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3.3.0 Objective

After reading the unit you will be able to

- Know about features of NDPS Act, 1995 and COTPA Act, 2003 in details
- Become aware of various Govt. schemes for preparation, de-addiction and rehabilitation
- Help your friends to take professional help for becoming free from drugs and alcohol abuse
- Sensitize your immediate friend circle and community on issues of drug , tobacco and alcohol

3.3.1 Introduction

Substance use has long been recognized as a social malady. Since then, efforts have been made by the international community to prevent its use. The attempt to control drug use dates back to the period of the Second World War. As early as the mid-1920s attempts in this direction started at the international level. The International Opium Convention and the International Convention pertaining to Dangerous Drugs (1925), set standard limits on addictive drugs like cocaine and opium and its derivatives. These Conventions were organized by the League of Nations prior to World War II. However, the lists of compounds were set down in the treaties' text. In order to keep up with advancements in chemistry, it became a requirement to periodically alter or replace the conventions by enacting new treaties. The United States Commissioner of Narcotics 1954 realized that state-by-state ratification of such proclamation may take many decades.

3.3.2 Convention held relating to substance use

3.3.2.1 Single Convention on Narcotic Drugs, 1961 Amended in 1972

By the decision 689 J (XXVI) of 28 July 1958, the Economic and Social Council of the United Nations agreed to convene a convention in line with Article 62, paragraph 4, of the United Nations Charter and with the terms of the General Assembly resolution 366 (IV) of 3 to put a check on the use of narcotic drugs. In line with this decision, a meeting was held in December 1949 to adopt a single agreement on narcotics to replace the existing multilateral field treaties with a single instrument. This instrument was intended to control narcotics and to establish guidelines for the management of the production of raw materials for illicit drugs. This became the first all-embracing exhaustive proclamation relating to the control of substance use. There are three important conventions relating to drugs at the international level. They are:

- **Single Convention on Narcotic Drugs, 1961 Amended in 1972.**
- **The Convention on Psychotropic Substances of 1971.**
- **United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.**

The United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs met at United Nations Headquarters from 24 January to 25 March 1961 with seventy-three nations represented in the Conference including India. The provisions laid down by this Convention underwent an amendment in 1972.

3.3.2.2 The Convention on Psychotropic Substances of 1971

The second major convention is named as “The Convention on Psychotropic Substances of 1971”. It is a United Nations treaty designed to control psychoactive drugs such as amphetamine-type stimulants, barbiturates, benzodiazepines, and psychedelics. This treaty was signed in Vienna, Austria on 21 February 1971. This treaty was signed by 34 original signatories to bring into the ambit of control many of the newly discovered psychotropics which were not covered by the Single Convention on Narcotic Drugs of 1961. It came into force on 16 August 1976.

The Convention on Psychotropic Substances of 1971

- **This Convention laid stress on the health and welfare of mankind.**
- **If a Party or the World Health Organization has information relating to a substance not yet under international control which in its opinion may require the addition of that substance to any of the Schedules of this Convention, it shall notify the Secretary-General and furnish him with the information in support of that notification.**
- **Prohibit all use of Psychotropic Substances, except for scientific and very limited medical purposes by duly authorized persons, in medical or scientific establishments which are directly under the control of their governments or specifically approved by them.**
- **The parties that need to manufacture, trade, and distribute such substances for medical use or for any other purposes need to get licenses under strict supervision and conditions.**

3.3.2.3 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

The landmark convention against drug trafficking was passed in 1988. It is popularly known as the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. This was the first international proclamation that took into consideration the ethical degradation that a society experiences due to substance abuse. The Convention was adopted by the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, held in Vienna from 25 November to 20 December 1988. The 1988 Convention was introduced following the socio-political developments in the 1970s and 1980s. The opening of the national borders with the process of deterritorialization following the call for globalization resulted in the free trade of illicit drugs and there was a drastic increase in the demand for cannabis, cocaine, and heroin. The countries' youth population became the drug marketers' easy targets. There started an internationalization of the drug trade giving birth to the world's multi-billionaires on the one hand and drug-related morbidity and mortality on the other. The parties to this convention expressed their concern on the magnitude of and rising trend in the illicit production of, demand for, and traffic in narcotic drugs and psychotropic substances, which pose a serious threat to the health and welfare of human beings and adversely affect the economic, cultural and political foundations of society.

3.3.2.4 The Framework Convention on Tobacco Control (FCTC)

It is the first international agreement pertaining to public health in the modern era signed on 21 May 2003. It entered into force on 27 February 2005. It is also the first convention to be negotiated under the World Health Organization's supervision (WHO). More than 180 WHO member states have ratified the convention, which was originally signed by 168 of the 192 WHO members. The FCTC outlines specific steps for governments in order to address tobacco use and provides an internationally coordinated response to the tobacco epidemic. These steps include:

- Adopting tax and price measures to reduce tobacco consumption
- Banning tobacco advertising, promotion, and sponsorship
- Establishing smoke-free workplaces and public areas
- Prominently labeling tobacco products with health warnings

- Preventing the sale of tobacco goods illegally

3.3.3 Indian Laws relating to Substance Use

In India, as we have discussed substance abuse is on rise among the youth. Particularly college students and school children are becoming vulnerable to substance use today. Drug abuse has emerged as a serious concern, adversely affecting the physical and socio-economic well-being of the future working population of the country. The epidemic of drug abuse in younger generation has assumed alarming dimensions in India. Studies establish that the share of the young population, basically the college students, is mounting day by day. Addiction to alcohol/drugs affects the young masses involved, ruins their families, and proves detrimental to society. From becoming productive human resources, they become parasitic human resources for society.

Alarming Facts and Figures Relating to Substance Use Among Indian Students

- **According to the United Nations Office on Drugs and Crime (UNODC) 2018 survey on drug use among the general population, the extent of drug use among youngsters remains higher than that of older people.**
- **Most researchers suggest that early (12-14 years old) to late (15-21years old) adolescence is a critical risk period for the initiation of substance use and that substance use may peak among young people aged 18-25 years.**
- **Nearly 18 lakh children need help with inhalant use.**
- **It is estimated that about 8.5 lakh people are injecting drugs (PWID – people who inject drugs) most of whom admit to having started the habit around the age of 17.**
- **5.2% of college students are addicted to alcohol.**

India is a signatory to all the international Conventions on Substance use. It has signed the Single Convention on Narcotic Drugs 1961, as amended by the 1972 Protocol, the Conventions on Psychotropic Substances, 1971 and the United Nations Single Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. As such the country has tried to enunciate its own domestic laws to fight against substance use. In the following lines details on Indian laws have been brought into discussion.

Do You Know?

- **Indian drug policy has its roots in Article 47 of the Indian Constitution.**
- **Art. 47 states that the "State should endeavour to bring about prohibition of the consumption of intoxicating beverages and of narcotics which are harmful to health, except for therapeutic purposes."**
- **It also spells out that it is the responsibility of the state to ensure social security and justice to the citizens by enumerating duties of the state which are important for achieving the goal of a better society, and it includes better conditions of living, access to healthy and nutritious food and public health and hygiene.**
- **It is founded on Gandhian principles.**
- **Thus, the Constitution explicitly mandates that states need to take action to prevent or reduce or stop the consumption of injurious drinks or drugs.**

3.3.4 Salient Features of social legislation to NDPS Act, 1985

The first ever Act against illicit drugs and Psychotropic Substances was enacted in India in 1985. It was named as the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS). Until this period Cannabis was legally sold and were commonly used in India for recreational purposes. As India was a signatory to the International Conventions on narcotic drugs and psychotropic substances of 1961 and 1971 respectively, it was mandated for the government to eliminate the ethnically deep-seated use of Cannabis. So, on 14 November 1985, the Narcotics Drugs and Psychotropic Substances Act was enacted which banned all narcotic drugs in India.

The NDPS Act prohibits cultivation, production, possession, sale, purchase, trade, import, export, use and consumption of narcotic drugs and psychotropic substances except for medical and scientific purposes.

This social legislation is trying to control the menace of drug abuse in the country. This Act intends to consolidate and amend the law relating to narcotic drugs, to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances.

This Act says that it extends to the whole of India and it applies also to,

- (a) All citizens of India outside India;
- (b) All persons on ships and aircrafts registered in India, (wherever they may be)

This Act defines an “addict” as a person who has a dependence on any narcotic drug or psychotropic substance.

This Act provides for committees at both the Central and State level.

The NDPS Act lays down the procedure for search, seizure, and arrest of persons in public and private places detected to have been involved in drug or substance production, marketing, and use. Under the Act, it is illicit for a person to produce or manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance. The Narcotics Control Bureau was set up under the NDPS Act with effect from March 1986. The Narcotics Control Bureau (NCB) is the chief law enforcement and intelligence agency of India vested with the responsibility to fight drug against trafficking and the abuse of illegal substances. It was created on 17 March 1986 to enable the full implementation of the NDPS Act and fight its infringement. In 1988, the NDPS Act was supplemented by the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act to provide for preventive detention of people suspected or accused of involvement in drug trafficking.

The Act also prescribes the constitution of The Narcotic Drugs and Psychotropic Substances Consultative Committee. The provisions laid down for such a committee are as follows.

- The Central Government may constitute, by notification in the Official Gazette, an advisory committee to be called “The Narcotic Drugs and Psychotropic Substances Consultative Committee” to advise the Central Government on such matters relating to the administration of this Act as are referred to it by the Government from time to time
- The Committee shall consist of a Chairman and such other members, not exceeding twenty, as may be appointed by the Central Government
- The Committee shall meet when required to do so by the Central Government and shall have power to regulate its own procedure
- The Committee may, if it deems it necessary for the efficient discharge of any of its functions, constitute one or more sub-committees and may appoint to any such sub-committee, whether generally or for the consideration of any particular matter, any person (including a non-official) who is not a member of the Committee
- The term of office the Chairman and other members may be decided by the Central Government. The manner of filling casual vacancies in the offices of and the allowances, if any, payable to, the Chairman and other members of the Committee, and the conditions and restrictions subject to which the Committee may appoint a

person who is not a member of the Committee as a member of any of its sub-committees, shall be such as may be prescribed by rules made by the Central Government.

There shall also be special officers appointed at the State level for the proper implementation of this Act.

3.3.5 Salient Features of social legislation on COTPA, 2003

The Indian Parliament passed the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Bill in April 2003. This Bill became an Act on 18 May 2003 and this is popularly known as COTPA. COTPA has been enforced from 1 May 2004. The Act is applicable to all products containing tobacco in any form, and extends to the whole of India.

The key provisions of COTPA -2003

- Prohibition of smoking in public places (educational institutions, restaurants, malls, bus stops, workplaces etc.). This has been implemented from 2nd October 2008 in the whole of India.- **Section-4**
- Ban of all forms of direct and indirect advertisements of tobacco products- **Section-5**
- Prohibition of sales to minors (tobacco products cannot be sold to or by the children less than 18 years of age and cannot be sold within a radius of 100 yards of any educational institutions)- **Section-6**
- Regulation of health warning in tobacco products packs. English and one more Indian language are to be used for health warnings on tobacco packs. Pictorial health warnings are also to be included. **Section-7**
- Regulation and testing of tar and nicotine contents of tobacco products and declaring on tobacco products packages.

Smoking in public places was banned under COTPA, on 2nd October, Gandhi Jayanti, 2008.

These public places include cinemas, auditoriums, hospitals, public transport (aircraft, buses, trains, metros, taxis), and their related facilities, (Bus stands, railway stations and airports), restaurants, amusement centres, pubs, bars, offices (Government and private), libraries, courts, shopping malls, markets, refreshment rooms, post offices, banquet halls, coffee houses, educational institutions and parks. However, smoking in airports, restaurants, some enclosed work places, pubs and bars is allowed if they provide a separate designated place for smoking.

There is a penalty for smoking in public places

First conviction- Will lead up to two years imprisonment or with fine which can extend to Rs.1000. Subsequent conviction is - Up to Five years imprisonment or with fine which can extend to Rs.5000.

The first International treaty on Tobacco Control

Not only in India, use of Tobacco been a big killer all over the world. Unfortunately our young mass gets into this habit mostly which spoils their life, lifestyle and all future plans. The use of Tobacco and its innumerable adverse impacts on human civilisation has been one of the important concerns at the International level as well. WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international treaty negotiated under the auspices of World Health Organisation. There are currently 181 Parties to the Convention. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It has since become one of the most rapidly and widely embraced treaties in United Nations history.

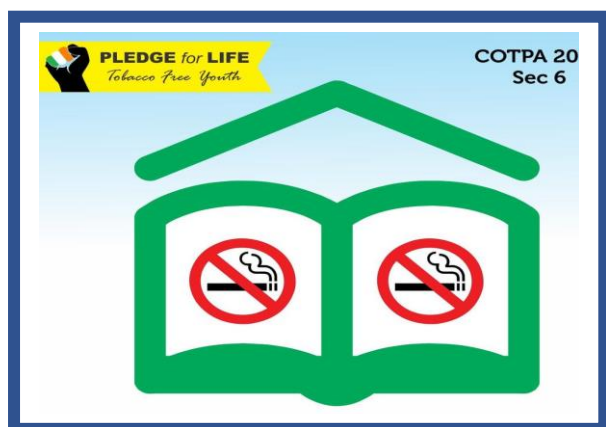
The WHO FCTC was developed by countries in response to the globalization of the tobacco epidemic. It aims to tackle some of the causes of that epidemic, including complex factors with cross -border effects, such as trade liberalization and direct foreign investment, tobacco advertising, promotion and sponsorship beyond national borders, and illicit trade in tobacco products. The preamble to the Convention shows how countries viewed the need to develop such an international legal instrument.

Government of India ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2004, the first ever international public health treaty focusing on the global public health issue of tobacco control. WHO-FCTC provides for various measures to reduce the demand as well as supply of tobacco. India played a leading role in FCTC negotiations to finalize its provisions and was the regional coordinator for the South- East Asian countries.

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, COTPA, 2003

This Act was enunciated in 2003. The Act repealed The Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975. The very purpose was to prohibit the advertisement of and regulate the trade and commerce in, and production, supply, and distribution of cigarettes and other tobacco products in India. The 39th Assembly held in 1986 urged the member states to implement measures to provide non-smokers protection from involuntary exposure to tobacco smoke. Consequent to this decision of the World Health Assembly, the Indian Parliament passed the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Bill in April 2003. This Bill became an Act on 18 May 2003 and this is popularly known as COTPA. COTPA has been enforced from 1 May 2004. The Act is applicable to all products containing tobacco in any form and extends to the whole of India.

The Cigarettes (Regulation of Production, Supply, and Distribution) Act, enacted by the Government of India makes it mandatory to display a statutory health warning on all packages and advertisements of cigarettes since 1975. The following signs might have captured your observations. These are to be strictly followed.



The key provisions of COTPA -2003

1. The Act prohibits smoking of tobacco in public places, except in special smoking zones in hotels, restaurants and airports and open spaces.
2. Advertisement of tobacco products including cigarettes is prohibited. No person shall participate in advertisement of tobacco product, or allow a medium of publication to be used for advertisement of tobacco products. No person shall sell video-film of such advertisement, distribute leaflets, documents, or give space for erection of advertisement of tobacco products. However, restricted advertisement is allowed on packages of tobacco products, entrances of places where tobacco products are sold. Surrogate advertisement is prohibited as well under the Act.
3. Tobacco products cannot be sold to persons below the age of 18 years, and in places within a 100 yards radius from the outer boundary of an institution of education, which includes schools, colleges, and institutions of higher learning.
4. Tobacco products must be sold, supplied or distributed in a package which shall contain an appropriate pictorial warning, clearly mentioning its nicotine and tar contents. Cigarette packets are needed to have pictorial warnings of a skull or scorpion or certain prescribed pictorial warnings along with the text SMOKING KILLS and TOBACCO CAUSES MOUTH CANCER in both Hindi and English.
5. The Act also gives power to any police officer, not below the rank of a sub-inspector or any officer of State Food or Drug Administration or any other officer, holding the equivalent rank being not below the rank of Sub-Inspector of Police for search and seizure of premises where tobacco products are produced, stored or sold if he suspects that the provision of the Act has been violated.
6. If any person manufactures tobacco products and fails to adhere to the norms related to warnings on packages, on first conviction he/she shall be punished with up to 2 years in imprisonment or with fine which can extend to Rs. 5000. In case of subsequent conviction the punishment shall be up to 5 years in imprisonment or with fine which can be extended to Rs. 10000.
7. For smoking in public places, a fine of up to Rs. 200 can be imposed. Selling tobacco products to minors (Persons below 18 years) and the sale of tobacco products within 100 yards of all educational institutions are banned (Ministry of Law and Justice, 2003).

8. For advertisement of Tobacco production, on the first conviction, the punishment shall be up to 2 years in imprisonment or with fine which can extend to Rs. 1000. In case of subsequent conviction, the punishment shall be increased up to 5 years in imprisonment or with fine which can extend to Rs. 5000.
9. The owner/manager/in charge of a public place must display a board containing the warning "No Smoking Area" or "Smoking here is an offense" in an appropriate manner at the entrance and inside the premises. A place where tobacco products are sold must display appropriate messages like **"Tobacco Causes Cancer" and "Sales of tobacco products to a person under the age of eighteen years is a punishable offense under the law"**.

What do We Need to Know?

The COPTA Act, 2003 prescribes for:

- **Prohibition of smoking in public places (educational institutions, restaurants, malls, bus stops, workplaces etc) - Section-4**
- **Ban of all forms of direct and indirect advertisements of tobacco products- Section-5**
- **Prohibition of sales to minors (tobacco products cannot be sold to or by children less than 18 years of age and cannot be sold within a radius of 100 yards of any educational institutions)- Section-6**
- **Regulation of health warnings in tobacco product packs. English and one more Indian language are to be used for health warnings on tobacco packs. Pictorial health warnings are also to be included. Section-7**
- **For advertisement of Tobacco production, on the first conviction, the punishment shall be up to 2 years in imprisonment or with fine which can extend to Rs. 1000. In case of subsequent conviction, the punishment shall be increased up to 5 years in imprisonment or with fine which can extend to Rs. 5000.**
- **Smoking in public places was banned under COTPA, on 2nd October, i.e. Gandhi Jayanti, 2008.**

Government of India ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) In 2004, the first-ever international public health treaty focusing on the global public health issue of tobacco control. WHO-FCTC provides for various measures to reduce the demand as well as supply of tobacco. India played a leading role in FCTC negotiations to finalize its provisions and was the regional coordinator for the South- East Asian countries.

3. 3.5.1 National Tobacco Control Program (NTCP)

The Ministry of Health and Family Welfare (MHFW), Government of India launched the National Tobacco Control Program (NTCP) in the year 2007-08 during the 11th Five-Year-Plan. This nationally sponsored scheme aims at sensitizing the people on harmful impacts of tobacco consumption. It also tries to reach the masses with the messages of tobacco control legislation named COTPA, 2003. So also, different stakeholders are sensitized for the effective implementation of COTPA, 2003 in the country. Under this program, the govt. tries to facilitate the implementation of strategies for prevention and control of tobacco advocated by the WHO Framework Convention of Tobacco Control.

The aims and objectives of NTCP are

- (i) To create awareness about the harmful effects of tobacco consumption
- (ii) To reduce the production and supply of tobacco products
- (iii) To ensure effective implementation of the provisions under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Act, 2003” (COTPA)
- (iv) To help people quit tobacco use
- (v) To facilitate the implementation of strategies for prevention and control of tobacco advocated by the WHO Framework Convention of Tobacco Control

The main thrust areas for the NTCP are as under:

- Training of health and social workers, NGOs, school teachers, and enforcement officers;
- Information, education, and communication (IEC) activities;
- School programmes;
- Monitoring of tobacco control laws;
- Coordination with Panchayat Raj Institutions for village-level activities;
- Setting up and strengthening cessation facilities including the provision of pharmacological treatment facilities at the district level.

NTCP has resulted in the provision of dedicated funds and manpower for the implementation of the Programme. State/District Tobacco Control components viz. STCC and DTCC Plan have been subsumed in the Flexi-pool for Non- Communicable Disease (NCDs) under

National Health Mission (NHM) for effective implementation since 12th Five Year Plan. Currently, the Programme is being implemented in all States/Union Territories covering around 612 districts across the country.

Dedicated State Tobacco Control Cells for effective implementation and monitoring of tobacco control initiatives are being engaged. The Key activities include;

- State Level Advocacy Workshop
- Training of Trainers Program for staff appointed at DTCC under NTCP.
- Refresher training of the DTCC staff.
- Training on tobacco cessation for Health care providers.
- Law enforcers training/sensitization Program

Tobacco Surveillance

The Global Tobacco Surveillance System (GTSS) aims to enhance country capacity to design, implement, and evaluate tobacco control interventions, and monitor key articles of the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) and components of the WHO MPOWER technical package. GTSS includes the collection of data through four surveys:

- Global Youth Tobacco Survey (GYTS);
- Global School Personnel Survey (GSPS);
- Global Health Professions Student Survey (GHPSS) and
- Global Adult Tobacco Survey (GATS).

GYTS focuses on youth aged 13-15 and collects information in schools. GSPS surveys teachers and administrators from the same schools that participate in the GYTS. GHPSS focuses on 3rd year students pursuing degrees in dentistry, medicine, nursing and pharmacy. GATS is a nationally representative household survey that monitors tobacco use among adults aged 15 years and older.

GATS India is conducted as a household survey of persons aged 15 years and above. The first round of GATS was conducted in 2009-10 and second round in 2016-17. GATS provides information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, second hand smoke exposure, economics, media, and knowledge,

attitudes and perceptions towards tobacco use. GATS enhances countries' capacity to design, implement and evaluate tobacco control policies and programs. It also assists countries to fulfil their obligations under the WHO FCTC to generate comparable data within and across countries.

The prevalence of any form of tobacco use (for persons aged 15 years and above) has decreased significantly by six percentage points from 34.6 percent (GATS-1, 2009-10) to 28.6 percent (GATS-2, 2016-17). The number of tobacco users has reduced by about 81 lakh (8.1 million).

3.3.6 Mechanism and Government Schemes

National Fund for Control of Drug Abuse

The Act provides that, the Central Government may, by notification in the Official Gazette, constitute a Fund to be called the National Fund for Control of Drug Abuse. This Fund shall be credited

- (a) An amount which the Central Government may, after due appropriation made by Parliament by law in this behalf, provide
- (b) The sale proceeds of any property forfeited
- (c) Any grants that may be made by any person or institution
- (d) Any income from investment of the amounts credited to the Fund under the aforesaid provisions.

The Fund shall also be applied by the Central Government to meet the expenditure incurred in connection with the measures taken for

- (a) Combating illicit traffic in narcotic drugs, psychotropic substances or controlled substances
- (b) Controlling the abuse of narcotic drugs and psychotropic substances
- (c) Identifying, treating, rehabilitating addicts
- (d) Preventing drug abuse
- (e) Educating public against drug abuse
- (f) Supplying drugs to addicts where such supply is a medical necessity

One of the most important aspects of this Act is that the Act also provides for a fund for the control of Drug Abuse.

The Act also provides that the Central Government may constitute a Governing Body as it thinks fit to advise Government and to sanction money out of the said Fund subject to the limit notified by the Central Government in the Official Gazette. The Governing Body shall consist of a Chairman (not below the rank of an Additional Secretary to the Central Government) and such other members not exceeding six as the Central Government may appoint. The Governing Body shall have the power to regulate its own procedure.

(1) The State Government may appoint such officers with such designations as it thinks fit for the purposes of this Act.

(2) The officers shall be subject to the general control and direction of the State Government, or, if so directed by that Government, also of any other authority or officer.

Section 32B of the NDPS Act is very important to know. It lays down that the offense committed in an educational institution or social service facility or in the immediate vicinity of such institution or facility or in other places to which school children and students resort for educational, sports, and social activities as one of the aggravating factors which may be considered by the Court for imposing higher than the minimum penalty prescribed for the offense. The Act continues to inflict stricter punishments on drug abuser in India. The punishments pronounced by the act are as follows:

Offences	Punishment	Provisions
Cultivation of opium, cannabis etc. without a license	Rigorous imprisonment-up to 10 years plus fine up to Rs.1 lakh	Sec. 18(c), 20
Knowingly allowing one's premises to be used for committing an offence	Same as for the offence	Sec. 25
External dealings in NDPS- i.e. engaging in or restricting trade whereby drugs are procured from outside India and supplied to a person outside India	10 to 20 years + Rs. 1 to 2 lakhs fine (Regardless of the quantity)	Sec. 24
Violations pertaining to controlled substances (precursors)	10 years + fine Rs. 1 to 2 lakhs	Sec. 25A
Financing traffic and harbouring offenders	10 to 20 years + fine Rs. 1 to 2 lakhs	Sec. 27A
Punishment for violations not elsewhere specified	6 months or fine or both	Sec. 32



Source: Finology legal

The NDPS was supplemented with the Prevention of Illicit Traffic in NDPS (PITNDPS) Act in 1988. It was enacted to provide for detention in certain cases for the purpose of preventing illicit traffic in narcotic drugs and psychotropic substances. Simply speaking, the act has provisions for securing preventive detention of the major drug traffickers. As the drug traffickers deal in large volumes, and earn substantially through trafficking, efforts are made by the Government to identify, seize and freeze their properties and follow up the case vigorously till the properties are forfeited.

Landmark Judicial Verdicts on the Control of Substance Use

- **The Indian Supreme Court in 2008 in the case of ‘E Michael Raj v Intelligence Bureau, Narcotics Control Bureau had given a verdict that punishment under the NDPS Act will depend on the quantity of offending drug present in a consignment seized by the police.**
- **As per the ruling, five grams of heroin would classify as a small quantity while 250 grams of the same contraband would be considered a commercial quantity attracting a punishment of up to 20 years of imprisonment.**
- **It was noted that in order to cheat the Controlling authorities, the drug peddlers started selling heroin mixed with caffeine, chalk powder, and zinc oxide.**
- **So, an immediate reversal of the 2008 verdict was needed by the Government.**
- **Reversing the 2008 decision of E Michael Raj, a three-judge bench of Justices Arun Mishra, Indira Banerjee and MR Shah in the case of Hira Singh vs. Union of India ,2017 gave the verdict that drug peddling is a crime of high order against society and it has to be dealt with an iron hand.**

What do we need To Know Now?

The NDPS Act, 1985 talks about:

- **Composition of a special court**
- **Non-bailable offense**
- **Provision of the proper fund to deal with the Drug Abuse**
- **Fixation of responsibility with specially designated officials**

All three organs of the Government are proactive to deal with substance use with iron hands and stringent punishment provisions are in place for the abusers. But this is not sufficient to secure society with the conscious efforts of its citizens. So, it is high time that young students need to come forward to fight against the deadly battle against substances and save society from myriad risks.

Realising the seriousness of the multi-faceted implications of the incidence of substance abuse in the country and the young children being victims of it, the Ministry of Social Justice and Empowerment has been implementing the scheme of prevention of alcoholism and substance abuse through the National Action Plan on Drug Demand Reduction. It provides a host of services, including awareness generation, counselling, treatment, and rehabilitation of dependents (addicts). The programme emphasizes a community-based prevention approach through educational programmes and services for drug-dependent persons and their caregivers. But it is pertinent here that as students you need to know substance use may bring immediate pleasure, but long-term pain and misery. It is not a symbol of status, but a sign of the lack of moral standards and good values in an individual. Substance users create a risk culture for themselves and for society at large. Added to drugs is the use of nicotine in tobacco which also makes many individuals addicted and ultimately brings health hazards for them. The efforts may not directly benefit the current tobacco user and force them to quit the habit. In the following part, let us have a discussion on the prevailing legal provisions against the use of tobacco and other drugs in our country.

3.3.6.1 Nasha Mukht Bharat Abhiyan

Let the teacher project the three short videos before explaining the campaign.

<https://www.youtube.com/watch?v=96WaltOurJk>

https://www.youtube.com/watch?v=jw_aiTBCZL4

<https://www.youtube.com/watch?v=Qvud8GxjyDM>

It is a nationwide campaign by the Ministry of Social Justice and Empowerment, Government of India with the objective of creating awareness on substance abuse prevention. For the year 2020-21 Ministry of Social Justice and Empowerment, Government of India has formulated an Annual Action Plan for 'Nasha Mukht Bharat' to be implemented in 272 districts. These districts are decided based on the highest usage of substances as reported by NCB and the findings of the comprehensive National survey done by the Ministry. Nasha Mukht Bharat Campaign is a three-pronged attack combining the supply curb by Narcotics Control Bureau, Outreach and Awareness and Demand Reduction effort by Social Justice, and Empowerment and treatment through Health Department.



The Action Plan has the following components:

- Awareness generation programmes
- Focus on higher educational Institution, university campuses, and schools
- Reaching out into the Community and identifying dependent populations,
- Focus on counselling and treatment facilities in hospitals and rehabilitation centres
- Capacity-building programmes for a service provider

The State Governments are also playing key roles in the effective implementation of this nationally run campaign. They are playing the role of a catalyst in reducing the demand and supply of the substances. The Government of Odisha has set up a special Department named Social Security and Empowerment of Persons with Disabilities Department (SSEPD) that works towards substance abuse prevention.

3.3.6.2 Rehabilitation Centres and their roles for De-addiction

There are certain patients or dependent persons who need rehabilitation centres to get de-addicted. These rehabilitation centres help alcoholics or substance abusers to come out of their addictions through counselling and medication. State Level Coordinating Agency (SLCA) is established by the Ministry of Social Justice and Empowerment, Government of India to coordinate the rehabilitation centres across the state. These rehabilitation centres are providing free residential de-addiction services to the patients.

In Odisha, a voluntary organization named Association for Voluntary Action (AVA) is running SLCA. The following email Ids and contact numbers can be used for taking help for de-addiction.

Informative Knowledge

In Odisha, a voluntary organization named Association for Voluntary Action (AVA) is running SLCA. The following email Ids and contact numbers can be used for taking help for de-addiction.

avaorg.puriorissa@rediffmail.com

rrtcodisha.ava@rediffmail.com

Drugs helpline No. 1800110031

National toll-free de-addiction Helpline is 14446

Key Take home Facts

Conventions, legislation, institutions, and campaigns make provisions for penalties for substance use. But their preventive power is really limited. As a responsible child/ citizen of the nation, you must keep yourself away from all types of tobacco stuff and convince and help your friends if he/she uses tobacco stuff in any form. And the biggest appeal to minors in the country is to politely deny bringing or buying any tobacco stuff if they are asked for it.

You need to realise

“Prevention is better than cure “and “Early prevention is the real prevention”.

3.3.7 Let Us Sum Up

- ✓ In the 20th and 21st century nations have addressed the issues of drug abuse through laws legislated by their parliaments
- ✓ In the last 100 years international cooperation to prevent drug abuse has increased
- ✓ The UN Conference for the adoption of a single convention on Narcotics Drugs in 1961 is a milestone. India was also a part of the conference. In 1972 this agreement was amended
- ✓ The second major convention on psychotropic substances was held by UNO in 1971. It was signed by 34 countries and became effective from 16th August 1976
- ✓ UN Convention against illicit traffic in Narcotics Drugs and Psychotropic substances was held in 1988
- ✓ W.H.O facilitated holding of the framework convention on tobacco control (FCTC). 168 countries became a part of the convention. This is a milestone for reducing tobacco consumption, health warning and smoke free work places and public places
- ✓ NDPS Act, 1985 is a pioneering Indian Law
- ✓ COTPA Act, 2003 is an improvement over NDPS, 1985 and further aimed at controlling Trade and Commerce relating to tobacco
- ✓ National Tobacco Control Program was launched in 2007-08 by the Govt. of India. It covers judicial process, laws and prescribed punishment etc. It also specifies affirmative action Govt. needs to take.

3.3.8 Key words

- **NDPS ACT, 1985:** Illicit drug and psychotropic substances act enacted in India in 1985
- **COTPA ACT, 2003:** The purpose of this Act to prohibit the advertisement and to regulate the trade and commerce of cigarette and tobacco product
- **NTCP:** The program aims at sensitizing the people on harmful impacts of tobacco Consumption
- **De-addiction of drugs:** Methods adopted to keep away from the dependency on a Particular drug or substance abuse
- **Re-habilitation Center:** Center where in habitant of the drug addicted individuals to Provide de-addiction services
- **NCB:** Narcotic Control Bureau deals with matter of drug law enforcement in India
- **Psychotropic Substances:** Designate chemical substances that act upon the mind that is on the conscious or unconscious mental life of an individual
- **Illicit traffic:** Manufacturing and trafficking the psychotropic chemicals
- **AVA:** In Odisha, a voluntary organization named Association for Voluntary Action (AVA) is running SLCA Action for de- addiction.

3.3.9 Check Your Learning

Questions (One mark each)

- a. What does NDPS stand for?
- b. When was NDPS Act enacted?
- c. When was COTPA enacted?
- d. During which plan NTPC was launched?
- e. What is the full form of NHM?
- f. What does GSPS stand for?

Questions (Two marks)

- a. What is the primary function of State Tobacco Control cells?
- b. Which is the first ever international public health treaty for tobacco control?
- c. Give examples of two public places where smoking is illegal.
- d. Which committee can advise the Central Government on administration of NDPS Act?

- e. What should be written on Cigarette packets to make the smokers aware about its adverse impacts on our health, according to COTPA?
- f. Which is the age group on which GYTS focuses?

Questions (Five marks)

1. How does NDPS Act define an 'addict'?
2. What is National Fund for control of Drug abuse?
3. What are the most important objective of NDPS Act, 1985?
4. What does Sec 5 of COTPA say?
5. What is the penalty for smoking in public places according to COTPA?
6. What is Global Tobacco Surveillance System?

3.3.10 Suggested Reading

1. *The Tobacco Epidemic, 2015, (ed) Loddenkemper R. , Kreuter M. , Karger Publishers*
2. *Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Commerce, Production, Supply and Distribution) Act, 2003 Along with Rules (paperback, Professional)*
3. *Public Health, Tobacco, Trade in India , 2020, Dr Amit Yadav, Thomsen Reuters*
4. *Tobacco and Oral health, Tanushree Keswani, 2016, CBS Publishers*
5. *Quit Smoking Today, Paul McKenna, Bookish Santa*