



# ROLE OF DRUGS IN JUVENILE DELINQUENCY AND ANALYSIS OF NDPS ACT

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*Abstract:* Here is a detailed introduction to address the issue of drug usage and addiction and its correlation with juvenile delinquency. The article also included some recent and important judgements by Hon'ble Supreme Court and High Courts of India which are acting as founding stones for the upcoming laws and policies in favour of youngsters. "Analysis of Data Indicating Role of addiction in criminality". The article discusses in detail regarding the authentic data collected first hand by research scholar and analysis based on those data. The analysis made in this chapter classifies that there is a direct and visible relation between addiction and criminal behaviour or criminality. "Comparative Study of Indian De-addiction Policies with other Countries". The article analyses over all drugs and addiction related laws of a country and also discusses policies in effect to curb substance abuse. "Critical Analysis of Narcotic Drugs and Psychotropic Substance Act". The article provides that despite showing interest in the fight against drug and addiction, India took a long time in ratifying and implementing the obligations lay down by these three conventions.

*Index Terms* - Juvenile delinquency, Narcotic Drugs and Psychotropic Substance Act, Conventions, NCRB Report, De-addiction, War on drugs, non-governmental organisations (NGOs), Integrated Rehabilitation Centre for Addicts, De-addiction centres, Ministry of Social Justice and Empowerment.

## I. INTRODUCTION

Juvenile delinquency is an issue which though being legal requires extra care and concern while dealing such matters. The word "Juvenile" refers to a person under the age of 18. Definition of Section 2(k) in the Juvenile Justice and Care for Children Act, 2000 "juvenile" or "Child" as a person who has not completed eighteen years of age. Section 2 (l) of the Juvenile Justice Act, 2000 has defined "juvenile in conflict with law" as a juvenile who is alleged to have committed an offence and has not completed eighteen years of age as on the date of commission of such offence. Experts are focused to find and work upon different reasons of why is a minor under the age of 18 becomes so rebellious to go against the law of a country. One among the various reasons is drug addiction and substance abuse. One of the leading newspapers highlighted a serious concern by an article titled "Drug overdose kills 1 juvenile every 10 days: NCRB report".

Drug addiction or substance abuse comes along with problems like self-harming, criminal behavior and mental destruction. It is clearly evident from recent reports that the majority of addicts coming to de addiction centers' are young. These young minds under the influence of drugs and other substances get more involved in crimes. This problem is not confined to our country; it's a global problem now and almost every country of the world is fighting in its own way to protect their young generation. India is dealing with this issue with all its might.

Youngsters find it easy to earn a big amount of money without doing monthly hectic jobs. A person's judgement and decision-making are also impaired by the use of drugs and alcohol. More so in young people who use drugs and alcohol, whose brains are still in the early stages of development. As a result, the number of minors who misuse drugs and alcohol is rising. Many substances are readily accessible to young people, including cannabis, cigarettes, and alcohol. Drug usage is common among teenagers in a society where social and peer influences are hard to resist. Scholars believe that criminal behavior and drug or substance misuse is linked in a two-way interaction. In one sense, drug misuse is a catalyst for criminal activity. In contrast, criminal activity encourages the use of drugs among adolescents. Using drugs or alcohol may lead to a person's deviance from society, according to research. A person's abnormality allows them to commit whatever crime they choose.

## **II. HISTORY OF LEGISLATION ON NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES**

This Act, known as the NDPS Act, was approved by the Indian Parliament and forbids and individual from producing / manufacturing / cultivating / selling / purchasing / storage / consumption of any narcotic drug or psychotropic substance. Originally a Bill submitted in the Lok Sabha on August 23, 1985, this Act was approved by both Houses of Parliament (Rajya Sabha and Lok Sabha) and signed into law. On September 16, 1985, the Hon'ble President Giani Zail Singh signed it into law. This Act extends to the whole of India and it came into force after the Central Government notified it in the Indian Gazette on 14<sup>th</sup> November 1985.

Though this was not the first attempt by India against drug and addiction, there were concrete efforts even in the past. The Indian Hemp Drugs Commission, an Indo-British study of cannabis usage in India appointed in 1893, found that the "moderate" use of hemp drugs was "practically attended by no evil results at all", "produces no injurious effects on the mind" and "no moral injury whatever". Regarding "excessive" use of the drug, the Commission concluded that it "may certainly be accepted as very injurious, though it must be admitted that in many excessive consumers the injury is not clearly marked".

The report the Commission produced was at least 3,281 pages long, with testimony from almost 1,200 "doctors, coolies, yogis, fakirs, heads of lunatic asylums, bhang peasants, tax gatherers, smugglers, army officers, hemp dealers, ganja palace operators and the clergy."12 Going back to history, it is noticed that India had few regulations in the past to exercise its control over opium viz. With the passage of time and developments in civilization, the Opium Act 1852, the Opium Act 1878 and the Hazardous Drugs Act 1930 proved inadequate.

India's narcotics laws are controlled by a variety of state and federal statutes, according to the act's stated purpose and justifications. For a long time, there have been three primary acts: the Opium Acts (Opium Acts 1857, 1878 and 1930) and the Dangerous Drugs Acts (1930). Deficits in current legislation have been uncovered as a result of time and advancements in illegal drug trafficking and drug usage at both a national and an international level.

In light of the above, a comprehensive legislation on narcotics and psychotropic substances is urgently needed, which, among other things, should consolidate and amend the existing laws relating to narcotics, strengthen the existing controls on drug abuse, significantly enhance the penalties for trafficking offences, make provisions for exercising effective control over psychotropic substances, and 'make provisions' On November 14, 1985, the measure was signed into law. The act comprises a total of 8 chapters (originally 6+2 added by amendments), with 128 sections (originally 83+45 added by amendments) and a list of Psychotropic substances.

## **III. INDICATING ROLE OF ADDICTION IN CRIMINALITY**

There is a direct and visible relation between addiction and criminal behaviour or criminality. Various studies have proved this fact and even recommended efforts to control crimes begins with efforts to control addiction. An addict is a person who loses his senses and is willing to do anything and to any extent just to get his substance of addiction. The organized criminal industry running around the world is somewhere using the trick to make people addict and then use them in criminal activities like smuggling, sex slavery or prostitution, money related offences and even as contact killers. Their softest target remains the school/college going youngsters who could be trapped in their evil plans easily. They first provide addictive substances to these youngsters for free and then force them to do illegal things to get drugs. But

unfortunately, neither we have reliable data of young addicts nor do we have proper guidance for our youngsters to keep them safe or help in situations like discussed.

There is no doubt Indian Government is providing proper focus upon laws relating to drugs, addiction and trafficking of illicit substances. They also draft policies and guidelines to help addicts but majority youth are unaware about any such effort done by government. If people will not have awareness about laws, they will never fear the consequences. There is a maxim in law "ignorantia juris non excusat" which means ignorance of law is no excuse to escape punishment. Therefore, one must know the law of land.

The young generation needs to know the harmful effects of drugs/ alcohol before it's too late. Guiding them at an early stage could also help in keeping them away from even trying these substances. The one saying is fit to this like "precaution is better than cure", if we are aware of these programmes, we will not regret in future.

Also, government sponsorship or collaborations with educational institutions will undoubtedly make these programmes more effective and reliable for society. It is high time we should abolish the policies and plans just made on paper and switch to ideas with practical implication and positive reach. These awareness programmes will also be helpful in a way that it does not target any person as an addict but it will enrich the young mind with better ideas than addiction. People will feel free and active to participate in these as being school/college activities will promote active participation from the student's side.

#### **IV. COMPARISON OF INDIAN DE-ADDICTION POLICIES WITH OTHER COUNTRIES ADDICTIONS AS A GLOBAL PROBLEM**

Drug addiction and substance abuse are today the biggest life's difficulties for a person. For than a century, nations throughout the world have been attempting to find a solution to this issue but no perfect solution is found yet. These issues have given boost to other threats to mankind and resulted in Injections may transmit illnesses like HIV and hepatitis, such as syphilis. There were a variety of policy responses to this issue. Even the organization like the United Nation is also deeply focused upon dealing with this evil. There are different policies by different nations but the two most famous are War on drugs (WOD) and Harm reduction (HR).

For the first time, the federal government of the "War on Drugs" policy has been implemented by the United States. For the policy aim of making narcotics illegal, authorities are turning to military and police action. So, it seeks to reduce drug manufacturing, smuggling and use by implementing strict laws and regulations. In assessing the likelihood of success of the War on Drugs (WOD), the United States put pressure on the UN to expand the WOD movement internationally. As a consequence, the General Assembly of the United Nations designated the decade 1991-2000 as a decade of drug combat. In 1998, the United Nations General Assembly Special Session (UNGASS) committed itself to a drug-free society by the year 2008, as a result of the movement's culmination.

At that time, it became the most prevalent strategy and most countries considered this in their agenda. It was the result of this strategy that many countries drafted stringent NDPS laws. There were even draconian punishments, such as jail and death, suggested for drug use and sales in the nations. Others have opted for harm reduction (HR), a notion that refers to measures aimed at reducing the harmful impacts of health behavior without totally or permanently eliminating the problematic activity. Instead, focusing on drug use, Harm Reduction focuses on the negative repercussions. Overdose prevention measures, supervised injection facilities (SIF), and opiate replacement therapy are all part of the HR strategy (OST).

The conventional medical model of addiction views drug use as a mistake and, as a consequence, deems it unlawful. Human resources take a different tack. The above discussion highlights the seriousness of the international community towards this issue. The chapter further provides a detail about drug policies/ strategies from different countries and points out best parts of those policies/ strategies.

#### **CANADA**

In 2016, the Canadian government took strong steps towards drug de addiction and substance abuse. A new medication strategy was unveiled by the Minister of Health. which was named as The National Strategy to Combat Drugs and Substance Use in Canada (CDSS). The CDSS serves as a guide to the federal government's response to all substance use issues which includes the following:

The Opioid Epidemic and the movement to legalize and strictly regulate marijuana. There is also a public consultation being held by the Canadian government. The primary goal of this public consultation is to

solicit suggestions from the general public on how to improve and modernise the federal government's health-focused approach to drug abuse. It also aims to make de addiction easier through the CDSS.

## UNITED STATES OF AMERICA

The USA is comparable to the current historic catastrophe in its scope and severity relating to drugs and substance use by its National Drug Control Strategy Devotion to the cause is at an unprecedented level. Focus and resources. The President's office has increased the existing federal grants among the resources in the Fiscal Year (FY) 2019 and dedicated a big portion of the budget to the opioid crisis. After two opioid meetings at the White House, President Trump signed an Executive Order in March 2017 establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis (known as the Commission). In addition, they launched a major effort to combat opioid abuse and addiction. Reduce Drug Supply and Demand in March 2018. This Strategy is focused on achieving one overarching strategic objective: Improving our current and future society's health and well-being by substantially lowering the number of Americans who die from drug overdoses, and by putting in place the necessary measures to dominate the drug market in the years to come By preventing drug use, providing treatment programmes that lead to long-term recovery, and aggressively limiting the availability of illegal drugs in America's communities, this will be accomplished.

## CHINA

Although China is well-known for its strict drug prohibitions and restrictions, its approach to drug abuse and addiction is well-liked across the globe. China has strict anti-drug legislation in place, and the country's government policies even in the past and its recent policies are discussed herein after. In the Chinese leaders began to rein in their use of the "Hard Strike" model in an effort to maintain social stability in the early 2000s. State People's Court President Xiao Yang admitted that successive Hard Strike campaigns had abused minor offenders through police violence, contact with more serious offenders in jail and long stays in administrative detention that were often cruel. Hu Jintao introduced a new anti-crime doctrine in 2006, known as the „socialist harmonious society', to complement the Hard Strike strategy, which remains in place today. There should be no room for arbitrariness in China's use of administrative detention, according to Hu's balanced ideal. Addicts were no longer viewed as criminals, but as people who posed a danger to themselves and others. The idea was that people who use drugs should be viewed as "sick" and 'victims of their dependency', and should therefore receive medical treatment rather than being punished. It was only when China's HIV pandemic among injecting drug users forced policymakers to take a public health approach to combating substance abuse and associated criminality that they were forced to establish certain sensitive policies, including the introduction of harm reduction services such as NSPs and OST. The Anti-Drug Law, enacted in 2007, was the culmination of all of the preceding events.

## ICELAND

Preventing teenage drug abuse using a community-based participatory method known as the Icelandic Prevention Model (IPM) is an ambitious goal. The IPM takes into account a wide range of factors on a child's life, including their family, classmates, school, and the community. Trend studies in Iceland have shown a countrywide fall in juvenile substance use, including a 46% reduction in the percentage of youth drinking in the past 30 days prior to each yearly poll. A 17-year trend study found a decrease from 29.6 percent to 3.6 percent in 30-day alcohol intoxication. IPM recipients and control communities were evaluated using a quasi-experimental method. Parental involvement and engagement in young sports rose in intervention areas, but free time and unstructured social gatherings dropped. Alcohol use and 30-day intoxication rates were also lower in compared to control populations.

## UNITED KINGDOM

The main legislations relating use and abuse of drugs in United Kingdom. The Misuse of Drugs Act, 1971, and The Psychoactive Substance Act, 2016 Despite concentrating majorly on its laws, the U.K. government importantly focuses on collecting latest data in this reference and acting on them by the set of National Actions which they prepare with the help of experts. In the U.K. the big survey Surveys of adolescents' substance use are most commonly drawn from surveys of the National Center for Social Research, the School Health Education Unit Survey from 1987, the European School Survey Project on Alcohol and Other Drugs from 1995, and the World Health Organization's Health Behavior in School Aged Childs. SDDU and HSBC, for example, are surveys that only take into account the experiences of students in school, and hence do not include those who have dropped out of school. The Crime Survey for England and Wales, the Health Survey for England, the Scottish Schools Adolescent Lifestyle and Activity Survey (SALSA), Lisa Lachance and Alfgeir L. Kristjansson "Examining the implementation of the Icelandic model for primary prevention of substance use in a rural Canadian community: a study protocol", Study Protocol, BMC Public Health, 2020 134 and Substance Use Survey (SALSUS) and the Young People's Behavior and Attitude Surveys in Northern Ireland are also worthy of attention.

## INDIA

Drug abuse is a serious issue in India, and many government agencies and ministries are working to solve it. It's common practise in the United States to tackle drug abuse by employing a combination of "supply reduction" and "demand reduction" strategies, as well as "harm reduction." Supply-reduction" is the term used to describe the government's efforts to reduce illicit drug availability, which are overseen by various government agencies, including the Department of Revenue, Ministry of Finance, Narcotics Control Bureau, Ministry of Home Affairs, Government of India, and a number of others. Instead, the "demand reduction" industry focuses on diminishing the general public's desire for drugs via education, treatment, and rehabilitation.

Prevention of Alcoholism and Substance (Drugs) Abuse" in existence since 1985 at the Ministry of Social Justice and Empowerment (MoSJE), the Indian government's key ministry for demand reduction.

Non-governmental organisations (NGOs) operate "Integrated Rehabilitation Centre for Addicts" to treat and rehabilitate persons with substance use disorders under the MoSJE plan. To reduce drug demand, treatment of SUDs via government health-care institutions is also critical, which is the topic of this article. The National AIDS Control Organization and the Ministry of Health and Family Welfare see "harm reduction" in India as largely referring to HIV prevention for persons who inject drugs (MoHFW).

In India, in response to the country's growing drug issue, the 1980s saw several significant changes. In addition to the MoSJE plan (discussed previously), experts and policymakers agreed that the medical treatment of SUDs should be addressed via the country's health-care systems, including the MoHFW, Government of India. The MoHFW will be in charge of treatment, while the MoSJE will be in charge of prevention and rehabilitation. Subcommittee recommendations led to the "Drug De-addiction Program (DDAP)" being implemented in 1988. The plan called for the construction of 30-bed "de-addiction centres" (DACs).

## V. INTERNATIONAL EFFORTS TO PROTECT JUVENILES FROM ADDICTION EFFORTS OF INTERNATIONAL COMMUNITY:

The problem of drug and addiction is not new to the world. There are reports which reveal that there were 25 million drug (opium) users in 1906. Similarly, the concern about addiction and impact on society was the same. This chapter points out the first step taken (internationally) to curb this menace and reaches to the latest efforts the global society is making in this regard. Following is a list of international efforts/conventions/ conferences which proves the gravity of the problem and seriousness of efforts dedicated.

1. The 1909 Shanghai Conference The 1912
2. Hague International Opium Convention
3. The 1925 Geneva Opium Conventions
4. The 1931 Geneva Narcotics Manufacturing and Distribution Limitation Convention / 1931 Bangkok Opium Smoking Agreement
5. The 1936 Geneva Trafficking Convention The 1946 Lake Success Protocol The 1948 Paris Protocol

6. The 1953 New York Opium Protocol Single Convention on Narcotic Drugs, 1961
7. Convention on Psychotropic Substances Protocol Amending the Single Convention on Narcotic Drugs, 1961 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

## **THE 1909 SHANGHAI CONFERENCE**

In 1909, almost more than Shanghai hosted the world's first international drugs conference a century and a half ago. The International Opium Convention of The Hague, 1912, was the result of this conference's earliest efforts to better comprehend the problem. After initially planning to focus on Asia, the problem was considered to be best dealt with by having all major opium producers, manufacturers, and consumers in attendance at the meeting. Most of the colonial powers of the period were able to participate because to a deal that established that delegates only served as advisors to their governments. Even before the delegates arrived, countries began reforming in order to demonstrate progress at the summit. This showed the Commission's influence even before the delegates arrived. A number of nations immediately reported large decreases in their opium imports and sales as a consequence of this.

## **THE 1912 HAGUE INTERNATIONAL OPIUM CONVENTION**

While discussing at the Shanghai meeting, the Americans proposed a future conference to draft an international drug control treaty that would include the Shanghai resolutions in an expanded and more stringent form. The motive behind it was to take things on a more serious note. Eventually, 12 countries agreed to meet at The Hague on 1 December 1911 to draft a treaty. The Hague Convention was signed on 23 January 1912. This International Opium Convention which marks history, was signed in the Hague by representatives from China, France, Germany, Italy, Japan, the Netherlands, Persia (Iran), Portugal, Russia, Siam (Thailand), the UK and the British Overseas Territories (including British India). It came into force in five countries after three years of signing this convention.

## **THE 1925 GENEVA OPIUM CONVENTIONS Although the 1912**

Hague Convention was one among the landmark steps in controlling the prevalence of substances but still the Nations were worried by its less of an impact on East Asian opium and manufactured drug smuggling therefore it was emphasized by majority nations to convene a news conference with more focused and effective strategy. This led to the conclusion of two independent treaties in November 1924, followed by another in February 1925, all on the same topic. As a result of the first Geneva Convention, countries that produced opium were restricted to selling it exclusively via state-run monopolies and in accordance with the restrictions established by such international accords. In addition, the countries were obligated to totally stop the opium trade within 15 years.

## **THE 1931 GENEVA NARCOTICS MANUFACTURING AND DISTRIBUTION LIMITATION CONVENTION / 1931 BANGKOK OPIUM SMOKING AGREEMENT**

In 1931, the League of Nations convened a further conference in Geneva, it was held to strengthen the ideas developed by 1925 Geneva Convention. The reason was that the drugs were transshipped from non-signatory countries and it raised alarm among signatory countries. The 1931 Convention was also required to restrict the production and distribution of drugs such as cocaine, heroin, and morphine. Among the most important aspects of the 1931 Limitation Convention was the restriction placed on the industrial system. The convention's Chapters II and III specify this restriction. According to the fine print, the PCOB was obligated to get estimates from the parties on their national drug needs. The needs were exclusively evaluated for domestic medical and scientific reasons, and the PCOB would compute production restrictions for each signatory nation based on these anticipated needed amounts. Furthermore, a Drug Supervisory Body (DSB) was established to oversee the whole process of estimating needs and approving the use of drugs.

## **CONVENTION FOR THE SUPPRESSION OF THE ILLICIT TRAFFIC IN DANGEROUS DRUGS, AT GENEVA IN 1936**

The global concern regarding the great amount of illicit traffic, the Opium Advisory Committee found that many illicit traffickers were able to escape prosecution because of conflicting principles of international criminal jurisdiction in different countries. Also, the lack of cooperation between the national enforcement authorities provided enough loopholes for criminals to escape. It was disappointing on the part of enforcement authorities as they had to watch helplessly the complete scenario while the leaders of illicit traffic rings directed their nefarious operations from behind the security of a foreign frontier. The 1936 Convention was called to solve these problems.

### **THE PROTOCOL OF LAKE SUCCESS OF 1946**

These agreements, conventions, and protocols on narcotics were all changed by this Protocol, which was ratified by the United Nations on 26 June 1936 at the United Nations Headquarters in New York City. The well-known Lake Success Protocol was signed on 11 December 1946. The special feature about this protocol was the conditions which were considered binding on nations.

### **THE 1948 PARIS PROTOCOL**

The 1948 Paris Protocol was opted to bring the 1931 Convention for Limiting the Manufacture and Regulating Distribution of Narcotic Drugs does not apply to these substances. In 1948, in Paris, this Protocol was signed. As a drug control agreement, it was aimed to close certain key flaws in its previous treaty on narcotics (the 1931 treaty). That the Protocol's rules extended to all medications with equal adverse effects and misuse potentials was perhaps its most notable aspect. Therefore, it brought a similarity concept to the drug laws. The importance of this protocol was observed because with change in time and high-speed development of the world many new addictive substances got introduced to the world.

### **INTERNATIONAL NARCOTICS CONTROL CONVENTION, 1961**

This international treaty was signed on March 30<sup>th</sup> 1961, to restrict the production and distribution of particular medications and pharmaceuticals having comparable effects. Certain uses, such as medical treatment and research, are exempt from this limitation, as is the use under permission for such reasons. Opium, coca, and their derivatives were the only substances under regulation under the previous treaties (like morphine, heroin, and cocaine). In addition to the medicines listed, the Single Convention covered cannabis and other medications with effects comparable to those of the listed drugs. It widened the scope. scope of this treaty as compared to past treaties. This treaty known as A single convention cannot carry out its own actions. The United Nations Office on Drugs and Crime (UNODC) works with nations' legislatures to ensure that the terms of the treaty are implemented. As a consequence, the majority of the UNODC's legal library's national drug legislation adheres closely to the Single Convention and its accompanying additional treaties. It was then that the Single Convention was seen as the worldwide norm for harmonising national drug legislation.

### **CONVENTION ON PSYCHOTROPIC SUBSTANCES 1971**

The rapid changing world now found addiction like Ecstasy and unfortunately no treaty covered any such substance under control or prohibition. As a United Nations convention, the Convention on Psychotropic Substances of 1971 governs the use and distribution of psychoactive substances, such as amphetamine-type stimulants and barbiturates. Vienna, Austria, hosted the signing ceremony for this agreement on February 21, 1971. After the 1961 Single Convention on Narcotic Drugs was signed into law, the primary goal of this treaty was to include the drugs that were not included in the 1961 agreement. The features marking it an important treaty includes its Article 20 which introduces the themes of public education and prevention of abuse to the general population international drug control legal architecture failed to take these factors into account earlier. Parties must come to an agreement. "Take all practical measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved, and shall coordinate their efforts to these ends." As much as feasible, it is required that the training of employees to carry out these activities

be promoted, as is the encouragement of research and public understanding of etiological concerns associated to abuse.

## **PROTOCOL AMENDING THE SINGLE CONVENTION ON NARCOTIC DRUGS, 1961**

In 1972 a Protocol was introduced to amend the Single Convention on Narcotic Drugs. It was done to make several changes to the Single Convention on Narcotic Drugs. The foremost change was that the need for treatment and rehabilitation of drug addicts was introduced. The signatory parties were instructed to take "all practicable measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation, and social reintegration of the persons involved". It also increased the number of members in the International Narcotics Control Board. Earlier it was 11 members and then this protocol extended it to 13 members. Additionally, it in addition added Article 21 which imposed production of opiates is restricted.

## **NARCOTIC AND PSYCHOTROPIC SUBSTANCES ILLICIT TRAFFICKING CONVENTION**

One among the major three drug control treaties, Adherence to the 1988 convention of the United Nations against the illicit trafficking of narcotic drugs 154 and psychotropic substances and the 1961 single convention on narcotic drugs and 1971 convention on psychotropic substances has been strengthened via the adoption of new legal procedures. The Vienna Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which took place from November 25 to December 20, 1988, is credited for passing the convention. Measures against money laundering and diversion of precursor chemicals are included in this convention, which aims to combat all aspects of drug trafficking.

## **CRITICAL ANALYSIS OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCE ACT**

The Indian Constitution under its Article 47 declares that "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". Along with this declaration, India remained a party in three well known International Conventions against drug and addiction.

Those three are:

1. Single Convention on Narcotic Drugs, 1961,
2. Convention on Psychotropic Substances, 1971 and
3. The UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

Despite showing interest in the fight against drug and addiction, Indians took a long time in ratifying and implementing the obligations lay down by these three conventions. During 1980's the international community (especially America) started pressurizing India due to the campaign for a worldwide law against all drugs. As a result, the then Rajiv Gandhi government enacted the Narcotic Drugs and Psychotropic Substances Act 1985 which banned all narcotic drugs in India. This half-hearted effort is still creating trouble or law enforcing agencies. The Act underwent 3 amendments till now and still the situation does not seem fit as to fight appropriately against drugs, addiction and related crimes. Various law experts are of the opinion that the law was passed in such a rush that it left numerous loopholes in it for any offender to escape and also somewhere render the authorities handicapped to determine guilt.

## CONCLUSIONS

The number of young addicts is increasing rapidly and it is resulting in more juveniles in conflict with law. The reasons could be different like due to depression or earning easy money but it represents a clear picture of vulnerability of this age group.

The easy availability of alcohol or bhang etc. and over-the-counter drugs (medicines) are adding fuel to fire. This easy availability leads to casual consumption and later as an unforgettable habit. This also results in ruining their actual personality while in their early days.

But unfortunately, the NDPS Act does not consider bhang as a narcotic drug or a psychotropic substance, instead it's the most prevalent and easily available substance of addiction. This question was also raised before court in Samid vs. State of U.P, 1995 and Arjun Singh vs State of Haryana and in both the cases bhang was held that bhang is beyond the purview of Narcotic Drugs and psychotropic substances.

It is observed by analysing existing government policies that either there is no early treatment plan or the plan is not implemented, else there would be no such increase in fresh users of addictive. It is also concluded that there is no facility for young people or fresh users unless they become addicts.

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