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A CRITICAL STUDY ON NATIONAL ACTION PLAN FOR DRUG DEMAND REDUCTION

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ABSTRACT

Drug abuse in India has become a complex public health, legal, and socio-economic challenge, affecting millions of individuals and distrupting community well-being. Although the legal framework under the Narcotic Drugs and Psychotropic Substances Act,1985 (NDPS Act) provides stringent provisions for controlling the supply of narcotic drugs through criminal penalties, seizures, and enforcement mechanisms, it became increasingly clear over the years that supply control alone cannot curb the rising demand for drugs. Recognising these limitations, the Government of India adopted a more balanced, Health-Centered strategy through the introduction of National Action Plan for Drug Demand Reduction (NAPDDR). This plan shifts the focus from purely punitive law enforcement acknowledging drug addiction as a chronic but treatable mental and behavioural disorder. The objective of NAPDDR is to build a multi-layered, evidence-based, community-oriented system that addresses drug use at its roots. It emphasizes awareness generation among youth, strengthening of de- addiction services, capacity-building of service providers, outreach among high-risk populations, and systematic monitoring of rehabilitation efforts. By integrating educational institutions, families, NGOs, local bodies, healthcare professionals, digital platforms, and community networks, the plan aims to create a coordinated national response to drug demand. This paper provides a detailed analysis of the components, strategies, and significance of NAPDDR while highlighting its complementarity with the NDPS Act. It also evaluates the need for a dual approach – strict legal framework paired with compassionate public health interventions – to effectively combat the rising menance of drug abuse in India.

Keywords: Drug Demand Reduction, NAPDDR, NDPS Act, Drug dependants, Drug Abuse Policy, De-addiction Centers, Public Health Policy, NMBA, Criminal Justice Reforms, India.

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CHAPTER - I

1. INTRODUCTION:

Substance abuse in India has reached alarming levels, which adversely affecting the social fabric of the country. A significant proportion of users belong to the age group of 15-35 years. The consequences of drug addiction extend to crime, mental health deterioration, family breakdown, and social instability. To address this complex and multidimensional problem, the Ministry of Social Justice and Empowerment has prepared and launched National Action Plan for Drug Demand Reduction (NAPDDR) on April 1, 2018, with a roadmap spanning until 2025 so as to focus on preventive education, awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons and training and capacity building of the service providers through collaborative efforts of the Central and State Government and Non-Governmental Organizations. NAPDDR is intended to be aligned with international targets and objectives under the United Nations Sustainable Development Goals (SDGs), namely SDG 3.5, which deals with prevention and treatment of abuse of substances, and SDG 16.4, which deals with the eradication of organized crime, including drug crime. Despite the stringent provisions of Narcotic Drugs Psychotropic Substances (NDPS) Act,1985, India is confronted with a growing public health issue of rising incidence and refinement of drug addiction. Socio-economic vulnerabilities, easy accessibility of both traditional and synthetic drugs, and ad hoc enforcement have contributed to the problem. By integrating schools, families, NGOs, healthcare institutions, local governance bodies, and community groups, NAPDDR envisions a collective and sustained effort toward creating a drug-free society. NAPDDR represents a paradigm shift from traditional, enforcement- based drug control measure to a balanced, public health-driven model that emphasises demand reduction.

CHAPTER – II

2. CONCEPTUAL UNDERSTANDING OF DRUG DEMAND REDUCTION:

Drug Demand Reduction (DDR) refers to any effort directed at discouraging initiation of drug use, delaying first use, preventing substance dependence, reducing frequency of use, and mitigating adverse health and social consequences of drug abuse.

The United Nations Office on Drugs and Crime (UNODC) defines demand reduction as a continuum of interventions encompassing[1]:

- Prevention and education

[1] UNODC

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- Early identification
- Treatment and detoxification
- Rehabilitation and after-care
- Social and economic reintegration.

CHAPTER - III

3. ORIGIN AND EVOLUTION OF NAPDDR:

India's approach to drug abuse was historically dominated by the punitive framework of the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 enacted in line with International Conventions which prioritized supply control over health-based intervention. Over time, the limitations of this enforcement-heavy model became evident with the rising incidence of substance dependence, prison overcrowding for minor drug offences, and repeated relapse among addicts. These shortcomings became starkly visible during the Punjab opioid crisis of the early 2010s, where large-scale heroin and pharmaceutical opioid addiction among youth created a severe social and public health emergency. The crisis shifted national attention towards the medical, social, and economic dimensions of addiction. Alongside this, constitutional mandates under **Articles 21[2] and 47[3]**, judicial emphasis on reformative justice, and international advocacy by the UNODC collectively strengthened the policy shift from punishment to treatment and rehabilitation The formal evolution of NAPDDR was shaped by empirical evidence from the MOSJ&E National Survey on the Extent and Pattern of substance use in India,2016, which first revealed the nationwide magnitude of alcohol, opioid, cannabis, and pharmaceutical drug abuse. These findings were further reinforced by the 2018 national assessment conducted with AIIMS, New Delhi, which confirmed substance abuse as a major public health concern. Based on these scientific inputs, the Government of India launched the National Action Plan for Drug Demand Reduction (2028-2025) under the Ministry of Social Justice and Empowerment as the first dedicated national framework focusing exclusively on prevention, treatment, rehabilitation, after-care, and social reintegration. The Action Plan later expanded through mass awareness initiatives such as the Nasha Mukt Bharat Abhiyaan, strengthening of de-addiction infrastructure, community- based recovery models, and multi-sectoral coordination. Thus, NAPDDR represents India's transition from a punishment-centric regime to a data- driven, health-oriented, and rights-based national drug demand reduction

[2] Right to life and Personal Liberty-Indian Constitution
[3] Duty of State to raise the level of nutrition & the standard of living & to improve public health

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strategy.

CHAPTER - IV

4.1 NAPDDR:

The Union Government has invited proposals to set up District De-addiction Centers (DDACs) in 291 "gap" and districts across 30 states and Union Territories in the country as part of its National Action Plan for Drug Demand Reduction.

It is a centrally sponsored scheme. It aims for the reduction of adverse consequences of drug abuse through multi-pronged strategy education, de-addiction, and rehabilitation of affected individuals and families.

Under this scheme financially assistance is provided to:

- State Governments/Union Territories (UTs) Administration for preventive education and awareness generations, Capacity building, programmes for Drug Demand Reductions by States/UTs, etc.
- NGOs/Vos for running and maintenance of integrated rehabilitation centers for addicts (IRCAS), community Peer-led interventions (CPLI) outreach and drop-in centers (ODIC) and District De-Addiction Centers (DDACs) and
- Government hospitals for addiction treatment facilities (ATFs) This Scheme was targeted for the time period of 2018-2025.[4]

4.2 OBJECTIVES OF NAPDDR:

1. Create awareness and educate people about the ill-effects of drugs, and bring down the discrimination and stigmatization of addicts to rehabilitate them back to society.
2. Enable research documentation, training, innovation and gathering of relevant data to bolster the above-mentioned objectives.
3. Develop human resources and build capacity for working towards these objectives.
4. Provide community-based services for the identification, motivation, counselling, de-addiction, aftercare and rehabilitation for Whole Person Recovery (WPR) of addicts.
5. Frame and execute comprehensive guidelines, programmes & schemes using a multi-agency approach for drug demand reduction.
6. Address all forms of drug abuse by undertaking drug demand reduction efforts.
7. Alleviate the consequences of drug dependence amongst individuals, family and society

[4] vajiramandravi.com

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at large.[5]

CHAPTER - V

5. INSTITUTIONAL AND ADMINISTRATIVE STRUCTURE:

Nodal Ministry: Ministry of Social Justice and Empowerment

Central Level: National Departments and District Authorities

State Level: Social Welfare Departments and District Authorities

Implementing Agencies: NGOs, Government Hospitals, Mental Health Institutions

Community Level: Panchayats, Youth organizations, Self-Help Groups.[6]

CHAPTER - VI

6.1 FUNCTIONING AND PERFORMANCE:

The National Action Plan for Drug Demand Reduction (NAPDDR) is formulated on four pillars: prevention, treatment and rehabilitation, capacity building, and enforcement. To achieve these ends, the government has launched a number of programmes, namely the *Nasha Mukt Bharat Abhiyan (NMBA)*, which is functioning in 372 districts across the nation. Under the umbrella of NMBA, the National Institute of Social Defense (NISD) has launched mass school-based and community outreach programmes. Besides these, mass media campaigns like the popular Drug-Free India campaign have helped in generating awareness.

Despite these efforts, program execution is irregular. A 2023 Ministry of Social Justice and Empowerment (MOSJE) analysis noted that only 40% of the targeted schools had fully incorporated drug education curricula, reflecting underlying organizational inefficiencies and non- standardization in delivery mechanisms.

In the rehabilitation field, the government has established over 400 integrated Rehabilitation Centers for Addicts (IRCAs) with the support of Outreach and Drop-In Centers (ODICs). However, the 2023 report of the Parliamentary Standing Committee brought into the spotlight some serious issues: barely 30% of the IRCAs were functioning at full capacity, with most of the centers lacking the essential staff in the form of psychiatrists, psychologists, and trained drug addiction counsellors.

While India has formalized training and certification programs for addiction management, state's variation in service quality continues as there is no standardized, uniform training

[5] health.vikaspedia.in
[6] pib.gov.in

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curriculum.

Enforcement efforts have been enhanced with the Narcotics Control Bureau (NCB) working in collaboration with state agencies to increase anti-trafficking operations. NCB data (2024) indicate that drug seizures have increased by 25% quarter-on-quarter since 2019. Notwithstanding, a lack of interoperable, digital monitoring systems severely impedes inter-agency co-ordination. Approximately 30% of seized drugs are not tracked, with no data on their source or distribution networks, reflecting serious data management and coordination loopholes.

Even with the rise in budgetary provision for the NAPDDR from 100 crore in FY 2018-19 to 450 crore in FY 2024-25, finance remains constrained compared to international norms. For instance, the United States allocates over 40 billion annually on its drug control activities. Compared to this, India has enormous infrastructure and human resources constraints that drastically hinder the effectiveness and scaling up of its activities.[7]

6.2 BUDGETARY ALLOCATIONS:

YEAR	ALLOCATIONS (IN CRORES)	KEY INITIATIVES
2018-19	100	Launch of Nasha Mukt Bharat Abhiyan (NMBA), Outreach and Drop-In Centers (ODICs)
2020-21	260	Expansion of Integrated Rehabilitation on Centers for Addicts (IRCAs)
2023-24	315	Targeted focus on synthetic drug abuse
2024-25 (Proposed)	450	Darknet monitoring, AI- based surveillance mechanism

Despite increased funding, only 30% of de-addiction centers meet operational standards (Parliamentary Standing Committee Report, 2023)[8]

CHAPTER - VII

7. ACTIVITIES UNDER NAPDDR SCHEME:

The following are the activities which are undertaken under NAPDDR Scheme:

a) 342 Integrated Rehabilitation Centers for Addicts (IRCAs) that provide in-patient

[7] Impriindia.com
[8] Impriindia.com

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treatment to drug users along with

b) counselling, detoxification/de-addiction, after care and re- integration into the social mainstream.
c) 47 Community based Peer led Intervention (CPLI) programmes work with children below 18 to create awareness against drugs and teach life skills.
d) 74 Outreach and Drop In Centers (ODICs) which provide safe and secure space with provisions of screening, assessment and counselling and thereafter provide referral and linkage to treatment and rehabilitation services.
e) 83 Addiction Treatment Facilities (ATFs) in Government Hospitals.
f) 53 District De-Addiction Centers (DDACs) which provides all three facilities provided by IRCA, ODIC & CPLI under one roof.
g) All of these facilities have been geo-tagged for ease of access to those in need.
h) Navchetna Modules, teacher-training modules have been developed by MoSJE for sensitizing students (6th-11th Standard), teachers and parents on drug life skills.[9]

CHAPTER - VIII

8. NASHA MUKT BHARAT ABHIYAAN:

A component of NAPDDR scheme was launched on 15th August 2020 by Ministry of Social Justice and Empowerment in 272 identified most vulnerable districts and now it has been extended to all districts across the country since August 2023. Nasha Mukt Bharat Abhiyaan intends to reach out to the masses and spread awareness about substance use with focus on higher educational institutions, Universities, Campuses and Schools, reaching out and identifying dependant population, focus on counselling and treatment facilities in hospitals and rehabilitation centers and Capacity building programmes for service providers. The implementing structure of NMBA is in the four levels:

Firstly, at Central level by the Ministry of Social Justice and Empowerment which oversees the overall implementation of the Abhiyaan.

Secondly, at State Level by the State Abhiyaan Committees which monitor the activities of all selected districts. These Committees are chaired by the Principal Secretary or Chief Secretary of the department responsible for drug prevention programmes in the State.

Thirdly, at District Level by the District Level Mukt Committees headed by the District Collector or District Magistrate, who, along with other members, prepare and oversee the

[9] pib.gov.in

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District Level Action Plan to ensure effective execution of the Abhiyaan within their region.[10] The Ministry has setup a National Tollfree Drug-de-Addiction Helpline No: 14446 to help the victims of drug abuse, their Family & Society at large.[11]

CHAPTER - IX

9. POLICY COMMITMENTS:

Article 47 of the Constitution provides that "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purpose of intoxicating drinks and drugs which are injurious to health."

India is a signatory to the three UN Conventions namely,

- Single Convention on Narcotic Drugs 1961,
- Convention on Psychotropic Substances, 1971 and
- Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances,1988.

The Government of India has also brought out a National Policy on Narcotic Drugs and Psychotropic Substances (NDPS) in 2012 to serve as a guide to various Ministries/Departments, State Governments, International Organizations, NGOs, etc. and re-assert India's commitment to combat the drug menace in a holistic manner.

The Ministry of Social Justice and Empowerment has been implementing a Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse since 1985-86 for identification, counselling, treatment and rehabilitation of addicts through voluntary and other eligible organizations.[12]

CHAPTER - X

10. COMPONENTS ADMISSIBLE FOR FINANCIAL ASSISTANCE:

The components which are admissible for financial assistance under the NAPDDR are:

- Prevention Education and Awareness Generation
- Capacity Building
- Treatment and Rehabilitation
- Setting quality standards

[10] nmba.dosje.gov.in
[11] socialjustice.gov.in
[12] health.vikaspedia.in

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- Focussed Intervention in vulnerable areas
- Skill development, vocational training and livelihood support of ex-drug addicts
- Survey, Studies, Evaluation, Research and innovation on the subjects covered under the Scheme.
- Programmes for Drug Demand Reduction by States/UTs
- Programme Management
- Any other activity or item which will augment/strengthen the implementation of NAPDDR.[13]

CHAPTER - XI

11. CONSTITUTIONAL AND STATUTORY FRAMEWORK:

11.1 Constitutional Mandate:

Article 47 of the Indian Constitution casts a duty upon the State to improve public health and to bring about prohibition of intoxicating drinks and drugs injurious to health. This Directive Principles forms the Constitutional basis of rehabilitation-oriented policies such as NAPDDR.[14]

11.2 Statutory Mandate:

NDPS Act,1985 and Drug Demand Provisions

Though primarily punitive, the NDPS Act also contains rehabilitation- oriented provisions:

- **Section 39** – empowers courts to release addicts on probation for medical treatment.
- **Section 64A**-grants immunity from prosecution to addicts who voluntarily seek treatment.
- **Section 71** – authorizes establishments of de-addiction and rehabilitation centers.
- **Section 76** – enables government funding for treatment mechanisms.[15]

NAPDDR fills the operational gap left by these statutory provisions.

CHAPTER - XII

12.1 INTERNATIONAL CONVENTIONS AND TREATIES:

India is a signatory of the following international treaties and conventions to combat the menace of Drug Abuse:

1. United Nations (UN) Convention on Narcotic Drugs (1961)

[13] Socialjustice.gov.in
[14] Indian constitution,1950
[15] NDPS Act,1985

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2. United Nations (UN) Convention on Psychotropic Substances (1971)
3. United Nations (UN) Convention against Illicit Traffic Narcotic Drugs and Psychotropic Substances (1988)
4. Transnational Convention Crime (2000)[16]

12.2 COMPARATIVE INTERNATIONAL MODEL:

Country	Drug Policy Model
Portugal	Decriminalization + Medical Rehabilitation
USA	Drug Courts + Probation-Based Therapy
India	Hybrid Punitive-Rehabilitation Model

CHAPTER - XIII

13. ROLE OF JUDICIARY IN SUPPORTING REHABILITATION:

The Indian judiciary has progressively recognized addiction as a medical condition and not merely criminal deviance. Several landmark decisions directly reinforce the philosophy behind NAPDDR.

1. **Raju v. State of Kerala (2023)[17]:**

   The Supreme Court observed that **"*drug addiction is a disease affecting neurological and psychological functioning and must be treated medically rather than punished mechanically*"**.

   The Court directed State Governments to strengthen rehabilitation centers as part of Article 21 and Article 47 obligations. This judgment strongly supports the rehabilitative philosophy of NAPDDR and mandates humane treatment of addicts.

2. **Tofan Singh v. State of Tamil Nadu (2020)[18]:**

   The Court ruled that NDPS officers are police officers for the purpose of Section 25 of the Evidence Act. Confessions recorded by them are inadmissible. The judgment curtailed coercive prosecutions and indirectly emphasized rehabilitation over forced criminalization.

[16] Socialjustice.gov.in
[17] 2023 SCC online SC 1129
[18] (2021) 4 SCC 1

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3. **E. Michael Raj v. Intelligence Officer, NCB (2008)[19]:**

   In this case, the Court held that, Punishment must be commensurate with the actual narcotic content and not mere mixture weight. The Court stressed proportional punishment and reformative justice.

4. **State of Punjab v. Baldev Singh (1999)[20]:**

   The Supreme Court held that compliance with Section 50 is mandatory, and failure to inform the accused of his right vitiates the conviction. This judgment protects drug users from procedural abuse and prevents wrongful criminalization, aligning with the human-rights-based rehabilitation approach of NAPDDR.

5. **Mohan Lal v. State of Punjab (2018)[21]:**

   In this case the same officer acts as a complainant and Investigating officer and investigated the case. The Supreme Court held that, Such Investigation done by the same officer violates fair trial principles. This Judgment prevents biased prosecution of drug users, promoting fair rehabilitation-oriented justice.

6. **Union of India v. Sanjeev V. Deshpande (2014)[22]:**

   The Supreme Court emphasized that NDPS Act is not only punitive but also reformative. It recognized rehabilitation as an integral part of National Drug Policy.

CHAPTER - XIV

14. POLICY RECOMMENDATIONS FOR NAPDDR 2.0 (2025-30):

To effectively address the multifaceted challenges posed by these developments, a comprehensive strategic Plans is imperative. A fresh NAPDDR (2025-30) has to adopt a 4E strategy:

- Enforcement (Techno-Policing)
- Education (Preventive awareness)
- Empathy (Medical over Punitive actions for addicts)
- Expansion (Upscaling Rehabilitation Infrastructure)

As India works together enforcing these strategies its of utmost importance that the nation adopts a technology centric intelligence framework.

[19] (2008) 5 SCC 161
[20] (1999) 6 SCC 172
[21] (2018) 17 SCC 627
[22] (2014) 13 SCC 1

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Enforcement:

The proposed National Narcotics Intelligence Networks (NNIN) represents a crucial advancement in enforcement capabilities by consolidating the narcotics control bureau, financial intelligence unit, and state agencies into a single integrated platform for real time data analysis, this initiated would facilitate predictive policing aimed at identifying, trafficking, routes and monitoring financial transactions.

Furthermore, the implementation of the Eua 4 PRACK AI surveillance system, which demonstrated a 40% reduction in drug web sales during its pilot study in Kerala, could serve as a vital tool for surveilling and disrupting darknet marketplaces. Moreover, bolstered accountability and transparency across jurisdictions will be achieved through blockchain tracking systems like 'Narco-safe' in Andhra Pradesh, which documents drug seizure processes.

Education:

Education as the second E must be incorporated as apart of the curriculum. A shift from ad-hoc awareness campaigns to a more structured approach is critical. Preventive measures must be reinforced through systematic charges. Integrating drug awareness modules into the curricula of CBSE and State Board syllabuses by 2026, inspired by a pilot project in Gujarat that yielded a 60% increase in student awareness, could institutionalize educational prevention programs.

It is essential that comprehensive drug education is included in the CBSE and State Board syllabi by the year 2026. Additionally, involving NSS and NCC volunteers as "Drug-Free Ambassadors" has shown promise; a program in substance use among college students using this model. These initiatives must also sustain targeted media attention while tailoring them to address local sub-region specific drug issues.

Empathy:

The third E, Empathy, constitutes the need to address substance abuse as a public health concern rather than a criminal offense. AIMS and UNODC data reveal that, out of an estimated 2,26 crore opioid users in India, only 25% of those who require treatment actually seek help-and below 5% receive inpatient treatment. The under-provision of Opioid Substitution Therapy (OST) in less developed rural and semi- urban regions worsens this situation.

Some regions such as Punjab and Bihar have had success with OST clinics, but this still needs to be adopted in other regions. These gaps could be improved by expanding tele-rehabilitation services through platforms like e-Sanjeevani, which treated more than 5,000 addiction patients

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remotely in Odisha. It is crucial that public health infrastructure makes available addiction counsellors and psychiatrists so as to lessen the dependency on private expensive clinics.

Expansion:

There is an urgent need to expand and enhance treatment facilities. A mandate requiring at least one Integrated Rehabilitation Centre for Addicts (IRCA) in each district, alongside the adoption of public-private partnership models, could significantly improve access to treatment.

Also, there is an issue of underusing funds allocated for Corporate Social Responsibility (CSR) initiatives. It is legally mandated by the companies Act to set aside, yet less than 2 percent of these funds is targeted at rehabilitation for substance abuse. Institutional mechanisms need to be developed to allocate these certified funds to rehabilitation providers in these certified rehab centers.[23]

CHAPTER - XV

15. ACHIEVEMETNS OF NAPDDR:

- Expansion of IRCAs across districts
- Increased NGO participation
- Establishment of NMBA
- Youth-centric awareness campaigns
- Integration with National Mental Health Programme
- Outreach in tribal and border districts
- Digital detox counselling post-COVID
- Increased Beneficiaries[24]

CHAPTER - XVI

16. CHALLENGES:

Despite its achievements, NAPDDR faces several challenges:

- Lack of statutory legal backing for NAPDDR weakness enforceability.
- Acute shortage of trained addiction psychiatrists and counsellors.

[23] impriindia.com
[24] pib.gov.in

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- Uneven distribution of de-addiction centers across rural and urban areas.
- Weak after-care and relapse prevention mechanisms.
- Delay and inconsistency in funding to implementing agencies.
- Poor co-ordination between police, health and social welfare departments.
- Absence of a centralized national data and monitoring system.
- Limited employment and livelihood opportunities for rehabilitated persons.
- Lack of compulsory drug education in school curriculum.
- Minimal community and Panchayat-level participation.[25]

To improve long-term recovery, after-care and social reintegration must receive equal priority as detoxification, and rehabilitation should be directly linked with livelihood schemes such as Skill India, MGNREGA, MSME development, and startup funding for recovered addicts.

A national digital treatment registry and monitoring system should be established to track admissions, recovery rates, relapse cases, and employment outcomes, thereby enabling evidence-based policy making.

Furthermore, community ownership through Panchayat Raj institutions, self-help groups, youth clubs, and religious organizations should be institutionalized for prevention and post-treatment support.

Lastly, emerging challenges such as synthetic drugs, darknet trafficking, pharmaceutical misuse, and adolescent poly-substance abuse require special surveillance, updated clinical protocols, and school-based like-skills education as a compulsory curriculum component. Only through such coordinated legal, medical, social, and economic reforms can NAPDDR evolve into a truly effective national demand reduction strategy.

CHAPTER - VII

17. CRITICAL EVALUATION:

The National Action Plan for Drug Demand Reduction represents a historically significant shift in India's drug policy from a purely punitive law-enforcement-centered approach to a more balanced public health and rehabilitation-oriented framework; however, its practical impact remains constrained by structural, administrative, and socio- legal limitations. Conceptually, NAPDDR is progressive as it aligns with constitutional values under Articles 21 and 47, judicial pronouncements emphasizing reformative justice, and India's international

[25] impriindia.com

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obligations under UN drug control conventions, yet the absence of a statutory framework weakens its enforceability and allows wide variations in State-level implementation. While the expansion of integrated Rehabilitation Centers for Addicts and NGO participation reflects institutional commitment, access to treatment services remains uneven, with rural, tribal, and border regions continuing to remain undeserved. The scheme has also been affected by weak monitoring mechanisms and absence of reliable outcome-based data, making it difficult to conclusively assess its long-term effectiveness in terms of relapse prevention, employment reintegration, and crime reduction.

Another major contradiction lies in the continued dominance of the stringent NDPS regime, where harsh mandatory sentencing ad restrictive bail provisions coexist with a rehabilitation policy, creating legal tension and often discouraging voluntary treatment. Further, excessive dependence on NGOs without a uniform accreditation and regulatory framework has resulted in inconsistent treatment quality across different States. From a gender and equity perspective, NAPDDR has not yet adequately addressed the special rehabilitation needs of women, children, and vulnerable social groups. Thus, while NAPDDR marks a landmark shift in India's drug policy philosophy, its success remains uneven, region-specific, and institutionally fragile, requiring stronger legal backing, integrated service delivery, reliable data systems, and deeper community participation before it can truly fulfil its promise of creating a drug-free and socially rehabilitated India.

CHAPTER - XVIII

18. CONCLUSION AND SUGGESTIONS:

Having examined the drug control policy in India and its issues, there is a clear need to amend our drug policy from being centered on de-addiction instead of criminalization. Disproportionate and harsh punishments tend to treat victims as criminals and have the effect of incarcerating innocents. This takes the focus away from drug dealers and traffickers who profit off of this immoral activity. Reducing the demand for drugs, instead of the supply is the way forward. Those addicted to drugs need to be provided with the medical attention they need and law enforcement can focus on the hardened criminals. Ramping up medical infrastructure and mental health institutions is imperative to win the drug war. To achieve this end, we need to give a legal sanction to the distinction between consumers and addicts. Decriminalizing the consumption of certain drugs is the need of the hour. Those consuming soft drugs infrequently should not be subjected to any legal penalizing. This would help reduce the stigma and help prioritize those who need help. Harsh punishments can be reserved for

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traffickers and smugglers who prey on innocents by treating the drug trade as a commercial activity.

SUGGESTION:

For the NAPDDR to achieve its intended impact in a sustainable and uniform manner, several structural, legal, administrative, and community-based reforms are necessary.

Firstly, NAPDDR must be given statutory status either by incorporating a separate chapter within the NDPS Act or by enacting a dedicated national law, so that its implementation becomes legally enforceable rather than policy-dependant. This will also strengthen accountability at the Central and State levels.

Secondly, each Districts in India must have at least one fully funded, government-supported de-addiction and rehabilitation centre, as dependence on NGOs alone has led to uneven regional coverage.

To improve long-term recovery, after-care and social reintegration must receive equal priority as detoxification, and rehabilitation should be directly linked with livelihood schemes such as Skill India, MGNREGA, MSME development, and startup funding for recovered addicts.

A national digital treatment registry and monitoring system should be established to track admissions, recovery rates, relapse cases, and employment outcomes, thereby enabling evidence-based policy making.

Furthermore, community ownership through Panchayat Raj institutions, self-help groups, youth clubs, and religious organizations should be institutionalized for prevention and post-treatment support.

Lastly, emerging challenges such as synthetic drugs, darknet trafficking, pharmaceutical misuse, and adolescent poly-substance abuse require special surveillance, updated clinical protocols, and school-based like-skills education as a compulsory curriculum component. Only through such coordinated legal, medical, social, and economic reforms can NAPDDR evolve into a truly effective national demand reduction strategy.

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19. REFERENCES:

- Drugs de-addiction programme.pdf (mohfw.gov.in)
- NAPDDR.pdf (socialjustice.gov.in)
- Scheme of NAPDDR (grants-msje.gov.in)
- Drug de-addiction laws in India (blog.ipleaders.in)

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- NAPDDR (vajiramandravi.com)
- NAPDDR (health.vikaspedia.in)
- NMBA (nmba.dosje.gov.in)
- Substance Abuse in India: A critical review of the NAPDDR 2018-25 (impriindia.com)
- Progress under NAPDDR & NMBA (pib.gov.in)
- NDPS Act,1985 (Bare Act)
- Constitution of India, 1950 (Bare Act).