

**Beyond Regulation: Reimagining India's NDPS Policy With a
Public Health Perspective**

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Guide

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Abstract

Enacted in 1985, Narcotic Drugs & Psychotropic Substances Act (NDPS Act) serves as a foundational element to India's approach to drug regulation and prevention. In the year 2012 India's first national policy on NDPS was published. This study aims to offer a comprehensive assessment of the policy, analyze its outcome on substance abuse trends, public health outcome, its alignment with international guidelines on human rights, development, criminal justice & prevention strategy. This study is underpinned by an extensive examination of the scholarly research articles, academic treatises, reports from ministries & agencies of the Government of India, seminal policy documents and informal qualitative discussion with government officials to offer extensive & nuanced analysis.

In the realm of India's NDPS policy, integrating public health is paramount. Reducing demand and supply alone is insufficient to address the complexity of addiction. An addicted individual struggles without timely interventions. The existing approach combines prevention, treatment, and rehabilitation under an umbrella of designated centers, such that there are limited avenues for treatment. Private healthcare is still at large for addicted individuals owing to limitations of health insurance coverage. By embracing Public Health perspective, we may see many takers & extend lifelines to those trapped in vicious cycle of addiction, fostering a society where every individual regardless of their circumstances can hope for a healthier drug-free future.

Ultimately these findings strive to promote a more inclusive, proactive, and responsive public health framework, aimed at tackling pervasive issues surrounding substance use disorders. Mere reliance on regulatory and punitive measures is insufficient for creating sustainable solutions or fostering conducive social milieu to prevent and arrest substance use disorder in the community.

1 Introduction

1.1 Global Scenario

Substance use disorder (SUD) has a worldwide occurrence.¹ According to the ‘ World Drug Report-2022’ published by the United Nations office on Drugs & Crime (UNODC), in the year 2020 approximately 209 million (149-265 million) people worldwide were estimated to have used Cannabis, Opioids 61 million (37-78 million), Amphetamines 34 million (29-41 million), Cocaine 21 million (18-26 million) & Ecstasy 20 million (9-36 million). Drug use accounts for 5% of all substance related deaths & 9% of the total Disability Adjusted Life Years (DALYs). In 2019, a staggering thirty-one million years of healthy life were lost due to premature deaths & disability.

In 2021 global drug consumption was 1 in 17 individuals, marking a 23% increase compared to a decade ago. In the same year, 13.2 million individuals used injectable drugs. Out of these 6.6 million lived with Hepatitis C, 1.6 million with HIV and 1.4 million with both the diseases coexisting. There are 39.5 million people with drug use disorders with 45% increase in a decade & one in five is in treatment. On the supply side opium poppy cultivation has increased by 28% between 2021-22.²

World’s drug related challenges are hindering Sustainable Development Goals (SDG) progress across all areas from peace & justice to environment & equity.² Drug trafficking & organized crime fuel violence & instability, undermining peace & justice building efforts & progress towards peaceful and inclusive societies. Deforestation for illegal drug cultivation and pollution from drug production process poses obstacles in biodiversity preservation and pollution from chemical contaminants. Low-income communities and marginalized

communities are disproportionately affected by consequences of drug abuse and related crime exacerbating inequities in society.³

1.2 Indian Context

In India certain substances like Cannabis, Opium find mention in the religious scriptures & have been part of Indian culture for ages.⁴ Opium was introduced to India by Arab traders in the 9th century via the west coast & initially for medicinal purposes, but its use quickly expanded to social contexts. By 10th century, opium cultivation along west coast in Malwa region was well documented.⁵ The drug culture gradually evolved throughout the time. Thus, prevalence grew through trade & local communities. The Country's proximity to regions known for the widespread distribution of drugs, specifically the 'Golden Crescent' (Afghanistan, Pakistan, Iran) and the 'Golden Triangle' (encompassing Myanmar, Laos & Thailand) increases its susceptibility to narcotics related challenges.⁶ Under international agreements and treaties, India has both signed and ratified three global conventions.

1. Single Convention on Narcotic Drugs in 1961

2. Convention on Psychotropic Substances in 1971

3. UN Convention Against Illicit Traffic in Narcotic Drugs & Psychotropic Substances, in 1988⁷. By adopting these conventions, over the years the country is trying to put the international guidelines into practice. As per these guidelines the Central Government undertakes various surveys through its ministries to understand the drug situation in the country.

National Drug Dependence Treatment Center (NDDTC)-AIIMS survey-2018 (regarding the magnitude of substance use in India) published in 2019 by the Ministry of Social Justice & Empowerment (MoSJE)⁸ estimated Cannabis users to be 31 million, Ganja/ Charas to be approximately 13.3 million, Opioid users in the form of Opium, heroine & prescription drugs to be 5.7 million, 12.5 million & 10.5 million, respectively. Estimated sedative users were 11.9 million, Cocaine 1.1 million, Inhalants 7.7 million, Amphetamine type stimulants 1.9 million & Hallucinogens 1.3 million. **Table 1 shows NTDDC survey findings.**

Table 1: NTDDC Survey - Magnitude of Substance Use in India, Source: MoSJE-NTDDC Survey report 2019

SUBSTANCE USE IN INDIA IN 2018 (10-75 YEARS)				
Substances	Prevalence of current use (in %)	Estimated number of users (in lakhs)	Prevalence of Quantum of Work (in %)	Estimated numbers (in lakhs)
Cannabis: Any form	2.83	310	0.66	72
Cannabis: bhang	2.02	221	0.36	40
Cannabis: Ganja / Charas	1.21	133	0.45	50
Opioid: Any form	2.06	226	0.55	60
Opioids: Opium	0.52	57	0.10	11
Opioids: Heroin	1.14	125	0.57	63
Opioids: Pharmaceutical	0.96	105	0.23	25
Sedatives	1.08	119	0.11	11
Cocaine	0.10	11	0.02	3.2
Amphetamine type stimulants	0.18	19	0.02	7
Inhalants	0.70	77	0.21	22
Hallucinogens	0.12	13	0.03	3.4

Over the past decade spanning from 2012 to 2021, there has been a significant & noteworthy surge in both the number of cases registered by the enforcement agencies and the quantities of illicit substances seized. The annual report of Narcotic Control Bureau (NCB) from 2012 to 2021 shows a significant increase in the number of reported cases of drug seizure and quantities seized. Reported cases of seizure for Cannabis, Heroin, Opium, Hashish, and Cocaine have increased 6.04, 2.82, 1.74, 1.38, 1.31-fold, respectively. On the supply side, the amount of seizure of abovementioned substances has increased by 9.71, 7.37, 1.24, 1.22, 7.68-times, respectively⁹ which shows that despite the strict enforcement, the availability of drugs has

continued to increase. **Figure 1 to 6 show the data on number of reported cases of drug / substance seizure & quantity of drug seized between 2012-2021 (Source: Narcotics Control Bureau Annual Reports- National Narcotics Coordination Portal)**

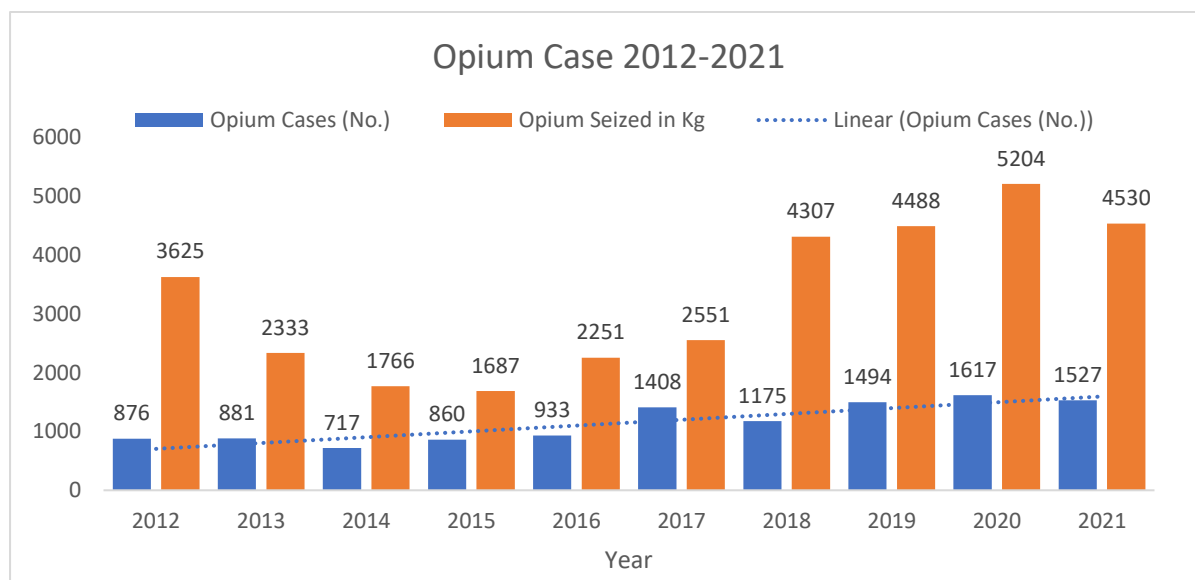


Figure 1: NCB Data on Opium,2012-2021. Source: National Narcotics Coordination Portal.

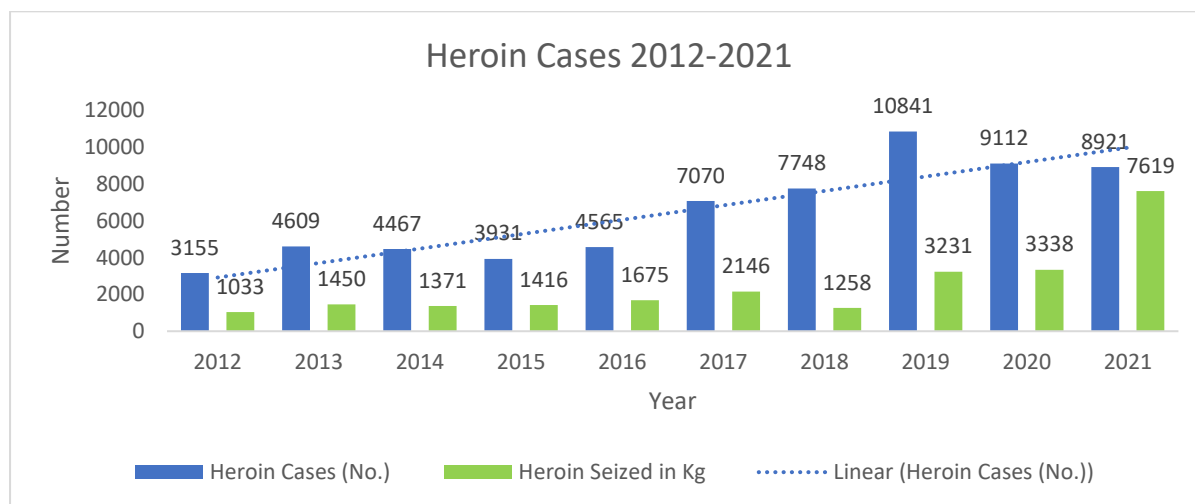


Figure 2: NCB Data on Heroin,2012-21 Source: National Narcotics Coordination Portal.

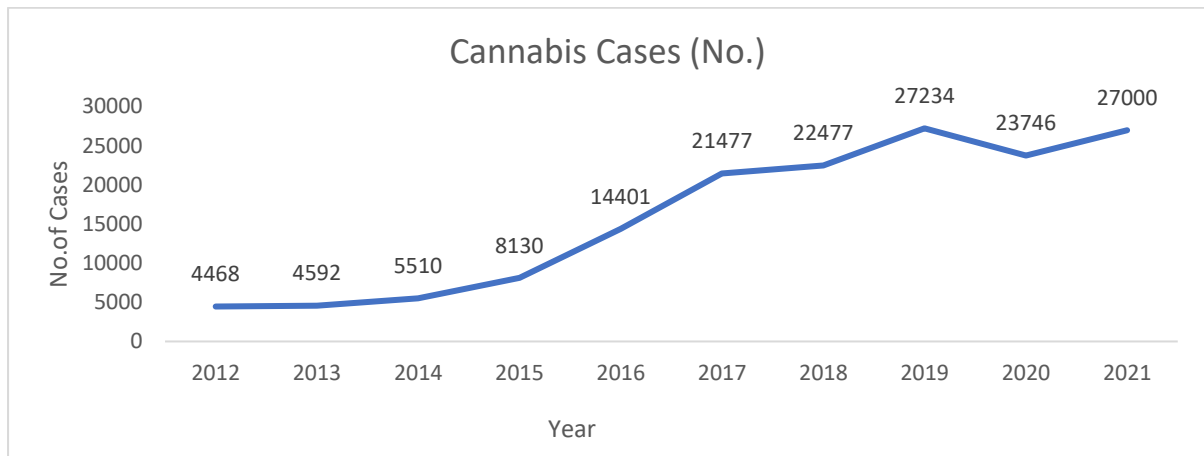


Figure 3: NCB Data on Cannabis Cases, 2012-21 Source: National Narcotics Coordination Portal.

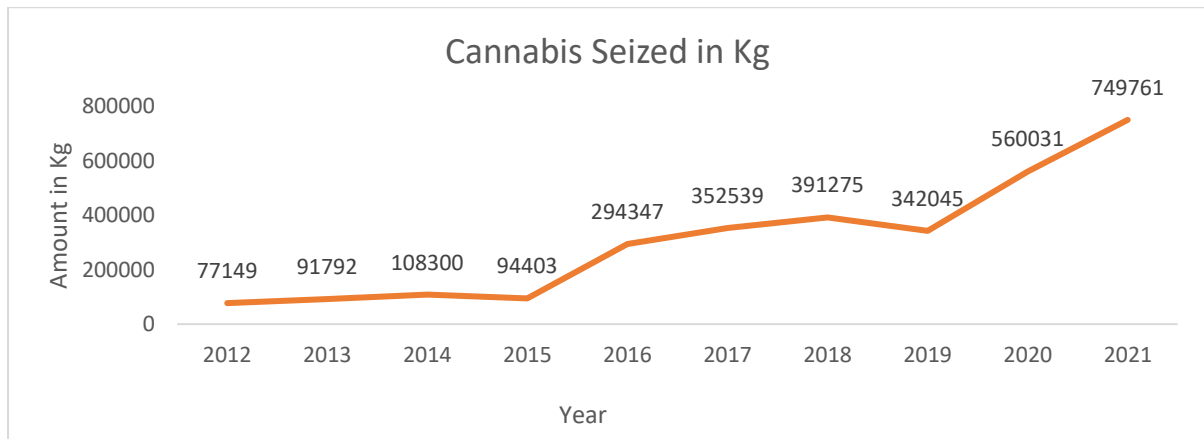


Figure 4: NCB Data on Cannabis Seizure, 2012-21 Source: National Narcotics Coordination Portal.

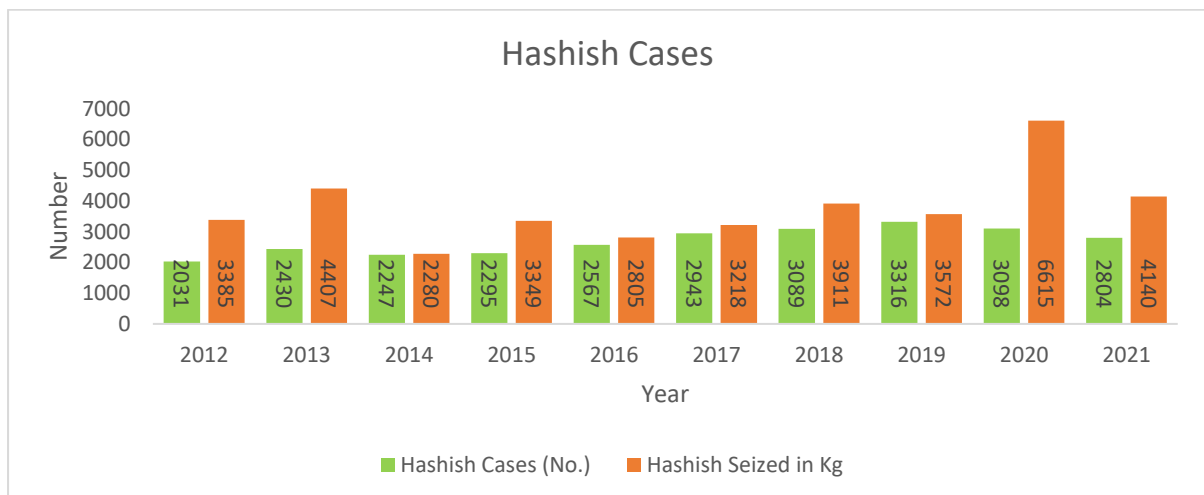


Figure 5: NCB Data on Hashish, 2012-21 Source: National Narcotics Coordination Portal.

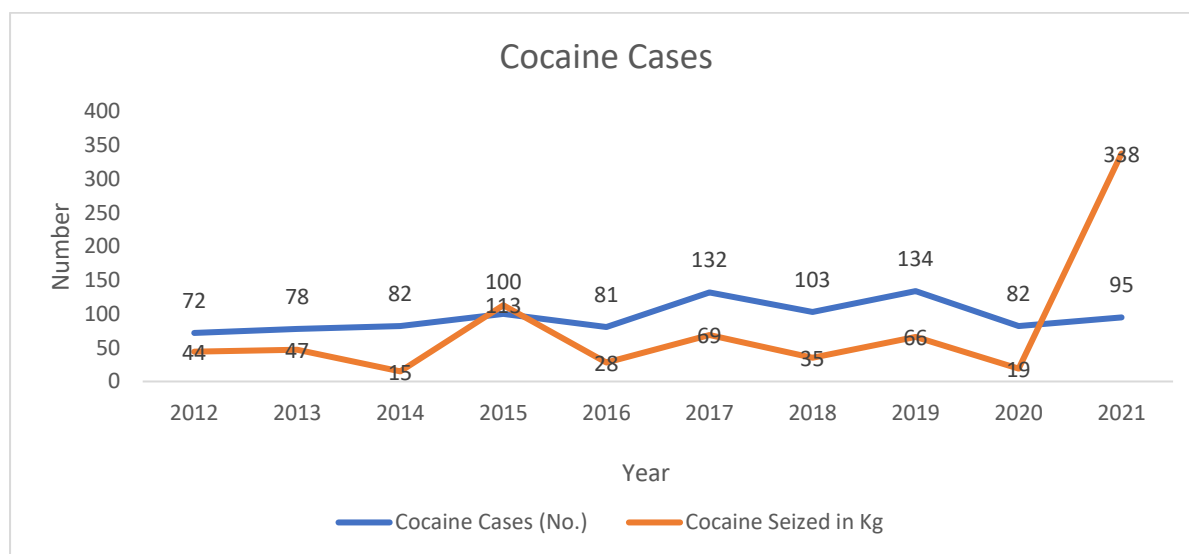


Figure 6: NCB Data on Cocaine, 2012-21 Source: National Narcotics Coordination Portal.

1.3 Stakeholders in NDPS Policy Implementation

Role of multiple stakeholders have been identified in the implementation of NDPS policy, which could be broadly categorized as Ministry of Social Justice and Empowerment, Home Ministry, Ministry of Finance and Ministry of Health and Family Welfare. **Figure 7 shows schematic representation of the stakeholders.**

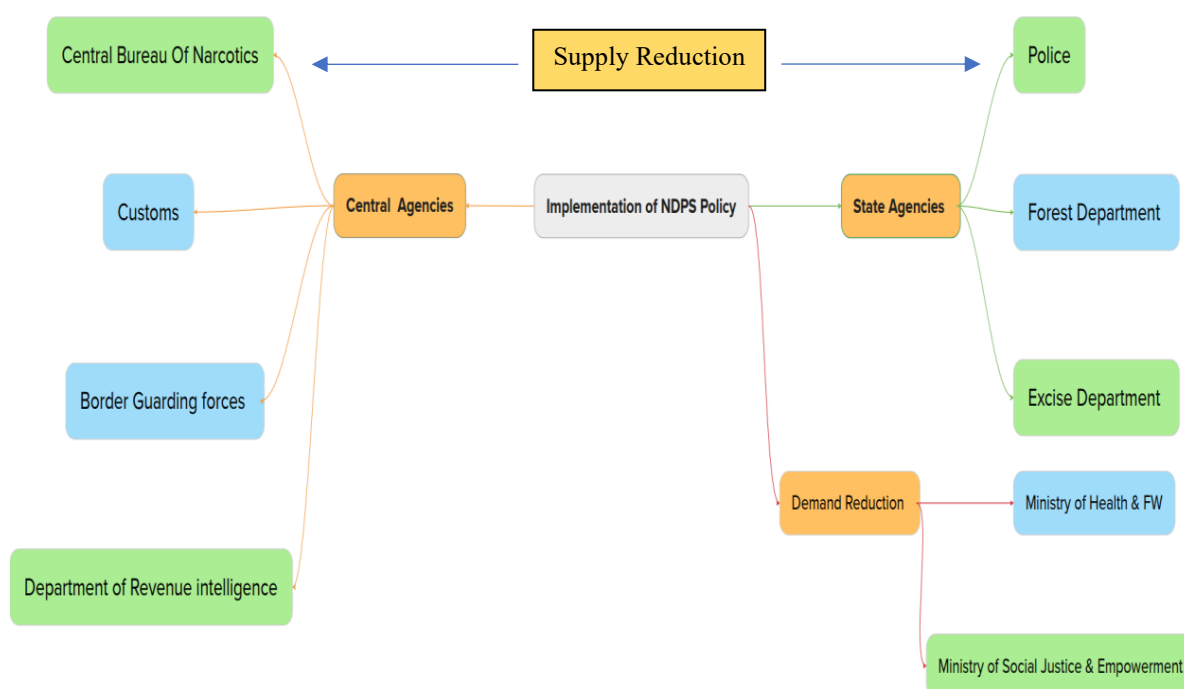


Figure 7: Stakeholders in NDPS policy Implementation. Source: MoSJE, GoI Website

1.4 Drug control approaches

In consultation and coordination, the stakeholders identified above engage in three broad approaches of 1. Supply Reduction.2. Demand Reduction 3. Harm reduction¹⁰ to effectively implement NDPS.

The **supply reduction** arm of the government works in tandem with law enforcement agencies. The Ministry of Finance & Ministry of Home have broader control over it. The supply reduction efforts are focused on putting a check on drug trafficking from within and neighboring countries. This has resulted in several MOUs and MLATs and bilateral agreements with different countries. Below is presented a brief account of such legal binding and non-binding treaties.

1.4.1 International Border Control & Legal Assistance

India has Memorandum of Understanding (MoU) with as many as 17 countries. However MoU is a non binding agreement. Also there are MLATs or Mutual Legal Assistance Treaties with 39 countries. This is important treaty for gathering information to enforce laws which may be public or criminal. If the suspects lives abroad,it assists with the formal questioning of the suspect. There is also a bilateral agreements with 27 countries and extradition treaties with 48 countries.

The international cooperation in tackling drug menace,particularly with countries in the notorious Golden Triangle & Golden Crescent regions remain alarmingly inadequate. India's efforts are hampered by the absence of robust mutual legal assistance and extradition treaties with key nations such as Afghanistan, Pakistan & Myanmar. This lack of legal framework allows illegal drug traders & criminals to exploit the gaps,flooding the Indian market with

drugs. The consequence are stark. States like Manipur, Arunachal Pradesh, Mizoram & Nagaland share eastern borders with Myanmar. Here illegal cultivation, trafficking of drugs including heroin and psychotropic substances is rampant.¹¹ *Table 5 & 6 in the annexure* shows countries in different continents which have at least MLATs or Bilateral Agreement or Extradition treaty or all & the status of legal treaties with countries in Golden triangle & Golden Crescent.¹²

The **demand reduction** arm is managed by the Ministry of Social Justice & Empowerment wherein the focus is on prevention, treatment, and rehabilitation. It does it by implementing the National Action Plan for Drug Demand Reduction.

1.4.2 National level action plan for drug demand reduction (NAPDDR)

NAPDDR employs a multifaceted strategy that encompasses education, de-addiction, and rehabilitation for both the affected individuals, and their families. There are about 535 de-addiction centres including 350 IRCAs (Integrated rehabilitation centres for addicts), 53 CPLIs (Community based peer led Intervention) 73 ODIC (Outreach & drop-in centres) 21 SLCA (State level coordinating agencies) and 38 ATFs (Addiction Treatment facilities) in all the states and union territories in India as on August 2023.¹³ *Figure 21 & 22 in annexure* shows statewise distribution of various NGOs working under NAPDDR. *Figure 25 in the annexure* shows State-wise distribution of facilities like ICRA, CPLI, ODIC, SLCA & ATF under NAPDDR.

ICRA: ICRA is tasked with offering institutional care & rehabilitation services to people dealing with drug addiction. The goal is to assist these individuals in recovering and reintegrating back into the society.

CPLI: This facility concentrates on prevention & education within communities. Its objective is to raise awareness and offer life skills and education to young people and communities, aiming to prevent drug use.

ODIC: These centers are dedicated to connecting with drug users within the community. These centers offer counselling, services for harm reduction and information to the drug users. This support helps individuals make informed decisions about their substance use.

SLCA: SLCAs are the committees operating at the state level, overseeing and organizing anti-drug activities within their specific states. They play a crucial role in implementing the NAPDDR at state level.

ATF: The addiction treatment centers are instrumental in providing specialized care and support to individuals struggling with substance abuse. They play an important role in the assessment and evaluation of an addict, detoxification, individualized treatment plans, therapy sessions for individuals & groups including training on coping mechanisms and life skills. Also on-site medical staff addresses any physical health issues related to SUD. Psychosocial support, aftercare and relapse prevention, family involvement and community integration are also some of the focus areas of ATFs.

1.4.2.1 *Objectives of NAPDDR:*

1. Creating awareness among individuals, families, society, workplace to reduce stigmatization against the groups or individuals.
2. To enhance the development of human resources and build capacity to effectively achieve this objective.

3. Facilitating research, training, information collection, documentation, and innovation to reinforce & strengthen objectives.
4. Whole Person Recovery of Addicts (WPR) through comprehensive community-based services for identifying, motivating, counseling, treating, providing aftercare, and rehabilitating addicts in achieving holistic recovery.
5. The formulation and execution of comprehensive schemes, guidelines & programs through a multi-agency approach to reduce drug demand.
6. Undertaking efforts to reduce drug demand for all conceivable forms of substance use.
7. To mitigate the repercussions of drug dependence on both individuals and society.

Additionally, the Ministry of Health & Family Welfare & MoSJE oversees the Drug Dependence Treatment Centers (DDTC).¹⁴ National Drug Dependence Treatment Centers (NDDTC)-AIIMS at Ghaziabad is a nodal agency involved in the assessment of the magnitude of addiction in the country, clinical care to patients, health education, prevention of addiction disorders, capacity building, data collection, laboratory services for drugs, and research. Currently the Central Government supports 27 Drug Treatment Centers (DTC) across different states and supports 6 select government hospitals for fulfilling broader objectives mentioned above. Under Drug Deaddiction Programme (DDAP) financial grants are provided for enhancing post abuse treatment facilities mentioned above.

MoSJE focuses on the Scheme for prevention of alcoholism and drug abuse which has been in place since 1985. This is run by the Non-Governmental Organizations. Ministry has designed ambitious National Action Plan for Drug Demand Reduction (NAPDDR) 2018-2025 which serves as an umbrella plan for all demand reduction efforts and integrates the old State support scheme.¹⁵

1.5 Narcotic Drugs & Psychotropic Substances (NDPS) Policy

In the year 2012 National Policy on Narcotic Drugs & Psychotropic substances was introduced by the Ministry of Finance, Government of India for the first time ¹⁶. This document reflects on India's commitment to International Conventions, Constitutional Provisions, Strategic policy measures, plan of action, implementation & monitoring guidelines for various stakeholders. Multiple Government agencies engage in the policy implementation. These include Ministry of Home Affairs (MoH), Ministry of Social Justice & Empowerment (MoSJE), Department of Revenue under the Finance Ministry, Ministry of Health & Family Welfare (MoHFW), Ministry of Defense & the State Governments including State Department of Home & State Excise. The Ministry of Social Justice & Empowerment (MoSJE) serves as the central ministry responsible demand reduction efforts¹.

1.5.1 Salient Features of NDPS Policy & NDPS Act

- The NDPS Act provides a regulatory framework for manufacturing, production, trade, distribution & use of NDPS.
- The Act provides for the establishment of regulatory authorities, penal bodies, and special courts to trial offenders.
- It monitors the legal cultivation of opium poppy & cannabis plants. Coca cultivation requires licensing from the Central government. There are no known licensed Coca plantations.
- There is a provision for the seizure of property obtained from or employed in drug trafficking.
- Stringent penalties are imposed for offences which are related to drug abuse or trafficking.

- The policy includes proposals for establishing rehabilitation centers dedicated to the treatment of drug addicts.
- Import & export regulation of NDPS has been provisioned in the act.
- The Act provides for the National Fund establishment for controlling drug abuse. Also, a central fund for the financing activities pertaining to drug law enforcement & demand reduction.

1.5.2 Operational Mechanism of NDPS Policy

Narcotic Drugs & Psychotropic Substances (NDPS) Act of 1985 governs the regulatory mechanism in India. Various Stakeholders & their responsibilities are as follows:

1. **Narcotic Control Bureau (NCB)** is established as the nodal agency for enforcing the drug laws in the country. This agency is under the Ministry of Home, GoI.¹⁷
2. **MoSJE:** This ministry plays a vital role in addressing social issues. It is a responsible ministry for Drug Demand Reduction. The Ministry has prepared an ambitious plan called the National action plan for drug demand reduction (NAPDDR). The Ministry also has special department called National Institute of Social Defense (NISD) which is responsible for training & research in the social sector. NISD undertakes capacity building & training of functionaries of de-addiction centers.¹⁸ *Table 7 in the annexure* shows type of training offered by various establishments.
3. **Judiciary:** Additionally, the act includes provisions for the establishment of special courts dedicated to trying offenders.
4. **Central Bureau of Narcotics (CBN):** Act has provisions for controlling the legal manufacturing, trade, use & distribution of the narcotic drugs and psychoactive

substances. CBN headed by the Narcotics Commissioner ensures strict control with the help of three Deputy Narcotic Commissioners (for states UP, Rajasthan & MP which grow legal opium), District Opium Officers & Preventive & Intelligence cells under the **Ministry of Finance**.¹⁹

5. **MoHFW:** Drug regulation is also under the purview of the **Drugs & Cosmetics Act of 1940**, which oversees the import, manufacturing, distribution, and the sale of prescription drugs & cosmetics in India.¹⁹
6. **Central Drugs Standards Control Organization (CDSCO)** is responsible for implementation of drugs & cosmetics act. It also approves new drugs of medicinal use, regulates its import & export & clinical trials.
7. **FDA:** The production of psychotropic substances is authorized and regulated by the state-level authorities responsible for drug control, known as FDA (Food & Drug Administration) or drug controllers.
8. **International Narcotics Control Board (INCB)** : Independent body of United Nations to monitor & promote the implementation of international drug conventions. INCB monitors national drug control laws and provides technical assistance to the countries in the development of drug control policies and programs. It provides an annual report on implementation of the international drug control conventions which provides an overview of the global drug situation and marks areas of concern.²⁰
9. **Chief Controller of the factories:** The authority guarantees a sufficient supply of morphine, thebaine, codeine & its salts to the users in India. The likely demand and estimation of production is assessed at the beginning of the year and demand supply gap is adequately met through imports.¹⁹

10. **State Governments:** Mainly control Morphine, a derivative of Opium. WHO guidelines are recommended for hassle free supply to palliative care centers & for pain relief and to prevent diversion of these for abuse.

2 Review of the Literature

The NDPS act enacted in the year 1985 serves as the baseline legislative framework for control & regulation of NDPS. There have been amendments to this act in the year 1988, and further in 2001 & 2014. The literature review aims to scrutinize existing research & publications to evaluate the outcome of NDPS policy on Public Health, assess the effectiveness of its objectives & identify areas in need of improvement. It also delves into the analysis of the key facets of the policy.

2.1 Historical perspective

Many studies mention the historical evolution of the NDPS policy. Researchers like Sharma et.al (2017) note that cultural & religious use of Cannabis & opium. Bhang a form of Cannabis in India has been used for celebrating religious festivals such as 'Shivratri'. The drink is prepared from Cannabis leaves. This substance is allowed for consumption under the NDPS Act 1985. Authors like Balhara (2022) mention that the NDPS Act is influenced by the three UN International agreements like the UN Convention of Narcotic Drugs of 1961, amended by the 1972 protocol, the convention on Psychotropic Substances of 1971, and the Convention Against Illicit Trafficking in Narcotic drugs & Psychotropic Substances of 1988. Nonetheless, the UN conventions have faced criticism for their prohibitive nature & limited room for incorporating reformative measures within the context of NDPS space. It also mentions that over the period there has been a shift in the NDPS policies in various jurisdictions in the country.

2.2 Socio-economic Impact

According to Sharma et.al (2017) Drug abuse has a significant socio-economic impact. Drug dependence not only impacts an individual's physical, mental well-being but also erodes the political, social, and cultural fabric of nations. This issue exacts significant costs on societies, including diminished productivity, the spread of infectious diseases, disruptions in families and social structures, increased crime rates & heightened demand on healthcare systems. Drug addiction inflicts profound human suffering, and the illicit production and distribution of drugs have fueled crime & violence on a global scale. Consequently, the socio-economic repercussions of drug use can extend far beyond the individual users, affecting their families and the communities in which they reside. The State of Punjab is facing a drug epidemic. There is widespread unemployment. Heroin is easily & cheaply available thereby making this state a transit point for drugs entering in India. The issue of substance abuse among youth in Punjab is extremely alarming, as one in three individuals is addicted to substance other than alcohol & tobacco. Principal causes of the 'drug epidemic' a) Easy access to NDPS due to illicit production & its distribution.²¹ b) Drug usage landscape is shaped by complex interplay among cultural affiliations, involvement of organized crime, criminalization of various forms of substance use & emergence of new distribution networks for narcotics.²² c) Influences from peers & social networks play crucial role in drug initiation & abuse.²³ d) Psychological distress, trauma and certain stressors may contribute to the development of SUD as a form of coping mechanism.²⁴ e) Low awareness in educational institutions about dangers of drug abuse and insufficient drug education programs.²⁵ f) Limited access to effective rehabilitation & treatment services for children & adolescents with SUD.²⁶ g) Emergence of 'Dark Web' and other internet-based techniques can facilitate the acquisition of narcotic drugs.²⁷ h) Cultural acceptance and normalization of drugs in certain communities may also contribute to abuse.²⁸

2.3 Drug abuse & Demand Reduction

According to Mahato et al (2020) The government of India has adopted a multifaceted strategy to tackle the problem of drug abuse and reduce demand. This encompasses awareness & prevention initiatives aimed at educating the populace about the detrimental consequences of drug abuse, as well as the establishment of treatment & rehabilitation centers to facilitate the recovery of individuals grappling with drug addiction, enabling them to lead a drug-free life. Strict penalties for drug-related offences under the NDPS act & special task forces to combat drug trafficking & distribution. Furthermore, the government has entered international agreements & conventions to collaborate with other nations in the collective effort to combat drug abuse & trafficking. In summary, the government's approach encompasses prevention, law enforcement, treatment, and international cooperation to combat drug abuse & promote demand reduction. Use of school, college based preventive education and awareness programmes for students, their parents' teachers; using audiovisual aids, short films & pictures on walls is part of the prevention aspect in government policy. Also, it advocates organizing essay competitions, group discussion & street plays & debates in the local language as a part of the awareness programme. However, there is no mention of the effectiveness of the prevention programs of the government.

2.4 Legal Sanctions & punitive action

Some reflection in the literature revolves around legal sanctions and punitive actions. In the same paper authored by Sharma et.al (2017) it is noted that legal provisions exist for the cultivation of Cannabis, Poppy plants and the manufacturing of psychotropic substances for medical purposes. The legislation prohibits the possession and sale of approximately 200 psychotropic substances, which are not available over the counter. Violations of this law may

lead to penalties such as rigorous imprisonment, fines, or a combination of both. In case where these substances are used for personal use, the punishment may be less severe. If the amount of narcotic drug seized is exceeding certain limit, then punishment may include death penalty for repeat offenders. *Figure 23 in annexure shows the amount of substance possessed & punishment proposed in NDPS act.* According to Balhara (2022), treatment as an alternative to conviction or punishment has been found to positively impact public health & safety in a comprehensive manner. This approach aligns with the existing international regulatory framework. The authors further propose that expeditious handling of drug-related cases, combined with a broader range of interventions targeting the use of NDPS, can be effectively integrated within the current regulatory framework. Additionally, they suggest that provisions for screening, assessment, management & recovery-oriented interventions can be incorporated into the existing criminal justice system & prison system.

2.5 Healthcare services for drug users

Contrary to stringent provisions on illegal trafficking, the NDPS policy also addresses the medical & scientific use of narcotics & psychotropic substances. As per Malhotra et al. (2000), the NDPS act allows for the use of “drugs “for medicinal & scientific purposes. Additionally, the act empowers the central government to undertake essential measures for the identification, treatment and aftercare rehabilitation of individuals struggling with addiction, and it also includes provisions for preventive education efforts. Act does not cover ‘Bhang’ a form of cannabis, & it provides light penalties for small quantities of drugs used or personal consumption. In such cases the person may be recognized and directed to treatment centers. Dhawan et.al (2016) discusses about the treatment delivery for SUD in India which is available through three sectors. Government (GO) Centers, Non-Government (NGO) Centers, & private

sector. The research indicates that both the government (GO) and non-governmental organization (NGO) sectors play a crucial role in enhancing access to treatment for poor individuals & delivering the necessary treatment services for vulnerable populations struggling with drug use. NGOs possess the flexibility & proximity to reach the most marginalized communities. The author says that it is essential to strengthen the connections & collaboration between these two sectors to enhance the coverage & quality of treatment services in the country. Furthermore, the study underscores the importance of creating a health services information campaign. The campaign should aim to inform the drug users & the general population about relevant & up-to-date information regarding the availability and scope of treatment services offered within both government & NGO setting. This initiative can help bridge the information gap and ensure that individuals are aware of the treatment options & resources available to them.

According to Jiloha et al (2017), harm reduction interventions are designed to minimize the harmful effects of substance use including narcotic drug abuse. Interventions can be implemented at the population level, such as random roadside drug testing to prevent accidents. It may also be at individual level, such as needle & syringe programme to prevent infections. Harm reduction approaches can effectively mitigate the adverse outcomes associated with drug use, such as the risk of overdose (providing access to naloxone, which is an opioid antagonist can reverse the effect of an opioid overdose & prevent death), transmission of infectious disease and many other health problems. The paper asserts the necessity for further research to substantiate the efficacy of harm reduction interventions in diminishing the prevalence of narcotic drug abuse.

2.6 Drug use & Public Health Outcome

Both legal & illegal substances are linked to increased morbidity, mortality, and disability.⁴ Substance abuse can have a destabilizing effect on families and societies, resulting in social fragmentation, isolation, strained interpersonal relationships and vulnerability to criminal activities.²⁹ SUD places a significant economic burden on individuals, families and society through healthcare costs, loss of productivity & criminal justice expenditure.³⁰ Drug related crimes & violence increases due to illicit drug trade, leading to safety concerns and insecurity in affected areas.³¹ The use of injectable drugs poses a risk factor for the transmission of HIV and other infectious diseases, presenting a significant public health challenge.³² Drug abuse can negatively influence young people, hindering their educational progress, career opportunities, employment,²⁹ and overall quality of life. Substance abuse puts an additional burden on mental health services, requiring divergence of resources from other critical mental health needs.²⁴ Stress, Depression and mental illness like Schizophrenia is caused by drugs. Individuals struggling with substance use disorder frequently encounter social stigma, which can create barriers in seeking assistance & support.³³ Drug addiction contributes to various physical effects including diseases like heart disease, lung disease, blood borne infections in IV drug users like HIV, Hepatitis B and C. Some other types of drugs can affect throat, liver, and stomach and last but not the least is brain.³⁴ Drug addiction also can lead to physical injuries, accidents, suicides, or murder. Other physical effects include mood disorders, paranoia, hallucinations, violence, confusion, indulgence in risky behaviour.³⁵

The scholarly literature on India's policy on NDPS is vast, but it frequently pinpoints a few key areas in the need of immediate overhaul. These critical aspects include a transition towards decriminalization, enhanced accessibility to medical treatment & palliative care, a focus on socio-economic consequences, inclusion of harm reduction tactics, stronger measures of

prevention and enhanced focus on addressing public health issues. For future policy amendments addressing these pivotal issues will be instrumental in forging a more just, humane & effective system.

3 Objectives of The Study

1. To undertake review of the NDPS policy to examine its strengths and weaknesses in pursuit of its stated objectives.
2. To explore the possibilities of integration of Public Health Perspective in implementation of NDPS policy.

4 Methodology

This is primarily secondary literature-based research. A comprehensive search across various databases, including PubMed, EBSCO databases like CINAHL & PsycINFO, Scopus, Google Scholar, as well as government websites was conducted to find existing literature on Narcotic Drugs & Psychotropic Substances, NDPS policy, NDPS Act, and the public health implications of drug use in India. Relevant papers were shortlisted and reviewed. Also published reports, parliamentary standing committee reports, policy documents of the Government of India, International development agencies were searched online and reviewed. About seven relevant papers were analyzed for objective 1 of this study. Relevant grey literature in national and global context was reviewed for analyzing the rationale, perspectives, and recommendations. In addition, a few qualitative informal discussions were conducted with the relevant stakeholders to understand the perspective of NDPS and implementation challenges on the ground.

4.1 Inclusion Criteria

- Studies demonstrating specific prevalence figures of NDPS.
- Literature pertaining to NDPS policy and its evaluation.

- Full text articles with English language only.
- Literature on Public Health and NDPS.
- Literature pertaining to three arms of NDPS policy that is demand reduction, supply reduction and harm reduction.
- Grey literature (due to limited scholarly articles on NDPS policy & public health in India)

4.2 Exclusion Criteria

- Articles published as editorials, books, and letters.
- Articles mentioning psychotropic substances such as only alcohol or tobacco or both.

5 Results & Discussion

In the following section, findings have been presented and discussed as per the stated objectives.

5.1 Strengths and weaknesses of NDPS Policy

The effectiveness with which NDPS policy has been able to achieve its stated objectives throws light on its strength and weaknesses. As stated in the above sections, the three approaches of Supply reduction, Demand Reduction and Harm reduction are being used to put a check on drug use in the country.

Status of Demand Reduction

5.1.1 NDPS Policy's effectiveness in Drug Control

The NDDTC-AIIMS Survey published in 2019 shows high prevalence of drug and psychotropic substance use in India. According to MoSJE written reply in the Parliament on 28th March 2023 (Starred Question No.398, Lok Sabha), there are approximately 20 lakh Cannabis users, 40 lakh opioid users, 20 lakh sedative users, 2 lakh Cocaine users, 4 lakh ATS users and 30 lakh inhalant users in the age group 10-17. In the age group 18-75 years, Cannabis, opioid, sedative, cocaine, inhalant users are 29 million, 19 million, 11 million, 1 million, 6 million respectively.³⁶

Prevalence of Cannabis use in the age group 10-17 is highest in Uttar Pradesh (52.65%) followed by Punjab (7.08%) and Odisha (5.15%). Cocaine use in the same age group is highest in Maharashtra (46.71%) followed by Punjab (14.02%) and Rajasthan (8.06%). Uttar Pradesh has the highest Opioid use (22.49%) followed by Punjab (8.78%) & Haryana (8.39%). Sedative

users are highest in UP (23.14%) followed by Maharashtra & Punjab (7.82 % & 7.27%). Punjab UP and Maharashtra have alarmingly high NDPS users. Demand reduction is primarily achieved through various facilities under NAPDDR like IRCA, CPLI, ODIC,SLCA & ATF. As on 20 March 2022, number of IRCAs, CPLIs, ODICs, & SLCAs in these states are as follows:

1. Uttar Pradesh (19-IRCA, 5- CPLIs, 9-ODICs, 0- SLCAs)
2. Maharashtra (42-IRCA, 2- CPLIs, 0-ODICs, 1- SLCAs)
3. Punjab (5-IRCA, 1- CPLIs, 2-ODICs, 0- SLCAs).

Thus, UP has 33 Total rehabilitation centers for addicts. Maharashtra has 45 & Punjab has 8 centers. The population of UP, Maharashtra & Punjab according to 2011 census was 199.81 million,112.37 million & 27.74 million.

Further in the age group 18-75 Uttar Pradesh, Punjab & Maharashtra show high prevalence of ranging from 7 million to 18 million for all forms of NDPS. Estimated users for Cocaine are 52.34% in Maharashtra, 15.96% in Punjab & 5.53 % in Rajasthan. Opioid users in this age group are uniform in most of the states. UP, Punjab, Haryana, Delhi & Maharashtra have maximum users compared to other states. Highest use of Cocaine is reported in Maharashtra (46.71%) followed by Punjab & Rajasthan (14.02% & 8.06% respectively) Highest Cannabis users are in UP, Punjab & Odisha (52.65%,7.08%,5.15% respectively). Opioid users UP, Punjab, Haryana & Rajasthan are 22,49%, 8.78%,8.39% & 4.89% respectively. This increasing trend of the use of substance use shows that the demand is consistently high which poses serious public health threat for the future. ***It also indicates that the efforts made to reduce the demand under NDPS policy have fallen short of the requirement. Figure 11 to 20 in the annexure show estimated prevalence of NDPS users in the Age group 10-17 and 18-75years. Table 4 in annexure provides overview of the current drug use prevalence & quantum of work, i.e., Combined prevalence of problem users and dependent users requiring professional help.***

Status of Supply reduction: The annual report of NCB between 2012-2021 reveals a significant rise in the registered cases and seized quantities of NDPS. Specifically, there has been a 6-fold increase in registered cases of Cannabis, 2.8-fold increase in Heroin cases, 1.74-fold increase in Opium cases and 1.38-fold increase in Hashish cases. On the quantity side, quantities seized for these substances have surged by 9.71 times for Cannabis, 7.37 times for Heroin, 1.24 times for Opium, 1.22 times for Hashish and 7.68 times for Cocaine. Drug manufacturers, transporters and suppliers including peddlers commit crimes in an organized manner. The surge in the quantities of drug seized show that the regulatory efforts have not been able to check the supply of these illegal drugs.

If the NDPS use is widespread then why are the registered cases by enforcement agencies so disproportionately low? While understanding the practical law enforcement it was recognized that the approach to register drug case is like what police does in crime. The agencies wait for an individual or informant to give information in writing. Usually without which the agencies do not enquire themselves. It is rather lack of pro-active gathering, information sharing and action. Societal resources may serve as a great tool in intelligence gathering. This is one of the strongest weaknesses in the law enforcement.

5.1.2 NDPS Policy's effectiveness in crime control

For those who are arrested in illegal trafficking or illegal drug activity, they are tried under Special & Local Law (SLL) in the court of law. SLL considers 89 acts of crime which are state-determined and different from Indian Penal Code (IPC).

The data from National Crime Record Bureau (NCRB) spanning from 2017 to 2021³⁷ reveal intriguing patterns regarding Illegal drug and provides evidence on the effectiveness of the policy in curbing crime. In 2017, undertrial prisoners under various special & local laws (SLL)

pertaining to Alcohol & Narcotic Drug Act comprised 55% of all cases while convicts accounted for 54.3% of all convictions. A significant shift was observed in subsequent years. By 2019 undertrial prisoners affiliated with Alcohol & Narcotic drug act escalated to 58.7% of all undertrial prisoners under SLL, a trend that continued with 60.5% in 2020 and a staggering 60.5 in 2021. Furthermore, convicts associated with alcohol & drug act represented 55.3% ,52.7% and 57.3% of all convicts under SLL in 2019,2020 & 2021 respectively which shows the burden of drug-related crime was always more than 50 percent which again indicates ineffective implementation of the NDPS policy. **Figure 8 & 9** show data related to Special & Local Laws and undertrial & convicts under alcohol & Narcotic drug laws. Year 2017-21.³⁸

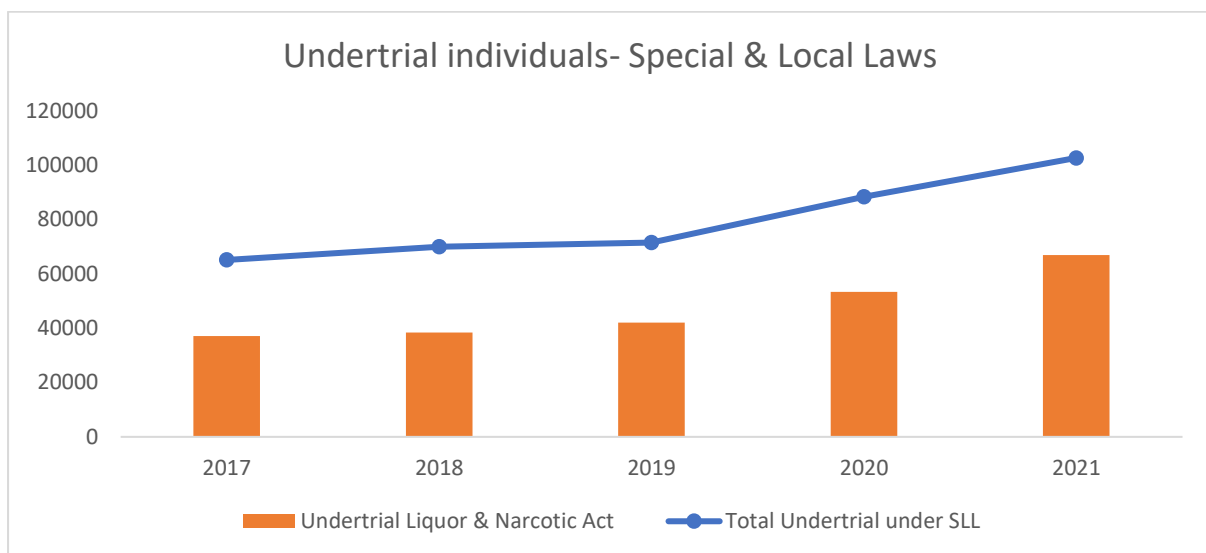


Figure 8:SLL Undertrial individual data- Source NCRB 2021

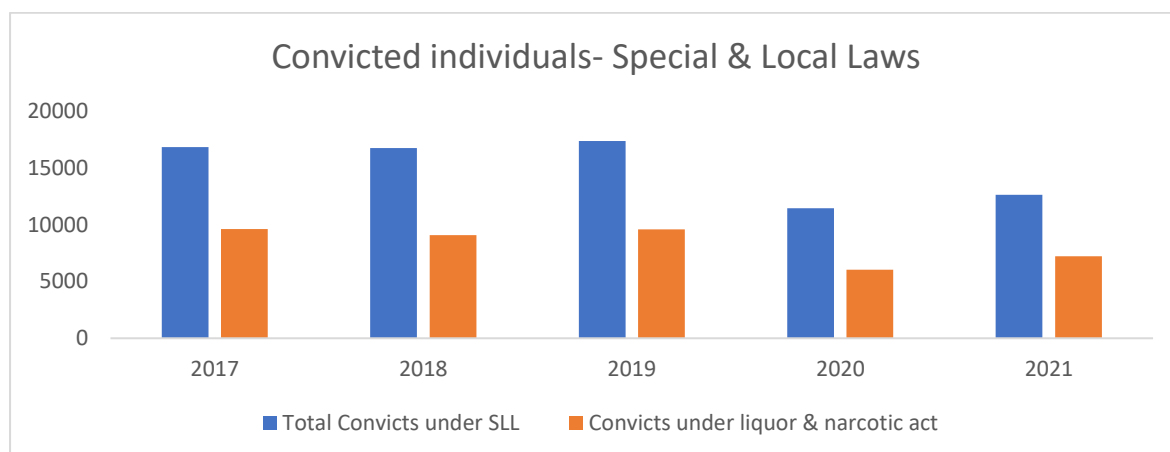


Figure 9: SLL Convicted individuals, Source: NCRB-2021

These statistics present a compelling picture which shows that the implementation of NDPS policy needs revamping as the crime under the influence of substance use has not come down despite the law. In summary, both the availability of drugs and crimes due to the drugs have shown increase in recent years.

5.1.3 Review of Strengths & Weaknesses of NDPS Policy

The strengths & weaknesses of India's NDPS Policy were reviewed drawing from the comprehensive analysis of the literature. Scholars in the field have eloquently delineated these aspects, offering invaluable insights into policy effectiveness. By categorising these dimensions author-wise, we navigate a purposeful course bridging theoretical knowledge with the possibilities of expected reforms. Understanding the policy's strengths provides a groundwork upon which we can build more effective strategies by utilizing the existing foundations. Simultaneously, dissecting weaknesses illuminates pathways towards innovation and improvement. Through this nuanced exploration, we inform the discourse, providing policymakers and stakeholders with a roadmap that extends beyond the conventional paradigms. Table 2 below shows documented strengths and weaknesses.

Table 2: Strengths & Weaknesses of NDPS, Source: Literature

S/N	Strengths of NDPS Policy	Remarks
1	Robust Legal framework	Legal provisions are not reviewed since NDPS act 1985. However, act has sufficient provisions for supply reduction.
2	Establishment of drug treatment centers.	There are 6 National level and 27 district level centres monitored by AIIMS under Drug deaddiction programme (DDAP)
3	Inclusion of drug addiction treatment in the National Mental Health programme. ³⁹	Professional help is offered through de-addiction centres. However, fund allocation for these centres for 2023-2025 is 5 crores as against 2020-21 which was 27.20 crore as noted by standing committee in Aug 2023.
4	Treatment & rehabilitation of drug users as an alternative to criminal punishment	This option is given for possession of small quantity. Peddlers may use as an excuse to escape from the act.
5	Specialized courts to handle drug related cases	Special courts are set-up for addressal.

6	The act includes provisions for the de-penalization of drug consumption & offenses related to small quantities of drug.	There is provision to choose de-addiction treatment for small quantity of drug.
7	Provision for the regulation, manufacturing, distribution of NDPS. ⁴⁰	Regulation, Manufacturing & distribution of licit drugs is entirely controlled by the Narcotics Commissioner under Ministry of Finance, Department of revenue.
8	It acknowledges a three-pronged strategy for demand reduction that encompasses prevention and awareness programmes, training & capacity building, motivational counselling, treatment, follow-up & social reintegration efforts. ¹⁶	Three-pronged strategy is adopted. Arms are supplying reduction, demand reduction and harm reduction as discussed in this study.
	Weaknesses of NDPS Policy	
1	Lack of investment in health & welfare services aimed at prevention, treatment & rehabilitation of drug users	272 vulnerable districts have been identified based on NTDDC survey 2019. NAPDDR review by MoSJE 2021 showed out of proposed 290 DDACs in vulnerable districts only 5 have been set up 285 DDACs are proposed for 2025-26. Under Nasha Mukta Bharat Abhiyan MoSJE allocates 10 lacs to each district

		irrespective of size and need of the district.
2	Unjustified criminalization of drug use	A supportive legal and policy framework is essential to address related to drug control effectively.(Standing committee report Aug 2023)
3	‘Trap’ of compulsory treatment rather than sending jail. Looks human but violation of rights of opting for the treatment. ³⁹	May be considered as violation of human rights as the individual It is called ‘trap ‘because it can violate rights of individual by denying them the choice to opt for treatment voluntarily. Person may feel coerced into treatment & lacks personal commitment,
4	Harsh & misappropriate penalties including death penalty.	Provisioned only for repeat and serious offenders.
5	Lack of uniformity in drug policies across states in India	For opioid medication uniformity brought by 2014 amendment. Health is a state subject so regarding health facilities for addicts’ variation is there.
6	Funding the drug treatment and rehab programme is inadequate	Allocated Rs.260 crores for this purpose were reduced to Rs.150 crores in 2020-21& Rs.200 crores for 2021-22. MoSJE was able to spend Rs.90.93

		crores in 2021-22 and Rs.97.85 crores in 2022-23 as against allocation of 200 crores each given year.
7	Need for more scientifically based decision making in drug policy ⁴⁰	May be attributable to inconsistent surveys by NDDTC as observed by Standing committee of MoSJE
8	There are significant disparities in the magnitude & occurrence of substance use across various states. Robust data is needed for evidence-based prevention programme. ⁴¹	Magnitude varies across states as shown in the <i>figures 12 to 15 and 17 to 20 in the annexure 2</i> .
9	The approach appears to favor the adoption of supply-reduction network, despite the limited empirical support for its effectiveness. Without clear understanding of what type of treatment is being provided, it's difficult to say policy is achieving its goal of reducing drug use and improving health and well-being of those people. ¹⁶	The conventional focus is on supply reduction. As the drug menace is considered as social issue it has been brought under the umbrella of deaddiction centres managed by the government and NGOs.
10	Lack of whole-of-government approach and the integration of substance use interventions into general healthcare.	For Drug addiction centres one-time grants provided by central government. States must bear recurring expenses. There is lack of adequate coordination as seen in the

		establishment of IRCAs in vulnerable districts. Out of proposed 290 only 5 are put in service.
11	Ineffectiveness of social awareness programs. Recommends evidence-based substance use prevention programs that are tailored to specific needs of different populations. ⁴²	Due to implementation issues. 2251 awareness programmes in 2018-19 gone down to 712 in 2022-23. Table 9 in annexure show <i>number of</i> de-addiction programmes organized for addicts.
12	Inadequate enforcement of existing laws & policies	No pro-active intelligence. Rare Suo-moto action by enforcement agencies.
13	Lack of coordination between different ministries and agencies involved in drug control efforts.	Recent efforts are in place through NCORD portal. However, the coordination is not adequate.
15	Limited access to quality healthcare for drug use disorders, especially in rural areas.	Rural areas, hilly areas have low access to quality healthcare because district de addiction centres are only at the district places which provide comprehensive care.
16	High treatment gap for drug use disorders, with only a small proportion of people receiving inpatient care.	As per report by drug deaddiction centres controlled by AIIMS only 1569 patients received Indoor patient care during 2020-21 from total 6 central

		and 27 Drug treatment centres across country.
17	The rapid proliferation of internet-based pharmacies & the use of Bitcoin for illicit drug transactions is a challenge that has not been adequately addressed.	Internet pharmacies are proliferating and darknets and cryptocurrency use is on the rise as per media reports.
18	The data pertaining to drug addicts is not consistently and effectively managed and regulated, despite the involvement of multiple organizations in this field. ⁴³	Data availability on broader diseases like cardiac diseases, respiratory diseases, accidents, mental illnesses resulting from NDPS is obscure.
19	The issue of misusing over-the-counter medications with addiction potential has not been effectively addressed thus far. ⁴⁴	Over the counter prescription of medications having addiction control is monitored by drugs & cosmetic act and not under purview of NDPS.

The identified weaknesses in the NDPS policy, supported by the literature, reveal significant gaps in public health provisions, legal frameworks, preventions strategies, data collection & regulatory measures. By addressing these weaknesses, policymakers can pave the way for more balanced, evidence-based, and humane drug policy that aligns with public health goals, ensuring improved outcomes for individuals and society.

There is a lack of investment in health infrastructure and welfare. Inadequate resources for prevention and rehabilitation. The prevention measures are focused on the existing users and not on the community at large. Prevention may be strengthened through educational awareness in academic institutions, inclusion of suitable curriculum, using youth organizations to create

awareness, celebrity endorsements against drug use, and evidence-based initiatives at an early age may be even at a secondary school level. The funding for rehabilitation programs is inadequate. NGOs are mainly involved in drug-de-addiction efforts. The Standing committee report of MoSJE in its August 2023 report has observed that budgetary allocation for NGOs and VOs was 260 crores during 2020-2022. However it was reduced to 150 crores and 200 crores each year at revised estimation stage. Grant-in-aid for 45 NGOs which run the de-addiction centers was cancelled in 2021-22 due to deficient functioning. This happened when the beneficiaries under NAPDDR had reached to 100,000 plus and infact needed more such centers. These anomalies in planning and need could be viewed as a result of poor supervision, coordination and ownership between Ministry of Social Justice and Empowerment, MoHFW. While NCORD portal has attempted to improve the coordination between various implementing agencies, 'Whole-of-Government' approach is lacking.

5.2 NDPS Policy & the Public Health Perspective:

Experts in the field of drug addiction have criticized NDPS act because it treats drug users as criminals and sends them to jail instead of offering them healthcare and support. The act has been described as “draconian” and has been the subject of proposed reforms to decriminalize consumption of illicit drugs. In 2021, The Addiction Psychiatry Society has suggested changes in the drug act and has written to the Government of India.³⁹ However, the present focus of the policy is on demand & supply reduction. The Public Health paradigm is still in flux. A study by Armstrong et al. (2014) in Delhi pertaining to people who inject drugs (n=420) it was found that 44.5% participants suffered from moderate to severe symptoms depression. 38.3% had moderate to severe anxiety. 29.5 % reported suicidal ideation, 11.2% suicidal attempts were also reported in the same population in a span of one year. The factors identified were poor

mental health, experiences of violence and mental abuse, socio-economic marginalization. The authors suggested the need to address social determinants of health like poverty, illiteracy, adverse neighborhood & physical environment, lack of social support as an important step to suicide prevention in people who inject drugs.⁴⁵ A significant disparity became apparent when comparing the prevalence of the substance-using population with the number of individuals seeking treatment; in a Rapid Assessment Survey (RAS) conducted in the Union Territory (UT) of Chandigarh.⁴⁶ A parallel study was conducted with the objective of comprehending the knowledge, attitudes, and behaviors among both adolescents & adults on the same subject in Aligarh revealed that prolonged use of substance can result in a combination of behavioral, cognitive and psychological effects. Despite the existence of the NAPDDR, 2018-2023, a study conducted in Aligarh in 2021 emphasized the importance of public health interventions to tackle substance use. This recommendation stemmed from the observation that there is an absence of comprehensive knowledge within the school curriculum, which could play a pivotal role in preventing the early initiation of substance use among the students.⁴⁷ Culture of rave parties has been on the rise and invites range of public health concerns, including Sexually Transmitted Diseases (STIs) such as HIV, Herpes simplex, Syphilis, risk of addiction, overdose and range of other psychological and mental issues. Authors are of the opinion that existing laws should be strengthened, or new laws be brought in, along increased border security international cooperation.⁴⁸ Increasing use of opioids has mandated Opioid Substitution treatment (OST) as harm reduction tool. It can reduce overdose and blood borne infections like HIV and C viral hepatitis. In India, a significant obstacle to the expanded delivery of Opioid Substitution Therapy (OST) is the absence of training in addiction medicine and harm reduction within medical education.⁴⁹

At present the efforts of NDPS prevention, treatment & rehabilitation are monitored by the Ministry of Social Justice & Empowerment. However, the Ministry of Health & Family Welfare has strong surveillance infrastructure and human resources which we have observed during the Covid-19 pandemic. To prevent impending public health crisis from SUD this infrastructure needs to be used effectively. Only the government centers are collecting data in their respective treatment centers. The role of private healthcare institutions in curbing drug menace is largely neglected. There is no clear understanding about the kind of treatment to be provided to addicts, hence it is difficult to say that policy is achieving its goals.¹⁶ In rural areas access to quality healthcare is poor as per the literature. Ridiculously small population receives indoor patient care. On an average 45 to 51 crores budget has been allotted to 6 government treatment centers in the years 2018-2021. The institutes treated an average of 38786 new OPD patients, 167841 follow-up cases, and 1569 in-patients in the fiscal year 2020-21. This infers that the NDPS policy has some inadequacies in addressing public health concerns.

5.2.1 NDPS Policy Effectiveness on Public Health Outcomes

In this study we assessed the effectiveness of policy on public health. Though some prevention & rehabilitation efforts are ongoing with regards to policy directives they do not seem adequate looking at the substantial increase in prevalence of drug use. Due to stringent provisions, there is no adequate access to pain medicines which are controlled. While policy intends to curb illicit drug use, inadvertently creates barriers for patients suffering from chronic pain. Furthermore, the study aims to delve into escalating public health issues related to intravenous drug use. In a paper published by Saraswati et.al, (2015) on n=2292 tested individuals who were men & using injectable drugs, high prevalence of blood borne infections were reported. The study had been conducted in Delhi & was a longitudinal study to assess HIV incidence. HBV and HCV diagnostic tests were performed on the individuals on follow-up visit.

Prevalence of HIV was 25.9%, HBV – 9.7% and HCV was staggering 53.7%. HCV infection is associated with liver cirrhosis and approximately 3 to 11% develop cirrhosis within twenty years.⁴

In the study by Gururaj et.al. (2005) pertaining to causal analysis of behavioral and mental disorders the direct medical causes for alcohol and drug abuse are attributed to individual predisposition, personality & family history of usage. Non-medical or indirect causes are attributed to easy availability of drugs & alcohol, extensive promotion in media, influences by peers, and lack of clear policies on production to availability, promotion, and distribution. Mental health disorders are a cause of concern and often lead to suicidal ideation or suicides. The National crime record bureau statistics show that there is a significant increase in suicide rates between year 2017 to 2021. The year 2017 witnessed suicide rate as 9.9 per 0.1 million population whereas, in 2021 it jumped to 12 per 0.1 million population. On average substance use accounted for 6.4 % of the total suicides. **Figure 24** show data on suicides as published by the National Crime Records Bureau- Year2021.

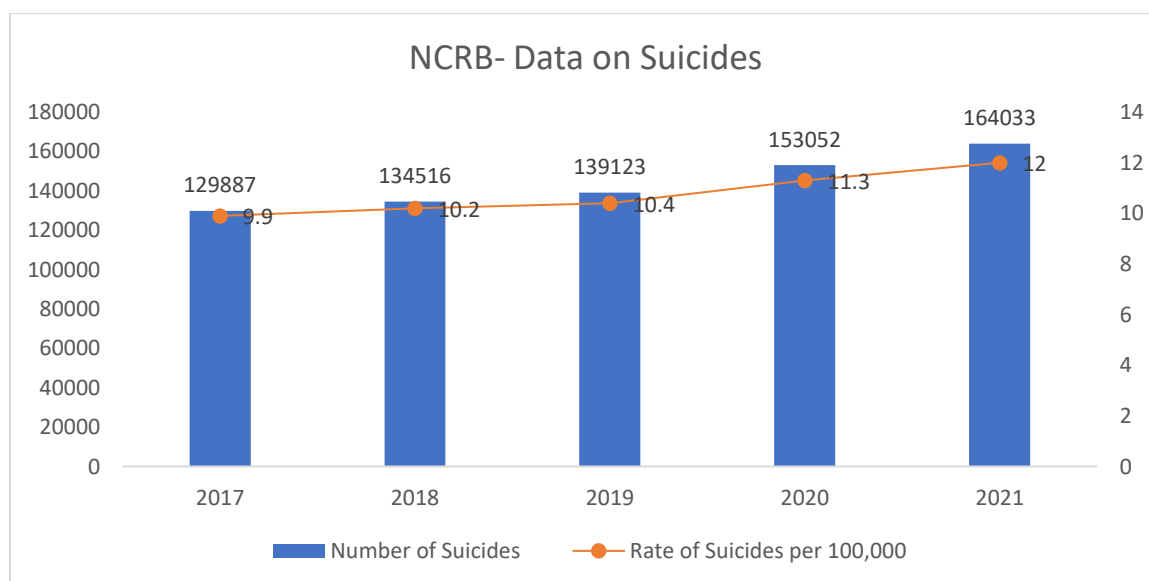


Figure 10: Data on suicides, Source-NCRB website 2017- 2021

Ambekar et.al (July 2022) recommends urgent reforms in India's current drug policy. This includes advocating for the decriminalization of personal drug consumption and increasing investments in health & welfare services aimed at both preventing & treating drug addiction. The study cautions against falling into the pitfall of opting for compulsory treatment as an alternative to imprisonment, as this approach is not in accordance with the provisions of the Mental Healthcare Act (2017). The paper further recommends that psychiatrists can play a significant role in fostering an environment conducive to the prevention & treatment of drug addiction. They can achieve this by actively engaging in public discourse & advocating directly with the government officials & policymakers.³⁹

Finally, drug policy amendments may also be driven by considerations of public health & human rights. There is an increasing recognition that the punitive approaches to drug use and addiction exacerbate harm and perpetuate societal inequalities. Policy amendments can emphasize a shift towards a more balanced and health centered approach. This also ensures that the drug policies align with the principles of social justice, human rights & public health. The public health perspective is assessed using UNDP-WHO Drug Policy Guidelines which have emphasis on development, criminal justice, public health & human rights. NDPS policy is examined along with NDPS act and presented in *table 8 in the annexure*.

5.2.2 NDPS Stakeholder analysis using a power-interest grid framework.

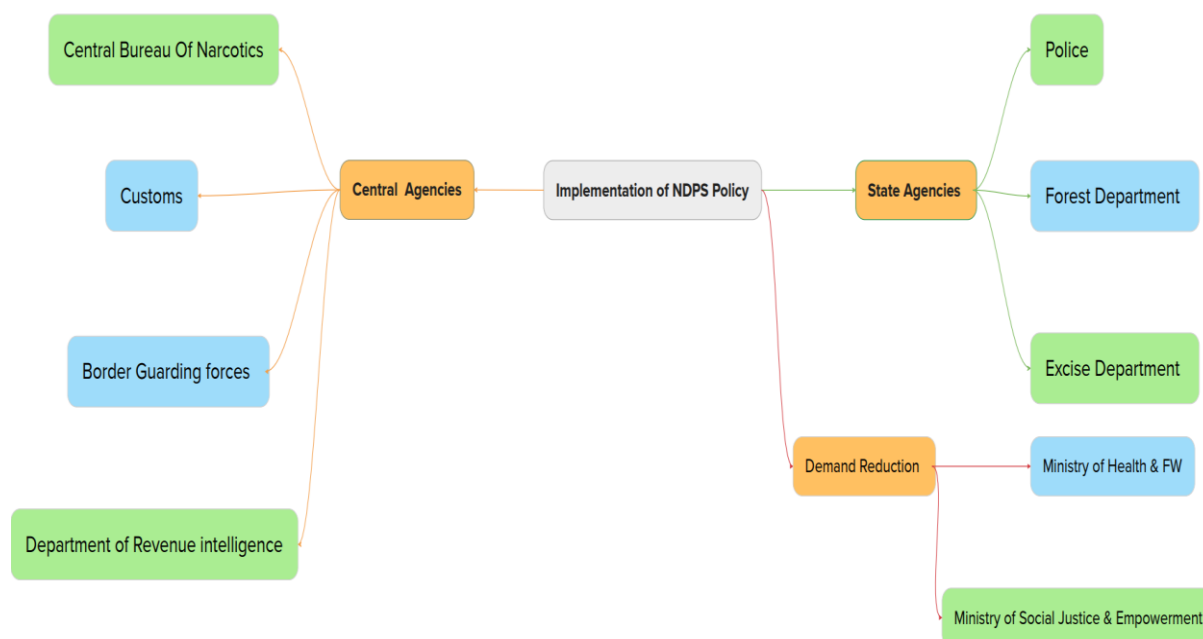


Figure 11: NDPS Stakeholders, Source: MoSJE Website

Power-interest grid (also known as the influence-interest grid) is a stakeholder analysis tool that assesses stakeholders based on their level of influence in a particular policy, project, or organization. The tool is widely used in various fields including development projects, business analysis and organizational studies. Government agencies use it worldwide to engage with different interest groups and communities when formulating policies or implementing development projects. While reviewing the literature and NDPS policy we came across many stakeholders which have different interest and influence. **Table 3** shows different stakeholders in NDPS with respect to power-interest grid framework.

Table 3: NDPS Stakeholders-Power Interest Grid Source: Professional tools.

Stakeholder	Function	Policy Influence
Central Government	Enactment in Parliament, Amendment in law, policy formulation, budgetary	High Interest & High Influence : Powers of legislation, amendment,

	allocation, Agency coordination	control over legal framework
State Government	Implementation, Law enforcement & regulation. Coordination with Centre & NGOs	High Interest & High Influence : Responsible for enforcement , convicting criminals, punishing offenders.
Enforcement Agencies	Act enforcement through raids, arrests & seizures of banned substance.	High Interest & High Influence: Enforcement & implementation powers
Courts & Law agencies	Adjudication of NDPS cases	High Interest & High Influence: Policy implementation though framing charges & verdict through justice system.
Public Health Agencies	Treatment, Rehabilitation, preventive medicine, mental health	High Interest / High Influence: Serves the affected individuals. Expertise & credibility in SUD treatment.
NGOs	Authorized NGOs help in public Advocacy, education & rehabilitation	High Interest/High Influence: Directly involved with affected population. Health advocacy.

Community	Social interests in reducing SUD	High Interest / Low Influence: Limited influence on lawmakers.
Educational Institutes	Research on effectiveness of NDPS policy & preventive education	High Interest / Low Influence: Research can direct policy changes, limited role in present Indian context.
Youth Organizations	Concerned with youth problems	Low influence on lawmakers. High influence in public.
Mass Media	Creating public awareness through mass media communication	High interest in creating sensational features. Low influence on decision making.
Pharmaceutical Industry	Production of medicines using legally permitted substances.	Low Interest/ High Influence: Not interested in social problems. However, have high monetary power & influence in lobbying.
Inter-governmental Organizations (IGO's)	Monitoring through reports & oversight through international drug conventions.	Low Interest/ High Influence: Low interest in day-to-day monitoring.

		Potential to influence national policy.
Business Industry	Have indirect impact because of social issues.	Low Interest / High Influence : Low interest in individual issues. High political clout. Lobbying ability.
Agriculture Industry	No direct involvement but may get affected by cultivation bans.	Low Interest / Low Influence Low interest because of legal issues. Low influence on policy making.
Families	Affected by the menace of SUD	Low Interest / Low Influence

From this information we can infer that:

1. Empowered stakeholders like the Government, Enforcement agencies, Courts, Law agencies, health institutions (mainly government organizations like NDDTC & recognized healthcare providers), recognized NGOs possess both the motivation and capability to influence the policy significantly. Their collective involvement indicates a robust potential for driving positive changes in policy formulation and implementation.

2. Concerned but limited influence: Community, educational institutes while they deeply care about the policy's outcome, their ability to directly impact the decisions is limited. Engaging with these groups effectively could harness their enthusiasm, transforming into advocacy or support for policy reforms.
3. Underrepresented voices: Youth organizations, mass media, agricultural industry, families: They exhibit low influence, indicating that their voices may not be adequately heard in policy discussions. Youth organizations and mass media when mobilized strategically can raise awareness & influence public opinion indirectly affecting policy. To address voices of agricultural industry, targeted outreach and education may help.
4. Lobbying power: Pharma & business industries have strong lobbying capacities. Their influence despite disinterest in societal problems, suggest the need for scrutiny to prevent policy bias favouring powerful industries over public welfare. In this context the following case study in the US serves as a guide for careful policy decision making.

5.2.3 Case Study

Drug policy in India has better control on the prescription opioids. Oxycodone is a type of opioid pain medication what was introduced in the US in 1996 with the release of OxyContin by Purdue Pharma. It conducted an aggressive marketing campaign for the product by targeting healthcare professionals and promoting drug as a safe and effective treatment for pain. This resulted in more relaxed use of opioids in pain management, leading to doctors overprescribing strong opioids and creating a panic situation. As a result of the liberalization of prescription opioids there was a nationwide increase in abuse of prescription opioids by 2005. Oxycodone became the most abused prescription opioid in the USA and caused more deaths than heroin.⁵⁰

The case study serves as a learning to infer that some provisions in NDPS Act and policy hold good in Indian context, however we must strive to revisit the policies periodically and adopt best evidence best practices. Policies that adopt punitive measures in addressing drug-related issues are having a detrimental effect on human rights across the globe, regardless of the geographic location.⁵¹

6 Limitations of the Study

6.1 Data discrepancies & triangulation difficulties

The scattered nature of available data is a substantial constraint. Inconsistencies and gaps in the data hinder the ability to draw definitive conclusion, especially in relation to public health aspects. Triangulating data, particularly concerning public health, proves challenging due to unavailability of integrated and reliable datasets from Public & Private health institutions. The reluctance results in underreporting of the diseases and further reporting through medical coding system like international classification of the diseases (ICD). This limitation underscores inherent difficulty in accurately assessing the true impact of substance use on public health. The obscured epidemiological data presents a significant challenge. These limitations emphasize the pressing need for policy reforms, fostering transparent reporting systems or epidemiological surveillance system to monitor health impact of SUD.

6.2 Temporal limitation

The study might be limited by its timeframe, focusing on a specific period. Changes in the policy implementation or societal factors occurring during or after the study might not be reflected. Also, socio-economic disparities and their impact on drug related issues could be complex and multifaceted, posing a limitation in the study's scope.

7 Recommendations

- While the public health impact of the substance use disorders is far-reaching, the current infrastructure and addressal mechanisms are more regulatory and curative rather than preventive and hence not adequate considering the trends and patterns of substance use. Role of Ministry of Health and Family Welfare is extremely limited in addressing the public health issues. Policy advocacy is needed to bring in reforms for greater ownership by Ministry of Health.
- To accurately assess the public health impact of ‘substance use disorders,’ it is imperative to establish credible data sources detailing drug-related diseases and disorders, their distribution, and determinants. Additionally, the establishment of transparent reporting system is crucial. By fostering collaboration between healthcare institutions and policymakers, these reforms will facilitate the collection of reliable data, enabling a more nuanced understanding of the prevalence and impact of substance use disorders on public health.
- Develop a comprehensive network of addiction treatment centres and mental health facilities to address the needs of individuals with co-occurring disorders.
- Invest in ongoing research and data collection on drug abuse trends, health outcomes, and the impact of policy reforms to inform evidence-based decision-making.
- Advocate for harm reduction strategies, which encompass initiatives like needle exchange programmes ,OST ,and supervised injection facilities, to mitigate health risks linked to drug abuse & lower the transmission of infectious diseases like HIV & hepatitis.
- Invest in comprehensive drug education and awareness programs targeting schools, communities, and healthcare providers. Educate the public about the dangers of drug

abuse, available treatment options, and harm reduction strategies to reduce demand for illicit substances.

- Focus law enforcement efforts on targeting high-level traffickers and organized crime networks. Wait-and-watch approach in enforcement without proactive detection, intelligence gathering, use of social resources & information exchange will weaken the objectives of supply reduction. Introduce alternative sentencing options like diversion programs, drug courts, and community-based rehabilitation to tackle the underlying causes of drug abuse and create pathways for recovery.
- Promote reintegration programs and initiatives that support individuals in rebuilding their lives after rehabilitation.
- Encourage partnerships between government agencies and private organizations, including NGOs and academic institutions, to leverage resources, expertise, and innovative approaches in addressing drug abuse and its consequences.
- Implement pilot programs to evaluate innovative drug policy approaches in specific regions, assessing their feasibility, impact, and scalability before wider implementation.
- There is a need for strengthened international collaboration, examining its critical role in drug menace and addressing socio-political challenges arising from it.
- Considering the future need of various experts in the field of drug addiction India must have roadmap for at least two decades. For this the government may consider a unified command to address drug menace under suitable ministry bearing independent charge.

8 Conclusion

This research based solely on secondary data analysis, provides a comprehensive assessment of the strengths and weaknesses of the NDPS Act in addressing drug-related challenges in India. It offers insights into NDPS Policy's effect on public health outcomes, drug abuse, crime rates and related impacts various segments of society.

The comprehensive assessment of the NDPS Policy's impact on Public Health in India is a vital consideration that addresses the urgent need to shift the policy narrative from criminalization to public health. By conducting a rigorous evaluation of the policy's effects, proposing harm reduction strategies, and advocating inter-ministerial collaboration ,this study aimed to lay the groundwork for more compassionate and effective response to drug abuse in India, improving public health outcomes and reducing the societal burden associated with drug related issues.

References:

1. Dhawan A, Rao R, Ambekar A, Pusp A, Ray R. Treatment of substance use disorders through the government health facilities: Developments in the “Drug De-addiction Programme” of Ministry of Health and Family Welfare, Government of India. *Indian J Psychiatry*. 2017;59(3):380-384. doi:10.4103/psychiatry.IndianJPsychiatry_19_17
2. World Drug Report 2023. Accessed October 7, 2023. <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html>
3. Tinasti K, Bém P, Grover A, Kazatchkine M, Dreifuss R. SDGs will not be achieved without drug policy reform. *The Lancet*. 2015;386(9999):1132. doi:10.1016/S0140-6736(15)00198-1
4. Parmar A, Bhatia G, Sharma P, Pal A. Understanding the epidemiology of substance use in India: A review of nationwide surveys. *Indian J Psychiatry*. 2023;65(5):498-505. doi:10.4103/indianjpsychiatry.indianjpsychiatry_791_22
5. ICMR Administrator. ICMR Bulletin. Published online 2008:1-12.
6. Vallath N, Tandon T, Pastrana T, et al. Civil Society-Driven Drug Policy Reform for Health and Human Welfare—India. *J Pain Symptom Manage*. 2017;53(3):518-532. doi:10.1016/j.jpainsymman.2016.10.362
7. Jiloha RC. Prevention, early intervention, and harm reduction of substance use in adolescents. *Indian J Psychiatry*. 2017;59(1):111-118. doi:10.4103/0019-5545.204444
8. Ministry of Social Justice & Empowerment, Government of India. Substance use summary_MoSJE. Published online 2018.

9. National Narcotics Coordination Portal. Accessed October 7, 2023. <https://narcoordindia.in/periodicals.php>
10. Dhawan A, Rao R, Ambekar A, Pusp A, Ray R. Treatment of substance use disorders through the government health facilities: Developments in the “Drug De-addiction Programme” of Ministry of Health and Family Welfare, Government of India. *Indian J Psychiatry*. 2017;59(3):380-384. doi:10.4103/psychiatry.IndianJPsychiatry_19_17
11. United Nations-UNODC. India Drug Use. Accessed October 5, 2023. https://www.unodc.org/pdf/india/drug_use/executive_summary.pdf
12. National Narcotics Coordination Portal. Accessed October 7, 2023. <https://narcoordindia.in/mous.php>
13. Standing Committee-MoSJE P of I. *Standing Committee of Social Justice & Empowerment (2022-23)*.; 2022. Accessed September 24, 2023. <https://narcoordindia.in/Resources/1693377979-1145-DOC-Fifty-First%20Report%20on%20%E2%80%98Drug%20Abuse%20among%20young%20persons%20%E2%80%93%20problems%20and%20solutions%E2%80%99%20of%20MoSJE.pdf>
14. Ministry Of Health & Family Welfare. *Annexure-I Ministry of Health & Family Welfare Drug De-Addiction Programme (DDAP)*.; 2023. Accessed October 7, 2023. <https://main.mohfw.gov.in/sites/default/files/drugs%20deaddiction%20programme.pdf>
15. MoSJE-Government of India. Implementation_NAPDDR_2018-25. Published online 2018:1-24. Accessed October 7, 2023. https://socialjustice.gov.in/writereaddata/UploadFile/Scheme_for_NAPDDR.pdf
16. Ambekar A, Rao R, Agrawal A. India’s National Narcotic Drugs and Psychotropic Substances policy, 2012: A 20th century document in the 21st

century. *International Journal of Drug Policy*. 2013;24(4):374-375.
doi:10.1016/j.drugpo.2013.01.001

17. Ministry of Home Affairs | Government of India. Accessed October 7, 2023. <https://www.mha.gov.in/en/commoncontent/role-and-functions-narcotics-control-bureau>
18. Home | Department of Social Justice and Empowerment - Government of India. Accessed October 7, 2023. <https://socialjustice.gov.in/>
19. Ministry of Finance, Government of India. National Policy on NDPS. Published online 2012:1-47.
20. INCB. Accessed October 7, 2023. <https://www.incb.org/>
21. Ministry of Home Affairs G. *GOVERNMENT OF INDIA MINISTRY OF HOME AFFAIRS Annual Report 2021-22.*; 2022. Accessed September 2, 2023.
https://www.mha.gov.in/sites/default/files/AnnualReport202122_24112022%5B1%5D.pdf
22. Charles M, Britto G. The socio-cultural context of drug use and implications for drug policy. *Int Soc Sci J*. 2001;53(169):467-474.
doi:10.1111/1468-2451.00336
23. Reed MD, Rountree PW. *Peer Pressure and Adolescent Substance Use 1*. Vol 13.; 1997.
24. Gururaj G, Girish N, Isaac MK. *Mental, Neurological and Substance Abuse Disorders: Strategies towards a Systems Approach.*; 2005.
<http://www.worldbank.org/html/>
25. Pattojoshi A, Tikka S. School-based substance use disorder prevention in India: A brief appraisal. *Indian J Psychiatry*. 2020;62(4):427-430.
doi:10.4103/psychiatry.IndianJPsychiatry_43_19

26. Dhawan A, Chopra A, Tikoo VK, Kumar R. *Pattern and Profile of Children Using Substances in India: Insights and Recommendations*. Vol 30.; 2017. <http://www.nmji.in>
27. Chawki M. The Dark Web and the future of illicit drug markets. *Journal of Transportation Security*. 2022;15(3-4):173-191. doi:10.1007/s12198-022-00252-y
28. Chaturvedi HK, Mahanta J. Sociocultural diversity and substance use pattern in Arunachal Pradesh, India. *Drug Alcohol Depend*. 2004;74(1):97-104. doi:10.1016/j.drugalcdep.2003.12.003
29. Hawkins JD, Catalano RE, Miller JY. *Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention*. Vol 112.; 1992.
30. petek, International Narcotic Control Board. *Chapter I. Economic Consequences of Drug Abuse*. Accessed September 3, 2023. https://www.incb.org/documents/Publications/AnnualReports/AR2013/English/AR_2013_E_Chapter_I.pdf
31. US Department of Health & Human Services. NIDA_Assessing_drug_abuse_2nd_ed. Published online 2006:1-155. Accessed September 3, 2023. https://www.drugsandalcohol.ie/5934/1/NIDA_Assessing_drug_abuse_2nd_ed.pdf
32. Medhi GK, Mahanta J, Akoijam BS, Adhikary R. Size estimation of injecting drug users (IDU) using multiplier method in five Districts of India. *Subst Abuse Treat Prev Policy*. 2012;7. doi:10.1186/1747-597X-7-9
33. Yang LH, Wong LY, Grivel MM, Hasin DS. Stigma and substance use disorders: An international phenomenon. *Curr Opin Psychiatry*. 2017;30(5):378-388. doi:10.1097/YCO.0000000000000351

34. Sharma N, Joshi S. *VOLUME 7 (2013),ISSUE 2 Preventing-Substance Abuse among Street Children in India: A Literature Review.*
35. Ganapathy K, Sreeya B. Public opinion on involvement of youngsters in drug abuse. *International Journal of Innovative Technology and Exploring Engineering.* 2019;9(1):3359-3361. doi:10.35940/ijitee.A9186.119119
36. MoSJE. Ministry of Social Justice & Empowerment, Lok Sabha, Q398. Published online 2023:1-6.
37. Crime In India Year Wise | National Crime Records Bureau. Accessed October 7, 2023. <https://ncrb.gov.in/crime-in-india-year-wise.html?year=2021&keyword=>
38. Home | National Crime Records Bureau. Accessed October 7, 2023. <https://ncrb.gov.in/>
39. Ambekar A. Decriminalization of drug use in India: A long overdue legal reform. *Indian J Soc Psychiatry.* 2022;38(3):209-212. doi:10.4103/ijsp.ijsp_183_22
40. Thakur B, Mittal N. Drug Policy in India: An Analysis. *International Annals of Criminology.* 2021;59(1):88-97. doi:10.1017/cri.2021.9
41. Singh O. Substance use in India - Policy implications. *Indian J Psychiatry.* 2020;62(2):111. doi:10.4103/psychiatry.IndianJPsihchiatry_207_20
42. Shidhaye R, Lund C, Chisholm D. Closing the treatment gap for mental, neurological and substance use disorders by strengthening existing health care platforms: Strategies for delivery and integration of evidence-based interventions. *Int J Ment Health Syst.* 2015;9(1). doi:10.1186/s13033-015-0031-9
43. Sharma S. An Overview on Narcotic Drugs and Psychotropic Substances Act, 1985. *J Forensic Sci Crim Investig.* 2017;4(4). doi:10.19080/jfsci.2017.04.555644

44. Avasthi A, Ghosh A. Drug misuse in India: Where do we stand & where to go from here? *Indian Journal of Medical Research*. 2019;149(6):689-692. doi:10.4103/ijmr.IJMR_548_19
45. Armstrong G, Jorm AF, Samson L, Joubert L, Singh S, Kermode M. Suicidal ideation and attempts among men who inject drugs in Delhi, India: psychological and social risk factors. *Soc Psychiatry Psychiatr Epidemiol*. 2014;49(9):1367-1377. doi:10.1007/s00127-014-0899-8
46. Avasthi A, Basu D, Subodh B, et al. Pattern and prevalence of substance use and dependence in the Union Territory of Chandigarh: Results of a rapid assessment survey. *Indian J Psychiatry*. 2017;59(3):284-292. doi:10.4103/psychiatry.IndianJPsychiatry_327_16
47. Faizi N, Alvi Y, Saraswat A, Yasir M. Knowledge, attitude, practice, and pattern of substance use among adolescents and young adults from Aligarh, India. *Indian J Community Health*. 2021;33(4):615-620. doi:10.47203/IJCH.2021.v33i04.013
48. Ghosh R. Substance Use and Rave Parties-Global Scenario. *International Journal of Nursing Education*. 2019;11(4):97. doi:10.5958/0974-9357.2019.00097.7
49. Kumar MS, Agrawal A. Scale-up of opioid substitution therapy in India: Opportunities and challenges. *International Journal of Drug Policy*. 2012;23(2):169-170. doi:10.1016/j.drugpo.2011.11.002
50. Damiescu R, Banerjee M, Lee DYW, Paul NW, Efferth T. Health(Care) in the crisis: Reflections in science and society on opioid addiction. *Int J Environ Res Public Health*. 2021;18(1):1-17. doi:10.3390/ijerph18010341
51. All Party Parliamentary Group for Drug Policy Reform, UNODC. *GUIDANCE ON DRUG POLICY INTERPRETING THE UN DRUG CONVENTIONS All Party Parliamentary Group for Drug Policy Reform*. Accessed September 25, 2023.

https://www.unodc.org/documents/ungass2016/Contributions/Civil/APP_G_for_Drug_Policy_Reform/Guidance_print_copy.pdf

52. Rao R. The journey of opioid substitution therapy in India: Achievements and challenges. *Indian J Psychiatry*. 2017;59(1):39-45. doi:10.4103/psychiatry.IndianJPsychiatry_37_17

Annexure 1 : Tables

Table 4: Substance use in India, Year 2018, Age: 10-75 years Source: NDDTC-AIIMS Survey Report 2019

Substance	Current use prevalence %	Problem Users (harmful/dependence) %	Male % Female% Children %	Adults >18 years %
Cannabis (Overall)	2.83	0.66	5 (M) 0.6 (F)	3.3
Cannabis (Bhang)	2.02	0.36		
Cannabis (Charas / Ganja)	1.21	0.45		
Opioid (Any form)	2.06		4 (M) 0.2 (F) 1.8 (C)	2.1
Opium	0.52	0.1		
Heroin	1.14	0.57		
Pharma Opioids	0.96	0.23		

People who inject drugs (PWID)			0.85 million	
Cocaine	0.10	0.03	0.18 (M) 0.01 (F)	
ATS	0.18	0.06		
Inhalants	0.70	0.41	1.34 (M) 0.07(F) 1.17(C)	0.58
Sedatives	1.08	0.11		
Hallucinogens	0.12			

Table 5: Status of India's Legal Treaties for NDPS , Source: NCORD website Sep 2023

Asia:

Country	MLTAs	Bilateral Agreements	Extradition Treaty
Singapore	Yes	Yes	No
Saudi Arabia	Yes	No	Yes
South Korea	Yes	Yes	Yes
Nepal	Yes	No	Yes
Thailand	Yes	Yes	Yes
Indonesia	Yes	Yes	Yes
Maldives	Yes	Yes	Yes

Bhutan	Yes	Yes	No
Vietnam	Yes	No	Yes
Oman	Yes	Yes	Yes
Iran	Yes	Yes	Yes
Afghanistan	No	Yes	Yes

North America:

Country	MLTAs	Bilateral Agreements	Extradition Treaty
United States of America	Yes	Yes	Yes
Canada	No	Yes	Yes

Oceania:

Country	MLTAs	Bilateral Agreements	Extradition Treaty
Australia	Yes	Yes	Yes

Africa:

Country	MLTAs	Bilateral Agreements	Extradition Treaty
Egypt	No	Yes	Yes
Malawi	No	No	Yes

Table 6: Status of India's treaties in Golden triangle & Crescent regions: Source: NCORD website as of Sept 2023

S/N	Country	MoU	Mutal Legal Assistance Treaties (MLATs)	Bilateral Agreements	Extradition Treaty
1	Afghanistan	NO	NO	YES	YES
2	Pakistan	YES	NO	NO	NO
3	Iran	YES	YES	NO	YES
4	Myanmar	NO	NO	YES	NO
5	Laos	NO	NO	NO	NO
6	Thailand	YES	YES	NO	YES

Table 7: Personnel Training of enforcement authorities: Source: NCORD, 2023

S/N	Department /Dept	Type
1	NCB / Home Affairs	For Civil Department, Civil Society Organizations. DySPs & above as power of supervisory officers, For Investigating officer (PI, SI), Public Prosecutor, Constables, Core Module of NCB, Training on drug law enforcement (field test kit, detection, new psychoactive substances (NPS))
2	Bureau of Police Research & Development (BPR&D)	Women Safety, Sex trafficking, Forensic guide for crime investigations

3	Central Academy for Police Training	Training & development of police officers
4	Central Bureau of Investigation (CBI)	Multifacated & Multidisciplinary investigations and prosecution
5	National Academy of Customs Indirect Taxes and Narcotics (NACIN)	Drug law enforcement,vigilance,Cyber security,digital evidance,anti-money laundering
6	Central Detective Training institute (CDTI)	Cyber crime awareness,NDPS Investigation,handling digital evidance,women safety,financial frauds,organized crime
7	Ministry of Social Justice & Empowerment	Nasha Mukht Bharat abhiyan.IEC,institution visits,vulnerable people counselling,rallies,Hotspot identification,Youth club,media campaign,school college university programmes,themse based events,women self help group programmes.

Table 8:UNDP Drug Policy Guidelines & NDPS Source: UNDP Website, Nov 2020

Drug Policy Guidelines on substantive issues of Development, Criminal Justice & Public Health		
S/N	UNDP-WHO Drug Policy Guidelines	India's NDPS Policy read with NDPS Act
1	The principle of human dignity underscores that no drug law, practice or policy should have the effect of	Procedural law & substantive law clearly narrated. The NDPS act provides safeguards to maintain the personhood.

	violating or undermining the dignity of individuals or groups.	
2	The principle of “universality & interdependence of rights” emphasizes that a person’s involvement in drug related crime may impact the enjoyment of certain rights while also invoking others. Importantly it underscores that in no circumstances should individuals completely forfeit their human rights. Human rights remain inherent and should be upheld even in situations involving drug offenses.	Balanced approached is ensured except for the provision of death penalty for certain offenses after previous conviction under section 31A. Subject to involvement of commercial quantity as mentioned in rule.
3	Equality & non-discrimination: Asserts that all individuals, including drug users, are equal before the law and are entitled to equal protection and the benefit of the law. This principle emphasizes that legal systems should treat all people fairly & without discrimination, regardless of their drug use or any other characteristic.	Provisioned in the act and policy.

4	Meaningful participation: This concept underscores the right of individuals, especially those directly affected, to engage in process actively & effectively such as design, assessment, implementation & practices related to drug laws & policies. It emphasizes that those who are impacted by these policies should have a genuine & substantial role in shaping them, ensuring that their perspectives & needs are considered and addressed.	No mention of explicit rights of 'meaningful' participation in design, assessment, or implementation.
5	Accountability & Right to Effective Remedy: Individuals affected by drug policies have the right to seek effective remedies for any violation issues related to these policies.	Accused may appeal in higher courts and seek justice or review of judgement.

Drug Policy Guidelines on issues of Public Health, Human Rights & Development

S/N	UNDP-WHO Drug Policy Guidelines	NDPS Policy read with NDPS Act
1	The right to the highest attainable standard of health applies equally	No clear guidelines on measurement of the highest attainable standard except

	within the context of drug laws, practices & policies.	for the provision of identification, counselling, treatment, rehabilitation & social integration of the addicts.
1.1	Harm Reduction: The right to health within drug policy encompasses voluntary access to harm reduction facilities, information and services.	Policy encourages only needle syringe exchange programme (only clean needles & syringes provided, no drug) and oral substitution in form of buprenorphine and methadone. 'Shooting galleries and smoking encouragement instead of injection is NOT supported
1.2	Drug dependence treatment: This also encompasses access to evidence-based, voluntary drug dependence treatment.	Only OST and Needle Syringe exchange programme. No drug.
1.3	Access to controlled substances for medicinal purposes, including opioid substitution therapy (OST), pain management, palliative care, anesthesia for medical procedures, and the treatment of various health conditions is essential.	Highly controlled licit trade. There is access to controlled substances as medicines. However, some studies suggest that there is good progress on OST, but we have miles to go ⁵²
1.4	Human rights, health & environment: Ensure a secure, healthy, clean &	'Alternative Development' is a strategy aimed at transitioning farmers who

	sustainable environment that safeguards and upholds human rights, including the right to health & a decent standard of living. This includes protection from environmental risks and hazards particularly for individuals residing near cultivation fields.	typically cultivate illicit crops away from such practices. However, comprehensive guidelines for protection from environmental hazards, clean & sustainable environment are lacking.
2	The right to benefit from scientific progress and its applications extends to drug use and dependence, as well as the development & criminal justice approaches related to illicit trade.	Not clearly mentioned.
3	The right to an adequate standard of living: This includes access to basic needs for individual's dependent on illicit drugs.	'Alternative Development' is encouraged as an alternative means of livelihood. Funding is provided by the government. Monitoring of the misuse of the scheme is also suggested.
4	Societal security: The right also applies to individuals in prisons, detention facilities, those arrested, charged or convicted for drug related crime.	Not mentioned.

5	Right to life: Drug offenses typically do not meet the internationally recognized threshold for the most serious crimes that may warrant the imposition of death penalty.	Provision of death penalty as mentioned in S/N 2. However, this is for repeated offenders if there is substantial evidence of organized crime.
6	Individuals have right to be free from torture, cruel, inhuman or degrading punishment or treatment regardless of their involvement in drug related crimes. Torture is prohibited and may happen during arrest of drug offenders, questioning, detention, or investigation.	Procedural law and substantive law are clearly defined in the act. Courts have the power to intervene should there be an appeal.
7	Principle of freedom from arbitrary detention & arrest stipulates that no one should be subjected to arbitrary arrests except in accordance with established legal procedure. This right applies to any person, including those known to have used drugs or suspects of drug related cases.	Fully in accordance with the established law. Enforcement agencies cannot undertake unlawful detention or cannot arrest without substantial evidence.
8	Right to free trial: Individuals accused of drug related crime have right to equality before law, tribunals, and	Clearly defined in the act. The policy only mentions who's who in the texts.

	courts. This allows individuals to defend themselves against charges related to drug offenses on an equal & fair basis.	
9	People who use drugs have a right to privacy, which means their personal information and activities should not be subjected to unwarranted intrusion or disclosure without their consent, unless under lawful circumstances.	The right to privacy is ensured for drug users seeking treatment in government centers and NGO run centers funded by the government.
10	Freedom of thought, religion & conscience: The freedom to practice one's religion or beliefs, individually or in community, also extend to those who may use drugs for religious or spiritual reasons.	Only certain substance like 'Bhang' which is prepared from the leaves of cannabis plant and allowed to be consumed for certain religious occasions.
11	Cultural life encompasses the right to engage in cultural activities, whether for recreational, spiritual, medical, cultural, or religious reasons including the use of drug, and for those who traditionally cultivate illicit crop.	Recreational use not permitted as per Indian law except for 'Bhang'.

12	Freedom of opinion expression & information: The right to freely access and share information and ideas through any media and express opinions.	Neither mentioned in policy nor a part of act. In the purview of other rights given in the Constitution.
13	The right to form groups supporting drug-related issues and organize peaceful gatherings to express views.	Neither mentioned in policy nor a part of act. In the purview of other rights given in the Constitution.

Table 9: MoSJE Parliamentary Standing Committee Report regarding de-addiction programmes, August 2023

S/N	Year	Number of Programmes for drug addicts	Number of beneficiaries
1	2018-2019	2251	265751
2	2019-2020	2588	203850
3	2020-2021	724	23709
4	2021-2022	713	27749
5	2022-2023 (till Aug)	712	61788

ANNEXURE 2 : Figures

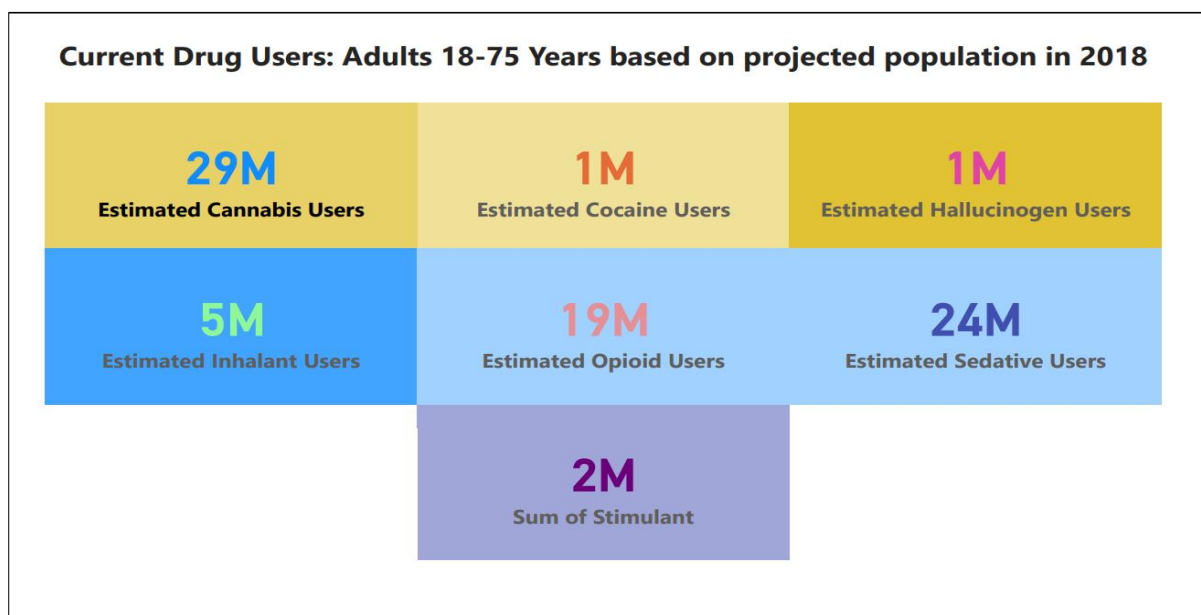


Figure 12: Current Estimated Drug Users, Age: 18-75, by State: Source: MoSJE Report 2019.

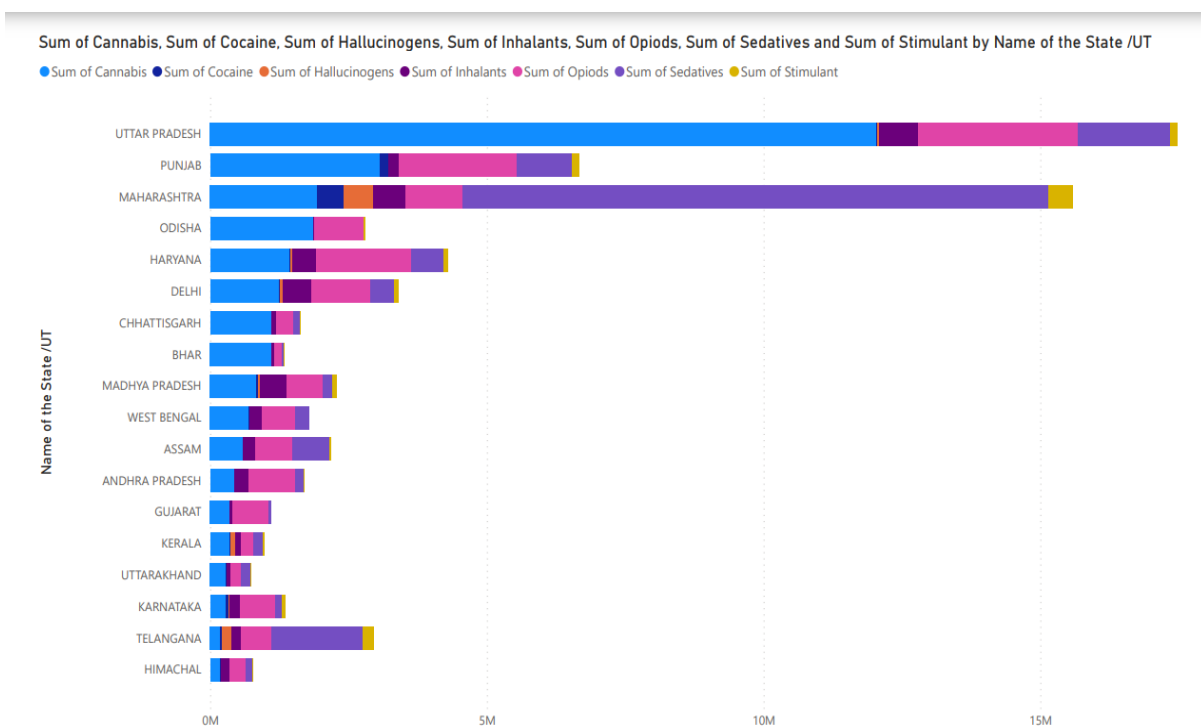


Figure 13: Figure : State wise Estimated Drug Users, Age: 18-75, by State: Source: MoSJE Report 2019

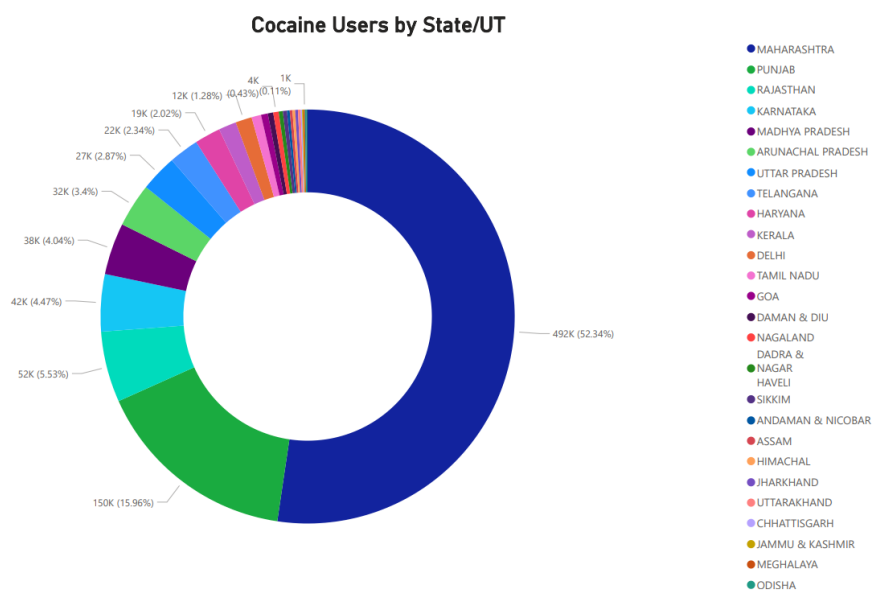


Figure 14: State wise Cocaine Users Age-18-75, Source: MoSJE Survey Report 2019

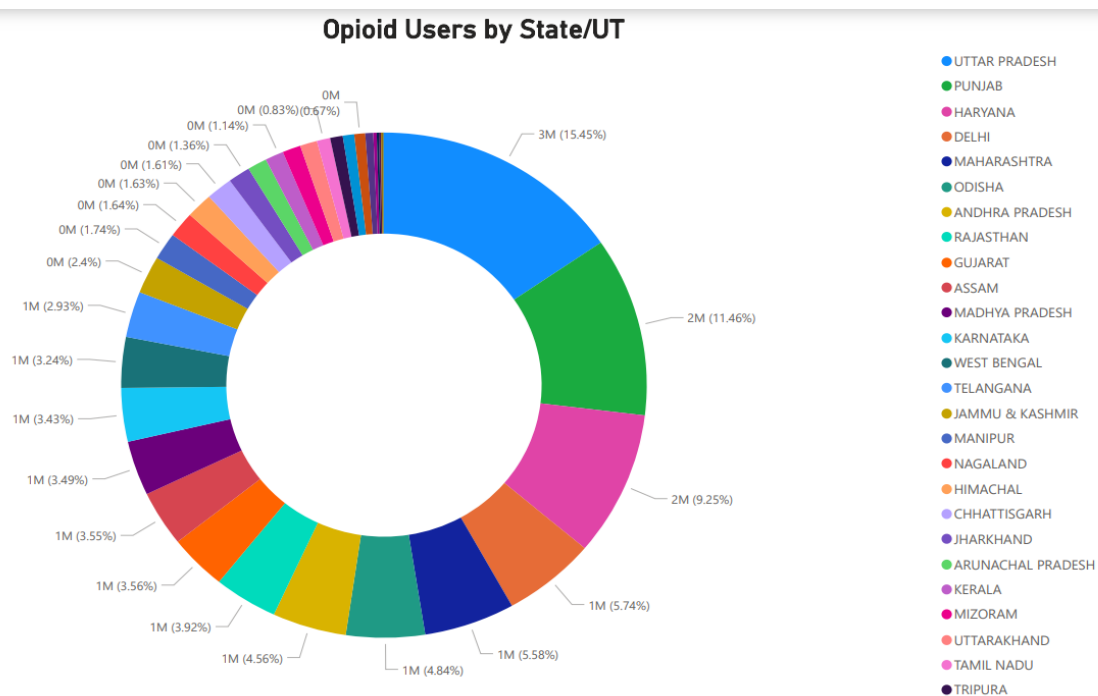


Figure 15: Opioid Users by State, Source: MoSJE Report 2019

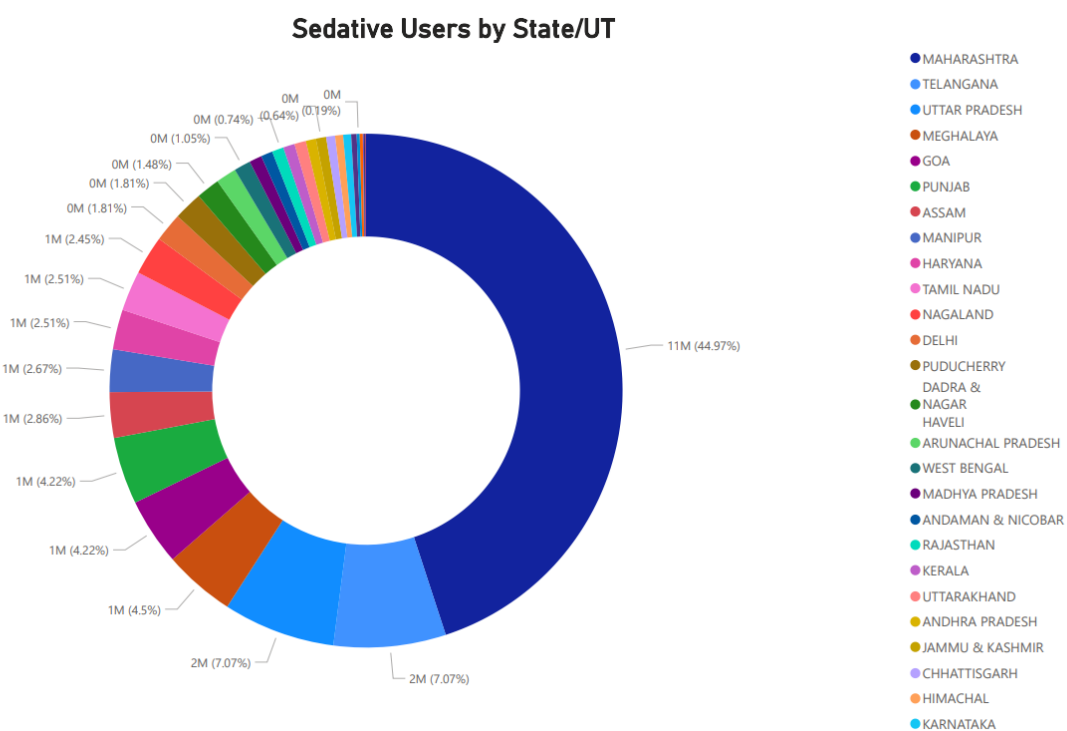


Figure 16: State wise Sedative Users Age-18-75, Source: MoSJE Survey Report 2019

Current Drug Users : Children Age 10-17 Years based on projected population in 2018.

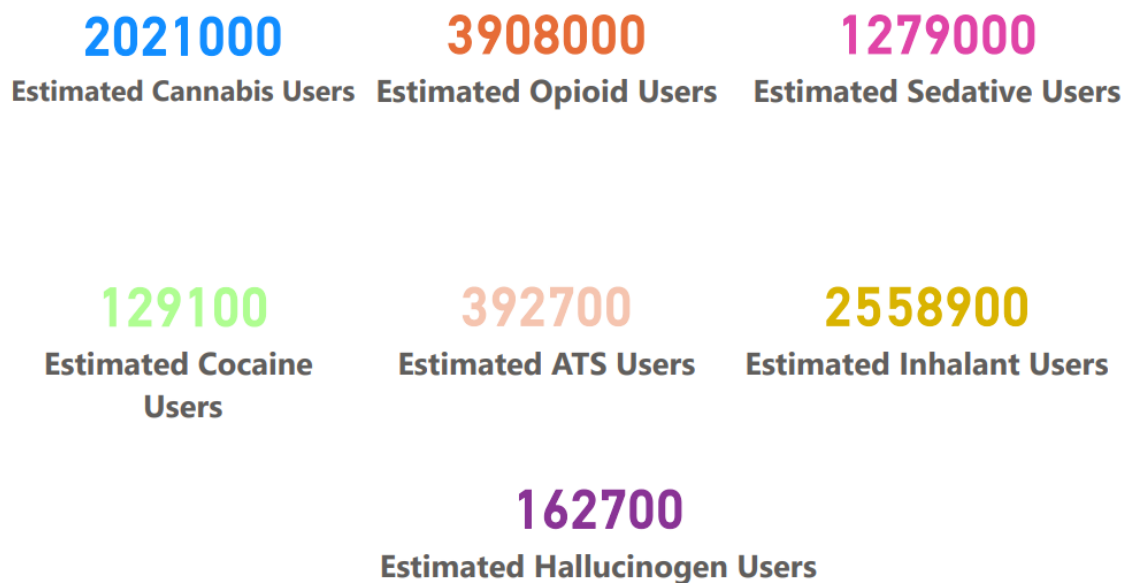


Figure 17: Current Drug Use in Children 10-17, Source: MoSJE 2019 Report

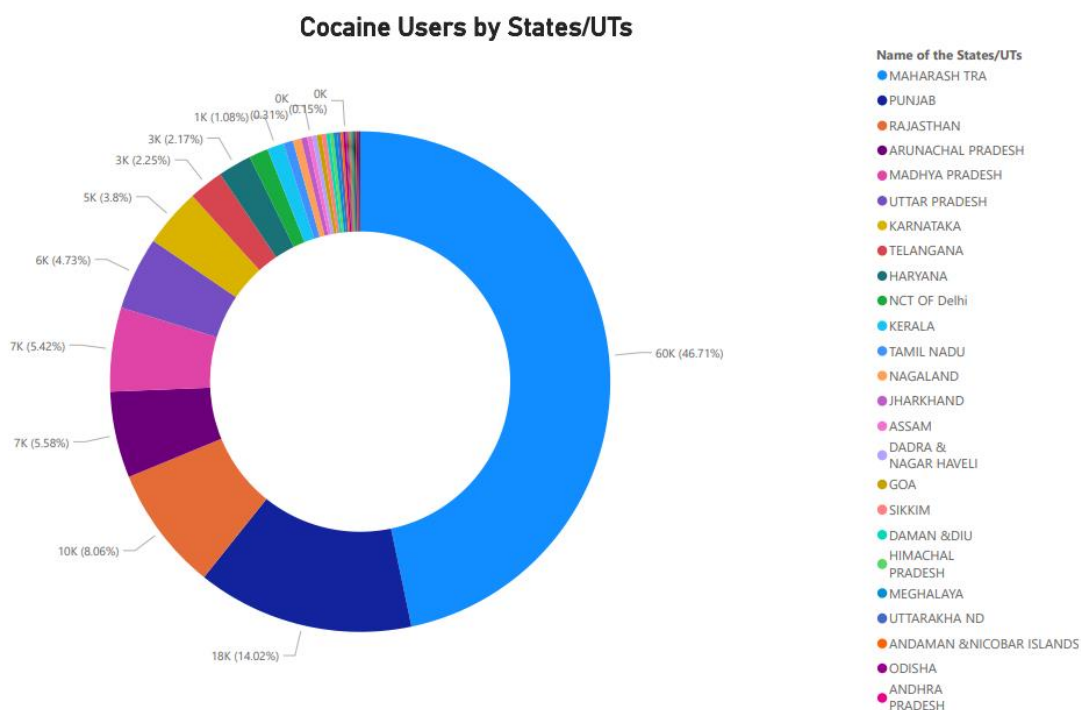


Figure 18: Cocaine Use in Children 10-17, Source: MoSJE 2019 Report

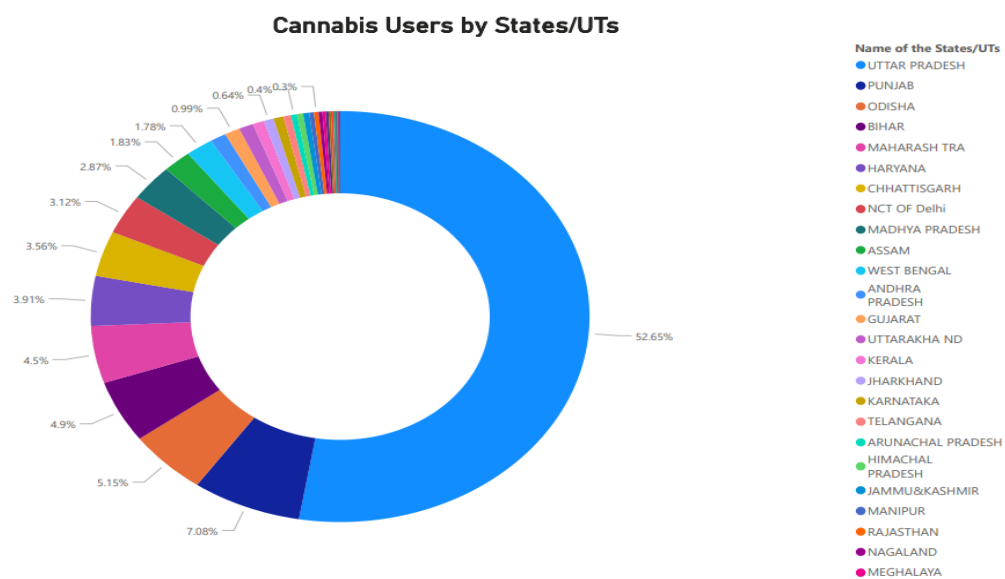


Figure 19: Cannabis Users, Children 10-17, by State: Source: MoSJE Report 2019

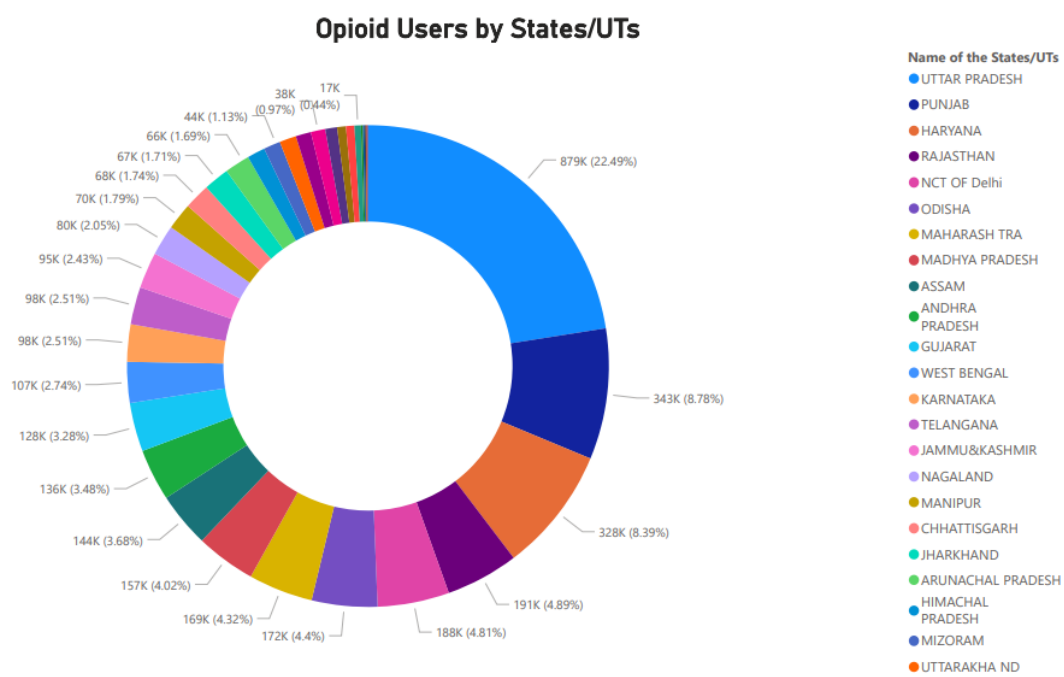


Figure 20: Opioid Users, Children 10-17, by State: Source: MoSJE Report 2019

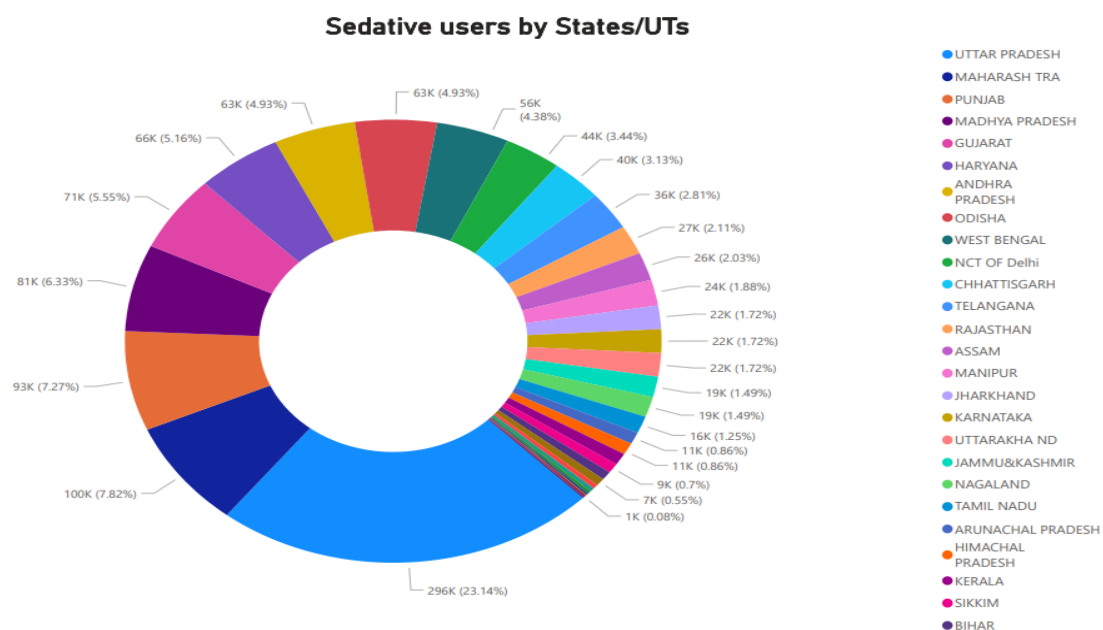


Figure 21: Sedative Users, Children 10-17, by State: Source: MoSJE Report 2019



Figure 22: NGOs working under NAPDDR. Source: MoSJE Website 2023

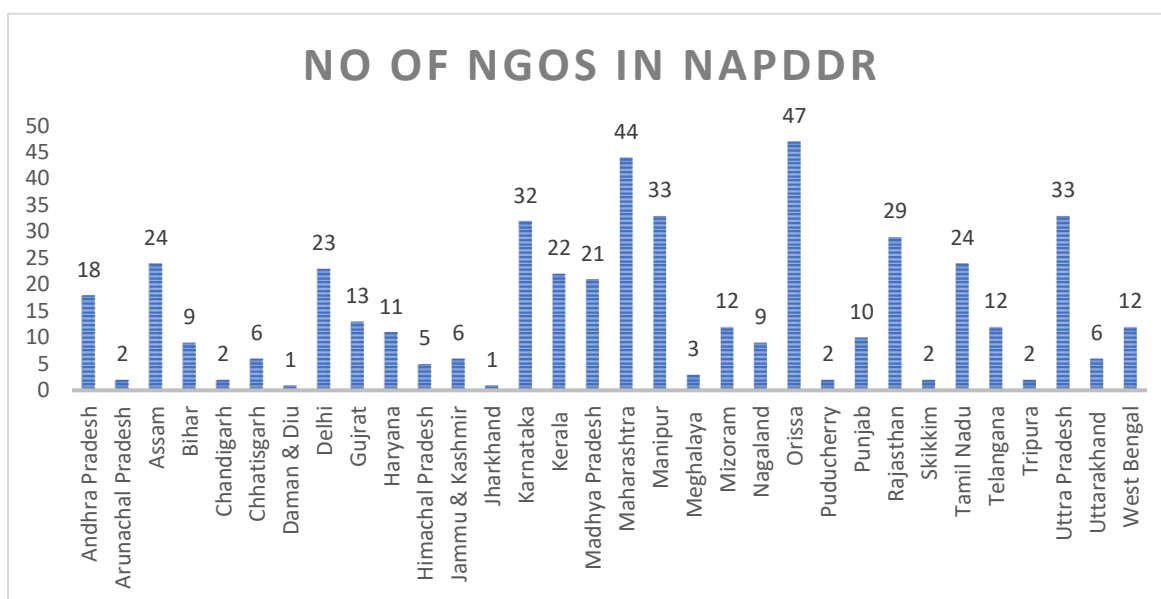


Figure 23: NGOs under NAPDDR State-wise 2018. Source: NAPDDR, MoSJE Website.

Drug	Quantity and Punishment				
	Small Quantity	Punishment		Punishment	Quantity greater than small but lesser than commercial (Intermediate)
Heroin	5g		250g		
Opium	25g		2.5kg		
Morphine	5g		250g		
Ganja (cannabis)	1000g		20kg		
Charas (cannabis resin)	100g	Maximum of 1 year rigorous imprisonment or a fine up to Rs 10,000 or both	1kg	Rigorous imprisonment from 10 years (min) to 20 years (max) and a fine from Rs 1 lakh to 2 lakhs	Rigorous imprisonment that may extend to 10 years & fine that may extend to Rs 1 lakh
Coca leaf	100g		2kg		
Cocaine	2g		100g		
Methadone	2g		50g		
Amphetamine	2g		50g		
THC	2g		50g		
LSD	0.002g		0.1g		

Figure 24: drug quantity wise punishment in NDPS, Source: Pondy.Police 2019

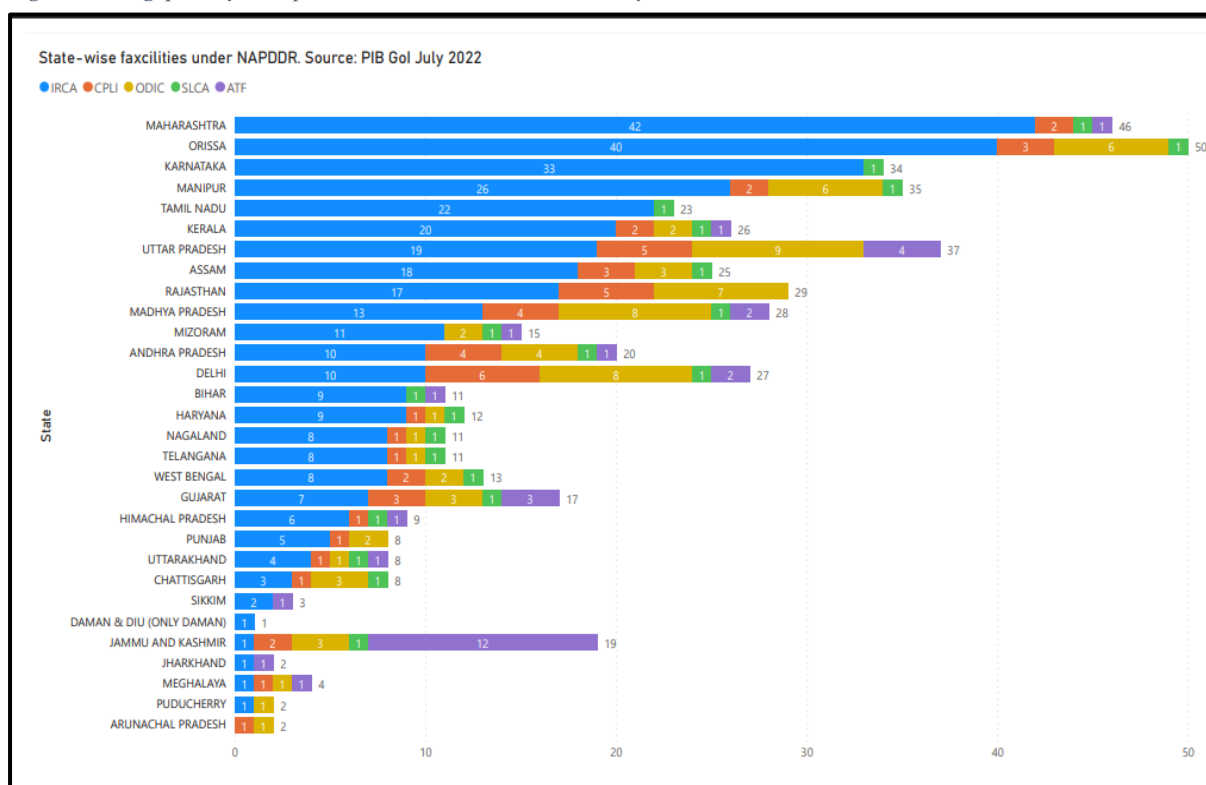


Figure 25: State-wise facilities under NAPDDR. Source: PIB GoI 19 July 2022