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# Rehabilitation and Medical Care for Drug Addicts: Gaps and Challenges in India

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## ABSTRACT

*India faces multiple structural barriers in its drug addiction rehabilitation and medical care because it lacks enough treatment centres while such services remain separated from one another and society holds negative attitudes toward addiction and the country still applies outdated punitive methods. The Narcotic Drugs and Psychotropic Substances (NDPS) Act from 1985 has led courts to transform their drug policy from punishing drug offenders to providing treatment instead of penalties. Landmark judgments such as Tofan Singh and Sukhwinder Singh demonstrates its dedication to promoting rehabilitation over punitive measures shows judiciary view on drug addicts. De-addiction programs face structural problems because they mostly use abstinence methods when evidence shows medication-assisted therapy (MAT) should be used instead. Research against international drug policies confirms that India needs to develop combined legal and medical systems for managing drug addiction effectively. The research evaluates judicial transformations and policy failures and proposes rehabilitative transformations for Indian substance misuse management.*

## KEYWORDS

*Rehabilitation, De-addiction, Judiciary, NDPS, Policy.*

## INTRODUCTION

Rehabilitation and medical care for drug addicts in India face significant challenges due to inadequate access to treatment, societal stigma, lack of integration between healthcare services, insufficient training of healthcare professionals, and ineffective policy implementation. Individuals with substance use disorders face problems obtaining specialized treatment because there are

too few rehabilitation centers and treatment is expensive and non-uniformly distributed throughout India. The intense social discrimination about drug addiction forces people to avoid getting help while causing them problems with community acceptance after recovery programs. The insufficient communication between different healthcare services causes poor treatment results because patients receive disjointed care that creates primary healthcare and mental health service fragmentation. Healthcare professionals lack enough training in addiction medicine which results in incorrect diagnoses and inadequate treatment methods and substandard patient-focused care. The implementation of national substance use disorder policies meets challenges because bureaucracy performs ineffectively and authorities lack funding and inadequate monitoring systems. The evidence shows that community-based recovery programs involving families and local communities prove successful in preventing relapses yet states stop implementing such approaches due to underutilization. India faces various obstacles because of insufficient research data about substance addiction patterns and rehab therapy performances, leading to difficulties in designing evidence-based treatment approaches<sup>1</sup>. To tackle these gaps in the rehabilitation system, the approach should combine increased access to treatment facilities with healthcare service integration alongside stigma reduction programs and enhanced healthcare worker training as well. Several essential reforms are needed to make the Indian system of drug addict rehabilitation and medical care effective in addressing the rising addiction crisis<sup>2</sup>. When India established the Narcotic Drugs and Psychotropic Substances (NDPS) Act during 1985 it became a fundamental advancement for their drug control infrastructure. The legislation combined earlier drug control acts to establish strict restrictions for narcotic drugs and psychotropic substances in order to prevent their manufacturing and circulation. As outlined in the NDPS Policy of 2012 supply reduction alongside demand reduction and harm reduction comprised the main enforcement goals.

### **JUDICIAL SHIFT FROM PUNISHMENT TO REHABILITATION FOR DRUG ADDICTS**

In the case, *Sukhwinder Singh @ Sabi, Pooja Sharma, and Karan Baggi v. State of Punjab*, The primary issue was the accused's alleged involvement in Gurpreet Singh's death by heroin overdose.

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<sup>1</sup> Arpit Parmar, Venkata Lakshmi Narasimha & Santanu Nath, National Drug Laws, Policies, and Programs in India: A Narrative Review, 46 *Indian J. Psychol. Med.* 5 (2024)

<sup>2</sup> Gurvinder Singh, Rehabilitation: A Challenge under NDPS Act, 1985, 4 *Int'l J. Advances Eng'g & Mgmt.* 1065 (2022)

The court had to find out whether the accused had forced the deceased to do so or was it a case of voluntary substance abuse. They, likewise, as drug addicts were identified as petitioners, and the question is whether they need to be subjected to punitive measures or directed to rehabilitation. The judgment came in favour of the accused by granting them bail, but then directed to not commit them for admission in de-addiction center. Having been criminalised, there lies a vital gap in the Indian legal system whereby those grappling with drug dependency are pushed to criminal proceedings rather than allowed for medical intervention. The court also pointed out that both the accused and the dead were habitual drug users and had earlier undergone de-addiction in a centre. While they are known to be addicted, the NDPS Act only has provisions of punitive measures rather than of rehabilitation. The ruling did not consider any alternative that the accused be directed towards a structured de-addiction program that would serve as an alternative to incarceration<sup>3</sup>.

While there is increasing judicial trend in India in acknowledging drug addiction as a medical problem rather than a criminal offence, there is still a visible lacuna of any judicial guidelines to direct the rehabilitation of addicts caught in the legal system. Sentencing with rehabilitation must include policy reforms that embrace those addicted rather than actively involved in drug trafficking and the ruling confirms that the latter should not be handed years in prison instead of rehabilitation. An alternative approach would be closer to international models and would entail judicial discretion to order mandatory de-addiction programs for those accused persons having a history of substance abuse, so that they may be taken care of medically and avoid being prolonged through criminal trials and incarceration. The current judicial system represents an advancement that corresponds with current medical interpretations of addiction by treating drug addicts as patients needing health care. The restoration approach implemented by the court deals directly with addiction roots to minimize people from re-offending while promoting their successful return to society. Under the Ministry of Health and Family Welfare the Drug De-addiction Programme (DDAP) launched its first centres in medical colleges and district hospitals during 1988. Medical facilities at these centres offer substance use disorder treatment which demonstrates an organized approach toward incorporating medical approaches in addiction care<sup>4</sup>. The rehabilitation services face important

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<sup>3</sup> Sukhwinder Singh @ Sabi, Pooja Sharma, and Karan Baggi v. State of Punjab (19 Jan 2021) (2021 SCC OnLine P&H 159)

<sup>4</sup> Anju Dhawan et al., Treatment of Substance Use Disorders Through the Government Health Facilities: Developments in the "Drug De-Addiction Programme" of Ministry of Health and Family Welfare, Government of India, 39

structural deficits in addition to delivery system deficiencies. The drug treatment system in India today needs changes because there are insufficient evidence-based care options and outdated abstinence-only approaches and inadequate medication-assisted treatment integration. The path to effective rehabilitation remains obstructed due to pressure on patients to accept treatment and the combination of public discrimination with insufficient mental support<sup>5</sup>. The Sukhwinder Singh case demonstrates that society needs a refined method to separate illegal activities from medical assistance for substance use disorders. The judiciary can lead the way in filling healthcare service gaps by steering drug addicts toward rehabilitation instead of sending them to prison. The method lines up with worldwide best practices and provides a more compassionate and effective remedy for combating drug addiction in India<sup>6</sup>.

The Indian Supreme Court established new principles for evaluating confessions made to Narcotic Drugs and Psychotropic Substances (NDPS) officers in their ruling that changed evidence standards. The main issue at stake in this case centered on whether statements recorded by Narcotics Control Bureau officers through Section 67 of the NDPS Act would qualify as confessions capable of serving as strong evidence against defendants. When enforcing the NDPS Act officers achieve no status as "police officers" which renders all voluntary statements inadmissible under Section 25 of the Indian Evidence Act 1872. The court established an essential protection through this ruling which protects NDPS Act defendants from conviction through questioning done in their custody. The legal decision regarding Tofan Singh applies directly to India's present-day drug addiction management and patient rehabilitation methods. The court declaration underlined both procedural correctness along with due process requirements which reaffirmed that individuals need protection from self-incrimination. A large number of drug addiction cases under the NDPS Act result in involuntary confessions through coercion which drives them to prisons rather than receiving treatment. The decision indicates a necessity for courts to change their approach to supervised rehabilitation over incarceration of drug-using individuals. The legal decision follows the growing movement which views drug use as medical rather than criminal treatment. Through supreme court restrictions on confession admission the legal system now allows rehabilitative practices while protecting people from wrongful imprisonment

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Indian J. Psychiatry 142 (2017)

<sup>5</sup> Anusuya Yadav & Asha, Rights to Health and Access to Treatment of Drug Addicted Patients in India, 13(1) J. Drug & Alcohol Res. (2024)

<sup>6</sup> Sukhwinder Singh @ Sabi, Pooja Sharma, and Karan Baggi v. State of Punjab (19 Jan 2021) (2021 SCC OnLine P&H 159)

and compelling police organizations to base their cases on actual evidence. The outcome from this case establishes an essential basis that urges reform of Indian drug legislation to separate medical treatment recipients from genuine traffickers<sup>7</sup>.

Under the Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985 India controls the use of substances through penalizing all activities involving narcotics drugs. Judicial interpretation of this law experienced a transformation over the recent years. Judicial decisions in the past emphasized harsh penalties for all drug crime offenders yet modern rulings recognize separate punishments for drug traffickers and drug users by offering treatment options to addicts. The enforcement practices are uneven despite existing laws because most drug arrests in the population involve people who are addicted to drugs instead of traffickers leading to doubts about what works best to treat addiction. The legal system of India is now adopting a therapeutic redirection for individuals who use drugs. Rehabilitation through medical attention has gained court approval as an alternative to criminal punishment since substance abuse exists medically instead of criminally<sup>8</sup>. The case of Sukhwinder Singh V. State of Punjab serves as a significant example of this transition. The Punjab and Haryana High Court gave bail to the drug addict through a court order which sent him to receive treatment at a government de-addiction centre instead of putting him in prison. The court also recognized that medical help is needed for treating addiction and blocking rehabilitation services for people who need help reveals an inadequate response to the underlying problem. Judicial understanding has gone through a widespread change which views addiction through a medical perspective demanding care rather than penalization<sup>9</sup>.

The government of India has achieved important legal and judicial developments but these initiatives leave essential deficiencies in its drug addict treatment approach. The recovery facilities across India possess constrained access and irregular geographical positioning along with insufficient material support and professional staff and competent therapeutic practices<sup>10</sup>. The government operates de-addiction programs by using dated withdrawal-based treatment models instead of proven medication-assisted treatment (MAT). The insufficient connection between rehabilitation services with healthcare systems creates

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<sup>7</sup> Tofan Singh v. State of Tamil Nadu, (2020) 9 SCC 1.

<sup>8</sup> Sparsh Agarwal & Yashi Agarwal, *Drug Abuse in India: A Study from Legal Perspective*, 8 Int'l J. Creative Rsch. Thoughts (2320-2882) (Apr. 2020).

<sup>9</sup> Sukhwinder Singh @ Sabi, Pooja Sharma, and Karan Baggi v. State of Punjab (19 Jan 2021) (2021 SCC OnLine P&H 159)

<sup>10</sup> Subrata Biswas, *Drug Abuse and Drug Trafficking: Non-Traditional Security Threats in Post-Soviet Central Asia*, 8 Asian J. Legal Educ. 247 (2021)

obstacles for continuing care delivery for addicts who are recovering from addiction. Due to negative public perception of drug addiction many individuals hesitate to get help and the mostly punitive stance that law enforcement takes towards addiction<sup>11</sup>. A full-scale approach must be developed to manage substance abuse properly throughout India. The fight against substance abuse needs better legal definitions between traffickers and addicts along with expanded treatment facility funding and proven therapeutic practices including counselling. Opioid substitution therapy and needle exchange programs must be better enforced according to evidence from successful international programs because they demonstrate positive results.

### **RESPONSES TO DRUG TRAFFICKING: LESSONS FROM CENTRAL ASIA AND ITS IMPLICATIONS IN INDIA**

Drug trafficking together with drug use generates a severe non-traditional security concern affecting territories beyond borders while destroying state security foundations. Globalization and economic liberalization since the Cold War period enabled the illicit substances to thrive which doubled as both threats to human security and national sovereignty. As one of the former Soviet Union territories Central Asia functions as a key delivery zone for drug trafficking where Afghan heroin spreads destructive forces that cause instability together with corruption and terror activity. The political and economic conditions of these recently formed states worsened the drug problem as their governments proved unable to halt the drug trade effectively. State capacity stands as the most visible manifestation of the drug trafficking and state fragility relationship because these states prove unable to create solid institutional foundations. Organized crime groups along with no-state-actors thrive because of the weak border controls combined with under-enforced laws and pervasive corruption. Drug cartels have overcome borders to penetrate all essential governmental institutions including law enforcement agencies as well as courts and political organizations which protect their illegal business flows. The funds earned from drug trafficking kill state institutions so effectively that the crisis becomes increasingly difficult to combat<sup>12</sup>.

The Central Asian situation serves as a warning sign because India needs to focus on its developing drug abuse and trafficking problems. India serves as a vital transit point for narcotics

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<sup>11</sup> Charu Dubey & Priti Bakhshi, Substance Abuse: Trends, Primary Care and Sustainable Transformation, 21 J. Health Mgmt. 582 (2019).

<sup>12</sup> Subrata Biswas, Drug Abuse and Drug Trafficking: Non-Traditional Security Threats in Post-Soviet Central Asia, 8 Asian J. Legal Educ. 247 (2021)

because it lies in between the drug-producing regions of the Golden Triangle and Golden Crescent countries. The experience in Central Asia shows that unprotected borders coupled with inadequate legal changes will expand Indian organized crime operations throughout the country. Drug-related offenses have become so serious to the Indian judiciary that they adopted rigorous policies to address them. The essential conditions of the Narcotic Drugs and Psychotropic Substances Act, 1985 enforce tough disciplinary measures against drug-related offenders alongside established rehabilitation programs. The Indian legal system confronts difficulties when trying to solve the fundamental reasons behind drug abuse despite having existing laws in place. Judicial authorities predominantly choose destructive punishment enforcement methods without addressing social economic elements which push people toward drug addiction. Indian authorities primarily use enforcement methods to combat substance abuse despite evidence demonstrating that other jurisdictions effectively minimize harm through specific drug policies. Enforcement-based strategies which break down organized drug operations still leave unaddressed the growing market demand for narcotics and so they work only short-term to reduce drug problems<sup>13</sup>.

The judiciary plays an essential role in fighting drug trafficking because of its connection to organized crime. Indian courts established the core connection between terrorist financing and narcotics trade in multiple vital cases to establish law enforcement cooperation with international bodies and intelligence networks. The Supreme Court of India has strengthened drug enforcement rules through multiple court decisions that support drug addict rehabilitation programs as well as social reintegration policies. Legal doctrines continue to develop into a new direction because punitive enforcement alone proves inadequate for effective control of drugs so a combination of punishment and public health programs becomes the necessary solution. Observations from Central Asian drug trafficking reveal important insights crucial for India to understand about the extensive threats faced by national security due to illegal drug operations. The entry of money from drugs into national institutions threatens democracy because it leads to corruption which undermines public acceptance of government institutions. Law enforcement policies should receive support from the Indian judiciary to promote simultaneous implementation of harm-reduction strategies and tough enforcement against drug-related crimes. The elimination of drug

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<sup>13</sup> Arpit Parmar, Venkata Lakshmi Narasimha & Santanu Nath, National Drug Laws, Policies, and Programs in India: A Narrative Review, *Indian J. Psychol. Med*

trade requires a complete approach that combines legal enforcement alongside social measures and economic strategies to achieve complete elimination of this problem.

The judicial interpretation of Section 50 from the NDPS Act requires courts to ensure accused people know they can get searched only with presence of a Magistrate or a Gazetted Officer. According to the ruling of the court both search and seizure operations under the NDPS Act must respect this essential right of the accused to be informed during a search. Allusion of evidence from these operations occurs whenever this requirement is violated. The judgment served as an essential aspect in maintaining fairness during drug enforcement prosecutions because it safeguarded against unfair police conduct. The court decision demonstrated the requirement of strict adherence to procedural laws to safeguard constitutional rights for NDPS Act accused individuals. India's legal approach to drug trafficking receives major significance from the Baldev Singh case. The judgment about Baldev Singh proves the need to achieve the right balance between drug enforceability and legal procedural standards while the NDPS Act offers authorities harsh punishments for drug offenses. People arrested under drug laws commonly suffer coercion and unlawful searches which produces wrongful convictions. This judgment in Baldev Singh guarantees law enforcement professionals cannot perpetrates abuses during drug enforcement operations thus guaranteeing fair treatment of individual citizens. The need for India to develop a legal system regarding drug trafficking becomes more crucial because these laws need to protect both security interests and human rights. Through this judgment a precedent has been established to separate drug traffickers from addicts which sets conditions for creating a judicial system that provides rehab services to users along with strict measures against organized criminal drug networks<sup>14</sup>.

### **THE ROLE OF PSYCHOSOCIAL INTERVENTIONS DURING THE PROCESS OF RECOVERY**

Substance use disorders affecting teenagers demand multiple treatment options beyond medication because this situation needs complete care for success. Sustainable drug dependency recovery depends heavily on psychosocial treatment as its base operational method for non-drug-based interventions. A short-term stabilization is achievable through medications yet real rehabilitation requires a structured approach of psychosocial support with both individual counselling and group therapy

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<sup>14</sup> State of Punjab v. Baldev Singh, (1999) 6 SCC 172.

components. The treatment goal seeks total abstinence that extends past brief periods of sobriety by changing the behaviours of patients permanently<sup>15</sup>. Many substance abusers face their toughest challenge for enduring recovery because they exist within a deeply established drug-using subcommunity. Such therapy works to create lifestyle changes and establish productive patterns to help people free themselves from their current environment. The recovery process includes learning new skills together with reconnecting with society and undergoing permanent behavioural adaptation. Different treatment approaches exist to match addiction severity levels of patients. Specific interventions that last between one and four sessions help motivate changes in non-dependence users. Two main categories of extended interventions include cognitive behavioural therapy coupled with relapse prevention programs alongside social skill training with expressive psychotherapy<sup>16</sup>.

The Supreme Court of India established rehabilitation and reintegration as essential elements for vulnerable individuals especially children who have been saved from trafficking and forced labor situations. The NGO Bachpan Bachao Andolan used a public interest litigation (PIL) to file the case for judicial intervention against child trafficking and exploitation together with abuse. The Court acknowledged there must be an organized system which gives support to trafficking victims who require support for societal integration after rescue. The court ordered government institutions to create rehabilitation homes together with vocational education and mental health support programs for assisting children after rescue. The court compelled the state to build recovery-focused policies which focus on offering care instead of punitive measures to vulnerable individuals. The guidelines set by Bachpan Bachao Andolan demonstrate high value for understanding drug addiction alongside trafficking throughout India. Individuals who are addicted to drugs must receive a complete recovery system instead of being punished because punitive measures push them even further away from social connection. The court judgment confirms that human-centered criminal prevention requires systematic solutions for victims who face larger societal issues to establish effective change. According to this viewpoint India needs separate treatment for those dependent on drugs who need medical help from stronger measures for drug trafficking offenders. The rehabilitation and reintegration efforts implemented in India seek to stop individuals from recurring in substance abuse and crime

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<sup>15</sup> Sparsh Agarwal & Yashi Agarwal, *Drug Abuse in India: A Study from Legal Perspective*, 8 Int'l J. Creative Rsch. Thoughts (2320-2882) (Apr. 2020).

<sup>16</sup> Gurbinder Singh, *Rehabilitation: A Challenge under NDPS Act, 1985*, 4 Int'l J. Advances Eng'g & Mgmt. 1065 (2022)

similar to how the Court reintegrates trafficked children. The local courts demonstrate progress in accepting reformative justice approaches thus introducing comparable standards into drug addiction treatments to deliver suitable medical care without prison terms<sup>17</sup>.

- ***Importance of Peer Support Groups and Family Involvement in Psychosocial Treatment***

Mutual assistance programs constitute critical elements within the psychosocial treatment structure. The support groups under Alcoholics Anonymous and Narcotics Anonymous give recovering addicts a network to share personal experiences within a structured program that builds emotional and psychological recovery. The self-help groups deliver continuous support to addiction sufferers through their dedication to mutual aid because members share identical experiences with recovery. Professional therapists should remain distant from such groups to protect their natural ability to maintain ongoing operations. The Indian judicial system normally handles drug offenses by prioritizing imprisonment instead of offering rehabilitation assistance to offenders. The Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985 gives harsh punishments to people found with drugs or carrying out drug trade but fails to provide sufficient focus on addiction recovery and social reintegration programs. The development of Indian addiction reforms can benefit by following the American approach of supervised treatment programs. Drug courts specifically focused on addiction along with vocational training programs and support networks for peers assume a central role as India progresses with its legal strategies against drug addiction. Judicial support is needed for new policies which combine psychosocial treatment approaches in legal systems to provide proper counselling and rehabilitation instead of prolonged detention for arrested addicts. The medical challenge of relapse continues to affect substance abuse treatment programs<sup>18</sup>. The main triggers that lead to relapse consist of environmental signals combined with social influences and emotional problems. Self-monitoring and stress management techniques along with behavioural conditioning practices make up effective strategies for relapse prevention. Patients benefit from cognitive behavioural therapy because the method effectively shows risky scenarios while providing coping skills. The success rate of motivational

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<sup>17</sup> Bachpan Bachao Andolan v. Union of India, (2011) 5 SCC 1.

<sup>18</sup> Aditya Sagar, *Beyond Punishment: India's Drug Policy Landscape*, 3 Ind. J. Integrated Rsch. L. 654 (2024)

enhancement therapy for recovery management continues to increase because it helps patients develop intrinsic motivation to change their behaviour. Psychosocial treatment significantly depends on family involvement. Family support serves to boost treatment results in India because family connections stay strong within the society<sup>19</sup>. The educational process needs to teach relatives that addiction is a medical condition which does not represent moral weakness. Service providers work toward creating supportive recovery spaces by establishing family therapy and multiple-family therapy programs and support groups dedicated to relatives of addicts. Health institutions working with the judiciary should develop family counselling services to run parallel with de-addiction treatment programs.

- ***Preventing Relapse and Ensuring Long-Term Recovery***

Recovery processes require two essential elements which are aftercare and rehabilitation support. Satisfactory recovery from detoxification calls for well-defined support networks that include job training and employment assistance and community-based rehabilitation facilities. The Indian legal system needs to establish post-treatment monitoring systems that will continue providing support to recovering addicts in order to stop relapses from happening. De-addiction centres need to cooperate with law enforcement entities so first-time offenders receive rehabilitation services instead of ending up in prison. Restoring justice through psychosocial drug abuse treatment proves more effective than penalizing individuals according to restorative principles. Psychosocial therapies need to be incorporated within India's judicial and policy structure to develop a more supportive approach toward drug addiction treatment. The successful transformation depends on judiciary, healthcare providers and community organizations collaborating to establish a rehabilitation system instead of focusing on punishment for substance abuse control<sup>20</sup>.

## CONCLUSION

Indian laws face an important choice between treatment-based rehabilitation programs and criminal punishment for addressing drug addiction. The courts of India have rendered important judicial decisions in *Sukhwinder Singh @ Sabi*, *Pooja Sharma*, and *Karan Baggi v. State of Punjab* and *Tofan Singh v. State of*

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<sup>19</sup> Gurvinder Singh, *Rehabilitation: A Challenge under NDPS Act, 1985*, 4 Int'l J. Advances Eng'g & Mgmt. 1065 (2022)

<sup>20</sup> *Rehabilitation a Major Challenge as Ex-Addicts Return to Drugs*, Times of India (July 21, 2023)

Tamil Nadu (2020). State of H.P. (2022) and Tofan Singh v. Judicial bodies including State of Tamil Nadu (2020) recognized drug addiction requires medical treatment instead of criminal handling yet relevant rehabilitation policies face execution hurdles. India must increase the availability of de-addiction centres as well as implement harm-reduction techniques and judicial psychosocial support. The long-term recovery of drug addicts depends on creating a complete strategy based on legal system adjustments along with medical breakthroughs and neighbourhood-based intervention programs. India can solve its expanding substance abuse crisis by adopting rehabilitation methods instead of prison-based policies which match international best practices.