



NARCOTIC DRUG AND PSYCHOTROPIC SUBSTANCES ACT, 1985

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The entire gamut of legislation in India is directed against illicit trafficking in drug and alcoholic substances. The machinery utilized for the purpose at central level included the Department of customs, Central Excise Narcotics Commissioner, Central Bureau of Investigation, Central Economic Intelligence Bureau. Directorate of Revenue Intelligence, Border Security Force and the Drugs Controller. At state level the State Excise, Police and Drug Control Authorities Control the menace of drug addiction and alcoholism.

In order to co-ordinate the activities of the various enforcement agencies involved in the anti-drug trafficking, a central authority called the Narcotic control of Bureau with a wide range of functions has been set up. The main functions of the Bureau are:-

- 1) Co-ordination of all enforcement actions by various central and state authorities.
- 2) Implementation of counter measures against ulicit drug trafficking under international protocols, connections and treaties.
- 3) Assistance to the concerned authorities in foreign countries.

The NDPS Act has provided for the establishment of special courts for expeditions trial of drug addicts and traffickers.

Particularly, the problem of use and abuse of drug and trafficking in drugs.

- 1) Narcotic Drug and Psychotropic Substances Act, 1985 has wide ramification. The organised criminal gangs in smuggling of drugs operate – across national frontiers. The United Nations Commissions on Narcotic Control Board are the international organisations which are seized with the problem of eradication of drug addiction. The main function of the international bodies is to provide machinery for giving full affect

to the international connections relating to narcotic drug and to provide for continuous review and progress in the international control of these drugs.

An unprecedented connections against drug trafficking was adopted by consensus in Vienna on December 19, 1988 by 108 countries seeking better international co-operation in bringing drug traffickers to justice. It was a major step towards solving the 'global crises of today's drug problems. It was characterized as a 'major achievement' in international co-operation. The convention, however regretted that signatories could not agree on the mandatory extradition of drug trafficking nationals to third countries wanting to prosecute them.

The Narcotics control Board (NCB) in India has suggested that person convicted of drug crimes should automatically forfeit any property he or she acquires with illegal drug money.

Remedial Measures

Like any other socio-legal problem, the problem of drug addiction and abuse is a complex problem. Besides the legislature measures for combating this menace, some other remedial measures to help, to a large extent, in preventing this evil are as follows.

- 1) There is dire need to evolve an effective control mechanism to check, contraband production of drugs and their sale in open markets. The present licensing system has proved inadequate in exercising proper control on the producers of drugs especially cannabis and alcohol.
- 2) As stated earlier, lack of proper enforcement and implementation of related legislation on drugs has resulted into steady increased in drug alcohol menace. For this purpose, there is greater need to muster public support and co-operation through active publicity programmes.
- 3) Perhaps the best remedy to contain this evil is to educate people about the harmful effects of drug addiction and consumption of liquor. This kind of education would be most beneficial for the adolescents and school or college going students. The voluntary social organisations and mass-media can also usefully impart this education.

Scientifically correct knowledge and education about evil effects of intoxication and drug-addiction should, in fact, form a part of regular curriculum at the school levels.

- 4) Early detection of drug addicts and their prompt treatment and reconciliation may help to prevent drug addiction to a large extent. The role of social organisations in

rehabilitating the drug addicts need hardly to be emphasized. The government of India is providing liberal grants to the State Government to start drug de-addiction centres. As the problem of drug abuse is very acute especially in North Eastern Region, the government has decided to give 100 percent assistance to these states.

At present 94 drug-De-addiction centres are being run in 20 states and in Delhi by non-government Organisations. The Ministry of Welfare provides grants to voluntary organisations for this purpose. These centres are actively involved in the task of treatment and rehabilitation of drug addicts.

As far as finding a solution to drug dependence is concerned, medical treatment has been the main answer until now. This is because of the popular notion and belief that drug addicts are sick people who need treatment. The aim of medical treatment was to get the addicts to rid themselves of drug abuse. Treatment, however, has not been an effective answer to the problem of drug dependence because of four factors *i.e.*:

- 1) The high rate of relapse among individuals addicted to drugs.
- 2) Inadequate number of professional to tackle the problems of addiction.
- 3) High cost of treatment, and
- 4) Easily availability of synthetic drugs, Preventive measures, therefore, assume a very significant role in the war against

Accident Remedial Measure

A wide range of accident remedial measures exist, both direct and indirect. The latter includes more general purpose policy instruments such as vehicle taxation, land use planning, road design and road furniture. These however, are covered by other Kon SULT instruments and lead us to concentrate on direct measures which can be classified under the three following categories,

- Speed limitation;
- Speed enforcement; and,
- Road marking.

Speed limitation can be introduced by legal and/or physical measures. Most countries have general and signposted speed limits stating the highest permitted driving speed on a road. They can also be achieved through traffic calming.

Enforcement of speed limits uses a combination of stationary and mobile methods. The former tend to take the form of 'speed cameras' and allow violations of traffic regulations to be detected and registered without law enforcement officers being physically
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present at the time and place where the traffic violation takes place. The latter rely on police patrols to identify offenders. Road markings are intended to give drivers reference points with regard to the proximity of their vehicle to other vehicles and the road. Delineator posts and distance markings on motorways, and raised pavement markers can all be used to direct traffic by indicating the path of the carriageway and warn road users about specific hazardous conditions related to the road alignment *etc.*

The implementation of accident remedial measure can vary from country to country and by situations. Decisions tend to hinge on:

- 1) What measures to implement - sometimes only single measures may be implemented, whilst at other times a combination of measures will be used; and
- 2) Where to implement them – in a very specific ‘accident black spot’ or across a widespread area. Studies have shown that the introduction of speed limitation and enforcement measures have the greatest potential for improving road safety.

They are also the most cost-effective measures. The impact of these measures upon traffic demand and supply has not been specifically analysed. There is a feeling however that the response can be mixed and very much dependent upon existing traffic conditions. Other measures which can provide smaller but important benefits are ITS-systems, driver training and public education and information campaigns.

Wherever there is strength, we feel more easily propelled into success. Our weaknesses attract problems. Vedic Astrology offers a sophisticated system of recommendations for working with our strengths and weaknesses. It describes remedial measures for problems based on compensating for weaknesses and drawing attention to our strengths to help us fulfill our desires.

Programmes of Prevention

The main objectives of any preventive programme is the prevention of illicit drug use. The efforts to achieve this objective can take many forms, depending on the relative emphasis placed on the factors like the drug (or drugs) being used, the user of illicit drugs and the setting where drug use occurs. Preventive programmes may either provide motivations to the potential/ actual drug abuser or may highlight the negative aspects of drug abuse, i.e., he deterrent in nature. The motivating elements seek to

- a) improve the capacity and interest of drug users in coping with their problems in a constructive way.
- b) Change the social environment associated with harmful drug use.

Informational Measures

These measures basically comprises of providing information about illicit drug use, especially about the dangers associated with drug use. It is one of the most widely used programmes of prevention. It is characterized by two approaches, *i.e.*, the scare or fear based approach and factual approach.

In the scare or fear-based approach, the emphasis on the harmful effects of drugs and the adverse consequences of their use is supposed to lead to a decision not to experiment with drugs. For those already using drugs, such knowledge is believed to be useful to discourage further use of or experimentation with even more dangerous drugs. The objectives of the fear based approach are to

- a) Increase knowledge in the people at large about the dangers of drug use.
- b) Encourage the development of negative attitudes towards specific drugs or towards drug use as such, in order to lower the probability of drug use in general; and
- c) Discourage experimentation with even more dangerous drugs.

Educational Measures

Within the framework of drug education, a wide variety of approaches can be used. The objectives of these approached are pursued either directly through specially designed curricula and/of these approaches are pursued either directly through specially designed curricula and/or programmes to influence motivation, attitudes and behaviour with regard to drug use or indirectly through the use of programmes emphasizing personal development and individual coping skills. There approaches are divided into four general categories.

- a) Programmed teaching.
- b) Integrated drug educational programmes as part of the curricula in schools;
- c) Health Education programmes; and
- d) Programmes emphasizing personal development.

Secondary Prevention

Secondary prevention involved early case-finding, diagnosis & treatment. It also include the provision of counseling services to young people who have started experimenting with the use of drugs or are beginning sustained use. The main objective is to intervene as early as possible so that these young people with problems can be helped. Various activities in this regard have already been explained in the earlier part of this chapter as also in the chapter dealing with treatment and social re-integrations.

Modalities for Treatment

For some persons substance abuse progresses from experimental or social use to dependency and addiction. Major consequences ensue for individuals, their families, and society. Addicted persons usually experience increasingly debilitating or dysfunctional physical, social, financial, and emotional effects. Treatment is essential for those who become chemically dependent and are unable to control their use of alcohol or other drugs. As long as mood-altering, or psychoactive, substances have resulted in personal and social problems, people have tried to understand the causes of dependency and addiction.

The way in which causes of addiction are understood helps determine the focus of assessment and treatment of substance abuse disorders. Treatment professionals and political and judicial decision makers must have an understanding of the causes of substance abuse and their implications for treatment and other interventions.

This chapter will briefly summarize several prevailing concepts about the causes of substance abuse. The ways in which different perspectives influence treatment are reviewed, and a synopsis of major treatment modalities and techniques also is presented.

Treatment Outcome Evaluations

Treatment outcome evaluations are conducted to inform practitioners and decision makers about the efficacy of various treatment modalities and program components. The general findings from such evaluations indicate that substance abuse treatment does work for significant numbers of patients. However, conclusions cannot be made that all treatment approaches work equally well for all individuals; nor can it be stated that every alcohol- or drug-involved person will derive any benefit from treatment. Many of the treatment effectiveness studies to date have focused on narrow population groups—usually males. It cannot necessarily be generalized that similar programs would be equally effective for women, adolescents, or other special population groups. Many studies also have been limited to one type of substance abuse, such as heroin or alcohol. Again, whether or not a particular modality would produce similar results for persons abusing different substances or those with poly substance abuse problems cannot be determined without additional research.

Two large studies have focused on populations of narcotic-involved offenders. The Drug Abuse Reporting Program (DARP) measured treatment outcomes on 44,000 patients admitted to 52 treatment programs from 1969 through 1973. The types of programs included in the study were outpatient detoxification, methadone maintenance, therapeutic communities, and drug-free outpatient. A comparison group consisted of persons interviewed

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and scheduled for treatment who did not show up at the program. Treatment outcome measures included drug use, productive activity, alcohol use, and criminality. Some general findings from this study include the following

- Drug use declined dramatically between pre-treatment and post-treatment measurements and continued to diminish during the three years following treatment. Post-treatment measures, compared with pre-treatment, indicated substantially less use of opiate drugs and nonopioid drugs, including cocaine. However, there was some increase noted in the use of alcohol and marijuana.
- The most favorable outcomes for male opiate addicts were associated with methadone maintenance, therapeutic communities, and outpatient drug-free treatment. Detoxification alone was found to be considerably less effective.
- Criminal behavior resulting in arrests or incarceration declined following treatment.
- Employment levels six months after treatment were substantially higher than pre-treatment levels.
- Patients remaining in treatment at least three months showed better outcomes. The longer they remained in treatment, the better the outcome on average.

The Treatment Outcome Prospective Study (TOPS) collected data on 10,000 patients in 40 methadone, residential, and outpatient drug-free treatment programs between 1979 and 1981. The sample population for this study was predominately young adult males. However, women made up 30 percent of the sample, youth under age 21 comprised 25 percent of the study group from residential and outpatient drug-free programs, and racial/ethnic minority group members were included. The study measured drug use, alcohol consumption, mental health, criminal behavior, and economic productivity..

A composite portrait of those included in the study suggests that on average, they began regular drug use at age 16 but did not enter treatment for the first time until age 24. There was an average of five treatment admissions among the sample. Most had been treated in more than one type of treatment program. About 20 percent had also been treated for alcohol problems, and approximately 25 percent had received previous mental health treatment.

Some findings from this study include the following (Hubbard, 1992; Institute of Medicine, 1990):

- Patients remaining in treatment for at least three months exhibited more positive treatment outcomes. However, the major changes in behavior were seen only among

those who stayed in treatment for more than a year. Those who remained in methadone or residential treatment for one year or more showed significant decreases in heroin use following treatment.

- Although decline in heroin, cocaine, and psychotherapeutic drug use was noted, especially for those remaining in treatment longer than three months, marijuana and heavy alcohol use tended to continue after treatment.
- After treatment, persons in the TOPS sample indicated substantial decreases in indicators of depression.
- Individuals from the criminal justice system under legal pressure to participate in treatment did as well or better than those who voluntarily took part.
- Involvement in the criminal justice system also helped retain persons in treatment, and more substantial changes in behavior during treatment were noted for individuals referred from criminal justice agencies.
- The criminal justice system tended to refer fewer persons to methadone programs, and it was found that individuals coming from the criminal justice system to drug-free programs received fewer services than other persons in the same programs.
- Outpatient programs had the poorest retention rates. Forty-one percent of patients dropped out within the first four weeks and only 18 percent eventually completed treatment.
- Contrary to the positive findings about employment rates by the DARP study, TOPS researchers found that the level of employment six months after treatment was slightly lower for all program types. This may, in part, reflect economic conditions during the respective periods in which the studies were conducted.
- Reports of illegal activities decreased after treatment in all modalities. The most significant change occurred with those in residential programs.

Program Evaluation and Accountability

Program evaluation is vital for a variety of reasons. Accountability is one of the five critical areas of substance abuse treatment. Both programs and patients must be held accountable for how they conduct themselves and the results of their efforts. Program evaluation helps determine whether or not a particular agency is performing the intended services and how effective they are in achieving treatment goals. This information is essential for judges and other agencies who need to refer persons to treatment.

Another important reason for programs to be evaluated is to provide information to the administrators and staff about the effectiveness of the program. This information can be supportive of program elements that are working effectively, or it can provide the data needed to make informed decisions about program change. Positive evaluation results can be used to bolster community support and elicit funding for a program. Both program procedures and outcomes are monitored by decision makers and funding agencies. Evaluation information documents the effectiveness of programs.

Prevention Work at the National Level

The government should also enforce certain other actions in order to prevent drug abuse. These include.

1. Stricter control to ban advertising which tends to induce drug abuse, for example advertisements relating, to the use of alcohol, cigarette and tobacco in any form;
2. Dissemination of factual information to the public, especially the parents, teachers and youth.
3. Stricter implementation of laws, rules and regulations relating to drug control needs to be given high priority.
4. Creation of public awareness about the issue through the mass media at the national level.
5. Provision of special orientation and training to the police at all levels, especially in the bigger cities, to restrict and control the drug trade.
6. development of a uniform code with respect to the drug trade and to organize joint campaigns such as mass meetings, morchas, talks and exhibitions against drug use and trafficking.
7. Generation of new employment opportunities and making provisions for other basic amenities to increase the standard of living.
8. Development of educational plans in a manner whereby some sections of the youth, e.g. school or college drop-outs or the unemployed youth in the slums do not become more vulnerable to frustration and thus to drug abuse. Therefore, curricular planning for providing basic education as well as the inculcation for vocational training are essential.