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AN IN DEPTH ANALYSIS OF INDIA'S DRUG POLICY AND ITS IMPACT ON PUBLIC HEALTH AND REGULATORY LANDSCAPE

AUTHORED BY - NEHA MONDAL & DR. SUPERNA VENAİK

Abstract

There are two main categories of crimes traditional crimes and white collar crimes. Traditional crimes, which target specific individuals, such as homicide, theft, assault, etc.; and White collar or socio-economic crimes, which target the broader population, such as smuggling, hoardings, adulteration, illegal drug trafficking, sales of psychotropic and narcotic medications, etc. White collar crimes are relatively new and can be characterised as any illicit conduct carried out with the intent to acquire cash, property, business, personal, or profit. These are the crimes which are mostly carried out by powerful organised crime groups. Politicians, police enforcement, and the criminals who commit these crimes directly are typically connected and have strong nexus among themselves. India is renowned for producing a number of medicines that are manufactured legally and for the pharmaceutical industry. It also has a lengthy history of using drugs in daily activities and ceremonies. It is only recently that this historically drug-abundant country has started to recognise that drug use is an issue. India is a great place to study the conditions surrounding both responsible and irresponsible drug use because of its history of accepting drug use in socially acceptable settings. At best, international attempts to impose interdiction, lower agricultural output, and impose criminal fines have been fruitless. The development in addiction and related criminal activity that has coincided with increased international pressure on India to curtail drug usage through legal methods has raised doubts about the effectiveness of this strategy. Identifying the qualities of drugs that appeal to some people more than others and emphasising appropriate usage would be more sensible approach. India's stance on drugs is somewhat diverse, ranging from modernization and traditional to broad availability, stringent implementation, acceptance, and restriction, as well as the production of opiates for therapeutic reasons and the absence of ability to obtain them for such purposes. In policy analysis, references to the lengthy history of cannabis and opium usage in India are common. India has extensive licit and illicit drug cultivation, serves as a transit route, and has a sizable consumer market. As such, it faces challenges with both "supply" and "demand" management in its drug policy. The nation is involved in discussions regarding the illicit production of drugs, precursor regulation, and the

non-medical use of prescription pharmaceuticals due to its sizable chemical and pharmaceutical industries.

INTRODUCTION

HISTORICAL BACKGROUND

Colonial Era

Since the ancient era, people in India have used cannabis for religious, medicinal, and entertainment reasons. Cannabis use has been mentioned in writing since 2000 B.C. The British attempted to regulate it once they colonised it; they passed excise laws authorising cultivation and imposing taxes on hemp sales. Opium has been cultivated and used since the tenth century, according to historical accounts. With the Opium Acts of 1857 and 1878, the British brought poppy cultivation and opium production (but not consumption) under stronger government, turning opium into a large-scale commercial activity during the colonial era. By the 1920s, the colonial government's economically motivated drug policy was coming under fire from the burgeoning nationalism movement. Indian officials separated themselves from customary drug use, and drug elimination was declared to be an aim of policy. Numerous provincial administrations enacted legislation to limit opium use. Cannabis was deemed an intoxicating substance and was subject to provincial excise laws. The Dangerous Drugs Act was passed in 1930 with the intention of strengthening and expanding the law's control over drugs made from coca, hemp (cannabis), and poppies. It did this by imposing licence requirements on the production, sale, and importation of these drugs as well as by penalising unlicensed activity. There were no crimes related to marijuana or drug use. The current legislation is still based on the structure of the Dangerous Drugs Act, particularly with regard to the statutory definitions of cocaine, opium, hemp, the classification of certain substances as "manufactured drugs," regarding the division of the federal and state governments' rule-making powers.

Post-Independence Era

The 1940 Act which is substances and Cosmetics Act, was enacted to regulate therapeutic substances, which included opium and cannabis. Nonetheless, the Dangerous Drugs Act continued to be in effect. When the country won its independence in 1947, drugs, "dangerous" substances, and items liable to excise taxes were all severely restricted, including cocaine. This argument on post-independence conjectured. Following the adoption of the Indian Constitution in 1950, all legislation were superseded by constitutional provisions, particularly those pertaining to basic rights. Drug regulations have faced challenges from some who said they were

discriminatory and infringed on farmers' freedom of occupation and commerce. But the cases were not successful. Courts cited India's international drug control obligations among other things to uphold the limitations on commerce, consumption, and cultivation. Article 47 of the Constitution, which says that "The State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health," further cemented the prohibitionist sentiment. Despite being unenforceable, these Directive Principles of State Policy are often used to justify punitive drug laws.¹ The Constitution also designated topics for exclusive or concurrent legislative action by Parliament or state legislatures. The concurrent list was expanded to include "drugs and poisons," enabling state and federal legislation. "Public health" and "prisons and other establishments of like character and people incarcerated therein" are the sole things on the statelist. "The allocation of legislative powers holds significance as it establishes the capacity of state governments to deviate from federal drug laws and utilise alternative approaches in domains where they possess the authority to formulate policy. Many Central and State laws were used in India to impose statutory control over narcotic drugs before the Narcotic Drugs and Psychotropic Substances Act, 1985 was passed. The three main Central Acts were the Dangerous Drugs Act of 1930, the Opium Act of 1857, and the Opium Act of 1878. India is party to three UN conventions: the Convention on Psychotropic Substances, 1971; the Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988; and the UN Single Convention on Narcotics Drugs, 1961. These conventions prescribe various forms of control aimed at achieving the dual objectives of preventing the abuse of psychotropic substances and limiting their use for medical and scientific purposes.

PUNISHMENTS UNDER NDPS ACT

The amount of narcotics confiscated determines the penalty under the NDPS Act. The seriousness of the offence will determine how harsh the punishment is. In the event that the narcotics were used for personal use, a lighter sentence can be applied. As a result of the changes, the penalty is now divided into three groups according to the amount of drugs discovered, and the judge still has the last say over how severe the punishment should be. When it comes to cannabis, the penalties for cultivating the plant can be severe, ranging from ten years in prison to a fine of up to Rs one lakh. In addition, the penalties for those who cultivate, make, possess, sell, buy, transport, and trade in illicit cannabis vary based on the quantity found. That means that if someone is caught in possession of a "small quantity" of cannabis, they could be imprisoned for up to a year and fined

¹ Article 47 as per Constitution Of India

up to Rs 10,000. If found guilty, the offending party may face a harsh prison term of as long as ten years and a monetary penalty of up to one lakh rupees, given that the quantity exceeded a small quantity but was below a commercial quantity. Commercial sales of marijuana will carry a severe punishment of no less than a decade, if not a maximum of twenty years in prison. The court can additionally issue a penalty of no less than one lakh rupees up to two lakh rupees, in addition to the power to levy a fine beyond the amount of two lakh rupees. Less than one kilogramme of cannabis is considered a “small quantity” according to the Department of Revenue, whereas twenty kilogrammes or more is considered a “commercial quantity.” Furthermore, the Act’s **Section 27** addresses the penalties for consuming narcotic drugs and psychotropic substances. It specifies that the punishment for consuming any of these drugs—including cocaine, morphine, diacetylmorphine, and others—will be one year in jail or a fine of up to twenty thousand rupees. Any use of other drugs for which there is no fixed punishment has the possibility of six months in jail and a monetary penalty of as much as ten thousand rupees for those found guilty. Repeat offenders face harsh penalties outlined in the Act, which include up to 1.5 times the maximum jail sentence and up to 1.5 times the maximum fine. If convicted guilty of a similar offence again, repeat offenders may even be sentenced to death, depending on the amount of drugs recovered. A violation of the law governing the NDPS may result in precisely the same penalties as the first violation, as stated in Section 28 of the Act. A similar provision in Section 25 declares that anyone who willfully permits someone else to commit an offence. A 1989 change to the Act made the sentences imposed under the NDPS Act non-commutable, with the exception of those for drug use, given the seriousness of the offence.

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TABLE IS MENTIONED BELOW TO SHOW THE QUANTUM OF PUNISHMENTS AS PER THE KIND OF DRUG USED AND THE QUANTITY USED.²

DRUG	QUANTITY AND PUNISHMENT				
	Small quantity	Punishments	Commercial Quantity	Punishments	Quantity greater than small but lesser than commercial (Intermediate)
Heroin	5g	Maximum sentence of one year in hard labour, a fine of up to Rs. 10,000, or both	250g		
Opium	25g		2.5kg	severe	Rigorous imprisonment that may extend to 10 years & fine that may extend to Rs 1 lakh
Morphine	5g		250g	penalties, ranging	
Ganja (Cannabis)	1000g		20kg	from Rs. 1 lakh to Rs. 2 lakh, and a minimum sentence of	
Charas (Canna	100g		1kg	10 years to a maximum of 20	

² International Drug Policy Consortium (IDPC)

bis resin)				years.	
Coca Leaf	100g		2kg		
Cocaine	2g		100g		
Methadone	2g		50g		
Amphetamine	2g		50g		
THC	2g		50g		
LSD	0.002g		0.1g		

DEATH PENALTY

The death sentence for several repeat offences (manufacturing, control, transportation, import, and export) containing a significant quantity of drugs is one indication of the NDPS Act’s seriousness. The list of crimes that were punishable by death was reduced in 2001 after it was first made necessary in 1989. Two drug felons were given death sentences in February 2008 by NDPS special tribunals located in Ahmedabad and Mumbai, respectively. Paradoxically, cannabis (charas) was mentioned in both sentences. Following a constitutional challenge, the Bombay High Court ruled that the obligatory clause was unconstitutional and interpreted it as discretionary, meaning that the court of appeals would hear the offender’s case and have the option of sentencing them to prison rather than death. Both guilty parties were later given 30-year jail sentences by independent judgements. Another inmate who was given a death sentence by the judge in the trial was successful in his appeal. It is unknown what became of the fourth offender who was likewise executed under Punjab’s NDPS Act. The government further claims that the International Narcotics Control Board (INCB) has never opposed the death sentence being applied to crimes involving lesser drug quantities in other Asian nations. It is unclear how the authorities will react to the INCB’s March 2014 announcement, which urged states to think about doing away with executions for offences involving drugs.

Quantity-based sentencing

The amount and kind of drugs found have a significant impact on the sentence and punishment scale. Determining the amount of drug used in a crime is therefore critical, and this is a topic of significant litigation, especially when it comes to the legal terms "combination," "the preparation," and "with or without unaltered substance." Since the National Drug Policy Act (NDPS Act) does not provide guidance on this matter, certain courts have begun to apply the legal definitions of drugs—especially those that pertain to a specified number—to ascertain the quantity at issue. This resulted in divergent interpretations and findings within the same drug as well as within various pharmacological classes. The “absolute purity vs. total weight” debate persisted even after the Supreme Court ruled that, in the case of pharmaceuticals combined with “impairal substances,” the only factor that matters in deciding whether a medicine constitutes a small or commercially available amount is its actual composition. A year later, the government said that the quantity had to be determined by considering the mass of the total product that was confiscated, not only the quantity of pure pharmaceuticals. This phenomenon is immensely destructive to drug consumers and other minor criminals who run the possibility of incurring terms for intermediate or commercial-level offences, as illicit narcotics are often found in substantially separated and pure forms. Based on competencies sentencing is praised as being impartial and equitable, but it misses other crucial elements like the offender's involvement and motivation. Penalties for mere possession are the same as those for dissemination for profit. The existence of obligatory minimum sentences, wherein variance is permitted only for increasing and not decreasing the term, is another justification for judges to impose equal punishments for both categories of offences.

JUDGEMENTS ON RIGOROUS PUNISHMENTS

Rafiq Qureshi Vs. Narcotic Control Bureau Eastern Zonal Unit (SLP CRL. NO.10246/201³)

The High Court of Calcutta's decision from April 17, 2018, which partially granted the appellant's appeal contesting the sentence and conviction he received under Section 21© of the Narcotic Drugs and Psychotropic Substances Act, 1985, is the subject of this appeal. The appellant was found guilty by the Additional District & Sessions Judge and received a sentence under Section 21© to eighteen years of rigorous imprisonment, a fine of two lakh rupees, and twelve months of imprisonment if he failed to pay the fine. The appellant faced six months of

³ IndianKanoon.org

simple jail if the fine of Rs. 2 lakh was not paid, even though the High Court upheld the conviction and lowered the penalty to sixteen years of rigorous imprisonment with a fine. This appeal was filed out of anger over the High Court's ruling. On November 26, 2018, this Court sent out a notice that was restricted to the sentence's amount. The appellant's counsel argues that the court that will hear the case did not take into account subsection 32B of the Narcotic Drugs and Psychotropic Substances Act, the year 1985, and that there was no proof that any of the requirements for imposing a sentence longer than the minimum amount of time of imprisonment specified in clauses (a) through (f) applied in this particular case. Because of this, the minimum jail sentence stipulated for the offence under Section 21(c) could not have been imposed on the appellant, which is a period of ten years. He argues that Section 32B only permits the imposition of a sentence greater than the minimum term of imprisonment in the event that any of the conditions listed in 32B, including items (a) through (f), are met. Given the facts of this case, the appellant could only have received a sentence of ten years, which is the minimum punishment allowed under Section 21(c), in the absence of any aggravating factors listed in paragraphs (a) to (f). The Narcotic Drugs and Psychotropic Substances Act of 1985's Section 32B interpretation is at the centre of the current appeal's primary disagreements. The problems are as follows:

- i. If none of the elements listed in Section 32B, clauses (a) through (f), were present, may the trial court have sentenced the offending party to more time behind bars? ii) Was it impossible for the trial court to consider any additional circumstances in addition to those listed in sections (a) through (f) when imposing a sentence.
- ii. that was longer than the required minimum term of imprisonment? Since the two problems are related, we address them jointly. The Narcotic Drugs and Psychotropic Drugs Act of 1985 lists many violations along with their corresponding penalties. Conviction in this instance has been documented in accordance with Section 21©. The following is Section 21, which is pertinent to this case:

“21. Punishment for contravention in relation to manufactured drugs and preparations.- Whoever, in contravention of any provision of this Act or any rule or order made or condition of licence granted thereunder, manufactures, possesses, sells, purchases, transports, imports inter-State, exports inter-State or uses any manufactured drug or any preparation containing any manufactured drug shall be punishable, (a) where the contravention involves small quantity, with rigorous imprisonment for a term which may extend to one year, or with fine which may extend to ten thousand rupees, or with both; (b) where the contravention involves quantity, lesser than commercial quantity but greater than small quantity, with rigorous imprisonment for a term which may extend to ten years and with fine which may extend to one lakh rupees; © where the contravention involves commercial quantity, with rigorous imprisonment for a term which shall

not be less than ten years but which may extend to twenty years and shall also be liable to fine which shall not be less than one lakh rupees but which may extend to two lakh rupees: Provided that the court may, for reasons to be recorded in the judgment, impose a fine exceeding two lakh rupees.”⁴ The penalty imposed by the trial court. A sentence that exceeds the minimum based on the quantity of substance cannot be challenged, even though the Court did not consider the circumstances listed in clauses (a) to (b) of the enumerated under Section 32B.

But if the Court considers any factor other than those listed in Section 32B, (a) to (f) and imposes a punishment greater than the minimum sentence, higher courts may review the case to determine whether the factor the Court considered was relevant. No other element listed in Section 32B(a to f) can be used to overturn an award of a sentence that is greater than the minimum when the court imposes a penalty that is higher than the minimum based on an irrelevant factor. In this instance, the High Court determined that while 8.175 kg of heroin was purportedly retrieved in total from the appellant, only 609.6 kg of heroin was really discovered to be in their possession. According to the analysis report, the appellant was discovered to be in possession of 609.6 grammes of narcotic drugs, the High Court ruled. It is significantly greater than the amount sold commercially, penalty that exceeds the minimum is appropriate. The High Court lowered the sentence from eighteen to sixteen years. We therefore adhere to the trial court’s and the High Court’s decision to impose a sentence that was greater than the minimum. However, after taking into account all the pertinent information, including the High Court’s finding that the appellant was only a carrier, we come to the conclusion that the sentence reduction from 16 years to 12 years will serve the goal of justice. Consequently, the appellant faces a hefty 12-year prison sentence and a monetary penalty of approximately two lakh, even in the event that the verdict is upheld. The appellant will additionally serve an additional six months in ordinary jail if the balance is not paid. **The appeal is granted in part, as previously mentioned.**

IMPACT OF DRUG ON PUBLIC HEALTH

Addiction and drug usage have negative effects on individuals of every generation.

Adolescent drug users may behave badly in school, act eliminated or even quit. Drug use throughout a person's formative years can alter the brain permanently and raise the likelihood of dependence. Addicts in their adult years may experience difficulties with focus, memory, and

⁴ Section 21 of the NDPS ACT 1985

clarity of thought. Their drug usage may cause them to exhibit bad social behaviours, which negatively affects both their personal and professional relationships and productivity. Drug-addled parents can lead to disorderly, stressful households, child maltreatment, and neglect. These circumstances impair children's development and psychological health at home and may pave the way for drug addiction in the following generation. Drug exposure during pregnancy increases the risk of early birth and underweight birth. This exposure may hinder the child's learning process and have an impact on behaviour in the future. Neonatal abstinence syndrome (NAS) is the term for the condition in which they may also develop an addiction to opioids or other drugs that the mother took when she was pregnant. Researchers look at how medicines affect the brain and behaviour. They create drug-avoidance and addiction recovery programmes using the information provided here. Additional investigation facilitates the implementation of these concepts in the community. Drug usage has numerous, diverse side effects that impact individuals of all ages. Addiction is defined as a recurrent, chronic illness characterised by compulsive substance seeking and use despite harmful consequences. It is categorised as a brain disorder because it involves functional changes to incentive, anxiety, and discipline brain circuits. Those changes could continue long after the person stops using their drugs. Addiction and other disorders, such as heart disease, are very similar. Both are generally curable and avoidable, but they both have significant negative effects and impede with an organ's capacity to function correctly. If ignored, they can be lethal and persist for the entirety of a person's life.

People generally use drugs for a variety of purposes.

To feel happy: Drugs have the ability to produce intense pleasure. According to the kind of substance used, there might be additional effects beyond the first high. For example, feelings of power, trust, and increased energy follow the euphoria from chemicals like cocaine. Contrarily, euphoria brought on by opiates like cocaine can be accompanied by feelings of satisfaction and tranquilly.

To lift one's spirits – Some people who suffer from stress, hopelessness, and social anxiety start taking medications to help them feel less uneasy. Both the beginning and persistence of illicit substance use, along with the recidivism of treatment for addiction patients, can be significantly influenced by stress.

To do better – Some people feel under pressure to focus more intently at work, in the classroom, or in sports. The choice to try or continue using drugs, such as cocaine or prescription pharmaceuticals, may be influenced by this. Even little amounts of drug use have some hazards. Consider how quickly a drunken social drinker may take a car, turn a pleasurable pastime into a multi-mortal disaster, and then get behind the wheel while intoxicated. Taking drugs on a regular

basis, such as abusing opioids to get high, can lead to similarly dangerous outcomes as poisoning and operating a vehicle while intoxicated. Inquiry as well as social pressure In addition to the powerful impact of social pressure, teenagers are particularly susceptible in this way. Substance abuse can arise from a variety of possible risk factors during the growth phase of adolescence, including classmates who use drugs. When people use narcotics for the first time, they may experience what seem to be positive effects. They might believe that they are in charge of how they use them. However, narcotics have the ability to quickly take over a person's life. If drug use continues, ultimately one's enjoyment of other enjoyable things begins to diminish, and one needs to take the medication as a way to feel "average." They find it difficult to control their need even though using drugs causes a lot of problems for them and the people they care about. On the other hand, continuous use can seriously impair self-control. This loss of control is what defines addiction. Research on brain imaging in addicts reveals structural changes in brain regions essential for decision-making, memory, learning, and controlling behaviour. These changes explain the obsessive nature of addiction. One factor does not determine one's likelihood of becoming addicted to drugs. As with other medical conditions, the likelihood of developing a drug addiction differs from individual to person, and no single trait can accurately predict whether someone will become addicted. In general, an individual's number of risk variables raises the possibility that consuming substances will result in consumption of drugs and addiction. On the other hand, protective factors reduce a person's risk. Both protective and danger factors can be attributed to social and biological elements. The genetic composition of an individual, encompassing their genetic makeup, stage of development, gender, and cultural origins can impact their susceptibility to addiction. It is believed that forty to sixty percent of an individual's susceptibility to addiction is inherited, including the impact of environmental factors on an individual's gene expression, a phenomenon called epigenetics. In addition, compared to other categories, addiction and use of drugs are more prevalent among young people and those with neurological problems. A crucial function for early familial interactions is played in both.

REGULATORY LANDSCAPE⁵

Treatment for drug abuse

The NDPS Act encourages drug-using individuals to receive medical aid as a "alternative" to and separate from criminal prosecution. Numerous of the Act's provisions decriminalise drug usage and crimes involving tiny amounts of the drug and promote rehabilitation treatment.

⁵ Drug Controller General Of India(DCGI)

National Fund

The National Fund for the Control of Drug Abuse was established in May 1989. Almost twenty years later, in 2006, guidelines were set for its management. The federal government, individual donations, and the sale of property confiscated from the illegal drug trade are possible sources of funding for the fund. A governing board, consisting of a senior officer and other government-appointed members, screens applications. Grant proposals for drug control activities, including treatment, can be submitted by NGOs and government agencies. Funding for preventive education and raising public understanding of the "ills" of drug dependence has been addressed.

Treatment Centers

The cornerstone of drug therapy delivery is "de-addiction" centres. These centres may be established by voluntary organisations, state or federal governments, or both in accordance with the NDPS Act. Drug dependency services are currently offered by:

1. Government hospitals that offer both inpatient and outpatient care, primarily in the detoxification phase. Official statistics state that 122 government hospitals nationwide offer drug treatment programmes. In recent years, the federal government declared that it will open "drug treatment clinics" at several of these hospitals, providing opioid substitutes for patients undergoing therapy.
2. The Ministry of Social Justice and Empowerment (MOSJE) and state departments of social welfare award subsidies to non-governmental organisations (NGOs) so that the latter can operate integrated rehabilitation centres with the goal of "making addicts drug free, crime free, and profitably working." In 2013–14, 346 of these NGO centres received funding.
3. Private psychiatric hospitals and nursing facilities licenced by the Mental Health Act of 1987. These institutions provide a variety of mental health therapies in addition to drug dependence therapy.
4. Private "de-addiction" facilities that run without a licence or registration.

Although it is legally required of the government to develop regulations governing the construction of treatment centres, neither the federal government nor state governments have done so. Because of this, there are already a great deal of unlicensed "de-addicted" centres popping up to take advantage of drug users' and their families' desperation. Patients receive "punishments" in place of medical attention, which can involve extreme torment or even result in death. The NDPS Rules for treatment facilities in Haryana and Punjab were implemented as a result of a court intervention in 2009. These rules, among

other things, mandate that all drug rehabilitation and therapy centres apply for licences and submit to inspection. The Rules categorically endorse treatment centres that admit patients voluntarily and call for their closure. They also provide that centres that operate without a licence or in where human rights are violated may face criminal prosecution. Even after laws were implemented, drug users were still being detained against their will, subjected to exploitation and other civil rights breaches, and subjected to physical violence.

Diversion from prison to treatment

A drug-dependent individual found guilty of a modest drug offence may be remanded to a treatment centre run or approved by the government after the court has evaluated her or his background and health situation and obtained consent, rather than being sentenced to prison. The provision of doctor's reports and an oath promising not to conduct illicit activities again are prerequisites for receiving treatment. Upon completion of therapy, the offender may be released on bond and the execution may be deferred by the court. Very few, if any, people have profited from this clause thus far. A primary cause of this is the fact that a large number of persons are detained during trials, which often take a long time to complete. As a result, the sentence is deducted from the time the defendant has already served in jail when the conviction is announced. As a result, there is no reason to send him or her to therapy as a substitute for the jail term, which has effectively already been completed.

Admission for therapy and protection from prosecution

Individuals who are drug addicts and show a willingness to receive treatment are exempt from prosecution, as long as the offence they are accused of is drug consumption or involves a small amount of narcotics. Resumption of criminal proceedings is possible if the treatment plan is not finished. Given that the provision is beneficial in nature, it should be read broadly rather than narrowly. Courts have sought to limit the scope of this protection, ruling that drug dependency must be "proved by production of adequate proof by the person concerned" and that exemption does not extend to individuals who use occasionally. Such choices unintentionally subvert the statute's legislative goals, which are to promote treatment seeking and prevent the criminalization of drug addicts. Since immunity is only awarded for offences concerning a small quantity, which is frequently a topic of controversy in court, the discussion over the precise definition of drug concentrations has further impeded the grant of immunity. Moreover, it's unclear if going to therapy counts as "completed" treatment. The NDPS Act's remedial measures have not been

given priority or implemented by courts in a meaningful way.

CONCLUSION

Increase access to psychiatric and narcotic medications required for treating a variety of medical conditions, while implementing appropriate measures to prevent illegal diversion. Boost coordination across government agencies, giving each state agency a clear mandate to create and implement drug-related policies and practices. Engage with civil society organisations, such as drug user representatives, academics, medical experts, and patient organisations with expertise in drug-related issues, when formulating drug policies. Organise routine data collection on drug use, addiction, and associated health issues like HIV and viral hepatitis prevalence among injecting drug users. Rather of basing drug policy decisions on the unrealistic objective of creating a “drug-free” society, apply harm reduction theories with the aim of minimising the negative effects of substances.

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