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A STUDY OF DRUG POLICIES IN INDIA: A CRITICAL LEGAL AND POLICY ANALYSIS OF PROHIBITION, DEMAND REDUCTION, TREATMENT, HARM REDUCTION AND EMERGING NARCOTICS CONTROL

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I. ABSTRACT

India's drug policy combines prohibition, criminal enforcement, regulation of legitimate medicines, public-health intervention and international cooperation. Its central legal framework is anchored in Article 47 of the Constitution and the Narcotic Drugs and Psychotropic Substances Act 1985 (NDPS Act), supplemented by the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1988 and executive programmes for prevention, treatment and rehabilitation. Adopting a doctrinal and policy-analysis methodology, this article examines legislation, judicial decisions, government policy documents, official reports and relevant international standards to evaluate the evolution and operation of Indian drug policy. It analyses the NDPS framework, treatment and harm-reduction measures, the National Action Plan for Drug Demand Reduction, the Nasha Mukta Bharat Abhiyaan, the Narco-Coordination Centre (NCORD) mechanism, and responses to synthetic drugs, precursor diversion, darknet-enabled trafficking and financial investigation. Particular attention is given to the Vision Document on Narcotics Control 2026–2029 and Tamil Nadu's Drug-Free Tamil Nadu initiatives, including its Mission Management Unit, Anti-Drug Clubs, treatment interventions and inter-agency coordination. The analysis finds that the principal deficiencies increasingly concern implementation, coordination, treatment accessibility and reliable national and state-level data rather than the absence of a statutory framework. Accordingly, drug-policy effectiveness should be

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assessed not solely through seizures, arrests and convictions, but also through treatment access and retention, prevention outcomes, reduction in stigma, procedural safeguards and rehabilitation outcomes. The article recommends periodic prevalence surveys, outcome-based evaluation, stronger treatment-diversion and referral pathways, minimum standards for de-addiction services, improved inter-agency and financial investigations, and enhanced capacity to address synthetic drugs and technology-enabled trafficking.

II. KEYWORDS

NDPS Act; drug policy; demand reduction; harm reduction; Tamil Nadu.

III. INTRODUCTION

Drug policy occupies a difficult intersection between criminal law, public health, constitutional governance, social welfare, pharmaceutical regulation and national security. The Indian approach has traditionally been prohibition-oriented, but the policy architecture has never been exclusively punitive. The NDPS Act regulates prohibited conduct while also permitting medical and scientific uses and expressly authorizing governments to establish centers for identification and treatment of persons dependent on drugs.³

The Union Government released the Vision Document on Narcotics Control 2026–2029 in June 2026. The document adopts four interconnected areas of action: enforcement and intelligence; precursor and synthetic-drug control; demand reduction and harm reduction; and capacity building and coordination⁴. The policy shift is significant because contemporary drug markets are increasingly shaped by synthetic substances, pharmaceutical diversion, digital communications, dark net-enabled transactions, cryptocurrency and cross-border networks. At the same time, drug dependence remains a health and social problem requiring treatment, rehabilitation and continuity of care.

³ Constitution of India 1950, art 47; Narcotic Drugs and Psychotropic Substances Act 1985, 64A and 71.

⁴ Ministry of Home Affairs, Government of India, 'National Drug Control Vision: Vision Document on Narcotics Control (2026–2029)' (26 June 2026)

This article therefore asks whether India's current framework is sufficiently balanced between deterrence and health, whether national policy is being translated into effective state-level action, and what reforms could improve legal certainty, treatment access, institutional coordination and measurable outcomes.

A. Research Questions

1. What are the principal legal and policy foundations of drug control in India?
2. How has Indian drug policy evolved from historical regulation to the present NDPS-centered framework?
3. To what extent do current demand-reduction, treatment and harm-reduction measures complement criminal enforcement?
4. How are contemporary developments such as synthetic drugs, dark net trafficking, precursor diversion and financial investigation being addressed?
5. What lessons can be drawn from Tamil Nadu's recent state-level drug-control initiatives?
6. What legal and policy reforms can strengthen an evidence-based and rights-sensitive drug policy in India?

B. Objectives of the Study

1. To examine the evolution and legal foundations of Indian drug policy.
2. To critically analyze the NDPS Act and related institutional mechanisms.
3. To assess current national programmes for prevention, treatment, rehabilitation and harm reduction.
4. To examine recent developments in national narcotics control policy up to August 2026.
5. To analyze Tamil Nadu as a state-level case study of implementation and coordination.
6. To formulate practical recommendations for law, policy, administration and public-health delivery.

C. Research Methodology

The study adopts a doctrinal and policy-analysis methodology.

Primary legal materials include the Constitution of India, the NDPS Act 1985, the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1988, relevant judicial decisions and government policy documents.

Secondary and policy materials include official reports of the Ministry of Social Justice and Empowerment, Ministry of Home Affairs, Narcotics Control Bureau, Ministry of Health and Family Welfare, Tamil Nadu Government policy materials, and publications of international organizations including the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO).

The article does not claim to provide a new epidemiological survey. Where national prevalence figures are discussed, the article identifies the year and source of the underlying official survey so that historical estimates are not presented as current prevalence.

IV. HISTORICAL EVOLUTION OF DRUG REGULATION IN INDIA

A. Traditional and Colonial Regulation

The historical use of psychoactive and medicinal plants in India, including references to cannabis and traditional medical literature. The historical record is relevant not because traditional use should determine contemporary legality, but because it demonstrates that the relationship between society and psychoactive substances has never been uniform. Different substances have been treated as medicines, commodities, ritual substances or prohibited goods at different points in time.

During British rule, opium and cannabis were increasingly brought within licensing and excise systems. The Opium Acts of 1857 and 1878 strengthened state control over cultivation and trade, while the Dangerous Drugs Act 1930 consolidated controls over

certain drugs derived from coca, hemp and poppy⁵. The Drugs and Cosmetics Act 1940 subsequently created the principal regulatory framework for medicinal products, demonstrating the continuing distinction between legitimate medical use and illicit trafficking.

B. Post-Independence Consolidation

The constitutional foundation is Article 47, which directs the State to endeavor to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and drugs injurious to health⁶. This directive principle does not itself create a criminal offence, but it provides a constitutional policy orientation for legislative and executive action.

India is also party to the three principal United Nations drug-control conventions: the Single Convention on Narcotic Drugs 1961, the Convention on Psychotropic Substances 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988⁷. The modern domestic framework therefore reflects both constitutional policy and international obligations.

V. THE NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1985

The NDPS Act is the central statute governing narcotic drugs and psychotropic substances in India. In general terms, it prohibits cultivation, production, manufacture, possession, sale, purchase, transport, warehousing, use, consumption, import and export of specified substances except where permitted for medical or scientific purposes.⁸ The Act is deliberately stringent, particularly in relation to trafficking and commercial quantities. Its policy objective is therefore principally supply reduction and deterrence.

⁵ Narcotics Control Bureau, 'National Policy on Narcotic Drugs and Psychotropic Substances' (Government of India)

⁶ Constitution of India 1950, art 47.

⁷ Narcotics Control Bureau, 'Drug Control Policy' (Government of India)

⁸ Narcotic Drugs and Psychotropic Substances Act 1985, ss 8(c), 9, 10 and 15-25.

At the same time, the statute contains provisions that complicate a purely punitive interpretation. Section 27 creates a specific offence of consumption.⁹ Section 64A provides immunity from prosecution, in specified circumstances, to an addict charged under section 27 or with an offence involving a small quantity who voluntarily undergoes medical treatment for de-addiction; such immunity may be withdrawn if the person does not undergo complete treatment.¹⁰ Section 71 empowers the Government to establish, recognise or approve centres for the identification, treatment, management, education, after-care, rehabilitation and social reintegration of persons affected by drug dependence and for the supply of narcotic drugs and psychotropic substances to registered addicts where medically necessary.¹¹

The policy significance of these provisions is considerable. They demonstrate that Parliament did not design the NDPS Act solely as an incarceration statute. The legal framework contains a statutory bridge between criminal justice and treatment. The continuing challenge is implementation: treatment-based provisions are meaningful only when accessible, professionally delivered, confidential and sufficiently separated from fear of prosecution.

A. Structure and Limitations of the NDPS Act

The severity of liability under the NDPS Act is substantially determined by the quantity involved. Sections 2(xiiiia) and 2(viia) define “small quantity” and “commercial quantity” respectively by reference to quantities notified by the Central Government. Notification S.O. 1055(E) dated 19 October 2001 specifies substance-specific thresholds. Following the 2001 amendment, several principal offences adopt a graded punishment structure: offences involving a small quantity attract comparatively lower punishment; quantities greater than small but less than commercial quantity attract an intermediate

⁹ Ibid, s 27.

¹⁰ Ibid, s 64A.

¹¹ Ibid, s 71.

range of punishment; and commercial-quantity offences attract substantially more severe mandatory sentencing ranges.

This structure sought to introduce greater proportionality by differentiating relatively minor possession from serious trafficking-related conduct. Section 37 nevertheless creates a particularly stringent bail regime. For offences under sections 19, 24 and 27A and offences involving commercial quantity, bail cannot ordinarily be granted unless the Public Prosecutor has been given an opportunity to oppose the application and, where it is opposed, the court is satisfied that there are reasonable grounds for believing that the accused is not guilty of the offence and is not likely to commit an offence while on bail. Quantity classification consequently affects not only punishment but also pre-trial liberty.

In *Hira Singh v Union of India* (2020) 20 SCC 272, a three-Judge Bench of the Supreme Court held that, where a narcotic drug or psychotropic substance is found in a mixture with neutral substances, the total quantity of the mixture, rather than only the actual drug content, is relevant for determining whether the quantity is small or commercial. The statutory framework has also evolved through significant amendments. The 1988 amendment, which came into force in 1989, substantially strengthened the enforcement framework, including provisions concerning Special Courts, stringent bail requirements and forfeiture of illegally acquired property.

The 2001 amendment introduced quantity-linked graded punishments and substituted section 64A, removing the earlier “once in his lifetime” limitation and extending treatment-based immunity beyond consumption under section 27 to offences involving a small quantity, subject to completion of de-addiction treatment. The 2014 amendment introduced the category of “essential narcotic drugs” and centralized aspects of their regulation to facilitate legitimate medical and scientific access, particularly to controlled opioids used in pain management and palliative care.

The 2021 amendment corrected the cross-reference in section 27A that had remained unchanged after the 2014 renumbering of the definition of “illicit traffic”, with the

correction deemed effective from 1 May 2014. These features reveal an important tension within the NDPS framework. Quantity-based sentencing seeks proportionality, while section 37 imposes exceptional restrictions on bail in specified serious offences; simultaneously, sections 64A and 71 and the essential-narcotic-drug reforms recognize treatment and legitimate medical access.

The principal policy challenge is therefore not simply to choose between enforcement and treatment, but to ensure that stringent measures against serious trafficking operate alongside proportionate responses to lower-level offending, effective treatment pathways and adequate access to controlled medicines for legitimate medical purposes.

B. Enforcement and Procedural Safeguards

The severity of NDPS offences makes procedural safeguards particularly important. In *State of Punjab v Baldev Singh*¹², the Supreme Court treated compliance with the statutory safeguards concerning personal search under section 50 as an important protection against arbitrary search. In *Arif Khan v State of Uttarakhand*¹³, the Court reiterated the mandatory nature of the section 50 safeguard in the circumstances of a personal search and held that failure to comply could invalidate the prosecution case. These decisions illustrate an important policy principle: strong drug-control legislation must operate within constitutional and procedural limits.

The protection against self-incriminatory confessions was significantly strengthened in *Tofan Singh v State of Tamil Nadu*, where a three-Judge Bench of the Supreme Court, by majority, held that officers invested with powers under section 53 of the NDPS Act are ‘police officers’ for the purposes of section 25 of the Indian Evidence Act 1872 and that statements recorded under section 67 cannot be used as confessional statements in the trial of an NDPS offence. The majority thereby overruled the contrary position in *Raj Kumar Karwal v Union of India*. The practical consequence is that investigators and

¹² *State of Punjab v Baldev Singh* (1999) 6 SCC 172.

¹³ *Arif Khan @ Agha Khan v State of Uttarakhand*, Criminal Appeal No 273 of 2007, Supreme Court of India, judgment dated 27 April 2018

prosecutors must build NDPS cases on independently admissible evidence including lawful recovery and seizure, forensic analysis, properly preserved electronic evidence, financial records and other corroborative material rather than treating section 67 confessions as substantive proof of guilt.

The Supreme Court subsequently reiterated this position and, in March 2024, expressly directed NCB officers to comply with *Tofan Singh*. This reinforces the need for regular training on evidence collection and handling and assumes additional significance under the contemporary policy emphasis on financial investigation in major trafficking cases. A rights-sensitive drug policy therefore requires trained investigators, proper documentation, forensic integrity, lawful search and seizure, compliance with evidentiary safeguards and effective legal representation. Enforcement quality is not opposed to enforcement strength; it is one of its essential components.

VI. RELATED LEGAL AND INSTITUTIONAL FRAMEWORK

The Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1988 permits preventive detention in specified circumstances to prevent illicit trafficking.¹⁴ The Narcotics Control Bureau (NCB), constituted on 17 March 1986 under section 4(3) of the NDPS Act, functions as an apex coordinating and enforcement agency for drug-law enforcement, while drug control also involves Customs, State Police, financial-intelligence and investigative agencies, health authorities, social-welfare departments and other stakeholders.¹⁵

This multiplicity of institutions is unavoidable because the contemporary drug problem is multidimensional. However, institutional plurality creates a coordination risk. To facilitate coordination among Central and State stakeholders, the Narco-Coordination Centre (NCORD) mechanism operates through a four-tier structure at the Apex, Executive, State and District levels. A dedicated Anti-Narcotics Task Force (ANTF),

¹⁴ Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1988

¹⁵ Ministry of Finance (Department of Revenue), Notification SO 96(E), 17 March 1986; Narcotic Drugs and Psychotropic Substances Act 1985, s 4(3).

headed by an Additional Director General/Inspector General-level police officer in each State and Union Territory, functions as the NCORD Secretariat and follows up on compliance with decisions taken at different levels.

In addition, a Joint Coordination Committee (JCC) under the chairmanship of the Director General, NCB, monitors the investigation of important and significant drug seizures.¹⁶ The effectiveness of these coordination mechanisms should therefore be evaluated not merely by the number of meetings but by measurable outputs such as joint investigations, intelligence sharing, financial investigations, precursor monitoring, treatment referrals and disruption of repeat trafficking networks.

VII. DEMAND REDUCTION, TREATMENT AND REHABILITATION

The Ministry of Social Justice and Empowerment is the nodal ministry for drug demand reduction and implements the National Action Plan for Drug Demand Reduction (NAPDDR). The scheme supports services such as Integrated Rehabilitation Centers for Addicts, Community-based Peer Led Intervention, Outreach and Drop-In Centers, District De-Addiction Centers and Addiction Treatment Facilities in government hospitals.¹⁷

The Nasha Mukta Bharat Abhiyaan (NMBA), launched in 2020 in 272 vulnerable districts, was extended to all districts from August 2023. The programmed focuses on awareness, identification of persons affected by substance use, counselling, treatment and capacity building, with particular attention to schools, universities and higher-education institutions¹⁸. The Ministry's 2025–26 Annual Report records substantial nationwide outreach and reports that more than 25.53 crore people had been sensitized by 31 December 2025, including more than 9.24 crore youth and 6.31 crore women. It also

¹⁶ Ministry of Home Affairs, Government of India, Rajya Sabha, Unstarred Question No 1507, 'Measures to Curb Drug Trafficking' (12 March 2025).

¹⁷ Department of Social Justice and Empowerment, Government of India, 'National Action Plan for Drug Demand Reduction'

¹⁸ *ibid*; Department of Social Justice and Empowerment, 'Drug Division'.

reports participation of more than 16 lakh educational institutions and the training of more than 20,000 Master Volunteers.¹⁹

These figures demonstrate scale, but scale should not be confused with effectiveness. Awareness campaigns are necessary but insufficient. Evidence-based prevention requires age-appropriate interventions, family engagement, life-skills education, early identification, referral mechanisms and evaluation of outcomes rather than simply counting events or pledges.²⁰

Treatment policy should likewise be measured through retention, relapse prevention, functional recovery, employment or education outcomes, reduction in overdose and infectious disease risk, and reintegration into family and community life. The international standards developed by UNODC and WHO support a health-centered approach to prevention and treatment that is evidence-based and attentive to different levels of risk.²¹

A. Harm Reduction and Continuity of Care

India's experience with HIV prevention among people who inject drugs demonstrates that harm reduction can coexist with the longer-term objective of addressing drug dependence. Under the National AIDS Control Programme, harm-reduction interventions for people who inject drugs have included targeted interventions and opioid substitution therapy. The contemporary policy challenge is to ensure that evidence-based interventions are not fragmented across separate programmes. Harm reduction, treatment, mental-health services, HIV and hepatitis prevention, overdose response and social rehabilitation should be connected through effective referral pathways.

¹⁹ Department of Social Justice and Empowerment, Government of India, Annual Report 2025–26 (2026). .

²⁰ UNODC and WHO, *International Standards on Drug Use Prevention*, 2nd edn (2018) .

²¹ UNODC and WHO, *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing* (2020)

B. Evidence and the Problem of Data

India's most widely cited national survey on substance use was commissioned by the Ministry of Social Justice and Empowerment and conducted through the National Drug Dependence Treatment Centre, AIIMS. Published in 2019, the survey estimated substantial use of alcohol, cannabis, opioids and other substances and remains an important baseline²². However, it should not be presented as a 2026 prevalence survey. The distinction between an historical prevalence estimate and current enforcement data is essential.

The NCB's annual reporting provides a different type of evidence: seizures, cases, arrests, trafficking patterns and enforcement trends. The 2023 annual report, for example, documented major trafficking concerns involving opiates, illicit cultivation, pharmaceutical diversion, synthetic drugs, courier parcels, drones and maritime routes²³. The NCB has subsequently released annual reports for 2024 and 2025, demonstrating the institutionalization of annual national monitoring.

Policy evaluation requires integration of these datasets. A rise in registered cases or seizures may reflect increased enforcement rather than increased prevalence. Conversely, a fall in seizures may indicate either reduced trafficking or reduced detection. Future national policy should therefore develop a transparent dashboard combining prevalence, treatment demand, treatment capacity, overdose, mortality, infectious disease, arrests, convictions, seizures, asset confiscation and post-treatment outcomes.

VIII. CONTEMPORARY NATIONAL DRUG POLICY

A. National Action Plan and Nasha Mukh Bharat

The NAPDDR framework has evolved beyond a narrow rehabilitation model into a broader demand-reduction architecture involving prevention, counseling, treatment,

²² Atul Ambekar and others, *Magnitude of Substance Use in India* (Ministry of Social Justice and Empowerment and NDDTC, AIIMS 2019)

²³ Narcotics Control Bureau, *Annual Report 2023* (Government of India 2024)

rehabilitation, community outreach, capacity building and research. The Ministry's current scheme information continues to identify NAPDDR as the principal umbrella framework for drug demand reduction.

The extension of NMBA to all districts is particularly significant because drug policy cannot remain concentrated in a small group of high-risk districts. Universal prevention, however, should be combined with geographically targeted intensity based on local epidemiology. A district with a high prevalence of opioid dependence may require a different service package from a district facing primarily pharmaceutical diversion or emerging synthetic drugs.²⁴

B. Vision Document on Narcotics Control 2026–2029

The most important recent policy development is the Vision Document on Narcotics Control 2026–2029, released on 26 June 2026. The document provides a three-year roadmap and identifies four focus areas: enforcement and intelligence operations; precursor and synthetic-drug control; demand and harm reduction; and capacity building and coordination.

The Vision Document recognizes that drug control must respond to new forms of trafficking. It places greater emphasis on synthetic drugs, dark net networks, cross-border trafficking, technological intelligence, community policing, forensic capacity and financial investigation. It also calls for strengthening prevention in educational institutions, drug-free campuses, Anti-Drug Committees, trained teachers and counselors, early identification and referral, and consent-based screening in specified student-welfare contexts.

A notable feature is the requirement that States and districts develop three-year roadmaps aligned with the national framework. This creates an opportunity to move from fragmented annual campaigns towards measurable state and district strategies. The

²⁴ Arpit Parmar, Venkata Lakshmi Narasimha and Santanu Nath, 'National Drug Laws, Policies, and Programs in India: A Narrative Review' (2024) 46(1) *Indian Journal of Psychological Medicine* 5.

challenge will be to preserve state-specific flexibility while ensuring minimum national standards.

C. Synthetic Drugs, Precursors and Pharmaceutical Diversion

The contemporary drug market cannot be understood only through traditional plant-based substances. Synthetic drugs can be manufactured, transported and distributed through changing networks, while legitimate pharmaceutical products may be diverted into illicit channels. The NCB has specifically identified diversion of pharmaceutical preparations such as codeine-based products, buprenorphine and sedatives as an enforcement and public-health concern.

The policy response should therefore combine precursor control, pharmaceutical supply-chain monitoring, suspicious-order reporting, digital investigation, laboratory capacity and responsible prescribing. Excessive restrictions on legitimate medical access should be avoided; the objective should be preventing diversion while preserving access to essential controlled medicines.

D. Financial Investigation and Online Trafficking

The 2026 national roadmap places increased emphasis on the financial structure of drug networks. This is a rational development because arresting low-level couriers without disrupting the economic infrastructure of organized trafficking may have limited long-term effect. Financial investigation should therefore accompany major NDPS cases, subject to due process and evidentiary standards.

Darknet-enabled trafficking and cryptocurrency transactions also require specialist investigative capacity. The national roadmap's emphasis on technology, cyber investigation and coordination should be accompanied by training for police, prosecutors, forensic experts and judges so that digital evidence is collected, preserved and presented in a legally sustainable manner.

IX. STATE GOVERNMENT POLICY: TAMIL NADU AS A CASE STUDY

Drug control in India is implemented through a combination of Union and State responsibilities. Tamil Nadu provides a useful case study because its Drug-Free Tamil Nadu framework combines enforcement, prevention, treatment, rehabilitation and inter-departmental coordination. The State's policy architecture has continued to evolve in 2026, including significant changes in its specialised anti-narcotics enforcement structure and additional financial support for de-addiction and rehabilitation.

The Tamil Nadu Government's Prohibition and Excise Policy Note 2025–2026 records the earlier enforcement and coordination framework, including the Enforcement Bureau–Crime Investigation Department and the Mission Management Unit (MMU) for Drug-Free Tamil Nadu, established by G.O. (Ms) No. 31 dated 1 August 2024 to coordinate and monitor stakeholder departments. Available 2026 programme material continues to identify the Mission Management Unit under the Drug-Free Tamil Nadu initiative, indicating institutional continuity during the change in government.

The State continues to use educational institutions as a major prevention platform through Anti-Drug Clubs, student volunteers and awareness programmes. The 2026–27 budget framework continues this approach and provides for Anti-Drug Clubs and student volunteer groups in schools, prominent display of the 10581 helplines, and use of the Drug-Free Tamil Nadu mobile application for confidential reporting of drug trafficking and substance abuse. These measures indicate continuity in the State's demand-reduction strategy alongside changes in enforcement policy.

A notable public-health component is the State's effort to strengthen treatment and rehabilitation. The earlier framework established de-addiction services in government hospitals, while the 2026–27 budget announced a ₹70 crore Rehabilitation Fund to support de-addiction and rehabilitation of persons affected by substance abuse. The continuation of government-hospital de-addiction services alongside this dedicated fund strengthens the treatment dimension of the State's drug-control strategy. The status and results of the proposed State-specific prevalence survey should, however, be reported

only when supported by updated official material rather than continuing to describe it as merely 'planned'.

The State's enforcement architecture also changed materially in August 2026. The 2026–27 budget announced 65 Special Task Force for Interdiction of Narcotics and Gangs (STING) units 37 district units and 28 urban units to strengthen investigation of drug trafficking and organised criminal networks, including financial investigation and action against assets connected with narcotics offences. Subsequent Government action sanctioned ₹264.14 crore for the State-wide anti-narcotics structure. Tamil Nadu's evolving model therefore combines intensified enforcement with prevention, reporting mechanisms and rehabilitation.

Its effectiveness should nevertheless be assessed through independent measures of treatment access and retention, rehabilitation outcomes, school and college referrals, district-level risk patterns, financial disruption of trafficking networks and reliable prevalence data. Awareness programmes, Anti-Drug Clubs, seizures and arrests should be complemented by independent measurement of treatment access, treatment retention, relapse, school and college referral outcomes, youth risk factors and district-level prevalence.

A. Lessons from the Tamil Nadu Model

1. A dedicated coordinating mechanism can reduce fragmentation between Home, Police, Health, School Education, Higher Education and Social Welfare authorities, while ensuring institutional continuity when administrative structures change.
2. The 2026 expansion of specialised anti-narcotics units demonstrates the increasing importance of district-level intelligence, cyber capability, financial investigation and asset tracing in addressing contemporary trafficking networks.
3. Educational institutions can serve as important settings for prevention and early referral through Anti-Drug Clubs, student volunteers, confidential

reporting mechanisms and helplines, while protecting students from stigma and unnecessary criminalisation.

4. The ₹70 crore rehabilitation fund demonstrates the importance of strengthening treatment and rehabilitation alongside enforcement rather than treating these approaches as competing policy objectives.
5. State- and district-level prevalence and outcome data remain essential for evaluating whether enforcement, prevention, treatment and rehabilitation measures produce measurable reductions in drug-related harm.

X. CRITICAL EVALUATION OF INDIAN DRUG POLICY

A. Strengths

1. A clear statutory framework exists for controlling trafficking and illicit possession.
2. India has institutional mechanisms for coordination among central and state agencies.
3. Demand-reduction policy has expanded substantially through NAPDDR and NMBA.
4. Treatment infrastructure is increasingly integrated into government hospitals and specialized facilities.
5. The 2026–2029 national roadmaps recognize synthetic drugs, dark net trafficking, precursor control, financial investigation and technological capacity as emerging priorities.
6. State governments are being encouraged to prepare their own multi-year roadmaps.

B. Continuing Concerns

1. The statutory framework remains heavily enforcement-oriented, while treatment and rehabilitation services vary significantly in availability and quality.

2. The distinction between a person with a substance-use disorder and a commercial trafficker is not always reflected adequately in practical enforcement priorities.
3. Reliable, recent, state-specific prevalence data remain limited.
4. Awareness activity is often measured by the number of participants rather than long-term behavioral or health outcomes.
5. Treatment services can be difficult to access in rural and economically disadvantaged areas.
6. Stigma may deter people from seeking treatment even where legal and health services exist.
7. Digital and synthetic-drug markets require specialized expertise that many local agencies may not yet possess.
8. High procedural burdens and long trials in NDPS cases can undermine the efficiency of the criminal-justice response.

XI. HUMAN RIGHTS AND PUBLIC-HEALTH PERSPECTIVE

A modern drug policy must reconcile two legitimate objectives: protecting society from organized trafficking and protecting the health and dignity of people affected by substance use. The two objectives should not be treated as mutually exclusive²⁵. Traffickers who organize, finance and profit from illicit markets warrant strong enforcement. Persons experiencing dependence, however, may require medical treatment, psychological support, social protection and rehabilitation²⁶.

The public-health approach is also supported by international prevention and treatment standards, which emphasize evidence-based interventions, early prevention, appropriate treatment and coordination across health, education, social welfare and community

²⁵ United Nations Office on Drugs and Crime (UNODC), *International Standards on Drug Use Prevention* (2nd ed., 2018).

²⁶ United Nations, *United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988), arts. 3, 4 and 14

institutions.²⁷ For India, the practical implication is that demand reduction should not be reduced to moral messaging. It should include scientifically supported prevention, mental-health support, family counseling, vocational rehabilitation and continuing care.

At the same time, a health-centered policy does not require abandoning the rule of law. Procedural safeguards, lawful search and seizure, fair trial, proportionality, legal aid and judicial oversight remain essential. The strongest policy is therefore one that differentiates the enforcement response according to the role, conduct, quantity, evidence, vulnerability and treatment needs of the person involved.²⁸

XII. POLICY RECOMMENDATIONS

The following recommendations are derived from the legal and policy analysis undertaken in this article and incorporate developments under the current national and state drug-control frameworks.

- 1. Establish a national outcome-based drug-policy evaluation framework:** Government should publish annual indicators covering prevalence, treatment demand, treatment capacity, treatment retention, overdose, infectious disease, arrests, convictions, seizures, financial disruption and rehabilitation outcomes. Policy success should not be measured by seizures and arrests alone.
- 2. Conduct a new national substance-use survey at regular intervals:** The 2019 national survey remains an important baseline, but current policy requires contemporary evidence. A periodic national survey, complemented by state and district surveys, should become an institutionalized exercise.
- 3. Strengthen Section 64A and treatment-diversion pathways:** Persons who are dependent on drugs and eligible under the statutory framework should be systematically informed of treatment options. Police, prosecutors and courts

²⁷ UNODC and WHO (n 16); UNODC and WHO (n 17).

²⁸ United Nations Office on Drugs and Crime & World Health Organization, *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing* (2020)

should have clear protocols for referral to recognized treatment facilities, subject to the law.

4. **Introduce minimum quality standards for de-addiction services:** Every government-supported or government-recognized treatment center should comply with minimum standards relating to qualified personnel, informed consent, confidentiality, medication-assisted treatment where clinically indicated, psychosocial care, safeguarding, record keeping and grievance redressal.
5. **Expand treatment through district hospitals and primary-health referral networks:** Specialist centers alone cannot meet national demand. District hospitals and primary-health facilities should be linked to addiction specialists through telemedicine, referral protocols and periodic specialist clinics.
6. **Create integrated treatment and harm-reduction pathways:** Services for opioid dependence, HIV, hepatitis, overdose prevention, mental health and social rehabilitation should be connected so that a person does not have to navigate separate systems for related health needs.
7. **Develop a specialized synthetic-drug and dark net response:** Each State Anti-Narcotics Task Force should have access to cyber investigators, digital-forensic capability, financial investigators and forensic laboratories. Training should cover dark net marketplaces, cryptocurrency tracing, encrypted communications and precursor diversion.
8. **Make financial investigation routine in major trafficking cases:** Large commercial-quantity cases and organized trafficking cases should include systematic tracing of proceeds, beneficial ownership and assets, with appropriate judicial safeguards.
9. **Strengthen state-level drug policy cells:** Every State should have a multidisciplinary policy cell linking Home, Police, Health, Social Welfare, Education, Higher Education, Labour, Youth and Finance departments, with an annual public implementation report.

- 10. Protect students from stigma while strengthening prevention:** Drug-free campus programmers should prioritize education, counseling and referral. Consent, confidentiality and due-process safeguards should be built into any screening or early-identification programmed.
- 11. Introduce independent evaluation of awareness programmers:** Pledges, rallies and awareness events should be supplemented by pre- and post-intervention assessments and longer-term indicators of knowledge, help-seeking, referral and risk behavior.
- 12. Improve access to essential controlled medicines:** Strong diversion controls should not unnecessarily restrict legitimate medical use of opioids and other controlled medicines for pain, palliative care, opioid-dependence treatment and other lawful clinical indications.
- 13. Strengthen legal aid and procedural compliance in NDPS cases:** Investigating officers, prosecutors and judicial officers should receive regular training on statutory safeguards, forensic evidence, search and seizure, chain of custody, electronic evidence and recent judicial decisions.
- 14. Build a national treatment-referral helpline and digital directory:** The existing 14446 helpline should be supported by a continuously updated, location-sensitive directory of government and accredited treatment services, with multilingual information and emergency referral capability.
- 15. Encourage state-specific three-year roadmaps:** The 2026–2029 national vision should be translated into state and district targets based on local epidemiology. Tamil Nadu's experience with a mission-management unit and interdepartmental coordination provides a useful model.
- 16. Establish a national research consortium on drug policy:** Law schools, medical institutions, public-health departments, forensic laboratories and social-science institutions should collaborate on evidence concerning treatment, policing, sentencing, stigma, digital trafficking and rehabilitation.

XIII. CONCLUSION

India has moved beyond a simple prohibition model. Its drug-policy framework now includes criminal enforcement, regulation of legitimate medical use, demand reduction, rehabilitation, harm reduction, institutional coordination, public awareness and increasingly sophisticated responses to digital and synthetic drug markets. The 2026–2029 Vision Document marks an important attempt to integrate these components into a time-bound national roadmap.

The central policy challenge is implementation. The existence of strong legislation does not by itself produce a strong drug-control system. Nor do large numbers of awareness programmers necessarily establish effective prevention. A credible policy must produce measurable public-health and justice outcomes: fewer new dependencies, earlier access to treatment, sustained recovery, reduced overdose and disease, disruption of organized trafficking, lawful investigation, faster and fairer adjudication, and reintegration of recovering persons.

The experience of Tamil Nadu illustrates both the potential and the continuing need for evaluation of state-level drug-control policy. Its Drug-Free Tamil Nadu framework combines institutional coordination, educational prevention, confidential reporting mechanisms, treatment and rehabilitation with an increasingly specialised enforcement response. Developments in 2026, including the proposed State-wide network of 65 STING units and the ₹70 crore rehabilitation fund, further demonstrate an attempt to strengthen enforcement and public-health responses simultaneously. The next stage should focus on independent evaluation, reliable State- and district-level prevalence and outcome data, treatment retention and rehabilitation outcomes, and assessment of whether intensified enforcement produces sustained disruption of trafficking networks while preserving accessible health-oriented interventions.

Ultimately, the most effective Indian drug policy should be firm against organized illicit trafficking and compassionate towards persons affected by substance-use disorders. The appropriate policy objective is not simply to increase the number of arrests or seizures,

but to reduce the social, health and criminal-justice harms associated with illicit drugs while protecting lawful medical access and constitutional rights. A coordinated, evidence-based, health-centered and rights-sensitive model is therefore more likely to produce durable public benefit than a strategy based predominantly on punishment.

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