

Socio- Legal Interface of Drug Abuse in India: Regional Insights with Emphasis on Haryana

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Abstract

Drug abuse in India has emerged as a complex challenge, carrying profound social, legal, and public health implications. The phenomenon is not confined to a single region but exhibits diverse patterns across states, influenced by socio-economic, cultural, and geographical factors. This article examines the socio-legal interface of drug abuse in India with a particular emphasis on the state of Haryana, which has increasingly witnessed alarming trends in substance consumption and trafficking. It explores the social dimensions of drug abuse, including its impact on youth, families, and community structures, while also assessing the legal framework under statutes such as the Narcotic Drugs and Psychotropic Substances Act, 1985, and related judicial interpretations. By integrating regional insights from Haryana, the study highlights enforcement challenges, the role of law enforcement agencies, and the gaps between punitive measures and rehabilitative approaches. The analysis underscores the urgent need for a balanced strategy that harmonizes legal mechanisms with preventive, educational, and rehabilitative interventions. Ultimately, the article advocates for a multidimensional policy response that not only curbs the supply and demand of illicit substances but also addresses the underlying socio-economic vulnerabilities that fuel drug abuse in Haryana and beyond.

Keywords: *Drug abuse, regional insights, Haryana, trafficking patterns*

INTRODUCTION

The phenomenon of drug abuse in India has evolved from a localized concern to a national crisis requiring urgent and comprehensive intervention. Drug abuse represents one of the most complex and multifaceted challenges confronting contemporary India, manifesting at the intersection of law, society, public health, and governance. This comprehensive study examines the intricate relationship between legal frameworks and social realities in addressing substance abuse, with particular emphasis on regional variations and the specific case of Haryana state.

According to the “National Survey on Extent and Pattern of Substance Use in India” conducted in 2018, approximately “16 crore Indians between ages 10-75 are current users of alcohol”, while “2.3 crore people use opioids” and “3.1 crore use cannabis products”^{1,2}. These statistics underscore the magnitude of a problem that transcends geographical, socio-economic, and demographic boundaries.

The “socio-legal interface” refers to the critical intersection where legal frameworks encounter social realities, cultural practices, and community responses to drug abuse. This interface becomes particularly significant in the Indian context, where diverse regional cultures, varying enforcement capabilities, and differing social attitudes toward substance use create complex implementation challenges for uniform national policies^{3,4}.

Haryana state presents a compelling case study within this broader framework. Positioned strategically between Punjab—often characterized as India's epicenter of drug abuse—and Delhi, the national capital, Haryana exemplifies the regional variations in both drug abuse patterns and policy responses. Recent government data reveals that “Haryana has witnessed 1.84 lakh individuals seeking treatment at de-addiction centers over the past five years”, with “50,628 successfully treated for drug addiction”⁵. Simultaneously, the state has seized “204 kg of heroin” between January 2019 and December 2024, indicating both the severity of trafficking and the intensification of enforcement efforts⁶.

This research adopts a multidisciplinary approach, examining legal texts, judicial pronouncements, government reports, and empirical studies to understand how the “Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985” interacts with social, cultural, and administrative realities. The study employs both doctrinal legal research methodology and socio-legal analysis, drawing upon official statistics, parliamentary reports, and academic literature to present a comprehensive picture of drug policy implementation in India.

Legal Framework and Drug Policy Evolution

Historical Development and Constitutional Foundation

India's approach to drug control is fundamentally grounded in 'Article 47' of the Constitution, which directs the state to "regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties" and specifically mandates efforts to "bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health"^{7,8}. This constitutional provision provides the foundational legitimacy for India's prohibitive approach to narcotic substances.

The evolution of drug legislation in India reflects both domestic concerns and international obligations. Prior to 1985, drug control was governed by the "Dangerous Drugs Act, 1930" and the "Opium Act, 1878", colonial-era legislations that proved inadequate for addressing contemporary trafficking patterns^{7,8}. The watershed moment came with the enactment of the "Narcotic Drugs and Psychotropic Substances Act, 1985", designed to fulfill India's obligations under three key international conventions: the "Single Convention on Narcotic Drugs, 1961", the "Convention on Psychotropic Substances, 1971", and the "United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988"^{8,9}.

The NDPS Act 1985: Structure and Evolution

The NDPS Act represents a comprehensive legal framework encompassing "6 Chapters and 83 Sections", establishing the "Narcotics Control Bureau (NCB)" as the principal enforcement agency⁹. The Act adopts a predominantly punitive approach, prohibiting cultivation, production, manufacture, possession, sale, purchase, transport, warehousing, use, consumption, and trafficking of narcotic drugs and psychotropic substances except for medical and scientific purposes^{9,10}.

The Act has undergone "four major amendments" (1988, 2001, 2014, and 2021), each reflecting evolving policy priorities and enforcement challenges^{9,11}. The "2001 amendment" was particularly significant, distinguishing between "small quantity," "commercial quantity," and quantities falling between these two categories, thereby enabling differentiated punishment structures^{10,12}. However, the "2014 amendment" controversially enhanced punishment for small quantity offenses from six months to one year, contradicting the stated policy objective of focusing enforcement on major traffickers rather than users⁴. The "2021 amendment" addressed a technical drafting error in the 2014 version, correcting the cross-reference in 'Section 27A' dealing with punishment for financing illicit activities^{11,13}. This amendment, while seemingly minor, highlighted the importance of legislative precision in criminal law, particularly given the Act's harsh penalty provisions.

Enforcement Architecture and Institutional Framework

The NDPS Act established a multi-tiered enforcement structure involving both central and state agencies. The "Narcotics Control Bureau", established in March 1986, serves as the apex coordinating agency, currently operating through "30 zonal offices and 7 regional offices"^{14,15}. The "Narco-Coordination Centre (NCORD)" mechanism, implemented across four levels (national, regional, state, and district), facilitates coordination between various enforcement agencies¹⁶.

Recent institutional developments include the establishment of the "MANAS (Madak Padarth Nishedh Asuchna Kendra) Helpline" in July 2024, providing citizens a '24x7 platform' accessible through toll-free number "1933", web portal, and mobile applications to report drug-related activities and seek rehabilitation support^{17,18,14}. The helpline has reportedly reached "70,000 citizens" within its first year of operation¹⁷.

Current Drug Abuse Scenario in India

National Prevalence and Patterns

Contemporary drug abuse in India presents a complex epidemiological landscape characterized by significant regional variations and evolving consumption patterns. The '2018 National Survey' provides the most comprehensive data, revealing that 'alcohol remains the most prevalent psychoactive substance', used by approximately '16 crore individuals (14.6% of the 10-75 age population)^{1,2}. Among these, "5.7 crore individuals suffer from harmful or dependent alcohol use", requiring immediate intervention².

"Cannabis usage" affects approximately "3.1 crore people (2.8% of the population)", with distinct consumption patterns between "bhang (traditional preparation)" used by "2.2 crore people" and "illegal cannabis products (ganja/charas)" consumed by "1.3 crore individuals"². States with highest cannabis prevalence include "Uttar Pradesh, Punjab, Sikkim, Chhattisgarh, and Delhi"².

“Opioid abuse” presents the most concerning trends, with “2.3 crore individuals (2.1% of population)” currently using various opioid substances^{1,2}. The distribution reveals “heroin as the most common opioid (1.14% prevalence)” followed by “pharmaceutical opioids (0.96%)” and “traditional opium (0.52%)”². Northeastern states show disproportionately high opioid usage, with “Sikkim, Arunachal Pradesh, Nagaland, Manipur, and Mizoram” reporting prevalence rates exceeding “10%”².

Demographic and Social Patterns

Drug abuse in India exhibits pronounced gender disparities, with “men constituting the overwhelming majority of users across all substance categories”. The survey data indicates that “for every woman who consumes alcohol, there are 17 men”, highlighting the gendered nature of substance abuse². This pattern reflects both social taboos surrounding female substance use and potentially different pathways to addiction.

Age-related analysis reveals that “drug initiation typically occurs during adolescence and early adulthood”, with “67% of users beginning substance use before age 20”¹⁹. The “mean age of initiation” across most study sites was “19 years or below”, emphasizing the vulnerability of youth populations¹⁹. Concerning trends include the fact that “1.17% of children and adolescents (10-17 years) use inhalants”, representing the only substance category where youth prevalence exceeds adult usage^{1,2}.

Regional Variations and Trafficking Patterns

Regional analysis reveals significant geographical variations in both consumption patterns and trafficking routes. “Northern states”, particularly those bordering Pakistan and Afghanistan, experience higher prevalence of “opioid abuse” due to proximity to major production areas and established smuggling routes^{20,21}. The “Golden Crescent route” through Pakistan significantly impacts states like “Punjab, Haryana, and Rajasthan”^{20,22}.

“National Crime Records Bureau (NCRB) data” for 2022 shows that “Haryana recorded 3,815 NDPS cases”, representing a significant increase from “2,587 cases in 2018”^{16,23}. Among all states, “Karnataka reported the highest number of cases (6,399)” followed by “Assam (2,902)” and “Haryana (3,815)”¹⁶. These statistics reflect both increased enforcement efforts and the evolving nature of the drug trafficking landscape.

Regional Analysis with Focus on Haryana

Haryana's Drug Abuse Profile

Haryana's position as a transit and consumption hub for narcotics stems from its strategic location between ‘Punjab’, often termed the epicenter of India's drug crisis, and the “National Capital Region”^{23,24}. According to the “2018 National Survey”, Haryana shows significantly higher substance abuse prevalence compared to national averages: “alcohol usage at 25.2%” (versus 14.6% nationally), “cannabis at 7.44%” (versus 2.8% nationally), and “opioids at 8.91%” (versus 2.1% nationally)²⁵. These figures translate to approximately “48.79 lakh alcohol users, 14.40 lakh cannabis users, and 17.25 lakh opioid users” in the state²⁵.

Recent data indicates that “1.84 lakh individuals aged 18-30 have sought treatment” at government and private de-addiction centers over the past five years, with “50,628 successfully completing treatment programs”⁵. The state government reports a “consistent year-on-year increase” in treatment seekers, reaching “52,207 cases” from April 2024 to March 2025⁵. This upward trend reflects both increased awareness and the growing severity of the problem.

Border Dynamics and Trafficking Networks

Haryana's ‘725-kilometer border with Punjab’ creates significant enforcement challenges, as the state serves as a major conduit for drugs originating from Afghanistan and Pakistan^{23,21}. “Eight districts bordering Punjab”—Sirsa, Fatehabad, Panchkula, Ambala, Yamunanagar, Kurukshetra, Kaithal, and Hisar—account for ‘86.7% of all drug cases’ reported in the state over the past five years²³.

‘Sirsa district’ has emerged as the epicenter of heroin trafficking, with authorities seizing “40.55 kg of heroin”—the highest among all districts⁶. The district's proximity to Punjab and Rajasthan makes it a preferred transit hub for drug traffickers. “Fatehabad follows with 21.85 kg” and “Jind with 17.62 kg” of heroin seizures⁶. These figures underscore the concentration of trafficking activities along the Punjab border.

The “Haryana State Narcotics Control Bureau (HSNCB)” has identified “860 high-profile drug smugglers” with three or more NDPS cases over the past decade, of whom “730 are currently out of jail” and “381 remain active”²⁶. The concentration of offenders in border districts reflects established trafficking networks that exploit porous boundaries and inadequate inter-state coordination.

Enforcement Patterns and Institutional Response

Haryana's enforcement strategy has evolved significantly in recent years, with the state achieving a "conviction rate of 54% in NDPS cases in 2024", improved from "48% in 2023"²⁷. The state has registered "approximately 26,000 arrests" of drug peddlers over the past five years, with "nearly 5,000 individuals arrested in 2024 alone", including "1,000 identified as major traffickers"²⁷.

The state government has declared "3,445 villages and 774 wards as drug-free", indicating localized success in demand reduction efforts²⁷. However, this declaration raises questions about the sustainability of such achievements and the criteria used for assessment. The establishment of "161 Nasha Mukti Kendras (de-addiction centers)" across the state demonstrates institutional commitment to treatment and rehabilitation²⁷.

"Financial investigations" have yielded significant results, with authorities seizing "over Rs. 50 crore of drug money" and dismantling "around 100 illegal encroached establishments"²⁷. The state has also established "fast-track courts" to expedite legal proceedings and ensure timely forensic reports from laboratories²⁷.

Comparative Analysis with Neighboring States

Comparing Haryana with its neighbors reveals both similarities and distinctions in abuse patterns and policy responses. 'Punjab', often considered India's most drug-affected state, reports "6.6 million drug users" with "697,000 children aged 10-17" involved in substance abuse²⁸. Punjab accounts for "75% of all drugs seized in India in 2020" and "21% of drug-related deaths in 2022", despite representing a small fraction of the national population²⁸.

A comparative study of "opioid addiction patterns" across Haryana, Punjab, and Rajasthan involving '540 patients' found '202 from Haryana, 168 from Punjab, and 170 from Rajasthan'²⁹. The study revealed that "opium/bhukki was the most common opioid (75-85%) across all three states", followed by "heroin (13-25%)" and "pharmaceutical drugs (2-3%)"²⁹. This suggests regional consistency in substance preferences, possibly reflecting common supply chains and cultural practices.

'Rajasthan' presents a different profile, with lower overall prevalence but significant involvement in "opium cultivation and trafficking". The state's desert regions provide concealment for illicit cultivation, while its borders with Pakistan facilitate international trafficking^{29,20}.

Socio-Legal Interface: Theory and Practice

Punitive versus Rehabilitative Paradigms

The socio-legal interface of drug abuse in India is fundamentally characterized by the tension between 'punitive criminalization' and 'rehabilitative treatment' approaches. The NDPS Act embodies this contradiction, simultaneously criminalizing drug possession and use while providing provisions for treatment and rehabilitation^{3,4}. 'Section 64A' The Act allows addicts to seek immunity from prosecution in exchange for voluntary admission to treatment, yet this provision remains underutilized due to restrictive interpretations and procedural complexities⁴.

The "Punjab and Haryana High Court" recently articulated this dilemma, calling for a "bold and transformative approach to combat the drug menace" and suggesting a "shift from punitive measures to rehabilitation, education, and community reintegration"³⁰. "Justice Sandeep Moudgil" observed that "true justice does not reside solely in punishment but in the restoration of the individual and the community at large"³⁰.

This judicial recognition reflects growing awareness that "addiction represents a medical condition rather than a moral failing". However, the practical implementation of rehabilitative approaches remains constrained by the Act's fundamentally criminalizing framework and limited institutional capacity for treatment services^{31,32}.

Constitutional Challenges and Human Rights Concerns

The NDPS Act faces significant constitutional scrutiny regarding its compatibility with fundamental rights, particularly "Article 21 (right to life and personal liberty)", "Article 14 (equality before law)", and "Article 20(3) (protection against self-incrimination)"^{10,33}. The Act's provision for "reverse burden of proof" in Sections 35 and 54, requiring defendants to establish their innocence once possession is proven, directly contradicts the foundational principle that accused persons are presumed innocent until proven guilty^{10,33}.

The "mandatory minimum sentencing provisions" and "stringent bail restrictions" under "Section 37" have been criticized for violating principles of "proportionality and judicial discretion"^{10,12,33}. These

provisions fail to distinguish between small-time users and major traffickers, resulting in overcrowded prisons and inefficient resource allocation^{3,33}.

In “Tofan Singh v. State of Tamil Nadu (2021)”, the Supreme Court ruled that confessions made to officers under the NDPS Act are inadmissible as evidence, reinforcing constitutional protections against self-incrimination^{33,10}. This decision represents judicial attempts to balance enforcement needs with individual rights, though broader constitutional challenges to the Act's punitive structure remain unresolved.

Judicial Interpretation and Landmark Cases

Judicial interpretation has played a crucial role in shaping the practical application of the NDPS Act. In “E. Michael Raj v. Intelligence Officer, Narcotic Control Bureau”, the Supreme Court held that when determining quantities for classification purposes, “only the actual content by weight of narcotic drugs should be considered, not neutral substances mixed with them”⁸. This interpretation prevents artificial inflation of quantities that could transform possession cases into trafficking charges.

The case of “Abdul Aziz v. State of UP” established that persons arrested for “minor offenses under the NDPS Act are entitled to bail”, providing some relief from the Act's otherwise restrictive bail provisions⁸. However, these judicial interventions remain piecemeal, failing to address the systemic constitutional issues embedded in the Act's framework.

Recent academic analysis suggests that “Section 31A” providing for “death penalty or enhanced imprisonment for repeat offenders” may be constitutionally impermissible¹³. The “Narcotic Drugs and Psychotropic Substances (Amendment) Bill, 2023” proposed by MP Vishnu Dayal Ram seeks to remove the death penalty provision, arguing that drug trafficking does not fall within the “rarest of rare” category justifying capital punishment¹³.

Policy Implementation Challenges

Enforcement Difficulties and Systemic Issues

The implementation of India's drug control policy faces numerous systemic challenges that significantly impair its effectiveness. “Corruption within law enforcement agencies” represents a persistent problem, with a “Transparency International survey” revealing that “over 50% of respondents believed drug enforcement personnel engaged in corrupt practices”³⁴. This corruption facilitates the very networks the law seeks to dismantle, creating a self-defeating enforcement cycle.

‘Resource constraints’ severely limit effective implementation, particularly at the state and local levels. The “Drug Treatment Court Funding Program” experience in other countries demonstrates that successful drug policy requires substantial and sustained investment in both enforcement and treatment infrastructure³⁵. India's current allocation remains insufficient to address the scale of the problem, with most states lacking adequate forensic facilities, specialized courts, and trained personnel.

The ‘NCORD mechanism’, while conceptually sound, faces implementation challenges at the district level¹⁴. Union Home Minister Amit Shah emphasized that “unless district-level NCORD works, these battles will not be fought successfully” and stressed the need for “outcome-based and result-oriented” meetings rather than mere discussions¹⁴. The transition from a “need to know” to a “duty to share” information paradigm among agencies represents a significant cultural shift requiring sustained commitment.

Treatment and Rehabilitation Gaps

India's treatment infrastructure remains grossly inadequate relative to need. The ‘2018 National Survey’ identified “5.7 crore individuals requiring intervention for harmful or dependent alcohol use”, “77 lakh people needing help for opioid use problems”, and substantial numbers requiring treatment for other substance use disorders². Against this massive treatment gap, India currently operates only “345 Integrated Rehabilitation Centers for Addicts (IRCA)”, “105 Addiction Treatment Facilities (ATFs)”, and “74 Outreach and Drop-In Centers (ODICs)”^{36,31}.

The ‘treatment gap for substance use disorders’ in India is estimated at ‘90%’, meaning only one in ten individuals requiring treatment actually receives professional help³¹. This gap reflects both inadequate infrastructure and the stigma associated with seeking treatment for addiction. Many existing facilities, particularly in the private sector, have been criticized for ‘degrading treatment practices’ and ‘human rights violations’, with some resembling ‘detention centers rather than treatment facilities’³².

“Opioid Substitution Therapy (OST)”, recognized internationally as an evidence-based treatment, remains inadequately implemented in India³¹. The ‘2012 NDPS Policy’ paradoxically treats OST not as

legitimate treatment but merely as a means to "persuade injectable users to abuse orally"³¹. This misunderstanding of harm reduction principles significantly hampers effective treatment provision.

Social Stigma and Cultural Barriers

Social stigma represents a fundamental barrier to effective drug policy implementation. Research indicates that "fear of legal consequences and social ostracism" prevents individuals from seeking treatment, perpetuating cycles of addiction and criminality³⁴. The criminalization framework reinforces stigmatization, making users reluctant to engage with formal health services.

"Family and community responses" vary significantly across regions and social classes. In Punjab's rural areas, studies indicate that "drug addiction is increasingly normalized" among certain communities, while simultaneously generating intense shame and social exclusion^{20,37}. This contradiction creates complex dynamics where families may simultaneously enable and condemn addictive behaviors.

'Gender-specific stigma' particularly affects women, who face additional barriers to accessing treatment services. The '16:1 ratio of male to female alcohol user' and similar disparities across other substances partly reflect social taboos that prevent women from seeking help even when they develop dependencies². Treatment facilities specifically designed for women remain extremely limited across the country.

Resource Allocation and Administrative Challenges

Effective drug policy requires coordinated action across multiple ministries and levels of government. The "Ministry of Social Justice and Empowerment" serves as the nodal agency for demand reduction, while the "Ministry of Home Affairs" handles enforcement and the "Ministry of Health" oversees medical aspects³¹. This fragmentation creates coordination challenges and resource competition.

State governments bear primary responsibility for implementation, yet their capacity varies dramatically. 'Haryana's experience' demonstrates both successes and limitations: while the state has improved conviction rates and established numerous treatment centers, it continues to struggle with cross-border trafficking and resource constraints²⁷. The declaration of "drug-free" villages and wards, while politically attractive, may reflect superficial metrics rather than sustainable outcomes.

"Budgetary allocation" drug control remains inadequate relative to the problem's scale. The "National Action Plan for Drug Demand Reduction (NAPDDR)" provides financial assistance for various activities, but total allocation falls far short of requirements for comprehensive intervention³¹. States are encouraged to "spend part of their budget on narcotics forensics," but most lack the fiscal capacity for substantial investments¹⁴.

International Comparative Analysis

Portugal's Decriminalization Model

Portugal's '2001 drug policy reform' represents the most comprehensive example of shifting from criminalization to health-centered approaches. The country "decriminalized personal possession of all drugs" while maintaining criminal penalties for trafficking and implementing comprehensive treatment and harm reduction services^{34,38}. The results have been consistently positive: "drug-related deaths fell from 80 per million in 2001 to 6 per million recently", "new HIV infections among drug users declined by over 90%", and "overall drug use rates have remained stable or declined in certain age groups"³⁸.

Portugal's approach emphasizes 'Dissuasion Committees' comprising legal, medical, and social work professionals who assess individual cases and recommend appropriate interventions rather than punishment³⁸. 'Treatment rates increased significantly', with users voluntarily seeking help without fear of criminal prosecution. The "social costs of drug use fell 12% between 2000-2004 and 18% by 2010", largely due to reduced criminal justice processing costs and decreased drug-related mortality³⁸.

Key elements; Portugal's successes include: comprehensive treatment availability, sustained political commitment, evidence-based policy adjustments, and strong community support systems³⁸. The model demonstrates that 'decriminalization, when coupled with adequate treatment infrastructure, can achieve better health and social outcomes' while maintaining public order^{34,38}.

Netherlands' Harm Reduction Framework

The "Netherlands' drug policy" represents a pragmatic harm reduction approach, distinguishing between "hard" and "soft" drugs and implementing differentiated responses³⁹. The famous "coffee shop" system allows controlled sale of cannabis products while maintaining strict controls on trafficking and other substances. This approach prioritizes 'minimizing health and social harms' over achieving abstinence.

Dutch policy emphasizes "accessible treatment services", "needle exchange programs", and "social support systems" for drug users. The approach recognizes that "complete elimination of drug use is unrealistic"

and focuses instead on reducing associated harms. “Treatment services” are readily available without criminalization barriers, and users can access help without fear of prosecution.

‘Outcomes’ include relatively low drug-related mortality, reduced HIV transmission among injecting users, and maintenance of public order in urban areas. However, the Netherlands faces challenges with “international drug trafficking” and “organized crime involvement” in the drug trade, demonstrating that harm reduction approaches require broader regional cooperation³⁹.

Comparative Lessons for India

“International experiences” offer several lessons relevant to India's context. “Portugal's emphasis on treatment over punishment” demonstrates that decriminalization can coexist with effective trafficking control. The ‘availability of comprehensive treatment services’ appears crucial for success, as does “sustained political commitment” to health-centered approaches^{34,38}.

However, direct transplantation of international models faces significant challenges in India. “Cultural differences”, “federal governance structures”, and “resource constraints” require adaptation of international approaches to local contexts³⁹. The ‘scale of India's drug problem’—with over 20 crore substance users—dwarfs Portugal's experience and requires proportionally greater resource commitments^{1,2}.

‘Practical applications’ for India might include “pilot decriminalization programs” in specific regions, “enhanced treatment infrastructure”, and “judicial reforms” to distinguish between users and traffickers. The “drug court concept”, successfully implemented in various countries, could provide a framework for diverting users toward treatment rather than incarceration^{40,41}.

Recent Developments and Future Directions

Digital Innovation and Policy Tools

Recent technological initiatives represent significant advances in India's drug control strategy. The “MANAS (Madak Padarth Nishedh Asuchna Kendra) Helpline”, launched in July 2024, provides citizens “24x7 access” through “toll-free number 1933”, web portals, and mobile applications to report drug-related activities and seek rehabilitation support^{17,18,14}. Within its first year, the platform has reached “70,000 citizens”, indicating substantial public engagement¹⁷.

The “MAPDRUGS portal and mobile application”, developed in collaboration with “BISAG-N”, utilizes “Geographic Information System (GIS) technology” to identify and facilitate destruction of illicit cultivation¹⁴. This technological approach addresses the challenge of “illicit opium and cannabis cultivation” in remote areas by providing accurate location data to enforcement agencies.

“SIMS (Seizure Information Management System)” e-portal enables “trend analysis and database management” of drug trafficking patterns, facilitating evidence-based policy adjustments⁴². The portal, hosted on “National Informatics Centre (NIC)” cloud servers, supports inter-agency coordination and strategic planning⁴².

Drug Courts Feasibility and Implementation

The concept of ‘drug courts’—specialized judicial programs offering treatment as an alternative to incarceration—has gained attention among Indian policymakers and academics^{40,41}. A recent comprehensive analysis concluded that “drug courts are feasible for India”, given existing legal provisions and demonstrated international effectiveness⁴¹.

“Drug courts typically operate through multiple phases”: ‘acute stabilization, clinical stabilization, prosocial habilitation, adaptive habilitation, and continuum care’⁴¹. Participants receive comprehensive support including counseling, job training, and community reintegration services. ‘Meta-analyses demonstrate’ that such programs ‘effectively reduce recidivism and drug use while proving cost-effective’⁴¹. “Implementation challenges” in India include “resource requirements, training needs for judicial and clinical staff”, and “coordination between multiple agencies”. However, existing provisions under the NDPS Act for treatment and rehabilitation provide legal foundation for such programs⁴¹. “Pilot implementation” in selected urban areas could demonstrate feasibility and effectiveness before broader rollout.

Policy Reform Recommendations and Future Outlook

Recent academic and policy analysis suggests several areas for “fundamental reform” of India's drug control framework. The “Addiction Psychiatry Society of India (APSI)” has proposed specific amendments to the NDPS Act, including “decriminalization of personal use”, “differentiation between users and traffickers”, and “integration with Mental Health Care Act 2017” provisions⁴³.

“Key reform proposals” include: “removal of criminal penalties for personal possession and use”, “enhanced treatment and rehabilitation infrastructure”, “judicial reforms to expedite proceedings”, and “community-based intervention programs”^{43,3}. The “whole person recovery” approach emphasizes addressing underlying social, economic, and psychological factors contributing to addiction rather than focusing solely on substance use³¹.

“Future policy directions” should incorporate “evidence-based practices”, “human rights principles”, and “public health approaches”. The “shift from punitive to rehabilitative frameworks” requires sustained political commitment, adequate resource allocation, and comprehensive institutional reforms^{30,32}. “International cooperation” will remain essential for addressing trafficking networks and sharing best practices.

CONCLUSION AND RECOMMENDATIONS

This comprehensive analysis of the socio-legal interface of drug abuse in India, with particular emphasis on Haryana state, reveals a complex landscape characterized by “significant policy contradictions, implementation challenges, and evolving social dynamics”. The research demonstrates that India’s predominantly punitive approach, embodied in the NDPS Act 1985, has failed to achieve its stated objectives while creating substantial human rights concerns and resource allocation inefficiencies.

“Haryana’s experience exemplifies broader national patterns”: high prevalence rates, concentrated trafficking along border regions, and increasing demand for treatment services alongside persistent enforcement challenges. The state’s “higher-than-national-average substance abuse rates” (25.2% for alcohol, 7.44% for cannabis, 8.91% for opioids) reflect both geographical vulnerabilities and inadequate preventive interventions.

Key findings; indicate that the “socio-legal interface remains dysfunctional”, with legal frameworks criminalizing addiction while simultaneously recognizing it as a health condition requiring treatment. This contradiction creates barriers to effective intervention, perpetuates stigma, and undermines both deterrence and rehabilitation objectives.

“Primary recommendations” include: ‘legislative reforms to decriminalize personal use’, ‘substantial expansion of treatment infrastructure’, ‘implementation of drug courts’, ‘enhanced inter-state coordination mechanisms’, and ‘comprehensive integration of public health approaches’. ‘International experiences’, particularly Portugal’s decriminalization model, demonstrate that health-centered approaches can achieve better outcomes while maintaining public safety.

‘Future research’ should focus on “longitudinal studies of treatment effectiveness”, “economic analysis of various policy approaches”, and “regional comparative studies” to inform evidence-based policy development. The “urgency of comprehensive reform” cannot be overstated, as continued reliance on failed punitive approaches will only exacerbate India’s growing drug crisis while failing to protect the most vulnerable populations requiring support and intervention.

END NOTES:

1. survey on addiction of drugs - PIB <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1985911>
2. [PDF] substance use - Ministry of Social Justice and Empowerment <https://socialjustice.gov.in/writereaddata/UploadFile/Survey%20Report.pdf>
3. SOCIO-LEGAL ANALYSIS OF NARCOTIC DRUGS AND ... <https://www.granthaalayahpublication.org/Arts-Journal/ShodhKosh/article/view/5259>
4. [PDF] Drug Control Policy in India - Multi-Disciplinary Journal http://www.mahratta.org/CurrIssue/2021_July_Spl-1/102.%20Drug%20Control%20Policy%20in%20India%20A%20Socio-Legal%20Analysis.pdf
5. Haryana: Over 1.84 lakh youths treated, 50,628 freed from drug ... <https://www.hindustantimes.com/cities/chandigarh-news/haryana-over-1-84-lakh-youths-treated-50-628-freed-from-drug-addiction-says-govt-101743103990101.html>
6. 204 kg heroin seized in Haryana in 6 years: Govt - Hindustan Times <https://www.hindustantimes.com/cities/chandigarh-news/204-kg-heroin-seized-in-haryana-in-6-years-govt-101742495459669.html>
7. Legal Framework On Drug Abuse Prevention: Indian Perspective <https://www.ijllr.com/post/legal-framework-on-drug-abuse-prevention-indian-perspective>
8. [PDF] the problem of drug abuse in india: a socio- legal analysis - IJMR <https://ijmr.net.in/current/2018/November-2018/aT9s7qqzRge5ckW.pdf>
9. Narcotic Drugs and Psychotropic Substances Act, 1985 - Wikipedia https://en.wikipedia.org/wiki/Narcotic_Drugs_and_Psychotropic_Substances_Act,_1985
10. [PDF] Drug Abuse and the Law in India: Navigating Constitutional ... - ijpr <https://ijpr.com/uploads/V6ISSUE7/IJRPR50012.pdf>

11. NDPS (Amendment) Bill, 2021 - Drishti IAS <https://www.drishtiiias.com/daily-news-analysis/ndps-amendment-bill-2021>
12. need for reforms in narcotics laws in india by - shreya panchwal <https://www.whiteblacklegal.co.in/details/need-for-reforms-in-narcotics-laws-in-india-by-shreya-panchwal>
13. [PDF] the narcotic drugs and psychotropic substances (amendment) bill ... [https://sansad.in/getFile/BillsTexts/LSBillTexts/Asintroduced/30%20of%202023%20\(EV\)%20As%20Introduced84202373010PM.pdf](https://sansad.in/getFile/BillsTexts/LSBillTexts/Asintroduced/30%20of%202023%20(EV)%20As%20Introduced84202373010PM.pdf)
14. manas - PIB <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2034137>
15. Press Note Details: Press Information Bureau - PIB <https://www.pib.gov.in/PressNoteDetails.aspx?ModuleId=3&NoteId=154904&id=154904>
16. [PDF] government of india - Ministry of Home Affairs <https://www.mha.gov.in/MHA1/Par2017/pdfs/par2024-pdfs/RS11122024/1832.pdf>
17. national narcotics helpline 'manas' - PIB <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2153181>
18. MANAS - Digital India Corporation https://dic.gov.in/dic_journey/manas/
19. [PDF] RAPID ASSESSMENT SURVEY of DRUG ABUSE IN INDIA - Unodc <https://www.unodc.org/pdf/india/RAS.pdf>
20. [PDF] Factors Driving Drug Abuse in India's Punjab https://www.files.ethz.ch/isn/170331/ISAS_Working_Paper_No__177_-_Factors_Driving_Drug_Abuse_in_India's_punjab_24092013171919.pdf
21. Punjab, Himachal, Haryana most vulnerable states in view of drug ... <https://indianexpress.com/article/cities/chandigarh/punjab-himachal-haryana-most-vulnerable-states-in-view-of-drug-trafficking-ncb-officer-7152192/>
22. [PDF] India - UNODC https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/10_india.pdf
23. 8 districts near Punjab borders saw Haryana's 90% drug cases in 5 ... <https://timesofindia.indiatimes.com/city/gurgaon/eight-districts-near-punjab-borders-account-for-90-of-drug-cases-in-haryana-in-5-years/articleshow/108122483.cms>
24. [PDF] International Educational Applied Research Journal Peer-Reviewed ... <https://iearjc.com/storage/2024/08/07-July-2024.pdf>
25. magnitude of drug abuse in the country - PIB <https://www.pib.gov.in/PressReleaseDetail.aspx?PRID=1911769>
26. 860 high-profile drug smugglers in Haryana under scanner <https://timesofindia.indiatimes.com/city/chandigarh/860-high-profile-drug-smugglers-in-haryana-under-scanner/articleshow/119951905.cms>
27. Haryana's conviction rate in NDPS cases rose to 54% in 2024: Saini <https://timesofindia.indiatimes.com/city/chandigarh/haryanas-conviction-rate-in-ndps-cases-rose-to-54-in-2024-saini/articleshow/117157560.cms>
28. Punjab is awash in drugs the state's police won't stop - 360 - 360info <https://360info.org/punjab-is-awash-in-drugs-the-states-police-wont-stop/>
29. Prevalence And Pattern Of Opioid Addiction In Haryana, Punjab And ... <http://www.journalijar.com/article/27708/prevalence-and-pattern-of-opioid-addiction-in-haryana-punjab-and-rajasthan/>
30. Shift from punishment to rehab to combat drug menace: HC <https://www.tribuneindia.com/news/punjab/shift-from-punishment-to-rehab-to-combat-drug-menace-hc/>
31. National Drug Laws, Policies, and Programs in India - PubMed Central <https://pmc.ncbi.nlm.nih.gov/articles/PMC10958082/>
32. Deaddiction Services in India: Current Status - PMC <https://pmc.ncbi.nlm.nih.gov/articles/PMC11681501/>
33. [PDF] recent trends in the ndps laws in india: balancing enforcement and ... <https://www.ijfans.org/uploads/paper/5c5e311f4004b8fb1fb0d68ccedd8b29.pdf>
34. [PDF] Comparative Analysis on Narcotic Drugs and Psychotropic ... - ijrpr <https://ijrpr.com/uploads/V5ISSUE10/IJRPR34413.pdf>
35. [PDF] Drug Treatment Court Feasibility Study: - MMIWG https://www.mmiwg-ffada.ca/wp-content/uploads/2019/05/28-drug_treatment_court_rpt.pdf
36. [PDF] government of india - Ministry of Home Affairs <https://www.mha.gov.in/MHA1/Par2017/pdfs/par2024-pdfs/RS24072024/236.pdf>
37. Drug abuse: Uncovering the burden in rural Punjab - PMC <https://pmc.ncbi.nlm.nih.gov/articles/PMC5787955/>
38. Drug decriminalisation in Portugal: setting the record straight. <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>
39. A review on drug regulation policy in the Netherlands and India <https://impressions.manipal.edu/mjnhs/vol8/iss1/9/>
40. A debate on whether drug courts be opened in India - PubMed Central <https://pmc.ncbi.nlm.nih.gov/articles/PMC11708966/>
41. A debate on whether drug courts be opened in India - PubMed <https://pubmed.ncbi.nlm.nih.gov/39790350/>
42. [PDF] Drug Free India - Press Information Bureau <https://static.pib.gov.in/WriteReadData/specificdocs/documents/2024/mar/doc202433318301.pdf>
43. [PDF] SUGGESTIONS FOR CHANGES IN THE NDPS ACT 1985 <https://addictionpsychiatry.in/wp-content/uploads/2022/01/17/APSI%20-%20Discussion%20Paper%20-%20Amendment%20NDPS%20Act.pdf>