

Drug Abuse in India: Tracking the Sources and Policies for Prevention

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Abstract

India is dealing with increasing pressure and serious problems because of the increase in illegal drugs being brought into the country. This makes existing weaknesses worse and makes the problems for society even bigger. Despite legislative efforts like the NDPS Act of 1985, substance abuse remains prevalent, especially among youth and in rural areas. Commonly abused drugs include marijuana, alcohol, and opioids, necessitating comprehensive intervention strategies. Government initiatives such as the NAPDDR and NMBA aim to combat substance abuse through awareness, education, treatment, and rehabilitation programs. Amendments to the NDPS Act reflect ongoing efforts to strengthen the legal framework. Leveraging technology and establishing de-addiction centers highlight India's approach toward achieving a drug-free nation by 2047. Despite progress, addressing substance abuse requires sustained commitment, collaboration, and innovation, prioritizing prevention, treatment, and rehabilitation efforts. This paper, relying on a thorough analysis of secondary sources encompassing scholarly articles, research papers, government reports, constitutional provisions, newspapers, journals, and academic materials, critically analyses government policies while proposing strategies to mitigate drug abuse and steer India toward a drug-free future. Emphasizing collaboration, public awareness, prevention, and rehabilitation initiatives, the paper outlines a roadmap for combating substance abuse.

Keywords: Drug abuse, Government initiatives, Awareness, Golden Triangle, Golden Crescent, Punishment, Rehabilitation.

INTRODUCTION

Substances classified as drugs possess the capacity to modify an individual's mental or physical state. These substances can impact brain functions, behaviors, understanding, emotions, and sensory

perceptions, leading to unpredictable and risky effects, especially for the younger population. There are several ways to consume drugs such as smoking, injecting, inhaling, absorbing them through a skin patch, using suppositories, or dissolving them under the tongue (Government, 2019). Legal drugs, when taken as prescribed, include medicines under a doctor's guidance. Illicit drug activities involve the unauthorized sale, purchase, possession, and consumption of banned substances. While tobacco and alcohol are legal in most places, their misuse is also illegal. Controlled substances carry penalties for consumption and possession. Examples of illegal drugs include methamphetamine cocaine, ketamine, cannabis, and heroin (Admin, 2013).

Drug usage in India, initially intended for medicinal and recreational reasons, has transformed

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into a prevalent problem, resulting in widespread issues of drug abuse and addiction. The difficult geographic location of the country, which places it between the Golden Crescent and Golden Triangle regions, makes matters worse and makes it more vulnerable to drug trafficking. This escalating menace presents substantial risks to public health, ethical values, particularly among the younger population, and the overall security of the nation (Bharti, Sahota, Parveen, & Sharma, 2023).

The age group most commonly affected by addiction is 15–35 years old, which is an important one for the productivity of the country. In addition, the trend of substance misuse among street and juvenile offenders is becoming more prevalent, and it is influencing rural communities as well. Injectable heroin misuse is notably widespread in the states of Manipur, and Mizoram, Nagaland while traditional opium abuse continues in, Punjab, Gujarat, Uttar Pradesh, Rajasthan, and Madhya Pradesh (T. Gadakh, 2016).

India grapples with intricate challenges in shaping its drug policy due to substantial involvement in both legal and illegal drug cultivation, serving as a transit point, and functioning as a consumer market. The Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 are the three main United Nations drug conventions that the country is actively engaged with. In response to these international commitments, the Parliament of India expeditiously executed the Narcotic Drugs and Psychotropic Substances Act, of 1985 during the 1980s, albeit with a legislative process lacking extensive deliberation. The Narcotic Drugs and Psychotropic Substances Act was designed to monitor the production, sale, import, purchase, export, use, and possession of illicit substances and psychotropic medications, among other drug-related activities. Within the legal framework, exceptions are made for medical and scientific purposes (Reddy, 2020).

This thorough analysis highlights the concerning increase in drug abuse in India, with a focus on the widespread use of alcohol, opioids, and marijuana, which have significant impacts on both individuals and society. The geographical weaknesses of India, situated between the Golden Triangle, and Golden Crescent are explored, drawing insights from UNODC reports on opium cultivation in Afghanistan and the challenges posed by drug trafficking. Despite India's commitment to international conventions and the enactment of

the NDPS Act of 1985, substance abuse remains prevalent, especially among youth and in rural areas, indicating the necessity for comprehensive intervention strategies. This paper also outlines government efforts such as NAPDDR and NMBA, which focus on public awareness campaigns, educating about the problems that drug abuse will bring to their lives, treatment, and rehabilitation. Additionally, the establishment of de-addiction centers, training programs, and the utilization of technology like blockchain analysis underscore India's multi-pronged approach to achieving a drug-free nation by 2047, aligning with Prime Minister Narendra Modi's vision. By prioritizing these efforts, India can surely bring down the negative impacts of drug abuse and thereby make the rise of a healthier and more resilient society.

METHODOLOGY

The methodology adopted in this study involves a thorough examination of the public policy landscape concerning drug abuse in India. Utilizing a wide range of secondary sources such as scholarly articles, research papers, government reports, constitutional provisions, newspapers, journals, and academic materials, this research conducts a detailed analysis of the effectiveness of existing government policies in tackling substance abuse. Policy documents, programmatic interventions, and implementation methods are methodically reviewed to assess the advantages, disadvantages, opportunities, and risks related to the numerous projects that the Indian government has undertaken. This review offers a thorough comprehension of the policy framework and its consequences concerning the management of drug misuse in India. The research attempts to provide a thorough and nuanced examination of government policies connected to substance misuse by combining viewpoints from several disciplines. It also seeks to add to the body of knowledge for well-informed policymaking in the area of drug abuse prevention and intervention.

Types of Drugs commonly used in India

Ganja (Marijuana)

Marijuana or Cannabis, known by various informal names like skunk, boom, ganja, herb, grass, bud, gangster, pot, reefer, mary-jane, dope, dagga, and bhang, is widely available as a psychoactive substance in India. The consumption of Cannabis involves various forms, including the utilization of

dried leaves, flowers, stems, and seeds (Zorbacare, 2019).

Marijuana influences physical, mental, and social well-being. Its impact on the brain can lead to diminished clarity of thought and may manifest as anxiety and depression. Individuals struggling with marijuana addiction often experience a noticeable loss of appetite, resulting in visible weight loss (Madhukar). The research by AIIMS disclosed that around 7,200,000 citizens are suffering from marijuana addiction. The survey pinpointed the states of Punjab, Delhi, Chattisgarh, and Uttar Pradesh as having the highest concentration of consumers. This finding may suggest that the widespread availability of cannabis in these areas is linked to local production (Jagruiti).

Alcohol

Alcohol is a liquid resulting from the fermentation process, during which yeast or other bacteria chemically decompose sugars found in different foods. For example, grapes contribute to the sugar content in wine, malted barley sugars are used in beer production, apples provide the sugars for cider, and beets, potatoes, or other plants serve as sources for the sugars used in vodka production (Alpha, Current State Of Alcohol Addiction In India, 2021).

As per research conducted by the World Health Organization, approximately 2.5 million individuals in India are believed to grapple with alcohol dependence. The health consequences of alcoholism encompass issues like liver damage, cancer, heart disease, and neurological impairment. Additionally, alcoholism can contribute to social challenges, including joblessness, financial insecurity, and difficulties in relationships (Geeks for Geeks, 2022).

Cocaine

Cocaine is commonly employed in two variants: a powdered form, frequently insufflated, and a solid or "rock" form, typically smoked. Irrespective of its manifestation, cocaine induces immediate effects and possible repercussions from prolonged usage, impacting an individual's well-being and elevating the likelihood of overdose, tolerance, dependence, and addiction. Adverse reactions encompass feelings of anxiety, tremors, incidents of heart attack, acute hypertension, and coronary complications (Walker, Ph.D, & L.M.F.T., 2023).

In the Indian context, cocaine is not just a substance; it is commonly seen as a symbol of prestige and social standing there are around

10.7 lakh cocaine addicts in India, according to research from India Today. Notable numbers include twenty-seven thousand users in Punjab, ten thousand addicts in Rajasthan, eight thousand users in Karnataka, and ninety thousand users in Maharashtra (Alpha).

Heroin

Heroin, an opioid originating from opium poppy seeds' resins, usually presents as a white or brown powder. Its ingestion disrupts brain processes and modifies behavior by attaching to neurotransmitters and receptors. This engagement triggers the release of dopamine, commonly referred to as the "happy hormone." Prolonged usage of heroin and opiates may result in the brain halting its natural dopamine production, presenting a significant hurdle for those struggling with heroin dependency (Abhasa, 2023).

Heroin misuse and addiction inflict significant harm on individuals. The occurrence of heroin use among the younger population is often driven by curiosity, experimentation, peer influence, and academic struggles. An estimated one crore individuals, out of India's 7.5 million substance abusers, are reported to be heroin users (Alpha, Heroin Addiction in India). The impact of heroin use can include respiratory depression, constricted pupils, and nausea. Overdose effects may encompass slowed and shallow breathing, low blood pressure, cyanosis in the lips and nails, muscle spasms, seizures, loss of consciousness, and the potential for fatal outcomes (Drugs).

Opium

The poppy plant produces opium, a potent narcotic that gives rise to substances such as heroin, and oxycodone, morphine, codeine. The term "narcotic" refers to opium, as well as its derivatives and partly synthetic equivalents. These substances have therapeutic uses in managing pain, suppressing coughs, relieving diarrhea, and inducing anesthesia. However, they are highly addictive. When used improperly, these drugs are frequently consumed through smoking, sniffing, or injection (Meseum).

The survey results of 2018 by the Comprehensive National Survey on Extent and Pattern of Substance Use in India found that Opium is one of the most used substances there has been a notable rise in overall substance usage in the nation, with opium being a notable contributor to this trend. The report underscores that the utilization of opioid products has seen a rise from 0.7% in 2004 to 2.1% in 2018 (Bharti, Parveen, Sahota, & Sharma, 2023).

Sources of Supply of Drugs

India's positioning amid the Golden Crescent and Golden Triangle renders it susceptible to the narcotics and drug trade. The entry of illegal substances from both the North Western and North Eastern regions signifies a substantial challenge to national security, emerging as the highest priority for the country (Tandon T. , 2020).

Golden Crescent

The Golden Crescent, the mountainous landscapes of Iran, Afghanistan, and Pakistan, holds the distinction of being the largest opium-producing zone in Central Asia. It plays a crucial role globally, serving as a main center for the cultivation and distribution of opium. Iran, although not a primary opium producer in this region, assumes the roles of both a transfer point and a consumer country. The region's active opium trade is influenced by factors such as warfare, brutality, terrorism, and political turbulence (Textbook, 2023).

Since 1983, the Golden Crescent has been globally accepted as the top-ranked producer of opium and cannabis. The region's closeness to the border between India and Pakistan has increased the illegal trafficking of heroin and marijuana extract into India, with a focus on Border States like Punjab, Jammu and Kashmir, Gujarat, Rajasthan etc. The Thar Desert became the primary entry point for drug trafficking into the nation in the early 1980s. Two main considerations influenced the decision to use this route: the vast, infertile, and ill-defended nature of the desert landscape, and its historical significance in the opium trade during the colonial era, from Malwa to Karachi and ultimately to China, provided smugglers with many concealed positions to store illicit drugs for later recovery and transport to their envisioned destination (review, 2020).

Various elements contributed to the heightened influx of heroin through the borders. The main cause of the change in drug trafficking routes was the Iran and Iraq war from 1980 to 1988, which closed the conventional route via Iran to the Balkans. In the mid-1980s, the illegal transportation of drugs found substantial facilitation through the pre-existing network of gold traffickers entrenched along the border areas. This collaboration was further compounded by the active participation of organized criminal mafias, amplifying the scale and efficiency of illicit substance trafficking. Drug trafficking also increased as a result of the mid-1980s rise of Sikh militancy and the late 1980s start of Kashmiri militancy, as the militant groups used drug smuggling as a way to raise money for their

operations. Finally, the presence of established smuggling routes and a permeable border created a favorable state for drug trafficking (Das, 2012).

Golden Triangle

The Golden Triangle, placed in Southeast Asia and covering sections of Myanmar, Laos, and Thailand, is well-known for being a primary center for opium and heroin production on a global scale. Over the years, this region has consistently supplied an important segment of the world's heroin, with the opium cultivated locally being shifted into heroin and distributed to various corners of the globe. The Golden Triangle continues a substantial contributor to the global heroin trade, presenting an enduring challenge in combating drug trafficking from this area (Ravi, 2023).

Concerning trade, India functions not just as a corridor but also as an aim for the import of both natural and synthetic drugs. The states most affected by India's proximity to the Golden Triangle include Tripura, Meghalaya, Assam, Arunachal Pradesh, Manipur, and Mizoram. There is no proper fencing along the Indo-Myanmar Border has led to a noticeable rise in cross-border crimes and, importantly the growing instances of drug smuggling and trafficking (J, A S, Kumar, & Antony, 2023). Adding complexity, there is a Free Movement Regime (FMR) between India and Myanmar as part of a bilateral agreement. This arrangement permits unrestricted movement of Indians and Burmese within a 16 km radius of the border, with no need for visas. While promoting interpersonal connections and socioeconomic relations, this framework has unfortunately become prone to misuse by insurgents and criminals. Notably, state police, responsible for upholding law and order, have been implicated in corruption, occasionally failing to act against criminals despite having intelligence inputs (Ashok, 2019).

UNODC's report on Golden Crescent and Golden Triangle

The United Nations Office on Drugs and Crime (UNODC) published a report in November 2022 suggesting there is a 32% increase in the cultivation of opium poppies in Afghanistan compared to the last year, reaching 233,000 hectares. This shows that the third-largest cultivation area recorded since monitoring commenced. The research highlights a notable difference even though the Taliban said in April 2022 that they would no longer be cultivating opium. The revenue generated by the selling of opium to Afghan farmers increased dramatically from \$425 million in 2021 to \$1.4 billion in 2022, a

sharp contrast to the declared prohibition. Experts ignore the ban as a superficial gesture, emphasizing that terrorism continues to succeed on the proceeds from narcotics and drug trafficking in the area. The UNODC Drugs Monitoring Platform's data on seizure occurrences indicates that since August 2021, there has been continuous opium trafficking from Afghanistan. Afghanistan remains a notable global supplier, catering to approximately 80% of opiates for users worldwide (Kannan, 2023).

Afghanistan, a major producer of opium and heroin, is encountering a significant surge in methamphetamine production, presenting regional health and security challenges, according to a recent UN report. The report confirms concerns about India emerging as a primary destination for meth from Afghanistan, substantiated by notable seizures. In May, the Indian Navy and Narcotics Control Bureau jointly confiscated a record 2,500 kg of meth, valued at Rs 15,000 crore, off the Kerala coast the largest meth seizure in India's history. Additionally, Gujarat ATS intercepted 61 kg of meth off the Gujarat coast, suspected to be processed in Afghanistan. The UNODC report aligns with India's observed pattern in meth trafficking, signifying that the "Golden Crescent" is now a central hub for substantial meth shipments (Jha, 2023).

As per the findings from UNODC in 2013, cultivation in the Golden Triangle increased by 22%, driven mainly by a 13% growth in Myanmar. This represented a significant surge of 26% compared to 2012 in both opium cultivation and yield (Goswami, 2014). However, the UNODC report in 2020 showed a decline in opium production and cultivation area by 11% compared to the previous year. Yet, the most recent report titled "Myanmar Opium Survey 2022: Cultivation, Production, and Implications," sheds light on a noteworthy change. Information gathered throughout the initial complete season of cultivation after the martial rule imposition shows an astonishing 88% rise in potential productivity, or 790,000 kilograms, combined with a notable 33% expansion in cultivation area, or 40,100 hectares (Nation). After a slight rise of 2% in farming area and 4% in production in the 2021 season, the 2022 findings validate a remarkable growth in Myanmar's opium industry (International Affairs, 2022).

Policies for Prevention of Drug Abuse

In 1985, there was extensive lawful delivery of cannabis and its correlated products, including marijuana and bhang, presenting a societal risk. The formulation of the Act was significantly influenced

by India's compliance with international treaties, including, The Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. These accords focused on preventing the misuse of these substances and limiting their use solely for research and medicinal objectives (Awasthi, 2022).

1961 United Nations Single Convention on Narcotic Drugs

This conference transpired at the United Nations Headquarters in New York, spanning from January 24 to March 25, 1961, and was held to address the challenges raised by drug consumption by promoting a coordinated international convention. The convention acknowledges the indispensable role of narcotic drugs in medical applications, particularly to alleviate distress and pain, underscoring the necessity to establish adequate provisions to ensure their accessibility for such therapeutic purposes. Furthermore, the document places significant emphasis on the recognition of narcotic drug addiction as a substantial and grave issue, highlighting the imperative for its prevention due to its serious and detrimental nature.

As per the restrictions mentioned in Article 49 (1) (a), 49 (b), 49 (d), and 49 (e) of the Convention, the Indian government preserves the authority to briefly approve particular activities within its borders. These include, for example, the consumption of heroin in quasi-medical settings and the smoking of opium, in addition to the non-medical use of marijuana,

Concentrated cannabis derivatives and infusions as well as the production, manufacture, and trade of the drugs mentioned above for the purposes specified in the aforementioned subclauses (Nation) (Nation, NDPS).

1971 United Nations Convention on Psychotropic Substances

Under the guidance of the UN Conference for the Consideration of a Pact on Psychotropic Substances, the Convention was ratified and put into effect. From January 11 to February 21, 1971, Vienna hosted this meeting, where the Convention was made available for ratification. The signatory parties to this convention are mandated to safeguard public health and mitigate societal issues arising from the misuse of specific psychotropic substances, as well as to actively counteract the abuse of these substances and the subsequent illicit trade. Stringent measures must be implemented to

regulate the utilization of such substances strictly for lawful purposes, with a particular emphasis on avoiding undue restrictions for medical and scientific endeavors.

Article 31 of the Convention outlines procedures for dispute resolution between participating Parties. If there is a disagreement about how the Convention should be interpreted or applied, the parties involved must consult and explore various options, including negotiation, conciliation, mediation, arbitration, investigation, seeking support from regional organizations, legal action, and any other peaceful means they think fit. However, the Government of India explicitly reserves its position concerning paragraph 2 of Article 31 and expressly states non-binding adherence to the provisions outlined in that paragraph. Consequently, India does not consider itself obligated to comply with the dispute resolution mechanisms specified in paragraph 2 of Article 31 of the Convention (Nation, Psychotropic Substances, 1971) (Nation, Convention on Psychotropic Substance).

1988 United Nations Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substances

This significant conference took place in Vienna, spanning from November 25 to December 20, 1988. The convention acknowledges the grave threats posed by narcotic drugs and psychotropic substances to the health and welfare of human beings, as well as to the socio-economic and political foundations. It expresses concern about the expanding influence of illicit trafficking within various social groups, particularly affecting children, and notes the interconnectedness with organized criminal activities, which in turn jeopardize the security and sovereignty of states. The convention places a strong emphasis on the need to stop unlawful trade from producing financial profits because left unchecked, this can allow criminal groups to infiltrate and influence corporations, political institutions, and society at large. This emphasizes how crucial it is to put policies in place to keep an eye on specific compounds, such as the chemicals, solvents, and components needed to make psychotropic and narcotic medicines. Due to the ease of access to these chemicals, there is a greater need for surveillance and control because of the rise in illicit manufacture (Nation, United Nations Convention on illicit NDPS, 1988) (Nation, United Nations Office on Drugs and Crime).

Towards a Drug-Free India by 2047

The present situation of India's anti-drug campaigns highlights the importance of

working toward making India drug-free for coming generations and beyond. With resolute determination, concerted efforts, a unified Team India approach, and a Whole of Government strategy, India stands poised to secure victory in this crucial battle against narcotics. Under the stewardship of Prime Minister Shri Narendra Modi, India is committed to working steadfastly towards the realization of a drug-free nation by the year 2047.

The Indian Union Home Minister Mr. Amit Shah emphasized at the initial Conference of national Heads of the Anti-Narcotics Task Force of States and Union Territories in the nation's capital about the significance of states working closely with federal agencies to address the use of technologies like cryptocurrencies, dark web etc in the fight against drugs. He advocated for unified efforts among states, urging them to cooperate with the National Forensic Science University in implementing cutting-edge technologies such as blockchain analysis, map intelligence, and digital forensics. Shah outlined the Ministry of Home Affairs' three-point strategy, which focuses on fortifying institutional structures, fostering integration among Narco-agencies, and launching a campaign to give awareness to the public. Emphasizing the non-partisan nature of the battle against narcotics, Shah urged all stakeholders to transcend party politics and ideological differences. He underscored the importance of a strict enforcement policy by all state governments to collectively accomplish the shared objective of a substance-free India.

The central Home Minister as well as the Minister of Cooperation reported positive trends in the outcomes of the anti-drug efforts over the past three years. Shri Shah conveyed that the registered cases have witnessed a notable surge, escalating by 181 percent from 1,257 cases (2006-2013) to 3,544 cases (2014-2022). Simultaneously, the total arrests have experienced a significant upswing, soaring by almost 300 percent from 1,363 (2006-2013) to 5,408 arrests. The confiscation of illicit drugs has also exhibited an upward trajectory, with the seizure volume escalating from 1.52 lakh kilograms (2006-2013) to 3.73 lakh kilograms (2014-2022). The estimated value of seized drugs has undergone substantial growth, surging from Rs. 768 crore (2006-2013) to an impressive Rs. 22,000 crore (2014-2022), marking an increase of more than 25 times (India, 2023) (Team, 2023).

According to the Bureau of Narcotics Control, in the past three years, eradication efforts have resulted in the elimination of 82,691 acres of

cannabis cultivation and 35,592 acres of poppy cultivation across the nation. The states witnessing the destruction of these illicit crops encompass Himachal Pradesh, Arunachal Pradesh, Assam, Jharkhand, Manipur, Jammu and Kashmir, Maharashtra, Gujarat, Tripura, Odisha, Telangana, and Madhya Pradesh. Furthermore, the NCB has apprehended 2,412 individuals, among whom 224 are of foreign nationality (Singh, 2023). Top of Form

Narcotic Drugs and Psychotropic Substances (NDPS), 1985

On November 14, 1985, both houses of parliament passed an act called the Narcotic Drugs and Psychotropic Substances Act, 1985. This Act restricted the use of drugs to investigation and medicinal uses and outlawed its production, possession, sale, and transportation. Enforced to restrict the manufacture and dispersion of drugs, guarantee the value, and needed components revealing, and prevent drug abuse among the wider community (Sharma, Kumar, & Singh, 2017). Except in cases of medical necessity, the Act prohibits the use of dangerous medications and intoxicating beverages under Article 47 of the Indian Constitution. It includes the outlawing of their use, buying and selling, production, and manufacturing for non-medical purposes. The Ministries of Revenue, Finance, Health, Home Affairs, and Social Justice and Empowerment are all involved in the implementation of the NDPS Act (Mahato, 2020).

In India, the NDPS Act grants a judge's discretion while grand punishments are based on the amount of drugs found. The punishment for growing cannabis carries up to ten years of sentence in prison and a penalty of one lakh rupees. Commercial quantities carry fines of up to Rs 2 lakhs and sentences of 10 to 20 years in prison. Penalties for drug use are outlined in Section 27, with one year for designated substances, six months for unidentified substances, and a fine of Rs 10,000 for both. Habitual offenders are punished with rigorous punishments, which for comparable crimes may even be death penalty. Owners of properties that permit infractions may face similar penalties (Arora, 2022).

NDPS Act underwent three modifications: NDPS 1988 (2 of 1989), the NDPS 2001, and the NDPS 2014. Irrespective of their location, whether residing within the country or abroad, this law applies to all Indian nationals, exercising jurisdiction across the entire nation. It also reaches out to everyone on board ships and airplanes registered in India (Team, 2023).

Salient Features of NDPS Act 1985

1. Under Section 5, the Government of India appoints a Narcotics Commissioner and other designated officers. Their role entails overseeing the cultivation of the opium poppy and the production of opium (Indiakanon).
2. Under Section 2, an "addict" is someone dependent on narcotic drugs or psychotropic chemicals. The Act allows "controlled delivery" of suspicious narcotic shipments to identify offenders. The Central Government designates "controlled substances" based on their potential for drug production or international conventions. Additionally, any narcotic substance or preparation may be classified as a "manufactured drug" through official notification, considering its characteristics or international conventions (Indiankanon).
3. Under Section 3, empowers the Government to modify the Schedule listing psychotropic substances through Official Gazette notifications. This is based on new evidence regarding the substances' nature, effects, and abuse potential, as well as international convention provisions. It allows for the addition or removal of substances to ensure regulatory responsiveness to emerging drug trends and compliance with global standards (IndianKanoon).
4. Under Section 27 deals with the punishment for the consumption of such substances. If the consumed substance, such as cocaine, diacetylmorphine, morphine, or any psychotropic substance or narcotic drug designated by the central government, the offender could likely face a sentence of rigorous confinement for a maximum of one year, a fine reaching up to Rs. 20,000 or both penalties. However, if the substance consumed is not specified, the punishment might involve confinement for a duration of up to six months, and take a fine of up to Rs. 10,000 or both penalties. The severity of penalties is determined by the type of substance consumed, reflecting the Act's aim to address and deter drug abuse in society (Indiankanon, Section 27 NDPS, 1985).
5. Under Section 39, the Court possesses the discretion to divert addicts convicted of minor drug offenses from immediate imprisonment to mandated medical

treatment for detoxification or de-addiction at a government-managed facility. Upon completion of treatment, offenders are obligated to furnish a report to the court within a year, detailing the results of their rehabilitation program under Chapter IV (Indiankanoon, Section 39 NDPS, 1985).

6. Under Section 64 A of the law, individuals facing charges for drug possession or related offenses involving small quantities of drugs can escape prosecution if they willingly seek addiction treatment at a healthcare center or medical institutions acknowledged by the Indian government (Deepali S. A. , 2020).

Table 1: Quantity of Drugs and Punishment

Drugs	Quantity and Punishment			
	Small Quantity	Punishment	Commercial Quantity	Punishment
Herion	5 grams		250 grams	
Opium	25 grams		25kgs	
Morphine	5 grams		250 grams	
Ganja	1000 grams	Maximum of month's rigorous confinement or a fine up to Rs.10,000 or both penalties	20 kgs	Rigorous confinement from 10 years (minimum) and a fine from Rs. 1 lakh to 2 lakhs
Charas	100 grams		1 kg	
Cocaine	2 grams		100 grams	
Methadone	2 grams		50 grams	
Amphetamine	2 grams		50 grams	
LSD	0.002 gram		0.1 gram	

Source: Lawyers Collective "The Narcotics Drugs and Psychotropic Substances Act" Ignoring Health; Infringing Rights.

NDPS Amendments, 1989

The NDPS 1989, Act underwent a significant revision, introducing stricter guidelines and Section 27A targeting the financing of illegal activities. The amended law now considers various activities, including production, possession, sale, purchase, transit, and warehousing, as elements of trafficking illicit narcotics. Individuals detained under Section 27A are also deemed involved in such trafficking, reflecting a heightened legal approach to combat the illegal drug trade (Geeks for geeks, 2022). Before the amendment, the focus was on "use," mainly in the context of commercial activities rather than personal consumption. The 1989 amendment removed the phrase "small quantity which is proved to have been intended for personal consumption" from the section (Unit, 2007).

The National Fund for Control of Drug Abuse, increased penalties for certain controlled substances, a ban on suspending sentences, a procedure for disposing of drugs seized before trial, the introduction of the death penalty for certain offenses on a second conviction, the implementation of forfeiture of property, and the classification of offenses as considered and not subject to bail were among the many important provisions of the 1989 revision to the NDPS Act. The objectives of these modifications were to improve legal safeguards, expedite processes, and support anti-drug initiatives in India's fight against drug misuse and illegal trafficking (eGyanKosh).

NDPS Amendments, 2001

The NDPS (Amendment) Bill, 1998, which was introduced in July 1998 and implemented into law in 2001, aimed to address deficiencies within the NDPS Act. It addressed issues including delayed imprisonment of poor drug addicts, lengthy legal processes, weak bail guidelines, and errors in investigative procedures by law enforcement (Singhal, 2018).

A major turning point was the NDPS (Amendment) Act of 2001 when Parliament for the first time acknowledged the negative consequences of the NDPS Act's strict restrictions. The amendment addressed this by introducing graded punishments distinguishing between charges involving 'small,' 'intermediate 'or' commercial quantity' drugs. Crucially, the amendment made sure that, because of the Amendment of NDPS 2001, drug users weren't prosecuted like criminals the amendment also expanded provisions for tracking and confiscating assets linked to illicit drug trades, making it more challenging for traffickers to benefit from their illicit gains. Overall, the changes aimed to enhance the Act's effectiveness in addressing different levels of drug-related offenses and preventing criminals from profiting (Tandon, 2018), (Standing Committee on Finance, 2012).

NDPS Amendments, 2014

The NDPS Amendment of 2014 is a legal modification of the NDPS Act of 1985. Comprising

two sections, the amendment indicates that the Central Government will determine its enforcement through notification in the Official Gazette. Notably, the primary changes to Section 2 of the original Act involve the addition of Clause (IV a), defining “Central Government factories” as those controlled by the Indian Government or a company where the Central holds a minimum of 51 percent of the paid-up share capital. Additionally, Clause (viii-a) has been re-lettered, now specifying essential narcotic drugs as substances declared by the Government for health-related medicine and research purposes (Department), 2014).

The recent amendments in drug legislation encompass several key features. Firstly, the introduction of the classification “essential narcotic drugs” empowers the national government to regulate narcotics nationwide. Secondly, the amendments aim to strike a balance between drug accessibility and control, aligning with international drug control treaties. This includes promoting the utilization of narcotic substances for medicinal and research purposes while managing illicit drug use. Notably, the amendments introduce the possibility of the death penalty for consecutive drug offenses, allowing judges the discretion to opt for a 30-year prison sentence instead. Penalties for low-level drug offenses have been extended, and the private sector is now permitted to participate in the production of poppy and opium. The amendments also elevate the rank of police officers with authority over individuals possibly violating the NDPS and give a framework for the property confiscation owned by those charged with drug trafficking (Tandon T., Drug Policy in India, 2015).

National Anti-Drug Addiction Day

On October 2nd, the National Anti-Drug Addiction Day is observed in India, coinciding with Gandhi Jayanti, as a tribute to Mahatma Gandhi, who strongly opposed drug use. This day serves as a platform to raise awareness about the perils of drug addiction across the nation. Aligned with Gandhi Ji’s principles, the occasion emphasizes the need to discourage drug usage and foster a healthier lifestyle. A crucial aspect involves educating citizens, especially young students, to instill awareness about the hazards of substance abuse, aiming for a society that is well-informed and resilient against the challenges posed by drug addiction (Rathod, 2022).

Raising awareness about drug addiction through education programs and public campaigns, as well as promoting informed choices and recognizing signs of addiction, is crucial. Access

to treatment and rehabilitation services must be expanded while reducing the stigma associated with addiction to encourage those in need to seek help. Community involvement, including support groups, family counseling, and engagement with community leaders, plays a vital role. Advocating for government policies grounded in Gandhi’s principles of nonviolence and social justice ensures a focus on rehabilitation rather than punishment. Empowering youth with life skills and fostering international collaboration enhances preventive measures and global efforts. By adhering to these principles and taking collective action, society can provide the necessary support for individuals to overcome drug addiction effectively (Kaur, 2023).

AIIMS and the National Drug Dependence Treatment Center found that in India liquor/ alcohol emerges as the most prevalent addictive substance, followed closely by cannabis and opioids, according to the 2019 survey. The survey estimates that approximately 7.21 crore individuals are impacted by drug addiction. Moreover, data from the Narcotics Control Bureau reveals an increase in drug-related cases, rising from 10,796 in 2012 to 12,818 in 2013. Notably, the survey identifies an estimated eight lakh fifty thousand needle-based substance users, comprising eighteen lakh adults and four lakh sixty thousand children. A research report from 2004 highlights substantial usage, with eighty-seven lakh individuals consuming cannabis, twenty lakh using opiates, and 600,000 indulging in tranquilizers or hypnotics.

Substance dependence poses a critical problem impacting individuals, families, and friends, often leaving them feeling helpless due to its profound effects on the brain and behavior, leading to a lack of self-control and dependence on drugs. According to psychiatric experts, India lacks adequate systems to watch over drug abuse and necessities to enhance efforts to urge those struggling with addiction to access treatment services, as numerous people struggle to access the necessary support. National Anti-Drug Addiction Day assumes a crucial role in promoting awareness and urging individuals to seek help, thereby fostering the potential for transformative change and leading toward more fulfilling lives (Hospitals) (Testiwol, 2023).

Government initiatives

The Ministry of Social Justice and Empowerment initiated the National Action Plan for Drug Demand Reduction (NAPDDR) spanning from 2018 to 2025. This initiative intends to mitigate the harmful effects of drug abuse by employing a comprehensive approach that includes various methods including

rehabilitation, education as well as support for affected individuals and their families.

The objective of the National Action Plan for Drug Demand Reduction (NAPDDR) is to promote awareness and provide education on the detrimental effects of substance abuse on individuals, families, workplaces, and society as a whole. It seeks to combat stigma and discrimination against those dependent on drugs, fostering their integration into society while enhancing human resources and capacity through motivation, counseling, and de-addiction efforts. By employing a multi-agency approach, the plan aims to formulate and implement comprehensive guidelines and programs to reduce drug demand and the resulting consequences on individuals, families, and society. Additionally, the plan aims to encourage research, guidance, record keeping, advancements, and information gathering to further enhance its missions (Empowerment).

National Action Plan for Drug Reduction is put into effect across 272 districts in India to enhance community participation and foster cooperation among the public to mitigate the demand for dependency-inducing substances. This action plan endeavors to promote joint initiatives and self-guidance approaches among persons and groups fragile to excessive use. As part of this effort, a comprehensive training program is conducted, engaging approximately 20,000 participants. The program also includes individuals who have undergone treatment at Integrated Rehabilitation

Centres for Addicts (Empowerment D. o., 2021).

Financial support within the NAPDDR encompasses an array of initiatives, such as training camps and educating, capability enhancement, medical treatments, and recovery efforts, specialized interventions in high-risk regions, development of skills, giving vocational training, and also assisting in the livelihood for individuals affected by drug use. Additionally, funds are allocated for research, surveys, program evaluations, and innovative approaches. Support extends to state and union territory programs, as well as activities focused on program management, monitoring, evaluation, accreditation, and other measures aimed at strengthening the implementation of NAPDDR (Empowerment M. o., Scheme of NAPDDR, 2021). In the fiscal year 2023-2024, a sum of Rs. 250 crore was earmarked, with Rs. 46.25 crore already distributed to the NGO, State Action, as part of the National Action Plan for Drug Reduction (NAPDDR) initiative (Empowerment G. o., 2023). The National level Survey on the intensity and characteristics of drug use in India, facilitated by the National Drug Dependence Treatment Centre (NDDTC) at AIIMS was undertaken by the ministry. The survey encompasses data stratified by age groups, covering individuals aged between 10 and 17 years, as well as those between 18 and 75 years (Empowerment M. o., Survey on Addiction of Drugs, 2023).

Table 2

Substance	Children and Adolescents age between 10 to 17 years		Adults age between 18 to 75 years	
	Prevalence (in %)	Estimated number of users	Prevalence (in %)	Estimated number of users
Alcohol	1.30%	30,00,000	17.10%	15,10,00,000
Cannabis	0.90%	20,00,000	3.30%	2,90,00,000
Opioids	1.80%	40,00,000	2.10%	1,90,00,000
Sedatives	0.58%	20,00,000	1.21%	1,10,00,000
Inhalants	1.17%	30,00,000	0.58%	60,00,000
Cocaine	0.06%	2,00,000	0.11%	10,00,000
ATS	0.18%	4,00,000	0.18%	20,00,000
Hallucinogens	0.07%	2,00,000	0.13%	20,00,000

Source: Ministry of Social Justice and Empowerment, Survey on Addiction of Drugs.

Nasha Mukh Bharat Abhiyaan (NMBA)

It was on 15th of August, 2020 that the Ministry of Social Justice and Empowerment introduced the Nasha Mukh Bharat Abhiyaan (NMBA), for addressing drug demand reduction. This initiative targets 372 districts identified as the most severely

affected. It adopts a comprehensive approach, integrating the resources of the Narcotics Bureau, raising awareness through social justice initiatives, and providing treatment via the Health Department (Empowerment M. o., Nasha Mukh Bharat, 2023).

The primary objective of the initiative is to spread awareness regarding the hazardous side effects of drug abuse, particularly among the youth, with a specific emphasis on educational institutions such as universities, colleges, and schools, as well as within the wider community (Release, 2023). There are brilliant efforts from the Central Government for backing various organizations engaged in spreading awareness and education concerning the harmful effects of drug abuse. These organizations undertake endeavors encompassing capacity enhancement, the provision of treatment, and facilitating rehabilitation processes. Among the key entities supported by the ministry are Integrated Rehabilitation Centers for Addicts (IRCAs), Community Peer-Led Interventions, Outreach and Drop-in Centers, and Geo-Location initiatives (Empowerment M. o., Nasha Mukh Bharat Abhiyaan, 2022).

The Nasha Mukh Bharat Abhiyaan has effectively sensitized over 10.47 crore individuals on narcotic use, with 2.22 crore women and 3.34 crore youth being among them. The engagement of more than 323,000 educational institutions has guaranteed the extensive spread of the Abhiyaan's message to youth and children across the nation, complemented by the training of over 8,000 Master Volunteers to enhance these efforts. Social media platforms like Twitter, Facebook, and Instagram have been utilized to further raise awareness. The NMBA website (<http://nmba.dosje.gov.in>) serves as a comprehensive repository, offering detailed information, an online discussion platform, an e-pledge mechanism and the NMBA dashboard, and. Furthermore, the Department of Social Justice and Empowerment has facilitated the establishment of numerous de-addiction centers across the country, with a specific emphasis on addressing the needs of backward and rural areas (Devdiscourse, 2023).

CONCLUSION

In India drug abuse and addiction pose significant challenges to India's public health, societal well-being, and national security. India is severely affected by its position between two of the most complicated regions when it comes to substance trafficking; the Golden Triangle and Golden Crescent. Despite India's commitment to international drug conventions and the implementation of the NDPS Act of 1985, substance abuse remains a pressing issue, particularly among the youth and in rural areas. Commonly used drugs

like marijuana, alcohol, cocaine, heroin, and opioids have wide-ranging impacts on individuals and society, necessitating comprehensive intervention strategies. India's drug policy framework, guided by global treaties, focuses to govern narcotic drugs and psychoactive drugs while ensuring accessibility for medical and research purposes. However, the country faces challenges in implementing these policies effectively, given the complex dynamics of drug trafficking and consumption.

Efforts such as the NAPDDR and NMBA demonstrate India's commitment to addressing substance abuse through awareness, education, treatment, and rehabilitation programs. These initiatives aim to sensitise individuals, particularly youth and women, combat stigma, and integrate affected individuals into society. Furthermore, amendments to the NDPS Act, including those in 1989, 2001, and 2014, reflect India's ongoing efforts to strengthen its legal framework against drug abuse and trafficking. These amendments introduce stricter guidelines, graded punishments, and enhanced provisions for rehabilitation, aligning with international standards.

In conjunction with government initiatives, public awareness campaigns, community involvement, and international cooperation are crucial in combating drug abuse and trafficking effectively. The establishment of de-addiction centers, training programs, and the utilization of technology like blockchain analysis underscore India's multi-pronged approach to achieving a drug-free nation by 2047, as envisioned under Prime Minister Narendra Modi's leadership. Despite positive trends in anti-drug efforts, including increased seizures and arrests, addressing substance abuse remains a complex and multifaceted challenge requiring sustained commitment, collaboration, and innovation. By prioritizing prevention, treatment, and rehabilitation, India can mitigate the negative effects of drug misuse and make a way for a healthier and more resilient society.

This study suggests that it is very important to recognize the vulnerabilities in India's borders are essential to tackling the ongoing problem of drug trafficking. These weaknesses provide wide-open channels for the illegal drug trade hence they must be quickly identified and fixed. One such border, which is shared by India and Myanmar and passes through Nagaland, Manipur, Mizoram, and Arunachal Pradesh, presents major difficulties because of the Free Movement Regime that was established. This arrangement opens the door for illegal activities like drug trafficking because it

permits residents of adjacent tribes to enter each other's territory without a visa. Strong steps to close these gaps must be prioritized by policymakers, or else they should reinforce current policies to head off the risks that are now in place. By taking this proactive approach, India can protect its borders from illegal activities and combat the scourge of drug trafficking, improving public health and national security.

It is critical to acknowledge the formative influence of early events on the attitudes and behaviors of individuals to avoid drug misuse effectively. To promote healthy lifestyles and raise knowledge of the negative impacts of drug abuse, early education is essential. It is crucial to give top priority to adding material on drug usage in children's curricula. Through the integration of curricular materials that are age-appropriate and sensitively address the risks and effects of substance misuse, educational institutions can equip children with the necessary knowledge and skills to resist peer pressure and make informed decisions. Early investment in preventative education builds a culture of prevention and resilience, setting the groundwork for a generation free of drugs in the future.

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