



Tracing The Origin And Significance Of Ndps Act: A Historical Perspective

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Abstract: This article explores the historical development and India's relationship with narcotic drugs and psychotropic substances. The relationship is complex, considering its historical, cultural, and geographical background. Although the nation has used some narcotic substances such as opium and cannabis for medicinal and religious purposes historically, the increasing trend of drug abuse and trafficking has made it imperative to adopt stringent legal policies. The Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act) is the main legislation controlling, regulating, and punishing narcotic drugs in India.

This article examines the legislative context, international commitment, enforcement regime, challenges, and judicial approaches concerning narcotic drugs and psychotropic substances in India.

Historical Background and Evolution:

Pre-Independence Drug Regulation - Drug regulation in pre-independence India was framed primarily by colonial economic interests and global pressures. The British administration focused on revenue generation from opium trade while slowly instituting controls based on increasing concerns about addiction and international diplomatic commitments. Various legislations were enacted, mainly aimed at the manufacture, distribution, and taxation of narcotics, and not much focused on public health issues.

1. Traditional Drug Use in India:

India possesses a long and multifaceted history of indigenous drug use, instilled deeply in its cultural, religious, and medicinal traditions. Cannabis (bhang), opium (afeem), and different plant intoxicants have been fed on for hundreds of years, with social as well as non-secular significance. In historical Hindu literature such as the Atharva Veda, cannabis is called one of the five sacred plant life, which produces bliss and dispels tension. Bhang, a drug of cannabis, remains every now and then used all through festivities like Holi and Shivaratri as part of party and spiritual rituals.

Likewise, opium has been used within the past in states such as Rajasthan and Madhya Pradesh as a medicinal compound as well as part of traditional hospitality in a few communities. Ayurveda and Unani medication structures used to use these materials to cure all types of lawsuits, starting from pain and insomnia to digestive ailments.

But colonial intrusions started restructuring these traditional surroundings. The British authorities taxed and managed the manufacturing and sale of opium and cannabis, reconfiguring them from culturally entrenched tablets to commodities controlled with the aid of the country.

In the post-independence period, with the establishment of international regimes of drug control, India went in the direction of prohibitionism, leading to the passage of the Narcotic Drugs and Psychotropic Substances (*NDPS*) Act of 1985.

Despite criminalization, the cultural undercurrents of traditional drug use continue to prevail, particularly in rural and religious contexts. The conflict between such long-standing traditions and contemporary legal structures is a major challenge. Critics point out that the *NDPS* Act is unable to make a distinction between cultural use and recreational or abusive consumption, which results in marginalization and criminalization of activities that were once socially normative.

Understanding India's traditional drug use is essential for framing policies that respect cultural heritage while addressing public health and abuse concerns in a balanced, humane, and context-sensitive manner.

2. British Colonial Policies on Narcotics:

British colonial governance in India had a crucial function in determining the narcotics policy of the country, turning traditional and in most cases controlled cultural practices into instruments of state control and economic exploitation. Before the intervention of colonial authorities, substances such as opium and cannabis were prevalent in Indian society for medicinal purposes, spiritual uses, and recreation. These drugs were not regarded as inherently criminal but had been integrated into social and religious tradition.

But with the centralization of British rule, opium and other narcotics, most notably opium, became the biggest source of income for the colonial government. The British East India Company commercialized opium cultivation by launching the Opium Monopoly System, where the farmers were compelled to grow opium poppy and sell it at government-assigned prices to government agents. The opium was subsequently processed and exported, most significantly to China, resulting in the notorious Opium Wars between Britain and China. The trade was lucrative and exploitative, indicating the economic priorities of the colonial government rather than moral or public health concerns.

Within India itself, the British controlled narcotics through a series of legislative steps. The 19th- and early 20th-century Excise Acts and Opium Acts sought to regulate production, trade, and consumption—mainly to obtain tax revenues and not to treat addiction or abuse. Cannabis, such as bhang and ganja, was taxed and regulated under *the Indian Hemp Drugs Commission Report (1894)*, which held that moderate cannabis use was not very harmful and should not be banned.

While this pragmatic policy, nonetheless, helped create the foundations for criminalizing narcotics by controlling them through bureaucracy as well as by constructing drug use as a vice within the colonized, these policies were later transferred to post-independence India's narcotics legislation in the form of *the Narcotic Drugs and Psychotropic Substances Act of 1985*, which turned toward prohibition.

In effect, British colonial drug policy was marked by a utilitarian ethos that favored economic interests over public well-being. It dislocated native drug traditions, institutionalized state dominance over drugs, and left a legacy of repressive regulation that still shapes India's modern drug laws.

3. The British Opium Monopoly:

The British Opium Monopoly was the most exploitative and economically most important feature of colonial domination of India. With the help of British East India institutions for the 18th century, this monopoly, which continued under the British Crown, directly transformed opium into traditional medical and cultural commodities, turning them into strictly controlled colonial colonies with the most profit focus. They had to promote all their products in a generally unfair accusation against the government. Uncooked opium was transformed into a factory of authorities, especially Patna and Ghazipur, and was later exported to China. This alternative proved useful to the British, but it produced considerable addiction and social disability in China, and ultimately contributed to the 19th century Opium Wars. The colonial kingdom justified rules by the regulatory system, as well as the sales tax laws that restrict the inclusion and internal use of opium to maximize revenue from exports.

It additionally set the degree for state-led manipulation of narcotics, which formed India's post-independence drug policy, consisting of the strict enforcement measures discovered inside the NDPS Act.

4. Early Legislative Controls:

The Opium Act of 1857 - *The Opium Act of 1857* was one of the most important legislative acts passed by the British colonial government in India to strengthen control over the cultivation, manufacture, and marketing of opium. It was part of a fixed law that should have created an opium monopoly in Britain, which was considered one of the biggest revenues for the colonial government. By the mid-19th century, opium was not only innovated, but was also exported significantly in China, particularly in the country, and served a critical function when the Opium War broke out. The government has given the government great power to examine the cultivation of poppies, the production of opium and the transport of opium in India. The law did not refuse to generate or act public people except for a centralized license that centralized all areas that altered the manipulation of the public.

Criminal crimes against the law were punished with fines, imprisonment, or one of the extraordinary elements of the law, and were recognized for monitoring and enforcement, killing of district judges and opium staff examining the supply and facing inevitable inventions. These regulations ensured completely restricted weather. The British government ensured that it had a revenue monopoly, but the law was made clear in relation to public order and manipulation and changed due to manipulation. Colonial power has led to much less healthy consequences for opium consumption and has become a greater aim in abolishing competition for the country's opium companies. This idea reflects the broader colonial view of financial exploitation through administrative regulations.

The 1857 Opium Act formed the basis for future narcotics legislation in India, and its regulatory template shaped subsequent laws, such as the 1878 Opium Act and ultimately *the 1985 Narcotic Drugs and Psychotropic Substances (NDPS) Act*. It also was a turning point in the history of drug law in India, transferring narcotics control from a cultural and traditional perspective to one of state monitoring and repressive enforcement.

The Opium Act of 1878 - *The Opium Act of 1878* was a major legislative act by the British colonial state to further consolidate its hold on the cultivation, production, and sale of opium in India. Consolidating previous legislations which include the Opium Act of 1857, this Act formalized the British Opium Monopoly and reinforced the colonial regime's hold on one in every of its most worthwhile products.

The Opium Act of 1878 had the singular intention of concentrating and controlling the entire opium trade, proper from cultivation and production to selling and exporting it. It prescribed strict licensing norms for all parties engaged in growing poppy or dealing in opium, which helped in maintaining illegal production beneath control and immediately channeling profits into the colonial exchequer. The authorities oversaw all cultivation of opium, and the Act made unlicensed manufacture and trafficking illegal, with excessive punishments inside the shape of penalties and imprisonment. One of the maximum crucial aspects of the Act became its status quo of provisions for giant inspections and enforcement. Specified officers have been

authorized to enter premises, seize contraband opium, and prosecute offenders. those arrangements imposed a surveillance-weighted down regime, inserting bureaucratic and police mechanisms into what have been formerly a culturally embedded and locally regulated exercise.

Significantly, the Opium Act of 1878 additionally controlled home intake via proscribing retail sale and use, of prepared opium (chandu). The Act, but, had no critical try to restriction the fitness consequences of dependency or reply to the socio-financial effects of mass opium consumption. as a substitute, it gave significance to producing sales and export manipulate—particularly to China, in which the British opium alternate had disastrous social repercussions and already prompted the Opium Wars.

The Act consequently meditated the colonial administration's utilitarian technique, that specialize in economic exploitation over public welfare. whilst it aimed to create an orderly and managed opium financial system, it ultimately entrenched patterns of dependency, corruption, and coercion inside Indian society.

The regulatory design created by *the Opium Act of 1878* would have an impact later India's post-independence narcotic legislation, such as *the Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985*, which derived its punitive and state-focused nature from these colonial laws.

The Dangerous Drugs Act, 1930 -

- Enacted as a reaction to global pressure from the League of Nations' Geneva Conventions (1925) on drug control.
- Criminalized unauthorized possession and dealing in opium, morphine, cocaine, and other narcotics.
- Signified a move towards considering drug control as a legal and social issue rather than merely an economic one.

5. Pre-Independence Drug Laws Impact:

India's pre-independence drug laws, especially those regarding opium and cannabis, exercised a deep and lasting influence over the socio-economic fabric, juridical customs, and public attitudes towards narcotic drugs. those laws, promulgated and enforced with the aid of the British colonial government, were not conceived for public health concerns but to realize most sales and perpetuate colonial domination over India's fertile soil and trade wealth.

The 1857 Opium Acts and 1878 Opium Acts, in aggregate with the Excise Acts and different governing legislation on those traces, framed a structure inside which production, cultivation, promoting, and intake of such drugs as hashish and opium were carefully monitored and taxed. Growers from districts consisting of Bengal, Bihar, and areas in critical India was once persuaded to plant opium crops at authorities' orders. The country had a monopoly on trade, especially for export, with significant income made from overseas markets, maximum substantially China.

One of the principal effects of those laws become the interference with conventional in addition to medicinal programs of medication inclusive of hashish and opium. What were culturally and spiritually essential practices have been criminalized or strongly prohibited. This ended in an incremental stigmatizing of drug use, even in its medicinal or traditional contexts, leaving a legacy of disgrace and prison exposure to at the present time.

The enforcement of such laws additionally cultivated a policing culture, in which surveillance, manage, and punishment became the focal factors of drug law.

Such bureaucratic culture formed the foundation of post-independence drug legislation, particularly the Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985, which continued many of the colonial frameworks of control, criminalization, and enforcement-centric strategies.

In addition, the colonial preoccupation with the collection of revenue neglected addiction treatment, harm reduction, and public health implications. The laws weighed heavily on the poor, especially rural farmers and laborers, who lacked both legal counsel and assistance.

Overall, the pre-independence drug laws set the precedent of state control, economic exploitation, and punitive enforcement that shaped India's post-colonial narcotics policy. They divorced regulation from indigenous practices and public health concerns, with the consequences that must now be redressed by contemporary reforms.

6. Post-Independence and the NDPS Act, 1985:

Following independence in 1947, India took over a complex inheritance of colonial drug legislation, which gave primacy to state control and revenue collection rather than public health. Post-independence drug regulation was initially under *the Opium Acts of 1857 and 1878* and the *Dangerous Drugs Act of 1930*, which were themselves patterned on colonial priorities. Yet, shifting global patterns, like the advent of global drug control conventions like the. *The Single Convention on Narcotic Drugs (1961)*, started to shape India's legislative trajectory.

Responding to these global obligations and the growing domestic concern over drug trafficking and addiction, the Indian Parliament enacted the *Narcotic Drugs and Psychotropic Substances (NDPS) Act in 1985*. This rule marked a giant shift from law to prohibition, adopting a zero-tolerance technique to drug-related offenses. The Act consolidated and changed earlier legal guidelines, overlaying an extensive spectrum of substances, along with narcotic capsules and psychotropic materials, and created a strict criminal framework for their manage. One of the traits which have come to define the NDPS Act is the draconian and non-bailable nature of its provisions, with severe punishment even for lesser offenses. It had obligatory minimum sentences, handled restrained bail, and inverted the weight of proof in a few times, making acquittal very hard for accused persons. The act drew no distinction between users, addicts, small peddlers, and predominant traffickers, as it punished them all the same.

The NDPS Act also culminated inside the formation of the Narcotics control Bureau (NCB) in 1986, which changed into made the vital business enterprise chargeable for implementing drug law in India. even though its provisions are extreme, the Act has been constantly criticized for criminalizing dependency, burdening the judiciary, and disproportionately concentrated on marginalized corporations with confined felony assistance given that its creation, there were several amendments to the NDPS Act, maximum notably in 1989, 2001, and 2014, to institute gradation in punishment in keeping with the range of medicine concerned (small, intermediate, industrial) and to offer for diversion of addicts to remedy instead of imprisonment. yet, the very punitive nature of the Act remains unchanged.

In an actual sense, the NDPS Act, 1985, is an extension—and escalation—of colonial rule controls. supposed to manipulate drug abuse and trade, it's been mechanically denounced for its push aside of the public health element of dependency and for no longer seeking to balance repression and rehabilitation.

7. Early Post-Independence Drug Regulations:

India, having accomplished independence in 1947, took over a colonial drug control legal device, largely drawn from the Opium Acts of 1857 and 1878 and the damaging drugs Act of 1930. those legislations were supposed to control, no longer ban, the manufacturing and alternate of narcotic tablets, with the aim of accumulating revenue instead of addressing public fitness or regulation enforcement at some point of the initial years after independence, India had a controlled coverage towards narcotics, where licensed opium cultivation for scientific and export markets was permitted and unregulated manufacturing and trafficking had been restrained.

Manipulate over the sale and use of drugs which includes opium and hashish have been achieved through the excise departments of different states within India's territory. But there has been no strict criminalization of drug consumption, and enforcement became concentrated on stopping smuggling a prime exchange occurred at some stage in the Nineteen Sixties and 1970s, when India became a signatory to international drug manipulate conventions, inclusive of the single conference on Narcotic capsules (1961). those conventions, pushed through worldwide anti-drug coverage tasks spearheaded via the United countries and the United States, positioned

stress on India to have extra stringent drug law. The government, in flip, tightened controls over the developing of poppies and imposed extra intense punishments for drug offenses by means of the late 1970s, increasing worries over drug trafficking and abuse induced talks of all-around reform. This was to culminate in passing the *Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985*, with its wide-ranging increase in criminal sanctions and shift toward prohibition and punitive punishment.

Therefore, initial post-independence drug legislation embodied the gradual movement away from colonial control and taxation towards a prohibitionist framework inspired by international drug policy.

8. India's Role in International Drug Control:

India has been a strong contributor to global drug control initiatives, straddling its ancient reputation as an opium-producing powerhouse and its global obligation to follow international narcotics regulation. India has been a pioneer in participating in global treaties and policy-making deliberations on drug control, trying to check trafficking while protecting legitimate use in the pharmaceutical and traditional medicines industry.

India signed the *Single Convention on Narcotic Drugs (1961)*, a UN landmark treaty that aimed to harmonize international drug control policies by limiting the cultivation, trade, and use of narcotic drugs only for medical and scientific purposes. The treaty impacted India's internal policies, resulting in tighter controls on opium cultivation and drug trafficking. India also later ratified the *Convention on Psychotropic Substances (1971)* and the *UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)*, reaffirming its effort to fight drug abuse and transnational trafficking. As a principal licit opium producer, India is still one of the few nations licensed by the *International Narcotics Control Board (INCB)* to grow opium for medicinal use.

- This position puts India in the middle of debates regarding balancing drug control with guaranteeing the availability of vital medicines, especially morphine and pain relief medications.
- India has also practiced bilateral and regional cooperation, cooperating with institutions such as the *South Asian Association for Regional Cooperation (SAARC)*, the *UN Office on Drugs and Crime (UNODC)*, and *INTERPOL* to tackle cross-border narcotics smuggling.
- India's stringent domestic laws, however, especially the *Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985*, have come under criticism for over-criminalizing drug use without sufficiently integrating harm reduction strategies.

Therefore, although India is still a central actor in international drug control policies, it still must contend with the enforcement, public health, and international cooperation complexities.

9. The Narcotic Drugs and Psychotropic Substances Act (NDPS Act), 1985:

The *Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985* is the main law of India for managing and regulating narcotic drugs and psychotropic substances. Enacted to meet India's global obligations, most notably the *Single Convention on Narcotic Drugs (1961)* and the *UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)*, the Act constituted a sharp departure from the earlier colonial laws relating to drugs, which were mostly aimed at regulation and collection of revenue. The NDPS Act brought in difficult prohibition and punitive provisions to include drug abuse and drug trafficking.

Key features of the NDPS Act, 1985:

1. **Strict Penal Provisions** – The strict criminal provisions of the law lead to severe punishment for drug-related crimes. This will depend on six months to 20 years of incarceration, depending on the amount of medication you are concerned about. It also covers industrial volume and minimal 12 months of custody penalty for severe fines.
2. **Zero-Tolerance approach** – In contrast to previous laws, NDPS criminalize the ownership, production, sales, distribution and recording of drugs without uniquely distinguishing from customers and human dealers.
3. **Formation of the Narcotics manage Bureau (NCB)** – In 1986, the law led to the establishment of the NCB, a central company responsible for executing legal guidelines for medicines and drugs correlate overseas companies, interconnecting and preventing mutual drug trafficking.
4. **Asset Seizure and Forfeiture** – The government is properly frozen and caught the property of men and women who are committed to illegal drug trafficking, thus focusing on economic networks and organized crimes related to drug trafficking.
5. **Stringent Bail Provisions** – The law began with a very strict provision for deposits, which forced the defendant to set innocence before purchasing the deposit. This was later changed due to a change

10. Criticism and Amendments:

The NDPS Act has been criticized as having a harsh and indiscriminate approach, especially failing to differentiate between small-time offenders, addicts, and big traffickers. The 2001 amendment implemented a graded punishment system according to drug quantity (small, intermediate, and commercial), and the 2014 amendment permitted the use of essential narcotic drugs such as morphine for medical purposes.

While these reforms have been initiated, the criminalization of drug users and absence of rehabilitation-centric provisions are still major concerns. The critics say that the NDPS Act keeps law enforcement above public health, resulting in jail overcrowding and alienation of vulnerable populations.

Though the Act is still an essential part of India's anti-drug policy, voices are increasingly raised in favor of harm reduction measures, decriminalization of personal consumption, and enhanced access to treatment programs for addiction.

Punishments (Sections 15–30):

- **Small quantity:** 6 months' imprisonment or fine.
- **More than small but less than commercial:** 10 years' imprisonment.
- **Commercial quantity:** 10–20 years imprisonment and a fine up to ₹2 lakh.
- **Forfeiture of Property (Section 68):** Authorizes officials to confiscate properties obtained with the proceeds of drug-related crime.
- **Bail Provisions (Section 37):** Makes the offenses of drugs cognizable as well as non-bailable.

Amendments to the NDPS Act:

Ever since its enactment in 1985, the Narcotic Drugs and Psychotropic Substances (NDPS) Act has seen numerous amendments aimed at overcoming its loopholes and aligning itself with changing legal, social, and international standards. The law was first significantly changed in 1989 by producing drugs with commercial volumes of drugs, and most often by denouncement of deposits and death in recurrence. These reforms reflected zero-tolerance policies, but also led to disproportionate sanctions. This allowed the first or small perpetrator to not be treated the same as the great criminal. The change eases the provisions for small offender deposits and

drug addictions that were recognized as health conditions that allow drug addicts to handle treatments more than treatment. This moved in the right direction in a greater direction of equilibrium, but there was still a strong penalty for trade medication crimes.

The 2014 amendment initiated major reforms in medical and pharmaceutical applications of narcotic drugs, especially pain and palliative therapy. It established the category of “essential narcotic drugs”, such as morphine, and made them more easily accessible for medical use by simplifying licensing regulations. The amendment also redefined “illicit traffic” to make sure petty offenders were not treated equally as members of organized traffickers. These adjustments were designed to reconcile law enforcement and medical necessity, among other concerns.

Even with these changes, the NDPS Act remains criticized for its brutal treatment of drug consumers, with rigorous bail provisions and harsh punishments resulting in prison congestion. Most critics contend that criminalization of drug addiction is still a serious concern, as the Act still favors punitive enforcement over harm reduction and rehabilitation. Demands for additional reforms indicate the necessity to decriminalize individual drug use, increase harm reduction measures, and enhance access to addiction treatment programs. In the future, a more public health-based approach is necessary to ensure that drug policies emphasize rehabilitation over excessive punishment.

11. Classes of Narcotic and Psychotropic Substances in India:

1. Narcotic Drugs – These are naturally grown plants and some part of it are used in making of Narcotic drugs.

- They are naturally occurring like opium, cannabis, and coca leaves. Important narcotic drugs are:
- Opium (Papaver somniferous): Medicinally used for pain relief but abused as heroin.
- Morphine & Codeine: Medicinally utilized but controlled because of their addicting nature.
- Heroin (Diacetylmorphine): A morphine derivative, widely trafficked.
- Cannabis (Marijuana, Hashish, Charas, Ganja): Used extensively but illegal except for medical and religious use.

2. Psychotropic Substances - These are man-made drugs that act on the central nervous system, such as:

- Amphetamines & Methamphetamines: Stimulants commonly abused as party drugs.
- LSD (Lysergic Acid Diethylamide): A hallucinogen.
- MDMA (Ecstasy): Used in party culture.
- Ketamine: A dissociative anesthetic abused as a party drug.

India adheres to the United Nations Convention on Psychotropic Substances, 1971, which lists banned substances under the NDPS Act.

12. Enforcement Mechanisms:

Agencies Involved

- **Narcotics Control Bureau (NCB):** The coordinating center for drug law enforcement at the national level.
- **Central Bureau of Narcotics (CBN):** Oversees the legal cultivation of opium.
- **Directorate of Revenue Intelligence (DRI):** Tracks illegal drug trafficking across national borders.
- **State Police & Anti-Narcotics Cells:** Impose drug laws at the state level.

International Cooperation

- India is a signatory to several international conventions:
- Single Convention on Narcotic Drugs (1961)
- Convention on Psychotropic Substances (1971)
- United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

India also cooperates with the United Nations Office on Drugs and Crime (UNODC), Interpol, and other

international agencies.

13. Challenges in Drug Control:

India faces several threats due to its geo-strategic location, socio-economic conditions, legal regime and enforcement challenges in relation to drug control. As a country positioned between the Golden Crescent (comprising Afghanistan, Pakistan, and Iran) and the Golden Triangle (comprising Myanmar, Thailand, and Laos)—the two largest opium-producing regions in the world—India has become a key transit country in the smuggling of narcotics. Notwithstanding, grievous offenses like drug passing on and maltreatment up to this point torment the Indian Territory despite strict law like the NDPS Act, 1985.

Some of them are smuggling and trafficking drugs became so much more trafficked as one of its greatest challenges in all. India's open borders with Pakistan, Nepal, Myanmar and Bangladesh make it easy for illegal drugs including heroin, opium, methamphetamine and synthetic drugs to enter the country. The increased use of dark web networks and cryptocurrency transactions has made it more complex for enforcement as well. There are challenges in inter-agency coordination between state and central enforcement agencies like the (NCB), (DRI), and state police forces along with fragmented efforts for drug crimes.

Another cause for concern is the criminalization of drug users under the NDPS Act. While the Act was intended to combat traffickers, it puts drug users and small-time offenders in jail cells, which crowds prisons and does little to address the root causes of addiction. The absence of rehabilitation and harm reduction has contributed to making it hard to reintegrate drug-dependent people into society. Social stigma, taboo and poor de-addiction infrastructure also deter people from seeking treatment.

The spread of pharmaceutical and synthetic drugs is another new challenge. Although the older narcotics such as opium and heroin are still a problem, there has been an increase in the abuse of prescription medications like codeine-containing cough syrups, tramadol, and fentanyl. Loose controls and unregulated internet pharmacies facilitate easier access to these drugs without doctors' supervision.

Corruption and poor enforcement mechanisms also hamper drug control. Low rates of convictions, absence of forensic facilities, and procedural flaws in searches and seizures have resulted in numerous acquittals of drug cases. Further, the judicial backlog leads to prosecution delays, enabling offenders to take advantage of legal loopholes.

In order to successfully confront these problems, India requires a multi-faceted strategy consisting of more effective border security, more effective inter-agency coordination, enhanced rehabilitation centres, judicial reform, and public campaigns. A change from a punitive to a public health-based paradigm would address supply- and demand-side problems, making drug control more effective.

14. Judicial view and milestone cases:

- ***State of Punjab v. Baldev Singh (1999)*** Required compliance with Section 50 of the NDPS Act (procedure of search) to uphold fair trial rights.
- ***Mohan Lal v. State of Punjab (2018)*** Ruled that the investigating officer cannot also be the complainant in NDPS cases for ensuring fairness.
- ***Toofan Singh v. State of Tamil Nadu (2020)*** held that confessions to NCB officials are inadmissible under Section 67 of NDPS Act.

The above cases emphasize the judiciary's role in upholding constitutional rights while enforcing harshly.

15. Rehabilitation and Decriminalization Efforts:

- Government Initiatives - Nasha Mukt Bharat Abhiyan (2020): A national movement for drug-free India.
- National Action Plan for Drug Demand Reduction (NAPDDR): Targets rehabilitation and awareness initiatives.

Decriminalization Debate: The decriminalization of drugs has been the focus of strong debate in India, with policymakers, legal analysts, and health experts presenting contradictory opinions regarding its

effects. The *Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985*, in its present avatar, criminalizes possession, consumption, and trafficking of narcotic substances, with stringent punishments even for petty offenders. Though this stringent strategy was meant to eliminate drug trafficking and abuse, critics oppose that it has resulted in prison overcrowding, abuse of human rights, and stigmatization of drug users, without decreasing drug-related offenses.

Arguments in Favor of Decriminalization: Advocates of decriminalization consider that drug dependency must be addressed no longer as a crook act however as a public health trouble. via decriminalizing drug use, modifications in law enforcement allow for treatment, decreased damage and medical care in which medical care is handled in location of punishment. there's additionally sturdy evidence of decriminalization from the enjoy of international locations.

Other nations consisting of Portugal, Canada and Uruguay have also been able to implement techniques to lessen damage together with needle change packages, supervised drug consumption points, and legalized medical hashish. those models display that penal codes of punishment regularly do not block drug use, however growth stigma and drive customers underground, making intake practices and criminal exploitation much more likely to be uncertain. furthermore, decriminalization will reduce strain on India's busy prison system.

Maximum sub-Trinitarian prisoners in India have been detained in jail for years of conviction. crook consequences for private drug use allow police to target massive human dealers and prepared crime syndicates in location of low drug users.

Arguments Against Decriminalization: Crime critics argue that this leads to an escalation of substance abuse. Especially in young people and efficient protection.

Another fear is that decriminalization can cause people with the wrong signal as drug cartels. This means that more medications are available. Furthermore, decriminalization of corruption between law enforcement and the widespread spread of corruption among law enforcement cannot lead to a fair system and cannot continue due to legal abuse.

The decriminalization debate in India remains diverse and should be considered in a balanced approach, considering the interests of public health and law enforcement. While direct decriminalization may not be possible anytime soon, progressive reforms such as the separation of human drug consumers, the increase in rehabilitation services, and the inclusion of measures to reduce damage can develop efficient and compassionate drug policies. Furthermore, India must learn from the international model and implement solutions in harmony with legal, social and medical contexts.