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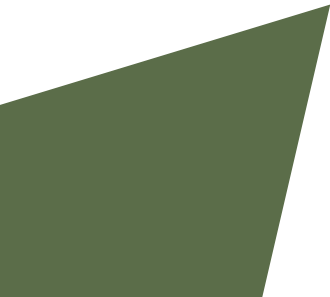
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Aspects of Problem of Drug abuse in India: A Legal Perspective

Prem Kumar Das

ABSTRACT

At present the abuse of drug in Indian is a leading problem to deal with because eventually it is giving rise to various other problems like unemployment, poverty, irresponsibility towards family and many more which at the end of the day leads to crime. If we try to reach the core of all these problems then we need to keep two things in our mind that is the cause of the problem and the solution that can be derived and the implementation of law in a proper and vigilant manner. Since the India drug response is an unusual pathway to the spectrum of our traditions and modernity, with stringent law-enforcement and ban on medical drugs, as launched in the Narcotics and Psychotropic Substances Act in 1985, Indian opium and cannabis history has also become a major reference point during policymaking. A series of laws and changes to keep a check on the transit tracks and to the consumer market were additionally incorporated into India, as a country which cultivates licit and illicit drugs. Basically, it was meant that every kind of substance such as ganja, cocaine and other, outside the usage of medications, be tested for developing, making, manufacturing, possessing, purchasing, shipping, storing or distributing it. There are other acts, except for the 1985 law on narcotics and psychotropic substances and amendments that are made consecutively with the passage of time to keep a check and maintain proper implementation of the law like NDPS Amendment, 1989 which made some changes in the punishment that were parted, Further NDPS Amendment, 2001 which stated punishment to be granted on the basis of quantity of drug. The third amendment was made on 1st of May in the year 2014 that was the NDPS Amendment, 2014 which further added a no of elements to the act such as the new category that was introduced known as essential narcotic drug, and some change regarding the death penalty and some others. This paper of mine is to put light on the government rules and law that are there at present and what the implementations are done, with few related case laws and what possible changes are to be brought up for the betterment of society and judiciary and how to stop abuse of drugs in India. Because the cause of drug abuse can be differentiated in three different category such as The origin of culture , environment and mind. We have several laws at the moment to stop drug abuse, but there is a lack of legislation and a proper implementation.

INTRODUCTION

Drug addiction is a substance misuse cycle by various methods abusers utilize. Substance that is readily available such as cough syrups, pain killers, tape, colophony, Farms, fuel and oils for washing. Hard and soft drug is whitener, alcoholic, tobacco used typically among street children and working teenagers. Abuse of drugs has become a major problem Manipur, Mizoram, Nagaland, Himachal Pradesh, Punjab, in our region, in particular West Rajasthan and Haryana. The top of this list are Punjab and Manipur. Drug abuse is currently seen as a difficult problem as it is internally many significant offences such as organized corruption, trade in human beings and resources laundering. The seriousness of this problem can be traced by the information from the NCRB, which seized Rs.19.51 crore and Rs.17.05 crore narcotic drugs in 2010 and 2009. Drug misuse will will the user's memory and destroy the user's existence. This can result in different conditions such as HIV / AIDS, a heart attack, cancer, and so on. This work is this Focusing on various facets of substance addiction, such as alcohol violence, triggers, and finding ways to fix the issue. Drug abuse. For every country, drug abuse is a stigma, especially for developed countries such as India. Drug abuse can be considered an illegal activity for many reasons, some of them –

Drug abuse is unhealthy and can take a person's life and it is very important It is important to inform young people of the risk of drug addiction. India n India The misuse of drugs in accordance with Article 47 is also banned from the Constitution; State forbidding the opioid abuse. Three central acts have been under this mandate -- The Medicines and Cosmetics Legislation of 1940, the Narcotics Legislation and the Psychotropic Passed Substances law, 1985 and preventing illegal drug and psychotropic trafficking Act 1988 on Drugs. Apart from these issues and preventive measures, we still have to research the drug abuse issue. This study focuses on the issue of drug abuse and its causes and recommendations to curb it in the present scenario. Drugs are used in different ways, first in three different ways. Category is drugs usually used like: syrups of cough, ointments of pain killer. The second type is the stuff used for poisoning such as tobacco, Cannabis, heroin, cigarettes and cocaine. Category three is of the things that are not It may be used for toxicity such as cement, colophony, oils, fuel, etc. Fluids for washing, blanking.

STATUTORY PROVISIONS IN INDIA

The Indian parliament is actively working to tackle the issue of substance addiction by rendering legislation in order to meet the goals of international laws and conventions. The signature nation is India. India. The following legal protocols and conventions are:

1. Narcotic Drugs Convention, 1961.
2. Psychotropics Conference, 1971.
3. Anti-Illegal Prescription and Psychotropic Drugs Trade Conference, 1988.
4. Convention on Transnational Terrorism, 2000.

Two central acts were passed by the Indian Parliament:

1. The Act of 1985 on drugs and psychotropic materials;
2. Regulation to curb illegal substance and psychotropic drug trade, 1988.

The use of tainted medications in our country is a serious socio-economic issue. Given the fact that both regulatory and statutory measures are in force in India to mitigate the question of opioid dependency. Article 476 of the Constitution specifies that the State shall strive to raise its population's quality of life and safety, and that the primary responsibility of the State is to promote public health. With the exception of the use for therapeutic reasons, State shall ban ingestion of medications and products that have been intoxicated. While Part IV⁸ is non-enforceable, this rule¹⁰ usually applies as justification for criminal drug policies. The topics of the concurrent List¹¹ on drugs and poisons are subject to law by the state and the centre.

The Narcotics and Psychotropic Substances Act was adopted by the Indian Parliament, 1985 (NDPS Act), without a lot of dialogue. On 14 November, the NDPS Act came into effect. The Heroin Acts and the Hazardous Substances Act were repealed in 1985. The Medicines in 1940. However, the Cosmetics Act of 1940 also applies. The 1985 ban on drugs and psychotropic disorders was enacted to restrict the issue of opioid misuse and of foreign treaties enforcement and Agreements. In 1989, 2001 and 2014, the Act was revised. This law prevents growing, purchasing, import, export, possession, sale, purchase, use and Circulation of medical and scientific medicines and psychotropic substances. Aims according to legislation. Cannabis, coca, morphine and processed narcotics are narcotic products. Law in 1985 defined the term Psychotropic Drugs and Psychotropic Substances.

Any natural or synthetic substance or any natural material or salt or other material preparation of the psychotropic substance or material included in the list the rules of this act for quest, seizure and arrest are set out in the Schedule. People who are indulge in drug activities from any place in

India. The toughness of this act shows how many criminals are trapped again there is also a clause for death penalty for narcotics.¹⁶ Although for injury. The Bombay High Court ruled the death penalty in its *Reduction Network v Union of India* In 1985, it is in constitutional, but the Narcotic Medications and Psychotropic Disorders Act specifies that Section 31-A of this Act was not struck by the Court. It stated that the courts had stopped Repeating opioid users under the Act would be subject to the death penalty. With respect to *E. Michael Raj v. Narcotics Control Bureau Intelligence Officer*, in the combination of a medication or a psychotropic agent, the Supreme Court held that One or more neutral material / s shall not, in deciding the limited quantity or industrial quantity of a medication or psychotropic product, be deemed the quantity of the neutral product / s. It is only the actual weight content of the narcotic drug that is important for deciding whether it is limited volume or large quantity. In the *Abdul Aziz v. State of UP* case¹, the tribunal ruled that if an person was detained Lesser offenses under the Narcotics and Psychotropic Substances Act provisions, Bail rights in 1985. 1985. Section 2(a), Section 7a (2)(d), Section 39, Section 74a(f), Section 76(2) and Section 78(2)(b) The 1985 Legislation contains the recovery guidelines and the Psychotropic Drugs Policy Drug addiction therapy.

CAUSES OF DRUG ABUSE IN INDIA

Drug abuse in India has various cause, it can be classified as social, Causes both economic and mental. Sets reasons are mentioned below:

SOCIAL CAUSES

We can discuss all those social problems in social causes which are the fundamental Drug abuse causes. Drug abuse is induced by a bad relationship with parents Children, we see a large lack of communication between children and children in most families Parents and these issues are driving a kid to substance abuse become a phenomenon among friends for those friends who are generally influenced by drogues Taking drugs. Drug users take drugs because we can see that it is easily available at the frontier Area people take large-scale drugs because they are readily available in those areas. Few opioid consumers take medications because of their environment, we normally see in them People who grow up in a home that considers alcohol and drug abuse to be standard comportment. Today people are dedicated to passion, the suffering of a loved one and Depression gradually draws man to a drug abuse. Extraordinary way of living It is usually found in sex workers, transport workers and drug abuse, also responsible for Street kids.

¹ *Abdul Aziz vs State Of U.P.* on 22 March, 2002

ECONOMIC CAUSE

Poverty is a burden in India as it causes many challenges, like alcohol Emotional violence, financial problems push individuals through substance addiction. Narcotics are generated to raise profits, which ensure that narcotics are created Responsible for drug abuse.

MENTAL CAUSES

There are mental causes for a individual to become depressed by substance addiction, Drug abuse is commonly caused by depression and stress. Often patients abuse medications because they have no agreement with themselves. Academic competition today often causes pain, so people abuse narcotics.

CURRENT LEGAL FRAMEWORK

NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1985

India is a party to three UN conventions on narcotics – the Single Convention on Narcotic Drugs of 1961 (1961), the Convention of 1971 on Psychotropic Medication (1971) and the Convention on Illegal Drug Trafficking (1988) of 1988. The national legislation to enact such Conventions was adopted only in the 1980s when the 'grace period' ended under the 1961 Agreement for the prohibition of the non-medical use of cannabis and opium. The Indian Parliament quickly enacted the Narcotic Drugs and Psychotropic Substances Act 1985 (NDPS Act) in using its powers to create a country's law on the implementation of "any Arrangement, Agreement or Convention or Decision made at international conferences." The NDPS Act, which replaced the Opium Act and the Dangerous Drugs act, entered into force on 14 November 1985. Nevertheless, the Drugs and Cosmetics Act of 1940 also exists. The official record shows that the NDPS Act was implemented to insure that drug trafficking sanctions were sufficient, enhanced enforcement capabilities, the international agreements negotiated by India and regulations on psychotropic substances applied. In 1989, 2001 and then in 2014 it was revised. The NDPS Act prohibits, with the exception of the legal requirements for medical and scientific purposes, the cultivation, production, possession, sale, purchase, trading and import , export, consumption and consumption of drugs and psychotropic substances. It is illegal as attempted to plan the execution of certain offences. Accessory crimes and criminal conspiracy are punished in the same way as the main offense.² The

² Indian Law to Check Illegal Drug Trafficking : A Critical Evaluation, available at:<http://www.shodhganga.inflibnet.ac.in>

Act covers three large classes of substances: 1) narcotic drugs, those covered by the Convention of 1961; 2) psychotropic substances and substances covered under the Convention of 1971 and others psychoactive substances such as ketamines that are not yet classifiable under international conventions. Products include: Drugs

- Cannabis: herb; resin or charas with its distilled forms, named hashish; dried weed tops that bloom or bear seed, that is, ganja and some charas and ganja mixture. Specifically, bhang, or cannabis leaf, was omitted and governed by state excise regulations (in compliance with the 1961 Convention)
- Coca: plant: leaf; variants include cocaine and any 0.1% cocaine preparation.
- Opium: poppy; poppy straw; concentrated poppy straw; Opium poppy juice; Opium poppy juice mixture; 0.2% morphine preparation; Heroin, morphine, codeine, thebaine etc. derivatives.
- Opium: The definition of "manufactured drugs" is also similar with opioids. Not specified but all drugs reported to the government are included in psychotropic medications. The list is compiled of amphetamines, methamphetamines, LSD, MDMA and buprenorphines, among others. The list can be expanded or limited by the government on the basis of evidence that violations or changes to international agreements are real or possible. The NDPS Act provides for the investigation, arrest and confiscation of individuals in public and private places. Protection systems, such as prior information documentation, warning by courts of a superior, restrictive arrest authority for appointed officers and reminding the individual who has been looking for his / her freedom, in the context of strict punishments laid down by the Act, have been thoroughly implemented. The norms for inquiry and evidence were simultaneously permissive and interpreted to harm the accused. While the NDPS Act is primarily punitive, it also has drug regulatory provisions. The Act authorizes central and state governments to devise and approve pharmaceutical practices under a heading that has not been specified nor identified in the Act, "medical and scientific intent." Although some operations are strictly reserved for the government, others could be conducted by approved private entities. The regulation framework also requires the availability of opium for licensed patients who are reliant on opium on professional advice for use – a step equivalent to existing harm mitigation approaches. Although the procedure is not in operation under the legislation, less than 1000 opium consumers have been registered in the country as of last year. In 1988 the NDPS Act was introduced to allow for the proactive detention of individuals convicted or accused of complicity in drug-trade by stopping illegal trafficking of narcotic narcotics and psychotropic substances.

NDPS AMENDMENTS, 1989

In 1989, after a subcommittee on cabinet anti-drogue and abuse recommending that the law should be made more stringent, the NDPS Act was the first set of amendments. The 'stringent on narcotics' discourse has contributed to some stringent laws, such as minimum 10-year jail terms, parole limits, termination and commutation sanctions, the forfeiting of properties, special judicial hearings and a compulsory death penalty for some criminals. The ideology of 'alcohol abuse' The reforms which took place within less than four years of the initial passage of the legislation have evidently been affected by the world, global and domestic trends, in particular with the signing of the 1988 Convention; the South Asian Association for Global Cooperation (SAARC) discussions about the increasing challenge of north-east drug trafficking, the political unrest and terrorism. As a consequence, individuals arrested possessing minor quantities of narcotics were liable to lengthy jail terms and large penalties until they were willing to show it was meant directly to possess the substance (in which situation, the defendant will be sentenced six months or a year based on the product). Some citizens convicted for getting a tiny quantity of personal narcotics languished in prison for 10 years with a few milligrams of theft, with poor odds of being freed under bailiffs.

NDPS AMENDMENTS, 2001

This strict and unfair disciplinary system has contributed to a change movement. The NDPS bill was tabled in 1998 and later reviewed by the Joint Parliamentary Committee on Investment. The bill was revised in the Parliament. Throughout 2001, eventually the changes were introduced to restrict the amount of substances involved – "mall," "industrial" or "intermediate" narcotics. Throughout 2001, these reforms were implemented. By a communication dated 19 October 2001 the central government set thresholds.

NDPS AMENDMENTS, 2014

For the third time at the beginning of 2014, the NDPS Act was amended and the new provisions entered into force on 1 May 2014. The most significant features are:

- Creation of a new "essential drug" category, which can be uniformly defined and regulated in the entire country Central Government
- Enlargement of the purpose of regulation from illicit usage to the promotion of the medicinal and research usage of opioids, psychotropics and drugs as specified in the international substance control treaties, in accordance with the concept of the 'balance' between control and accessibility of drugs
- Using the words 'control' of opioid use, and 'recognition and acceptance' by rehab facilities, calling for lawful compulsory care and evidentiary therapeutic treatments

- To compulsory enforce the death penalty on a future offense over a minimum volume of narcotics according to section 31A. The Court is to impose a 30-year prison term under section 31 as an alternative.
- Increased sentences from up to six months to one year's incarceration for minor offences
- Allow private sector participation in the opium and concentrated pappy straw processing
- Raising the level of search and arrest license holders allowed officers for the suspected breach of NDPS
- More detailed provisions on the confiscation of property of persons charged with trafficking in drugs.

SIGNIFICANT ASPECTS OF THE NDPS ACT

QUANTITY-BASED SENTENCING

Any narcotics are shown on page 5, both in amount and in penalty. The sentencing scale and the fine, according to the substance and the quantification found, vary considerably. The determination of drug volumes involved in a crime is therefore crucial and there is a great deal of litigation around this, in particular the word 'mixture;' the term 'preparation' and 'with or without neutral material' that is contained in legislation. As the NDPS Act does not provide guidelines on the quantity calculation, some courts, in particular those which relate to a numerical percentage (e.g. opium and opium Derivates), began to focus on the statutory description of a substance to measure the sum in question. This contributed to contradictory definitions and opposing rulings not only between various medication types but also for the same prescription. The dispute over 'purity vs complete weight' took place after the Supreme Court ruled that only the real narcotics content was important to the calculation of a limited or commercial amount for products that were mixed with 'neutral substances.' One year later , the government declared that the total weight of the seized product, and not the pure drug content, should be considered in calculating the quantity. This change is dramatically dangerous to those who consume opioids and other criminals who are at risk of being punished for moderate or criminal offences because narcotics on streets are extremely 'broken' and hardly only consumed in mere ways. While the quantity-oriented penalties are praised as fair and proportionate, the purpose and function of the individual is other critical factors. The same sum of penalty as the income allocation is levied on basic ownership. The existence of mandatory minimum penalties is also a explanation that courts impose standard

penalties on any category of crime, where flexibility is permitted to simply increase and not minimize the reward.

DEATH PENALTY

The severity of the NDPS law is shown by the inclusion of the death penalty for a large amount of drugs in certain repeated crimes (producing, manufacturing, owning, transport, importing and exporting). The range of crimes punishable by death was restricted in 2001, introduced as compulsory punishment in 1989. Two NDPS Special Courts in Mumbai and Ahmedabad sentenced two heroin traffickers to death in February 2008. The two sentences for weed (charas) is unfortunately. The Bombay High Court was subject to a constitutional appeal to find the compulsory clause illegal and view it as arbitrary, that is to say, in the way in which the court heard of the convict on penalty and had the right to enforce a punishment rather than a death. The two convicts were eventually sentenced to 30 years in jail under different rulings. An appeal was also followed by a separate inmate sentenced to death by the supreme court. There is no details regarding the position of a fourth citizen who is also convicted by the NDPS Act in Punjab.

Internationally the 'most serious offences' over which capital penalties can be used are not deemed to be narcotics offenses. However, the Indian government insists that a drug crime is more odious than murder because it only impacts a individual, whereas the former leaves the culture deleterious. It also claims that other Asian countries impose the death penalty for offenses involving lower amounts of drugs and that the INCB has never objected to the same thing. The government would reply to the March 2014 INCB announcement urging States to seek the elimination of the death penalty for drug-related offenses.

CRIMINALIZATION OF PEOPLE WHO USE DRUGS

Drug possession is criminal and resulted in a jail term lasting up to six months or a year and/or a fee, based on the drug involved. The usage of opium and marijuana can result in longer jail periods and less serious drug penalties. The definition of 'small quantity belongings intended for personal usage' was abolished in 2001, and the existence of small quantities requires universal discipline irrespective of intent.

Despite being intended for serious offenders, bail restrictions were also applied in the case of small amounts or the possession of medicines. Courts clarified that persons charged with small-scale drug crimes are entitled to a bail. However, neither the police nor drug users seem to be conscious of the rules, indiscriminate searches and arrests are not unusual, particularly among road users.

Statistics on official crimes do not show what proportion of the arrests and convictions of users or low-level offenders in drug law (including small quantities of crime) are carried out against

'traffickers' (including larger quantities of drugs). Because the legislation does not differentiate between personal ownership and ownership for benefit, the issue of whether compliance is aimed towards 'users' and 'traffickers' is difficult to comment authentically. The only criterion for such a measure is the amount of substances involved, which can not be seen from the statistics on substance trafficking. Furthermore, as stated above, the volume itself is an unreliable measure to assess the form of operation related to the drug; in certain instances, individuals convicted actually held or shipped the product and did not regulate or prescribe the trade of the product.

TREATMENT FOR DRUG DEPENDENCE

The NDPS Act promotes treatment of people who use drugs as a "alternative" to criminal measures and independently of them. Several provisions laid down by the Law depenalize and encourage the pursuit of treatment and the use of small quantities of medicines.

• National Fund • National Fund

In May 1989 a National Drug Abuse Prevention Fund was set up. Nearly twenty years later, in 2006, the administration regulations were told. The fund can be funded by donations of the central government, donors and the proceeds from drug sales. Applications shall be reviewed by a regulatory body consisting of a senior officer and other governmental leaders. Applications for grants for drug prevention programs, including treatment, shall be open to NGOs and government agencies. Target for the funding has been set for prevention education and awareness of opioid dependency 's ills.

• Centres of counseling

'Centers of dependence' are the main factors in the distribution of medicines. Under the NDPS Act, central or state governments or voluntary organizations may set up these centres. These centres. Drug dependency services are currently available via:

1. Government hospitals, mainly detoxifying, that provide hospital and ambulatory care. The drug treatment in 122 government hospitals is available throughout the country, according to official statistics. The central government recently announced plans to open medicinal therapy centers and opioid substitution therapy in some of these hospitals.
2. NGOs that are given support by the Ministry of Social Justice and Empowerment (MOSJE) and their state counterparts (Social Welfare Departments) to administer comprehensive recovery facilities to safe, safe and profit-oriented addicts from drugs. In 2013-2014 346 of these NGO centers were funded.³

³ Child Labour (Prohibition and Regulation) Act 1986

3. The Mental Health Act, 1987, approved psychiatric hospitals or hospitals, functioning in privacy. Besides drug dependence treatment, these institutions offer a variety of psychiatric services.

4. Personal 'de-addiction' facilities operate without any license or registration.

Nothing has been established in the central governments or in the state governments despite the statutory responsibility of the government to lay down rules for establishing and regulating treatment centers. As a result, many unregulated sites of de-addiction have proliferated in the wasteland of people who use opioids and their families. Instead of medical aid, patients are punished by extreme torture and death in some cases. Such events have been reported in India, suggesting that existing guidelines on minimum quality care levels are not followed.

In 2009 legislative action led to the implementation of NDPS rules for Haryana and Punjab treatment facilities, allowing licensing and inspection of all medicines and recovery facilities. The regulations unambiguously endorse voluntary entry into care and ensure that centers without permits or where human rights are violated are closed and, in some cases, punished. Despite legislative laws, people who use drugs tend to be mistakenly detained and endure abuse, persecution and many other abuses of human rights.

DIVERSION FROM PRISON TO TREATMENT

The court can, after an evaluating its history and health and obtaining consent, remand a drug addicted person to a government-run or government-recognized treatment facility instead of convicting him for a drug dependent for a low-level drug offence. Entry to the care is contingent upon medical records being provided and no more drug-related charges being taken. The court will delay the sentence and release the prisoner on a bond after completion of therapy. To date, few people have, if any, benefitted. One of the key reasons for this is that many people are held during courts, which generally take a long time. As such, the penalty is set free against the amount of time already served in jail when a verdict is pronounced. Consequently, there is no chance, as an alternative to the jail term that was already already completed, to turn him / her into a clinic.⁴

- Inscription in court care and defense

Droque dependents who show a desire to be handled may demand exemption from prosecution as long as their crime is a consumption offense or includes a limited amount of narcotics. If the treatment plan is completed, criminal charges will be resumed.

⁴ The Narcotic Drugs And Psychotropic Substances (Amendment) Act, 2001

The clause should be interpreted liberally and not simply as being advantageous in nature. The Court has, however, tended to narrow its scope by maintaining that protection is available only for drug abusers, not casual users, and that drug addiction "must be demonstrated by the creation by the individual concerned of adequate evidence." In another case, the woman who had taken drugs and was charged with selling a small quantity was denied immunity, contrary to the language in this section. Such decisions inadvertently undermine the section 's legislative intention to prevent the criminalización of drug dependent people and to encourage the search for treatment.

The debate surrounding the assessment of drug amounts has often affected the granting of immunity, as immunity is only available for small-mass violence, frequently an area of contention in a court. Whether replacement therapy qualifies as having undergone and completed therapy is also unclear. The care requirements were neither priority nor taken seriously by courts in enforcing the NDPS Act.

CONCLUSION AND SUGGESTIONS

Drug misuse, for different reasons, is illegal, and should therefore be avoided. We've got We still face the issue of drug violence because of numerous mandatory laws to prevent its failure to enforce and loopholes in current laws. We're trying to find this section. Propose several steps to reduce the substance addiction crisis.

Supreme Court *Bachpan Bachao Andolan v. Union of India & Ors.*⁵

State to stop the trafficking of children and the abuse of drugs

The following things suggested:²⁶

1. A national drug abuse action plan is required.
2. The children impacted by substance addiction need help and recovery.

There are several other suggestions that can help to alleviate the drug problem

Assault, the following are:

1. Communication between parents and children is necessary.
2. Coordination should be formed between the various organizations

Tackle the misuse of drugs.

3. Appropriate advice is needed for drug addicts.
4. By increasing people's awareness of drug abuse.
5. The government's ineffective young people's program also leads to drug misuse.

A proper policy to support the lifestyle of young people is required that can minimize pressure from culture, attitude, schooling and economy.

6. Proper control of production, distribution, import and export is required.

Chemicals that are illicitly applicable.

7. Early identification of drug users is required to take corrective action movement.
8. The legislation on drugs and mental health does not allow any distinctions

A strong addict, a small trafficker and a professional drug trafficker between a novice drug user,

So, between these four types of drug abusers, there should be a proper demarcation.

- 9 This Act makes no significant distinctions between soft and hard drugs the reason many drug users use harsh drugs²⁹, which means specific needs are needed Soft and hard alcohol fines.

⁵ [2011] INSC 403

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