.
- b) **Family History with Alcohol Addiction:** Studies reveal that parents who drink or express favourable attitudes about drinking are linked to their children initiating alcohol consumption and continuing drink. The researcher during the investigation found that most of the juveniles learn the habit of drinking from their parents and their surrounding environment.
- c) **High Levels of Stress:** Drinking in an effort to reduce stress can quickly turn problematic. Career paths that are more likely to face high levels of stress due to long hours and strenuous tasks include doctors, nurses, emergency rescue workers, construction workers and military.
- d) **Peer Pressure:** When a partner or close friend frequently drinks, Juvenile may be more inclined to join them. Giving into peer pressure can lead to drinking problems down the road, as well as many health complications that arise from excessive alcohol consumption.
- e) **Frequent Alcohol Consumption over a Long Period:** When drinking too much becomes a habit than increase an alcohol-related problem.

2.5.1.5. Process of becoming an Alcoholic

A 'drinker' has to pass through various stages to become an 'alcoholic'. According to an American psychiatrist Jelliek (1946:368), an alcoholic has to pass

⁵⁰ Supra note 46.

through the sequence of seven phase; (1) blackouts, in which the individual is not able to find a solution to his individual problems, (2) sneaking drinks, in which he takes alcohol without being observed, (3) increased tolerance, in which he tolerates the increased effects of drinking. (4) loss of control, in which he fails to control the desire of not taking alcohol, (5) development of an alibi system, in which he gradually starts neglecting his social roles, (6) going on periodic benders, in which he keeps on drinking regularly, and (7) regular mutational drinking , in which he regularly starts taking alcohol in the morning.⁵¹ Jelliek has also explained the process of becoming an 'alcoholic' in the following four stages:⁵²

- 1. Pre-alcoholic symptomatic phase:** In this phase, taking advantage of social sanction, an individual starts drinking to reduce tensions and solve his personal problems.
- 2. Prodigious phase:** In this phase, along with the increase in the frequency of drinking, there is increase in the quantity of the drink too.
- 3. Crucial phase:** In this phase, his drinking becomes conspicuous. He develops rationalizations to stand social pressures and assures himself that he has not lost control over himself. However, he does not lose his self-respect. Gradually, he starts alienating himself from others as his physical and social deterioration becomes obvious to them.
- 4. Chronic phase:** In this phase, he starts drinking even in the morning. He faces prolonged intoxication, impaired thinking, indefinable fears, tremors, and loss of certain skills. He is all the time obsessed with drinking and feels restless without alcohol.

⁵¹ Supra note 25, at P.421.

⁵² Ibid.

2.5.1.6. Drunkenness offences

Drunkenness, as such, is not a punishable offence in India, though it may sometimes lead to offences like rash or negligent driving, rioting and affray, public nuisances and even serious offences like rape and murder. In the US drunkenness is punishable in many jurisdictions as when someone is “drunk in a public place”; some laws include as a condition that the offender be “unable to care for his own safety”.⁵³ Alcohol may be a factor in nearly half of all murders, suicides, and accidental deaths.⁵⁴

As per the record collected by the researcher from the Excise Department, Kamrup (M), Assam different kinds of illegal liquor seized and destroyed during the period from April- 2018 to May- 2019 in the district.

Table No. 3
Excise Department seized and destroyed illegal liquor from April- 2018 to May- 2019 in the district.

Month	Case Detection in No.					
	Sec 53(1)(a) the Excise Act, 2018	Sec 61A the Excise Act, 2018	ID (in Ltrs)	IMFL (in Ltrs)	Bear (In Ltrs)	Compounding found
April-18	-	-	-	-	-	-
May- 18	-	-	-	-	-	-
June- 18	14	30	1160	30.866	-	150000
July-18	12	47	301	18.57	23.4	207000
Aug-18	01	21	50	-	-	170000
Sep-18	04	27	30	55.8	280.8	103000
Oct-18	15	32	294	205.455	83.7	164000
Nov-18	03	07	-	92.415	81	35000
Dec-18	03	12	-	2869.5	382.5	78000
Jan-19	04	15	273.1	0.36	-	85000
Feb-19	13	21	466	220.235	-	94000
Mar-19	06	08	85	730.98	117	25000
Apr-19	-	19	1053	-	-	83000
May-19	-	02	3025	-	-	10000
Total	75	241	6737.1	4224.181	968.4	1204000

Source: Excise Department

⁵³ Ahmed, Siddique (2016), *Criminology, Penology and Victimology*, Eastern Book Company, Lucknow, at P. 172.

⁵⁴ Supra note 4, at P.369.

This shows that easy availability of such huge amount of alcohol may be a reason behind lots of people as well as juvenile becoming alcoholic in the district of Kamrup (M).

2.5.2. Drug Abuse

Drug abuse is a global phenomenon for reasons of similarity of human nature everywhere, as well as the shrinking of the globe due to the rapid advancements made in the field of transport and communications.⁵⁵ Drug abuse is use of illicit drug or misuse of legitimate drug resulting into physical or psychological harm. It includes smoking ganja or hashish, taking heroin or cocaine or LSD, injecting morphine, drinking alcohol and so forth. These are sometimes referred to as being 'high on speed' or 'trip' or 'getting kicks'.⁵⁶ Drug abuse or substance abuse as it is known is the non-medical consumption or application for psychoactive substances that have the power to include psychological dependence and physical tolerance, besides a state of pleasure, even euphoria, in the mind of the subject. The practice of substance abuse has been prevalent in humankind since time immemorial. However in earlier time it was within tolerable limits, it started escalating gradually in the mid-20th century and assumed menacing proportions it is closing years. Drugs, both narcotics and psychotropic substances have come to be associated with trendy things like rock, music, fashion, rebellious activities since the 1960s. The domination of recreational drugs such as cannabis in its different forms, cocaine and heroin has endured. Designer drug that delivers a high state of intoxication followed by a euphoric mental high and lastly a binding hallucination captured the imagination of the succeeding generation since 1980s. The matter has now become one of grave concern for the individual nation states as well as for the international community.⁵⁷

⁵⁵ Prashant, Saroj (1993), *Drug Abuse and Society*, Ashish Publishing House, New Delhi, at P.9.

⁵⁶ Supra note 55, at P.9.

⁵⁷ Kar, S.P. (2009), *Narcotics: Crime, Terrorism and Control*, KW Publishers Pvt. Ltd. New Delhi, at P.1.

The World Health Organisation defines drug abuse including alcoholism as “a state of periodic or chronic intoxication, detrimental to the individual and the society, produced by repeated consumption of drug either natural or synthetic”. Its characteristics include:

- a. An overpowering desire or need (compulsion) to continue taking drug and to obtain it by any means.
- b. A tendency to increase the dose and
- c. A psychic (psychological) and sometimes a physical dependence on the effects of drug.⁵⁸

2.5.2.1. What is a Drug

In medical sense, a drug is known as medicine because of it has healing effects. The word ‘Drug’ is derived from the French word ‘drogue’ a dry herb. The World Health Organisation (1966) has given a more comprehensive definition –“Drug is any substance or product that is used or intended to be used to modify or explore physiological systems or pathological states for the benefit of the recipient”.⁵⁹ A drug is a chemical substance, other than food, that alters the psychological and physiological functioning.⁶⁰ This includes coffee and other caffeine- containing drinks, vitamins and other food supplements, all alcoholic beverages, as well as legal and illegal drugs.⁶¹ Normally, substance is known to be drug when it is intended for use as a medicine for alleviation or cure human (and animal) suffering that result from some disease or ailment. But the expression ‘drug’ has assumed a wider character and role, much more than healing a disease like a medicine does; consequently, it can now be defined as a substance that can cause a metabolic change in a human body or his

⁵⁸ Sixth National Conference on Women’s Studies, May 31, 1993 to June 3, 1993.

⁵⁹ Srivastava, Lily, (2013), *Law & Medicine*, Universal Law publishing Co., New Delhi, at P.319.

⁶⁰ Mohan, Jitendra & Sehgal, Meena (2004), *Drug Abuse Among Child Workers*, Abhijeet Publications, Delhi, at P.55.

⁶¹ Singh, S. P. (2010), *An Outline of Juvenile Delinquency*, Sublime Publications, Jaipur, at P.84.

thinking or feelings. Drug is used as medicines can also be abused for obtaining pleasure and reliving tension. Most commonly, drug of abuse are not taken by humans for their healing properties' instead they are abuse by their users in order to get the feel of an unusual unnatural and extraordinary state of mind, completely detached and separated from the reality of the environment. It creates a new world of his own for the use and becomes a medium for his self-indulgence. Abuse of drugs can create for an individual serious and abnormal problem, which at the same time could be physical, psychological, emotional, behavioural, social and financial. Ordinarily, the use of drug for creating a sense of pleasure and a feeling of well-being leads to the development of forceful desire for a repeat performance.⁶² According to a survey conducted by the Central Govt. of India in 33 cities in the 1990s reports prevalence of drug addiction in varying degrees among all the segments of the Indian society. According to the survey, a significant proportion of addicts are from the lower income strata. It has been noticed that the problem of drug addiction is on the increase and young persons are particularly vulnerable to drug abuse. The survey reveals that while opium and cannabis continue to be the main drugs of abuse in the rural areas, addiction to heroin is more pronounced in urban areas. Transit traffic of heroin and hashish, produced in the neighbouring countries add a new dimension to the aggravating drug abuse problem of the country.⁶³

To begin with a starter takes drug to experiences some imaginary pleasure. The starting point could be mere curiosity or peer group's influence and the subject will certainly experiences some degree of pleasure from the initial intake of the substances. But as he develops addiction by regular abuse of his chosen drug, he becomes a hardcore addict, totally dependent in it. Once that dependence sets in, the abuser no longer obtains any pleasure out of its use. Rather, he hates it at that point of time, but

⁶² Supra note 57, at P.1.

⁶³ Mehanathan, M.C. (2007), *Control of Narcotic Drugs and Psychotropic Substances in India*, Lexis Nexis, Haryana, at P.3.

even then he must have his quota just to escape his misery of dependence. He now tries to remain only near normal with fresh intake a drug addict faces God's curse'.⁶⁴

A range of psychoactive substances, some of which were created for legitimate uses, fall into misuse or abuse. A verity of pain killers or sleep—including drugs or sedatives is made use of to achieve a state of intoxication. In North America and Europe, where it is very difficult to procure prescription drugs, people resort to the use to new designer drugs that make innovative experiments with the minds of the abusers. Anabolic steroids are used by a section of young people to build muscles faster. In fact, the trend observed in project studies made on the subject indicates that newer recreational substances are on the way to making an appearance in the global drug market.⁶⁵

2.5.2.2. Drug dependence

Drug dependence denotes habitual or frequent use of a drug. The 'dependence' can either be physical or psychological. Physical dependence occurs with the repeated use of the drugs when the body has adjusted to the presence of a drug and will suffer pain, discomfort or illness if the use of the drug is discontinued.⁶⁶

2.5.2.3. Addiction

Addiction is generally referred to describe physical dependence. Thus, 'addiction' or 'physical dependence' is "a state whereby the body requires continued administration of the drug in order to function".⁶⁷

2.5.2.4. Drug Addiction

Drug Addiction (also called substance use disorder) is a brain disease. The addict becomes dependent on the drug. The addict uses it, despite having full

⁶⁴ Supra note 63, at P. 3.

⁶⁵ Ibid.

⁶⁶ Supra note 25, at P. 388.

⁶⁷ Ibid.

knowledge of its harmful effects on health. It is considered a brain disease because it changes the structure and functioning of the brain.⁶⁸

- There is an uncontrollable desire or craving to consume the drug.
- Addicted people often engage in compulsive behavior to obtain the drugs.
- The addicts find it impossible to control the drug intake.
- In case of drug abuse, people start taking drugs in larger doses than the recommended doses.
- The addict is not able to discharge his day-to-day responsibilities in an efficient manner.
- It affects both the physical and mental health of the addict. Very often, addicts witness extreme changes in body weight.
- Very often, the addict stops socializing.

Sometimes, drug addiction is also referred to as drug dependency since the addict develops dependency or addiction for a particular drug. Drug Addiction is fundamentally as symptom of a personality disturbance and Kulb and Felix have set forth four general personality types as examples of the kind of personality disorders upon which addiction is based.⁶⁹

The first group consists of what is generally known as the medical addict- persons who have continued using the drug after the termination of the treatment.⁷⁰

The second group consists of persons with all types of psychoneurotic disorders, included in this classification are people who have a great deal of anxiety are nervous, tens and frightened or mentally worried for any reason; people who feel compelled to do things in a certain way and who become very uncomfortable if their routines are upset

⁶⁸ Supra note 47, at PP.135 -150.

⁶⁹ Ghosh, S.K. (1987), *The Traffic in Narcotics and Drug Addiction*, Ashish Publication House, New Delhi, at PP.47-48.

⁷⁰ Ibid.

and individuals who have strange inexplicable types of paralysis or losses of sensation in their extremities (hysterical persons). Individuals of this class begin the use of drug because it relieves their anxiety and takes away whatever symptoms they may have.⁷¹

The third group consists of psychopathic persons who ordinarily become addicted through contact and association with persons who already are using drugs. They are generally emotionally undeveloped, aggressive and hostile persons who take drug for pleasure arising from the relief of the tension arising from their unconscious aggressive drives.⁷²

The fourth and smallest group is made up of individuals who are insane (psychotic) and who are drug addicts. The mental illness in many of the persons in this classification is mild in degree and some of this person seems to be able to make a better adjustment while taking drug.⁷³

2.5.2.5. Classification of Drugs

Drugs are classified differently by adopting different criteria for different purpose.⁷⁴

a. Origin of the Drug: One criterion is the origin of the drug that is whether it is found in nature or manufactures by men. Thus are basically botanical products-opium, cocaine, cannabis and their derivatives-are treated as narcotic drugs (their origin being in nature). These drugs come under the UN Single Convention of 1961 (as amended by Protocol of 1972). When, however, certain chemicals and synthetic substances are made into drugs of abuse by admixture in the formulae, they are known as psychotropic substances and are covered under the UN Convention of

⁷¹ Supra note 69.

⁷² Ibid.

⁷³ Ibid.

⁷⁴ Supra note 57, at PP.3-4.

1971 on Psychotropic Substances. Sedatives, tranquillisers, barbiturates, LSD etc. are some of the psychotropic substances that come under this category.

- b. Functional Quality:** Second classification may also be done on the basis of the functional quality of the drug that is the kind of effect it causes on the human body and the mind. In other words the drug's physical and psychic; abuse potential and addiction liability come to be the basis of classification.
- c. Chemical composition:** Third, chemical composition may also be a criterion under which a drug may be classified.

The following classification has been made on the basis of the origin of the drugs:

- i. Narcotics:** Drugs that are found in nature may be called natural drugs. They are of botanical origin. The plants concerned produce drugs or their ingredients and store them in their roots, barks leaves, flowers, fruits, and seeds, resinous and milky, exudations and in other parts. These are crude and natural drugs, known as Narcotics. Narcotics drugs or their ingredients are obtained from three types of plants viz. opium poppy, cannabis and coca.⁷⁵
- ii. Semi-Synthetics:** Men can process various types of crude ingredients of drugs from plants, like opium poppy, cannabis and coca by isolating active compounds and chemically convert them into more powerful compounds to make them more officious. Such man made drugs derived from natural drugs are called semi synthetics, e.g. heroin, marijuana. Basically, however they remain narcotic drugs of their narcotic origin.⁷⁶
- iii. Synthetic drugs:** Drugs that are entirely man made from primary chemical are known as synthetic drugs, e.g. LSD.⁷⁷

⁷⁵ Supra note 57, at PP.3-4.

⁷⁶ Ibid.

⁷⁷ Ibid.

2.5.2.6. Varieties of Narcotic Drugs

Narcotic drugs in therapeutic doses tend to diminish sensitivity of the mind to sensory impulses and cause stupor, convulsions, even coma. They include the following:⁷⁸

1. Opium and opium alkaloids, like codeine, heroin, brown sugar.
2. Cannabis preparations like bhang, ganja, charas and hashish.
3. Coca alkaloid, like cocaine.
4. Synthetic narcotic drugs like pethidine.

a. Opium: The 1961 Single convention (as amended by 1972 Optional Protocol) defines opium as the coagulated juice of the opium poppy, (*PapaverSomniferum* L.). It is known by different names in different languages and places. For example, in Greek it is Opion, in Arabia it is Afyun, in Chinese it is Yapien, in Persian it is Afium in Sanskrit it is AhiPhen (Snake venom) and in Northeast India it is Kani. Raw opium when extracted takes on a brownish colour. It is eastern and drunk as an extract and even smoked by the abuser. It is the mother of a number of narcotic drugs like morphine, brown sugar, heroin, which are developed by a scientific use chemical on an opium base. Brown sugar and heroin can be obtained from opium by a simple but crude method of boiling it with lime and other chemical.⁷⁹ This group of poisons is known as somniferum or narcotic poisons because their preparations are used therapeutically to lessen pain and induce sleep.⁸⁰

Symptoms of Opium Poisoning: The symptoms of opium poisoning are practically those of morphine poisoning on account of the high morphine content. The poison effect on the central nervous system causing first stimulation and later a depression, the affects of poisoning can be conveniently described in three stages:⁸¹

⁷⁸ Supra note 57, at P.5

⁷⁹ Ibid.

⁸⁰ Shah, Giriraj (1999), *Drug Use and Abuse and Preventive Measures*, Anmol Publications Ltd, New Delhi, at P.34.

⁸¹ Ibid.

- (i) **Stage of excitement:** This stage may be absent if the dose taken is large. In adults a euphoric feeling of wellbeing and case comes on early.
- (ii) **Stage of Spor:** The stage of excitement is soon followed by weakness, headache , giddiness a sense of weight in the limbs, diminution of sensibility and a strong tendency to sleep from which the patient can be roused by external stimulus.
- (iii) **Stage of narcosis:** the patient passes into deep coma from which he cannot be aroused. The muscles are relaxed and reflexes are abolished. The conjunctival are injected. The blood pressure fails, the pulse is small and weak at first but later becomes slow and dull as coma develops.

Opium Addiction: Opium and its preparations especially morphine are drugs of addictions, while opium is either eaten or smoked, morphine is eaten or taken by injection. The morphine habit (morphinomania or morphinesin) often acquired as a result of its regular use relief of pain may consist of determined indulgence in morphine or heroin injections or mere craving for chlorodyne or codeine.⁸²

b. Morphine: It is a natural opiate. The conversion of raw opium to pure morphine is a chemical process. It is processed by refining the opium with the help of ammonium chloride. It is three times stronger than raw opium morphine is an analgesic and is considered the single best pain reliever. It is also known No. 1 Heroin.⁸³

c. Heroin (Diacetylmorphine): Heroin (Diacetylmorphine) is the most commonly abused narcotic. To produce heroin, the chemist takes an equal amount of morphine and acetic anhydride and treats them together for approximately six hours at exactly 185 degrees. Heroin can be utilized in almost every conceivable manner. It can be taken orally through inhalation, injection or smoking (referred to as 'chasing the dragon').⁸⁴

d. Methadone: Between 1923 and the late 1940s derivatives of opium several other and

⁸² Supra note 80, at P.35.

⁸³ Supra note 57, at P.5.

⁸⁴ Supra note 63, at P. 3.

synthetic narcotics were produced which are still being used today by physicians. Probably the most important of the synthetic drug was methadone, which again, was developed in Germany. Methadone would later be used as a cure for Heroin addiction.⁸⁵

e. Cocaine (BenzoylmethylUgonine): Cocaine (BenzoylmethylUgonine) C₁₇ H₂₁ NO₄ is a white crystalline alkaloid (any of class of nitrogenous organic bases especially one of the vegetable origin, having a physical effect on animals and man) found in the leaves of the coca bush (*Erythroxylon coca*) that acts as a stimulant on the central nervous system.⁸⁶

The Coca leaf is commonly chewed by the Andean Natives of South America or exported to other countries for consumption. Another use of coca leaf is in the extraction of cocaine either for legitimate use. The alkaloid cocaine is extracted from the coca leaf in basically three different chemical processes. The user often feels restless, unable to concentrate, quarrelsome, depressed, fatigued and lazy. Cocaine is a stimulant to the central nervous system i.e. the spinal cord, medulla, brain, etc. Cocaine has a tendency to numb the sensory and motor nerve endings.⁸⁷

f. Barbiturates: The series of drugs consists of innumerable derivative of barbituric acid, the oldest being veronal or barbitone. These compounds have proved enormously useful as sedatives, hypnotic and when given intravenously, as anesthetics. They are also used therapeutically in psychiatric disorders, epilepsy and strychnine poisoning. In ordinary cases, barbiturates induce sleep but occasionally instead of sleep, there is mental confusion. Poisoning is manifested by giddiness, anoxia and slowed speech.⁸⁸

⁸⁵ Supra note, 80, at P.40.

⁸⁶ Ibid at PP.40-41.

⁸⁷ Ibid.

⁸⁸ Ibid at P.44.

g. Pethidine: Pethidine is a colourless, crystalline powder with a bitter taste. It is a synthetic analgesic having morphine-like (analgesic narcotic) action. Pethidine addiction is being increasingly used for analgesic, sedative and tranquilizing effects. Its continued use results in addiction, characterized by euphoria, dulling of intelligence and impairment of memory. The symptoms include flushed face, dilated pupils, disturbances of vision, dry mouth, tachycardia, raised temperature, vomiting, excitement, tremors and convulsions.⁸⁹

h. Depressants: Depressants are compounds which affect the central nervous system by decelerating its activities. They may be synthetic or natural. Depressants can also be categorized as hypnotics (producing or inducing sleep), sedatives (producing a relaxed state that can lead to sleep) or tranquillizers (bringing about relief of anxiety, relaxation of muscles and dreaming without sleep or drowsiness).⁹⁰

i. Hallucinogens: The term 'hallucinogens' refers to a group of drugs which affect the central nervous system, producing alterations, intense and varying emotional changes, ego distortions and thought disruption. Technically, these drugs include Marijuana. Here, cover LSD, phencyclidine (PCP), peyote, Mescaline, Psilocybin, Dom/STP, D.E.T., D.M.T., Ibogaine, bufotenine and morning glory seeds. Most of these substances have no medical use and are taken simply because of the subjective effects they produce. They are not considered to be addiction.⁹¹

j. LSD (Lysergic Acid Diethylamide): The most powerful and possibly the most widely used of the mind-expanding drugs is LSD, a semi-synthetic alkaloid substance extracted from a fungus which grows on rye, wheat and other grains. It is an extremely potent drug, requiring only a small amount to induce a 'trip'. The effects of an average

⁸⁹ Supra note 80, at P.45.

⁹⁰ Ibid at P. 46.

⁹¹ Ibid at P. 48.

dose usually last from six to twelve hours. Physical effects of LSD include dilated pupils, a flushed face, increased blood pressure, lowered temperature, profuse sweating, nausea and a rapid heartbeat. LSD may cause an abnormal amount of breakage of chromosomes of the white blood cells. Chromosomes carry genes that transmit hereditary traits from parent to offspring. If abnormal chromosomal damage occurs there is the possibility that miscarriages and birth defects in the off-spring may result.⁹²

k. P.C.P (Phencyclidine): Phencyclidine (PCP) has leaped recently into the forefront of the drug scene. Known on the street as ‘angeldust’ and numerous other exotic names. PCP has become very popular among young drug users. It was also used for the treatment of mental disorders. Although effective as an anaesthetic, the drug often produced unpleasant post operative side effects including visual disturbances and delirium.⁹³ PCP is known to affect the brain and the central nervous system. In small doses, phencyclidine causes sedation like unrest depressants. Most persons using PCP experience a confused state characterized by feeling of weightlessness, unreality and hallucination.⁹⁴

l. Cannabis Sativa: Cannabis sativa is commonly known as Marijuana is lost in antiquity. A Greek derivation of the word “Cannabis” is to be from the Persuages as the possible genesis of the word “Marijuana”. The frenzy produced by the drug led these persons to be called ‘haschichin’, ‘hashi hash’ or ‘hashishi’ from which the modern English word ‘assassin’ is derived.⁹⁵

m. Bhang: The leaves are also powdered and mixed with spices, honey or water and the concoction referred to as Bhang, is eaten or drunk.⁹⁶

n. Marijuana: The hemp plant Cannabis Sativa is the source of marijuana. It can be smoked or ingested; being insoluble in water it cannot be readily injected. The

⁹² Supra note 80 at P.49.

⁹³ Supra note 63, at P.18.

⁹⁴ Supra note 80 at P.49.

⁹⁵ Ibid at P.51.

⁹⁶ Ibid at P.52.

consumption of marijuana produces a variety of mental and physical effects which generally become more pronounced with chronic use. Among the more prominent effects of Cannabis are hilarity, carelessness, euphoria, distortion of sensation and perception, impairment of judgment and memory, distortion of emotional responsiveness irritability and confusion.⁹⁷

2.5.2.7. Theories Explaining Drug Addiction

There are three important theories developed by scholars to explain the phenomenon of drug addiction.

a. The Biological Theory: According to this theory, the need of a person for drugs can be found or traced back to his genes. If a child is born of a drug user, his/her genes are very likely to inherit the characteristics of the addicted parent's genes. That's how a user may come to develop a keenness for a drug to begin with. Psychiatrists who have done research on the subject claim to have found that even relations of drug users are highly susceptible to the abuse. There is something of a genetic base to which even the relations of an addictive personality subscribe.⁹⁸

b. The Psychological Theory: A certain set of people take to drugs in order to substitute problems of life by a sense of pleasure, however unreal it might be. This psychological tendency explains the cause of drug abuse, says the theory. According to this theory, the propensity to avoid the reality of life, like physical pain, shame, frustration, deprivation, loneliness, etc. makes a person acquire the habit. Easy availability of drugs only facilitates the same.⁹⁹

c. The Sociological Theory: This theory lays the blame on societal permissiveness so far as the abuse of drugs is concern. Ritualistic use of drugs in religious ceremonies, glorification of the high lifestyle of drug users attracts young minds towards the use of

⁹⁷ Supra note 60, at P.66.

⁹⁸ Supra note 57, at PP.28-30.

⁹⁹ Ibid.

drugs. Drug has a special place in the culture of certain communities and that comes as a propelling force to induce a person to take it. According to another view, the present society has increasingly been developing a liberal attitude towards taking of alcohol and thus does not disapprove of the youth going for it with so much intensity as it used to earlier. This has, in turn, has created a tacit license for drug use, use of tobacco and alcohol being a stepping-stone.¹⁰⁰

None of these theories, however singularly explains the propensity to use drugs and the subsequent addiction to it in full measure. Perhaps all the theories put together do that to some extent.

2.5.2.8. Causes of Drug Addiction among Youth

The reasons why a young person gets addicted to these harmful drugs are many. Curiosities, desire for pleasure, social excommunication, mental gap, lack of self-reliance are some of the reasons why these youth becomes a drug-addict.¹⁰¹ According to Dr. Lawrence Kolb, Medical addicts who became addicted to drugs as a result of the medical prescription of narcotics for ailment.¹⁰² Lack of self-confidence, that is inferiority complex, has been marked as cause of one's becoming a drug addict. Peer pressure, excessive stress, lack of parental involvement in child's activities, are among the leading causes for drug addiction among juveniles.

The problem of drug addiction is all the more serious because the addicts are mostly young school or college going boys and girls, the future citizens of a country, on whom will depend in future its welfare and the welfare of its people. So, it is imperative to see that such young boys and girls may be no means fall victims to drug addiction. In

¹⁰⁰ Supra note 57, at PP.28-30.

¹⁰¹ www.importantindia.com/1035/drug-addiction-among-youth. Accessed on dated 20.12.2018 at 8 P.M.

¹⁰² Supra note 69, at P.69.

addition to the damage to an abuser's health, the harm may extend to those closest to the user, namely the spouse, parents, children etc.¹⁰³

2.5.2.8. Causes of Juvenile Drug Addiction

A model of drug taking behavior suitable for universal application cannot be developed because reasons behind drug abuse vary from society to society and within a society from time to time. Some explanation may be common to all abuser, but factors unique to the people and the place may be equally important. Causes responsible for drug use have been divided into five categories, namely- psychological, social and cultural, economic and miscellaneous. Those factors which pertain to one's personality have been included under psychological category. These causes are normally associated with psychology of individuals and may be confined to their state of mind. On the other hand, social cultural factors are determined by the institutional structure & values of society. They are connected with social norm & values, family system, friendship patterns and reference group behaviour of the group. Since such causes are located in social structure drug taking is usually discussed in terms of the elements of the social system. Moreover certain factors affecting individual's behavior are produced by their material existence. Economic factors emanates from this dimension of peoples life. And finally all other reasons that cannot be directly included under these categories, have been placed in last category.¹⁰⁴

From the above discussion, it is found that following are the main causes of growing trend of drug addiction in society.

1. **Psychological:** Curiosity, Boredom, Peer pressure, Frustration, Insomnia and Particular motivation towards life.

¹⁰³ Supra note 63, at P.1.

¹⁰⁴ Supra note 27, at PP. 172-173.

2. **Social and Cultural:** As a fashion, Friend's pressure, Broken home, Youth sub-culture, Breakdown of traditional values, Influence of addicts and Negligence of parents, etc.
3. **Economic:** Unemployment and Easy availability of money.
4. **Miscellaneous:** Experimentation, Ready availability of drugs and Uncertainty and lack of faith in future and so on.

Besides the above mentioned causes there are some other criminologists who provide different theories explaining reasons behind use of drugs and alcohol by juveniles. These are discussed below-

A. Anomie Theory: In Anomie theory, Merton (1957) argued that in a competitive and materialistic society, in which success through legitimate avenues is attainable by relatively few individuals, those persons unable to achieve success are likely to choose deviant modes of adaptation to deal with their failure. Retreatism, as an adaptation, involves rejection of both the cultural goal of success and the approved means to achieve success. Drug use among juveniles is seen as deriving from failing to achieve success.¹⁰⁵

B. Social Learning Theory: This theory argues that a person's behavior is the result of group-based reinforced learning situations. According to Sutherland, delinquent behavior was learned. Juvenile drug use is positively reinforced by exposure to role models, approval of drug use by peers and the perceived positive or pleasurable effects of the drug itself. Drug use will continue till the individual's drug use is not negatively reinforced by either bad effects of the drug or by statements or actions by parents, peers or authorities.¹⁰⁶

The juveniles and adolescents often start consumption of alcohol and narcotic drugs as a 'fun and enjoyment'. They later on become addicted to alcohol and drug

¹⁰⁵ Regoli, Robert M. and Hewitt, John D. (1991), *Delinquency in Society: A Child-Centered Approach*, McGraw Hill, Inc, New York, at P.286.

¹⁰⁶ Ibid.

consumption and their dependency on these intoxicants increases at a faster rate. Ultimately they often involve in various criminal activities.¹⁰⁷

C. Social Control Theory: According to this theory without established social controls, people will simply pursue their self-interests, including the pursuit of pleasure. A strong social bond to conventional social institutions reduces the likelihood of deviation from normative expectations, while the weakening of the bond releases us from the constraints of those norms. Parents, peers and teachers play important role in for the good habits of a juvenile. If these social bonds are weakened, the youth becomes more likely to deviate and drug use becomes more probable.¹⁰⁸

D. Socialization Theory: The basic premise of this theory is that youths begin and continue to use drugs as the result of their involvement in social groups in which drug or alcohol use is encouraged.¹⁰⁹ The process of socialization in drug use is selective. Among early adolescents, drug and alcohol use tends to be more situational or even accidental. The specific activities of the immediate peer group greatly influence the behavior of the individual: if they have close peers who drink, they will be more likely to drink; if they have close peers who are drug users, they will be more inclined to try drugs; and if they hang out with peers who disapprove of alcohol and drug use, they will not be inclined to use either. In later adolescence, youths who have begun to use drugs or alcohol will begin to break away from nondrug-using peers and toward peers who do use them.¹¹⁰

E. Differential Oppression theory: According to this theory delinquency is essentially a product of the oppressive treatment of children by adults in our society. This occurs most dramatically within the home and most often in homes characterized by poverty, disruption, and conflict. These conditions produce drug use among children. Parental

¹⁰⁷ Dutta, Nalini Kanta (2009), *The law of Crime and Correction*, Purbanchal Prakash, Guwahati, at P.166.

¹⁰⁸ Supra note 105, at PP.286-287.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

failures, fighting, extreme or inconsistent discipline of children, lack of communication, physical and sexual abuse, emotional distance and disrupted marriages all take their toll on children. In such situation drug use may help to ease the pain of criticism. It may function as an escape from the fears of the next assault by an abusive parent. It may also be 'fun' in an environment filled with oppression.¹¹¹

Drug addicts very often say that they take drugs in order to forget their loneliness, boredom, depression & stress. Very small percentages of the addicts take drugs owing to insomnia. It requires to be clarified that a person may not take to drug due to any one reason. Multiple factors may be involved in his final decision to use drugs. Thus causes such as curiosity & frustration seeking pleasure & definite motivation towards life may go together.

2.5.2.9. The impact of alcoholism and drug addiction on criminality¹¹²

1. Crimes are often planned in liquor shops and bars where alcohol is sold.
2. Offenders generally consume liquor and alcohol or drugs to overcome their inhibitions and emotional strains.
3. The booty and gains of crimes are often distributed and shared in liquor or wine shops.
4. Alcohol and narcotic drugs help to remove the elements of self criticism from the criminal in relation to himself and his acts.
5. Juvenile delinquency and drug addiction are intimately connected.
6. The illegality of purchase and possession of alcohol and narcotic drugs make alcoholics or drug addicts delinquent ipso facto.
7. Alcoholism and drug addiction being forbidden by law , their procurement gives rise to a number of related crimes such as illicit spirit-distilling , smuggling of wine or

¹¹¹ Supra note 105, at P. 37.

¹¹² . Sirohi, J.P.S. *Criminology and Penology*, Allahabad Law Agency, Haryana, 2011, at P. 611.

intoxicating drugs, racketeering, drug trafficking underhand deals in transmission of alcohol and narcotics from one place to another and bribing the officials to escape arrest and punishment.

8. Research studies have shown that alcohol is more contributory to criminality than other drugs.

The researcher has conducted a field study and visited a number of Police Stations situated within the district of Kamrup (M) to know whether drug addiction, alcoholism by juveniles contribute towards juvenile delinquency. Datas collected are placed below in tabular form.

Table No.4

Reported Police Station opinion regarding the relationship between drug or alcohol and Juvenile delinquency

Sl.No.	Name of the Police Station visited by researcher situated in the district of Kamrup (M)	Rank of the Police Officer interviewed	Whether drug addiction and alcoholism contributes towards
1.	Basistha Police Station	Sub-Inspector	Yes
2.	Garchuk Police Station	Sub-Inspector (2 nd O/ C)	Yes
3.	Chandmari Police Station	Sub-Inspector (2 nd O/ C)	Yes
4.	Gita Nagar Police Station	Sub-Inspector	Yes
5.	Dispur Police Station	Sub-Inspector	Yes
6.	Bharalumukh Police Station	Sub-Inspector	Yes
7.	Maligaon Police Station	Sub-Inspector (O/C)	Yes
8.	Paltan Bazar Police Station	Sub-Inspector	Yes
9.	Azara Police Station	Sub-Inspector	Yes
10	Noonmati Police Station	Inspector (O/C)	Yes

Source: Field Study

2.5.2.10. Drug addicts and crime

Narcotic drug addiction possesses a serious problem to humanity. A drug addict is psychologically, physically and socially a sick person. Drug addiction is closely inter-connected with nervous disorder and crime. Due to nervous disorder it becomes a

compulsion for them to consume narcotic and makes every drug addicts a law violator and criminal. Generally many drug addicts lead a criminal life. A British and the American researchers on relationship between drug addiction and crime have shown that narcotic addicts often commit predatory crimes such as larceny, shop-lifting, stealing, burglary, robbery, etc.¹¹³ The crimes that may be committed by juvenile drug addicts are as follows-¹¹⁴

- Narcotic drug law violation.
- Theft, snatching, pick-pocketing.
- Buying, receiving and possessing stolen property.
- Robbery, burglary.
- Forgery and counterfeiting.
- Embezzlement and fraud.
- Sex offences
- Auto theft.
- Breaking into cars.
- Assaults
- Murder.

Drug addiction results in physical and mental deterioration which leads to the loss of economic efficiency, reduces the addict's income, social status and previous associates. It has been held that illegality of purchase and possession of opiates and similar drugs makes a drug user a delinquent ipso facto. The high cost of heroin and drugs forces juvenile users to commit specific delinquency against property for cash returns. The average addicted youngster finds it difficult to support his habit by his earning. The connection between drug use and delinquency for profit has been established beyond any doubt.

¹¹³ Supra note 112, at P.617.

¹¹⁴ Supra note 69, at P.67.

2.5.2.11. Dangerous effects of drug use in Juveniles

- Drugs of any kind decreases teens' ability to pay attention.
- The young person is when they begin using drugs the more likely they are to develop a substance-abuse problem and the more likely they are to relapse into drug abuse when trying to quit.
- Juveniles who use drugs are more likely to have unprotected sex, sex with a stranger,
as well as to engage in activity at all.
- Substance use can cause or mask other emotional problems, like, mood swings, or hallucinations (for example, hearing or seeing things). Either of those illnesses can result in death by suicide or homicide.
- Depending on how the body takes in and processes each kind of drug, substances of abuse can affect virtually every one of the body's systems. Examples of this include permanent brain damage associated with inhalants, heart attack or stroke from stimulants, halted breathing from sedatives. Any of these problems can result in death.
- Drugs directly affect the brain, and our brains control almost everything we do and actions will affect relationships, family, peers and the school life.¹¹⁵

Depression, developmental lag, apathy, withdrawal, and other psychosocial disorders are frequently linked to substance abuse among adolescents. Users are at higher risk than non-users for mental health problems, including suicidal thoughts, attempted suicide, completed suicide, depression, conduct problems, and personality disorders.¹¹⁶ Contributory role in criminal behavior as noted in the extremely high rates of substance use in criminal justice population. The drug violence relationship is seen to be further complicated by the intoxicating doses and neurotoxin and/or withdrawal effects of specific substance of use such as alcohol, heroin, or inhalants.

¹¹⁵ <http://www.lockthecabinet.com/what/consequences>. Accessed on dated 25.02. 2018 at 9 P.M.

¹¹⁶ Ibid.

2.5.2.12. Children who are mentally ill or addicted to drugs

Where it appears to the competent authority that any juvenile or child kept in a special home, an observation home, a children's home, a shelter home, or in an institution in pursuance of this act is a mentally ill person or addicted to alcohol or other drugs which lead to behavioral changes in a person, the competent authority may order his removal to a psychiatric hospital or psychiatric nursing home in accordance with the provisions of the Mental Health Act, 1987.¹¹⁷

In case the juvenile or child had been removed to a psychiatric hospital or psychiatric nursing home, the competent authority may, on the basis of the advice given in the certificate of discharge of the psychiatric hospital or psychiatric nursing home, order to remove such juvenile or child to an Integrated Rehabilitation Centre for Addicts or similar centers maintained by the state government for mentally ill persons (including the persons addicted to any narcotic drug or psychotropic substance) and such removal shall be only for the period required for the patient treatment of such juvenile or child.¹¹⁸

2.5.3. Consequences of Drug and Crime Cycle

The growing problems of juvenile delinquency due to drugs and alcohol use in recent years have many reasons. These are conflict in families, poor communication between parents and children, discipline problems and poor performance in the classroom etc. Juvenile drugs use is also a peer group phenomenon i.e., most juvenile who use drugs do so with others, often learn to use drugs from peers, and sometime encourage other peers to try drugs. It is clear that juvenile drugs use warrants our close attention. The problem of juvenile drugs use is terribly complex and cannot be understood apart from an examination of the history and nature of drugs use in the larger society.¹¹⁹

¹¹⁷ Bajpai, Asha (2017), *Child Rights in India*, Oxford University Press, New Delhi, at P.532.

¹¹⁸ Section 58, the Juvenile Justice (Care and Protection of Children) Act, 2000.

¹¹⁹ Supra note 83, at P. 271.

The Juvenile Drug-Crime Cycle for past few years, researchers, clinicians, and juvenile justice program administrators have known of the link between drug use (including alcohol) and juvenile crime. In many communities, the majority of juveniles currently entering the juvenile justice system are drug users. Other research indicates that juvenile drug use is related to recurring, chronic, and violent delinquency that continues well into adulthood. Juvenile drug use is also strongly related to poor health, deteriorating family relationships, worsening school performance, and other social and psychological problems. The drug and crime link does not mean that drug use necessarily leads to criminal activity (or vice versa). However, research indicates that a relatively small group of serious and violent juvenile offenders who are also serious drug users accounts for a disproportionate amount of all serious crimes committed by delinquents.

Alcoholism and drug addiction are indicative of the irresponsibility and weakness of the character of the persons using this intoxicants. The relation between alcoholism and various aggressive and criminal acts is often confirmed by police records and records of observation homes and interactions with juvenile indicate that in the present day there is a considerable increase in such drug and alcoholic criminal.

It has been generally agreed that criminality in human beings is to be attributed to their mental depravity. Persons with balanced emotional and physical health normally do not indulge in criminality or aggressive conduct; nor do they take to alcoholism beyond control. There are many researches which are made by sociologists and criminologists shows that there is a close relationship between the structure of alcoholics, drug addicts and criminals.

Many studies like Elliott et al, 1989, Hartstone and Hansen, 1984, Newcomb and Bentler, 1988, Tinklenberg and Ochberg, 1981 have made us believe that there is a causal link between drug use and delinquency. Alcohol use is clearly associated with crimes of violence and sexual aggression.¹²⁰

¹²⁰ Supra note 105, at P. 290.

Violent crimes are also committed by persons acting under the influence of drugs other than alcohol. Studies such as those conducted by Tinklenberg (1973) and Tinklenberg et al. (1974) found that after alcohol, seconal (a barbiturate) was the most common drug taken by adolescents engaged in assaultive behavior. PCP, a sedative with hallucinogenic like effects also has been linked to violent crimes. More than any other drug, heroin has been associated with criminal behavior. The crime rate among heroin users is extremely high and much of the criminal activity of addicts is goal oriented i.e. aims at generating money to buy more heroin.¹²¹

Studies conducted by Sociologists at the University of Colorado suggest that having delinquent friends and engaging in delinquency is likely to lead an adolescent in drug use (Elliott et al, 1985; Elliott et al., 1989, Elliott and Morse, 1989). In other words, having strong bonds to delinquent peers increases the risk of both delinquency and drug use for all youths.¹²² Again once a juvenile acquire the habit of taking alcohol or drugs he is compelled to take these substance in groups and these groups usually consists of delinquent juveniles. As he/she becomes a member of these groups therefore, there is very much probability that due to peer pressure the non-delinquent juvenile may also be delinquent juvenile.

In addition as youth are more involved in delinquency and become more involved in drug use, they are significantly more likely to become sexually active. This pattern has important long term implications. As youths are more sexually active, the frequency of sexual intercourse increases, so too does the probability of becoming pregnant and giving birth to an unplanned and possibly unwanted child. Unwanted children are more likely to be abused and oppressed and eventually engage in delinquency themselves. In this way, drug use may contribute to the cycle of oppression, abuse and delinquency.¹²³

¹²¹Supra note 105, at P. 291.

¹²² Ibid.

¹²³ Ibid.

2.5.3.1. Drugs as an instigating agent for crime

Due to high prices of opium and strict ban on its free sale, an addict will engage in illegal pursuits in order to obtain the drug of his life. The life now centres round the drugs and his will, therefore, associate with persons of low moral character and will not hesitate to eventually resort to the meanest devices to obtain it. This is the main reason why crime and drugs are at the top list of all the criminals. Jurists, Criminologist, psychologists, criminal reformers and policeman are unanimous about the close relationship between drug addiction and crime which are closely inter-linked. In fact, the common belief is that “narcotics drugs” are solely responsible for criminal behavior. The compulsion for the drugs make every drug addict a law violator and a criminal. Numbers of explanations are given to show the relationship between crime and drug addiction.

- i. It is generally recognized by those who are acquainted with the characteristics of Narcotic Drug addicts that serious crimes are rarely committed. Except for stealing these unfortunate individuals are not threats to society.
- ii. The view expressed is that Narcotic Drugs make the users reckless and violent, resulting in serious crimes.
- iii. It is said that drug addiction leads to a criminal way of life. The high cost of heroin, the drug generally used by juvenile users, forces specific delinquency against property for cash returns. The connection between drug use and delinquency for profit has been established beyond any doubt. In fact, compulsion of the addiction and high cost of drugs leads the addict invariably to crime.
- iv. The drug addiction is the result in physical and mental deterioration which leads to the loss of economic efficiency, force, the addicts in crime, reduce the social status, he commits petty thefts and adopts illegal methods by which he secures the continuous supply of drugs.

There are cases where adolescents are addicted, casually involved in delinquency, were forced into regular criminal activity in order to raise money usually the common types of crimes committed being.¹²⁴

2.6. Analysis of Primary data

Here the researcher has presented and analysed the primary data which are collected by the researcher from the delinquent juveniles of the Observation Home, Boko through schedule. The number of sample is 41 (Forty one).

Table No.5
Age group of sample surveyed (N=41)

Age group	Frequency	Percent
10 - 15 years	21	51.2
16 - 18 years	20	48.8
Total	41	100.0

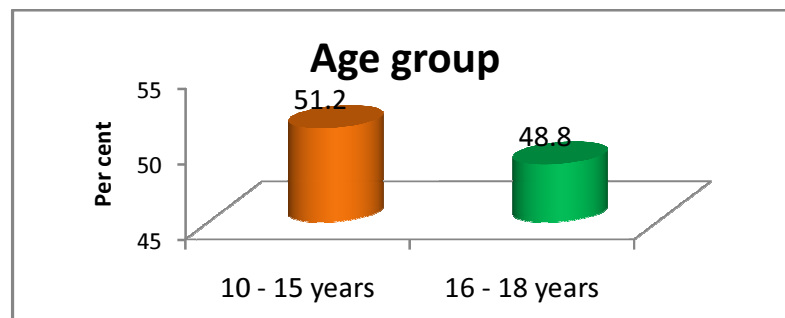


Figure No.2.1

Table No. 5 depicts the sample surveyed on the basis of age. For the purpose of research the researcher has categorized samples surveyed in two groups on the basis of age i.e. 10 to 15 years and 16 to 18 years another group. It is found by the researcher that delinquent juveniles of 10 to 15 years consists of 51.2 percent of the sample surveyed and 48.8 percent of the sample surveyed is of 16 to 18 years.

This shows that mostly delinquent fall in the age group of 10 to 18 years.

¹²⁴ Supra note 80 at, PP.106-107.

Table No.6
Education of sample surveyed

Education	Frequency	Percent
Illiterate	14	34.1
III - VI	19	46.3
VIII - IX	7	17.1
XI	1	2.4
Total	41	100.0

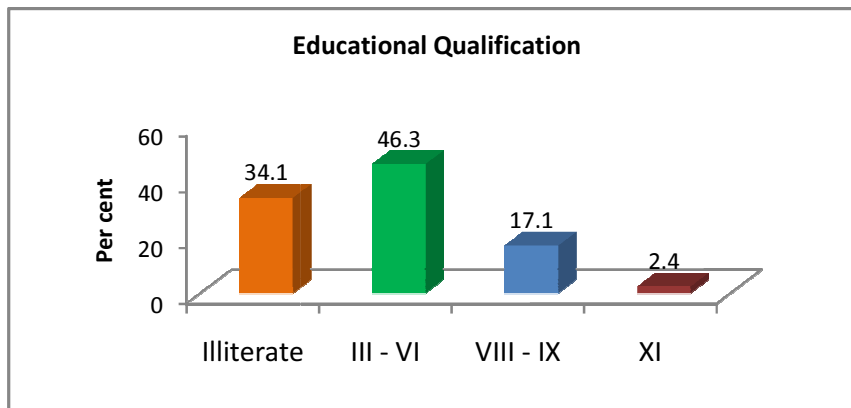


Figure No.2.2

Table No.6 categories the sample surveyed on the basis of their education. Among the 41 samples of delinquent juvenile 34.1 % are illiterate, 46.3 % of the sample studied up to classes III to VI, 17.1% studied up to class VIII to IX and 2.4% studied in class XI. This shows that most of the delinquent juveniles are either illiterate or studied only up to class VI.

Table No.7
Offence done by sample surveyed

Offences	Frequency	Percent
Theft	33	80.5
Murder	1	2.4
Attempt to Murder	1	2.4
Rape	5	12.2
Kidnapping	1	2.4
Total	41	100.0

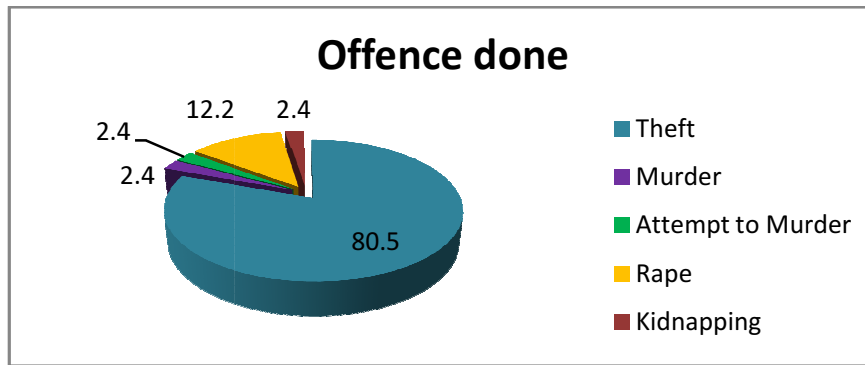


Figure No.2.3

Table No.7 categorizes the 41 sample surveyed on the basis of different types of crime committed by them. Among the 41 samples 80.5% said that they had committed the offence of theft, 2.4% said that they were involved in murder, another 2.4% responded that they have committed the offence of attempt to murder, 12.2% said that they have been accused of committing the offence of rape and 2.4% of the delinquent juveniles were involved in kidnapping. This shows that majority of the delinquent juveniles i.e. 80.5% are involved in the offence of theft.

Table No.8**Total No. of Family Members of the Delinquent Juvenile**

Size of the Family	Frequency	Percent
Not known	3	7.3
2 - 4	9	22.0
5 - 7	25	61.0
8 and above	4	9.8
Total	41	100.0

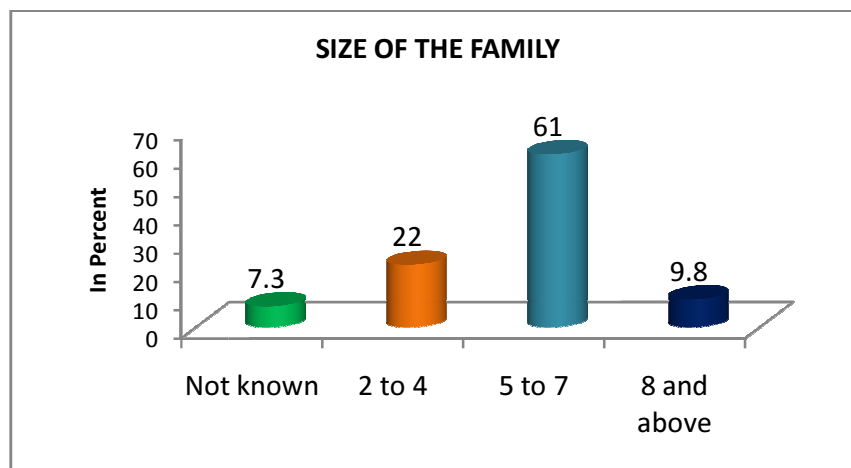


Figure No.2.4

Table No. 8 shows the size of the family of the delinquent juveniles. Among the 41 samples 7.3 % delinquent juvenile don't know about their family, 22% of the delinquent juveniles have 2 to 4 family members, 61 % of the delinquent juveniles have 5 to 7 family members and 9.8% delinquent juvenile had 8 and above family members.

Table No.9
Structure of the Home of the Delinquent Juvenile

Structure of the Home	Frequency	Percent
Both Parents Alive	5	12.19
Father Dead	6	14.63
Mother Dead	5	12.19
Both Parents Dead	3	7.3
Step Mother	9	21.95
Step Father	4	9.75
Separated or divorced	9	21.95
Total	41	100

Table No.9 shows the structure of the Home of the Delinquent Juvenile. Here it is observed that 21.95% of the delinquent juveniles had step mother, again 21.95% delinquent juveniles' parents are either separated or divorced, 14.63% of the sample had lost their father, 12.19% of the delinquent juveniles had lost their mother, 7.3% of the sample had no father or mother, 9.75% of the sample had step father and only 12.19% of the sample had both parents alive. This table shows that broken and disturbed family background has a direct relationship with juvenile delinquency.

Table No.10**Number of Siblings of the Juvenile Delinquent**

No. of Siblings	Frequency	Percent
No	4	9.8
1	6	14.6
2	19	46.3
3	7	17.1
4	3	7.3
7	1	2.4
8	1	2.4
Total	41	100.0

Table No. 10 shows the number of siblings of the delinquent juveniles. Here, 9.8% of the delinquent juveniles have no siblings, 14.6% samples have 1 sibling, 46.3% samples have 2 numbers of sibling, 17.1% sample have 3 numbers of siblings, 7.3% samples have 4 numbers of siblings, 2.4% samples have 7 numbers of siblings and 2.4% samples have 8 numbers of siblings.

Table No.11

Whether parents or family members of the Delinquent Juvenile are having the habit of taking drugs and alcohol

Use of Drugs and Alcohol by Family	Frequency	Percent
Not known	3	7.3
Yes	31	75.6
No	7	17.1
Total	41	100.0

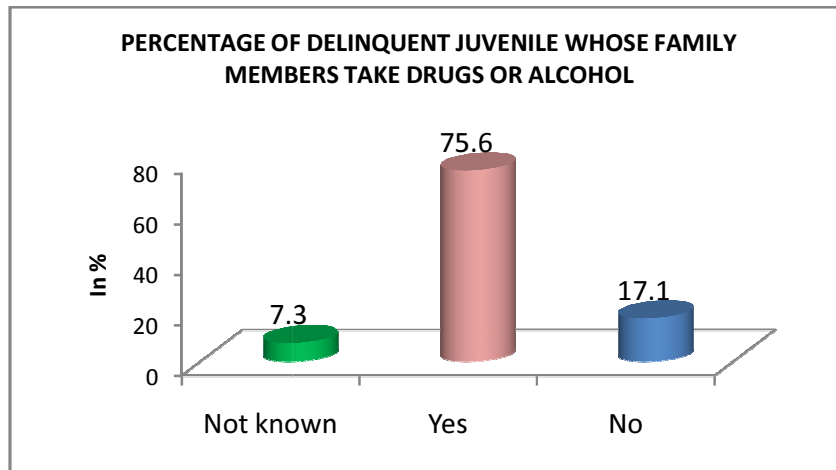


Figure No.2.5

Table No.11 categorize the sample on the basis of their parents' or family members' habit of taking drugs or alcohol. Here researcher has found that 75.6% of the respondents' parents or family members have the habit of taking drugs or alcohol. 17.6% sample says that their parents or family members don't take drugs or alcohol. 7.3% of the sample has no parents or family members, therefore, they don't know about it.

As 75.6% of the sample says that their parents or family members take drug or alcohol this shows that if parents or family members are having the habit of taking drugs or alcohol this may facilitate the process of becoming drug addict or alcoholic of the juvenile and which ultimately leads to juvenile delinquency.

Table No.12

**Knowledge of the Consequences of Taking Drugs or Alcohol by the
Delinquent Juvenile**

Knowledge of the Consequences	Frequency	Percent
Yes	5	16.1
No	26	83.9
Total	31	100.0

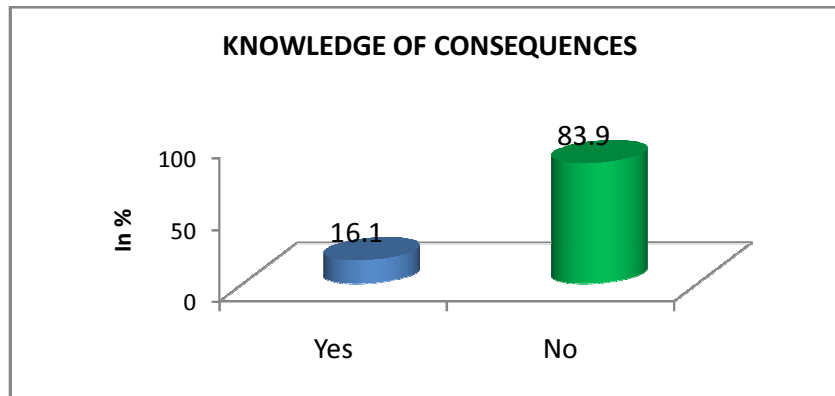


Figure No.2.6

Table No. 12 shows whether the delinquent juveniles are aware of the consequences of taking drugs or alcohol. 83.9% of the sample responded that they are not aware of the consequences of taking drugs or alcohol. Only 16.1% said that they are aware of the consequences of taking drugs or alcohol.

This shows that majority of the respondents i.e. 83.9% are ignorant of the consequences of taking drugs or alcohol. For many reasons the delinquent juveniles are not aware of the consequences of taking drugs or alcohol such as lack of education, no proper guidance, lack of maturity etc which ultimately leads juveniles to be drug addict or alcoholic and ultimately to become delinquent juvenile.

Table No.13**Habit of taking drugs or alcohol by the delinquent juvenile**

Use of drugs or alcohol	Frequency	Percent
Yes	38	92.7
No	3	7.3
Total	41	100.0

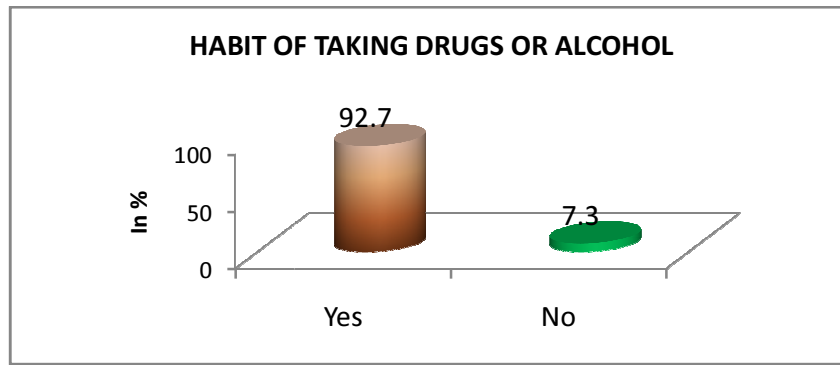


Figure No.2.7

Table No. 13 categories the sample of 41 numbers of delinquent juveniles on the basis of their habit of taking or not taking drugs or alcohol. Here, researcher has found that 92.7% of the delinquent juveniles have the habit of taking drugs or alcohol. 7.3% of the sample of the delinquent juvenile doesn't have the habit of taking drugs or alcohol. As 92.7% of the sample of the delinquent juveniles has the habit of taking drugs or alcohol therefore, this shows a direct relationship between drug addiction and alcoholism with juvenile delinquency.

Table No. 14**Different Types of Addiction by Delinquent Juvenile in Percentage**

Types of Addiction	Frequency	Percent
Alcohol	3	7.9
Gutkha & Dendrite	1	2.6
Gutkha & Cigarette	1	2.6
Alcohol & Dendrite	1	2.6
Alcohol & Cigarette	1	2.6
Drug addict	29	76.3
Alcohol and Gutkha	2	5.3
Total	38	100.0

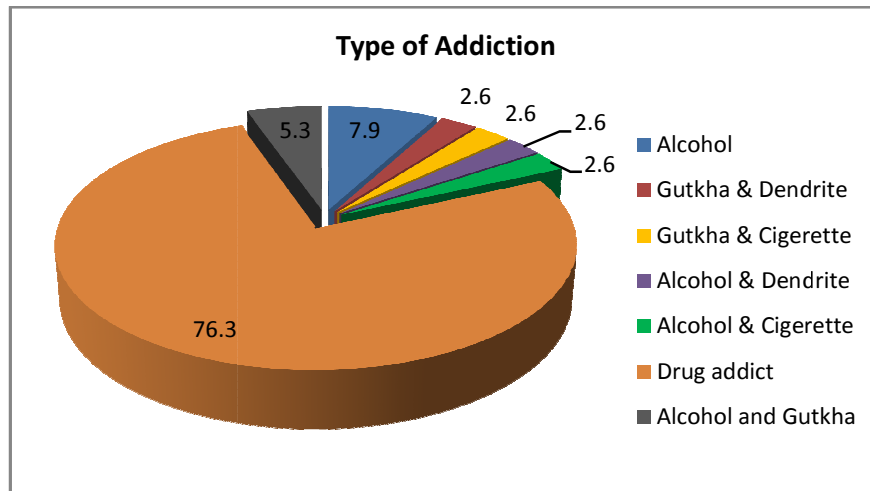


Figure No.2.8

Table No. 14 shows, the types of substances such as drugs, alcohol, gutkha, dendrite etc. are taken by what percentage of delinquents of the sample. The researcher has found that 7.9% of the sample takes alcohol, 2.6% of the sample takes gutkha and Dendrite, 2.6% takes gutkha and cigarette, 2.6 % takes alcohol and dendrite, 2.6% takes alcohol and cigarette, most important 76.3% of the sample are of the habit of taking drugs and 5.3 % takes alcohol and gutkha. Thus it has been observed that 38 numbers of the total sample of 41 have the habit of taking drugs or alcohol or gutkha or cigarette or dendrite or combination of any two. Therefore, 92.7% of the total samples of delinquent juvenile are addicted. This also establishes a relationship between juvenile delinquency and drug, alcohol or other addiction.

Table No.15

Mode of Learning the Habit of Taking Drugs or Alcohol by the Delinquent Juvenile

Mode of Learning	Frequency	Percent
Peers	29	76.3
Parents	2	5.3
Both Peers and Parents	7	18.4
Total	38	100.0

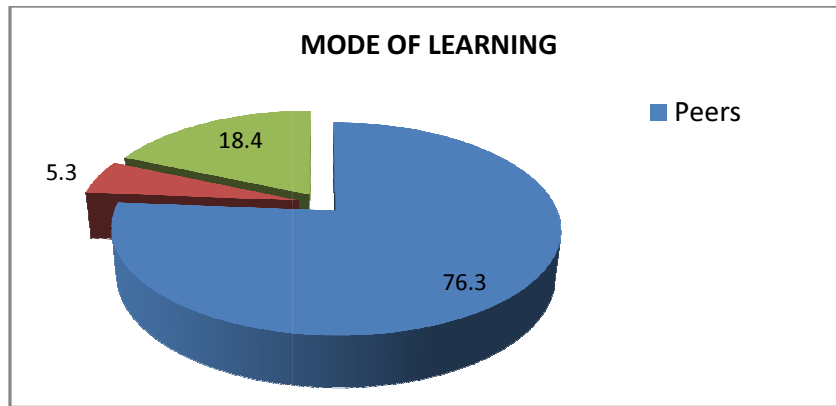


Figure No.2.9

Table No. 15 shows, from whom the delinquent juveniles have learnt the habit of taking drug, alcohol or other addiction and in what percent. Here, the researcher has found that 76.3% of the sample of delinquent juvenile learnt the habit of different types of addiction from their peers, 5.3% have learnt the habit from their parents and 18.4% of the delinquent juvenile learnt the habit of taking drugs or alcohol from both peers and parents.

This table proves that mostly peer pressure or influence is behind the juvenile delinquent becoming drug or alcohol addict and ultimately becoming juvenile delinquent.

Table No.16**Treatment to Delinquent Juvenile by Police**

Treatment by Police	Frequency	Percent
Good	27	65.9
Beating	12	29.3
Feared	1	2.4
Both Bad and Good	1	2.4
Total	41	100.0

Table No.16 shows what is the treatment of police of the delinquent juveniles 65.9% of the sample says that treatment of police towards them is good, 29.3% of the delinquent juvenile said that police used to beat them, 2.4% of the juvenile delinquent said that they have been frightened by police and 2.4% delinquent juvenile said that they have received both good and bad behaviour from the police.

Table No.17

Relationship between Delinquent Juvenile and their Parents

Relationship with parents	Frequency	Percent
Good	16	39.0
Not good	25	61.0
Total	41	100.0

Table No. 17 shows the relationship of the delinquent juvenile with their parents. 39% of the total 41 sample of the delinquent juvenile said that they had good relation with their parents. Whereas 61 % of the 41 numbers of samples of delinquent juvenile said that they had no good relationship with their parents. Thus researcher has found that majority of the delinquents have bad relationship with their parents. This means that they had broken family or disturbed family background. Thus researcher has observed that lack of parental care, protection and love contributes towards juvenile becoming drug or alcohol addict and ultimately delinquent juvenile.

Table No.18

Realization by the Delinquent Juvenile whether what they have done is good or bad

Realization of own fault	Frequency	Percent
Yes	14	34.1
No	1	2.4
Don't know	26	63.4
Total	41	100.0

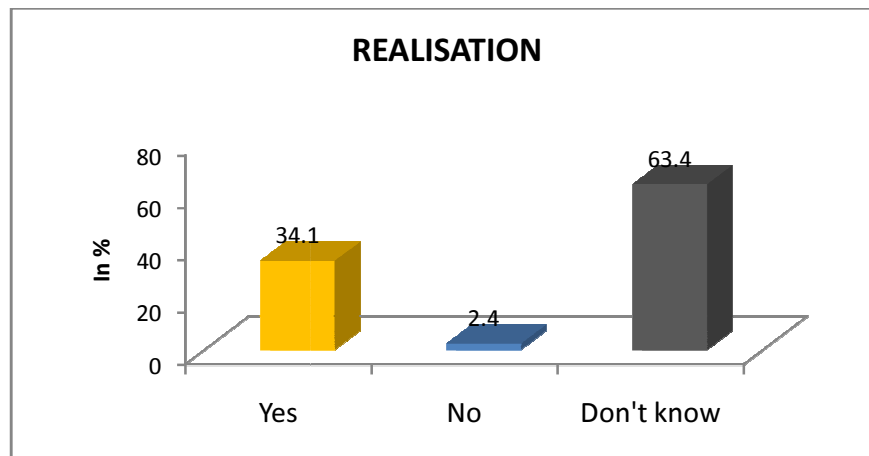


Figure No.2.10

Table No.18 has categorised the sample of total 41 numbers of delinquent juvenile on the basis of their realisation that what they have done is good or bad. Here, researcher has seen that 34.1% realised that they have done bad work, 2.4% of the sample say that they have no realisation that what they have done is bad. Whereas 63.4% of the delinquent juvenile say that they don't know what they have done is good or bad. It has found that majority of the delinquent juvenile i.e. 63.4% don't know whether what they have done is good or bad. Therefore, ignorance of the juveniles contributes towards drug-alcohol addiction and ultimately to juvenile delinquency.

Although a considerable amount of Juvenile delinquency never comes to the attention of the police station and the courts, it has been and continues to be a major problem. The large percentage of crime comes from the slums and other undesirable living and educational conditions. To sum up, it may be held that study supports the belief that alcoholism and drug abuse contributes in the society in increasing of juvenile delinquency.