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Drug Addiction and Its Impact on Indian Society and the Laws Related to Drug Usage

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ABSTRACT

Addiction of drugs has become a global issue and the leading cause of death. India has seen a rise in drug addiction in recent years. Drug addiction is being initiated as a result of changing societal norms, rising economic stress, and weakened family support. In recent years, India is seeing a rise in suicides cases due to extravagant usage of drugs. Adolescent drug addiction is also a big problem, since more than half of people with drug use problems start using drugs before the age of 15. Even if the drug addiction has been there for a long time, it can be cured. However, the government must take certain measures to reduce drug use in the future, such as public awareness programmes, family counselling and by stringent sanction. In order to control addictions in drugs, and prohibit their possession, dispersion, sale, import and trade in India, the Narcotic Drugs and Psychotropic Substances Act was passed. Psychotropic agents can affect the consciousness of an individual while drugs alleviate anxiety. Violations of this law may lead to the imprisonment or fines or both depending on the seriousness of the offence determined by its gravity. The penalty may be reduced if the drugs are used for personal use. In addition, since its introduction the legislation has been revised several times. The current paper highlights the causes of drug abuse, its impact on family, suicides due to drug usage, impact of drug usage on children, drug usage and its effect on mental health, connection between drug usage and crime and describes the treatment and prevention of drug abuse and addiction for proper management of the problem and the laws related to the Drug usage in India.

Keywords- Family Relationship, Child Abuse, Mental Health, Crime, Prevention, NDPS Act.

I. INTRODUCTION

In India, the issue of drug abuse among the youth has reached disturbing proportions. Drug misuse is being initiated as a result of changing societal norms, rising economic tension, and

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weakened family supportive relations. India, like the rest of the world, is trapped in a deadly cycle of drug addiction, and the numbers of drug addicts in India are increasing rapidly.

Drug use, also known as substance–use disease, is the harmful and unhealthy ingestion of legal and illicit drugs. This affects the person's brain processes as well as causing a variety of behavioural changes. Also drug-dependent forms are cocaine addiction, heroin dependence, morphine addiction, painkiller and nicotine addiction. These medications cause a person to feel good by causing dopamine or the gladness hormone. As you go on taking the drug, the brain starts to increase dopamine, and the person demands more.

Drug addiction is a complex neurobiological disorder that necessitates a holistic approach that addresses the mind, body, and spirit. It is classified as a neurological disorder since drugs alter the structure and function of the brain. These brain changes will last a long time if they are not treated. Addiction is a lifelong, progressive disease that can be fatal if left untreated.

Addiction of drugs has serious consequences. Anxiety, paranoia, an elevated heart rate, and red eyes are some of the symptoms. They are inebriated and have trouble recalling things. They are unable to show good movement and have difficulties remembering things. A individual who is dependent upon them can't stop consuming drugs and can't work properly without them. It damages their brain and their personal and professional connections. Mental cognition is affected; it is incapable of making appropriate decisions, remembering information and makes poor judgments. They are more likely to be involved in risky behaviours like robbing or speeding while being intoxicated.

Although there is no clear cause of addiction, experts agree that a number of factors contribute to an individual's risk. Access to addictive substances, a family history of addiction, upsetting or painful life experiences, and psychological makeup, such as low self-esteem and personality characteristics including aggression and impulsivity, are also factors to consider. Many with a drug use disorder are more likely to already have a mental health problem, which is referred to as "cooccurring disorders" or "dual diagnosis."

In India, the issue of drug abuse among the youth has reached disturbing proportions. Drug misuse is being initiated as a result of changing societal norms, rising economic tension, and weakened family supportive relations. India, like the rest of the world, is trapped in a deadly cycle of drug addiction, and the numbers of drug addicts in India are increasing rapidly.

Drugs are a widespread problem now, affecting a vast number of people all around the world.

II. DRUG ADDICTIONS AND ITS IMPACT ON FAMILY

Drug users are blind to the harm and suffering they cause others. Every member of the family is affected. It wreaks havoc on family relationships and throws the home into disarray. Drug addiction creates a slew of concerns that influence not just the individual, but also his or her families and society. Drug misuse has a huge negative impact on families. In periods of mental or physical pain or disaster, the dependent user switches to or triggers his or her relatives. Relationships suffer, finances are exhausted, and health care rates escalate. There are more issues with work and more social tension. There are more job-related issues and more social tension. Depression, stress, and resentment are common family reactions when the drug user stops taking responsibility due to drug use. For families in precarious or from poor background, the effects of substance addiction are even more serious. Sexual relationships can suffer as a result. HIV and other blood-borne infections can be spread to spouses of untreated drug users, and sexually transmitted infections can be contracted. Drug use is often related to domestic abuse, which exacerbates the family's physical and mental trauma. The effect of drug abuse on a family is evident whether a child is abusing drugs or a parent is abusing. Every member of the family is affected by drug addiction, with the near ones suffering the worst. The threat is averted for the children of loving families and conscientious guardians. "However, those from nuclear families, who are prone to boredom and loneliness, are particularly vulnerable." In certain cases, parents are unaware that their children are consuming drugs. Many families lack chances for children to play, learn, and spend time together, leaving them vulnerable to drugs. The majority of people use drugs to experience a pleasant feeling. Drug misuse is usually exposed to individuals by their friends or peer groups. Parental neglect or life frustrations can contribute to the initial use of drugs, and their simple availability thereafter makes the user dependent on them.

III. EFFECTS OF PARENTAL DRUG ABUSE ON CHILDREN

Adverse childhood experiences, or ACEs, include parental alcohol or substance misuse. The concept was invented by psychologists in one of the first systematic analyses of the impact of childhood deprivation and violence on health and well-being.

From childhood, children's brain growth is adversely affected by growing up in an atmosphere fraught with chronic mental stress as a result of parental addiction. Mental illness, physical and emotional abuse, and seeing a parent in jail are also examples of ACEs.

(A) Physical Toll

The physical effects of parental addiction will begin even before a child is born. If a mother

drinks or uses drugs while pregnant, she risks harming her infant, causing physical abnormalities like growth stunting and organ malformations, as well as mental disorders like attachment and concentration disorders.

Owing to their inability to observe and care about others when under the influence of drugs, parents may lack the effort to take proper care of their children. This includes not getting them to the hospital while they are ill, as well as not having basic optical or dental services so their money is being used on drugs instead. When parents are inebriated, they may forget their sense of morals and cross the line between what is acceptable and what is not. When they are angry or upset when under the influence, they can reach out and threaten others verbally, physically, or sexually.

Many children may feel unloved and unimportant as a result of the emotional instability that comes with a tumultuous, unsupportive family. When this is mixed with violence, negative emotions will build up and lead to depression. Self-harm or suicide attempts are examples of physical acts that may occur from distress.

(B) Mental Toll

Children who have parents who are addicted to drugs or alcohol will have their own list of concerns. Addiction-affected households are distinguished by chaos, unclear communication, and vulnerability. Children who have a difficult family life are less likely to succeed in school. They are unable to continue to get decent grades if they do not have someone to appreciate their hard work and efforts.

Children may believe that there is no reason to obey authority, because of the lack of repercussions for their own parents' acts, or they may show behaviour disorders as a result of acting out in order to gain attention, whether good or bad. Kids are more likely to partake in risky or criminal acts with or without their parents' knowledge as rules are rarely followed at home and supervision also lax.

Finally, children raised by parents who have a drug abuse disorder are more likely to develop one themselves. Adolescents prefer to imitate their parents' behaviour and feel that using drugs and alcohol to deal with tension and difficulties is normal, much as their parents do.

(C) Emotional Toll

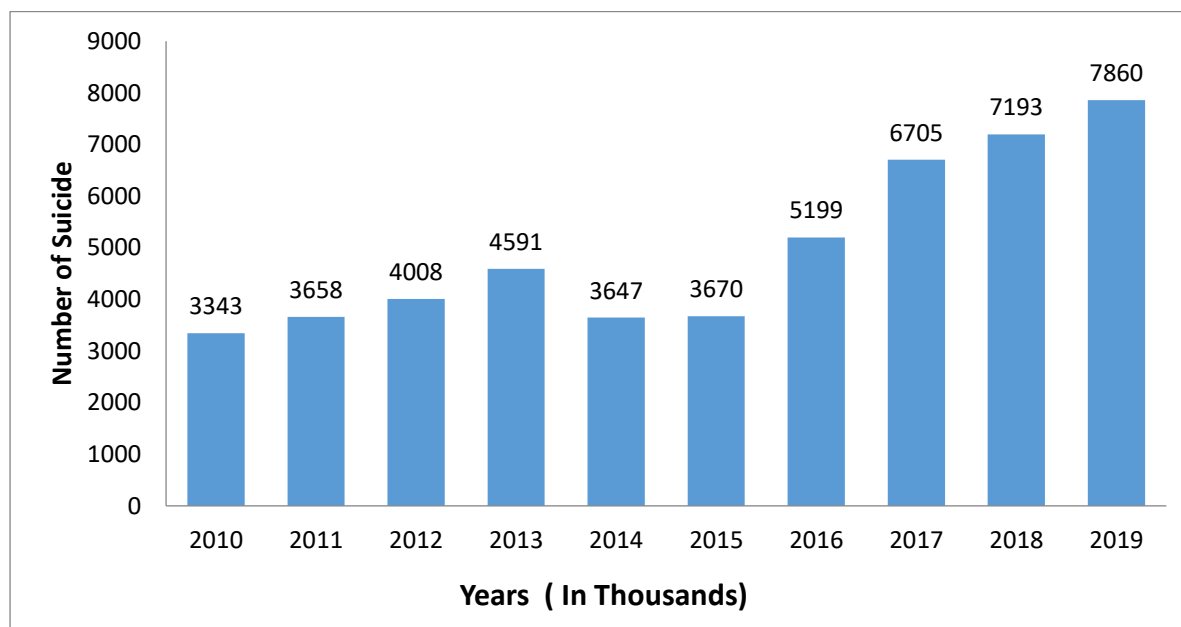
Children can feel the emotional symptoms of addiction as well as the physical effects of addiction from birth. The parent-child relationship is critical for children to feel emotionally connected, focused, and cherished. If detachment is maintained by addicted parents, their

children can develop profound trust issues and become alienated from the world around them. Children of addictive parents can also have difficulty showing remorse or empathy towards others. When children reach the age of adulthood, they may experience substantial interpersonal conflict as a result of their parents' drug abuse. On the one hand, they may feel compelled to provide for their parents, but they may still be overwhelmed with remorse and embarrassment, feeling that they are to blame for their parents' drug abuse problems. Assuming this position can be really stressful and create a lot of fear for a teenager who feels the world is on their shoulders and that they are the only ones who can keep the family going.

IV. DEATHS DUE TO SUICIDE

Year after year, the National Crime Records Bureau (NCRB) has listed drug addiction as a leading cause of suicide. In the majority of cases, drug addicts commit suicide by taking an overdose of drugs or a combination of drugs and pills, but in a few cases, the form of suicide is not specifically linked to drugs. Although there is a correlation between the disorder caused by the use of substances and suicidal behaviour. It is known that heroin and sedatives are the most often used drugs in suicide attempts. Suicidal addicts are most likely to have emotional and behavioural disorders that conflict with their everyday lives, like impulsive reactions and an inability to control behaviours.

TABLE 1. Suicides due to Drug Abuse/Alcohol Addiction India, 2010-2019



Source: NCRB's ADSI Reports²

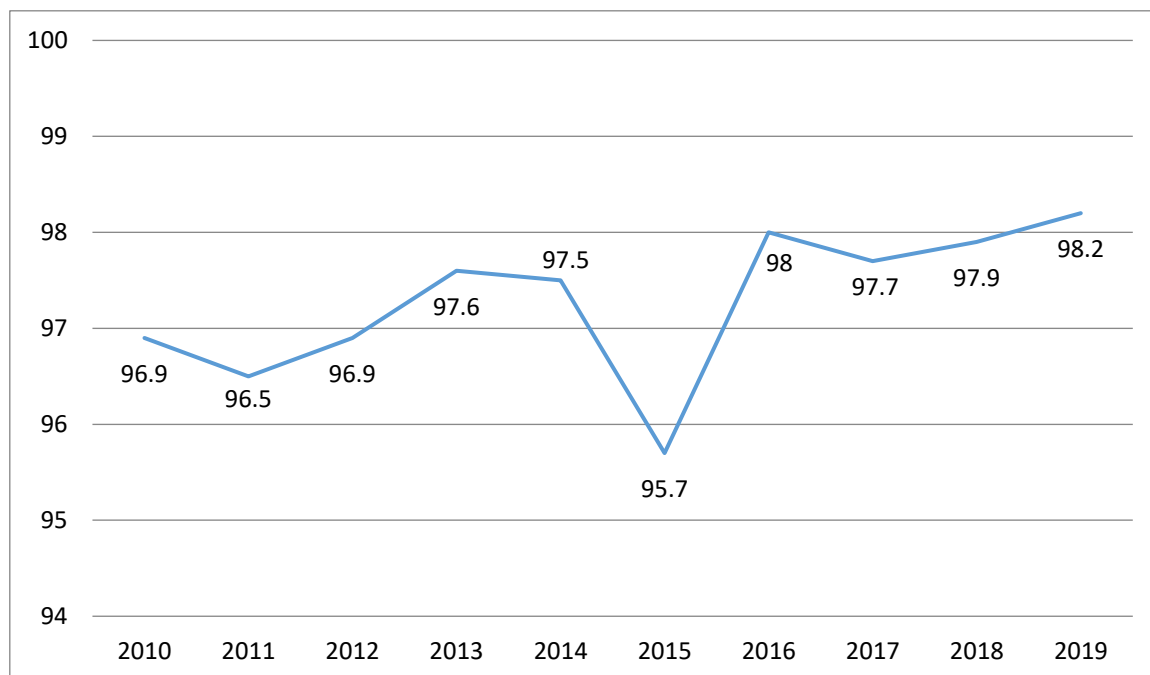
² Accidental Death and Suicides in India, (2019). National Crime Record Bureau. https://ncrb.gov.in/sites/default/files/Chapter-2-Suicides_2019.pdf

In 2010, there were 3,343 suicide cases were reported under this category. Following an increase for the consecutive two years, the rate of suicides attributed to substance abuse/alcohol use decreased in 2014. However, in the years following, the number of suicides has steadily increased, with 7,860 suicides reported in the year 2019. The most significant rises in figures were seen in 2016 and 2017, where the cumulative number of suicides due to this cause rose by over 1500 over the previous year.

This data reveals that the rate of suicide in India and its states continues to increase year after year. If this type of condition persists in our culture, it is extremely detrimental to the abusers' families, society, and country.

TABLE 2. Share of Male among Suicides due to Drug abuse/Alcohol addiction

All-India from 2010-2019 (In Percentage)



Source: NCRB's ADSI Reports³

Males accounted for 7719 of the 7860 suicide victims related to drug abuse/alcohol misuse in 2019. This constitutes 98.2 percent of all victims, the largest number in the 10-year period from 2010 to 2019. The lowest number of male victims among those who committed suicide as a result of this cause was 95.7 percent in 2015.

Communication is a crucial component. It's oversimplified to say that women are more likely to share their concerns while men prefer to hold them to themselves. But it's true that for

³ Accidental Death and Suicides in India, (2019). National Crime Record Bureau. https://ncrb.gov.in/sites/default/files/Chapter-2-Suicides_2019.pdf

decades, many societies have empowered men to be "strong" and refuse to acknowledge their suffering. "We teach boys from a young age not to express emotion because to express emotion is to be 'weak.' Men are less likely to confess to themselves, friends, or families that they are feeling vulnerable. It's not that men don't have the same problems as women do; it's just that they're less likely to realise they're dealing with the same pressures or mental health challenges that place them at risk of suicide.

Other risk factors can be linked to a person's family or place of employment. Anyone's mental health problems can be exacerbated by having to think constantly about finances or struggling to find work. There are, moreover, aspects of socioeconomic pressure and identity crisis.

V. DRUG USAGE AMONG THE CHILDREN AND ADOLESCENCE

Owing to the physical, psychological, and emotional transitions that teenagers go through, they are especially vulnerable to a number of temptations. In general, this phase of transition is marked by risk-taking and excessive actions, an addiction to forbidden objects, and a tendency to explore. In general, social influences such as the need to blend in with their peers lead to young people's drug use. There are also psychosocial causes, such as an urge to do new things, a "need" to break rules, and struggling with anxiety or other negative emotions. Excessive drug use can lead to negative effects and expose young people to major risks. First and foremost, since teenagers have not yet reached maturity, there is a direct effect on their growth. They are still developing physically and mentally, and drug use will hinder this growth. Another detrimental effect of drug use is the likelihood of developing HIV/AIDS. The reasons are attributed to the use and/or sharing of infected syringes, as well as engaging in risky sexual activities without STI protection (Sexually Transmissible Infections). Drug addiction was previously considered to be a problem that only impacted street kids, but it is now being identified in other children's subpopulations (i.e. school-going students and out-of-school children living at home). Furthermore, anecdotal studies show a steady increase in drug use among the younger generation, across all demographic classes, from cities to small towns and rural areas, with evidence of multiple substance use.

VI. DRUGS AND MENTAL HEALTH

There is no health without mental health. Individuals, households, and neighbourhoods all benefit from good mental health. People with good mental wellbeing will reach their maximum capacity, build resiliency in the face of adversity, increase competitiveness, and sustain social stability by positive interactions.

While one does not always affect the other, substance abuse and mental health problems such

as depression and anxiety are closely related. Marijuana and methamphetamine consumption can lead to long-term psychotic responses, whereas alcohol consumption can exacerbate depressive and anxiety symptoms. In certain cases, drugs may cause mental health problems such as anxiety, delusions, or depression while the person is using them. If the signs persist after the drugs have worn off, it may be a sign of a co-occurring mental health condition.

During adolescence, the brain begins to mature. The circuits that regulate executive processes like decision-making and impulse control are among the earliest to evolve, increasing the risk of drug use and the initiation of a substance use disorder. It's also true that developing a psychiatric illness as a child or adolescent raises the chances of subsequent drug use.

VII. WHAT EXACTLY IS THE RELATIONSHIP BETWEEN ADDICTION AND MENTAL ILLNESS?

Individuals with addictions have a radically broken hierarchy of desires, as demonstrated by their proclivity to behave against their own self-interests. This is shown by a pattern of drug misuse despite various negative effects, such as a deterioration in general physical wellbeing and the possibility of legal repercussions. As a result, addicts lose control over their impulses, which is also a symptom of a variety of other mental illnesses. It's also worth mentioning that alcohol misuse has a significant effect on brain levels of neurochemicals including dopamine and serotonin, which influence mood among other items. Similarly, mood disturbances frequently manifest in a deficiency of these molecules, which necessitates the use of a drug such as an antidepressant to remedy. Clearly, there is a lot of correlation between drug addiction and mental illness. First, it's been proposed that the emergence of an drug addiction may cause symptoms of a mental health condition, as shown by marijuana users' increased risk of psychosis. The second theory is that psychiatric illness can lead to drug misuse and addiction, as demonstrated by victims of violence or violent offences who resort to substance abuse as a coping mechanism. The final definition is that drug addiction and a co-occurring mental disorder share or combine risk factors, which may include genetic or biological disorders, environmental causes such as stress or trauma, involvement in similar brain regions, or a cause linked to teenage development.

VIII. CRIME AND DRUG ADDICTION

Drug use is very distressing for people, and the illicit production and sale of drugs has resulted in abuse and violence all over the world. Drug misuse is a multifaceted issue with psychological, cultural, biochemical, geographic, historical, and economic implications. Drug addiction has a harmful impact on society. Which has resulted in a rise in crime rates. To pay

for their drugs, addicts turn to violence. Drugs lower inhibition and hinder judgement, encouraging people to engage in criminal behaviour. Teasing, gang fights, assaults, and impulsive killings are now on the rise as a result of drug addiction. Addiction increases disputes and causes untold physical distress for every family member, in addition to affecting financial stability.

IX. VARIOUS PATTERNS OF DRUG-RELATED CRIME

- 1. Drug intoxication:** After a person drinks a psychoactive agent or a drug, he becomes intoxicated and can experience a variety of physical and psychological adjustments. During this time of intoxication, he has no control over his body or feelings, which could lead to criminal behaviour. Factors such as withdrawal, lack of sleep, and the triggering of neurological conditions can also contribute to aggression and criminality. Almost 66 percent of drug addicts are involved in robbery, 12 percent in murder/attempted murder, and 11 percent in sexual offences.⁴
- 2. Financial troubles:** This is an aspect that is found with people who are unable to sustain their drug use due to financial constraints. They need funds to purchase their next fix, but since they are unable to work effectively due to their drug usage, they do not have a stable career. Now, the need to get their next drug fix drives them to commit crimes such as rape, burglary, sex workers, and so on.
- 3. Drug Trafficking:** This is an excellent example of how illegal drug processing, procurement, and sale can lead to drug abuse. People who are financially vulnerable, homeless, and uneducated, for example, are more likely to take on high-risk jobs. One such work is that of a drug seller. This is a criminal act that contributes to the proliferation of drugs in society, and the individual supplying the drugs can become addicted to them as well. According to the NDPS Act, drug dealing is a cognizable and non-bailable offence.⁵
- 4.** The use of drugs has risen over time, both internationally and nationally. Buying, using, possessing, manufacturing, or distributing illegal drugs is an offence (such as cocaine, heroin, and marijuana). Misuse of legal drugs has been linked to criminal activity. Prescription drug misuse, for example, has been linked to a number of crimes, including prescription forgery, illicit internet pharmacies, and drug fraud. Drugs have an indirect impact on crime because of the impacts they have on consumers' behaviour, as well as

⁴ Mehta P, (2011). Evaluative Trends Of Illicit Drugs Uses In India And Analysis Of Indian And International Laws Of Prohibition Of Drugs Of Abuse. Trade Science Inc, 32–34.

⁵ Narcotic Drugs and Psychotropic Substances Act, 1985, No. 61, Act of Parliament, 1985 (India).

their involvement with abuse and other illicit activities in the manufacturing, sale, acquisition, and use of drugs.

X. REMEDIES FOR DRUG ADDICTION

Drug users in India have traditionally been the responsibility of the family or social community of which they belong. Many drug addicts are managed on a charitable basis by general health care. Via their psychiatry units, state-run hospitals now have indoor rehabilitation facilities for hard-core addicts. There is a network of de-addiction centres operated by charitable agencies in addition to state-run rehab centres. Treatment is not easy because substance dependence and addiction have so many layers and disrupt so many facets of a person's life. Treatment plans that are effective usually have a number of elements, each focusing on a different facet of the disease and its consequences. Treatment for addiction must assist the person in avoiding consuming drugs, maintaining a drug-free lifestyle, and ensuring productive functioning in the home, at work, and in society. People cannot just avoid consuming drugs for a few days and be cured because addiction is a disease.

Drug addiction can be treated, even though it is chronic. Many methods are used, including behavioural therapy, medication to treat the addiction, and treatment for many conditions that surround addiction, such as fatigue, anxiety, and depression. Many devices have been created to help people overcome their addictions. Rehabilitation services are available to assist patients. There are several follow-ups during therapy to ensure that the cycle does not recur. The most critical aspect is getting the support of family and friends. It will assist them in gaining trust and overcoming their addiction.

XI. EFFECTIVE TREATMENT PRINCIPLES

The following central principles, which have been supported by scientific research since the mid-1970s, would form the bedrock of any effective recovery programme.

1. Addiction is a disorder that affects brain control and behaviour. It is a complex but treatable disease.
2. There is no one-size-fits-all medication for anyone.
3. People need immediate access to care.
4. Effective therapy takes into account the entire patient's interests, not just his or her drug use.
5. It is important to remain in care for a reasonable period of time.

XII. SUGGESTIONS

- Building public awareness and educating the public about the dangers of substance addiction
- Growing public awareness and education about the risks of drug abuse.
- Drug education should be implemented in schools so that children can hear about the realities of drugs, their potentials and consequences, as well as the risks associated with their use.
- At the district and block level, drug de-addiction care facilities should be available. It is necessary to select qualified doctors, counselors, social workers, and other staff.
- Family counseling, as well as community therapy, can be used with recovery programmes since they are shown to help drug abusers steer away from drugs and develop trust.
- Drug-prone areas and sites, including those used for drug distribution, must be monitored and checked on a regular basis.

XIII. LAWS RELATED TO DRUG USAGE

Three United Nations drug conventions include India as a signatory. The 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances. When the grace period for prohibiting non-medical use of drugs under the 1961 Pact expired, domestic legislation was implemented approximately 25 years after the convention was signed.⁶ The 1985 Act was pushed through without debate, and it superseded the Dangerous Drugs Act of 1930, but the Drugs and Cosmetics Act, 1940 remained in effect and continues to do so.⁷ The 1985 Act has been amended three times: in 1989, 2001, and most recently in 2014. The amendments will be further discussed. Except when used for a scientific or medical reason, the NDPS Act prohibits the cultivation, production, sale, purchase, possession, use, consumption, import, and export of narcotic narcotics and psychotropic substances.⁸

(A) The NDPS Act covers three categories of substances

1. Narcotic substances are covered by the 1961 Convention on Narcotic Drugs.
2. Psychotropic substances and chemicals covered by the 1971 Convention on Psychotropic Substances.

⁶ Charles, M., Bewley-Taylor, D. & Neidpath, A. (October 2005), Drug policy in India: Compounding harm?, The Beckley Foundation Drug Policy Programme, Briefing Paper Ten, <http://reformdrugpolicy.com/wp-content/uploads/2011/10/Drug-Policy-in-India-CompoundingHarm.pdf>

⁷ Section 80 NDPS Act, 1985.

⁸ Ibid.

3. Controlled substances utilised in the production of drugs or psychotropic substances.⁹

Coca Plant-Leaf or other derivatives, including cocaine, are examples of narcotic drugs. It also includes any preparation containing less than 0.1 percent cocaine.

Opium consists of poppy straw, poppy plant, opium poppy juice, and any preparation containing 0.2 percent morphine. Opium derivatives include morphine, heroin, thebaine, and others.

This category includes cannabis resin (Charas and Hashish), plant, fruit tops, and flowering of the plant (Ganja), and any mixture of Ganja, Charas, and Hashish. It is important to note that cannabis leaves, also known as bhang, are not included in this category and are governed by state laws.

The NDPS Act specifies the procedure to be followed in the event of a search or seizure. Procedure for arresting a person in connection with a crime It is also provided for in the NDPS Act.¹⁰ However, the investigation and admissibility of evidence norms are interpreted in such a way that they are prejudicial to the accused's cause. Although the NDPS law is mainly a punitive and punishing statute, the regulatory framework is also included. The Act empowers the central and state governments to lay down drug-related rules. The regulatory framework also allows for the provision of drugs for medicinal purposes to registered users.¹¹

XIV. NDPS AMENDMENTS

1. 1989

The NDPS Act was amended for the first time in 1989. Extreme punishments were enacted, including a mandatory minimum sentence of ten years in prison, a ban on suspension, a restriction on bail, a special court trial, forfeiture of property, and the mandatory death penalty in some cases of repeated offence. Following these amendments, people caught with even small amounts of drugs faced long prison sentences and hefty fines, unless the person could prove that it was for his or her own personal use.

2. 2004

The 2001 amendment was enacted in response to criticism levelled at the 1989 amendment due to its erroneous sentencing policies. The penal provisions were upgraded by the 2001 amendment, and punishment were imposed based on the amount of drugs found. The quantity

⁹ Section 2 (viid), NDPS (Amendment) Act,2014.

¹⁰ Sections 41, 42, 43 and 50, NDPS (Amendment) Act, 2014.

¹¹ Section 10 (1)(a)(vi), NDPS (Amendment) Act, 2014.

was divided into three categories: small¹², commercial¹³, and intermediate. The threshold was announced by the Central Government in October 2001.¹⁴

3. 2014

The NDPS Act was amended again in 2014, and the changes went into effect in May of that year. The following are the main features of the most recent amendments:

1. The Central Government established a new category of essential narcotic drugs that can be regulated uniformly across the country.¹⁵
2. The law's goal was broadened to include the promotion of narcotic drugs and psychotropic substances for scientific and medical use while also prohibiting illicit use.
3. Including the terms "drug addiction management" and "treatment centre recognition and approval," allowing for the establishment of legally binding treatment standards and evidence-based medical interventions.
4. For repeated offences, the death penalty was made discretionary.

XV. SIGNIFICANT ASPECTS OF THE NDPS ACT

(A) Quantity Based Sentencing

Under the NDPS Act, punishment is sentenced based on the substance and the amount found. The government has also stated that when calculating the quantity of the seized product, the weight of the product will take precedence over the pure drug content of the product.¹⁶

Even after the Supreme Court ruled that for drugs mixed with "neutral substances," only the actual content of the narcotic drug is relevant for determining whether it constitutes a small or commercial quantity, the "purity vs total weight" debate raged on¹⁷. A year later, the government declared that the total weight of the seized product, rather than the pure drug content, must be considered when calculating the quantity¹⁸. Because street drugs are heavily 'cut' and rarely seized in pure forms, this change has a significant negative impact on drug users and other low-level offenders who risk being sentenced for intermediate or commercial quantity offences.

¹² Section 2(xxiiiia), NDPS (Amendment) Act, 2004.

¹³ Section 2(xxiiiia), NDPS (Amendment) Act, 2004.

¹⁴ Notification S.O 1055(E), dated 19th October 2001 published in the Gazette of India, Extra.,Pt II, Sec 3(ii), dated 19 October 2001.

¹⁵ Section 2 (viiiia), NDPS (Amendment) Act, 2014.

¹⁶ Notification through S.O.2941 (E), dated 18 November 2009.

¹⁷ E. Michael Raj v. Intelligence Officer, Narcotic Control Bureau (2008) 5 SCC 161.

¹⁸ Notification through S.O.2941 (E), dated 18 November 2009.

Drugs	Quantity and Punishment				
	Small Quantity	Punishment	Quantity	Punishment	Quantity Greater than small but lesser than commercial
Heroin	5g	Maximum of 1-year rigorous imprisonment or fine up to Rs 10,000 or both	250g	Rigorous Imprisonment from 10 years (min) to 20 years (max) and a fine from Rs 1 lakh to 2 lakhs	Rigorous Imprisonment that may extend to 10 years and fine that may extend to Rs 1 lakh
Opium	25g		2.5kg		
Morphine	5g		250kg		
Ganja (Cannabis)	1000g		20kg		
Charas (Cannabis Resin)	100g		1kg		
Coca leaf	100g		2kg		
Cocaine	2g		100kg		
Methadone	2g		50g		
Amphetamine	2g		50g		
THC	2g		50g		
LSD	0.002g	0.1g			

Source- NDPS (Amendment) Act, 2014¹⁹

Although lauded as rational and proportional, quantitative sentences are irrelevant for other important considerations such as the motive and role of the offender. Simple possession carries the same punishment as profit distribution. Another reason for courts to impose uniform sentences for both types of activities is the inclusion of mandatory minimum sentences, which allow discretion only for enhancing rather than reducing the sentence.²⁰

¹⁹ NDPS (Amendment) Act, 2014.

²⁰ Section 32B, NDPS (Amendment) Act, 2014.

(B) Death Penalty

The severity of the NDPS Act is shown by the inclusion of a death penalty with regard to certain repeated crimes involving large quantities of drug (production, production, ownership, transport, importation and export).²¹ The range of crimes punishable by death was reduced as a mandatory punishment in 1989. Two NDPS special courts in Mumbai and Ahmedabad sentenced two drug offenders to death in February 2008. Ironically, they were both sentences for cannabis (charas). The constitutional challenge led the High Court in Bombay to pronounce the provisions unconstitutional and to read the clauses as they were discretionary in the way that the court heard of the offender and was empowered to impose a prison sentence instead of death sentence.²² The two convicts were subsequently sentenced to 30 years' imprisonment by separate judgments.

Internationally, the most serious crimes for which capital punishment is to be invoked are considered not to be international drug offences. However, the Government of India maintains that a drug offence is more odious than assassination, as the latter only affects an individual, while the former has a harmful effect on society. The Government also argues that the death penalty is imposed on other countries in Asia for crimes involving lower quantities of drugs, and that the INCB hasn't objected to it.²³

(C) Treatment for Drug Dependence

The NDPS Act encourages the treatment as 'alternative' to and independent of criminal actions of people who use drugs. Several provisions pursuant to this Act decriminalise and encourage the consumption and treatment of small amounts of prescription drugs.

1. National Fund

In May 1989, a National Drug Abuse Control Fund was set up. Nearly twenty years later, in 2006, its administration rules were notified. Contributions from the central government, individual donors and revenue from the sale of property forfeited from trafficking in drugs can be provided to the Fund.²⁴ The applications shall be screened by a governing body composed of a senior official and other designated members of the government. The NGOs and government departments may submit applications for drug management grants, including treatment. Priority was given to preventive education and awareness of the 'ills' of drug

²¹ Section 31A, NDPS (Amendment) Act, 1985.

²² *Indian Harm Reduction Network v Union of India* 2012 BomCR (Cri) 121.

²³ International Narcotics Control Board (5 March 2014), INCB encourages States to consider the abolition of the death penalty for drug-related offences, Press release, http://www.incb.org/documents/Publications/PressRelease/PR2014/press_release_050314.pdf

²⁴ Section 7A(3) and (4), NDPS (Amendment) Act, 1989.

dependency.²⁵

XVI. TREATMENT CENTERS

Centers of 'de-addiction' form the basis for the supply of drug therapy. Under the NDPS Act, central or state governments or voluntary organisations may establish these centres.

Drug dependency services are currently available via:

1. Government hospitals: mostly detoxification, that provide hospital and ambulatory care. In 122 government hospitals across the country, according to official statistics, drug treatment exists. In recent times, the central government has announced that it will open "drugs clinics" and offer opium substitution treatment in a number of such hospitals.

2. NGOs: that are granted grants to manage integrated rehabilitation centres from the Ministry of Human Rights and Efficiency and their State counterparts to ensure the free use of "drug addicts, crime and profit." In 2013-14, 346 such Centers of NGOs were financed.

3. Psychiatric hospitals or nursing homes: The Mental Health Act, 1987 licenced psychiatric clinics or nursing homes operating privately.²⁶ In addition to drug addiction treatment, these institutions offer a range of psychiatric services.

4. Private "de-addiction" centres: operating without licence or registration.

XVII. RECOMMENDATION

- To review and remove criminality of drug use and death punishment imposed for drug offences and the harsh and disproportionate sentencing structure under the NDPS act.
- Ensure proper implementation of the legal provisions concerning drug treatment so that people using drugs have access to treatment services on the basis of evidence without being under threat of punitive penalties such as prosecution and prison.
- Adopt and enforce minimum standards of quality to ensure scientific proof of treatment programmes and respect for human rights of drug-dependent people.
- Improve coordination between government departments with clear responsibilities of each state agency on drug policy and practise
- Give time to time data on drug use, dependency and related health effects such as HIV and the prevalence of viral hepatitis in individuals with injections of drugs.

²⁵ Guidelines for funding from narcotic drugs and psychotropic substances (National Fund for Control of Drug Abuse) Rules -2006, <http://dor.gov.in/nationalfundcontroldrugsabuse>

²⁶ The Mental Health Act, 1987.

XVIII. CONCLUSION

Drug misuse has been one of the country's most severe issues in recent decades, impacting millions of children and youth. Drug use has a detrimental impact on society. Addiction increases conflicts and causes untold emotional distress for every family member, in addition to affecting financial security. Women in India are adversely impacted by drug addiction. Domestic violence, broken marriages, shattered families, HIV infection, and financial distress are some of the consequences. As majority of drug users being of productive age, the loss of human potential criminological dimensions. It not only harms the victims' physical and emotional health, but it also creates problems in their homes and families, posing a threat to family happiness. The biggest victims of this dilemma are wives and children. They are stripped of ordinary privileges and decencies of life as a result of their husbands/parents' drug use, which consumes a significant portion of the family's financial wealth. Parents of drug-addicted children face insecurity, a lack of social standing, and a danger to their child's normal life. The government has been trying to improve drug-abusing conditions, but the effects are yet to be seen. There is a strong foundation for the current legal framework to counter drug abuse. Much more can be done by applying existing laws effectively and streamlining the procedure. The key to resolving this problem is adequate social consciousness. People must recognise that drugs are killers and rare to be killed. They must learn to say "No" to drugs in order to protect their family from this pain or danger.
