THE RENAISSANCE OF DRUG LAWS: BALANCING JUSTICE, HEALTH AND HUMAN RIGHTS IN THE 21ST CENTURY

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ABSTRACT

Drug laws that strike a balance between justice, public health, and human rights have become more popular as a result of the revolutionary reevaluation of drug policies that has taken place throughout the world in the twenty-first century. This essay examines how drug laws have changed over time, moving from punitive, criminalization-based strategies to creative frameworks that prioritize harm reduction, decriminalization, and human rights-based models. The failings of prohibition, growing knowledge of health-centered approaches, and global pressures for reform are just a few of the sociopolitical and economic forces that are driving this paradigm shift. The analysis focuses on effective case studies from nations that have decriminalized and harm-reduction policies in place, showing decreases in the negative effects of drugs, the load on the criminal justice system, and societal stigma.

The article also discusses persistent issues including guaranteeing fair access to care, protecting human rights, and avoiding unforeseen repercussions like a rise in drug usage or trafficking. The study highlights the significance of a well-rounded, evidence-based strategy and promotes laws that uphold justice and public safety while giving human dignity and health top priority. The revival of drug laws represents a significant shift in drug control tactics toward ones that are more effective, humanitarian, and respectful of individuals' rights. In the end, this study emphasizes the necessity of ongoing innovation, global collaboration, and inclusive policymaking in order to create a future in which drug laws benefit both individuals and societies in the twenty-first century.

INTRODUCTION

> *"'Every form of addiction is bad, no matter whether the narcotic be alcohol or morphine or idealism."*[2]
>
> ***-Carl Jung***[3]

A nation is more than just a geographical area on Mother Earth. The people of a country are its lifeblood. She is constantly referred to as advanced, cultured, etc. in relation to the nation's citizens. Only healthy citizens could bring out a healthy nation. Furthermore, the nation's young will inevitably be mentioned while discussing the population and its size. It is said that the nations are engaged in an ongoing conflict known as *"the war on drugs."* There are very few crimes as distinctive as drug crime. It seems to be a

[1] Faculty of Legal Studies, CMS GN-1, Lucknow.
[2] ANIELA JAFFÉ (ed.), MEMORIES, DREAMS, REFLECTIONS BY C. G. JUNG Chapter 12 (RHUS 1989).
[3] Carl Gustav Jung was a Swiss psychiatrist, psychotherapist, and psychologist.

crime without a victim. However, the impact is unthinkable.[4] Additionally, drug usage has been a part of human history. Since ancient times, plants, roots, bark, leaves, and herbs have been used to treat illnesses and soothe pain. Drug usage does not in and of itself represent evil. When used appropriately, medications have been a healthcare boon.

Cannabis, coca, and opium poppies are a trio of contradictory plants. On the one hand, they are highly valuable medicinally and are primarily utilized as analgesics. Opium has been used medicinally in India since 1000 AD, when it was mentioned in ancient writings like *'Dhanwantri Nighandu'* to be a treatment for a number of illnesses. Alkaloids with analgesic and anti-spasmodic effects, including *'morphine'*, *'codeine'*, *'narcotine'*, and *'papavarine'*, are found in opium poppies.[5]

The medical industry is a necessary casualty whenever anti-drug laws are made strict. Palliative care for cancer patients is where this is most noticeable. Oral morphine and other opioids were thought to be vital for effective pain management. Another benefit for cancer patients is the availability of oral morphine. The negative aspect of these plants is that they cause chaos for people. It is among the biggest dangers to the community. There are two main dimensions to drugs.

1. Drug trafficking, and
2. Drug abuse and addiction.

One of the biggest threats to our society's socioeconomic fabric is drug misuse. It has disastrous consequences for the social structure. A wide range of other criminal offenses, including tax evasion, banking law crimes, and illicit money transfers, are included in drug trafficking. It should be mentioned that India is the world's largest legal producer of opium, which is used by the pharmaceutical business there as well as exported.[6]

Many people suffer from severe physical and mental disabilities, and many people lose their lives. It has taken on grave dimensions and is slow but lethal. Thus, this social issue might be referred to as *'silent terrorism,'* which presents a significant obstacle for all of us in the modern world.[7] India's closeness to globally known drug-producing regions exacerbates the issue of drug availability and, concurrently, the evils of drug misuse, trafficking, and HIV/AIDS transmission. Drugs intoxicating effects have a profound and long-lasting effect on young people's developing minds. Drugs are utilized in a variety of ways, including as social fluids, as a means of escaping poverty, misery, and boredom, and as a component of socio religious activities. Drug misuse is a complex phenomenon, with people abusing drugs in many different circumstances and for a wide range of causes. Significant sociocultural

[4] *See* ASHOK KUMAR, DRUG ADDICTION, HUMAN RIGHTS AND CRIMINAL JUSTICE (K.K. Publications 2014).
[5] Modan Taherabanu Yusufbhai and Arti Chavda, *Drug Laws and Emerging Challenges in India: A Critical Review*, 10(1) MIJA 1-7 (2025).
[6] TANYA MECHADO, CULTURE AND DRUG ABUSE IN ASIAN SETTINGS: RESEARCH FOR ACTION 12 (Department of Psychiatry, St. John's M.C, Bangalore 1994).
[7] MELISSA BONE, HUMAN RIGHTS AND DRUG CONTROL: A NEW PERSPECTIVE (Routledge 2019).

shifts brought about by industrialization, the quick development of scientific and communication technologies, the denial of traditional values, the propensity for materialism, permissiveness, and the embrace of a western lifestyle, among other factors, have made the issue worse.

Together with organized crime, drugs endanger the progress made by the global community. Rapid changes occur in the drug industry and drug use patterns. Approximately 210 million people take illegal drugs annually throughout the world. Drugs kill about two lakh people. A global criminal business worth hundreds of billions of dollars is being fuelled by drug trafficking, which is the vital link between supply and demand. Transnational networks are being formed by organized crime and drug traffickers, who source drugs on one continent, transport them across another, and then market them in a third. The money power of the drug trafficking cartel was sufficient to overthrow numerous elected administrations. Sharing infected needles caused the HIV virus to spread to pandemic levels.[8]

Criminal groups with global ties and financial circle partners who assisted in the laundering of money earned through trade financing and coordinate the drug trade. Additionally, illicit online pharmacies are using social media to target young people, and it has been shown that more than half of the medications they sell are fake. India is now one of the major hubs for the online pharmacy trade in drugs.

Smuggling goods to customers, locating providing space for their websites, and persuading customers that they are authentic are some of the main operations of illegal online pharmacies. The delivery method has also been used in a variety of ways, including smoking, inhalation, intravenous, subcutaneous, intramuscular injection, oral intake, and absorption through the skin or mucosal surfaces like the gums, rectum, or genitalia. It significantly affects how quickly and strongly drugs work. It causes harm to bodily organs, the spread of infections, etc.

Although drug addiction causes social disruption and personal degradation, it frequently happens that particular people or groups are predisposed to drug addiction due to the terrible social and economic circumstances in which they live. Individuals and groups conduct is influenced by social variables, sometimes in a significant way. Drug addiction frequently results from an unhealthy social environment where people who are most at risk of abusing drugs live their lives.

Since 1985, the legal oversight of these substances has mostly been replaced by two comprehensive laws i.e., the ***Narcotic Drugs and Psychotropic Substances Act of 1985*** and the ***Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act of 1988***. The former is mostly punitive. This is said to be the case because it also includes preventive actions within its purview, such as licensing, permit issuing, permission, forfeiture, confiscation, and security procedures.[9] The latter is aimed at prevention. Additionally, rules had been set by the federal government and the various state

[8] World Drugs Report, 2024, available at: https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html (accessed on 3 April, 2025).

[9] S. Chatterjee, *Drug Policy of India with Special Emphasis on NDPS Act, 1985*, 4(3) Indian J.L. & Legal Rsch. 1 (2022).

governments. Once more, the governments have occasionally issued a variety of notifications and orders. The Central Government passed the Narcotic Drugs and Psychotropic Substances Rules in 1985.

THE ANALYSIS OF NDPS ACT, 1985

There are several justifications for enacting an exhaustive law to address the drug problem, as evidenced by the declaration of objectives and justifications that is appended to the Act. In the past, several Central and State laws were used to exercise legally binding control over narcotics in India. The three main central acts were the ***'Dangerous Drugs Act of 1930'***, the ***'Opium Act of 1857'***, and the ***'Opium Act of 1878'*** were passed many years ago.[10] The ***Customs Act of 1962*** and the ***Drugs and Cosmetics Act of 1940*** are the two main Acts that are still in effect.

Numerous flaws in the current legal control were observed as time went on and developments in the areas of illegal drug trafficking and drug abuse at the national and worldwide levels occurred. The most significant element was the prior acts inadequate sentencing. Under the previous Acts, the maximum penalty was limited to four years. Traffickers therefore frequently got away with little punishment. The problem with alternative drugs was getting out of control. Additionally, several significant Central Enforcement Agencies, including Customs, Central Excise, and Narcotics, were previously not granted investigative authority. The problem's transnational nature is a significant factor in drug control. Consequently, several international conventions were drafted. As a party to all of those accords, India was obligated by international law to implement the necessary policies at home. The introduction of novel addictive compounds known as psychotropic drugs was another significant advance. India lacked a comprehensive law that would have allowed for the exercise of governance over psychotropic chemicals in the way envisioned by the ***1971 Convention on Psychotropic chemicals***.[11]

The NDPS Act of 1985 requires the Central Government to address the *"availability of narcotic drugs and psychotropic substances for medical and scientific use."* According to section 71[12], *'registered addicts'* and others may receive narcotics and psychotropic medications if a doctor's order so dictates. Additionally, it defines and encompasses *'medicinal opium'* and *'medicinal cannabis.'* Ensuring a reduction in both supply and demand is the twin approach to address the drug problem. The Act as a whole has given careful consideration to the two aforementioned factors. It's true that a lot more work still has to be done.

The type and amount of the medicine is one of the important factors in relation to the act. Following the 2001 Amendment Act, the amount of the substance became a significant consideration. The two types of substances for which separate offenses are defined are narcotic drugs and psychiatric substances. S. 2(xiv) of the legislation states that any produced narcotics, as well as coca leaf, cannabis (hemp), opium, and poppy straw, are considered narcotic drugs.

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[10] DINESH SINGH THAKUR AND PRASHANT REDDY THIKKAVARAPU, THE TRUTH PILL: THE MYTH OF DRUG REGULATION IN INDIA (S&S India 2022).

[11] Arpit Parmar, V*enkata Lakshmi Narasimha, et.al., National Drug Laws, Policies, and Programs in India: A Narrative Review*, 46(1) IJPM (2023).

[12] The Narcotic Drugs and Psychotropic Substances Act, 1985.

By publishing a notice in the Official Gazette, the Central Government may designate any substance or preparation as a *"manufactured drug"*, taking into consideration the information currently available about its nature or any options, if any, under any international convention. All derivatives of coca, medicinal cannabis, opium, poppy seed concentration, and any other material or preparation fall under this category.[13] Any combination of one or more of these medications or chemicals in a dosage form, solution, or mixture in any physical condition is referred to as a preparation.

ANTI-DRUG LAWS IN INDIA

Two statutes make up the majority of India's anti-drug legislation. The initial one is referred to as the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act of 1988, while the latter is the Narcotic Drugs and Psychotropic Substances Act of 1985. The primary Act is the former. Preventive detention and related issues are covered under the latter. When combined, the two statutes largely address every facet of the issue, from prevention to treatment, through substantive to procedural elements, and so on. Even so, the 1985 Act protects current provincial as well as other state laws that either impose harsher penalties or any limitations or penalties not covered by it. Additionally, this Act does not prohibit the use of the Drugs and Cosmetics Act of 1940. It is true that a few of the approach's variations can also be found in other statutes, like those pertaining to counterterrorism. However, the anti-drug law is unique in that it is the only legislation that exhibits the collection of deviations in the proportion that it does.

The following categories could be used to address these variances:

i. **Preventive actions:** In order to prevent drug abuse, a two-pronged strategy is used. The 1988 Act, on the one hand, attempts to impose preventative detention against anyone in order to stop them from illegally trafficking drugs and psychiatric substances. However, the 1985 Act forbids the production, manufacturing, cultivation, and other operations involving undesirable substances, with the exception of those used for scientific or medicinal purposes and only with a license, permit, or authorization. It is widely acknowledged that a two-pronged approach of reducing both supply and demand is necessary to eradicate the drug problem.[14] The licensing scheme under the 1985 Act and the preventive measures in the 1988 Act both play a significant role in the issue of supply reduction.

ii. **Investigative Parameters and Law Enforcement Agencies:** Few laws, either past or present, have as many enforcement agencies as the anti-drugs law, and most likely never will. This only serves to highlight how terrible the issue is. It is also distinct in that those authorities are made up of both state and federal representatives. It begins with the Indian government's Department of Revenue and ends with a regular state police officer. The Department of Revenue is carrying out the federal government's statutory duty under s.4 of the 1985 Act. This task is then carried

[13] *Ibid.* s.2 (xi).
[14] *Supra* note 4, s. 8.

out by the department via the Narcotics Control Bureau. For the efficient execution of the Act's numerous regulatory, prohibitory, penal, and administrative provisions, this body's diverse duties include administrative coordination with various union ministries, state government departments, and the various federal and state law enforcement agencies. It is India's top law enforcement and intelligence organization, and it is in charge of combating drug misuse and trafficking. In essence, it serves as the nodal point for the gathering and sharing of intelligence as well as the national coordinator and international liaison. Under the general direction of the revenue secretary, the director general of the Narcotics Control Bureau will be in charge of creating and carrying out initiatives to improve and modernize the nation's drug intelligence services[15]. Officers that may occasionally be appointed by the Central Government assist the Director General.

In order to exercise financial authority over the Bureau, the President has additionally designated the Director General of the Narcotics Control Bureau as the head of the agency. The legal standing of the Narcotics Control Bureau was questioned in **State v. Kulwant Singh**.[16] The Hon'ble Supreme Court ruled that it is only a branch of the Indian government's Department of Revenue. It only exists as a branch or wing of the Department of Revenue, handling matters delegated to it by the notification order that creates it, because it is not created as a separate legal organization. Additionally, it was decided that the Bureau is an authority established by the Central Government with the power of the statute rather than a statutory authority. The Central Bureau of Narcotics, led by the Narcotics Commissioner, is another significant organization. Its main authority is to oversee the production of opium and the farming of the opium poppy. The Department of Narcotics, the Department of Customs along with Central Excise, the Directorate of Revenue Intelligence, the Central Bureau of Investigation, as well as any other department of the central government, including paramilitary or armed forces as authorized by general or special orders from the central government, are among the other centrally located agencies. Officers from the Department of Revenue, Drug Control, Excise, Police, or any other department with the necessary authority are among the agencies at the state level. Additionally, the demand reduction components of drug law enforcement, which often include health care and addicts' rehabilitation, social reintegration, and de-addiction, are under the purview of the union ministries of social justice, Empowerment, and Health.[17]

According to S.53 (1), the federal government may, by notification, give any officer of the Department of Central Excise, Narcotics, Customs, Income Intelligence, or BSF, or any class of such officers, the authority of the officer in charge of the police station for the purpose of

[15] The Office Memorandum of the Government of India dated 2-2-1987.
[16] (2003) 9 SCC193.
[17] Available at: httpJ/narcoticsindia. nic. In (accessed on 24 April, 2025).

conducting an investigation after consulting with the state government. Likewise, in accordance with S.53(2), the state government may, by notification, grant similar investigative powers to any official of the Department of Drugs Control, Revenue, or Excise, or any class of such officials. Every offense covered by the 1985 Act is now punishable by law in an effort to bolster the enforcement agencies' arm. This is in spite of the severity of the penalty stipulated for the offense. Therefore, neither a formal warrant nor a magistrate's order to begin an inquiry are necessary for the authorities to arrest the accused.

iii. **Scenario of the trial:** S. 36-A (1)[18] a, which calls for the establishment of special courts with the standing of a session judge to decide all offenses punishable by imprisonment for more than three years, allows for the prompt resolution of cases. Without requiring committal processes, a special court may take cognizance of an offense in accordance with S.36-A (1) d[19]. S.36-A(5)[20] gives the court the authority to hold a summary trial for offenses carrying a maximum sentence of three years in prison. Additionally, statements made by individuals recorded under s. 67 are important in order to support any prosecution brought under the act. The Hon'ble Supreme Court ruled in **Kanhaiyalal v. Union of India**[21] that confessions made under s.67 may be used as evidence of guilt and that a conviction can be upheld based only on such confessions. It was also decided that Revenue Intelligence officers who, under s.53, are granted the authority of an officer in charge of the police station are not police officers in the sense of S.23(1)[22]. Additionally, it was made clear that s.67 utterances are not covered by the Sakshya Adhiniyam provisions. S. 64, which permits the accused to be granted immunity from prosecution, is another aspect. This is to help ensure a proper conviction in cases where the evidence is weak. S. 64, which allows the accused to be granted immunity from prosecution, is another aspect. This is to help with proper conviction in cases where the evidence is weak. S. 343[23], which allows for pardon tendering, differs significantly from immunity from prosecution tendering. The former is carried out by the court under particular circumstances for particular offenses. When it comes to the latter, either the federal government or state governments handle it. It can be used for any offense under the Act, regardless of the severity of the penalty stipulated.

iv. **Policy for Sentencing and Related Issues:** The vast majority of offenses under the Act carry severe jail sentences. Likewise, there is a minimum mandatory penalty of both jail time and a fine for offenses involving commercial amounts. Therefore, a court convicting an accused person under the Act does not have the same extensive discretion that a criminal court has when

[18] *Supra* note 4.
[19] *Ibid.*
[20] *Ibid.*
[21] AIR 2008 SC 1044.
[22] Bharatiya Sakshya Adhiniyam, 2023.
[23] Bharatiya Nagarik Suraksha Sanhita, 2023.

imposing a sentence for other offenses. The Probation of Offenders Act, 1958 and s. 401[24], general probation provisions are rendered inapplicable to convicted individuals under the Act. Convicts under the age of eighteen and those found guilty of crimes covered by sections 26 and 27 are exempt, nonetheless.

v. The National Fund for Control of Drug Abuse's Constitution. Likewise, no penalty imposed under the Act may be mitigated, suspended, or remitted. The three cases mentioned above are also spared in this instance. In this regard, **Dadu v. State of Maharashtra**[25] overturned the Hon'ble Supreme Court's ruling in **Maktool Singh v. State of Punjab**[26], which held that even an appeal court lacked the authority to stay the sentence. It was decided in Dadu's case that S. 32-A is partially unconstitutional since it denies the court the authority to impose a sentence suspension on an individual found guilty under the Act. The authority of judicial review, which is the foundation of the constitutional system, is literally taken away by its interference over the right of appeal. By allowing for the accused's rehabilitation and therapy, the Act also adopts a reformative stance. Immunity from prosecution is provided to encourage the accused to receive medical treatment for de-addiction. However, only addicts prosecuted under s.27 or with offenses involving minor amounts are eligible. S.71 gives the government the authority to set up facilities for the identification, treatment, education, after-care rehabilitation, social reintegration, and distribution of drugs to addicts who are registered with the government as well as to others when a medical necessity calls for it.

ASPECTS PERTAINING TO JUSTICE, HEALTH AND HUMAN RIGHTS

The road to equality and dignity is illuminated by the way that justice, health, and human rights converge like colorful threads in a dazzling tapestry. Fairness and equality are the foundations of justice, which fosters social harmony. Health is a precious gem that is essential to thriving lives and limitless possibilities. Freedom, respect, and compassion are upheld by human rights, the bright stars that guide our collective conscience. These pillars come together to create a magnificent mosaic that gives everyone hope and the ability to flourish in a world of justice, health, and unshakable dignity.[27]

1. Justice: There is a provision for speedy trial in the Act. The Act aims to provide justice by discouraging organized drug offenses by enforcing severe penalties for the production, distribution, and possession of illegal substances, particularly in significant or commercial amounts. The Act allows for graded sanctions that correspond to the seriousness of the offense by differentiating offenses according to the amount of drugs involved (little, intermediate, or commercial) in order to further uphold justice. Additionally, it calls for the creation of Special Courts that allow timely and targeted decision-making.

[24] *Ibid.*
[25] Writ Petition (Crl.) 243 of 1999.
[26] AIR 1999 SC 1131.
[27] Sesha Kethineni,Lois Guyon, et.al., *Drug use in India: Historical traditions and current problems*, 19(2) IJCACJ 211-221 (1995).

Furthermore, some laws, such as Section 64A, which grants amnesty to addicts who seek treatment, acknowledge addiction as a medical condition rather than solely a criminal one and attempt to strike a balance between punitive justice and rehabilitation.

2. Human Rights: Due Process and Dignity: Section 37 of the Act establishes stringent requirements for obtaining bail in cases including offenses carrying a sentence longer than three years in jail, especially those involving the sale of large amounts of illicit drugs or psychiatric substances. It functions as an exemption to the BNSS general bail restrictions. This section states that bail cannot be issued unless the court is convinced that there are good reasons to believe the accused is innocent of the crime and unlikely to commit any crimes while out on bail, and that the prosecutor in charge is provided with a chance to contest the bail. This raises the bar for bail and, in effect, puts the onus of proof on the accused at the preliminary stage, that goes against the usual *"presumption of innocence."* Particularly when minor offenders especially those wrongfully accused are unable to fulfill these strict requirements, section 37 has become heavily criticized for causing protracted pre-trial incarceration. Although the clause is meant to discourage severe drug trafficking, courts have asked for a more humanitarian and fair interpretation of it on occasion because it frequently causes excessive hardship for those awaiting prosecution.

3. Health: From Criminalisation to Care: Section 64A basically offers a vital means of relief with the goal of encouraging a health focused strategy for those battling drug addiction. If an addict willingly seeks medical treatment for de-addiction, they are protected from prosecution if they are charged with drug consumption offenses or offenses carrying a maximum sentence of three years in jail. The patient must receive care at a hospital or other facility approved by the government. This immunity is conditional, though; the prosecution may resume and the legal immunity may be revoked if the person discontinues treatment or relapses into drug usage. This clause, which acknowledges that addicts need medical treatment rather than criminal punishment, represents a rehabilitative and reformative change inside an otherwise punitive law. However, the absence of access to high-quality de-addiction clinics and the uneven implementation of Section 64A by courts and law enforcement have restricted its efficacy.

LACUNAE IN NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1985

The following are the Lacunae in Narcotic Drugs and Psychotropic Substances Act, 1985:

i. **Inadequate Comprehension of the Issue of Addiction:** Addiction is a long-term, frequently recurring brain disorder that results in obsessive drug seeking and usage despite negative effects on the addict and those around them. Because drug usage alters the structure & function of the brain, drug addiction constitutes a brain illness. While it is true as most people choose to use drugs voluntarily at first, frequent drug usage can alter a person's brain over time, impairing self-control and decision-making skills while also triggering strong cravings to use drugs. A

person's brain is *'rewired'* to withstand high levels of dopamine neurotransmitters when they use drugs, but they suffer from withdrawal symptoms when those high levels stop occurring. Nonetheless, drug users might use classical conditioning techniques to control their drug intake by learning to link substances with undesirable traits. The Act lacks an understanding of addiction, especially when it comes to giving addicts a once-in-a-lifetime reprieve with treatment requirements. It does, however, make an effort to provide the addicts some respite. The Act's Section 64A makes reference to this. Addicts usually experience multiple relapses before they stabilize. This one-time reprieve demonstrates the policymakers total ignorance of the addiction phenomena. However, society as a whole especially the underprivileged and disenfranchised is the true loser. The enforcement authorities are compelled to file multiple cases in order to demonstrate the Act's utility. Due to the Act's provisions and how they are applied, many accused people wind up behind bars while awaiting trial. Therefore, it is imperative that we modify this Act and evaluate our fundamental assumptions.

ii. **Unresolved Issues:** Currently, demand-side initiatives concentrate on prevention, treatment, rehabilitation, and aftercare services provided in both community and institutional settings. 450 centers nationwide are currently financed to provide counselling and de-addiction services. To better understand drug use trends and their consequences for managing drug misuse, national-level Drug misuse Monitoring Systems were additionally established. The United Nations Office on Drugs and Crime and the Ministry of Social Justice and Empowerment provide funding for the majority of demand reduction initiatives. Following the guidelines set forth by law, the National Drug Policy has prioritized supply reduction through enforcement actions and decreasing demand through prevention and treatment. The Indian government takes a law enforcement-led strategy and offers few resources for medical care. This is regrettable because research conducted in other cultural contexts demonstrates that law enforcement-dominated initiatives are not very successful. The drug market is not significantly undermined by an elevated level of drug incarceration as a means of controlling drug usage; at best, it has a minimal effect. Indeed, global experience shows that adequate treatment, harm reduction initiatives, and interventions are cost-effective.

iii. **The Substance Abusers Health Aspect:** To lessen the negative impacts of both legal and illegal drugs and to prevent the adoption of harmful drug usage in order to enhance health, social, and economic results. Preventing expected harm and minimizing actual harm are two components of the Australian government's harm-minimization plan, which targets both legal and illegal substances. A comprehensive strategy for reducing drug-related harm that strikes a balance between supply and demand reduction & harm reduction tactics is in line with harm minimization.

It consists of:

- Supply reduction tactics to stop the manufacture and distribution of illegal drugs as well as the management and control of legal substances;
- Demand reduction tactics to stop the adoption of harmful drug use, such as abstinence-focused tactics and treatment to lessen drug use; and
- Harm reduction tactics to lessen the harm that drugs cause to people and communities.

In addition to promoting collaborations amongst health, law enforcement, and educational agencies, individual jurisdictions and non-governmental organizations will continue to create plans and strategies that mirror the main components of the National Drug Strategy. They will also submit yearly reports on the execution of programs, activities, and initiatives.

CHALLENGES IN IMPLEMENTATION OF NDPS ACT, 1985

The following are the challenges in implementation of NDPS Act, 1985:

i. Since drug trafficking is an organized crime, it is difficult for law enforcement to apprehend those engaged from their point of origin to the destination. Since we are unable to stop every car that travels on Indian highways, it is difficult to identify drugs which are being transported.
ii. Catching individuals who produce these chemicals is the biggest obstacle. The majority of secret cultivation occurs in places impacted by left wing extremism. Identifying the source of addictive compounds and getting rid of them is another significant difficulty that goes beyond state sovereignty.[28]
iii. Another difficult duty is getting those charged in drug cases convicted. Court proceedings are frequently delayed. Even after being registered for two years, cases occasionally do not get to trial. At that point, the defendants have been released on bond and have not appeared for their trial. It's hard enough to bring people back to their states to stand trial, let alone convict them.
iv. On paper, the idea of sending people to rehabilitation facilities makes sense, but we lack the infrastructure to make sure it is carried out correctly. There aren't enough counsellors at our de-addiction center's. There is a severe lack of counsellors and psychiatrists in our society.

Conclusion

Drug policy has seen a renaissance in the twenty-first century, characterized by a rising understanding that punitive measures by themselves are insufficient to address the intricate interactions between justice, health, and human rights. The theoretical shift from criminalization to damage reduction has been examined in this chapter, with special attention paid to cutting-edge approaches including drug legalization, supervised consumption locations, and fair access to medical cannabis. However, there are still many obstacles in the way of enacting balanced drug

[28] Available at: https://www.unodc.org/southasia/en/frontpage/2022/ August/india_-unodc-national-consultation-with-law-enforcement-agencies-calls-for-stronger-cooperation-to-counter-synthetic drugs.html? utm_ source =chatgpt.com (accessed on 25 April, 2025).

laws, including racial inequities in enforcement, political opposition, and the negative perception of substance use problems. The data is unmistakable: public healthcare and human rights-based measures not only lower incarceration and overdose death rates but also give underprivileged communities their dignity back.

In order to ensure that the lessons learned from this renaissance are translated into long-lasting, compassionate change, the future course must combine social equality with reforms guided by science. Instead of focusing on the shortcomings of prohibition, drug policy should look toward solutions that respect both individual liberty and the well of society as a whole.