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FROM PROHIBITION TO PROTECTION: A CRITICAL ANALYSIS OF THE LEGAL AND INSTITUTIONAL RESPONSE TO RISING DRUG ABUSE AMONG YOUTH IN TAMIL NADU

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ABSTRACT

Drug misuse among the youth has become a serious legal, social and public health problem in India. Tamil Nadu has witnessed a considerable increase in incidences of narcotics and psychotropic chemicals. While the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act) adopts a stringent prohibitionist approach to drug-related offences, recent policy developments and judicial trends point towards a gradual shift to a more rehabilitative and rights-based approach, especially in cases involving young persons and persons with substance dependence.[1] The paper seeks to find out whether the existing legal and institutional mechanisms are adequately addressing the increased incidence of drug usage among the youth in Tamil Nadu or whether they still continue to focus on punitive enforcement rather than protection and rehabilitation.[2] The research methodology is doctrinal and analytical, based on primary legal sources including constitutional provisions, statutes, judicial decisions, government notifications, and policy papers, and reputable secondary sources. The study reveals that the existing legislative framework provides treatment and rehabilitation but the implementation still remains mostly enforcement driven. The research further reveals the shortcomings in the institutional coordination, limited availability of rehabilitation services and poor preventive interventions for young persons. It states that a balanced legal framework that includes criminal justice, public health, juvenile justice and community-based rehabilitation is vital to bring about a paradigm shift in the State's approach from prohibition to protection while maintaining the constitutional rights and welfare of minors.

[1] Ministry of Social Justice and Empowerment, *Magnitude of Substance Use in India 2019* (Government of India, 2019).
[2] United Nations Office on Drugs and Crime, *World Drug Report 2025* (United Nations, Vienna, 2025).

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INTRODUCTION

Drug misuse has become a major socio-legal and public health problem in India especially among teenagers and young people. Drug abuse has become a multidimensional problem affecting public health, education, social welfare and national development rather than a matter of criminal justice, owing to the increasing availability of narcotic drugs and psychotropic substances, the proliferation of synthetic drugs and changing patterns of substance use. Due to its strategic geographical location, urbanisation and large transportation networks, Tamil Nadu has been witnessing a growing frequency of offences linked to narcotics and psychotropic substances. The State has thus improved the enforcement steps besides awareness programs, de-addiction treatments and institutional initiatives.

The Narcotic Drugs and Psychotropic Substances Act, 1985[3] is India's main drug control law. The Act was passed to fulfil India's duties under international drug control conventions and to combat illicit trafficking and drug misuse. The Act makes it illegal to cultivate, possess, manufacture, transport, sell, purchase and use forbidden substances and provides for severe penalties in respect of major crimes. At the same time, it has certain limited rehabilitative mechanisms such as probation under section 39 and exemption from punishment for addicts who willingly seek treatment under section 64A.

Despite these precautions, the implementation of the NDPS Act has often been attacked for its focus on punitive enforcement rather than therapy and rehabilitation. While the understanding that drug dependence is a medical and psychological problem that requires therapeutic attention, young drug users are often subjected to criminal proceedings. It is a matter of grave constitutional concern in the context of the right to life, health, dignity and welfare of children and young individuals under Articles 21, 39(e), 39(f) and 47 of the Constitution of India.[4] Tamil Nadu has launched many programmes through authorities such as Narcotics Intelligence Bureau–CID (NIB-CID), district police units, educational institutions and de-addiction centres to address the drug misuse among the youth. But questions remain about the effectiveness, accessibility and co-ordination of these initiatives. Internationally, there is a growing recognition that drug dependence is a public health problem that requires prevention, treatment, rehabilitation and social reintegration rather than criminal sanctions alone. Indian courts have also stressed the importance of procedural safeguards, proportionality and rehabilitation,

[3] Narcotic Drugs and Psychotropic Substances Act, 1985.
[4] Constitution of India, arts. 21, 39(e), 39(f) & 47.

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particularly in cases of addiction rather than organised trafficking.

In this context, the present study seeks to explore whether the legal and institutional framework of youth drug addiction in Tamil Nadu strike a balance between deterrent, public safety, rehabilitation, juvenile justice and constitutional welfare purposes. The study is guided by the following research questions: Whether the existing legal framework under NDPS Act is effective in balancing punitive measures with rehabilitation and treatment for young persons; Whether the institutional mechanisms in Tamil Nadu coordinate effectively to prevent, treat and rehabilitate young persons affected by substance abuse; What legislative, judicial and institutional reforms are necessary to strengthen a protection-oriented and public health-based approach.

CONCEPTUAL AND LEGAL FRAMEWORK OF DRUG ABUSE IN INDIA

The World Health Organization (WHO)[5] defines drug abuse (more accurately described in modern terms as harmful drug use or drug use disorder) as the repeated use of psychoactive substances leading to damaging physical, psychological, social, educational or occupational consequences. Drug abuse includes not only any usage of any drug but also the use of some drugs in such a manner as to produce health, behavioural and social impairment. The United Nations Office on Drugs and Crime (UNODC)[6] also defines drug abuse as the non-medical or unlawful use of narcotic drugs and psychotropic chemicals that can lead to dependence, health difficulties, criminal activity, and further social damage. The UNODC further stresses the importance of a balanced approach to addressing problematic drug use, encompassing enforcement, prevention, treatment, rehabilitation and social reintegration. In the Indian context, the NDPS Act does not explicitly define the term “drug abuse” but criminalizes unauthorized possession, production, transportation, sale, purchase and consumption of narcotic drugs and psychotropic substances and recognizes treatment and rehabilitation through provisions like Sections 39 and 64A.

The law relating to drug misuse in India is a complicated interplay of the inelastic criminal enforcement machinery with the constitutional mandate to protect public health, human dignity and the welfare of children and young individuals. The NDPS Act is the principal legislation

[5] World Health Organization, *International Classification of Diseases (ICD-11): Disorders Due to Substance Use* (WHO, Geneva).
[6] United Nations Office on Drugs and Crime, *International Standards on Drug Use Prevention* (UNODC, 2023).

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governing narcotic drugs and psychotropic substances but its reading and implementation have to be understood in the context of the constitutional mandate and related legislation like Juvenile Justice (Care and Protection of Children) Act, 2015 and Mental Healthcare Act, 2017. Combined, these legal tools point to a growing transition from a purely prohibition-based regime to one that includes rehabilitation and rights-based protection.

The NDPS Act[7] is the principal legislative response of India to the problem of illicit narcotic narcotics and psychotropic substances. The Act was enacted to fulfil India's international treaty responsibilities. The Act aims to prevent illegal cultivation, production, possession, transportation, sale, purchase and trafficking and to regulate legitimate medical and scientific use. Section 8 forbids certain activities in relation to narcotic drugs and psychotropic substances except under the authority of law. Sections 20, 21 and 22 provide penalties for violations pertaining to cannabis, manufactured drugs and psychotropic substances correspondingly. Section 27 expressly criminalises the intake of certain narcotics and psychiatric substances. Section 27A lays down stiff penalties for supporting illicit trafficking and harbouring offenders in organised criminal activity and Section 37 lays down rigorous criteria for grant of bail in significant NDPS violations. The Act is rather punitive, but it also contains clauses that indicate rehabilitative aims. Section 39 empowers the courts to release certain offenders on probation or direct them to undergo de-addiction treatment wherever appropriate. Section 64A[8] provides for immunity from prosecution to addicts charged with offences involving small quantities if they voluntarily seek medical treatment for de-addiction. These rules recognize that addiction may need therapeutic intervention, rather than simply punitive criminal punishment.

The Juvenile Justice (Care and Protection of Children) Act, 2015 employs a child-centric approach with a focus on the care, protection, rehabilitation and social re-integration of children in conflict with law and children in need of care and protection. In case of substance misuse involving minors, the Juvenile Justice Act has a similar aim as the NDPS Act but with a focus on the best interests of the child instead of only punitive actions. Similarly, the Mental Healthcare Act, 2017 affirms the right of every person to obtain mental healthcare and treatment without any prejudice. Addiction is not handled the same as every other mental disease under the Act although people with substance use disorders may require integrated mental health care, counselling and rehabilitation. The Act reminds us that healthcare should

[7] Narcotic Drugs and Psychotropic Substances Act, 1985, ss. 8, 20, 21, 22 & 27.
[8] Id., ss. 39 & 64A.

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be accessible and preserve the dignity of the individual. Indian constitutional doctrine has increasingly favoured a rights-based approach to those affected by drug use. The Supreme Court has interpreted Article 21 broadly to accept that the right to life includes dignity, healthcare and humane treatment. A rights-based approach does not lessen the State's obligation to fight organised drug trafficking but rather aims to distinguish between traffickers and persons requiring treatment, especially children and young adults. This strategy is in line with constitutional ideals, international public health standards, and juvenile justice objectives.[9]

INSTITUTIONAL RESPONSE TO THE DRUG ABUSE AMONG THE YOUTH IN TAMIL NADU

The NDPS Act is mainly enforced by the State Police Department and the specialised drugs enforcement units of Tamil Nadu. The Narcotics Intelligence Bureau–Criminal Investigation Department (NIB-CID) is a specialised organization for gathering intelligence, investigation and co-ordination in respect of drug offences. The agency has a major role to play in detection of drug trafficking networks, investigation of organised supply chains and assistance in implementation of NDPS rules in the State. However, the growing involvement of young people in drug related offences demands a differentiation between those involved in organised trafficking and those affected by substance use. It is important to take strong action against trafficking networks in order to safeguard the public, but approaches are needed for youngsters involved in drug consumption or small possession that include counselling, treatment and rehabilitation.

The Government of Tamil Nadu[10] has made many steps for strengthening drug prevention and control through administrative co-ordination amongst various departments. Home Department, Health Department, School Education Department, Higher Education Department and Social Welfare Department are working together to address various aspects of drug misuse. Government activities, such as information projects, anti-drug campaigns, counselling services and community participation reflect a steady shift towards a preventive strategy. The State's answer shows the realization that drug misuse among young cannot be solved only by criminal laws but requires involvement on educational, social and health levels. Schools are one of the most significant preventive places for teenage drug misuse. Schools and colleges have an

[9] Juvenile Justice (Care and Protection of Children) Act, 2015.
[10] Government of Tamil Nadu, Home Department, *Anti-Drug Campaign Guidelines* (2024).

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important role in early detection, awareness creation, counselling and in supporting good behavioural choices among students. The School Education Department and the Higher Education institutions of Tamil Nadu have initiated awareness campaigns to educate students about the ill-effects of narcotics and psychotropic substances. Such activities are in line with the preventive objectives recognized under public health methods and international standards on drug demand reduction.

The health sector is important to the paradigm shift of drug usage from a punitive to a public health strategy. Government hospitals, mental health institutes and de-addiction facilities provide services such medical treatment, counselling, detoxification support and rehabilitation activities. The Mental Healthcare Act, 2017[11] and the national drug demand reduction initiatives call for accessible treatment and dignity-based healthcare for those affected by substance dependence. In Tamil Nadu, healthcare facilities are required to provide aid to those in the process of recovery with confidentially and without discrimination. If there is any case of drug misuse involving persons below eighteen years of age, the response shall be in terms of the principles of the Juvenile Justice (Care and Protection of Children) Act, 2015. The Act takes a welfare approach, which emphasizes the best interests of the child, rehabilitation and social reintegration. Juvenile Justice Boards, Child Welfare Committees and child protection authorities have an essential role to play in ensuring that children affected by substance misuse are protected from being subjected to only punitive measures. Instead, they need counselling, family support, continuation of schooling and rehabilitation services. The connection between juvenile justice facilities and health care practitioners is vital, because child substance misuse usually requires specialized psychological and social interventions.[12] The non-governmental organisations play a big role in awareness creation, counselling, rehabilitation and community-based support. Their role is especially crucial in areas where government services could be patchy. Community participation, family involvement and peer-support mechanisms are increasingly being recognized as key components of successful rehabilitation. A sustainable response involves the involvement of government institutions, civil society organisations, health care providers and local communities.

[11] Mental Healthcare Act, 2017.
[12] Ministry of Home Affairs, *Annual Report 2024–25*.

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JUDICIAL TRENDS AND STATISTICAL ANALYSIS

The Supreme Court's judgment in Tofan Singh v. State of Tamil Nadu[13] was a landmark in the NDPS jurisprudence as it examined the admissibility of confessions made to police exercising powers under the Act. The Court observed that officials invested with powers of inquiry under the NDPS Act are to be viewed as police officers for the purpose of Section 25 of the Indian Evidence Act, and confessional utterances made before them cannot be relied upon in the manner that was formerly authorized. This decision reinforced procedural safeguards for accused persons and reflected the judiciary's effort to reconcile effective narcotics control with protection against possible abuse of investigative authorities. Judicial reasoning in cases of drug misuse involving children is more consistent with the principles of the Juvenile Justice (Care and Protection of Children) Act, 2015 in prioritising the best interests of the child, rehabilitation and social reintegration. The judiciary has frequently highlighted that children in vulnerable situations need protection measures, not techniques that may permanently stigmatise them. This is consistent with the larger constitutional scheme under Articles 21, 39(e), 39(f) and 47 that the State has a duty to preserve the dignity, health and welfare of children and young persons.[14]

NDPS cases in Tamil Nadu have seen a consistent increase for the past five years, indicative of both an increase in drug availability as well as more vigorous police actions. The number of NDPS cases filed in Tamil Nadu were around 1,734 in 2019, 1,859 in 2020, 2,146 in 2021, 2,853 in 2022 and 3,612 in 2023, according to the data released by the Ministry of Home Affairs, National Crime Records Bureau (NCRB). The steep rise after 2021 shows that the circulation of narcotic and psychotropic substances among the youth is increasing. There has been an increase in synthetic substances and cannabis-related offences, with schools and cities becoming increasingly vulnerable sites.[15] The increase may be partly a reflection of improved identification and registration by enforcement authorities, particularly the NIB-CID and Anti-Narcotics Intelligence Units. The data also tends to corroborate the thesis that criminal law enforcement has failed to control teenage substance addiction and therefore, preventive and rehabilitative measures are needed.

Relevant constitutional provisions on youth drug abuse include Article 21 (right to life, health,

[13] *Tofan Singh v. State of Tamil Nadu*, (2021) 4 SCC 1.
[14] Ministry of Social Justice and Empowerment, *National Action Plan for Drug Demand Reduction (NAPDDR)*.
[15] National Institute of Mental Health and Neurosciences (NIMHANS), *Substance Use Disorder Treatment Guidelines*.

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dignity, rehabilitation), Article 39(e) (protection of youth from abuse and harmful occupations), Article 39(f) (development of children in conditions of freedom and dignity), Article 47 (duty of the State to improve public health and prohibit harmful intoxicants), Article 14 (equal protection and non-arbitrary enforcement of drug laws) and Article 15(3) (special protective measures for children and young persons). Punishments under the NDPS Act : Consumption - Section 27 - Up to 6 months-1 year imprisonment depending on substance Possession of small quantity - Up to 1 year imprisonment Quantity less than commercial but greater than small - Up to 10 years imprisonment and fine Commercial quantity - 10-20 years imprisonment and heavy fine Financing illicit traffic - Section 27A - 10-20 years imprisonment and fine Repeat offences - Enhanced punishment, in certain cases up to 30 years imprisonment.

CRITICAL DISCUSSION: TRANSITION FROM PUNISHMENT TO PROTECTION

In India, the legal responses to drug misuse in the past have been based on prohibition, deterrent and criminal enforcement. The enactment of NDPS Act indicates the commitment of the State towards prevention of illicit drug trafficking and to safeguard the society from the adverse repercussions of the narcotic and psychotropic substances. However, with the rising participation of young persons in drug-related activities, doubts have been raised as to whether a primarily punitive strategy is sufficient to address the complex social, psychological and health features of substance dependence. The current conception of drug usage is more and more conducive to shifting from the punitive prohibition model to the protective rehabilitation model, especially concerning youngsters and those with addiction problems.[16]

Social stigma is one of the main obstacles in dealing with teenage drug misuse. Addiction afflicted people are frequently treated as offenders, rather than as a person in need of health care attention. This stigma hinders young people and their families from obtaining appropriate care and can lead to social marginalization, interruption of education, and trouble with reintegration. A rights-based approach demands awareness[17] that addiction is a health issue requiring compassionate treatment while holding people accountable for unlawful actions. The NDPS Act has rigorous requirements that are needed to curb trafficking yet these may sometimes push drug users into the criminal justice system. The absence of a clear

[16] National Crime Records Bureau, *Crime in India 2023*.
[17] *Maneka Gandhi v. Union of India*, (1978) 1 SCC 248.

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differentiation between those problematic users and those engaged in structured supply networks poses issues to proportionality. For young people, criminalisation can have long-term ramifications from schooling, employment prospects and social identity. What is needed is a more nuanced strategy, whereby enforcement objectives continue to target serious trafficking activity, while appropriate intervention is provided for vulnerable users.

While the NDPS Act include rehabilitative procedures such as Section 39 and Section 64A, these mechanisms are rarely practically used. Rehabilitation involves regular medical attention, psychological counselling, relapse prevention techniques and social reintegration activities. In young people, short-term treatment strategies without long-term follow-up may not sufficiently address the underlying reasons of addiction. Prevention and rehabilitation that works means police departments, health authorities, schools, youth justice agencies and social service organizations are working together. A fragmented institutional functioning can create gaps between detection, treatment and rehabilitation. There is need for a coordinated referral system through which young persons identified through enforcement measures can be linked to appropriate healthcare and counselling services. Schools and colleges are important places for early prevention and raising awareness. There are awareness programmes but most interventions are information campaigns instead of comprehensive prevention methods. Schools and colleges need qualified counsellors, early identification procedures and good referral system to deal with substance related issues among students.

Drug dependence is typically associated with psychological, emotional and behavioural issues which requires specialist mental health therapy. Effective recovery is hampered by the limited availability of skilled specialists, counselling facilities and integrated treatment programs. Substance abuse treatment and mental health care services should be better integrated to improve the long-term recovery outcomes. Sustainable solutions will require the active participation of families, communities, local groups and civil society.[18] Community-based rehabilitation can help decrease stigma, promote early intervention and support persons through their recovery. Legal and institutional measures alone may not bring about effective prevention and reintegration without the involvement of the community.

[18] *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, (1981) 1 SCC 608.

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RECOMMENDATIONS, REFORMS AND CONCLUSION

There must be continued strict enforcement against organized drug trafficking but a distinction must be maintained between traffickers and young person's suffering from dependence. Police staff should be trained on addiction, juvenile justice and referral-based interventions for rehabilitation-oriented responses. We need to confront drug dependence with accessible and evidence-based treatment options. Government de-addiction facilities should be equipped with competent psychiatrists, psychologists and counsellors. Rehabilitation programmes for young people should provide counselling, family support, skill development and educational reintegration. Schools and colleges should develop ongoing preventive campaigns supported by expert counsellors and confidential support services.[19] Drug awareness programmes should include mental health education, stress management and ways to avoid peer pressure. Effective collaboration between Police, Health, Education, Social Welfare Departments and Juvenile Justice institutions should be ensured. Initiatives based on technology such as social media campaigns, online counselling platforms and mobile applications can improve awareness and early intervention amongst the youth. Community centered rehabilitation including families, local bodies and NGOs can help minimize stigma and improve healing. There is a need to maintain an adequate balance between enforcement, rehabilitation and constitutional welfare objectives through periodic evaluation of the execution of the NDPS Act.[20]

The present study is an examination on the constitutional laws, statutory provisions, judicial decisions and institutional processes vis-à-vis the increasing problem of drug usage among youth in Tamil Nadu. The main purpose was to find out whether India's drug control system is adequate in striking a balance between prohibition, punishment, rehabilitation and protection of the young. The findings of the study reveal that the NDPS Act continues to be predominantly enforcement oriented even after inclusion of some rehabilitative elements like Sections 39 and 64A. While tough measures are needed to combat organized drug trafficking and illicit supply networks, a more differentiated strategy is needed for youthful users and persons suffering from substance dependence. The study also finds that the fundamental values included in Articles[21] 21, 39(e), 39(f) and 47 provide a strong framework for a rights-based strategy to drug regulation. These provisions recognize the duty of the State not only to prevent drug usage but also to provide for the treatment, rehabilitation, health, dignity and welfare of young persons

[19] World Health Organization, *Community Management of Substance Use Disorders*.
[20] Narcotic Drugs and Psychotropic Substances Act, 1985.
[21] Constitution of India, art. 21.

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affected by addiction.

With specific focus on Tamil Nadu, the report highlights how several organizations including the law enforcement authorities, health care providers, educational institutions and juvenile justice bodies have a major role to play in tackling drug usage. These efforts are, however, hampered by poor coordination, the lack of rehabilitation initiatives targeting young people and the absence of coordinated referral procedures. The results underscore the need for a holistic approach that views drug usage as a criminal justice and public health concern. For sustained outcomes, strengthening rehabilitation services, mental health support, preventive education, community participation and inter-agency collaboration are necessary. The study concludes, that prohibition alone cannot protect youth from drug misuse. Criminal law will always have an important role to play in the fight against trafficking and organised drug networks, but the long-term solutions will need a balanced approach, including enforcement and treatment, accountability and rehabilitation, deterrence and constitutional commitments to human dignity and youth welfare.