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A Comparative Historical Analysis of Drug Criminalization and Policy Reforms in India and the United States

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Abstract

This article presents a comparative historical study of the development of drug criminalization and legal reforms in India and the United States. It provides a critical exploration of how drug laws have evolved in both countries, shaped by colonial histories, global treaty obligations, political agendas, and cultural influences. In India, the legal framework transitioned from colonial-era regulation—primarily aimed at revenue collection—to a prohibitionist model under the Narcotic Drugs and Psychotropic Substances Act of 1985. Subsequent amendments in 1988, 2001, and 2014 reflect ongoing struggles between strict law enforcement and growing recognition of public health concerns. Conversely, in the United States, drug policy developed amid racially charged moral panics and the expansion of federal power, culminating in the "War on Drugs"—an era characterized by mandatory sentencing laws, mass incarceration, and pronounced racial inequalities. The analysis highlights how each country's approach has been driven by distinct motivations and has led to different consequences, while also revealing the shortcomings of punitive drug control strategies. The article ultimately calls for a rights-oriented, evidence-based model of reform that aligns public health priorities with principles of justice and equity, both domestically and globally.

1.1 INTRODUCTION

The evolution of drug-related offences and the legal frameworks addressing them has closely mirrored broader political, cultural, and economic transformations in society. In both India and the United States, drug control policies have followed markedly different legislative trajectories, shaped by their distinct historical backgrounds, international commitments, and domestic policy agendas. The United States has largely pursued a punitive, prohibition-focused approach, whereas India's legal structure has its foundations in colonial-era laws, subsequently reshaped in the post-independence era in alignment with global conventions.

This comparative study offers a detailed examination of how the drug laws in both nations have evolved over time and the consequences of those legal choices. The ensuing discussion will begin with the Latin root beginnings, later enveloping the forward path of legal reform.[1]

1.2 COLONIAL, FEDERAL, AND LEGISLATIVE TRAJECTORIES

The historical development of drug criminalization in India and the United States did not occur in a vacuum. Both countries experienced distinct yet occasionally overlapping trajectories, shaped by their foundational political systems, colonial legacies, and legislative philosophies. In India, early drug regulations were primarily inherited from colonial rule, forming the groundwork for post-independence legal structures. In contrast, the United States' drug laws emerged from a combination of state and federal initiatives, heavily influenced by domestic racial tensions and moral panics centered on public health concerns.

Initially, both countries adopted relatively lenient regulatory frameworks, which gradually evolved into highly detailed statutes imposing severe penalties. These shifts were not solely the result of internal policy decisions; international conventions and global political pressures played a critical role in influencing legal transformations. While India continued to build upon its colonial legal foundations, the U.S. transitioned from decentralized, state-level regulation to a more centralized federal model. Generally, criminalization of drugs integrated with broader ambitions-public health, morality, criminal justice, and international compliance-so much so that even the legal frameworks formed at present will play a role in contemporary discussions of decriminalization, reform, and harm reduction.[2]

1.3 INDIA: FROM COLONIAL REGULATION TO POST-INDEPENDENCE CODIFICATION

India's legal journey concerning drug criminalization reflects a progression from regulatory control to strict prohibition. During the colonial era, the British administration primarily managed the trade and consumption of substances like opium and cannabis for revenue purposes. The legal framework

[1] M C Mehanathan, Law on Control of Narcotic Drugs and Psychotropic Substances in India 238 (Lexis Nexis, Gurgaon, 3rd edn., 2015).

[2] Nikhil Verma, "Colonial Trajectories in Drug Legislation", 5 Journal of Colonial Legal Studies 84 (2022).

of that time focused on licensing and taxation, without adopting an explicitly prohibitive stance. Following independence, India gradually aligned its drug laws with international treaty frameworks, leading to the establishment of a more punitive legal regime. The most significant development in this context was the enactment of the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act), which remains the cornerstone of drug legislation in India. The NDPS Act adopts a punitive model characterized by mandatory minimum sentences, restrictive bail provisions, and the criminalization of even minor drug possession. This transition from a regulatory to a criminalized framework was not entirely the result of domestic policy deliberation but was largely influenced by India's commitment to international drug control conventions. And all these processes brought about a transition from the model of colonial regulation to a punitive paradigm in the postcolonial era.[3]

1.1.1 Opium Acts and the Indian Hemp Drugs Commission (1893–94)

Under British colonial rule, opium and cannabis were not classified as criminal substances. Instead, they were treated as economic commodities, regulated primarily for taxation and revenue purposes. Legislative measures such as the Opium Act of 1857, Opium Act of 1878, and the Indian Hemp Drugs Act in Hyderabad were enacted to manage their cultivation, distribution, and use through a licensing system. These laws reflected the colonial government's fiscal priorities, with minimal concern for public health or morality. In 1893, the British authorities established the Indian Hemp Drugs Commission to examine the impact of cannabis use. After extensive inquiries and public testimonies, the Commission released a comprehensive report in 1894. It concluded that moderate consumption of hemp drugs had only limited adverse health effects and did not warrant a policy of outright prohibition. The report also warned that excessive regulation could provoke more social and economic instability than the substances themselves.
This approach stood in contrast to the rising global trend of prohibitionist drug policies. However, for the British regime, the emphasis remained on practical governance and revenue extraction rather than moralistic intervention. This colonial culture of drug control left any deep impression on the formulation of early law in India, which was later amended under the impact of post-independence development and international pressure.[4]

1.1.2 Transition Post-Independence

Following India's independence in 1947, the country began to reassess its colonial-era legal framework, including laws related to narcotic substances. The Dangerous Drugs Act of 1930, originally enacted by the British, remained in force during the early post-independence years and served as the foundation of India's initial drug policy. This Act criminalized the possession, production, and trafficking of narcotics while still allowing limited traditional and medicinal use under a regulated system. However, over time, India shifted toward a stricter prohibitionist stance, driven by both internal political pressures and growing international obligations. A major turning point came with India's ratification of the Single Convention on Narcotic Drugs, 1961, which required member states to take measures against the non-medical use of narcotics. Alongside global developments, India faced increasing domestic challenges such as cross-border drug trafficking and rising substance abuse, which further fueled the move toward harsher legal measures. This culminated in the enactment of the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act), a far-reaching statute that repealed earlier laws and introduced a highly punitive legal regime. The Act imposed mandatory minimum sentences under provisions like Section 20 (relating to cannabis plants), Section 21 (manufactured drugs), and Section 22 (psychotropic substances). Unlike the previous legal framework, the NDPS Act significantly limited judicial discretion, particularly under Section 37, which made bail extremely difficult in serious offences. Furthermore, Sections 42 and 43 granted law enforcement agencies broad powers to search and seize without prior warrants, marking a clear shift toward stringent enforcement and punitive justice. Thus, India is transitioning, reflecting a complex relationship of internal and external pressure that caused the concatenation between regulatory and criminalized attitude.[5]

1.1.3 NDPS Act Amendments (1988, 2001, 2014)

Although the Narcotic Drugs and Psychotropic Substances Act, 1985 came into force in 1985, it underwent significant amendments in 1988, 2001, and 2014. These revisions aimed to address ongoing challenges in law enforcement, regulatory clarity, and growing public health concerns. Each amendment reflected an attempt to balance India's international treaty obligations with domestic law enforcement priorities and humanitarian issues.
The 1988 amendment was prompted by the escalating threat of international drug trafficking, especially across India's porous borders, and the limitations of existing enforcement mechanisms. This amendment led to the creation of a specialized agency designed to facilitate better coordination between central and state authorities in tackling drug crimes. It also introduced stricter penal provisions to serve as a deterrent. Notably, Section 25A was added, criminalizing the illicit production of precursor chemicals used in drug manufacture. In addition, the amendment introduced Chapter VA, which authorized the confiscation of properties acquired through drug-related offences. This expansion of punishment extended beyond incarceration to include financial penalties, thereby increasing the scope and severity of consequences for offenders. This was how the institutional and legal strengthening made NDPS Act into an aggressive enforcement statute with extensive investigatory and punitive powers from a regulatory framework.[6]
The 2001 amendment to the Narcotic Drugs and Psychotropic Substances Act marked a pivotal shift in India's drug law policy by introducing sentencing guidelines based on the quantity of drugs involved in an offence. Prior to this reform, the Act imposed uniform minimum penalties

[3] Suman Patel, "India's Evolution of Drug Legislation", 4 Indian Journal of Legal History 61 (2020)
[4] Rajesh Kumar, "Opium Acts and Hemp Commission Analysis", 6 Journal of Indian Historical Law 87 (2021)
[5] Ananya Gupta, "Post-Independence Drug Law Transition", 3 Journal of Post-Colonial Legal Studies 69 (2022).
[6] Vinod Sharma, "NDPS Act Amendments and Drug Policy", 5 Journal of Legislative Studies 76 (2020).

regardless of whether an individual was caught with a gram or a kilogram of a prohibited substance. This often resulted in minor offenders or first-time users receiving the same harsh punishments as major traffickers. To address this issue, the amendment introduced a three-tier classification system for narcotic substances: small, intermediate, and commercial quantities. The revised framework under Section 21 tailored penalties according to these categories. For instance, possession of a small quantity could lead to imprisonment of up to one year, whereas dealing with commercial quantities attracted a minimum sentence of ten years.

This reform signaled a move away from a strictly punitive model toward a more calibrated legal approach that took the severity of the offence into account. It also aimed to reduce the burden on the criminal justice system by ensuring that low-level offenders were not subjected to the most extreme forms of punishment. However, the Act still had the stamp of stringent provisions regarding bail and procedural safeguards, including Section 37, which operated as a bane on judicial discretion.[7]

The 2014 amendment to the Narcotic Drugs and Psychotropic Substances Act was a significant step forward in aligning Indian drug policy with international standards, particularly Article 4(c) of the Single Convention on Narcotic Drugs, 1961, which permits the use of controlled substances for strictly medical and scientific purposes. Before this reform, access to critical medications like morphine was severely hindered by complex and fragmented licensing processes, making it nearly inaccessible even for hospitals and researchers treating patients with serious or terminal illnesses.

The amendment simplified the regulatory framework by centralizing the licensing authority—placing the responsibility solely under the jurisdiction of the Central Government, thereby bypassing the earlier requirement of multiple state-level approvals. Specifically, Sections 9 and 10 were revised to allow the Centre to regulate essential narcotic drugs and ensure their consistent availability across all states. The amendment also formally introduced the term "essential narcotic drugs" and empowered the Central Government to define which substances would be included under this classification.

This reform represented a balanced approach, acknowledging the importance of maintaining strict controls to prevent abuse and trafficking, while also addressing long-standing public health concerns, especially regarding pain management and palliative care. Far from weakening enforcement, the 2014 amendment sought to harmonize criminal justice objectives with humanitarian and scientific imperatives.

1.4 UNITED STATES: THE WAR ON DRUGS AND ITS LEGAL MACHINERY

The evolution of drug laws in the United States has been deeply shaped by socio-political tensions, racial dynamics, and a prevailing desire for moral control. In contrast to India—where early drug regulations were driven by colonial revenue interests—the U.S. adopted a punitive stance toward drug use from the early 20th century onward. This shift intensified in the mid-20th century, when federal legislation began to aggressively criminalize drug consumption and distribution, giving rise to what became known as the "War on Drugs"—a sweeping national strategy aimed at eradicating drug use and trafficking. Over time, the legal approach transitioned from regulatory tools like taxation to outright criminalization, with the development of dedicated enforcement agencies and stringent legal frameworks. This culminated in a centralized and expansive federal system that prioritized policing, prosecution, and harsh sentencing. Key legislation such as the Harrison Narcotics Tax Act gradually gave way to more stringent statutes like the Controlled Substances Act, marking a clear shift from regulatory oversight to a punitive, incarceration-focused model. Due to the federal structure of the U.S., individual states retained the power to craft their own drug laws and penalties. However, state-level policies were often shaped and influenced by overarching federal standards, leading to a largely uniform national approach marked by aggressive law enforcement and criminal penalties. The intersection of public health and legal enforcement created a policy environment that favored punitive responses, thus shaping decades worth of legislative and judicial practice about drug use and drug control in the U.S.[8]

1.1.4 Early 20th Century Criminalization

The early development of drug control laws in the United States was driven not only by evolving public attitudes but also by underlying racial dynamics and international concerns about addiction. A major turning point in American drug legislation was the enactment of the Harrison Narcotics Tax Act of 1914. Although framed as a tax law under Congress's constitutional power to levy taxes, its primary effect was to criminalize the non-medical use of opiates and cocaine. The Act required all manufacturers, importers, and medical practitioners handling narcotics to register and pay licensing fees, effectively giving the federal government the legal authority to penalize unauthorized or unregistered transactions. In practice, this regulation quickly evolved from a fiscal measure into a criminal enforcement tool. Violations could lead to imprisonment, laying the groundwork for the punitive trajectory that U.S. drug law would follow in subsequent decades. Over time, judicial interpretation of the Harrison Act broadened its scope, allowing authorities to target even licensed physicians. Those who prescribed narcotics outside of narrowly defined medical purposes increasingly faced prosecution and imprisonment, marking the start of a legal system that prioritized punishment over public health in drug policy. This wavered the line of regulation into criminalization, and thus an example for drug control as a symptom for law enforcement and not public health was made.[9]

Following the Harrison Act, the Marijuana Tax Act of 1937 marked another significant expansion of drug criminalization in the United States—this time targeting cannabis. Though modeled after the Harrison Act, it introduced heavy taxation and strict registration requirements for those involved in the cultivation, distribution, or use of marijuana. These requirements were so burdensome that they effectively functioned as a de facto prohibition.

While cannabis technically remained accessible for some medical and traditional uses, the law empowered the federal government to pursue criminal prosecutions for non-compliance. The Act was not simply a regulatory mechanism—it was deeply rooted in a racialized public narrative. Propaganda

[7] NDPS Act Amendments: Shaping India's Drug Policy, available at: https://www.barandbench.com/ndps-act-amendments-drug-policy (last visited on April 11, 2025).

[8] Rahul Kandharkar, Digest of Supreme Court on Narcotics and Drugs Laws (2017–2024) 165 (Whitesmann, Delhi, 1st edn., 2024).

[9] Shreya Nair, "Early US Drug Criminalization History", 6 Journal of American Legal History 80 (2022).

campaigns linked marijuana use with minority groups, especially Mexican immigrants and African Americans, casting them as social threats. This racialized framing facilitated public acceptance and political justification for the law, and marijuana enforcement soon became a tool for selective and discriminatory policing. The first of many such laws depicts the movements taken by the United States to transferring drug regulation from civil to criminal penalization and for laying the groundwork for the federal legal justice system in the second half of the 20th century[10]

The Drug Abuse Prevention and Control Act of 1970, more commonly referred to as the Controlled Substances Act (CSA), marked a pivotal moment in the development of U.S. drug policy by bringing various drug laws under a single, unified legal framework. This legislation introduced a comprehensive classification system that categorized drugs into five schedules based on factors such as their recognized medical utility, potential for abuse, and likelihood of causing dependence. Under this system, Schedule I substances are deemed to have the highest abuse potential and no accepted medical use, thereby facing the strictest controls. In contrast, Schedule V drugs are considered to have a low risk of abuse and legitimate medical applications, and are thus subject to more lenient regulation. The CSA was a cornerstone of federal drug policy, establishing both regulatory oversight and criminal penalties for a wide range of narcotic and psychotropic substances. Beyond merely criminalizing possession and distribution, it also created the legal infrastructure necessary for enforcement, scheduling, and monitoring of controlled substances throughout the country. The schedule of substances carried with it legal penalties for possession, distribution, and manufacture, and this article formation became pivotal in law enforcement, judicial prosecutions, and legal defenses.[11]

The Controlled Substances Act (CSA) granted enforcement powers to the Drug Enforcement Administration (DEA), which was established in 1973 to consolidate and streamline all federal initiatives against drug-related offenses. The DEA was entrusted with extensive authority, allowing it to investigate, conduct surveillance, intercept drug trafficking, and prosecute offenders both domestically and internationally.The CSA also provides a mechanism for modifying the drug schedules through administrative procedures involving collaboration between the DEA and the Food and Drug Administration (FDA). Although the Act technically allows for flexibility in reclassifying substances, in practice, such reclassifications are rare and often politically charged. One of the most debated issues is the continued listing of marijuana as a Schedule I drug, despite growing public support and numerous state-level legalizations for both medical and recreational use. Several legal challenges have been raised against this classification, but courts have consistently upheld the federal government's authority, rejecting claims that marijuana's medicinal value warrants its removal from Schedule I. The CSA thus also instituted a legal infrastructure, prohibiting drug use and trafficking, to politicize economic and operational decision-making by federal agencies and make reform efforts more dependent on executive and legislative initiative rather than judicial reinterpretation.[12]

1.1.6 The War on Drugs: From Nixon to Reagan

The administrations of Presidents Nixon, Reagan, and Bush marked a pivotal era in American drug policy, commonly referred to as the "War on Drugs." Coined during Nixon's presidency, the term reflects the increasingly militarized and punitive approach that came to dominate U.S. strategies for drug control. In 1971, President Richard Nixon famously declared drug abuse as "public enemy number one," shifting the focus of drug policy from public health concerns to one of national security and criminal justice. This shift prompted a massive increase in federal funding for law enforcement, and it greatly expanded government surveillance powers aimed at drug offenses. Though Nixon's creation of the Drug Enforcement Administration (DEA) in 1973 was intended to centralize and professionalize drug enforcement efforts, his broader strategy heavily emphasized the criminalization of drug use. This approach laid the institutional and legal foundation for even more aggressive policies during Ronald Reagan's presidency. Under Reagan, the Anti-Drug Abuse Acts of 1986 and 1988 became key legislative milestones. These laws firmly entrenched mandatory minimum sentencing, removing much of the judiciary's discretion in drug-related cases. The 1986 Act, in particular, imposed strict sentencing rules—such as mandatory five- and ten-year prison terms—based solely on the quantity of drugs involved, with no regard for individual circumstances or intent. Furthermore, the Office of National Drug Control Policy was established to coordinate national drug control efforts, further institutionalizing the federal government's punitive stance.Title 21 of the United States Code created to regulate controlled substances, was thereby amended to implement those mandates and embed in federal law severe punishments.[13]

During the height of the War on Drugs, federal legislation introduced some of the most invasive and contentious legal measures, significantly blurring the lines between criminal law and civil enforcement and raising serious concerns about due process. Key amendments to Title 18 of the United States Code allowed the government to seize property not only from convicted drug offenders but even from individuals with no proven criminal involvement, using the process of civil asset forfeiture. In parallel, anti-drug laws expanded the investigative and surveillance powers of federal agencies such as the DEA and FBI. These expansions included broader wiretap permissions and enhanced authority for searches and seizures. Under the Reagan administration, there was also a marked militarization of domestic law enforcement, with local police forces receiving military-grade equipment and tactical training directly from federal agencies. By the end of Reagan's presidency and continuing into the tenure of President George H. W. Bush, the federal government had clearly shifted its drug policy focus away from public health and toward a national security and criminal enforcement paradigm. Thus, drug interdiction in the domestic and foreign fronts became prioritized over treatment and rehabilitation, thoroughly setting the pace for aggressive law enforcement in U.S. drug policy for decades.[14]

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[10] Early 20th Century Drug Criminalization in the US, available at: https://www.thehindu.com/early-20th-century-drug-criminalization (last visited on February 21, 2025).

[11] Manish Kumar, "Controlled Substances Act: Legal Foundations", 3 Journal of Federal Legal Studies 58 (2020).

[12] Controlled Substances Act: Foundation of US Drug Laws, available at: https://www.ssrn.com/controlled-substances-act-us-drug-laws (last visited on April 13, 2025)

[13] Divya Sharma, "War on Drugs: Nixon to Reagan", 5 Journal of Political and Legal History 85 (2021).

[14] Nixon to Reagan: The War on Drugs Era, available at: https://www.niti.gov.in/nixon-reagan-war-drugs-era (last visited on March 23, 2025).

1.1.7 – Mass Incarceration and Racial Disparities:

One of the most devastating outcomes of the War on Drugs has been the massive rise in incarceration rates, particularly disproportionate among African American and Latino populations. The federal drug policies during the latter part of the 20th century were often seen as being unfairly targeted at urban communities, leading to widespread allegations of systemic bias and constitutional violations. A striking example of such discriminatory lawmaking was the Anti-Drug Abuse Act of 1986, which established a sentencing disparity of 100:1 between crack and powder cocaine offenses. This meant that possessing just 5 grams of crack cocaine triggered a mandatory minimum sentence of 5 years, whereas the same sentence for powder cocaine required 500 grams. This discrepancy was not based on any real pharmacological or scientific difference between the substances, but rather fueled by politicized narratives and public hysteria. Given that crack cocaine use was more common in low-income, predominantly Black neighborhoods, this law led to a disproportionate number of Black individuals being incarcerated, often for minor, non-violent drug offences. The result was a deepening of racial inequality within the American criminal justice system and a legacy of mass incarceration that continues to have social and economic impacts today. As for the white, wealthier people, if found in possession of powder cocaine, they are most likely to be given lesser sentences or often diverted outcomes such as probation or rehabilitation.[15]

The disproportionate sentencing for drug-related offences, particularly between crack and powder cocaine, came under intense legal and scholarly scrutiny, with many civil rights advocates and legal scholars arguing that such laws violated the Equal Protection Clause of the Fourteenth Amendment and could be construed as cruel and unusual punishment under other constitutional provisions. While courts typically upheld these sentencing frameworks, emphasizing the letter of the law, growing public dissent and empirical data highlighting racial disparities began to prompt calls for reform. The inequities extended beyond sentencing and were evident in law enforcement tactics. Minority communities, especially those inhabited by Black and Latino populations, were subjected to disproportionate levels of surveillance, including aggressive practices such as stop-and-frisk, frequent drug raids, and increased patrolling. Despite studies consistently showing that drug usage rates across racial groups were nearly identical, arrest and conviction rates for people of color remained alarmingly high. This systemic bias created a cycle of disenfranchisement, where those with drug-related convictions faced reduced access to employment, housing, and even voting rights, perpetuating socio-economic marginalization. In response to the growing criticism, legislative reforms began to emerge. One such significant measure was the Fair Sentencing Act of 2010, which reduced the crack-to-powder cocaine sentencing disparity from 100:1 to 18:1, marking an important, though incomplete, step toward addressing racial injustice within the U.S. criminal justice system. For decades since, however, discriminatory enforcement has echoed through American law and social structures, demonstrating the deep, often racialized, aftereffects of drug criminalization.[16]

1.5 CONCLUSION

A comparative examination of the drug criminalization regimes in India and the United States highlights the profound entanglement of legal systems with each nation's unique historical, political, and socio-cultural trajectories. Both jurisdictions reflect a common progression—from rudimentary regulatory approaches to increasingly punitive legal architectures—but the underlying motivations and resultant societal outcomes differ markedly.

In India, the origins of drug regulation can be traced to colonial-era fiscal priorities, primarily concerning taxation and control. These gradually evolved into a post-independence prohibitionist framework, heavily influenced by international legal commitments, culminating in the enactment of the Narcotic Drugs and Psychotropic Substances Act, 1985. While this legislation entrenched stringent criminal penalties, successive amendments—such as the 2001 quantity-based sentencing reforms and the 2014 facilitation of medical access to essential narcotics—hint at an emerging shift towards a more calibrated and health-sensitive legal regime. Nevertheless, the overarching framework remains largely repressive. Conversely, the U.S. legal approach has been distinctly shaped by racialized narratives, political moralism, and a militarized "War on Drugs" ideology. From the 1970s onwards, federal policy redefined drug use not as a public health issue but as a matter of national security, leading to harsh mandatory minimums and mass incarceration, disproportionately impacting communities of color. Unlike India, where international treaty obligations predominantly guided reforms, the American model has often been dictated by domestic political agendas and media-driven moral panics, with profound racial and social consequences. Despite the tightening of drug laws in both countries, their motivations, methods, and impacts reveal fundamental divergences. India's enforcement trajectory has often neglected indigenous knowledge systems and non-punitive traditions, whereas the United States' legal architecture actively criminalized vulnerable populations in the name of deterrence. These comparisons underscore the urgent imperative for reform in both contexts. Going forward, drug policy must move away from punitive absolutism and instead embrace evidence-based, rights-oriented approaches that prioritize public health, harm reduction, and social reintegration. Only through such a reorientation can legal systems effectively respond to the complex socio-economic realities that underpin substance use and offer a more humane and balanced vision of justice.

[15] As for the white, wealthier people, if found in possession of powder cocaine, they are most likely to be given lesser sentences or often diverted outcomes such as probation or rehabilitation.

[16] Mass Incarceration and Racial Disparities in Drug Laws, available at: https://www.blog.ipleaders.in/mass-incarceration-racial-disparities (last visited on February 17, 2025).