

**Juvenile Narcotic Abuse Prevention and Rehabilitation Bill, 2025**

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**Juvenile Narcotic Abuse Prevention and Rehabilitation Bill, 2025**

An Act for preventing narcotic abuse amongst juveniles at school, particularly giving special emphasis to the Public Safety Act, 1985, in an endeavour to have proper balance among enforcement, rehabilitation, and preventives to ensure India's young people a protected future.

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**1. Short Title, Extent, and Commencement**

- a. This act may be called or referred to as the Juvenile Narcotic Abuse Prevention and Rehabilitation, 2025.
- b. It shall come into force on the 1<sup>st</sup> of June, 2025.
- c. It covers the entire of India and is applicable to all schools, both public and private.

**2. Definitions**

- a. **"Narcotic Drugs"** refer to a class of opioid drugs that include opium, morphine, codeine, and synthetic derivatives like Heroin, Demerol, and Methadone. These drugs act as sedative analgesics, providing pain relief and also acting as central nervous system depressants.
  - b. **"Juvenile"** means any person who is below the age of 18 years as defined in the Juvenile Justice (Care and Protection of Children) Act, 2015.
  - c. **"Educational Institution"** means any school, college, or university recognized by the Union or State governments.
  - d. **"Indian Information Technology Act, 2000"** is a key piece of legislation that provides legal recognition for electronic transactions, digital signatures, and addresses cybercrime.
  - e. **"Liaison"** refers to the establishment of a formalized connection between distinct professional groups, for the purpose of facilitating effective collaboration in patient care.
  - f. **"Popular Culture"** refers to the collective practices, and beliefs widely recognized by the general public, influencing societal norms.
  - g. **"Primary Caregivers"** refers to individuals designated as the principal providers of care and support for a dependent, such as a juvenile.
  - h. **"Psychosomatic"** refers to conditions or claims where psychological factors manifest as physical symptoms, often relevant in cases involving personal injury.
  - i. **"Psychotropic substance"** means any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material.
  - j. **"Rehabilitation Centre"** means any government-registered centre that offers medical, psychological, and social care to patients recovering from drug abuse.
  - k. **"Social Media"** is often defined as internet-based platforms that allow for the creation and exchange of user-generated content, enable social networking.
  - l. **"The Narcotic Drugs and Psychotropic Substances Act, 1985"**, is a legislative enactment promulgated by the Parliament of India. This Act consolidates the law relating to narcotic drugs and psychotropic substances, imposing stringent provisions for their control and regulation.
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**Chapter 1**  
**Prevention and Regulation of Narcotics in the States of India**

**3. Role of the Union Government in Controlling Drug Abuse-**

- a. The Union Government shall organize national campaigns of awareness educating juveniles on the ill effects of narcotics. The campaigns will be made available to schools, but the format and timing of doing so will remain at the institutions' discretion. But schools that fail to implement these steps will not be penalized because this is a collaborative model.
  - b. For cooperative and effective action for prevention of juvenile drug use, there will be a National Juvenile Narcotics Prevention Board (hereinafter NJNPB). The board will be headed by the Ministry of Social Justice and Empowerment and comprise law enforcement, psychology, social work, education, and health professionals. There is no requirement for specific audit provisions or reporting progress at the early stages. NJNPB will also ensure that country wide drives of rehabilitation, awareness, and campaigns reach schools, colleges, and communities where cases juvenile drug abuse is higher.
  - c. The Government shall also maintain a repository of juvenile drug offenders for tracking and rehabilitating them. The repository shall remain confidential and made accessible to law enforcement agencies. Juvenile drug offenders shall be compelled to go through community service programs, skill development programs, and psychological counselling programs regardless of individual cases. The implementation will be determined by local authorities.
- 4. State Governments' Role in Regulating Drug Abuse-** Each State will also have a State Narcotics Control Committee whose responsibility will be to execute and monitor anti-drug controls at the State level. The committee chairman will be a high-ranking state government officer and will also include representatives of the police, education department, health department, and social welfare department a Juvenile Narcotics Prevention Officer (hereinafter referred to as JNPO). But JNPO appointments will be at the discretion of states with no uniform qualifications.

**Chapter 2**  
**Strengthening Preventive Frameworks Within Schools**

**5. Mandatory Comprehensive Drug Awareness and Prevention Education-**

- a. Mandatory drug awareness programs shall be conducted regularly throughout the year. The curriculum for the following would be age-appropriate, culturally sensitive and evidence based. Trained healthcare professionals and specialists in child psychology would conduct the programs.
- b. Pursuant to Section 6 of the Narcotic Drugs and Psychotropic Substances Act, the Consultative Committee (hereinafter "the Committee") shall establish a subordinate body, the Youth Drug Prevention Alliance (hereinafter YDPA), comprising a moderator and not exceeding ten adjunct members, for the formulation and dissemination of preventive education protocols. The Committee shall appoint YDPA members from educational institutions, healthcare establishments, and social welfare

organizations. The Committee reserves the absolute and irrevocable right to unilaterally alter, expand, or redefine the YDPA's membership, and scope.

**6. School-Based Drug Prevention and Intervention Units-**

- a. Every school shall establish a Drug Prevention and Intervention Unit composed of a trained and certified school counsellor, a representative from a non-governmental organization (NGO), a medical professional, to address any health-related concerns. Schools must ensure that these units operate with utmost anonymity and strict confidentiality. The members of this unit shall give special attention to vulnerable times such as before or after school, and during exam periods. The Ministry of Education shall develop and provide training materials and resources for the Intervention Units.
- b. Non-compliance with the Unit's mandated protocols shall result in revocation of the institution's accreditation. Furthermore, any juvenile deemed non-compliant with the directives issued by the Intervention Unit shall incur an immediate disqualification from the Board Examination. The duration of this disqualification shall commence for a minimum period of five years but may be extended for a further period, corresponding to the gravity of the infraction, as determined by the Intervention Unit, whose decision in this regard shall be binding.

**7. Protocols for Early Detection, Reporting and Creating a Drug-Free School Environment-**

- a. All staff members shall be given pre-service and in-service training to recognize drug abuse signs and follow appropriate reporting procedures. The Central Board of Secondary Education shall have the sole authority to monitor, evaluate and certify the training programs across educational institutions under its jurisdiction to ensure standardization.
- b. Strict monitoring of school access points and security measures shall be implemented to prevent drug entry. Trained guards, security staff and CCTV operators shall remain on duty for monitoring the school entry and exit points.
- c. An educational institution can be held vicariously liable for drug-related offenses committed by its employees if it is demonstrated that the institution did not exercise adequate diligence in overseeing and monitoring its staff.

**Chapter 3**

**Rehabilitation and Support**

**8. Compulsory Rehabilitation of Offenders who are Juveniles-**Any juvenile convicted of minor drug offenses, drug use, or possession for private use will compulsorily be referred to a rehabilitation centre:

- a. The rehabilitation programs will be holistic in nature, whereby the juveniles are psychosomatically strengthened against recidivism. The rehabilitation programs will encompass:
  - i. Medical detoxification by trained healthcare professionals to manage the withdrawal symptoms safely, decrease drug dependence, and avoid possible health consequences of sudden withdrawal for the first time of being involved.
  - ii. Tailored counselling and therapy.
  - iii. Optional vocational skills training and acquisition, including but not limited to computer literacy, arts and craftsmanship.

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- iv. Peer counselling groups and mentorship programs.
  - b. The time taken for rehabilitation will be decided depending on the extent of addiction, with at least one year of rehabilitation for addiction and longer rehabilitation periods for more severe addictions. The progress of each child will be reviewed periodically by experienced physicians, psychologists, and counsellors and will decide if additional time for rehabilitation is needed to take the recovery process to completion.
  - c. Post-rehabilitation follow-up support shall be rendered compulsory to avert relapse and ensure sustained recovery. This shall involve-
    - i. Periodic medical check-ups and psychological assessments.
    - ii. Periodic counselling sessions.
    - iii. Registration in community rehabilitation programs.
  - d. The state should open rehabilitation centres specifically for children throughout the nation so that each child gets scientifically proven treatment and care from hands-on medical and psychological professionals experienced in adolescent addiction treatment. These rehabilitation centres should be kept apart from adult ones to provide a child-friendly environment so that a child can recover.
  - e. Rehabilitated juveniles should not be denied education and job opportunities because of the drugs they have abused in the past. The schools, colleges, and employers should be persuaded to grant rehabilitated juveniles a second chance so that they can be included in society with dignity.
9. **Responsibility of Primary Care-Giver-**
- a. Primary caregivers of a child caught engaging in drug abuse will be legally bound to actively engage in the rehabilitation program. In case of non-compliance by the parents or guardians, child welfare officials will step in and exercise adequate supervision to see that the child is provided with proper care.
  - b. Primary caregivers shall be given special education and educational materials to assist them in identifying signs of drug abuse, learning about the mental disease of juveniles and establish an open, supportive home setting, discouraging the stigma and fear that dissuades juveniles from seeking help.
  - c. A help-line for primary-care givers shall be established to provide 24/7 professional assistance to families of juvenile drug abuse. This helpline will enable them to receive immediate guidance on how to manage their child's issue and obtain the appropriate intervention.
  - d. Special district-level support groups for primary caregivers will be organized. These groups will enable families to educate and share their own experiences, obtain professional guidance and enlist group exercise and awareness programs.
10. **PPP (Public-Private Partnership) Model for Rehabilitation Centres-** The Government of India will partner with private rehabilitation centres, NGOs, mental health organizations, and corporate stakeholders for the establishment of rehabilitation centres in urban and rural areas.
- a. The PPP (*Public-Private Partnership*) model will guarantee the quality of rehabilitation services by national standards through the following:
    - i. Periodic performance audits and inspection to uphold ethical treatment procedures and avoid exploitation.
    - ii. Forced accreditation and licensure of all private rehabilitation centres, with openness and compliance with best practices offered.
    - iii. Periodic reviews of impact, where rehabilitation centres are forced to provide reports on their success rates, measures to prevent relapse, and areas of

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- improvement.
- b. CSR activities will be promoted to sponsor rehabilitation facilities. Businesses that invest in drug prevention and rehabilitation services will receive tax relief, government support, and public recognition for their efforts. Businesses must a
  - c. The government will incorporate technology-mediated rehabilitation interventions, including:
    - i. Virtual therapy and internet-based counselling websites for adolescents who cannot attend physical rehabilitation facilities.
    - ii. AI-driven early warning systems in schools and communities to detect vulnerable juveniles before they become addicted.
    - iii. Mobile apps for post-rehabilitation care, linking juveniles with counsellors, mental health professionals, and peer support groups.
  - d. Rehabilitation centres will be established in each district so that rehabilitation centres are within reach of all that offer guidance counselling, emergency intervention and mass awareness campaigns to inform adolescents about the dangers of drug abuse.
  - e. Private rehabilitation centres and NGOs involved in rehabilitation will be made to provide annual performance reports, which will list the number of adolescents rehabilitated, relapse and success rates as well as change and progress in treatment methods.

#### **Chapter 4**

#### **Addressing the Glorification of Narcotics in Modern Popular Culture and Media**

#### **11. Addressing widespread use and promotion of steroids in the fitness sphere, with special emphasis on social media influencers-**

- a. Because the use of narcotics is a matter of national interest, the government shall employ the following change-
  - i. Editing Information Technology Act, 2000 69(A) in the following manner-  
*Explicitly ban the following through the act of-*  
Websites or Social media pages that promote, sell, or advertise narcotics.  
Music videos, reels, or films that glorify the use/distribution of narcotics positively, regardless of the warning given before.
  - ii. Expanding the Indian Crime Coordination Centre (henceforth referred to as the I4C). The I4C plans to increase the budget of rupees 500 crores within 3 years of this bill passing. Funds for the same will be allocated from fines collected under the IT Act, 2000 & NDPS Act (for drug-related cybercrimes) and will be directed to I4C. The union budget shall be allocated to the Ministry of Home Affairs. Under the 7th schedule of the Companies Act, 2013, companies must allocate 2 percent of their profits to CSR initiatives. Therefore, Information Technology companies can allocate this 2 percent for I4C initiatives.
- b. There will be five government-controlled pharmacies in each state holding and distributing steroids. Any man or woman can only obtain steroids if they fulfil the following requirements-
  - i. They have a prescription issued by a registered medical practitioner who is legally authorized to prescribe medications.
  - ii. They are above the age of 16.

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- iii. They have no prior cases of smugglings, or abuse of drugs.
  - iv. They are not participating in any sports competitions with a rule against the use of steroids.
  - v. They only take two doses of steroids per visit.
  - vi. They only visit one time per month.
  - vii. They are mentally capable in all standards.
  - viii. If the above-mentioned standards are completely fulfilled, the applicant may receive their dosage of steroids.
  - ix. Failure to inculcate the above guidelines will lead to the following punishment for the steroid user- First-time offence shall be liable to a fine of fifty thousand rupees; No authorisation for the use of steroids for the next 3 years. Second-time offence shall be liable to a fine of one lakh. In conjunction to a lifetime ban on the use of steroids. Any offences henceforth would result in a fine of 10 lakhs, with a minimum sentence of 10 months in jail.
- c. Gateway drugs such as marijuana alter brain chemistry and make the brain more receptive to the effects of stronger drugs. The mild euphoria received from gateway drugs may addict adolescents towards a path of substance abuse. Therefore, all actions outlined in 12b(i) of this bill will be implemented for all forms of cannabis and vapes.

**Chapter 5**  
**Offences and Penalties**

**12. Punishment of Adult Perpetrators of Narcotic and Psychotropic Substance Distribution to Juveniles-**

- a. Whoever, in contravention of the NDPS Act, commits an aggravated drug offense within the premises of a school or within a radius of five hundred meters from the boundary of a school shall be subject to enhanced punishment:  
For the purpose of this section, the “aggravated drug offense” shall include:
  - i. Supplying, selling, or distributing any narcotic or psychotropic substance to a juvenile.
  - ii. Using a juvenile for the illegal cultivation, manufacturing, processing, transportation, sale, purchase of any narcotic or psychotropic substance.
  - iii. Financing or facilitating drug-trafficking to juveniles.
- b. The enhanced punishment under clause 18(a) shall be-
  - i. For offences involving a small quantity, defined as any quantity lesser than the threshold specified by the Union Government under Section 2 of the NDPS Act, there shall be rigorous imprisonment for a term not less than 15 years, coupled with the complete and irreversible confiscation of assets , irrespective of their connection to the offence.
  - ii. For offences involving a quantity less than the commercial quantity, defined as any quantity which is greater than small but less than commercial, shall face rigorous imprisonment for a term which may extend to 25 years , without any possibility of parole or early release and with a fine which may extend to fifty thousand rupees.
  - iii. For Offences which involve a commercial quantity, defined as any quantity greater than the threshold specified by the government, shall face rigorous

imprisonment for a term which shall not be less than ten years and be liable to a fine which may extend to one lakh rupees.

**13. Punishment of Juveniles Found in Possession of Narcotic Drugs or Psychotropic Substances-**

- a. Any juvenile found to be in possession of a narcotic drug or psychotropic substance; the following actions shall be taken:
  - i. Upon apprehension, the juvenile shall be summoned to the Juvenile Justice Board, where the case shall be evaluated. Mitigating factors such as the age of the juvenile, prior offences and quantity and type of drug shall be considered. Involvement of Primary Caregivers shall be strictly limited to the provision of logistical information, and any mandated participation in rehabilitative programs shall be viewed as a conditional privilege.
  - ii. In case of subsequent offences, the juvenile shall, notwithstanding the provisions of this bill be subjected to trial as an adult. Should the aforementioned juvenile be convicted in such proceedings the court shall, without any discretion or irrespective of any mitigating factors, impose the sentence of life imprisonment.
- b. Notwithstanding any disclaimers or notices against the use of narcotics in educational content, any individual or entity found to be promoting, or facilitating access to narcotic drugs or psychotropic substances among juveniles shall be subject to penalties including but not limited to a monetary fine of two lakh rupees and a ban on future film productions for five years. These penalties will be imposed regardless of presence of disclaimers.

**DISCLAIMER:**

The Organising Committee of **LOTUS SANSAD Mock Parliament** has diligently endeavoured to emulate the proceedings of the Indian Parliament and has formulated its rules in alignment with those provided by the Ministry of Parliamentary Affairs. While striving to adhere closely to the original rules of procedure, certain deviations have been introduced to enrich debate and enhance the overall experience. These deviations from the standard rules of procedure align with allowances stipulated by the Lok Sabha scheme outlined by the Ministry of Parliamentary Affairs, Government of India. **As such, they are not subject to legal challenges in any form.**

It is brought to light that any legal inconsistency is wholly unintentional and for the same we extend our apologies in advance.



**Statement of Object and Reason**

As of 2024-25 the Indian education system serves 24.8 crore and 14.72 lakh schools. It is the government's duty to ensure and safeguard these millions of kids from potential harm. This bill, taking in regard the Public Safety Act of 1985, moves to combat the socially condemned practice of indulging in illegal narcotics. The bill serves to protect students nationwide from the physical and mental effects that psychedelics among other narcotics cause them, leading to adverse effects on their holistic development. There are approximately 20,00,000 adolescents from the ages 10-17 indulging in cannabis and 40,00,00 indulging in opioids. In light of the alarming statistics and the urgent need for intervention, this bill represents a crucial step towards safeguarding our youth from the perils of drug abuse and ensuring their right to a safe and conducive learning environment. By fostering a drug-free environment in schools, the bill aims not only to protect individual students but also to promote a healthier society overall.

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Ministry of Home Affairs