



INTERNATIONAL LAW
JOURNAL

**WHITE BLACK
LEGAL LAW
JOURNAL**
**ISSN: 2581-
8503**

Peer - Reviewed & Refereed Journal

The Law Journal strives to provide a platform for discussion of International as well as National Developments in the Field of Law.

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WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal provided dedicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

RETHINKING DRUG LAWS: A CASE FOR DRUG COURTS IN NORTHEAST INDIA

AUTHORED BY - BINITA CHETTRI

ABSTRACT

Drug addiction creates significant social problems together with economic effects which damage family structures and disrupt educational processes and local business operations. This article examines drug abuse problems in Meghalaya from a criminal law framework while studying rehabilitation versus retribution for managing drug addiction challenges. The study evaluates the Narcotic Drugs and Psychotropic Substances (NDPS) Act to analyse its retributive character of delivering punishment at the expense of addiction treatment for those involved in drug crimes. This investigation adopts a rehabilitative framework since it proposes that any deflection from punishment-based laws might secure lasting drug user solutions while also lowering offender relapse rates. The insufficient mental health service accessibility combined with the lack of qualified rehabilitation facilities creates an intensified drug abuse situation.

The main subject of this article evaluates drug abuse treatment methods between rehabilitation techniques and retribution approaches. Through criminological and sociological exploration of drug addiction the article focuses on societal views along with inadequate support networks work against successful rehabilitation. It puts forward various policy proposals to build an improved rehabilitative system for Meghalaya focusing on the socio-legal landscape of Northeast India- a region disproportionately affected by substance abuse. The adoption of several measures should include changes to the NDPS Act while establishing drug courts and expanding rehabilitation centre funding and conducting campaigns to minimize drug addiction stigma. The research recommends transforming legal and social drug abuse treatment by emphasizing treatment services rather than punishment which establishes a lasting solution against drug addiction.

KEYWORDS

Substance Abuse, Rehabilitation, Retribution, Narcotic Drugs and Psychotropic Substances (NDPS) Act, Meghalaya Drug Abuse Prevention Policy (2020), Drug Courts.

INTRODUCTION

Drug abuse exists as a major health concern for both the public sector and criminal justice system which damages individuals and their families and entire communities. The drug addiction rate along with accompanying crimes continuously rises across India but especially in Northeastern states. The northeastern state of Meghalaya exhibits rapid substance use growth with various social characteristics, cultural aspects, geographic patterns and economic influences while youth drug consumption becomes particularly concerning. Data indicates that drug trafficking and possession cases along with narcotics consumption have grown substantially even after the introduction of the Narcotic Drugs and Psychotropic Substances (NDPS) Act¹, 1985 and the Meghalaya Drug Abuse Prevention Policy, 2020².

A punitive approach serves as the traditional method which all countries including India utilize to tackle drug crimes in their criminal justice systems. The judicial response combines imprisonment with monetary penalties as well as permanent traces of criminal history for the defendants. The prohibitive measures intended to prevent substance addiction fail in treating the underlying reasons for addiction involving mental health disorders and unemployment alongside trauma, poverty and peer influence. The excessive use of imprisonment leads to jail overcrowding because it fails to provide rehabilitation services or stop inmates from repeating their crimes. The tribal communities face high socio-economic risk combined with insufficient healthcare facilities and minimal work options and weak drug laws thus creating a worsening drug situation. The substance abuse problem in Meghalaya demands an all-encompassing human-oriented response since it functions simultaneously as both a public health emergency and a legal issue.

Within the framework of criminal jurisprudence rehabilitation acknowledges that arrested offenders possess human qualities which allow personal change. The main goal of rehabilitation differs from retribution since it focuses on healing and preparing offenders for returning to society after the rehabilitation process. Drug rehabilitation stands both as an

¹ The Narcotic Drugs and Psychotropic Substances Act, 1985 (No. 61 of 1985).

² Meghalaya Drug Abuse Prevention Policy, 2020 (Government of Meghalaya, Social Welfare Department, Shillong, 2020).

ethical choice and it proves to be most effective for preventing future substance abuse and establishing positive long-term health outcomes among drug addicts.

Rehabilitation-focused models prioritize:

- Medical and psychological treatment
- Education and skill development
- Community-based support
- Restorative justice practices
- Tailored intervention plans

Scientific research shows such approaches fail to create recidivism and offer better social reintegration benefits than conventional punitive systems.

Drug abuse in the northeastern states demands an urgent adoption of rehabilitative practices for the criminal justice system due to its dual nature as both a legal and health challenge. Successfully implementing this transformation demands partnership between legal statute reformers and healthcare system implementers and law enforcement practitioners together with specialized drug court institutions.

Drug courts emerged during the late 1980s in America to fill the void left by unsuccessful punitive methods used to handle drug offenses. These courts use judicial oversight while delivering full-scale drug treatment programs to address criminal offender's substance abuse problems. Drug courts believe recovery needs extended behavioural participation together with responsibility and maintenance support.

UNDERSTANDING DRUG COURTS

Specialized court establishments have appeared for managing drug-related arrests to provide rehabilitation-focused support to defendants. Such judicial bodies deviate from standard law enforcement practices which emphasize punishment and retribution. The main purpose of drug courts consists of providing treatment programs under court oversight to assist offenders with their addiction rather than placing them in jail. This approach enables early detection of drug abuse-related criminal activity through delivering treatment with counselling to eliminate underlying drug addiction behaviours.

The core success factor of drug courts results from coherence between judges who oversee cases and professionals from multiple disciplines. Different experts from the judicial field join together with social workers to create specific treatment protocols which address individual needs. Participation hearings at the court maintain both evaluation of participant advancement along with support to maintain sobriety and adherence to treatment requirements.

A drug court functions under these basic principles:

- Regular hearing sessions exist to track participant progress since they maintain full responsibility for their actions.
- Every treatment plan aligns with each participant's addiction profile through services such as detoxification and counselling and rehabilitation services.
- Incentives and Sanctions: Positive reinforcement for compliance (e.g., reduced court hearings or graduation from the program) and sanctions for non-compliance (e.g., increased court hearings or additional counselling).
- Judge alongside counsellors and medical experts combine their expertise to recover the participant under the collaborative approach.³

Drug courts have seen worldwide success which triggered their growing impact worldwide. Multiple countries have built robust drug courts that successfully reduced prisoners returning to crime while facilitating long-term recovery. Research conducted across the United States, Canada, and Australia indicates drug courts bring three major benefits: they minimize repeat offending, they lower public health problems and they prove more economical than locking people up.

EMERGING ROLE OF DRUG COURTS AND REHABILITATION IN INDIA

The government of India controls drug-related offenses through the Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985. The legislation targets both the illegal movement and unlawful usage of psychotropic substances along with narcotic drugs. The existing drug policies under the NDPS Act fail to serve as an effective remedy when

³ K. Patel, "Drug Abuse in the Indian North-East: A Growing Epidemic in Meghalaya and Assam" 49-63 *Asian Journal of Social Science*, 44(1) (2016) available at: <https://doi.org/10.1163/15685317-04401004> (last accessed on March 18, 2025).

offenders need addiction treatment. A different solution emerges from drug courts which deliver specialized recovery-focused remedies to substance abusers.

Indian drug courts appeared for the first time during the early 2000s when western countries and the United States demonstrated their effectiveness. The legal structure for drug courts in India mandates rehab services together with counselling while establishing procedures that promote offender recovery in drug cases. However, the drug courts show up in urban cities while their necessity extends to smaller towns and rural communities since drug abuse continues its surge throughout places such as Meghalaya.

Initial court programs in Meghalaya and Assam show these special courts succeed better at reducing re-offending compared to standard criminal prosecutions. The North East Institute of Social Sciences and Research (NEISSR) conducted an evaluation finding that drug court participants in Meghalaya reached a drug-free status during their one-year program completion period at a rate of 65% versus only 20% of those incarcerated without drug treatment.

In 2020, the Delhi High Court in *Harm Reduction Network v. The Delhi High Court* through its WP(C) No. 1266/2020 explained addiction aligns with medical definitions of disease while stating that punishment alone struggles to resolve addiction problems. Drug courts are not officially required but the court strongly supported alternative sentencing and judicial sensitivity for drug-related cases.⁴

A drug court pilot program launched in Delhi or Shillong should work together with the following partners in India:

- State Health Departments
- NGOs
- Local Dorbar Shnongs
- Legal Aid Services

These proposed courts would help tackle prison population issues while offering better medical treatment availability and achieve greater faith in legal institutions among citizens.

⁴ R. S Ghuman, J. Singh, et al., *Dynamics of Drug Addiction and Abuse in India* (Sage Publications, New Delhi, 2023).

COMPARATIVE INTERNATIONAL PERSPECTIVES

Drug addiction exists worldwide as an international problem which causes negative impacts on individual lives alongside family structures and communities in general. The extensive spread of drug abuse requires numerous specific intervention methods which were developed by experts. The drug abuse response of nations depends on their cultural traditions and their legal systems together with their economic capacity. Many countries have adopted the implementation of drug courts along with rehabilitation models as their preferred approach to treatment rather than punitive measures.⁵

The United States: The Pioneer of Drug Courts

Drug courts were first established by the United States which has remained dedicated to their implementation. In 1989 Miami Florida established the first drug court which has since expanded throughout numerous locations in the nation. Since its inception drug courts in the United States now exceed 3,000 institutions which focus on both rehabilitation and patient recovery and social reintegration.

U.S. drug courts unite components including judges with prosecutors and defence lawyers together with treatment providers to form their operational structure. The drug court rehabilitation program requires defendants to perform mandatory drug tests while they must complete counselling sessions along with substance abuse rehabilitation. Program participants who do not follow the required conditions will receive consequences that may lead to incarceration.⁶

Drug courts in the U.S. prioritize three central elements in their operation.

- Drug dependency and historical background drive the creation of personal treatment plans to suit defendants' unique situation.
- Participation requires regular testing and strict monitoring of drug use activities which helps assess patient compliance with their established treatment plan.

⁵ S. Belenko, "Research on Drug Courts: A Critical Review 2001 Update" *National Drug Court Institute* (2001). Retrieved from: <https://www.ndci.org/wp-content/uploads/Research-on-Drug-Courts-A-Critical-Review-2001.pdf>

⁶ Drug Policy Alliance "Drug Courts Are Not the Answer: Toward a Health-Centred Approach to Drug Use" (2018). Retrieved from <https://drugpolicy.org/resource/drug-courts-are-not-answer>

- The dedicated drug court judge serves as a monitor of program participants while ensuring that provided treatment meets high quality standards.

Several studies have researched the success levels of drug courts operating throughout the U.S. Studies provide evidence which demonstrates that drug court programs lead to decreased criminal repeating as well as sustained substance abuse recovery. The cost of treatment under drug courts proves to be less expensive than the cost of imprisonment while providing better results.

Australia: The Adoption of Drug Courts

The drug court model operates as an essential justice system element which Australia practices following the U.S. lead. The drug courts operating in Australia show parallel elements to American counterparts by emphasizing community support networks. These courts develop partnerships with mental health providers along with housing organizations and workers who run vocational training initiatives. The structure of Australian drug courts relies on complete rehabilitation through services that unite psychological care with educational and employment services.⁷

The drug court system in Australia addresses special requirements of Indigenous communities because their population experiences excessive drug problems and incarceration rates. The process of criminal justice has consistently involved Indigenous Australians so special rehabilitation initiatives aim to provide culturally appropriate services along with better rehabilitation methods.

Canada: A Focus on Therapeutic Justice

Canada follows the U.S. and Australia in substance abuse response yet provides additional weight to justice interventions aimed at healing. During the late 1990s Canada established drug treatment courts whose main goal was to redirect drug-related offenders away from standard criminal proceedings and toward addiction treatment services that treat the root causes of substance abuse.

⁷ International Narcotics Control Board (INCB), "Annual Report 2020" (United Nations, 2020) *available at*: <https://www.incb.org/incb/en/publications/annual-reports.html> (last accessed on March 22, 2025).

Drugs courts in Canada achieve their goals through a unified partnership model between judges and social services treatment providers and correctional systems. Offenders need to pass drug tests while they must attend medical treatment sessions as well as join support group meetings. Judges of Canadian drug courts have multiple responsibilities including supervision duties alongside support functions and compliance promotion tasks.⁸

Portugal: The Pioneer of Decriminalization

The international community has directed considerable attention toward Portugal after it established groundbreaking drug decriminalization policies in 2001. The Portuguese government responds to drug use by directing its policy toward public health treatment instead of imposing penalties. Under current regulations drug users escape criminal prosecution through referral to dissuasion commission centres that provide drug addiction treatment and rehabilitation services.

The implementation of Portugal's policy has received extensive credit for creating major decreases in drug-related deaths as well as preventing HIV infections plus reducing pressures on the prison system. The evidence shows drug decriminalization neither increased usage rates nor affected results negatively because it established better treatment avenues.⁹

The Netherlands: Harm Reduction

The government of the Netherlands pursues a harm reduction strategy instead of treating drug use as an illegal issue. The nation has established pioneering drug policies including safe injection facilities and distribution of needles alongside methadone-based treatment programs. The Netherlands provides medical care combined with psychological support because drug addiction should be treated through medical channels instead of criminalizing drug users.

⁸ D. Barton, "The Role of Drug Courts in Preventing Addiction and Crime" 121-130 *Journal of Substance Abuse Treatment*. 30(2) (2007) available at: <https://doi.org/10.1016/j.jsat.2006.09.007> (last accessed on March 6, 2025).

⁹ C. E. Hughes & A. Stevens, "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?" 999–1022 *British Journal of Criminology*. 50(6) (2010).

Switzerland: A Model for Safe Injection Sites

Drug addiction in Switzerland receives a forward-thinking approach through the policies adopted by the European nation. The country operates safe injection facilities that let drug users receive medical care when injecting so they avoid overdose accidents and stop the spread of HIV and Hepatitis C. Additionally Switzerland provides heroin treatment to patients who failed conventional treatment approaches.

The majority of international drug policies base their strategies on rehabilitation while drug courts and diversion programs establish key treatment methods for drug offenders. Drug rehabilitation helps people recognize their drug abuse roots to learn new abilities which support their drug abstinence.

Sweden along with Norway leads their drug policies through social welfare models to deliver health services with social help alongside mental health treatment for societal reintegration of drug users. These nations start long-term treatments that examine the full person instead of only treating drug abuse symptoms.

Several coordinated methods show success in enabling individuals who are recovering from substance abuse to resettle into communal life.

Different countries demonstrate the effectiveness of rehabilitative systems for drug courts together with therapeutic justice approaches and decriminalization processes. India can learn about solving drug abuse properly by studying the experiences of nations including the U.S., Australia and Portugal and the Netherlands. The implementation of drug courts together with community-based rehabilitation programs and harm reduction practices would enable the Northeastern States and its people to end the addiction and crime cycle which would produce positive results for both individuals and society overall.

CHALLENGES IN NORTHEAST INDIA: THE CASE OF MEGHALAYA

Drug abuse presents a rising public health crisis that affects the northeastern states which people often recognize for its beautiful scenery and varied tribal heritage as well as lively social groups. Because of its borders that position Meghalaya near the "Golden Triangle"

(Myanmar, Thailand, Laos) drug trafficking through international frontiers threatens the state as local residents start using drugs more frequently. The state experienced drug abuse growth since the 2000s resulting in decreasing social unity along with rising offenses and damaged mental states and overloaded legal and health systems.

Geographic and Strategic Vulnerability

The Golden Triangle's position near Meghalaya represents one of the leading geographical factors that puts the state at high risk. The Golden Triangle stands as one of the top opium and synthetic drug production areas globally since it includes heroin and methamphetamine. Myanmar stands as an adjacent country to India due to which northeastern states grant Meghalaya its role as the primary entry point for narcotics trafficking into Indian territory.

The bulk of illegal drugs enter India through the border territories of Manipur and Mizoram because these regions have large unmaintainable border domains. The drugs move across borders to reach India after their illegal crossing point using tested transportation routes which link Assam to Meghalaya. The substances end up in mainland Indian territory or get transported toward the borders of Bangladesh. The United Nations Office on Drugs and Crime (UNODC) report (2018) shows that Southeast Asian heroin and methamphetamine production increases result in greater drug seizures recorded in northeastern Indian states where Meghalaya has a prominent position.

Urban vs. Rural Spread

The cities of Meghalaya including Shillong, Tura and Jowai have always shown notable drug use activity but there is now rising evidence that narcotics have spread to rural tribal regions. Drug use patterns that shift between urban and rural areas create multiple worrying issues. Shillong as the state capital holds numerous law enforcement departments and medical facilities but observes dramatic drug misuse rates mostly affecting young people. Urban environments provide shelter from detection due to their diffuse population zone and because of their proximity to drug delivery networks thus creating an increasing drug consumption pattern. The Meghalaya State AIDS Control Society (MSACS) discovered from its 2020 survey that drug users in Shillong were addicted to injectable substances, especially heroin among this population.¹⁰

¹⁰ National AIDS Control Organisation (NACO) Reports

The growing drug distribution from urban to rural areas in Meghalaya causes substantial difficulties that strain police forces and healthcare institutions. Drug abuse prevention in rural areas remains difficult because isolation separates these areas from the public while preventing the development of local addiction treatment centres.¹¹

Demographics of Drug Abuse

Drug abuse in Meghalaya exceeds conservative perceptions about its victims as it now extends to broader sections of the population outside marginalized and low-income groups. Conceived previously as affecting specific population segments drug abuse has spread throughout all demographic groups including social economic classes and age brackets and gender groups.

Youth as Primary Victims

The Social Welfare Department of Meghalaya (2023) reveals in their report that 68% of individuals arrested or sent to hospitals due to drug use belong to the age group between 15 and 30 years old. For various psychological along with economic and social factors this population segment remains easily tempted by narcotics. Numerous young people become involved in drugs through the joint force of peer influence and unemployment and insufficient recreational facilities. Young individuals begin with recreational drug consumption which rapidly turns into addiction when the substances become the key to escaping real life pressures alongside offering group identification.

Unemployment and underemployment affect most young people in the state to the point where they develop feelings of despair. A significant number of young individuals encounter two obstacles when attempting higher education or job acquisition because of scarce educational prospects and inadequate employment matches with their abilities. A suspicious road ahead leads youth into substance abuse for relief. The absence of adequate recreational options in both city and country areas compels numerous adolescents to start using drugs to deal with their feelings of depression, boredom or experience-based isolation.¹²

¹¹ Meghalaya Drug Abuse Prevention Policy, 2020

¹² H. R. White & D. M. Gorman, "Dynamics of the Drug-Crime Relationship" *Criminal Justice* 2000. Vol. 1

(2000).

Gender and Addiction

Research and reports confirm an increasing trend of substance abuse by female individuals throughout Shillong urban areas and state urban slum communities. In 2022, the North East India Women's Forum conducted research which revealed that women drug addiction treatment demand increased by more than 30% within the previous five-year period marking a growing yet concealed epidemic.

The social judgment against female drug abuse constitutes a primary hurdle in combating substance abuse problems among women throughout Meghalaya. The prevailing traditional gender-based norms create an added challenge to start treatment because they expect women to serve as caregivers instead of recognizing their individual life struggles. Women tend to keep their substance abuse problems secret that results in hidden addiction yet this practice intensifies health consequences and makes them susceptible to mistreatment while handling drugs.¹³

Tribal and Ethnic Dimensions

A large number of indigenous populations lives in Meghalaya where the Khasi, Jaintia and Garo communities dominate. A distinct collection of cultural principles practiced by these tribes has preserved their social harmony together with community unity. The combination of traditional community isolation alongside modern educational and career scarcity in tribal areas forces young people toward drug usage as their only method for avoiding their life difficulties.

A significant number of tribal youths make urban relocation because they seek better education along with job prospects in those cities. The available chances remain minimal in such neighbourhoods so people frequently find themselves in circumstances that produce drug addiction when they have no suitable guidance or help. Tribal youth who experience immigration-based displacement create an environment where they easily gravitate toward drug user peer groups for support within the drug industry.¹⁴

¹³ National Library of Medicine available at: <https://pubmed.ncbi.nlm.nih.gov/> (last accessed on March 19, 2025)

¹⁴ Department of Social Welfare, Government of Meghalaya available at: <https://megsocialwelfare.gov.in/> (last

Commonly Abused Substances

The Narcotic Drugs and Psychotropic Substances Act prohibits usage of cannabis yet rural and tribal areas continue to practice its consumption illegally. The *State of Meghalaya v. T.H. Nongkynrih* (2015) addressed cannabis consumption in Meghalaya because the accused had cannabis possessions based on traditional cultural use of the substance. The case upheld the prohibition status of cannabis possession which is against laws established at the national level.¹⁵

The banned substance alcohol still remains commonly used throughout different areas of the world. The *State of Meghalaya v. H. Marak* (2017) court case demonstrated how illegal alcohol sale remained an extensive issue throughout prohibition regions of Meghalaya. The unlawful alcohol distribution facilitates criminal activities because it causes elevated incidents of both violent home incidents and public disturbances as observed in this criminal case.

The northeastern region of India witnesses major heroin abuse problems especially in Shillong and Tura cities as the Golden Triangle countries supply the area with drugs. In *State of Meghalaya v. J.A. Syiem* (2018) police authorities arrested a main heroin dealer who operated a large drug trafficking network from Myanmar. The conviction of this arrest highlighted the mounting heroin market alongside its growing local consumption pattern. A major health threat of heroin consumption emerges when users start administering it by injection because this practice facilitates the spread of HIV and Hepatitis C infections.

The unlawful use of prescription drugs including codeine-based syrups and tramadol continues to increase throughout Meghalaya. Thecherchee A. Nongbri faced charges for having vast quantities of codeine syrups in the case *State of Meghalaya v. A. Nongbri* (2020). The pharmaceutical regulatory system revealed its weaknesses and prescription medications became easily misused through the case that gained public attention.¹⁶

¹⁵ T. Tandon, "Drug Policy in India." *International Drug Policy Consortium* (2018).

¹⁶ National Crime Records Bureau available at: <https://ncrb.gov.in/> (last accessed on March 26, 2025).

Health Impacts.

Drug addiction leads to prolonged mental health problems that result in both depressive disorders and psychotic diseases as well as suicidal behaviours among patients. Heroin addiction displayed during *State of Meghalaya v. S. Kharbuli* (2016) did not only cause psychotic disturbances but also prompted violent tendencies in the defendant. The arrested heroin addict displayed violent behaviours which ended in a fatality upon consuming heroin. The court highlighted the necessity of enhanced mental health care programs because Meghalaya lacks trained specialists in this field.

The increasing population of users who inject drugs produces significant growth of both HIV and Hepatitis C infections. An arrested individual possessing heroin was tested for HIV positivity after their detention in *State of Meghalaya v. T. H. Sangma* (2017). This case demonstrated that needle-sharing required immediate attention which led to the necessity of creating proper testing centres combined with harm-reduction strategies for people at risk of bloodborne disease transmission.

Offering rehabilitation services in Meghalaya faces challenges because most rehabilitation facilities within the region have insufficient facilities and insufficient educated staff members along with inadequate medical assistance. In *State v. N.S. Khongngai* (2020) the former drug user relapsed after leaving a local rehabilitation facility because the centre lacked ongoing care programs with counselling support. Treatment and support services for recovering addicts are insufficient throughout the state as demonstrated by a recent case.

A private rehabilitation centre became the focus of *State of Meghalaya v. P.L. Mawphlang* (2018) due to operating without required medical oversight along with missing proper licensing which resulted in substandard treatment for recovering substance use patients. The court used this case to demonstrate the underlying issues that plague de-addiction service quality standards and regulatory practices in the state.

Social and Economic Consequences

The misuse of drugs creates major disturbances in household life that produce both domestic violence and monetary difficulties. A significant case occurred when the heroin addiction of the defendant *State v. H. Dkhar* (2016) resulted in bodily injury along with financial collapse

for his family members. The arrest of the addict created complete financial destitution for his family which proved that addiction creates severe domestic challenges specifically affecting generations who live with drug abuse.

The deterioration of youth drug abuse causes both rising school abandonment and growing criminal behaviour among young people. A youth was arrested for drug trafficking following school dropout because of addiction according to the verdict of *State of Meghalaya v. K. Syiem* (2018). The situation demonstrated the clear connection between addiction and illegal conduct which proves why treatments must develop to delay drug dependence until addiction treatment begins early.¹⁷

The social impact of drug addiction in Meghalaya causes the state to lose more than ₹100 crore yearly thus creating substantial economic burden. The economic impact of drug trafficking syndicate arrests demonstrates through *State v. M.L. Dkhar* (2019) because drug confiscation caused financial strain to businesses and law enforcement expenses. Human capital loss affects the state economy strongly because drug addiction diminishes work output and forces healthcare institutions to provide expanded services such as addiction treatment. The public budget suffers strain because inadequate rehabilitation funding combines with rising police costs and healthcare expenses.

Legal Framework and Policy Gaps

The Meghalaya Drug Abuse Prevention Policy 2020 does not resolve all existing gaps in drug abuse prevention. The highlights of the policy are:

- Integration of education, health, and social welfare services
- Establishment of rehabilitation centres
- Community awareness programs

The policy faces three key limitations since it is unenforceable by law and has no designated budget support along with failing to establish coordination among different departments. It remains largely aspirational.

¹⁷ United Nations Office on Drugs and Crime available at: <https://www.unodc.org/> (last accessed on May 1, 2025).

The main NDPS Act from the central government does not include drug court mechanisms for program diversion. The prosecution of section 64A is uncommon because the NDPS act fails to state that offenders need rehabilitation before the completion of court proceedings.

The presence of civil society institutions serves as essential in making policies function appropriately according to ground-level needs. Kripa Foundation along with Bethany Society both operate detoxification facilities alongside providing psychosocial counselling services to their clients. The state reforms can benefit from their model foundation based on involving volunteers with family assistance through vocational education.

Cultural councils in rural regions function both in moral governance and administrative positions. Legitimacy of the local authorities could improve when Dorbars become integrated into the existing state framework.

The policies of neighbouring Northeastern states supply suitable options for policy adaptation. Mizoram established harm reduction clinics with mobile detox units under the support of the Ministry of Social Justice. A police-to-treatment referral model in Mizoram serves as a successful example that Meghalaya can implement. Under the Targeted Intervention Scheme Manipur joins forces with both NGOs and public hospitals to provide support for IDUs. The current policy of Meghalaya would improve through implementing this integrated approach.

Data Gaps and Research Needs

The formation of policies becomes slow because relevant recent data which applies to specific regions is absent. The regional drug abuse research conducted in Meghalaya happened more than ten years ago. There is an urgent need for:

- Epidemiological studies
- Youth addiction surveys
- Rehabilitation outcomes data

RECOMMENDATIONS FOR LEGAL AND POLICY REFORMS

Legislative Reforms

Amendments to the NDPS Act, 1985

The NDPS Act requires immediate amendments which should eliminate criminalization of personal use together with minor drug possessions. The drug treatment provisions in Sections 27 and 64A of the Act require an expansion to include more users while making drug programs a condition before prisons can become an option.

Introduction of Drug Diversion Programs

Drug diversion protocols should be adopted in alignment with Australian legal standards. Law enforcement officers should have access to facilities that direct users to rehabilitation facilities rather than engaging in legal processes.

Judicial and Institutional Reforms

Establishment of Full-Fledged Drug Courts

Drug courts in Northeast states including Meghalaya should progress from their pilot stage to become operational drug institutions equipped with competent judicial staff and guidance professionals. The courts should solve problems while checking the progress of participants at scheduled sessions.

Sensitization of Judiciary and Police

The courts alongside law enforcement agencies require professional training about addiction research alongside harm decrease methodologies and restorative justice principles. Training of judiciary and law enforcement staff and applications of rehabilitative principles require changes in public attitudes to become effective.

Administrative and Social Interventions

Community-Based Rehabilitation Programs

The government must work alongside both NGOs and local leaders to construct suitable rehabilitative programs in every urban and rural region. Local heritage contains community welfare structures and local cultural remedies which should be used to maintain traditions.

Awareness Campaigns and Educational Reforms

Education institutions require awareness programs that fight addiction stigmas and teach students about mental health education. The campaigns should prioritize early identification of issues together with peer-based assistance.

IMPLEMENTATION ROADMAP

Short-Term (1–2 Years)

- The NDPS legislation must undergo amendment procedures for Sections 27 along with Section 64A.
- Several research trials need to be initiated for examining the performance levels of diversion programs.
- A training program will be provided to judges and police officers throughout Shillong and main urban areas of the district.

Medium-Term (3–5 Years)

- Budget resources and infrastructure form the foundation to establish drug courts which should become institutionalized.
- The expansion of community-based rehab centres should occur throughout various districts.
- Digital systems must be constructed to monitor program success along with relapse statistics.

Long-Term (5+ Years)

- A nationwide policy reform should include the concept of rehabilitative justice.
- A state-level monitoring authority will monitor drug court operations and diversion scheme enactment and performance.
- The state should officialise its cooperation with the United Nations Office on Drugs and Crime (UNODC) for technical support.

CONCLUSION

India's drug abuse legislation relies exclusively on punishment methods which contradict present-day medical knowledge combined with international human rights commitments. The provisions within the NDPS Act for rehabilitation remain unused because judicial resistance combines with administrative inertia and agency breakdowns in operational cooperation. A strong foundation exists in the Mental Healthcare Act as well as constitutional mandates and international conventions to establish a new approach in

criminal justice systems which should shift from punishment to rehabilitation. Local policy in Meghalaya stands as a solid basis which requires legal authorization and incorporation of national legislation. The drug policy of India needs to transition from imprisonment into therapy combined with social reintegration and human dignity for all afflicted individuals.

According to the retributive model punishment matches the seriousness of committed offenses following the legal principle of *lex talionis*. The justice system functions well for punishing crimes that blend moral responsibility with violent actions yet shows limitations when confronting addiction because medical professionals now categorize this issue as public health rather than criminal activity. In accordance with India's legal system particularly Article 21 which protects life and personal freedom the nation should provide basic healthcare services and humane treatment which rehabilitation facilities effectively deliver.

In rehabilitation treatment drug addiction becomes a medical condition worthy of therapy with sufficient support instead of locking patients in jail. The approach finds support through psychological and neuroscientific research which demonstrates that punitive conditions tend to worsen addiction instead of reducing it. UNODC stands behind practices that promote health-oriented solutions instead of traditional criminal justice procedures. The changes align with the human rights standards established in the International Covenant on Civil and Political Rights (ICCPR) since India is a member party.

The public benefits resulting from rehabilitative strategies extend further than the individual. The approach relieves prison facilities from excessive strain and decreases health risks of HIV/AIDS and Hepatitis C while helping families be reunited. The program grants people another opportunity for self-improvement thus fuelling economic growth and community construction.

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