REHABILITATION OF THE CHILDREN IN CONFLICT WITH LAW INVOLVED IN SUBSTANCE ABUSE

Hema, Prof. (Dr.) Gigimon V.S.

Research Scholar, Amity Law School, Amity University, Mumbai, Maharashtra, India
Professor & Director, Amity Law School, Amity University, Mumbai, Maharashtra, India

KEYWORDS

Juvenile, Rehabilitation, De-addiction, Substance abuse, Criminal behaviour, Treatment, Reintegration.

ABSTRACT

There is no inherent criminality in any child at birth. In instances where certain juveniles engage in criminal behaviour and subsequently find themselves placed in observation homes, a subset of these individuals may have adverse consequences such as alcohol and drug dependency. It is evident that there is a significant increase in the number of children who are affected by substance usage and when dealing with juveniles who are incarcerated, it is essential to exercise caution.

Numerous adult de-addiction centres operated by private organizations are available throughout the State; nevertheless, it is noteworthy that no such facilities exist for children in conflict with the law, despite the explicit mention in the Juvenile Justice (Care and Protection of Children) Act, 2015. This research paper elucidates the de-addiction treatment for children in conflict with the law (CCL) under the Juvenile homes in India. The paper analyzes the Juvenile Justice Act, of 2015, and the rules concerning the rehabilitation of juveniles in particular reference to substance use. The study also compares the different forms of treatment, group therapy, family therapy, and cognitive behavioral therapy among others. It assesses the existing de-addiction and rehabilitation programs, maps the existing and lack of services, and develops strategies to strengthen reintegration and aftercare services. The researcher aims at elucidating systematic problems, policy implications, and reform requirements concerning juvenile justice, and care institutions globally. Implications of the findings: The results support the conclusion that efforts should made to develop and implement broader, developmentally based rehabilitation interventions for substance-abusing youth.

The prevalence of drug and substance addiction in children and adolescents is emerging as a significant worldwide health concern and India is also experiencing a substantial surge. Today, India harbours a substantial demographic susceptible to substance abuse and addiction. Hence, it is imperative to undertake proactive measures to curb the proliferation of this problem, while simultaneously ensuring the provision of essential interventions such as de-addiction facilities for individuals who are struggling with addiction, especially children. When children become victims of evils such as alcohol and drug misuse, they commit crimes and end up in observation homes. These children are called Children in Conflict with Law (CCL). Medical studies have found that children who are dependent on tobacco, drugs, and alcohol are more likely to commit violent offences like rape and murder. Therefore, it is necessary to provide de-addiction treatment, rehabilitation, and reformation of children in conflict with law. It is also required to provide exclusive de-addiction centres in every observation home or district. The Juvenile Justice (Care and Protection of Children) Act 2015 focuses on the rehabilitation and social reintegration of such children and has specifically mentioned the need to establish exclusive de-addiction centres for children in conflict with law as the regular de-addiction centres are not equipped to handle children. This research paper explores to analyze the factors precipitating addiction. This paper studies the

causes of addiction, the gaps in rehabilitative efforts, and the role of stakeholders in transforming the lives of impacted children.

The present research paper aims to study drug addiction among children, and the causes of addiction leading to treatment, rehabilitation, and prevention. The paper is purely doctrinal in nature. The research paper has used both primary and secondary sources, including government reports, statutes, regulations, articles, journals, crime records, online databases, etc.

2. The Juvenile Justice Act, 2015 and The Rehabilitative Approach of CCL Under the Act

2.1 Juvenile Justice Act, 2015

The Juvenile Justice (Care and Protection of Children) Act 2015 is a wide legal provision which is for managing and protecting children. The Act classifies children into two categories, one who are in conflict with law (CCL) and the other who is in need of care and protection (CNCP).

The law in the context of CCL is committed to the reformation of the child, rather than their punishment, and is in favour of the interests of children. It delineates the procedures to control CCL in order to prevent their exposure to adult penal systems. Any child under the age of sixteen who commits a crime is tried in juvenile court while any child over the age of sixteen who is involved in a heinous crime is tried as an adult in children's court. This decision is made after the JJB evaluates the child's psychological status during the crime.

Under the Act, Juvenile Justice Boards (JJB) have been made mandatory for deciding the cases of CCL, and their best is to be kept in mind at each level. In addition, the Act provides for the establishment of Observation Homes, Special Homes, and Places of Safety in which the children are taken care of and rehabilitated. The rehabilitation process is also supported by the formation of Aftercare and De-addiction centers that deal with children’s reintegration into society after the completion of the rehabilitation procedure in the CCIs.

2.2 Addressing Substance Abuse and Criminal Behavior

Inlaid under the legal framework governing juvenile justice, the Act provides disposition for children in criminal activities or substance use. Substance abuse is known to be a concern around juveniles and the law requires that every child suffering from substance and alcohol abuse should be required to take treatment. This comprises de-addiction programs, therapeutic intervention, and counseling services seeking to cure addictions and crimes.

2.3 Rehabilitation Programs and Services in CCIs

CCIs under the JJ Act are required to facilitate rehabilitation that addresses the causes of the child’s criminality and their rehabilitation. This is about children who are involved in substance abuse. Therefore, specific de-addiction programs and centres are required to be established at every observation home, where practical crisis intervention takes place to meet the physiological and psychological crisis of the child. These facilities also offer daily physical and occupational therapy, life skills, and academic schooling designed to improve the socio-emotional growth of the children.

3. Data Analysis from NCPCR Report 2019

State/UT	De-addiction and Rehabilitation Facilities	Districts with Exclusive De-addiction and Rehabilitation Facilities for Children in the State	Districts Lacking De-addiction and Rehabilitation Facilities for Children	Establishment of Separate De-addiction and Rehabilitation Facilities in Juvenile Homes for Children Involved in Substance Abuse
1. Assam	14	8	25	No
2. Chandigarh	6	4	0	No
3. Chhattisgarh	4	0	24	No
4. Goa	2	0	2	No
5. Manipur	27	1	15	Under Process
6. Mizoram	43	1	10	No
7. Sikkim	11	0	2	No
8. Tamil Nadu	123	2	36	No
9. Tripura	1	2	7	Yes (1)
10. Uttarakhand	55	2	11	No

11. Haryana	122	0	All Districts	No
12. Himachal Pradesh	14	10	2	No
13. Jharkhand	3	0	All Districts	No
14. Karnataka	38	38	4	No
15. Ladakh	0	0	2	No
16. Lakshadweep	0	0	All Districts	No
17. Madhya Pradesh	17	1	51	Yes (6)
18. Meghalaya	10	1	10	Yes (2)
19. Odisha	12	0	30	No
20. Punjab	312	0	All Districts	Not Provided
21. West Bengal	11	1	18	Yes (1)
22. Uttar Pradesh	47	2	All Districts	Yes (2)
23. Delhi	141	2	9	Yes (2)
24. Gujarat	2	2	Not Provided	Yes (2)
25. Andaman & Nicobar	0	0	All Districts	No
26. Arunachal Pradesh	9	0	All Districts	No
27. Daman and Diu	1	0	All Districts	No

28. Dadra & Nagar Haveli	0	0	All Districts	No
29. Maharashtra	45	8	10	Yes
30. Puducherry	3	2	1	Yes (1)
31. Jammu and Kashmir	7	3	5	Yes (3)

Table 1: De-addiction and Rehabilitation Facilities Across India
[Source: Self-created table & data collected from NCPCR Report (Ncpcr.gov.com, 2019), and NCPCR & NCB Joint Action Plan on Drug Addiction 2022]

4. Causes and Theories of Drug Addiction

4.1 Biological Theories

4.1.1 Social Learning Theory

The Social Learning Theory, in Albert Bandura's theoretical system, states that human learning occurs as an example of environmental incentives and includes modeling and reinforcement. Studies revealed that in cases with children in conflict with the law, their peers and environment accord them large influence over their behavior including substance use. This theory examines the significance of positive male and female role models, as well as a structured program, for individuals in recovery programs. These methods effectively assist young offenders by providing good role models and rehabilitation processes that deter the perpetuation of criminal behaviour and substance abuse.

4.1.2Attachment Theory

In the Attachment Theory of John Bowlby, the theory focuses on behaviors that occur in the early stages of children's life. Children who experience neglect or trauma have poor attachment, and therefore many of them end up being substance abusers or criminals. According to the Attachment Theory, for the rehabilitation process, lengthy and continued relationships with the main guardian, teacher, or consultant can build confidence. When practice interventions are based on this theory, the programs aim at developing protective factors that may help the young offenders in the process of reintroduction to society by providing them with an opportunity to make positive long-term relationships.

4.2 Psychological Theories

4.2.1 Therapeutic Community (TC) Model

The therapeutic community is a treatment model that is used in rehabilitation centers for substance use and criminality. This model encourages the process of children's change through shared responsibility and learning with other individuals in society while at the same time encouraging only the right behavior. In TCs, people are responsible for each other through responsible relationships in an organizational culture. Applying the stable structure of this model for young

criminals creates personal belonging that will be close to neutral and requires the extra development of specific life skills that are essential for a long future recovery.

4.2.2 Cognitive-Behavioral Therapy (CBT) Model

This model of treatment is used extensively in rehabilitation settings that are centered on changing negative cognitions that lead to undesirable action. For most of the children found in conflict with the law, actual CBT aims at identifying and disputing thoughts that cause offending or substance use and abuse. CBT assists young offenders in understanding themselves, and their feelings, and gives them methods on how to deal with stress, and peer group pressure. This model is very beneficial in rehabilitation programs because it provides tools to minimize the rate of recidivism in societies and embrace the necessary behavioral change.

5. De-Addiction Treatment of CCL in Juvenile Homes

De-addiction rehabilitation for CCL in juvenile homes is paramount. Most CCLs are substance abusers or have substance dependency issues, most often because of their harsh socio-economic realities. Such children experience de-addiction treatments to get rid of their problems where the specialists assist them to get back into society and also minimize chances of reformation.

5.1 Need for Separate Centres

This is because the CCL has its oddities of dependence that require separate stations. The children need proper treatment that takes into consideration their abilities, psychological statuses, and development issues. Current facilities fail to have adequate capacity and qualified staff to address these stationery issues. This indicates the necessity of having new centres that are aimed at juvenile de-addiction and reintegration only. The environment of these centres would be safer and more supportive thus creating a nurturing space for growth and development of the CCL.

5.2 Existing De-addiction and Rehabilitation Facilities in India

While there are numerous de-addiction centres in India for individuals with alcohol or drug dependency, there is a scarcity of facilities that offer specialized programs for children, particularly those in conflict with the law. Some of the states like Daman and Diu and Arunachal Pradesh, have the least number of de-addiction centers, which do not even qualify to have any major rehabilitation clinics or programs.

However, even where these centers exist, many lack the appropriate physical infrastructure or qualified personnel trained in the management of children and adolescents. This lack of expertise implies inferior practices that increase the children's weakness in the disorder. There is a lack of specialized or dedicated centers for CCL. They occur in conjunction with other centers specializing in psychological, emotional, and developmental issues for children in many cases, children are treated in general rehabilitation centers where it may have a negative impact on the outcomes of therapies. This focuses on the importance of specialized, completely child-oriented in-patient de-addiction treatment facilities that would treat both the addiction and the full scope of needs of the child necessitating such intervention, and properly reintegrate them into society. Such stronger linkages require enhanced and specialized structures for addressing this emerging issue.

5.3 Therapeutic Approaches

5.3.1 Group Therapy

Group therapy has also been considered an essential fact within the rehabilitation process in juvenile homes, mainly for those children with substance dependence. The children can disclose their exposures, difficulties, and management measures and work as group members to give and receive support. Therapists facilitate group sessions to explain target appropriate and adaptive behaviors, well as to identify and avoid stimulus control materials and practice social skills. The collective setting fosters trust, fighting isolation, and developing empathy, which is trying for the human spirit, and recovery.

5.3.2 Family Therapy

Family therapy therefore has a very necessary role to play in the rehabilitation of children with substance dependence problems. It concerns using cooperation with the child and his or her close ones to concentrate on family issues and interactions that might cause the child's actions. Family therapy is used to discover the unhealthy patterns of the family to facilitate communication and understanding among the family members and to provide the family with the modalities needed for the child's rehabilitation. It is particularly useful in minimizing the chance of relapse because it rebuilds the bonds of family, addresses the emotional issues that led to the child's deviant behavior, and provides a healthy environment that the child will learn to live by after coming out of prison.

5.3.3 Additional Therapies

Apart from standard therapy, the programs offered in juvenile rehabilitation centers contain many other types of therapy that can help children and adolescents. CBT is widely applied to changing the child's thought processes that benefit substance abuse. Art therapy is another helpful instrument, enabling the child without using words to reveal the main feeling inside oneself. Each of the therapies is individual-focused and addresses the child's mental, emotional, and behavioral issues, invites the child to think critically, and helps the child find other ways to respond to stress or trauma. These therapies are meant to help the patient develop in various aspects and gain personal independent power.

6. Aftercare Provisions under the JJ Act

Section 46 of The Juvenile Justice (Care and Protection of Children) Act, 2015 delineates particular standards for aftercare services for children rehabilitated in juvenile facilities. The services are essential for meeting the social reintegration needs of children after receiving rehabilitation services to make them useful citizens in society. Aftercare measures refer to social, financial, educational, vocational, and counseling support that should enable children to live productive lives. However, there are several shortcomings concerning these provisions. These aftercare services have not received a standard approach with regards to specific states that avail little funding to ensure children are provided adequate support on their release from juvenile homes.

7. Conclusion

Therefore, the rehabilitation of CCL in Juvenile homes needs to incorporate several models that embrace detraction treatment, therapeutic model, and proper aftercare plans and provisions. Observations conducted under the Juvenile Justice Act 2015 reveal significant and manageable

inadequacies in the provision of rehabilitation and aftercare programs throughout the state. The lack of available specialized de-addiction centers, the absence of family intervention in the rehabilitation process, and scarce aftercare services hamper CCLs' effective integration into society. Increased community involvement and support in addition to improvements in supervision along with the accessibility of aftercare services will benefit the child after rehabilitation during reintegration.

8. Suggestion

Reintegration of CCL is necessary for their rehabilitation, aimed at controlling recidivism and supporting their recovery to society as effective residents. In effect reintegration needs a multi-faceted approach, the inclusion of education, vocational training, and psychological counseling to manage the fundamental reasons for lawbreaking, such as disturbance or substance abuse. These measures, including mentorship programs and restorative justice techniques, can enhance societal acceptance and foster accountability. Family involvement helps to improve and this is an important role, as the transformation of trust and relationships supports a caring home atmosphere. Legal frameworks like the Juvenile Justice Act promote aftercare programs; yet, budgetary constraints and stigma often hinder their effectiveness. The establishment of partnerships between government agencies, NGOs, and local communities can improve reintegration impacts, confirming sustainable improvement and decreasing social barriers.

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Ncpcr.gov.com, 2022, PRESENTATION BY THE STATES. Available at: https://ncpcr.gov.in/uploads/166081896562fe1615ae112_jap--review-meeting-final.pdf [Accessing on: 20.11.2024]