

## **EFFECTIVENESS OF DECRIMINALIZATION VS. STRICT PROHIBITION POLICIES ON NARCOTIC DRUG ABUSE**

*By Gourav Kumar Jain\* & Dr. Vishal Sharma\*\**

### **ABSTRACT**

*The purpose of this research is to compare and contrast two approaches to drug usage control: decriminalisation and rigorous prohibition. This study compared the two policy approaches' potential effects on society, the economy, and public health by analysing secondary data from scholarly articles, official documents, and reports from throughout the world. Our research suggests that outright bans on drugs do nothing to curb use and could lead to more jail population, a thriving underground market, and public health crises. Reducing addiction rates, reducing overdose fatalities, and facilitating social reintegration are all outcomes of decriminalisation policies that prioritise harm reduction and rehabilitation, such as those enacted in Portugal. In sum, we contend that recasting drug misuse from a criminal offence to a public health and social concern may facilitate rehabilitation and peace in the community. In comparison to outright prohibition, decriminalization—when coupled with education and treatment—offers a more compassionate, efficient, and long-term solution to the problem of drug usage.*

**Keywords:** Strict Prohibition, Narcotic Drug Abuse, Drug Policy, Public Health, Policy Effectiveness.

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\* PhD Scholar, Law, IoLLS, SAGE University Indore (M.P), India.

\*\* Professor of Law, IoLLS,, SAGE University Indore (M.P), India.

## I. Introduction

### *Global concern over drug abuse*

International tensions are reflected in and exacerbated by the global rise in illicit drug concerns. Some of these tensions have obvious causes, such quick shifts in political affiliation, a decline in family and community cohesion, a rise in underemployment and unemployment, social and economic marginalisation, and an increase in crime. The improvement of many people's quality of life has fallen well short of the potential that exists and the growing expectations of those who know life can be better, even while other sectors, like communications and technology, are experiencing dramatic gains. The macroeconomic environment has undergone a significant transformation at a time when social and political tensions are on the rise. Global investment and trade have increased and significantly boosted the economies of certain industrialised and developing nations. Cross-border movements of people, capital, and goods are far more common and unrestricted than they were in the past. Multinational corporations operate globally in various industries by distributing production based on each nation's or region's comparative advantage, selling in a variety of geographic markets, and conducting financial operations where it is most advantageous. Financial markets have become more transparent as a result of these changes, and there are significant daily money transactions occurring all over the world. Nation States appear to have made their fundamental decision in favour of economic liberalisation due to the anticipated material benefits, judging that the advantages of increased trade and investment outweigh a certain loss of sovereignty in controlling the entry and exit of people, goods, and money. The same macroeconomic climate that has made it easier for legitimate businesses to expand globally has also given drug producers and traffickers the chance to organise globally, produce in developing nations, distribute and sell globally, transport drug cartel members with ease between nations, and invest their drug profits in financial hubs that offer confidentiality and alluring returns on investment. Drug producers and traffickers are now able to launder illicit drug proceeds to make them look like legitimate funds thanks to the same deregulation that has made it possible for normal firms to transfer money electronically across borders with few national oversights.

Global shifts that have made it easier and less expensive for people, products, and money to travel between nations have also had unintended repercussions. They have increased the visibility and intolerance of global disparities and inequities. The gap between the rich and the poor frequently widens. Furthermore, many emerging nations have mainly been left out of the

advantages of increased global trade and investment and the ensuing economic growth, particularly those in Africa and a few countries in Latin America and Asia. This has occasionally happened as a result of economic mismanagement, natural calamities, ethnic warfare, or political instability. Regardless of the cause, a nation's lack of economic development has left it in a difficult financial situation and frequently severely limited access to government services for the most vulnerable members of society. The temptations of money from illegal drug manufacturing and trafficking, as well as the acceptance of illicit drug revenues by financial institutions or as direct investment, have made the nation state and its population more susceptible in this regard.

The issues surrounding illegal substances and drug trafficking are more widely known now than they have ever been. One of the biggest challenges is figuring out how to turn that awareness into positive action. The narcotic drugs and psychotropic substances included in the schedules of the 1961 Single Convention on Narcotic Drugs, as well as the 1972 Protocol and the 1971 Convention on Psychotropic Substances, are referred to as "illicit drugs" in this document. The UNDCP places special emphasis on opium-heroin, coca-cocaine, cannabis, and amphetamine-type stimulants out of the more than 200 prohibited substances mentioned because of their significance for both industrialised and developing nations. The section that follows first looks at the manufacture, distribution, and use of illegal drugs and other addictive substances in order to set the stage for the review of the social effects of drug abuse.

Opposition persists on a worldwide scale over the nature and extent of regulatory oversight of psychotropic and narcotic drugs. Critics have pointed out flaws in the current system of drug and psychotropic substance regulation, which is based on three UN conventions: the Single Convention on Narcotic Drugs (1961, as amended by the 1972 Protocol), the Convention on Psychotropic Substances (1971), and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Some have even gone so far as to call the present approach to drugs and psychotropics a prohibitionist one. In the context of narcotic and psychotropic substance usage, they have been shown to provide minimal room for reformative measures. There has been a gradual change in policy around psychotropic and narcotic drugs in different jurisdictions.

The United Nations agreements on psychotropic substances and narcotics include India as a signatory. Substances classified as narcotics and psychotropics in India are governed under the Narcotic Drugs and Psychotropic Substances Act of 1985 (NDPS Act of 1985, with revisions

in subsequent years). Decriminalisation, medicinal usage, and legalisation of psychotropic and narcotic drugs are the goals of this article. Also, it hopes to provide light on where things are with the decriminalisation, legalisation, and medicinal use of psychotropic and narcotic drugs in India right now.

### *Narcotic Drugs and Psychotropic Substances*

According to the NDPS Act, “narcotic drug means coca leaf, cannabis (hemp), opium, poppy straw and includes all manufactured drugs.” The Act defines psychotropic substance as “any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material included in the list of psychotropic substances specified in the Schedule.”

### *Medical Use*

Permitting narcotic and psychotropic drug use for "legitimate purposes" is an issue that has been addressed in both the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances. There should not be an excessive limitation on "the availability of such substances for medical and scientific purposes," according to these accords. Indeed, these psychotropic and narcotic compounds are classified as "controlled" substances. The scientific and medical applications of these norms are addressed in other articles. Additionally, certain narcotics, like heroin, have had medicinal uses despite being on schedule IV. The usage of heroin in the treatment of opioid use disorders is one such example.

The availability and usage of some narcotics and psychotropic chemicals are restricted and skewed between nations, even if they have licenses and may play a role in the care of certain medical disorders. Increased access to the banned drug for medicinal use is hindered by the following considerations, according to the International Narcotic Control Board (INCB): Concerns regarding addiction, reluctance to prescribe or stock, inadequate training for professionals, and problems linked to regulations, attitudes, knowledge, economics, and procurement.

## **II. LITERATURE REVIEW**

**Levine, H. G. (2003)** evaluated worldwide drug prohibition was established in the twentieth century by political leaders and governments that backed the policy. It was the United States, its allies, and the United Nations that pushed them to do this. According to this study,

politicians, police, the military, and the media all benefited greatly from drug prohibition, drug demonisation, and anti-drug campaigns. There are a number of interconnected problems with drug prohibition around the world in the modern era. As the harm reduction movement has gained momentum, drug policy in numerous nations have shifted from a stricter prohibitionist stance to one that is more permissive and regulated. Furthermore, global drug prohibition is facing new challenges from a credible and increasingly vocal resistance to harsh drug laws. Last but not least, it would appear that drug prohibition is having little effect on the global trend towards legalising and recreationally using cannabis. Global drug prohibition is becoming less invisible and politically vulnerable as a result of these seemingly irreversible changes.

**Taylor, S (2016)** stated that the world's drug policy environment is now experiencing some instability. Many new approaches to drug regulation, decriminalisation, and legalisation are cropping up over the globe, yet the old paradigm of drug prohibition is still very much alive and well. Reformers see alternatives to prohibition and the subsequent "war on drugs" as signs of progressive development, despite detractors' claims that these policies lack legitimacy and proof. Nonetheless, the essay contends that these improvements continue to be based on the same flawed evidence, moral dogma, and arbitrary ideas as their predecessor. Hence, they exemplify the "metamorphosis of prohibition," in which the framework of drug policy evolves but the underlying ideas stay the same. So, these changes shouldn't be deemed 'progressive,' since they could make the fundamental contradictions and inconsistencies that underpin drug prohibition even more entrenched.

**Fazey, C. S. (2003)** studied about commission on Narcotic Drugs (CND) meetings are not for discussion or alteration. The author, a former senior UNDCP official, reveals how CND meetings are controlled to benefit 17 rich nations that support UNDCP—the CND's "civil service." These large contributors differ on policy and how to implement the UN drug Conventions, therefore CND decisions reflect the lowest level of disagreement and overlook substantial policy divides. The International Narcotics Control Board, co-located with UNDCP, supports the US, Japan, Sweden, and most former Soviet Bloc governments in maintaining or tightening global prohibition. Australia, Canada, and numerous EU nations technically follow the Conventions, however their policies invalidate sections. Latin American and Caribbean nations desire tougher demand reduction strategies in the largest 'drug consumer' states, against US and UK objectives. The study illustrates how this impacts UNDCP, where experts and generalists clash and a diverse mix of nationalities and talents complicates leadership and administration.

**Sugiharto, G** determined that youth must be protected against drugs misuse. Future success of country depends on current generation. Maintaining the generation is necessary. The policy to alter the Law Number 22 Year 1997 to be the Law Number 35 Year 2009 on Narcotics needs careful consideration to stop narcotics misuse in Indonesia. This study examines Indonesia's criminal policy towards drugs, including criminal legislation and non-penal policy. This research is normative. As normative research uses secondary data, data is collected by analysing, identifying, and examining laws, books, and other publications connected to government policy, including criminal and non-criminal policy. This study employs qualitative descriptive analysis. The Act 35 of 2009 on Narcotics' criminal consequence formulation threatens narcotics abusers with jail and fines. Non-penal methods are used to minimise drugs usage in society, either via government policy or public awareness.

**Nasution, A. (2009)** pointed that North Sumatra was rated second for high drugs distribution by Indonesia's National drugs Agency (BNN). As a result, the drug trade has reached a crisis point. Prior to the occurrence of crime, non-penal policies were put in place to address the causes of crime, which mostly revolve on societal issues or circumstances that might indirectly or directly contribute to drug crime. The focus of this research is on the BNN of North Sumatra, Indonesia's Non-Penal policy for the prevention and protection of victims of drug crimes, as well as the challenges that have arisen in the past and the steps that the BNN has taken to overcome these challenges.

**López López (2016)** examined that ordinary Colombians on drug policy were investigated. The research in Bogota included 395 participants between the ages of 18 and 68. It used two within-subject orthogonal factor designs to present 24 vignettes: one involving drug demand and government policy (ranging from "laissez faire" to total ban), and the other including drug dangerousness education campaigns and current policy. The members determined if the policies were acceptable. There were seven distinct points of view that they were able to classify. That first half was dubbed "radical constructionists" because they held the view that all policies were inherently flawed. Since only complete prohibition was acceptable, the second group (19%) was dubbed "cultural conservatives" (even if 50% were willing to tolerate mild drug sales). Full prohibition or government control was favoured by the third group, which was termed "progressive prohibitionists" (14%). The fourth group, which made up 8% of the total, was dubbed "free trade libertarians" because to the widespread belief in the openness of the drug market. The other 5% were dubbed "progressive advocates of legalisation" due to their

desire for comprehensive drug control. The majority of the time, people valued information efforts. Possible methodological and decision-maker ramifications discussed.

**Mahendra, J. R. (2024)** analyzed the problems contained in the implementation of the double track system for narcotics crimes using Lawrence M. Friedman's legal system theory. The author uses normative legal research with a conceptual approach and deductive method accompanied by supporting data to produce a comprehensive and critical analysis to answer the problem. The purpose of this research is to find problems in the use of the double track system in narcotics crimes using Friedman's legal system theory, this is done because in Friedman's legal system theory will divide through three aspects, namely legal substance, legal structure, and legal culture in narcotics crimes. Based on the results of the research, the legal substance problem in narcotics crime is the existence of strict liability which can cause overcriminalization so that depenalization, decriminalization, and diversion policies are needed in the Narcotics Law. In addition, there is a tendency for judges in deciding narcotics cases to only use imprisonment without accompanying it with rehabilitation. In the legal structure, there are problems in the form of a lack of drug rehabilitation facilities, the strong retributive influence so that imprisonment is the main answer in dealing with problems, abuse of power committed by law enforcers, and imprisonment which is a criminogenic factor for narcotics crimes. While the problems in legal culture are stigmatization by the community, the need for confidentiality of identity, the influence of the surrounding environment, and the level of education and employment affect the incidence of drug crimes.

### III. OBJECTIVES OF THE STUDY

- To examine the comparative impact of decriminalization and strict prohibition policies on the prevalence and patterns of narcotic drug use.
- To analyse how each policy framework influences public health outcomes, including rates of addiction, overdose, and access to treatment.
- To evaluate the socio-economic consequences of both policy approaches, such as healthcare costs, incarceration expenses, and rehabilitation efforts.

### IV. METHODOLOGY

All of the data used in this study came from secondary sources, and the research method used was qualitative analytical research. The purpose of this study is to examine current literature,

international reports, policy documents, and open sources in order to draw comparisons between the effects of decriminalisation and stringent prohibition policies on narcotic drug consumption. Books, scholarly articles, government documents, reports, and policy updates from international organisations like the UNODC, WHO, and INCB are some of the places where you can find this information. You can also look at the applicable national legal frameworks that dictate how organisations should implement and evaluate the effectiveness of these models. The 1985 Narcotic Drugs and Psychotropic Substances Act (NDPS) is one example of a national legislative framework.

Critical analysis was used to the collected data from these sources in order to assess the effects of the two policy models on addiction variables, public health outcomes, and socio-economic consequences. By analysing the literature that influenced each, we were able to compare and contrast the patterns, trends, and policy results. In comparing the efficacy of decriminalisation and prohibition-based strategies for combating drug usage, the research emphasised an inclination towards interpretive interpretation rather than numerical analysis.

## V. DISCUSSION

Public health, socioeconomic stability, and social welfare are all affected differently by the two approaches to drug abuse—strict prohibition and decriminalisation. Regarding the first objective, which is to compare the effects of drug decriminalisation and prohibition on drug use rates and patterns, it is important to note that prohibitionist policies do not always succeed in lowering drug demand or availability. In fact, research shows that nations like India and Indonesia, which have very stringent prohibitionist laws, still witness a high volume of illicit drug trade and use. The underground economy that Prohibition fosters is a boon to corrupt institutions and criminal organisations. On the other hand, drug usage rates have remained consistent or even declined while imprisonment rates due to drugs have dropped significantly in nations that have contemplated decriminalisation, such as Portugal and several states in the US. With decriminalisation, the emphasis moves from punishment to treatment and prevention, and people are more likely to seek assistance without worrying about repercussions.

Second, by comparing the effects of different theoretical frameworks on public health outcomes, we can see that prohibition tends to make health crises worse. There will be more overdose fatalities, needle sharing, and the spread of infectious illnesses like HIV/AIDS and Hepatitis C because users will be more likely to hide their drug use as a result of the punitive

reaction. Another consequence of seeing addiction via a moral rather than a public health lens is the stigmatisation that results from the prohibition paradigm. On the other hand, the decriminalisation paradigm considers addiction to be a medical illness that requires treatment. Recovery groups, harm reduction initiatives, treatment facilities, medical treatment, and psychotherapy are all more easily accessible under decriminalised regimes. Reducing drug-related mortality and improving reintegration results are two outcomes shown by the Portuguese approach, which emphasises medical and social paths to treat addiction. The public health approach to drug use may be improved by decriminalisation, which emphasises rehabilitation rather than punishment, leading to a more compassionate response to addiction.

Thirdly, by comparing the two policy models' social and economic consequences, we can see that prohibition has huge societal and economic repercussions. Many developing nations' prisons are overcrowded with juvenile offenders convicted of drug-related crimes because of the massive public funds allocated to law enforcement, courts, and prisons under prohibition-based systems, leaving little money for education and rehabilitation programs. There are monetary and societal implications to this, and it perpetuates the vicious cycle of poverty and bad behaviour. By reducing the need for incarceration, decriminalisation frees up funds that may be better spent on public health and preventative initiatives. In the long term, this policy strategy helps countries' economies by reducing spending on law enforcement and increasing productivity via the reintegration of formerly addicted people into the labour. Also, reconciling ex-illicit drug users helps them stay in the society and get jobs when drug-use stigma lessens in places with statutory or informal decriminalisation processes.

On the other hand, there is no evidence to back the claim that prohibitionists' stringent laws act as a deterrent. Your global examples also show that anti-substance policies that prioritise compassion, education, and treatment availability are more successful than those that prioritise strictness. The weak are disproportionately criminalised by stringent prohibition policies, which fail to disrupt drug trade networks. Decriminalisation, on the other hand, improves public health and wellbeing by reducing damage and recognising responsibility via investing in community assistance instead of punishment and punishment-based ideology.

This debate lends credence to the idea that decriminalisation policies, when combined with effective programs and social awareness campaigns, reduce drug use and its associated harms more effectively than absolute prohibition. By seeing addiction as a social issue rather than a

crime, they provide a more equitable and compassionate way forward that promotes health, equality, and long-term social progress.

## VI. CONCLUSION

Punitive policies have seldom been effective in decreasing drug use or damage, according to a comparison of severe prohibition laws with decriminalisation efforts. There was no decrease in use as a consequence of stringent prohibition, which may have led to the criminalisation of vulnerable populations, the incarceration of peaceful conspirators, and the expansion of the black market for illicit drugs. As a result of marginalisation and risky drug use, prohibition promotes public health concerns by stigmatising users and discouraging treatment. Decriminalisation strategies, on the other hand, aim to improve health outcomes and reintegration success via rehabilitation, prevention, and harm reduction. Overdose fatalities, disease transmission rates, and relapse rates are all reduced when drug usage is treated as a public health concern rather than a criminal consequence. This approach has been shown in nations like Portugal. Taxes and population growth are both boosted by decriminalisation, which frees up funds for other uses, such as health care and education, rather than the justice system. The results of this research show that the present stringent prohibition policy is not the best way to combat drug misuse; rather, a decriminalised and socially conscious strategy that prioritises health and compassion would be more effective. Building safer, healthier, and more equal societies requires finding the optimal combination of legislative change, community rehabilitation, education, and sustainability.

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