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# NATIONAL POLICY ON NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

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## INTRODUCTION

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1. Narcotic Drugs and Psychotropic Substances have several medical and scientific uses. However, they can be and are also abused and trafficked. India's approach towards Narcotic Drugs and Psychotropic Substances is enshrined in Article 47 of the Constitution of India which mandates that the '*State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health*'. The same principle of preventing use of drugs except for medicinal use was also adopted in the three international conventions on drug related matters, viz., Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances, 1971 and the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. India has signed and ratified these three conventions. India's commitment to prevention of drug abuse and trafficking predates the coming into force of the three conventions.

2. The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 was framed taking into account India's obligations under the three UN drug Conventions as well as Article 47 of the Constitution mentioned in para 1 above. This Act prohibits, except for medical or scientific purposes, the manufacture, production, trade, use, etc. of narcotic drugs and psychotropic substances.

3. The Governments' policy has thus been to promote their use for medical and scientific purposes while preventing their diversion from licit sources, and prohibiting illicit traffic and abuse. Unlike the earlier Opium Acts and the Dangerous Drugs Act which it replaced, the NDPS Act has given the power of enforcement to various central and state law enforcement agencies, thus spreading the net of law enforcement far and wide. The NDPS Act It is also possible for the central and State Governments to notify any new class of officers of any department to enforce.

4. The NDPS Act divides the powers and responsibility of regulation of licit activities. Section 9 of the Act has listed various activities which the Central Government can, by rules, regulate while section 10 lists various activities which the State Governments can, by rules, regulate. Thus, we have NDPS Rules of the Central Government and the State NDPS Rules framed by each State Government under the same Act. These are enforced by the Central or concerned State Government.

5. The NDPS Act has created statutory authorities such as the Narcotics Commissioner (Section 5), the Competent Authority (Section 68D) and the Administrator (Section 68G). The organization headed by the Narcotics Commissioner is known as the Central Bureau of Narcotics (CBN). Another authority called the Narcotics Control Bureau was created through a notification under Section 4 of the Act. Each of these authorities has specified functions.

6. Government business is divided in the Central Government as per the Allocation of Business Rules. As per these Rules, the NDPS Act is administered by the Ministry of Finance, Department of Revenue. However, matters pertaining to Drug Demand Reduction are handled by the Ministry of Social Justice & Empowerment (MSJE). MSJE supports various NGOs involved in Drug Demand Reduction. Ministry of Health, Government of India, which is responsible for all health issues, runs several drug de-addiction centres in the Government hospitals across the country. The Narcotics Control Bureau, under the Ministry of Home Affairs (MHA), coordinates actions by various functionaries (Central and State) under the NDPS Act.

7. The State Governments also have their own Health Departments and Social Welfare Departments each of which has its own set of activities relating to Drug Demand Reduction.

### **NEED FOR THIS POLICY**

8. As discussed above, several departments and organisations of the Central and State Government are involved in various activities relating to narcotic drugs and psychotropic substances. Some of these are listed below:

<b>S.No.</b>	<b>Action</b>	<b>Government/ Organisation</b>	<b>Department/ Department/</b>
1.	Drug law enforcement	<b>Central Government</b> 1. Narcotics Control Bureau 2. Central Bureau of Narcotics 3. Directorate General of Revenue Intelligence 4. Commissionerates of Customs 5. Commissionerates of Central Excise 6. Coast Guard <b>State Governments</b> Vary from State to State, usually: 1. State Police 2. State Excise Officers	
2.	Identification and destruction of illicit opium and cannabis crops	<b>Satellite survey of suspected areas</b> Central Economic Intelligence Bureau (CEIB) coordinates the survey and shares the information with NCB and	

S.No.	Action	Government/ Organisation	Department/ Department/
		CBN. <b>Central Government</b> 1. Narcotics Control Bureau, MHA, GOI 2. Central Bureau of Narcotics, Gwalior, DoR, GOI <b>State Governments</b> Vary from State to State, usually: 1. State Police 2. State Excise Officers	
3.	Framing rules to regulate various activities indicated in Section 9 of the NDPS Act, 1985	Department of Revenue, Ministry of Finance, Government of India	
4.	Framing rules to regulate various activities indicated in Section 10 of the NDPS Act, 1985	State Governments	
5.	Licensing and supervision of cultivation of opium poppy	Central Bureau of Narcotics, Gwalior	
6.	Licensing of manufacture of narcotic drugs	Central Bureau of Narcotics, Gwalior	
7.	Drying and export of opium	Chief Controller of Factories, New Delhi	
8.	Extraction of alkaloids from opium	Chief Controller of Factories, New Delhi	
9.	Import of alkaloids of opium	Chief Controller of Factories, New Delhi	
10.	<b>Allocation</b> of INCB approved estimates of narcotic drugs as quotas and subsequent monitoring	Central Bureau of Narcotics, Gwalior	
11.	Supply of samples of narcotic drugs to testing labs, training institutions, etc.	Chief Controller of Factories, New Delhi	
12.	Control on sale, use, consumption, movement, etc. of narcotic drugs	State Governments usually through their State Excise Departments	
13.	Control on import and export of narcotic drugs and psychotropic substances and precursors	Central Bureau of Narcotics, Gwalior	
14.	Registration of import contracts for poppy seeds	Central Bureau of Narcotics, Gwalior	
15.	Regulation of manufacture, trade, etc. of psychotropic	State Drugs Controllers under the NDPS Rules read with Drugs and	

<b>S.No.</b>	<b>Action</b>	<b>Government/ Organisation</b>	<b>Department/ Department/</b>
	substances	Cosmetics Act and Rules. Narcotics Commissioner for import & export	
16.	Receipt and monitoring of returns regarding controlled substances under the NDPS (Regulation of Controlled Substances) Order, 1993	Narcotics Control Bureau, MHA, GOI	
17.	Controlled delivery operations	Director General, Narcotics Control Bureau	
18.	Seizure, freezing and forfeiture of properties of drug traffickers, their relatives and associates	Competent Authority appointed under the NDPS Act (Delhi, Chennai, Mumbai & Kolkata, presently)	
19.	Management of properties seized or forfeited	Administrator appointed under the NDPS Act (Delhi, Chennai, Mumbai & Kolkata, presently)	
20.	Supply of opium to addicts	State Governments, usually through the State Excise Departments	
21.	Regulation of poppy straw	State Governments subject to guidelines dated 30 <sup>th</sup> November 2009 of the Department of Revenue, Government of India.	
22.	Drug demand reduction through NGOs engaged in drug de-addiction and rehabilitation of addicts	Ministry of Social Justice and Empowerment, Govt. of India	
23.	Training personnel of NGOs in drug demand reduction	National Institute of Social Defence under the MSJ&E	
24.	Preventive education	Ministry of Social Justice and Empowerment	
25.	Treatment of drug addicts through Government hospitals	Ministry of Health and Family Welfare, GOI	
26.	Training doctors in drug demand reduction	National Drug Dependence Treatment Training Centre, AIIMS, New Delhi	
27.	Drug demand reduction activities at the State level	Social Welfare Departments of the States	
28.	Treatment of addicts through State Government hospitals	Health Departments of the States	
29.	Testing of samples of seized drugs	<ol style="list-style-type: none"> <li>1. Central Revenue Control Laboratory</li> <li>2. Laboratories of Government Opium and Alkaloids Works (GOAW)</li> <li>3. Central Forensic Science Laboratories</li> </ol>	

S.No.	Action	Government/ Organisation	Department/ Department/
		4. State Forensic Science Laboratories of different States	
30.	Training of personnel in drug law enforcement	1. National Academy of Customs, Excise and Narcotics (NACEN) 2. National Police Academy 3. State Police Training Schools 4. National Institute of Criminology and Forensic Sciences 5. CRCL 6. Narcotics Control Bureau (NCB)	
31.	Filing of returns to the International Narcotics Control Board and the Commission on Narcotic Drugs	Narcotics Control Bureau, MHA, GOI	
32.	Compilation of seizure statistics from different agencies	Narcotics Control Bureau, MHA, GOI	
33.	Exchange of live information on import and export of drugs and precursors with the competent authorities of other countries and with the INCB	Central Bureau of Narcotics, Gwalior	
34.	Access to morphine / opioids for cancer/pain relief and palliative care	Ministry of Health & F. W., Government of India, Health Department of States, State Drug Controllers, and Chief Controller of Factories	

9. Each of the organisations indicated above has a large complement of staff with some of these such as the State Police having several thousands of personnel.

10. Some other organisations, despite having no direct role under the NDPS Act, are closely connected to the problem of trafficking and abuse of drugs. For example, the staff of prisons have to deal with the problem of addiction which is much higher among inmates than among the general population. The National AIDS Control Organisation (NACO) which is concerned with AIDS has to deal with the problem of spread of HIV among injecting drug users.

11. There are also issues on which there has been no uniform policy in the country. For instance, injecting drug users (IDUs) (addicts who inject instead of smoking, snorting or orally consuming drugs) often share needles and syringes. One HIV positive addict in the group spreads the infection to the rest through such exchange of needles and syringes. There are two schools of thought on how to deal with injecting drug users- “harm reduction” or “abstinence only”. Harm reduction approach seeks to persuade addicts to abuse drugs safely by supplying them clean needles and syringes (so that they do not share or use infected ones), oral tablets of buprenorphine or methadone (so that instead of injecting heroin, they abuse buprenorphine or methadone orally), etc. Abstinence only approach believes that the only way to prevent drug driven HIV is to completely abstain from consuming drugs. Countries such as USA, Russia and China follow the ‘abstinence only’ policy while countries in EU and Australia follow the ‘harm reduction’ approach. The Ministry of Social Justice & Empowerment has so far been following the ‘abstinence only’ policy while the Ministry of Health and Family Welfare and the National AIDS Control Organisation (NACO) have been promoting ‘harm reduction’. This policy document seeks, *inter alia*, to address this kind of divergence in approach on related issues.

12. This National Policy on NDPS has been prepared in consultation with the concerned Ministries, organisations and State Governments. It aims to:

- (a) Spell out the policy of India towards narcotic drugs and psychotropic substances;
- (b) Serve as a guide to various Ministries and organisations in the Government of India and to the State Governments as well as International Organisations, NGOs, etc.; and
- (c) Re-assert India’s commitment to combat the drug menace in a holistic manner.

## LICIT CULTIVATION

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### CULTIVATION OF OPIUM POPPY

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13. India has been a traditional producer of opium and has been recognised as such internationally. The Central Bureau of Narcotics licences farmers to cultivate opium poppy in the notified tracts of Uttar Pradesh, Madhya Pradesh and Rajasthan. Such cultivation is only on Central Government account. The entire opium produced by the farmers is procured by the CBN and transferred to the Government Opium and Alkaloids Works. The GOAWs dry the opium, export it, supply some quantities to the State Governments for supplying to addicts, sell some quantities to (Ayurvedic) pharmaceutical companies and transfer the remaining quantities to its

Alkaloids plans for extraction of alkaloids. The GOAWs also manufacture many alkaloids such as morphine, codeine, thebaine, noscapine, papaverine, hydrocodone, oxycodone, pholcodine, etc and sell them to pharmaceutical companies.

14. The cultivation of opium poppy as above for medical & scientific purposes as per actual requirements will continue. Simultaneously, the following areas will be explored:

- (a) cultivation of opium poppy for production of concentrate of poppy straw (CPS) after ensuring adequate safeguards;
- (b) encouraging the research institutions and companies to develop / import seeds to test and try out alkaloid rich varieties of opium poppy whether they are suitable for opium gum production or for production of CPS in India;
- (c) encouraging research institutions and companies to import / develop and experiment with low alkaloid or alkaloid free varieties of opium poppy suitable for sole production of poppy seeds;

#### CULTIVATION OF OPIUM POPPY FOR PRODUCTION OF POPPY SEEDS AND IMPORT OF POPPY SEEDS

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15. Seeds of *Papaver somniferum* are called the poppy seeds while the latex which oozes out and dries is called the opium gum. Opium gum is the source of several alkaloids and drugs of abuse while poppy seeds are not narcotic and are used as a condiment in Indian cooking. The demand for poppy seeds in India is much higher than the poppy seeds obtained as a by-product of legally cultivated opium poppy crop and hence, there is always a demand-supply gap for poppy seeds which is currently being met through imports. Some countries grow low alkaloid varieties of the plant to produce only poppy seeds. The poppy straw is destroyed. In the long run, such an approach is required in India to produce sufficient poppy seeds to meet the country's requirement.

16. Government of India will encourage research and development of low alkaloid or alkaloid-free varieties of opium poppy which can be used exclusively for production of poppy seeds. The Government of India will also encourage trials and multiplication of seeds of low alkaloid varieties of opium poppy available in other countries. Once established and tested methods to distinguish the plants to be used for production of poppy seeds only from the plants used for production of opium are available, the Government may encourage cultivation of low alkaloid or alkaloid-free varieties of opium poppy exclusively for production of poppy seeds so as to achieve self-sufficiency and also endeavour to export poppy seeds. However, the permission to cultivate alkaloid free variety will be considered only if such variety is adequately tested and has different identifiable signatures so as to distinguish it from the varieties used for extraction of opium and or production of CPS.

17. Import of poppy seeds will continue till self-sufficiency is achieved. The policy is to allow import of poppy seeds from any country provided it has originated in any of the countries authorised internationally to grow opium poppy for export and that it has been legitimately cultivated. No import will be allowed from countries where opium poppy is not legitimately cultivated. All contracts for import of poppy seeds will be compulsorily registered with the Narcotics Commissioner. Before registering such contracts, the Narcotics Commissioner shall satisfy that the country from which the poppy seeds are proposed to be imported legally cultivates opium poppy and can produce the quantity of seeds which are sought to be imported.

18. Poppy seeds are also used in some countries to produce poppy seed oil. Government of India will also encourage production of poppy seed oil for use in India and for export.

### USE AND DESTRUCTION OF POPPY STRAW

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19. As per the NDPS Act, poppy straw means 'all parts of the plant of opium poppy except seeds'. However, morphine is mainly present only in the husk of the pod and approximately five centimetres of the upper stem. After extraction of the juice, the husk of the pod still contains a very small portion of the alkaloids and if consumed in sufficient quantity, this husk will give an intoxicating effect. After extracting the opium gum, farmers break the pods and separate the seeds and sell them. The husk of the pods is called poppy straw. Section 10 of the NDPS Act empowers the State Government to permit and regulate, transport, sale, use, etc. of poppy straw. This power of the State Governments is subject to the restriction under Section 8 by which no narcotic drug or psychotropic substance can be used except for medical or scientific purposes. The State Governments may fix the minimum price which the licenced buyer should pay to the farmers for the poppy straw. The State Governments shall follow the following principles while licencing trade, use, etc. of poppy straw:

- (a) Each State which licences any activity related to poppy straw shall designate a nodal officer to deal with all matters pertaining to poppy straw.
- (b) All existing addicts of poppy straw will be registered for proper medical care;
- (c) On the basis of the registrations and the quantities declared by the addicts and after consulting medical and other experts, the nodal officer shall determine the total quantity of poppy straw for each addict and the entire State.
- (d) The quantity of poppy straw to be provided to the addicts should be progressively reduced so as to ensure that after a certain period of time, say, three years from the date of announcement of this policy, there are no addicts requiring poppy straw. After this no



poppy straw will be allowed to be used for de-addiction and it shall only be ploughed back as per procedure in (h) below, under the supervision of Narcotics Commissioner.

- (e) Stringent conditions should be imposed for supply of poppy straw to addicts so as to ensure that they are in accordance with NDPS Act/ Rules framed thereunder.
- (f) The licences issued for purchase and sale of poppy straw, etc. shall specify the quantity that can be purchased or sold.
- (g) The total quantity of poppy straw licenced to be purchased and sold in the State shall not exceed the total medical requirement of drug addicts and any scientific requirement of poppy straw.
- (h) All poppy straw which remain un-utilised shall be ploughed back into the field under the supervision of the nodal officer who shall issue a certificate to the Narcotics Commissioner that the entire quantity of unutilised poppy straw has been ploughed back under his / her supervision.

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#### CULTIVATION OF CANNABIS

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20. Section 10 of the NDPS Act, 1985 read with section 8 of the Act empowers the State Governments to licence cultivation of cannabis for medical and scientific purposes. Medicinal use of cannabis has so far been extremely limited and confined to alternate medicine such as homeopathy and ayurveda. State Governments have actually not been licencing cultivation of cannabis. Of late, there has been growing international interest among scientists in exploring possible medical uses of cannabis. Cultivation of cannabis will not be permitted given its limited proven uses for medical purposes. Cultivation shall be permitted for research including trials of various varieties of cannabis.

21. *Bhang* is a preparation made from cannabis leaves consumed in parts of India on some festivals. As it is not made from cannabis resin or from flowering tops, it is not covered under the NDPS Act, 1985. Production and sale of *Bhang* is permitted by many State Governments. Whoever is so licenced to produce *Bhang* shall be allowed to produce it from the leaves of the wildy grown cannabis plants only. They shall not use the flowering tops or the resin produced from the plants. If anyone is found mixing with *Bhang* any part of flowering tops or the resin produced from the cannabis plants, he shall be punishable under relevant provisions of the NDPS Act, 1985 and if he happens to be a licensee, his license shall also be cancelled.

## CULTIVATION OF CANNABIS FOR HORTICULTURAL AND INDUSTRIAL PURPOSES

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22. Cannabis plant can be a source of biomass and fibre for industrial purposes. Cannabis seeds can be used to produce cannabis seed oil - a high value oil. Some countries license cultivation of cannabis varieties which have very low content of tetrahydrocannabinol (THC), the active ingredient which has the intoxicating effect. These varieties of cannabis are used to produce fibres which are, in turn, used in production of fabrics and for production of biomass.

23. Section 14 of the NDPS Act empowers the Government to, by general or special order, permit cultivation of cannabis exclusively for horticultural and industrial purposes. The Central Government shall encourage research and trials of cultivars of cannabis with low THC content. The Central Government shall, however, follow a cautious, evidence-based approach towards cultivation of cannabis for horticultural and/or industrial purposes and shall take decisions based on results of research.

## CULTIVATION OF COCA BUSH

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24. Section 9 of the NDPS Act empowers the Central Government to licence cultivation of coca bush for medical and scientific purposes. The Central Government has so far not licenced cultivation of coca plant in India. The Central Government will continue with this policy and will consider licencing such cultivation only for research purposes.

## ILLEGAL CULTIVATION

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### ROLE OF THE STATE AND CENTRAL GOVERNMENTS

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25. Illegal cultivation of opium poppy (*Papaver somniferum*) and cannabis (*Cannabis sativa*) are offences under the NDPS Act. Anyone cultivating opium poppy without a licence is liable for punishment under Section 18 while anyone cultivating cannabis is liable under Section 20. As per Section 44, all officers of State and Central Governments who are empowered under Section 41, 42 or 43 shall have the power of entry, search, seizure and arrest in relation to offences of illegal cultivation. Any Metropolitan Magistrate, Judicial Magistrate of first class or any Magistrate empowered in this behalf by the State Government or any officer of Gazetted rank empowered under section 42 may attach any opium poppy, cannabis or coca plant which, he has reason to believe, is illegally cultivated and while doing so, may pass such order as he thinks fit, including an order to destroy the crop (*Section 48*).

26. The land holder has an obligation under section 46 to give information of illegal cultivation in his land to any officer of the police or of any department mentioned in section 42 and any land holder who knowingly

neglects to give such information shall be liable to punishment. This provision of the NDPS Act is applicable equally to officers of the Government, when such illicit cultivation occurs on land owned by the Government. Every officer of the Government and every panch, sarpanch and other village officer of whatever description has an obligation under section 47 to give immediate information of illegal cultivation to any officer of the Police or of any of the departments mentioned in section 42 when it comes to his knowledge and any officer of the Government, panch or sarpanch and other village officer who neglects to give such information shall be liable to punishment regarding illegal cultivation.

27. Despite these legal provisions, instances of illegal cultivation of opium poppy and cannabis have been noticed. The Government of India considers such illegal cultivation as a matter of serious concern. The Central and State Governments will continue to work together to combat this problem and issue directions to all officers under their control to discharge their responsibility under Section 47 of the NDPS Act. The Central Government and each State Government shall designate one or more nodal officers to whom the officers who come to know of any illegal cultivation shall report. They shall publicise widely the names and contact details of the nodal officers so that not only the officers, panches, sarpanches and land holders but even general public can provide information about illicit cultivation. The Central and State Governments shall follow a policy of zero tolerance and take severest possible action against anyone involved in illicit cultivation. The NCB and CBN and concerned State Governments shall also prosecute officials under their respective control who violate Section 47 of the NDPS Act.

28. The overall responsibility of tackling the problem of illicit cultivation shall lie with the Central Government. The Central Economic Intelligence Bureau (CEIB) will vigorously continue Satellite Surveys of illicit opium poppy cultivation and will share the images with the NCB and CBN. The NCB, in coordination with the CBN and State authorities, shall carry out destruction operations. The responsibility of collecting field intelligence and destroying illegal cultivation and arresting and prosecuting the offenders shall lie primarily with the State Governments. The State Governments shall also render all necessary help and security to any central drug law enforcement agency in their illicit crop destruction operations. At the field level, as far as possible, joint operations between the central and State Governments shall be conducted to identify and destroy illicit opium poppy and cannabis crops.

## **ALTERNATIVE DEVELOPMENT**

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29. Alternative development is a method of weaning away farmers who have been traditionally cultivating opium poppy illegally and their livelihood depends entirely on such cultivation. In such places, mere enforcement and crop destruction will not work. Farmers should be trained in and helped to develop alternative means of livelihood. In some countries of the Golden Triangle such as Laos and Thailand, alternative development programmes have been hugely successful. However, alternative development programmes require large infusion of funds as the entire sustenance of the local population

depends on it. Secondly, it involves changing the lifestyle of the local population and hence takes a fairly long time. Alternative development programmes to have effect and will require continuous funding for over such a long period.

30. The two key pre-requisites to justify an alternative development programme are (i) the farmers must be dependent on the illicit cultivation for their survival; and (ii) it must have been their traditional practice and the farmers do not know of any other way of survival. If these two aspects are not considered, alternative development programmes can be counterproductive with the Government rewarding regions where farmers started illegal cultivation to make large profits quickly. This, in turn, can be an incentive to other regions and communities and their leaders to start illegal cultivation so as to get the 'status of illegal cultivating region' so as to get more funds to their region. In India, but for a few isolated pockets, illegal cultivation of opium poppy or cannabis has not been the tradition nor are the local populations completely dependent on it for survival. Often, illegal cultivation is just a means of earning easy money.

31. Our policy towards alternative development will be as follows:

- a) The primary means of tackling illegal cultivation will be the destruction of the crop and prosecution of the offenders under the NDPS Act.
- b) If there are pockets where illegal cultivation has been a long tradition and the survival of the local population depends entirely on it, such areas will be identified through mutual consultations between the Central Government (Department of Revenue) the NCB and the concerned State Governments after a careful study.
- c) Once the areas have been identified in a State as in (b) above, no new areas will be added to the list as new areas cannot suddenly become traditional illegal cultivating areas.
- d) Alternative development programmes may be taken up in the areas identified as in (b) above after due consideration and once the programme is commenced in an area, it will be continued till the local population is completely weaned away from illegal cultivation.
- e) Any alternative development programme will be coordinated by the NCB.

#### WILD GROWTH OF CANNABIS

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32. Cannabis grows wild in many parts of the country and the world. Hilly areas with cold climates are particularly prone to growth of cannabis. Wild growth of cannabis shall be destroyed as far as possible by the State Government officials empowered under the NDPS Act. Wildly grown cannabis

shall not be permitted to be used for any purpose except the leaves of wildy grown cannabis for production of *Bhang*, as in paragraph 21 above.

## LICIT MANUFACTURE, TRADE AND MEDICAL AND SCIENTIFIC USE OF NDPS

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### MANUFACTURE OF NARCOTIC DRUGS

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33. Narcotic drugs are of two kinds- natural and synthetic. Natural narcotic drugs of great medical use such as morphine, codeine and thebaine are produced from opium. Synthetic narcotic drugs are manufactured in factories and do not need any plant products as raw material. Thus, the manufacture of natural narcotic drugs indirectly affects the demand for opium and the area in which farmers should be allowed to cultivate opium. Hence, sudden change in production levels of natural narcotic drugs should be avoided to cause least difficulties to the farmers. India is one of the few countries that are internationally permitted to grow opium and successive resolutions of the UN Economic and Social Council require India (and other producing countries) to maintain a balance between demand and supply. Thus, on the one hand, India shares with other opium poppy growing countries the responsibility of ensuring that there is adequate supply of opium and opiates in the world and on the other has the responsibility to avoid excessive accumulation of stocks.

34. The policy with reference to manufacture and use of natural narcotic drugs, their salts and preparations, to the extent they are controlled, will be as follows:

- a) Alkaloids of opium will be produced in the most efficient and cost-effective manner in the country including through involvement of private sector.
- b) Maximum possible value addition within the country will be promoted through conversion of alkaloids into pharmaceutical preparations, use of alkaloids to produce other value added drugs and other similar measures, to the extent that they are consistent with the requirement of public interest and is in consonance with India's obligations under International treaties, conventions or protocols.
- c) Efforts will be made to increase the total income of cultivators of opium poppy.
- d) Every effort will be made to fully meet Indian and global needs for opiates, their derivatives and preparations.
- e) Production and trade of opiates will be strictly regulated with a view to prevent and minimize the scope for diversions.

35. Manufacture of synthetic narcotic drugs, their salts and preparations, to the extent they are controlled, will be licensed by the Narcotics

Commissioner subject to the INCB approved estimate of each such drug for the year.

36. India is one of the largest manufacturers and exporters of pharmaceuticals in the world. Hence, it has an ethical obligation to contribute to the medical supply of narcotic drugs in the world. Subject to the regulations of the INCB, manufacture as well as export of narcotic drugs and their preparations shall be encouraged as far as possible.

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#### MANUFACTURE OF PSYCHOTROPIC SUBSTANCES

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37. Manufacture of psychotropic substances will be licensed by the authorities in charge of drug control in the States [in some States they are called the Food and Drug Authorities (FDA) while in others they are called the State Drugs Controllers]. The licensing authorities shall keep a record of the licences issued and the manufacture, trade, consumption, etc. of each psychotropic substance. The government will consider making it mandatory for manufacturers of psychotropic substances to register and submit returns to the Central Bureau of Narcotics online.

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#### DISTRIBUTION OF INCB APPROVED ESTIMATES OF NARCOTIC DRUGS

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38. The Single Convention on Narcotic Drugs, 1961 requires that the use and consumption of narcotic drugs in the country are restricted as per the estimates approved by the INCB. The INCB approved estimates for different narcotic drugs shall be distributed as quotas to users by the Narcotics Commissioner who shall also collect information on and compile the estimated requirement for the next year and details of the quantities consumed during the previous year.

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#### TRADE IN NARCOTIC DRUGS

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39. The Chief Controller of Factories, New Delhi shall ensure adequate and uninterrupted supply of morphine, codeine, thebaine and their salts to the users in India, in particular of codeine phosphate which is consumed in quantities far in excess of its domestic production. The likely demand and estimated production within the country should be assessed well in advance of the commencement of the year and steps taken to ensure that the demand supply gap is adequately met through import.

40. Sale, transport, use and consumption of narcotic drugs is regulated by the State Governments under the State NDPS Rules framed under the NDPS Act. Excessive regulations and cumbersome procedures in many States have discouraged the doctors from prescribing narcotic drugs such as morphine and chemists from stocking them. Morphine, a derivative of opium, is known to be the best analgesic and which alone will relieve extremely excruciating

pain such as the pain of a terminally ill cancer patient or of a victim of gunshot. As a result of the procedures, medical use of morphine has been extremely low with the result that tens of thousands of patients in India suffer from avoidable pain. India, which has one-sixth of the humanity, uses only one-thousandth of the morphine consumed in the world. The State Governments will take effective steps to simplify the procedures for use of morphine and other opioids and the Ministry of Health and Family Welfare will sensitise doctors and pharmacies to the need to prescribe and stock respectively such preparations. A course on palliative care shall be considered for inclusion in the curriculum of undergraduate medical students. State Governments shall establish and / or recognize palliative care centres where patients will be provided palliative care. In each District there should be at least two such palliative care centres. State Government shall establish procedure to ensure hassle free supply of morphine & other opioids in adequate quantity to these centres. Guidelines of WHO in this regard will be studied and adopted to extent possible, to maintain the balance between the need to make available opioids for palliative care and pain relief and preventing their diversion for abuse.

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#### TRADE IN AND USE OF PSYCHOTROPIC SUBSTANCES

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41. Possession, transport, trade in and use of psychotropic substances can be regulated by the Central Government as per the NDPS Act. The NDPS Rules, however, provide for minimal controls and require the operators to follow regulations under the Drugs and Cosmetics Act and Rules. Collection of statistics and monitoring the use of psychotropic substances has thus become a problem. The Government of India will introduce, as far as possible, non-intrusive methods of regulating the manufacture, trade and use of psychotropic substances. The government will consider making it mandatory for traders of psychotropic substances to register and submit returns to the Central Bureau of Narcotics online.

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#### ILLCIT MANUFACTURE AND TRAFFICKING

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##### ILLCIT MANUFACTURE OF DRUGS

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42. Synthetic and semi-synthetic drugs are illicitly manufactured in clandestine laboratories (commonly known as clan labs) the world over and India is no exception. However, the type of clan labs and the types of drugs that they manufacture vary from place to place. Traditionally, clandestine laboratories in India are of two kinds- small, makeshift manufacturing facilities which process opium into heroin and large industrial scale facilities which manufacture methaqualone.

43. A more recent phenomenon in India is the clan labs manufacturing amphetamines. While the number of amphetamine labs has been very small compared to major consuming countries, these clan labs pose a potentially

large threat as precursors such as ephedrine and pseudoephedrine are legally produced and traded in the country in significant quantities. Instances have also come to notice where pharmaceutical preparations containing ephedrine were diverted from domestic distribution channel and extraction of ephedrine there from for illicit manufacture of ATS. Some consignments of green tea extracts containing 'ephedra vulgaris' were seized and detained abroad as the regulations of European Union and some countries in South America do not permit use of ephedra preparations in which small amount of ephedrine was found. These can be diverted from the licit trade and converted into amphetamines for trafficking both within and out of India.

44. The strategy to combat illicit manufacture will be a combination of suitable steps to be taken by the Central & State Governments as follows:

- (i) The Central Government shall take suitable measures:
  - a) To develop groups of enforcement officers in specialised anti-narcotics agencies such as NCB, CBN and DGRI with expertise in dismantling clan labs and taking legal and other follow up action.
  - b) To maintain a strict vigil over licit production of opium poppy and licit manufacture and trade of precursors to prevent diversions.
  - c) To look out for illicit production of opium poppy in the country and destroy it.
  - d) To strengthen specialized anti-narcotics agencies such as CBN, NCB and DGRI.
- (ii) The State Governments shall set up, wherever necessary, cells or squads at the district levels comprising police and other concerned departments to detect and take action against illicit cultivation of opium poppy, illicit production of opium, illicit manufacturing of drugs in clan labs, etc.

#### DIVERSION OF LICIT PHARMACEUTICALS

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45. Diversion of licit pharmaceuticals containing narcotic drugs and psychotropic substances for abuse has been a significant problem in India. Preparations containing drugs such as codeine, buprenorphine, diazepam and alprazolam are commonly abused. In order to tackle this problem, efforts will be made to:

- a) Continuously monitor the types of pharmaceuticals which are diverted, trafficked and abused;
- b) Conduct risk analysis and profiling of import and export consignments;
- c) Periodically review the controls over such pharmaceuticals and if necessary, strengthen them, keeping in mind the need for a balance



between preventing abuse and ensuring adequate availability for medical use; and

- d) Prevent addiction by increasing awareness about the potential addiction of such drugs.

#### STEPS TO PREVENT DIVERSION OF LICITLY GROWN OPIUM

46. In order to ensure that there is no diversion of licitly grown opium the Government of India has taken and will continue to take the following measures:

- a) Continuously review and increase the minimum qualifying yield (MQY) which the farmers have to tender in order to be eligible for a licence to cultivate opium poppy next year; and (NC)
- b) Gradually consolidate the opium growing area so as to make controls more effective;
- c) Strengthen preventive checks and take stringent legal action against any farmer found to be diverting opium.

#### DIVERSION OF LICITLY PRODUCED PRECURSORS

47. Precursors are chemicals which are necessary for illicit manufacture of drugs but which otherwise have a number of legitimate uses. As precursors are difficult to produce, illicit drug manufacturers usually obtain them by diverting from licit production and trade of precursors. Countries with large chemical and pharmaceutical industries including India are natural targets for traffickers of precursors. The Government of India has declared certain precursor chemicals as controlled substances. The manufacture, trade, transport, consumption and use of these substances is regulated in terms of the Regulation of Controlled Substances (NDPS) Order, 1993. (NC) Often, precursors are diverted from international trade. With an aim to prevent diversions or attempts thereof, effective steps will be taken to:

- a) Regulate legitimate manufacture and trade of precursors by maintaining a fine balance between the need for preventing diversion and not interfering with the legitimate manufacture, trade and use of precursor chemicals.
- b) Regulate imports and exports with a view to preventing diversions from international trade while promoting legitimate trade, especially exports.
- c) Investigate diversions, attempted diversions and suspicious transactions of shipments.
- d) Cooperate with other countries and international organisations in precursor control while protecting Indian trade and industry.

- e) Share its expertise and experience in precursor control with other countries and render all possible assistance to other countries in strengthening their laws, standard operating procedures and working mechanisms.
- f) Implement the provisions in this regard of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 and seek and extend all possible international cooperation as may be required.

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### SMUGGLING OF DRUGS

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48. Located between two of the world's largest illicit drug producing regions, India has been a transit country for long. Smuggling of drugs into and out of the country has been a very important problem of drug control in India and hence will be an area of focus. In order to effectively counter the problem of smuggling, efforts will be made to:

- a) Sensitise and build capacities of personnel posted at the land borders, sea frontiers and airports.
- b) Establish mechanisms for and continuously strengthen cross border cooperation with neighbouring countries, and in particular, develop mechanisms for direct exchange of intelligence between Indian officers posted at these posts and their counterparts in the neighbouring countries.
- c) To curb the growth of illegal internet pharmacies indulging in smuggling of preparations containing narcotic drugs and psychotropic substances.

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### MAJOR DRUG TRAFFICKERS

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49. There are several layers of major drug traffickers in the illicit drug market who form the vital link between the illicit manufacturers / smugglers and the street peddlers who actually sell the drugs to addicts. Apprehending and prosecuting them is one of the most important elements of drug control. As they are highly organised and efficient, apprehending them requires concerted efforts and specialised skills.

50. While as per the NDPS Act, 1985, any officer empowered under the Act may arrest and prosecute drug traffickers, it shall be the primary responsibility of the specialised drug enforcement organisations such as Narcotics Control Bureau, Central Bureau of Narcotics, Directorate General of Revenue Intelligence and the special anti-narcotics cells, by whatever name they are called, in the State Police and other organisations to collect

intelligence about drug trafficking, apprehend drug traffickers, investigate cases and prosecute the offenders.

51. Wherever necessary, Prevention of Illicit Traffic in NDPS (PITNDPS) Act may be used to secure preventive detention of the major drug traffickers. As they deal in large volumes, and earn substantially through trafficking, every effort will be made by the concerned organisation to identify, seize and freeze his properties and follow up the case vigorously till his properties are forfeited.

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### STREET PEDDLERS

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52. Peddlers sell drugs to addicts and often carry a small quantity of drugs at a time. Many of them are also addicts themselves and peddle drugs to earn for meeting their own requirement of drugs. Peddlers are the final link in the chain from manufacturer to addicts and hence an effective strategy is required to handle them. They are large in number and spread throughout the country. Specialised enforcement agencies often do not have the manpower and resources to handle peddlers and hence it is left to the local police to handle them. Local police have several competing demands on their time and dealing with peddlers is often not one of those demands and there is no pressure from the public to deal with them. Some policemen also do not find it convenient to arrest a peddler who is also an addict as he cannot be supplied the drugs which he needs a few hours after his arrest and the policemen are not trained to handle addicts.

53. Street peddlers being the important final link between the addicts and the traffickers, it is vital to contain them to tackle the drug problem. Hence, to deal with peddlers, the steps will be taken to:

- a) Increase public awareness about the potential harm street peddlers can do to their societies and their children and the need to report peddlers to police and to follow up.
- b) Increasingly involve NGOs, resident welfare societies, etc. in reporting peddlers and following up with police.
- c) Sensitise police to the fact that dealing with street peddlers is an important part of their job.
- d) Train and build capacities of local police to deal with peddlers including those who are addicts themselves.
- e) In large cities, develop special, mobile, anti-peddling squads of police with jurisdiction all over the city and linked to a helpline.

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### SALE OF DRUGS TO SCHOOL CHILDREN

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54. Adolescents are adventurous, self confident and often do new things to show that they can. By and large, this is the age at which most addicts get

initiated into drugs. Section 32B of the NDPS Act lists '*the fact that the offence is committed in an educational institution or social service facility or in the immediate vicinity of such institution or facility or in other place 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 offence.

55. In order to tackle the problem of sale of drugs to school and college children:

- a) Local police shall pay special attention to areas surrounding schools and colleges in their efforts to tackle drug peddlers.
- b) Schools and colleges will be encouraged to look out for peddlers in their vicinity and report them to police.
- c) Schools and colleges will be encouraged to conduct surveys (possibly anonymous) to assess the levels of drug addiction among their students, and if addicted students can be identified, to talk to their parents or wards to find medical help to cure their addiction.
- d) The Central and State Education Authorities will be encouraged to include a mandatory and comprehensive chapter on drug abuse and illicit trafficking and its socio-economic cost to self, society and the country in the syllabus for 10+1 and 10+2 students.
- e) Schools and colleges will be encouraged to constitute Anti-Drug Club to promote a drug free life among its members and also in the institution.

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### SMUGGLING OF DRUGS INTO PRISONS

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56. Prisons are one of the most tightly secured premises. However, traffickers manage to smuggle drugs into them, and usually, addiction levels among prison populations are much higher than among the general public. India is no exception. Drug addiction breeds crime and criminals come back to prisons and expand the market for drugs within the prisons. If this vicious cycle has to be broken, sale of drugs within prison settings has to be tackled effectively. In order to deal with this problem:

- a) Prison staff will be sensitised and trained in detecting and apprehending drugs;
- b) Wherever necessary, prisons will be equipped with sniffer dogs to check the visitors and packages for drugs;
- c) All addicts within the prison shall be registered and compulsorily sent for drug de-addiction.
- d) Every new entrant into the prison will be tested for addiction and will be de-addicted if he is found to be addicted.

## DRUG RELATED CRIME

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57. Drug addicts often resort to crime to get money required to sustain their habit. The relationship between drug and crime is now too well known and drug addicts are likely to commit several offences every year. Thus, drug addiction is not only a problem in itself but is also a precursor for increase in crime rate in the society. Hence, drug addiction among prison population is almost always several times higher than addiction among general population of the society. If the nexus between drug and crime is broken, the crime rate is likely to decline. Several techniques can be used to tackle the problem of drug related crime such as drug courts, compulsory testing of persons arrested for crime for possible use of drugs and testing and treatment of prison population addicted to drugs.

58. While conducting medical examination on an arrestee before production in a court by an arresting agency, the doctor examining the arrestee should also record the history or symptoms, if any of drug abuse. Wherever an arrested person shows signs of addiction, the police should take him to a doctor or a hospital to determine if he is an addict, and if so, take measures to treat him. Efforts may be made to ensure that at least one doctor in each prison establishment is trained by National Drug Dependence Treatment Training Centre to identify, treat and manage prison inmates with drug addiction and dependence problems.

59. Prisons should, however, as a part of the medical check-up, test every inmate for possible use of drugs and treat every inmate who is found to be addicted to drugs so that the nexus between drugs and crime can be broken effectively.

## TREATMENT, REHABILITATION AND SOCIAL REINTEGRATION OF DRUG ADDICTS

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### NATURE AND EXTENT OF DRUG ABUSE

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60. Drug addiction is increasingly becoming an area of concern as traditional moorings, effective social taboos, emphasis on self-restraint and pervasive control and discipline of the joint family and community are eroding with industrialization and urbanization.

61. Both traditional and semi-synthetic and synthetic drugs are abused. Intravenous drug use and HIV/AIDS driven by such use have added a new dimension to the problem, especially in the North-eastern states of the country.

62. A National Survey of Drug abuse was conducted in 2001. It had three major components (i) National Household Survey, (ii) Rapid Assessment Survey and (iii) Drug Abuse Monitoring System which analysed the profile of treatment seekers. There were sub-studies on drug abuse among rural

population, prison population, women, and in border areas. The survey and studies indicated that commercial sex workers, transportation workers, and street children are at greater risk of addiction to drugs than the general population.

63. The Ministry of Social Justice and Empowerment is making preparations for a new survey of drug abuse. A mechanism shall be identified to assess the extent of drug abuse in the country through National Household Survey or otherwise. Such survey shall be repeated every five years so that the change and pattern of drug abuse can be studied and the impact of various measures taken for reduction in drug supply and demand can be assessed.

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### DRUG DEMAND REDUCTION

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64. Drug abuse is a result of two factors- the availability of drugs and the psycho-social conditions which result in their abuse. Hence, equal emphasis will be placed on supply and demand reduction. Demand reduction also has two components- treating the drug addicts and educating and enabling the society to prevent addiction and to rehabilitate addicts after they have been treated. Thus, drug abuse is a psycho-socio medical problem, which needs both medical intervention and community based interventions. Hence, the Govt. of India has a three-pronged strategy for demand reduction consisting of:

- i. *Building awareness and educating people about ill effects of drug abuse.*
- ii. *Dealing with the addicts through programme of motivational counselling, treatment, follow-up and social-reintegration of recovered addicts.*
- iii. *To impart drug abuse prevention/rehabilitation training to volunteers with a view to build up an educated cadre of service providers.*

Of the above, treatment is the component which directly targets drug addiction. India has a two-pronged strategy towards it- (a) running de-addiction centres in Government hospitals; and (b) supporting NGOs involved in this endeavour. The Ministry of Health and Family Welfare of the Government of India runs over 100 drug-de-addiction centres in various Government hospitals across the country. The Ministry of Social Justice & Empowerment has been implementing a Scheme for Prohibition and Drug Abuse Prevention since the year 1985-86. At present, under this Scheme, the GOI supports 361 Non-Governmental Organisations (NGOs) running; 376 De-addiction-cum-Rehabilitation Centres, De-addiction Camps, and 68 Counselling and Awareness Centres. GOI bears the major portion of the cost of services provided at these Centres. Government shall ensure that there is easy access to the services of motivational counselling, treatment, and rehabilitation provided by the Government through NGOs or its own institutions. There shall be appropriate involvement of the 'National

Consultative Committee on De-addiction and Rehabilitation' on all issues relating to prevention, de-addiction, rehabilitation and harm reduction.

#### *Awareness and Preventive Education*

65. The Counselling and Awareness Centres run by NGOs and supported by MSJ&E conduct a wide range of awareness generation programmes through village panchayats, schools, etc. MSJ&E also educates people about the ill effects of drug abuse and disseminates information on service delivery through print and audiovisual media.

#### *Training and Manpower Development – Development of Service Providers*

66. The National Drug Dependence Treatment Training Centre at the All India Institute of Medical Sciences, New Delhi trains doctors in treatment of drug addicts. The National Centre for Drug Abuse Prevention (NC-DAP) under the National Institute of Social Defence, New Delhi, trains those who work in NGOs in drug de-addiction.

67. Over the years, several De-addiction Centres have come up in private sector. The Central Government shall lay down standards and guidelines for De-addiction Centres to follow and shall recognize such centres as are found to be meeting the standards and following the guidelines. The centres so recognized shall be 'recognized treatment centres' under Section 64A of NDPS Act.

## HARM REDUCTION

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68. Drugs of abuse are smoked, snorted, consumed orally or injected. Injecting drug users (IDUs) often share needles and syringes and infections spread through them. If a member of the group of addicts is HIV positive, the infection spreads to others through needles and syringes. IDUs, therefore, harm themselves in two ways - because of drug and because of the infection. Hard core IDUs are isolated and do not lead their normal lives. Many other IDUs are not fully cut off from the normal life and lead sexually active lives. Such IDUs form the bridge population between the drug injecting and general population and pass the HIV to their non-drug using sex partners and through them to others. Thus, unlike the effect of drug itself, the drug-driven HIV spreads far beyond the drug using population and harms them.

69. There are two schools of thought on how to deal with IDUs - one which believes in the 'abstinence only' approach and the other which advocates 'harm reduction' approach. Those who advocate 'abstinence only' approach believe that if an IDU should be saved from infections, the only option is to de-addict him. In contrast, advocates of 'harm reduction' approach argue that if the IDU cannot be de-addicted he should at least be saved from infections by helping him abuse drugs safely. There are strong advocates of both schools of thought and even nations are divided between the two approaches. There are several techniques of harm reduction such as:

- i) Setting up shooting galleries where the addict is provided clean needles and syringes and good quality drug so that he can sit and inject

without fear of effect of either infected needles and syringes or impure drug.

ii) Encouraging the addict to smoke instead of injecting, say, heroin.

iii) Needle syringe exchange programmes in which the addict is provided clean needles and syringes to inject but not the drugs;

iv) Oral substitution in which the IDU is supplied buprenorphine or methadone and persuaded to abuse them orally instead of injecting heroin or other drugs.

70. Our policy will be to allow only (iii) and (iv) above but not (i) and (ii). Injecting drug users will, as far as possible, be weaned from the drugs and not encouraged to sustain their habit by abusing drugs safely. However, addicts do not always come forward for de-addiction. Hence, if a strict 'abstinence only' approach is followed, a large number of addicts remain outside the services provided to addict population. Hard-core injecting drug users will be less willing to be de-addicted than to switch to, say oral substitution or use clean needles and syringes to shoot. On the other hand, if drugs for oral consumption or drug paraphernalia (such as syringes) are distributed freely on the streets, it will be seen as an official sanction and patronage to drug addiction and can promote drug addiction. If any NGO or person is allowed to promote 'harm reduction', there is a great risk of it being used as a cover to actually push drugs or promote them. Hence, harm reduction will be allowed only as a step towards de-addiction and not otherwise. Further, it should be practiced only by centres set up, supported by or recognized by the Central or the concerned State Government.

71. Injecting drug use is also a problem in many prisons. Some advocate harm reduction methods even in prison settings. However, considering that prison settings are completely regulated, it does not stand to reason to allow prison inmates who smuggle in and abuse drugs the benefit of getting clean needles and syringes or oral substitutes so that they can sustain their addiction and abuse drugs safely. Hence, IDUs among the inmates of prisons shall be compulsorily de-addicted and they shall not be given supplied clean needles and syringes and allowed to inject drugs. They shall also not be supplied oral buprenorphine or methadone for abuse as substitutes.

72. Opinion is divided among experts regarding the choice of drug to be used for oral substitution. While some prefer buprenorphine others prefer methadone. Thus, the appropriate policy will be to promote use of the drugs which can wean the addict away the fastest while discouraging drugs which will have to be given forever. A committee of experts will be constituted by the Department of Revenue in consultation with the Ministry of Health & Family Welfare and the Ministry of Social Justice & Empowerment to examine which drugs should be allowed for oral substitution based on this principle. If more than one drug is allowed for oral substitution, it is for the doctor or the centre to decide which drug to use in any given case.



73. In view of the above, the approach towards harm reduction will be as follows:

- a) Drug addicts including injecting drug users (IDUs) will be identified and treated and their drug-using habit will not be supported or incentivised.
- b) However, in cases where it is not possible to convince an IDU to undergo de-addiction, as a first step, clean needles and syringes or oral substitution may be provided to him.
- c) Harm reduction techniques as indicated in (b) above may be practiced only by hospitals or centres set up or supported by or recognized by the Central Government or any State Government.
- d) If anyone or any organisation other than those indicated in (c) above distributes needles and syringes or drugs for oral consumption to addicts, it shall be treated as abetting consumption of drugs and such person or organisation will be treated accordingly under the NDPS Act, 1985.
- e) The centres indicated in (c) above promoting 'harm reduction' shall maintain records of each of the addicts and shall switch them to de-addiction as soon as possible preferably within one year but in no case later than two years.

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## COLLECTION OF STATISTICS

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74. In the field of drug control, statistics are important:

- a) to monitor the legitimate manufacture, trade, import, export, use, consumption and stocks of narcotic drugs and psychotropic substances;
- b) to assess the extent of illicit drug production, drug trafficking and the performance of enforcement agencies;
- c) to collect baseline data on drug addiction and monitor the impact of various drug demand reduction interventions;
- d) to serve as a basis to work out master plans for drug control and to assess the impact of the implementation of such plans; and
- e) to fulfill India's reporting obligations under various international conventions and resolutions.

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## CURRENT STATUS

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75. As far as the drug law enforcement is concerned, the Narcotics Control Bureau (NCB) has been compiling statistics on seizures, etc. from various State and Central law enforcement agencies and has been compiling the National Drug Enforcement Statistics (NDES) every month. These statistics represent the drug law enforcement as well as the comparative performance of various agencies.

76. On the drug demand reduction side, there is no similar mechanism to regularly collect statistics on the drug addiction other than the Drug Abuse Monitoring System (DAMS) which shows the profiles of treatment seekers who approach the drug de-addiction centres supported by MSJ&E. A comprehensive survey of drug addiction was conducted in 2001 and MSJ&E proposes to conduct another survey shortly. Though these surveys are quite comprehensive, they are stand alone efforts and are not a mechanism through which levels of drug addiction can be regularly monitored.

77. As far as monitoring licit trade is concerned, statistics are compiled and are readily available for such activities as are monitored centrally by the Narcotics Commissioner. These include import and export of narcotic drugs, psychotropic substances, precursors and manufacture of synthetic narcotic drugs. Statistics are also available where the activities are exclusively conducted by the Chief Controller of Factories such as drying of opium, manufacture of alkaloids from opium and import of narcotic drugs. With the introduction of the system for distribution of approved estimates of narcotic drugs as among users by the Narcotics Commissioner, all data pertaining to estimates and consumption of narcotic drugs will also be available with the Narcotics Commissioner. Domestic trade in precursors is monitored by the Zonal Directors of NCB who thus, have all necessary statistics. However, an administrative mechanism to compile all these statistics has yet to be developed by the NCB.

78. Statistics in respect of consumption of narcotic drugs as well as manufacture, trade, use, stocks and consumption of psychotropic substances are not collected under the NDPS Rules. These need to be obtained from the State Drugs Controllers and in this respect, our mechanism of collection of statistics needs improvement.

#### FUTURE COURSE OF ACTION

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- a. Efforts will be made to maintain and further strengthen the mechanism for collection of statistics on drug law enforcement by the NCB.
- b. The mechanism of collection of statistics on legitimate manufacture, trade, use, consumption and stocks of narcotic drugs, psychotropic substances and precursors will be strengthened and streamlined.
- c. Efforts will be made to develop a mechanism to regularly collect statistics on drug and substance abuse in the country and to use such statistics as a yardstick to measure effect of various interventions.

## STUDY AND RESEARCH

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79. Research is a very important component of drug control which has not received due attention in the country so far. Government agencies and Government approved agencies shall be encouraged, promoted and to the extent possible, supported to conduct studies & research in the following areas:

- a. Illicit drug markets in the country
- b. Diversion from licit production in the country
- c. Movement and use of money derived from drug trafficking
- d. Methods of treatment, rehabilitation, relapse, impact of harm reduction on rates of addiction, etc.
- e. Laboratory testing procedures for drugs and precursors including advanced techniques such as impurity profiling.
- f. Methods to curb cyber crimes involving NDPS.

## TRAINING

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80. Training and capacity building form a very important component of the policy on drug control. At present, customs and police academies and the police training colleges across India conduct training programmes in drug law enforcement. The National Institute of Criminology and Forensic Sciences (NICFS) trains chemists in testing drugs. The National Drug Dependence Treatment Training Centre (NDDTTC) of the AIIMS trains doctors in treating drug addicts. The National Centre for Drug Abuse Prevention (NCDAP) in the National Institute of Social Defence trains personnel working in NGOs in treatment and rehabilitation of drug addicts.

81. One nodal training centre will be identified each for (a) drug law enforcement; (b) testing and identification of drugs; (c) treatment of addicts; and (d) personnel working on preventive education and rehabilitation and social reintegration of drug addicts. The nodal training centres so identified will:

- a) Formulate training objectives for various target groups of trainees;
- b) Design training programmes of various durations;
- c) Prepare training material both in print and in e-formats;
- d) Conduct training of trainers (TOT) programmes, wherever necessary;
- e) Regularly conduct training programmes;

- f) Develop Manuals and Handbooks which can be actually used in the field;
- g) Document success stories and best practices in an appropriate form and exchange them with its counterparts in other countries thus showcasing India's experience and learning from others' experiences; and
- h) Disseminate the best practices, success stories, *modus operandi* used by traffickers, etc. including those received from other countries to the field officers who can use them.

## LABORATORIES

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82. The NDPS Act, 1985 spreads the network of enforcement far and wide by enabling the Central Government and the State Governments to empower any of their officers to enforce it. Hence, we have a large number of agencies seizing drugs in the country. Although the total number of seizures in the country (about 20,000 per year) is not very large compared to the size and population of the country, these seizures are made by several agencies in several parts of the country. Several forensic labs in the country test these samples. These are the Central Revenue Chemical Laboratory (CRCL), the Central Forensic Science Laboratories (CFSL) and the State Forensic Laboratories (FSL) of each State. Successful prosecution of offenders hinges on the quality of test reports. Each of the seized samples has to be tested quickly, precisely and accurately as the test report forms the basis for trial of the accused. On the other hand, if the seized substance is not a drug, a quick and accurate report helps exonerate those who are arrested but against whom there is no evidence.

83. The Government of India shall continuously build the capacities of the personnel working in the forensic labs in the country and improve the quality of their equipment so as to get in the shortest possible time precise and accurate test reports which can withstand the legal scrutiny.

84. In order to achieve the above objective, one nodal national drug testing laboratory will be identified which shall, in addition to testing samples that it receives, be responsible for the following:

- a) Developing/ documenting/ prescribing standard testing protocols for each narcotic drug, psychotropic substance and precursor and any other related tests.
- b) Developing/ documenting/ prescribing standard methods for testing samples of blood, urine, etc. to confirm consumption of narcotic drugs or psychotropic substances by any person.

- c) Developing advanced forensic testing methods such as impurity profiling.
- d) Developing standardized forms of reporting which can withstand legal scrutiny.
- e) Publishing and disseminating manuals on the above to all the forensic science labs in the country.
- f) Identifying the basic minimum equipment required to conduct tests to determine the nature and purity of any narcotic drug, psychotropic substance or precursor.
- g) Identify the gaps between the equipment that is required and that which is available in each of the labs.
- h) Make recommendations on the equipment required to strengthen each laboratory.
- i) Conduct training programmes for the personnel working in various forensic laboratories in the country.

## INTERNATIONAL COOPERATION

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### UN AND MULTILATERAL CONVENTIONS AND RESOLUTIONS

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85. India is a signatory to all the three UN Conventions on drug control and has been an active participant in international conferences and will continue to be so. It will abide by all its commitments under the international conventions and resolutions. In fact, one of the objects behind the enactment of the NDPS Act, 1985 is to fulfil our obligations under various international conventions.

86. Wherever necessary and possible, delegations with members from different ministries/ departments/ organisations will be sent so that matters can be discussed within the delegation and decisions taken.

### BILATERAL AGREEMENTS AND COOPERATION

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87. India will enter into bilateral agreements and MoUs with any other country which wishes to work with India bilaterally in matters related to NDPS. As far as possible the agreements will be comprehensive covering all aspects of drug supply and demand control and licit trade. These will be followed up with bilateral meetings to review the agreement and work on it. Bilateral cooperation will focus on the following:

- a) Cooperation in drug supply reduction through sharing operational intelligence, seizure statistics, copies of laws, and through controlled deliveries, joint operations, etc.

- b) Cooperation and sharing of experiences and best practices in drug demand reduction.
- c) Promoting legitimate trade and use of narcotic drugs and psychotropic substances. India is one of the largest pharmaceutical producers in the world and it produces pharmaceuticals at most affordable prices. It shares its responsibility in ensuring narcotic drugs and psychotropic substances for medical use throughout the world.
- d) Training and capacity building - India will assist any country that needs its assistance and will learn from other countries anything new that it needs to learn. Our facilities and resources will be liberally used to assist other countries.

#### PARTICIPATION IN INTERNATIONAL MEETINGS AND OPERATIONS

88. International meetings and operations form the mechanism for different countries to work together towards specific targets and goals. More importantly, they provide an excellent opportunity for officials from India to develop one to one rapport and understanding with officials from other countries which is an invaluable asset for the country. As far as possible, India will participate in all international meetings and operations to which it is invited or to which it is a party. India will also take the initiative to identify emerging areas of concern for international drug control and organize meetings and seminars to discuss the issues and to initiate operations to address the areas of concern.

#### TECHNICAL ASSISTANCE AND FINANCIAL SUPPORT

89. India has achieved considerable expertise in the field of drug control. It will share its technical expertise and provide such assistance as is required by any other country as far as possible. Such exchange of expertise can be at bilateral level, at regional levels or through international organisations including UNODC and the INCB. Wherever feasible, India will also jointly work with other countries that provide such assistance so as to provide assistance to those countries who need it.

90. Within the limitations of the resources available, India will provide all possible financial support to the projects and programmes run by the UN and other international organisations.

#### STRATEGIC FRAMEWORK AND PLAN OF ACTION

91. From 13 to 17<sup>th</sup> December, 2010 the International Narcotics Control Board (INCB) carried out a mission to India and interacted with all the concerned Ministries and Departments involved in the field of drug control in

the country as also with NGOs active in the field of palliative care and in the treatment and rehabilitation of addicts. Subsequently, the recommendations of the INCB based upon the observation of the mission have been received by the Government of India.

92. The said recommendations have been incorporated in the 'Plan of Action' to be followed by various Ministries, Departments and Agencies within a certain time frame. The same is annexed.

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## ANNEXURE TO POLICY – PLAN OF ACTION

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
1.	<b>National Drug Control System:</b>			
1.1	The Board commends the Government of India for its strong commitment to the objectives of the international drug control treaties and appreciates its endeavour to achieve a balance between demand and supply reduction measures. The Board encourages India to continue to strengthen the national drug control system and further improve the coordination and cooperation among the drug control bodies, where necessary.	(i) Build capacity of NCB and CBN: a. Open new offices of NCB b. Equip new offices with manpower, infrastructure c. Set up exclusive Narcotics Training Academy or strengthen NACEN appropriately d. Open new offices of CBN e. Augment staff in existing offices of CBN and equip new offices with sufficient manpower and infrastructure (ii) Improve chemical analysis facilities for NDPS: a. Enhance capacity of CRCL b. Set up Committee to assess capacity of existing State Forensic Laboratories and suggest improvement (iii) MHA will hold Narcotics Coordination Committee meeting of Secretaries every Quarter	a. Department of Revenue (DoR), Ministry of Finance (MoF) b. Ministry of Home Affairs (MHA) c. Ministry of Health (DCGI) d. Ministry of Social Justice & Empowerment (MSJE) e. CBN f. NCB	(i) a: Oct. 2011 (i) b: Dec. 2011 (i) c: Dec. 2012 (i) d: March 2012 (i) e: March 2012 (ii) a: March 2012 (ii) b: Constituted in September 2011 (iii) Every



S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
				Quarter
2.	<b>National Survey on Drug Abuse:</b>			
2.1	The extent and patterns of drug abuse in India have been changing. The Board appreciates the decision by the Ministry of Social Justice and Empowerment to conduct a new national survey on drug abuse, for which the pilot survey had already taken place. The Board recommends that India implement the planned national survey as soon as possible.	(i) Finalize report of Pilot survey (ii) Extended Pilot survey (iii) Plan National Survey, involving UNODC (iv) Carry out National Survey	MSJE	(i) June 2011 (ii) March 2012 (iii) April – June 2012 (iv) July – Dec. 2012
2.2	India may wish to seek the support from the United Nations Office on Drug and Crime (UNODC) in carrying out this survey, as necessary.	Involve UNODC	MSJE	April – June 2012
3.	<b>Demand Reduction Activities:</b>			
3.1	The Board would like to request India to further expand the demand reduction activities in the country.	(i) Support 25-30 NGOs every year through NFCDA, for awareness generation, treatment and rehabilitation of victims of drug abuse (ii) Train 500 doctors in Government hospitals in de-addiction through NFCDA (iii) Support other hospitals in setting up de-addiction and treatment facilities	(i) DoR (ii) MSJE, (iii) MoH& FW (iv) NCB	(i) Every year  (ii) Through several training programmes till March 2014 (iii) Every year

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
		(iv) Set up inter-Ministerial Committee comprising DoR, MSJE, MoH& FW, NCB etc. to suggest further measures for strengthening demand reduction activities.		(iv) March 2012
3.2	India is invited to strengthen the primary prevention of drug abuse as well as ensure sufficient availability of facilities for the treatment of drug abusers.	(i) Same as in paras 3.1, 3.3, 3.4 & 3.5	(i) DoR (ii) MSJE, (iii) Ministry of Health, (iv) State Governments	Same as in paras 3.1, 3.3, 3.4 & 3.5
3.3	(i) In this connection, India may wish to increase attention to the treatment needs of female abusers.	(i) NDDTC to start separate services for female patients. (ii) Revitalize Lady Hardinge Medical College (De-addiction Centre), New Delhi exclusively for treatment of female subjects (iii) NIMHANS , Bangalore to start separate Division for treatment of female subjects (iv) The Psychiatry/ De-addiction department of all Government run Medical Colleges in the country to have separate facilities for treatment of female patients.	(i) Ministry of Health & Family Welfare (ii) MSJE (iii) State Governments	(i) September 2012 (ii) March 2012  (iii) March 2012  (iv) March 2013
	(ii) India also to increase attention to specific	(i) Assess specific treatment needs of	(i) Ministry of Health	(i) March 2012

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	treatment requirements, such as those evolving from the increasing abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances.	abusers of pharmaceutical preparation (ii) Fill gaps, if any, across major Government run hospitals/ medical colleges	& Family Welfare	(ii) January 2012 to September 2012
3.4	It is important that treatment provided in all treatment centers in the country meet the respective minimal standards.	(i) Develop minimum standards of care to be followed by de-addiction treatment centres (ii) Distribute the standards to all Government centres (iii) Persuade all State Governments/ UTs to adopt these standards and then implement them (iv) Monitor that standards are being met	(i) Ministry of Health & Family Welfare (ii) State Governments	(i) March 2012  (ii) April to June 2012 (iii) July 2012 onwards  (iv) Ongoing
3.5	India should also make efforts to ensure that treatment programmes are complemented by rehabilitation and social re-integration programmes.	(i) Include rehabilitation and social reintegration programmes for victims of drug abuse in all Government run treatment centres (ii) Include such programmes in all centres run by NGOs supported by Government of India	(i) Ministry of Health, (ii) MSJE (iii) State Governments (iv) DoR	(i) March 2012  (ii) September 2012
4.	<b>Supply Reduction activities:</b>			
4.1	The mission noted that the activities of the law enforcement authorities in India against the illicit drug traffic are effectively coordinated	Same as in in para 1.1	Same as in para 1.1	Same as in para 1.1

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	by the Narcotics Control Bureau (NCB). The Board recommends to India to further strengthen these activities.			
4.2	As a country licitly producing opiate raw materials, India should eliminate the illicit cultivation of the opium poppy.	<ul style="list-style-type: none"> <li>(i) Use satellite imageries for effective identification</li> <li>(ii) Procure latest digital maps of affected areas</li> <li>(iii) Review experience of 2010-11 and hold meeting with all State Governments concerned</li> <li>(iv) Create 'Special Task Forces' for carrying out destruction operation</li> <li>(v) Initiate awareness programmes on ill-effects of drug abuse, in pockets of 'traditional' illicit cultivation</li> <li>(vi) Develop proper healthcare facilities, including de-addiction &amp; treatment facilities in such areas.</li> <li>(vii) Develop alternative means of livelihood for 'traditional' illicit cultivators</li> </ul>	<ul style="list-style-type: none"> <li>(i) DoR,</li> <li>(ii) CBN,</li> <li>(iii) NCB,</li> <li>(iv) CEIB</li> <li>(v) ADRIN</li> <li>(vi) Concerned State Governments</li> <li>(vii) MoH&amp;FW</li> </ul>	<ul style="list-style-type: none"> <li>(i) Every year, till illicit poppy cultivation is completely eradicated</li> <li>(ii) December 2011</li> <li>(iii) December 2011</li> <li>(iv) December 2012</li> <li>(v) March 2012</li> <li>(vi) March 2012</li> <li>(vii) June 2013</li> </ul>
4.3	Similarly, measures should continue to be taken to eliminate the illicit cultivation of the cannabis plant.	<ul style="list-style-type: none"> <li>(i) Identify areas prone to illicit cannabis cultivation</li> <li>(ii) Hold meeting with concerned State Govt. officials</li> <li>(iii) Identify further steps for illicit</li> </ul>	<ul style="list-style-type: none"> <li>(i) NCB</li> <li>(ii) State Governments</li> </ul>	<ul style="list-style-type: none"> <li>(i) December 2011</li> <li>(ii) March 2012</li> <li>(iii) April 2012</li> </ul>

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
		cannabis eradication		
4.4	India should also address new trends in the illicit manufacture of synthetic drugs, such as the issue of clandestine laboratories manufacturing amphetamine-type stimulants.	(i) Strengthen control over domestic manufacture, transport use etc. of ATS precursors (ii) Involve manufacturers of ATS precursors in adopting a voluntary code of conduct (iii) Develop specific intelligence regarding clandestine ATS labs	(i) NCB (ii) DCGI (iii) All enforcement agencies under NDPS Act	(i) March 2012 (ii) March 2012 (iii) Ongoing
4.5	The law enforcement authorities should strengthen their action against the diversion of, and illicit traffic in, pharmaceutical preparations containing narcotic drugs or psychotropic substances.	(i) Strengthen State Drug Control Agencies for stringent enforcement of D&C Act (ii) Monitor sales of pharmaceutical preparation containing narcotic drugs, specially codeine, to areas close to international borders. (iii) Allot quotas of narcotic drugs after thorough verification of requirement.	(i) NCB, (ii) DoR (CBEC, DRI, CBN), (iii) Ministry of Health, (iv) State Governments (Drug Controllers)	Ongoing
4.6	Several large illicit Internet pharmacies have been detected by the Indian authorities in recent years. The Board recommends that India further enhance the measures against the illicit Internet pharmacies and call centers, which are illegally supplying pharmaceutical preparations containing narcotic drugs or	<b>Set up a Committee to look into the whole gamut of issues pertaining to internet pharmacies and give recommendations to:</b> (i) Put in place, regulatory, administrative and legislative measures to control internet	NCB	March 2012

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	<p>psychotropic substances to persons in India and other countries, and continue cooperating with the authorities of countries to which pharmaceutical preparations containing narcotic drugs or psychotropic substances are illegally exported from India by traffickers operating these facilities. In this connection, India may wish to draw on the recommendations contained in the INCB <i>“Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet”</i>, published by the Board in 2009, which include:</p> <p>(i) General legislation to provide for action against illegal internet pharmacies and designated routing and inspection of international mail</p> <p>(ii) Specific Legislation providing for registration of internet pharmacies selling controlled substances and establishing of standards for pharmaceutical service via internet</p> <p>(iii) Assessing adequacy of existing regulations on manufacture and trade</p>	<p>pharmacies</p> <p>(ii) Introduce legislation for routing and inspection of international mail</p> <p>(iii) Seek active cooperation of Internet Service providers</p> <p>(iv) International cooperation in such matters</p> <p>(v) Exchange of information with agencies within country.</p>		

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	<p>control including reporting and inspecting systems.</p> <p>(iv) Establishing mechanism for information exchange with other countries and INCB on suspicious transactions and detections</p> <p>(v) Establishing relations with Internet Service providers, postal and courier service, financial services, etc.</p> <p>(vi) Gathering information on drug trafficking through the internet and consider establishing ‘cyberpatrol units’.</p> <p>(vii) Strengthening of cooperation mechanism between different agencies.</p> <p>(viii) International cooperation</p>			
5.	<b>Control of licit cultivation of opium poppy and production of opium:</b>			
5.1	The Board notes with appreciation that controls over the licit cultivation of the opium poppy and the production of opium are vigorously implemented by the Central Bureau of Narcotics (CBN) and recommends to India to continue to strictly control these	Continue existing measures of control over licit opium production	CBN	Continuous

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	activities in order to prevent diversion of opium for illicit use.			
5.2	The Board appreciates that statistical information related to the production of opiate raw materials is regularly reported to INCB by India. However, the estimates of the area of land to be used for the cultivation of the opium poppy and the estimates of the approximate quantity of opium to be produced were submitted to the Board very late in recent years. The Board would like to encourage India to ensure the timely submission to INCB of the estimates regarding the cultivation of the opium poppy and the production of opium.	(i) Arrive at provisional estimates of area of land to be brought under opium cultivation and approximate quantity of opium to be produced (ii) Communicate the same to INCB	(i) CBN (ii) DoR (iii) NCB	(i) June every year  (ii) June every year
6.	<b>Control of precursors:</b>			
6.1	The Board appreciates the close cooperation of India with INCB in the control of precursors. However, some precursors listed under the <i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988</i> , are not yet under national control in India. The Board would like to request your Government to extend control measures to all substances in Tables I and II of the 1988 Convention and to	(i) Draft revised 'Regulation of Controlled Substances' order to extend control over all Table I & II substances (ii) Consultation with all stakeholders regarding the revised order (iii) Notify the revised order	(i) DoR (ii) CBN (iii) NCB	(i) September 2011  (ii) January 2012  (iii) March 2012



S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	establish a mechanism to facilitate the provision of pre-export notifications for shipments of precursors to all countries that have requested such information pursuant to article 12, paragraph 10 (a), of the 1988 Convention.			
6.2	India should also consider enacting effective measures to control ephedrine and pseudoephedrine in the form of pharmaceutical preparations and natural products, in the same manner as it controls the substances themselves.	Same as in para 6.1	Same as in para 6.1	Same as in para 6.1
7.	<b>Control of licit activities with narcotic drugs and psychotropic substances:</b>			
7.1	The controls applied in India to the international trade in narcotic drugs and psychotropic substances are functioning well and the Board has been receiving reliable reports on international trade in those drugs and substances from India.	Continue existing control measures over international trade of narcotic drugs and psychotropic substances	DoR, CBN	Ongoing
7.2	However, the Board has been concerned about the quality of reporting by India to INCB on the domestic licit activities related to narcotic drugs and psychotropic substances. With respect to narcotic drugs, the Board notes the improvement of the quality of estimates and statistical reports submitted by India to INCB	(i) Develop on-line software for filing of returns by manufacturers and dealers in respect of narcotic drugs (ii) Develop dedicated team of officers in CBN for monitoring such on-line returns	(i) DoR, (ii) CBN	(i) September 2012  (ii) December 2012

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	<p>in 2010. However, India has had difficulties in providing the mandatory reports on consumption of narcotic drugs to INCB. The Board would like to recommend that India further improves the quality of estimates and statistical reports on narcotic drugs and ensure that these reports are submitted in a timely manner, including the reports on consumption of narcotic drugs, in conformity with the definition of “consumption” in the <i>Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol</i>.</p>			
7.3	<p>A main concern of the Board are the difficulties experienced by India in complying with the mandatory reporting obligations under the <i>Convention on Psychotropic Substances, 1971</i>. India has been a Party to this treaty since 1975, and the matter of non-satisfactory reporting on domestic licit activities with psychotropic substances, such as their manufacture and stocks, has been raised by the Board with India on a number of occasions, including in a letter sent to India following the previous mission of the Board to India in 2003. Failure to adequately report on psychotropic substances appears to reflect</p>	<ul style="list-style-type: none"> <li>(i) Develop ‘On-line software’ for monitoring of manufacture, trade etc. of psychotropic substances, in conformity with the information required in Form ‘P’.</li> <li>(ii) Effect regulatory changes for allocation of quota and mandatory filing of ‘on-line’ returns for psychotropic substances</li> <li>(iii) Conduct training workshops/ awareness campaigns regarding the ‘On-line software’</li> <li>(iv) Launch ‘On-line software’.</li> </ul>	<ul style="list-style-type: none"> <li>(i) CBN</li> <li>(ii) DoR</li> <li>(iii) DCGI</li> </ul>	<ul style="list-style-type: none"> <li>(i) March 2012</li> <li>(ii) March 2012</li> <li>(iii) January to June 2012, and on need basis thereafter.</li> <li>(iv) June 2012</li> </ul>

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	<p>general deficiencies in the control of psychotropic substances in India. Such situation has a negative impact on the Board's ability to monitor licit activities with psychotropic substances worldwide and also has a negative impact on the countries to which psychotropic substances diverted in India are smuggled from India. The Board requests India to ensure adequate reporting on domestic activities with psychotropic substances to INCB, in accordance with its obligations under the 1971 Convention.</p>			
7.4	<p>The mission received information that the prescription requirement is frequently not respected by pharmacies, which may lead to the diversion of pharmaceutical preparations containing narcotic drugs or psychotropic substances, the illicit traffic in and abuse of those preparations. The Board requests India to ensure the strict implementation of the prescription requirement for pharmaceutical preparations containing narcotic drugs and psychotropic substances, in accordance with the relevant provisions of the international drug control treaties and the national legislation in India.</p>	<ul style="list-style-type: none"> <li>(i) Build capacity of State Drug Controllers in terms of manpower, infrastructure, etc. for effective enforcement of provisions of Drugs &amp; Cosmetics Act</li> <li>(ii) Initiate awareness campaigns about strict implementation of such provisions</li> <li>(iii) Online transparent system for issue of prescriptions and sale of such drugs</li> </ul>	<ul style="list-style-type: none"> <li>(i) DCGI</li> <li>(ii) State Drug Controllers</li> </ul>	<ul style="list-style-type: none"> <li>(i) June 2012</li> <li>(ii) January 2012 onwards</li> <li>(iii) March 2013</li> </ul>

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
7.5	In addition, the mission noted that some pharmaceutical preparations, for which no prescription is required, containing low dosages of narcotic drugs, such as codeine and dextropropoxyphene, are purchased by abusers in large quantities in pharmacies. The abuse of those preparations appears to represent an increasing problem. The Board requests India to implement effective measures to prevent the abuse of those pharmaceutical preparations, including the adequate training of pharmacists and the provision of relevant information to the general population, while ensuring the availability of those preparations for legitimate medical use.	Apart from action proposed in para 4.5, (i) Training of pharmacists regarding such abuse (ii) Public awareness about such abuse	(i) CBN (ii) DCGI (iii) Ministry of Health (iv) State Drug Controllers	(i) and (ii), Continuous
8.	<b>Availability of controlled substances, including opioid analgesics, for medical purposes:</b>			
8.1	India is a country with a very low consumption of opioid analgesics. The mission noted that Indian authorities are well aware of the impediments to availability but that the implementation of corrective measures had been slow. The Board would like to request India to improve the availability of controlled substances, including opioid analgesics, for medical purposes in	(i) As in paras 8.2 to 8.4	(i) DoR (ii) Ministry of Health (iii) State Governments	Continuous

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	India.			
8.2	India may wish to address this matter in a comprehensive manner and deal with all types of impediments to adequate availability, including regulatory, attitudinal, knowledge-related and economic impediments.	(i) Identify impediments to adequate availability	(i) DoR (ii) Ministry of Health (iii) State Governments	Continuous
8.3	In this connection, the Board encourages India to ensure that simplified rules are implemented in all States and Union Territories of India to facilitate the availability of opioid analgesics.	(i) Modify 'model regulations' (ii) Devise SOP to be followed by States (iii) Pursue adoption by 10 States (iv) Pursue adoption by another 10 States (v) Pursue adoption by remaining States	(i) DoR (ii) Ministry of Health (iii) State Governments	(i) March 2012 (ii) March 2012 (iii) December 2012 (iv) June 2013 (v) December 2013
8.4	In this connection, the Board also invites India to examine and implement, as appropriate, the recommendations contained in the supplement to the INCB Annual Report for 2010, entitled "Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes".	(i) Education and training of medical professionals – <i>allay concerns about addiction, training in palliative care</i> (ii) Ensure adequate stocks of morphine and other opioid analgesics	(i) Ministry of Health (ii) Department of Medical Education (iii) CCF (iv) State Governments	Continuous
9.	<b>Licit production and sale of preparations made from cannabis leaves:</b>			
9.1	The mission was informed that the production and sale of preparations made from cannabis leaves obtained from cannabis plants growing in the wild is permitted under license in many	As in para 9.2 and 9.3	As in para 9.2 and 9.3	As in para 9.2 and 9.3

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	States in India. Although the leaves of the cannabis plant, when not accompanied by the tops, are not under international control, the Parties to the 1961 Single Convention do have an obligation to adopt measures to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant.			
9.2	Furthermore, the Board is aware that there are cannabis products on the illicit drug market called “Bhang” containing the flowering or fruiting tops of the cannabis plant, in addition to the leaves. The Board is concerned that some of the legally produced preparations made from cannabis leaves could, in fact, contain cannabis as defined by the 1961 Single Convention. The Board requests India to take the necessary steps against the illicit use of any preparations containing cannabis. The Board also requests India to ensure that no misuse of, and illicit traffic in, the leaves of the cannabis plant occurs in India in connection with the licit production and sale of preparations made from cannabis leaves.	(i) Gather information from the State Governments regarding licensing requirements of “ <i>Bhang</i> ”, the regulatory and administrative measures put in place to ensure that the same does not contain flowering or fruiting tops of Cannabis plant (ii) Identify gaps if any and initiate measures to address them	(i) DoR, (ii) State Governments licensing the preparation of “ <i>bhang</i> ” (iii) CBN (iv) NCB	(i) December 2011  (ii) March 2012
9.3	The Board would appreciate being provided with information on the type of preparations made from cannabis leaves legally produced	(i) Inform INCB about: a. Preparations made out of Cannabis leaves	DoR, after collecting information from State Governments, NCB	March 2012

S.No	INCB Recommendation	Action Point	Agency	Implementation time frame
	<p>in India, the extent of their production and the measures adopted by India to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant, in accordance with the provisions of article 28, paragraph 3, of the 1961 Single Convention, as well as on scientific studies examining the health consequences of the consumption of those preparations. The Board would also appreciate being informed of the measures adopted in India to prevent the use of cannabis as defined by the 1961 Single Convention in the production of such preparations.</p>	<p>b. Measures put in place to prevent illicit traffic in cannabis leaves  c. Studies regarding health consequences of consumption of preparation of cannabis leaves</p>	<p>and CBN</p>	