



Critical Appraisal of Drug Policy in India: A Study of the Narcotic Drugs and Psychotropic Substances Act, 1985

Kiranjeet¹, Mandeep Rana²

¹LLM, University School of Law, Rayat-Bahra University (RBU), Mohali, Punjab

²Assistant professor, University School of Law, Rayat-Bahra University (RBU), Mohali, Punjab

Email id : ¹kiranjeet.official@gmail.com , ²mandeepsinghrana10004@gmail.com

Abstract

India's drug policy, primarily governed by the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act), represents a stringent legal framework intended to curb the menace of narcotics and psychotropic substance abuse. This research paper critically examines the evolution, implementation, and socio-legal impact of the NDPS Act, with particular emphasis on its efficacy, human rights concerns, and compatibility with global best practices. While the Act aligns India with international drug control conventions, it has been widely critiqued for its punitive orientation, lack of distinction between users and traffickers, and adverse implications for underprivileged communities. Through an analysis of legislative amendments, judicial interpretations, and enforcement data, the paper highlights significant gaps in the current approach, including harsh bail conditions, underdeveloped rehabilitation infrastructure, and over-criminalization of minor drug offences. Drawing comparative insights from harm-reduction models in countries like Portugal and the Netherlands, the study advocates for a balanced policy shift towards decriminalization, public health interventions, and a rights-based approach to drug use in India. The paper concludes that meaningful reform must combine effective regulation with compassionate strategies to address drug dependency as a public health concern rather than solely a criminal issue.

1. Introduction

The regulation of narcotic drugs and psychotropic substances presents a complex policy challenge globally, straddling the domains of public health, criminal justice, international law, and human rights. In India, this regulatory framework is primarily embodied in the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act), which was enacted to consolidate and amend laws relating to narcotic drugs, make stringent provisions for the control and regulation of operations relating to these substances, and ensure India's compliance with international drug control conventions—namely 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, 1988. The Act, however, has been the subject of intense debate and criticism due to its harsh penal provisions, stringent bail norms, and its tendency to criminalize even minor drug possession. While the intention behind the legislation was to deter drug trafficking and protect society from the harmful effects of narcotic substances, its real-world implementation has led to disproportionate punishment, overburdening of the criminal justice system, and adverse socio-economic consequences, especially for vulnerable and marginalized populations.

Several amendments have been made to the Act over the years (notably in 1988, 2001, 2014, and 2021) to address some of these concerns, including provisions for treatment and rehabilitation of addicts. Nonetheless, critics argue that these reforms have been piecemeal and insufficient. The arrest of high-profile individuals under the NDPS Act has also brought the law into the public spotlight, raising urgent questions about selective enforcement, media trials, and institutional overreach.

Against this backdrop, the present study undertakes a critical appraisal of India's drug policy, focusing specifically on the NDPS Act, 1985. It seeks to explore the Act's legislative intent, operational framework, and socio-legal implications through doctrinal analysis and secondary empirical data. The research also draws on comparative global experiences, such as Portugal's decriminalization model and harm reduction strategies employed in other jurisdictions, to reflect on the scope of policy innovation in the Indian context.

Research Objectives

1. To examine the legislative framework and evolution of the NDPS Act, 1985.
2. To assess the implementation of the Act in terms of its penal provisions, bail conditions, and judicial interpretations.
3. To evaluate the socio-economic and human rights impact of the drug policy, particularly on marginalized communities.
4. To suggest reforms based on comparative international models and contemporary challenges.

2. The Legal and Institutional Framework

India's drug control policy is principally governed by the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act), a comprehensive legislation that seeks to prohibit, control, and regulate operations related to narcotic drugs and psychotropic substances. Enacted in response to India's growing commitment to global drug control conventions and the increasing domestic challenge of drug trafficking and addiction, the Act provides a stringent legal framework aimed at deterrence and punishment. The NDPS Act marks a departure from earlier colonial-era legislations by establishing a unified statute that criminalizes nearly every aspect of narcotic drug and psychotropic substance handling, from production and possession to transportation, sale, and consumption.

One of the most significant features of the NDPS Act is its graded punishment structure, based on the quantity of drugs involved in the offence. The law distinguishes between small, intermediate, and commercial quantities of banned substances. Possession of a *small quantity*—defined through government notification—may lead to imprisonment of up to one year, or a fine, or both. Possession of quantities between small and commercial attracts a punishment of up to ten years with a fine. However, if the accused is found with a *commercial quantity*, the Act mandates a minimum punishment of 10 years' rigorous imprisonment, which may extend up to 20 years, along with a hefty fine. While this classification aimed to introduce proportionality in sentencing, its implementation has often been criticized for inconsistencies and lack of clarity in enforcement.

In addition to penal provisions, the NDPS Act grants wide-ranging powers to law enforcement agencies. Sections 41 to 67 authorize various authorities, including police, customs, and revenue officers, to conduct searches, seizures, arrests, and investigations with limited judicial oversight. Notably, Section 42 allows for searches without warrants in specific circumstances, while Section 37 makes offences involving commercial quantities *non-bailable*, imposing a near-impossible threshold for the grant of bail. These provisions have led to extensive use of preventive detention and long pre-trial incarcerations, particularly for those from economically weaker and socially marginalized backgrounds. Furthermore, Section 27 criminalizes personal consumption of drugs, although it does allow for an option of voluntary treatment instead of punishment. In practice, however, this rehabilitative option remains underutilized.

Over the years, the NDPS Act has undergone several amendments to address growing concerns about its rigidity and harshness. The 1988 amendment led to the creation of the Narcotics Control Bureau (NCB), the apex coordinating agency for drug law enforcement in India. The 2001 amendment brought in a crucial reform by introducing quantity-based sentencing, attempting to differentiate casual users from hardcore traffickers. The 2014 amendment was a progressive step in recognizing the concept of "essential narcotic drugs," which are used for medical and palliative care purposes, and facilitated a central licensing mechanism to enhance their accessibility. More recently, the NDPS (Amendment) Bill, 2021 was introduced to retrospectively rectify a drafting error in Section 27A, which had omitted a critical cross-reference to penalty provisions—an issue that triggered constitutional questions regarding the legitimacy of retrospective criminalization.

The implementation of the NDPS Act relies on a multi-layered institutional apparatus at both the central and state levels. The Narcotics Control Bureau (NCB) functions as the nodal agency for enforcing the Act and coordinating between different law enforcement bodies. It operates under the Ministry of Home Affairs and is tasked with intelligence gathering, drug interdiction, and coordination of international cooperation. The Directorate of Revenue Intelligence (DRI) plays a key role in investigating large-scale smuggling operations, while the Central Bureau of Narcotics (CBN) oversees the legal cultivation of opium in select areas and ensures compliance with regulations. At the state level, the police and excise departments are primarily responsible for detecting and prosecuting local-level drug offences. In addition, Customs and Central Excise officials are empowered to carry out drug interdiction activities at airports, seaports, and land borders.

The NDPS Act also envisages a dedicated judicial mechanism for dealing with drug-related offences. Under Section 36, Special Courts are constituted in each state for speedy trial of cases under the Act. However, in reality, the functioning of these courts is often hindered by procedural delays, backlogs, and lack of infrastructure, leading to prolonged detentions and a backlog of under-trial prisoners. These shortcomings undermine the very objective of the Act—to provide swift justice and deterrent punishment. In order to give effect to its provisions, the NDPS Act is supplemented by several rules and subordinate legislations, including the NDPS Rules, 1985, the NDPS (Regulation of Controlled Substances) Order, 2013, and the NDPS Fund Rules, 2006, which together regulate the possession, manufacture, and distribution of certain chemicals and essential drugs. The law also provides for the establishment of a National Fund for Control of Drug Abuse, which is intended to finance treatment and rehabilitation efforts, although its utilization has been minimal and largely underreported in public records.

India's drug policy under the NDPS Act is heavily influenced by its international treaty obligations. As a signatory to the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), India is required to criminalize unauthorized activities involving drugs and psychotropic substances, establish controls over precursor chemicals, and cooperate internationally in extradition and mutual legal assistance. While these treaties have provided a legal basis for India's drug control mechanisms, critics argue that strict adherence to punitive global norms has limited the country's ability to adopt more progressive, health-oriented approaches to drug use.

The NDPS Act of 1985 lays down a comprehensive and robust legal structure aimed at controlling drug-related activities in India. However, the law's over-reliance on punitive measures, expansive powers of enforcement, and inadequate emphasis on treatment and rehabilitation continue to raise serious questions about its efficacy and fairness. The following section offers a critical appraisal of the Act in light of these legal, institutional, and socio-political dynamics.

3. Critical Appraisal of the NDPS Act, 1985

While the Narcotic Drugs and Psychotropic Substances Act, 1985 was conceived as a stringent framework to combat the menace of drug trafficking and abuse in India, over the years it has invited significant criticism from legal scholars, human rights activists, public health experts, and even members of the judiciary. The Act, despite being comprehensive and aligned with international drug control conventions, is often viewed as excessively

punitive, procedurally rigid, and socially regressive. This section presents a critical evaluation of the NDPS Act in terms of its core legal provisions, judicial interpretations, and socio-political implications.

3.1 Punitive Orientation and Criminalization of Users

One of the major criticisms of the NDPS Act is its disproportionate focus on criminalization over rehabilitation. While the original intent of the Act was to target traffickers and large-scale smuggling networks, in practice it has often been used against individual users and small-time offenders, many of whom are addicts rather than criminals. Section 27, which penalizes consumption, makes no clear distinction between addiction (a health condition) and criminality. Although the law allows for treatment in lieu of punishment, this provision is rarely invoked, and users are frequently incarcerated without access to proper medical support or de-addiction services.

The punishment for mere possession—even in cases of small quantities—can lead to arrest and imprisonment, creating long-term consequences for the accused. This zero-tolerance approach is increasingly viewed as counterproductive, as it overburdens the judicial system, exacerbates prison overcrowding, and fails to address the root causes of drug dependence. Moreover, by lumping users with traffickers, the law denies opportunities for early intervention and community-based rehabilitation, thus perpetuating cycles of criminalization and marginalization.

3.2 Harsh Bail Provisions and Pre-trial Detention

Another contentious feature of the NDPS Act is its restrictive bail regime, especially under Section 37, which applies to offences involving commercial quantities. This provision stipulates that bail cannot be granted unless the court is satisfied that the accused is not guilty and is unlikely to commit a similar offence again—a threshold that is difficult to meet at the pre-trial stage. As a result, a significant number of accused individuals—many of them first-time or low-level offenders—languish in jail for extended periods even before conviction.

This has led to widespread concern regarding violation of personal liberty and presumption of innocence, which are fundamental to Indian constitutional jurisprudence. Studies and reports, including those from National Crime Records Bureau (NCRB), indicate that a vast proportion of prisoners booked under the NDPS Act are undertrials, with very low conviction rates in many cases. The combination of harsh bail laws and slow judicial processes leads to punishment before trial, raising serious human rights issues.

3.3 Enforcement Discretion and Misuse of Power

The NDPS Act provides sweeping powers to enforcement agencies, including the ability to conduct searches and seizures without warrants, arrests without formal charges, and confiscation of property suspected to be linked to drug offences. While intended to strengthen the state's capacity to tackle organized drug crime, these provisions have been criticized for enabling arbitrary arrests, planting of evidence, and abuse of power by law enforcement officers. High-profile cases, often involving celebrities or political figures, have exposed how the NDPS Act can be wielded selectively and sensationally by investigative agencies, particularly the Narcotics Control Bureau (NCB). In recent years, several arrests under the Act have attracted widespread media coverage, only to later result in acquittals or withdrawal of charges. Such cases underscore the need for stricter procedural safeguards, better training of investigating officers, and stronger judicial oversight to prevent the misuse of the law.

3.4 Judicial Interpretations and Constitutional Concerns

The Indian judiciary has played a critical role in interpreting the NDPS Act, often attempting to strike a balance between the law's strict provisions and constitutional rights. In *Toofan Singh v. State of Tamil Nadu* (2020), the Supreme Court ruled that confessions made to officers under Section 53 of the NDPS Act cannot be treated as admissible evidence, as these officers are not "police officers" under the Indian Evidence Act. This landmark judgment was seen as a blow to coercive investigation practices and a reaffirmation of due process. However, other rulings have reflected the judiciary's limited space in granting relief due to the Act's rigid language. Courts have often expressed helplessness in granting bail or considering mitigating circumstances owing to the statutory constraints imposed by Section 37. In *Mohd. Sahabuddin v. State of Assam* (2022), the Supreme Court highlighted the need for legislative review of the NDPS Act's stringent bail conditions, especially in cases involving youth and first-time offenders.

3.5 Socio-Economic and Caste Implications

The implementation of the NDPS Act also raises concerns about disparate socio-economic and caste impacts. A disproportionate number of those arrested under the Act come from marginalized communities, including Dalits, Adivasis, and urban poor populations. Often lacking access to competent legal representation or financial means to secure bail, these individuals remain entrapped in the criminal justice system, while larger drug networks go unpunished.

This has led to growing calls for a social justice lens in evaluating drug policy. Critics argue that the Act has become a tool of systemic discrimination, punishing the vulnerable while failing to address structural issues such as unemployment, mental health, and poverty that underlie drug dependency. The absence of adequate public de-addiction centres, especially in rural areas, further aggravates the situation.

3.6 Weak Rehabilitation and Harm Reduction Framework

Although the NDPS Act includes provisions for treatment and rehabilitation, they remain largely underdeveloped and poorly implemented. India's public health infrastructure lacks the capacity to offer widespread and effective addiction treatment, particularly in low-income regions. Harm reduction

strategies such as needle exchange programs, opioid substitution therapy, and community outreach services are minimal, despite proven effectiveness in other countries.

The NDPS Act fails to integrate public health approaches with its enforcement-driven model, thereby missing the opportunity to reduce drug-related harm through evidence-based interventions. As international best practices increasingly shift toward decriminalization and harm reduction, India's continued reliance on a punitive framework appears increasingly outdated and counterproductive.

4. Comparative Policy Analysis: Lessons from Global Drug Policy Models

India's approach to drug control, as laid down in the Narcotic Drugs and Psychotropic Substances Act, 1985, remains deeply entrenched in a punitive framework that prioritizes criminalization over rehabilitation. However, a comparative analysis of global drug policy models reveals that several countries have adopted more progressive, public health-oriented approaches with significantly better outcomes in terms of reducing drug abuse, protecting human rights, and minimizing harm. These international experiences offer valuable lessons for India, particularly as debates on reforming the NDPS Act gain momentum.

Portugal stands out as one of the most successful examples of drug policy reform. In 2001, the country undertook a radical shift by decriminalizing the personal possession and use of all drugs, including heroin, cocaine, and cannabis. Rather than prosecuting drug users through the criminal justice system, Portugal established a network of "Dissuasion Commissions" composed of health professionals, legal experts, and social workers. These commissions evaluate each case individually and recommend treatment, counselling, or social support, instead of punishment. Over two decades of implementation, Portugal's model has yielded remarkable results, including a significant reduction in drug-related deaths, a sharp decline in HIV infections caused by intravenous drug use, and increased access to addiction treatment. Contrary to critics' predictions, there has been no substantial increase in overall drug use. Portugal's experience underscores the benefits of viewing drug addiction as a health issue rather than a crime, and demonstrates how decriminalization, when coupled with strong social and health infrastructure, can lead to both humane and effective outcomes.

The Netherlands offers another distinctive approach through its harm reduction-based model. Although the country technically prohibits all drugs, it has adopted a tolerant policy toward cannabis, permitting its sale and use in licensed "coffee shops" under strict regulation. The Dutch model distinguishes between "soft" and "hard" drugs and places a clear emphasis on minimizing the social and health harms associated with drug use, rather than on enforcing prohibition through harsh penalties. Public health programs such as needle exchange services, supervised injection rooms, and opioid substitution therapy are widely available, helping to reduce the risks of overdose and communicable diseases. The Dutch approach has been effective in maintaining relatively low levels of drug-related mortality and crime, while also respecting civil liberties. The experience of the Netherlands shows that pragmatic, health-based interventions can coexist with limited legal tolerance, without leading to a breakdown in public order or widespread abuse.

The United States, in contrast, provides a cautionary tale about the consequences of over-criminalization. For much of the late twentieth century, the U.S. pursued a "War on Drugs" strategy that relied heavily on mandatory minimum sentencing, aggressive policing, and incarceration. This led to a dramatic rise in the prison population, disproportionately affecting African-American and Latino communities, while doing little to curb drug abuse. In response to these failures, many U.S. states have begun to reform their drug laws. Some states have legalized cannabis for medical and recreational use, while others have introduced drug courts that divert offenders into treatment programs rather than jails. Oregon, in a landmark development, has decriminalized the possession of small amounts of all drugs and invested in community health services. These reforms reflect a growing recognition that punitive drug laws have been ineffective, costly, and socially unjust. While the American context remains fragmented and uneven, the shift toward criminal justice reform and rehabilitation marks a significant departure from past policies.

Canada presents a more balanced and institutionalized model of drug regulation. In 2018, it became the second country in the world to fully legalize recreational cannabis, establishing a tightly regulated market for its production, sale, and consumption. At the same time, Canada has invested significantly in public health strategies aimed at reducing drug-related harm. Supervised injection sites, widespread naloxone distribution, and robust addiction treatment services form the core of its harm reduction framework. Canadian policy is based on scientific evidence and a commitment to public health, while also acknowledging the need to reduce the stigma associated with drug use. The Canadian model illustrates how legalization, regulation, and harm reduction can work in tandem to address the complexities of drug-related issues.

From these international case studies, several critical lessons emerge for India. First, the decriminalization of drug possession for personal use does not necessarily lead to increased consumption, as often feared. Second, treating drug addiction as a public health issue—rather than a moral or criminal problem—produces better results in terms of individual recovery, community safety, and public health. Third, excessive reliance on punitive legal instruments tends to disproportionately harm the poor and marginalized, while doing little to dismantle organized trafficking networks. The comparative experiences of Portugal, the Netherlands, the United States, and Canada provide compelling evidence that a more humane, balanced, and effective drug policy is possible.

For India, these models underscore the urgent need to reimagine its approach under the NDPS Act. There is growing consensus among scholars, practitioners, and policymakers that India must consider decriminalizing minor drug possession, scaling up access to voluntary treatment and rehabilitation, and investing in harm reduction programs. A recalibration of drug policy—anchored in public health, human rights, and evidence-based practices—can better serve the goals of social justice, safety, and national well-being.

5. Recent Policy Shifts and Challenges

Over the past decade, India's drug control landscape has witnessed a series of legal amendments, high-profile arrests, judicial pronouncements, and increasing public discourse around the effectiveness and fairness of the NDPS Act. However, despite sporadic policy changes, the fundamental structure of India's drug law remains largely unchanged and continues to reflect a punitive, criminal justice-oriented framework. The gap between legal intention and real-world implementation has only widened, exposing deep institutional and societal challenges.

One of the most notable legal developments in recent years is the NDPS (Amendment) Bill, 2021, which sought to retrospectively correct a drafting error in Section 27A of the Act—one that had omitted a vital cross-reference to penalty provisions due to a legislative oversight in the 2014 amendment. While the government argued that the correction was clarificatory in nature, legal experts and civil rights advocates raised serious concerns about the constitutionality of retrospective criminal legislation. The move sparked debates about due process, the clarity of criminal law, and the potential misuse of retrospective penal amendments. The controversy highlighted how even technical lapses in drug legislation could have severe consequences for the rights of the accused, particularly in a legal system already marked by procedural delays and weak legal aid infrastructure.

Parallel to legislative changes, recent years have also seen a rise in high-profile cases involving celebrities and public figures arrested or interrogated under the NDPS Act. These cases have often been amplified by media trials and political commentary, contributing to the public perception of a selective and symbolic use of drug law enforcement. Investigations carried out by the Narcotics Control Bureau (NCB) in such instances have sometimes been criticized for overreach, procedural lapses, and sensationalism. For example, in several widely publicized arrests, the evidence was later found to be weak or inconclusive, leading to eventual acquittals or dropped charges. These episodes raise serious questions about the misuse of the NDPS Act as a tool of harassment, reputation damage, or political deflection, rather than as an instrument of justice or public safety.

At the same time, there has been a growing recognition of the mental health and social welfare dimensions of drug use, particularly in the wake of the COVID-19 pandemic. The pandemic exacerbated conditions such as unemployment, depression, domestic violence, and social isolation—factors that often correlate with increased substance use. However, India's response has largely been limited to enforcement crackdowns, with little emphasis on expanding access to rehabilitation, counselling, or harm reduction services. Public de-addiction centres remain underfunded, unevenly distributed, and stigmatized. Moreover, there is an absence of coherent policy integration between the Ministry of Health and Family Welfare and the enforcement-focused Ministry of Home Affairs. This disconnect has prevented the formulation of a comprehensive national drug strategy that incorporates both demand and supply-side interventions.

Another persistent challenge is the poor quality and transparency of data related to drug use, arrests, and convictions. The National Crime Records Bureau (NCRB) provides basic statistics on NDPS cases, but these often lack disaggregation by caste, gender, age, or socio-economic status. Without robust data, policymakers and researchers are left to operate in an information vacuum, which hampers evidence-based reforms. Furthermore, the absence of periodic national surveys on substance abuse limits our understanding of trends in drug consumption and addiction across states, demographic groups, and urban-rural divides. There is also an urgent need to address the regional imbalances in drug trafficking and enforcement. Border states such as Punjab, Manipur, and Assam face an acute crisis of drug addiction due to their proximity to international trafficking routes like the "Golden Crescent" and "Golden Triangle." While these regions witness aggressive enforcement actions, they also suffer from the lack of comprehensive rehabilitation frameworks. The situation in Punjab, for instance, has reached epidemic proportions, with widespread addiction among youth, rising overdose deaths, and the breakdown of rural social structures. Yet national policy responses have failed to reflect the severity of this localized crisis with the urgency and coordination it demands. In recent years, the judiciary has intermittently recognized the disproportionate impact of the NDPS Act on undertrial prisoners and minor offenders. Courts have increasingly emphasized the importance of distinguishing between casual users and professional traffickers, especially in cases involving small quantities of banned substances. However, the overall legal architecture still restricts judicial discretion due to the rigidity of statutory provisions—particularly with respect to bail and sentencing. The absence of clear legislative guidelines for non-custodial alternatives, such as community service, probation, or treatment orders, further limits the ability of the judiciary to exercise flexibility in drug-related cases. In sum, while there have been piecemeal policy changes and episodic judicial interventions, India's overall approach to drug control continues to lag behind contemporary global standards. The NDPS Act remains heavily weighted toward punitive enforcement, with insufficient attention to public health, rehabilitation, and social reintegration. High-profile cases, legislative amendments, and public controversies have failed to translate into a coherent, rights-based, and evidence-driven national drug policy. Without a fundamental shift in both legal philosophy and institutional practice, India will remain trapped in a cycle of overcriminalization, ineffective deterrence, and mounting human costs.

6. Recommendations

In light of the foregoing critical analysis and global comparative experiences, it is clear that India's current drug control regime under the Narcotic Drugs and Psychotropic Substances Act, 1985 is in urgent need of reform. While the objective of curbing illicit trafficking and protecting society from the harmful effects of narcotic drugs is legitimate, the means adopted have often been disproportionate, counterproductive, and in conflict with constitutional principles and human rights. A more balanced, evidence-based, and humane approach to drug policy is necessary—one that upholds the rule of law while recognising drug dependency as primarily a public health concern. The following recommendations are offered to guide future reforms in India's drug policy framework. First and foremost, there is a pressing need to decriminalize the possession of small quantities of drugs for personal use. Criminal prosecution of users does little to reduce demand and instead results in incarceration, social stigma, and barriers to reintegration. Decriminalization, when combined with robust treatment and rehabilitation programs, can help redirect drug users away from the criminal justice system and toward health-based interventions. This does not imply legalization but rather a shift in focus from punishment to prevention and recovery. Portugal's successful model of decriminalization offers an effective precedent that India can adapt to its own socio-cultural and administrative context.

Secondly, the bail provisions under Section 37 of the NDPS Act must be urgently reformed. The current standard for granting bail in commercial quantity cases—requiring the court to be *prima facie* satisfied that the accused is not guilty—places an almost insurmountable burden on undertrial prisoners, often leading to prolonged pre-trial detention. Courts must be given greater discretion, particularly in cases involving youth, first-time offenders, or socio-economically vulnerable individuals. Legislative amendments should introduce proportionality in sentencing and pre-trial processes, taking into account the nature of the offence, the intent of the accused, and the broader principle of individual liberty.

Third, India must expand its investment in public health infrastructure for drug rehabilitation and harm reduction. Presently, the availability of de-addiction centres, counselling services, and substitution therapies is grossly inadequate, especially in rural and marginalized areas. Government-run rehabilitation centres should be modernised and better integrated with primary healthcare systems. Further, harm reduction strategies such as needle-exchange programs, safe injection sites, and opioid substitution therapy should be institutionalised and scaled up in high-incidence areas. These

interventions not only prevent the spread of diseases like HIV and hepatitis but also reduce the societal and economic costs associated with untreated addiction. Fourth, the country must strengthen inter-agency coordination among the various institutions involved in drug control—namely the Narcotics Control Bureau, Directorate of Revenue Intelligence, Central Bureau of Narcotics, Customs, and state-level police and excise departments. Fragmentation and overlapping jurisdictions have often led to inefficiencies, duplication of effort, and conflicting objectives. A centralised monitoring body or policy council, including representatives from the health, legal, social welfare, and enforcement sectors, should be created to harmonise strategies, ensure transparency, and facilitate a multidisciplinary response to drug-related challenges.

Fifth, there is a crucial need for reliable, disaggregated data collection on drug use patterns, arrests, prosecutions, and rehabilitation outcomes. At present, the lack of granular, evidence-based data severely hampers policymaking and public accountability. The National Crime Records Bureau and the Ministry of Social Justice and Empowerment should coordinate to develop an annual National Drug Situation Report, capturing regional trends, age and gender-specific vulnerabilities, and the effectiveness of interventions. Transparent data is also essential to evaluate the impact of enforcement practices and to identify discriminatory patterns in the criminal justice system.

Sixth, legal education and sensitization of enforcement agencies and the judiciary must be prioritized. Police officers, prosecutors, and magistrates often lack adequate training on the nuances of the NDPS Act, the rights of the accused, and the importance of rehabilitation over incarceration. Regular capacity-building workshops should be institutionalised to promote rights-based and non-discriminatory enforcement practices. Additionally, legal aid for undertrial prisoners accused under the NDPS Act must be strengthened, with special focus on linguistic, caste, gender, and regional barriers that impede access to justice.

Finally, public discourse and community engagement must be fostered to reduce the stigma associated with drug use. Civil society organisations, educational institutions, and local health departments should play a central role in conducting awareness campaigns, facilitating peer support groups, and advocating for humane drug laws. A more empathetic public understanding of addiction can shift societal attitudes and reduce the marginalisation of individuals affected by substance abuse.

Drug policy reform in India must be guided by constitutional values of justice, dignity, and equality, alongside empirical evidence and global best practices. The NDPS Act should evolve from a rigid instrument of criminalisation into a flexible, integrated framework that promotes public health, safeguards individual rights, and effectively addresses the multifaceted nature of drug-related challenges in contemporary India.

7. Conclusion

The Narcotic Drugs and Psychotropic Substances Act, 1985 stands as a cornerstone of India's drug control regime, enacted with the intent to curb the menace of illicit trafficking and safeguard public health. However, after four decades of implementation, it is increasingly evident that the Act's punitive orientation, procedural rigidity, and limited rehabilitative focus have not only failed to achieve their intended outcomes but have also contributed to significant social, legal, and human rights concerns. While the law was drafted in response to international obligations and rising domestic anxieties about drug abuse, its disproportionate targeting of users, excessive bail restrictions, and over-criminalization of minor infractions have collectively led to an overburdened criminal justice system and a growing population of undertrial prisoners, many of whom are from socially and economically disadvantaged backgrounds. The present analysis has shown that the NDPS Act requires a paradigm shift—from a narrow law enforcement perspective to a more holistic, health-based, and evidence-driven model. Comparative experiences from countries like Portugal, the Netherlands, Canada, and reforming jurisdictions in the United States offer important policy alternatives. These international models illustrate that decriminalization, regulation, and harm reduction not only reduce drug-related harm but also respect human dignity and facilitate long-term social reintegration. In India, however, despite some legislative amendments and sporadic judicial interventions, the dominant approach remains largely carceral. High-profile arrests, procedural ambiguities, and selective enforcement have eroded public confidence in the impartiality and utility of the current legal framework. Meanwhile, the persistent lack of investment in rehabilitation infrastructure, mental health services, and preventive education continues to hinder meaningful progress. What is urgently required is a comprehensive re-evaluation of the legal, institutional, and public health dimensions of India's drug policy. As this paper has argued, meaningful reform of the NDPS Act must begin with the decriminalization of personal consumption, reform of bail and sentencing provisions, and the integration of treatment and harm reduction within a broader national strategy. Enhanced coordination among enforcement, health, and social agencies; better data and transparency; and greater public and judicial awareness are all essential for building a more humane and effective drug control framework. The time has come for India to move beyond outdated notions of punishment as deterrence and embrace a more balanced, inclusive, and forward-looking approach to drug policy.

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