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## “Children’s Drug Abuse: A Growing Challenge in India”

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### Abstract

India is one of the youngest countries with 356 million young people in the 10-24 age group. India will have the highest youth population in the world. Kids, not only to their families but to the country, are a valued asset and pride. The youth of today are the adults of tomorrow and the nation's founders. Children's drug abuse is now a big concern in India today. Today children are experimenting with drugs quite early in life. Disciplinary and systemic researchers should take into account all the variables alluded to above in this paper relating to child substance abuse and its relevant problems, including preferences, family, risk factors, socio-economic status, genetic risk factors, environmental risk factors and preventive opioid abuse interventions and their complexities, and their avoidance. If this problem is not timely tackled, in addition to human capital depletion for the country, it will take the form of the epidemic with it having significant socioeconomic and family adverse effects.

Present paper discusses the growing danger of drug misuse among children, hampering their physical, psychological and social growth in a process in which they typically learn learning, emotional, social and life skills and aim to present the conditions of drug use among children. This paper aims to concentrate on the genetic correlations, psychosocial and socioeconomic influences correlated with alcohol and drug dependence in children. Any steps to control opioid addiction in children are also recommended by the report. In India, more research on drug epidemic are required to look at the current conditions and to find alternatives to this situation.

**Keywords:** Children, Drug Abuse, Environmental Factors, Family Factors, Socioeconomic Factors

### Introduction

India is one of the youngest countries with 356 million young people in the 10-24 age group. India will have the highest youth population in the world. Kids, not only to their families but to the country, are a valued asset and pride. The youth of today are the adults of tomorrow and the nation's founders. Children's drug abuse is now a big concern in India today. Kids are dealing with drugs at a very early age today. The World Health Organisation reports that 25-90 percent of street kids worldwide engage in drug abuse. The estimated study by the National Commission for the Protection of Child Rights said that 40-70% of India's (18 million) homeless children were subjected to any form of drug addiction. One in five of India's drug users is a boy, according to the study, and there are more than 5,00,000 (five lakh) street children in India living and working in inhumane conditions and at high risk of substance misuse, and this figure may be a dramatic underestimation. Even if the least estimated, it can be estimated that 25-29 percent of street children in India alone engage in drug abuse. Though, There has been increased public outrage about the high percentage of drug abuse by children in recent years. Substance abuse in many states of India has risen dramatically among children e.g. Punjab, Haryana, Rajasthan, Gujarat, Hyderabad, Andhra Pradesh etc as per the report of (UNDCP, World Drug Report, 1999).

Drug addiction refers to a history of use of psychoactive agents, including alcohol and synthetic drugs, that are unhealthy or risky. Drug trafficking was historically considered a problem for street youth, working children, and trafficked children, but today it has become common among school-going children from diverse socio-economic and educational backgrounds. The disturbing truth is that the age of starting to drink or getting the first taste of drugs is falling dramatically, and no quantity and form of strict personal, social, and state level interventions seem adequate to monitor the supply and distribution of drugs and substances to children. There are many varieties of drugs and substance available that the most common substance consumed was nicotine, as cigarettes or "bidis" and "gutkha" and inhalant/volatile substance used in the form of sniffing of adhesive glue, petrol, gasoline, thinner, and spirit. Alcohol, liquor, cocaine, opium, Bhang, Ganja, Hashish and so on are included in the full list. People perceive that it has a lot of adverse effects on their lives when children first engage

with drugs, and if it is constant, it may become important for users to feel normal. And if it can create significant difficulties for themselves, they can continue to take medications. Drug addiction is a disorder that can be described by a destructive drug use that induces multiple severe health-related substances and social behavior problems. Mood disorders such as depression, anxiety, perception disorders such as schizophrenia as well as behavioural disorders such as antisocial personality characteristics can be neurological behaviour changes associated with drug misuse. In puberty, determining the future of adolescents in both developing countries is a big issue.

Millions of drug abusers are living lonely lives or suffering between life and death all over the world. India is now trapped in this vicious cycle of drug trade, paddling and violence, and the amount of substance abuse among children is rising day by day. Research findings indicate that children who have attempted to ingest nicotine are at high risk of becoming frequent users of nicotine, contributing to an elevated risk of developing communicable diseases. Drug and drug abuse among children, particularly marginalised groups, can contribute directly to high-risk activities such as gambling, drug dealing, pick pocketing, theft, fighting, rape and self-harm (Rudatsikira, Siziya, Kazembe, & Muula, 2007). When intoxicated, these children are at a higher risk of depression and suicide (De, Mattoo, & Basu, 2003). Oscillating, narcissistic heads, fear, decreased interest in everyday life, emotional uncertainty, and delusions are the psychiatric signs induced by drug abuse. It attacks the brain and higher mental functions and allows the deficiency in decision-making abilities.

## Review of Literature

Many research on child substance abuse have been undertaken for a long time, but very few research are located in India and need to be based. Many scholars and physicians have seen that drug use disorder shares many parallels and discrepancies with teen age relative to other psychiatric conditions. There are numerous findings relating to teenage use and risk factors linked with substance addiction, but there are also many inconsistencies found in these findings. Although there are very few studies available on this subject in India, a study of the available studies will identify the causative factors and analyse them in the preparation of other relevant studies and strategies. The degree, pattern and patterns of substance addiction among teenagers in India have been examined in this article.

This epidemic prevalence of drug abuse in children has taken on troubling proportions in India. Cultures are shifting, the economic pressure is growing, poverty, ignorance, displacement and slavery (child labour) are promoted, which also contributes to drug misuse (Qadri, Goel, Singh, Ahluwalia, Pathak, & Bashir 2013). If we look at global trade and drug use figures, the picture is bleak. It is the third biggest company in the world with a turnover of about \$500 billion, next to the petroleum and arms trade. One medicine or the other is used by around 190 million people around the world (Asha, 2003). According to the World Medicine Survey, figures of 322 billion dollars reflect the extent of drug trade and narcotics trafficking. The annual marketing value of Afgan Opium is \$61 billion. In Western Africa, the world demand for cocaine is about 85 million dollars. During the 2011 World Summit, the UN Secretary-General, Ban Ki Moon, declared war on illegal drug trade to protect the stability of the world. It has stressed to create the awareness in people about the deadly drug they destroy societies (Ramesh, 2017). Physical pressures and worries, shivering, feeling discomfort and sleepy, the pace of breathing is decreased and heart rate is increased are the physical ill effects of opioid addiction youth. These kids suffer from absenteeism, dropping out of school, bad grades, violent behaviour, bullying, fighting, suppressed rage, disapproval, exclusion, alienation, cheating, stealing, deceit, truancy, low self-esteem, depression, shame, feelings of helplessness, fears of abandonment, and chronic depression manipulating become their usual defensive behaviors in school and at home (Millar & Stermac, 2000).

The "Drug Abuse and Addiction", (2017) report discussed that the influence of the family, home environment, especially during childhood, is a very important factor. Parents or older family members who participate in drug abuse or who engage in illegal activity will easily raise the chances of children worsening an issue of substance abuse). Millar & Stermac (2000) published comparable findings that on family or parental substance abuse also has severe effects on children of substance abuse. An unprecedented 66% of children raised by abusive parents have been confirmed to have been physically assaulted or experienced family violence, and 26% of children from such households have been regularly sexually abused. It has been documented that physical or sexual assault happens daily in one third of intoxicated households. The unfavourable results on their off springs of the drug addicted parents originate from the womb of the woman. Pregnant women who have used alcohol during pregnancy can give birth to children with Fetal Alcohol Syndrome (FAS) (Heffner & Heffner, 2017). A study on alcoholism and opioid dependency by the National Council estimated that about 5000 babies are born per year with serious harm caused by foetal alcohol syndrome and another 35000 babies are born with milder types of foetal alcohol syndrome (Heffner & Heffner, 2017). Cocaine creates problems in the brain, genes and hereditary transfer.

## Various Influences on Drug Abusing Children

### Family Factors

The biggest and enduring influence on the growth and wellbeing of children is on parents and families. When an infant is raised safely, good habits are established safely and a good and stable lifestyle is sought. If not, one of them can tempt or pull a child into some or other bad habits and engage in drug abuse. Conrad, Flay, & Hill (1992) observed in their study that parents have a tremendous effect on their children and the children of smoking parents are twice as likely to become smokers. Rossow, (2000) stated that families may have a strong influence on influencing children's behaviours, beliefs, and behaviour. Owing to lack of proper treatment and parenting, lack of family schooling, alienation, deprivation, a separated parent's child and little home life stability, children frequently return to drug abuse (Boomsma, de Geus, van Baal, & Koopmans, 1999). In comparison, scholars such as Prescott & Kendler (1999) analysed 231 participants

who were afflicted with opioid or alcohol addiction to assess the role of families, parents, and relatives and compared them to 61 persons who did not have an addiction. The first-degree relatives (parents, siblings, or infants) of such persons were also analysed and compared and found that if a parent has drug abuse, addiction, the child was eight times more likely to have substance abuse among infants.

### **Socioeconomic Factors**

Children's drug abuse is a very difficult topic that has to be approached from multiple angles. Analysis of literature showed that illiteracy, living in a common household and fractured homes are the key cause of children on the street in India along with the related causes of hunger, physical and drug abuse, determining the socioeconomic factors leading to this issue (Tiwari, Gulati, Sethi, & Mehra, 2002). The rapid industrialization, urbanisation, and shifting habits (both parents who work and parents who work long hours out of a home, growing poverty, population explosion, left children unable to survive, causing many to take shelter in the dark world of drug addiction and addiction and exploitation.

### **Psycho-Social Factors**

The gender complexities of alcohol and opioid addiction are problematic and worth discussing. Many drugs, such as cigarettes and alcohol, are socially permissible if they are consumed by men, but not by women (Panigrahi, Sarangi, & Acharya, 2008). Such activities are common among male members during social, cultural and family rituals and customs, holidays, celebrations, enjoyment, relaxation, etc. Males were also more open to and admitted to drinking alcohol. They have become more victims of drug abuse as a result. Historically, women in Indian culture have always disapproved of the use of drugs (Mail, 1980). Alcohol abuse has always been viewed as a male (not female) problem, particularly in India. A study documented that several forms of research on substance abuse have seen a dramatic shift in recent years and report a growing graph of instances of 'woman drug abuse' in India (Joshi & Rathore, 2017). The chance of becoming a smoker is nine times higher for a girl child with a best friend who is a smoker. Smoking is a shared behaviour of a female child with major socialising roles (Hudmon, Gritz, Clayton, & Nisenbaum, 1999).

### **Genetics and Environmental Factors**

The addiction problem is not limited to toxic stimulation, inadequate control, and substantial evidence of experimentation. Studies on addiction also offer evidence of a hereditary aspect. Prescott, & Kendler, (1999) confirmed that nuclear genes are responsible for their function and believed that there is a genetic dimension to addiction. This research was performed on 9000 twins, which found that early alcohol users were carriers and that their interaction with the likelihood of alcoholism was entirely influenced by genetic factors (Prescott, & Kendler, 1999). However, another twin study indicated that social interaction and co-twin dependence (twins) have demonstrated mild twin similarities among more co-dependent pairs, with decreased genetic effects and increased environmental influences (Rose, Kaprio, Williams, Viken, & Obremski, 1990). Genetic effects on child drug abuse are likely to be highlighted, especially in environments with decreased parental supervision (Dick, Viken, Purcel, Kaprio, Pulkkinen & Rose, 2007). The relative importance and contribution of these causes is difficult to assess, but inadequate coping skills also contribute to this issue alongside genetic predisposition.

### **Suggestive Measures for Drug Abuse in Children**

National programmes discussing the prevention and care of the use of drugs by children in India are desperately needed. It is possible to incorporate prevention problems into the current programmes. While intervention is a welcome move, there is also a need to prioritise the availability of addiction facilities and the removal of barriers to addiction by teen opioid users. Prevention strategies must be structured to address various environments (school, neighbourhood, street) and multiple risk factors, such as working children, out-of-school children, etc. Preventive efforts must seek supply declines. The related departments (i.e., the Excise Department for Tobacco and Alcohol Regulation, the Narcotic Regulation Bureau for Controlled Narcotics, the Drug Controller General of India for Prescription Drugs) should take effective action. The ban on availability of tobacco and alcohol near schools and residential areas should be strongly enforced.

In the school environment, school-going children who use drugs should have access to clinical therapy. At least one full-time qualified psychologist in schools must be provided by the Ministry/ Departments of Human Resource Development. As has been done in Delhi, training of school counsellors to recognise and treat children at risk must be given. School psychologists should reach out to school-going children with family risk factors, peer drugs and a history of traumatic incidents. Educating teachers could be a welcome intervention for schoolchildren, concentrating not just on opioid use but also on other behaviours, such as behavioural disorders, as it is unlikely that many schools may have counselling even in the near future. Efforts to decrease school dropout rates can continue, particularly by making school settings more child-friendly and educational. At the same time, out-of-school children should have access to vocational training centres and safe locations, especially when two-thirds of out-of-school children are part-/full-time employees. The places for interventions using life-skills-based curriculum and other methods may be these vocational training centres. In those areas, counselling programmes for children may be accessible by certified licenced counsellors. Another important factor to be used in the sense of child-onset opioid use is secondary intervention: early detection and intervention of development. Interventions should also concentrate on early, sporadic consumers, ensuring that the use or use of other illegal drugs does not progress on a regular basis. Involvement of the group at the level of Panchayat, Gram sabha / Mohalla sabha in raising consciousness of the tacit dangers of children's use of drugs and their consequences for the growth of the child as a healthy and active member of society. We may need to brace ourselves (for a small but emerging community of users) to monitor the technology addictions / internet gaming, etc. among the younger population.

There is a need for access to, and increased access to, advanced recovery facilities for children who use drugs. These programmes should be available in public clinics, NGOs sponsored by the Ministry of Social Justice and even NGOs supplying street children with programmes. To cope with this issue, general practitioners and paediatricians need to be properly sensitised. Treatment services need to try to solve their challenges by including the families. In the report, more than two-thirds of children have never sought assistance with drug use disorders and have not been in touch with any NGO operating in their region, which points to the need to overcome obstacles to care, starting with the availability of services. NGOs should have recovery efforts based on skill building and career training. Under the Ministry of Women and Child Protection, juvenile homes and children's homes should provide service coverage for children's drug use.

There is a need to raise awareness of the issue of child drug use in India among state governments and key stakeholders so that effective strategies and action plans can be devised. In administrative circles, the issue has traditionally been minimised to be just a 'big-city phenomenon', an assumption not confirmed by this national analysis. To cope with the use of child drugs, for large-scale prevention measures as well as for the advancement of specialist programmes, adequate budgetary appropriations must be made. As far as possible, information, awareness and preventive measures directed at the use of child / adolescent drugs must be combined with other adolescent health initiatives in India (reproductive health, education, mental health, etc.)

Parents and guardians should be mindful of the needs of the child, their peer groups, remain linked and understand where their children are in their spare time, keep a watch on the school and tuition, attendance, and success of children, attend timely meetings of parents with teachers, and keep a check on the behaviour pattern of the child. They should open contact channels, initiate conversation, listen to them, have empathy, and have confidence in their them as it takes a long time to quit drug abuse. In influencing their children's mindset towards safe habits, alcohol, cigarettes, and medications, the adult has to be the role model because they are the main influence on whether or not their children will consume substances. In particular, parents who face the problem of substance abuse can share their experiences and make their children realise the harmful effects of drug abuse. They should get assistance to leave, and when they attempt to leave, their children who face the issue of opioid addiction will often quit early when their parents left. Communities and culture should take a stance against alcohol, cigarettes, trade, trafficking and manipulating young minds. They should avoid buying and requesting drugs and maintain a search in their vicinity if any criminal activity is suspected, telling the police authority promptly about it.

## Conclusion

In modern times, opioid addiction by children is a matter of concern and it is an important issue to be discussed nationally. Disciplinary and systemic researchers must take into account all the variables alluded to above in this paper relating to child substance abuse and its relevant concerns, including preferences, family, risk factors, social status, hereditary risk factors, environmental risk factors, and preventive drug abuse strategies and its complications, and their prevention strategies along with follow-up studies. If this problem is not timely tackled, in addition to human capital depletion for the country, it will take the form of the epidemic with it having significant socioeconomic and family adverse effects. It is dismaying to know that there are few studies available in India on drug abuse among children, and most researchers concentrate mainly on the country's urban settlements. In order to learn, recognise, explore, take action and avoid and develop solutions that enable children and our community to battle against the addictive trap of drug abuse in children, urgent and effective action is needed. Nevertheless, achieving this purpose is not a straightforward task. It will take a long time to bring about change in our culture, but "where there is a way, there is a will," as it actually said. If we all come together for this cause, it will surely offer a ray of light to save the future of children and to make the future of children and the country brighter.

It is important to approach the issue of drug use among children from different viewpoints. The Ministries of Social Justice and Empowerment, Health, Women and Child Development, Human Resource Development, Youth Affairs and Sports, Labour and Employment, and the Department of AIDS Control are the key ministries to be involved in a joint effort to prevent and treat substance use among children. The need for effective coordination between the different ministries cannot be over-emphasized for dealing with the problem of child substance use.

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