

# Revisiting the National Narcotic Drugs and Psychotropic Substances Policy of India: A Critical Evaluation

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## Abstract

Commonly, this legal instrument, which serves as the foundation for the current global drug enforcement structure centred by the UN System, is misunderstood as merely a convention to integrate all previous international security agreements. This is a fallacious position that provides no historical background for contemporary discussions concerning the modification of a similar international agreement system. From a historic and international relations approach, this essay recreates the development of the Convention. A criticism of fundamental pre-1961 agreements is preceded by a comprehensive evaluation of the government records of a United Nations gathering for adopted families of the a Single Symposium on Narcotic Drugs as well as an examination of a status of the treaty as a "solitary" conference in light of successive treaties. The Single Conference on Controlled Substances constitutes a substantial departure from of the locus of control of earlier international conventions; a shift to a more prohibitive perspective that, in terms of international interactions, could be regarded as a transitional government as opposed to the a mere formalisation of earlier instruments. In this way, the essay stresses the eradication of drug use, which has been deeply ingrained in the cultural, economic, and religious traditions of numerous non-Western societies for millennia. In addition, despite being frequently disregarded, this Agreement has failed to perform its stated function as the "only" international instrument for drug control. As a result of the additional treaties signed in later years and the shifting socioeconomic and political settings, the control system contains substantial inconsistencies. Even if a shift of prescriptive focus has happened, this paper suggests that a single panel discussion of Controlled Drugs should be revived in order to correct past mistakes and contradictions within the government, especially with relation to scheduling and conventional narcotic use.

## Keywords

Narcotic Drugs, Psychotropic Substances policy, traditional drug.

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## INTRODUCTION

The UN Single Convention on Controlled Substances celebrated its 50th anniversary in 2011. With the addition of the 1972 Protocols, including 1971 Convention the Narcotic Drugs, as well as the 1988 Convention the Illicit Traffic of Drugs & Dangerous Drugs, this treaty has served as the foundation of a world's current drug control scheme. There is a tendency, while examining this system, to speak of its history and development in terms of the a single continuity linking events from the beginning of the 20th century to a present; an unbroken line of progress that incorporates both soft law & hard law instruments. Here, a Single Agreement for Mind-Altering Drugs is described (from now on referred to it as the Single Protocol) relates international federal drug agreements established during and previous to the establishment of United Nations agencies as though they were members of the League (UN). As mentioned in the title, the Festival's purpose of consolidation or unification has occupied a prominent place throughout its dominant history. From this vantage point, a particular usefulness or functionality can be deduced [12]. Or, from the perspective of international politics, the Agreement can be viewed as one of a series of treaties that make up what has been appropriately

dubbed the "Global War Against drugs Regulation" [1]. Nonetheless, when re-evaluating the composition and functioning of a National Conference, this method is a particularly suitable starting point. The Single Conference symbolises a "watershed" moment when trying to analyse the UN drug enforcement framework as an example of an intergovernmental organization, i.e. "a set of explicitly or implicitly precepts, social codes, rules, as well as judgement guidelines around at that actors' predetermined in a particular region of world - wide coalitions" [14]. For reasons that we'll discuss in detail later, its passage signalled the beginning of the global movement away from regulatory approaches to drug control. Although others have alluded to this concept [10] [4] it is helpful to use an international relations perspective to build on the concept of "change." This is particularly relevant in talks about addition of regime-wide alterations to a modifications made to the regime forbidding sales of goods. As a result of a regime's internal modifications, numerous parties to a convention have also begun a "soft desertion" from its "restrictive expectations" [5]. This has included the introduction of a variety of harm minimisation programmes for intravenous drugs and the alteration of policy trends for the personal possession of banned substances, especially cannabis. Regardless of the

fact that all such policy initiatives must be made within the strict boundaries of the existing treaties architecture due to its interpretive flexibility, regime transitions necessitate a substantial shift in norm focus via a contractual constitutional requirement and amendment. It is Georgia's first overt attempt to modify the current system by amending a single treaty to lift the overall ban on coca chewing. Similarly, this decision was met with fierce opposition from states concerned about the "honesty" of meeting [16].

### The foundational pre-1961 treaties

The present drug enforcement framework, which is based on the Single Convention, is still in place today, can be traced all the way to 1912 in The Hague. Three years prior, the newly established International Opium Committee launched the International Opium Symposium, the first in a series of legally mandated cooperation discussions on the subject. In response to rising moral, commercial, and political concerns regarding opium usage in China, thirteen nations convened in Shanghai. The Commission is occasionally hailed as a prime example of early internationalism, although in reality, As a multilateral pact, this was just the bare minimum. US prohibition metaphysics remained despite the attempts of "multinational workers & capitalists" like the Bishop Charles H. Brent & Dr. Hamilton Wright [6], visitors did not engage in suppressing opium cigarettes, limiting their have used to medical uses, or attempting to regulate one's harmful derivatives. There was no effort to control this law.

In spite of this, Shanghai's impact will permeate the numerous legally binding agreements centralised by the Joint Conference in 1961. During the formative years of the dictatorship, the majority of nations resisted criminalising the quasi-medical and quasi-recreational use of specific psychoactive substances. Despite the intense debate, drug accords in 1912 and also the late 1940s was primarily concerned with control of legal business and the provision of a variety of medications for medicinal reasons. Non-medical and non-scientific use of various medications is becoming a growing concern [8], it has been primarily addressed by legal measures intended to limit production, as well as prevent the leakage of legal drugs in to the unauthorised channels.

"Moral effort" was used in the beginning of the Convention to describe its goal. Automakers had to be licenced, allocation and exports of opium were restricted, and many member states were concerned that the increase in drug use in these countries would be caused by the free flow of a wide variety of substances, such as cocaine, morphine, and opioids. International organisations continued to use this method after WWII. As results suggest accountability, such as supervision of an International Treaties of 1912, the Nations League pushed to strengthen multinational features of the expanding system and impose rules on a broader range of drugs. "Advisory Board on the Traffic of Opium & Numerous Other Dangerous Drugs" was established as part of this strategy. In its later years, the OAC, sometimes known as the Narcotics Advisory Committee, consisted of state

officials but met annually. The OAC initially convened quarterly. It served as the "agency with primary responsibility for drug issues" and was assisted by newly formed "Opium and Social Change Division" [23].

### The Single Convention on Narcotic Drugs

When the newly created ECOSOC accepted the Us and -sponsored offer from of the similarly old Non-Aligned Movement in 1948, discussion on a "one" or "united" treaty began (NAM) [18] [23]. Due in great part to Anslinger's work, the secretary general of the United Nations was asked to draught a convention to supersede the whole list of agreements approved since The Conventions of 1912. The principal objectives of the pact were to restrict the source of the raw materials, codify all previous accords into a singular convention, and simplify the existing drug control system. The document had three modifications between 1950 and 1958. The first, which was created by the secretariat, was "signed" by global attorney Leon Steinig. Between 1931 and 1953, Steinig was a major contributor to the development of drug treaties. In 1955, governments rejected his original proposal because there were just too many elements of a International Narcotics Patent Law in it to be accepted. As Director of the Office for Homeland Security and Defense, von Steinig strongly endorsed the Paradox, which has been previously presented in 1948, would have already established a global organisation to serve as the world's largest opium supplier. The greatly improved second edition of a CND proved useless as a "serviceable document" because of its "many trajectories" and various "conflicting clauses.". Because of Anslinger and Charles Vaille, the French CND representative, who, like one's American counterpart was indeed an outspoken proponent of a 1953 Upload Procedure, were able to incorporate additional provisions of the previous device into the text in case it did not receive the necessary number of ratifications or acceded to go into effect, this was largely due to [23]. Robert Curran, the most renowned Canadian on the international arena in the late 1950s and early 1960s, gave his extraordinary editing talents to the CND's 1957–1958 drafting of a third version. Consequently, the Commission was able to hold a parliamentary meeting for New York despite the fact that, as is detailed in greater detail below, important issues remained unresolved. From January 24 to March 25, 1961, 73 countries and a variety other international groups and organizations attended this conference, which had a variety of purposes.

It's not unexpected that Single Convention kept a lot of its predecessors' characteristics. In this regard, it accepted in its preamble that "the medical use of narcotics remains essential for the relief of pain and misery" (United Nations, 1961) and enforced duties on the Parties in accordance with previous treaties and then monitoring "the execution of those obligations" [7]. Concerning the oversight of drug manufacture, the Convention acknowledged the processes established in prior treaties, most notably the licence & production scheme established by the 1931 Accord. As a

result, parties must continue to give estimates of their medication needs and data returns principally relevant to production, manufacturing, usage, consumption, import, export, and stockpiling. It was essential for all parties to be licenced by the Geneva Convention of 1925 in order for imports to be ratified. The Convention kept the powers of the PCOB and the DSB, but consolidated them together into the Narcotics Control Boards in order to streamline existing drug control systems (INCB or Board). Convention demands cannot be enforced by the Board, as they have been in the past. In addition, the INCB's ability to recommend a pharmaceuticals embargo for extreme situations boosts informal pressure through with a name and shame tactic [17].

### Plants, cultivation, and customary use

Article 49, a piece of the Conference which indicated in many respects more than most sections the limiting assumptions of its creators, is likewise rife with the newly discovered prescriptive tone. This was the first time that the Single Convention officially forbade the non-medical and "quasi-medicinal" applications of three plants. It was necessary to put an end to the widespread usage of opium, coca leaf chewing, hemp resin, or cannabis herb in so-called "developing nations," despite the fact that these plants all were grown there that it was 'not prohibited under treaties in coercion' at the moment of the 1961 symposium to for Conference to be adopted (E/3527, p. 3). Although article 49 allowed nations to submit reservations on such activities, these have been characterised as transitory periods beginning just on date the Convention entered into force. Therefore, To comply with the pact, nonmedical or nonscientific the use coca leaf chewing and cannabis, as well as opiate use and smoking, were to be phased out within 15 years. Since the 1961 Conference went into affect in December 1964 after acquiring the needed 40 ratifications, the 15-year opium phase-out plan concluded in 1979, and the 25-year coca and cannabis phase-out schemes concluded in 1989.

As a longtime member of a PCOB and DSB and "primary elder statesman" in worldwide drug control, Herbert May remarked in 1955 (May, 1955, p. 1): A guiding principle of the existing global control structure is the restriction of harmful drug consumption to medical purposes. Morphine (apart from therapeutic opium), coca, marijuana (Indian hemp), as well as the resin of Sativa L. (Indian herbal plant), despite being subjected to global control procedures, are not subject to the this fundamental principle. In formulating the Single Convention Proposal, the Commission attempted to correct this basic deficiency. In deciding to include it in the Single Convention Draft's definitive provisions, the Council did not permit no exceptions to this rule. Under certain nations or locations, it is actually impracticable to outlaw immediately uncomfortable practises such as morphine and cigarette usage, coca plant using cannabis or cannabis extracts for non-medical purposes, and chewing (May, 1955, p. 4).

### A convention on the term "Single"?

Despite being widely hailed as a "step forward" (E/CONF.34/24, p. 217 et 218), its 1961 Conference's outcomes were a huge disappointment for the United States. "I am aware that United States is unsatisfied with the Convention," Herbert May stated in a personal letter to May, dated July 1962. While international treaties are always a compromise, they almost never meet the aspirations of everyone involved (May, 1962). This same U.s, particularly Anslinger, who'd been manifestly at odds with the Department of State's crafted this same entire Convention not only to preserve the strict clauses of the a 1953 Required duties opium production, as well as to can provide INCB with expanded economic blockade to negotiate with non-compliant nations. Therefore, the United States contended that Single Conference must be amended before to its adoption in order to be effective. It would be foolish to accept a new agreement in its current form. Israel not only refused to sign the convention, but also voted against a 1962 ECOSOC resolution pushing nations to sign or sign the Geneva Agreements [22]. Aware that the United States had initiated a similar procedure for a unifying accord (E/CONF.34/24, p. 6), Previous put Washington in a difficult situation, which has been exacerbated by growing rifts within the US drug war bureaucracy itself [9]. After the Senate ratified the agreement in 1967, the United States entered a diplomatic phase of unprecedented energy to improve the UN drugs control structure [28] [30]. When Article 47 allowed for plenipotentiary seminars at Geneva in the early 1970s, Washington put a great deal of effort.

The subsequent 1972 meeting, organized by 31 nations or visited by 97 state authorities, addressed a complete set of modifications. The Protocol Congress updated the Single Narcotic Drug Convention, which was signed upon March 25, 1972, it went into effect in August 1975. The Amending Protocol modified the Single Convention's current regulations covering its estimates method, data collecting, and output, while improving law enforcement measures, repatriation, and the functions of the INCB [7]. The Protocol considerably improved treatment, rehabilitation, and prevention measures following what some observers considered a "milestone" in the 1971 Convention of Psychotropic Substances [27] (United Nations, 1976, p. 83). In combination with the new article 38, the updated article 36 provides alternatives to prison for drug abusers who incident involving commerce and possession. In particular, "Parties may demand drug users to receive chemotherapy, training, within a week of, rehabilitation, or social reintegration in lieu of or in additional to conviction and punishment." Article 36 and Article 38 explain possible alternatives, but their acceptance is solely at the discretion the sovereign governments, and neither of these provisions is binding (United Nations, 1973, p. 447; United Nations, 1976, pp. 84–85). Taking into account problematic drug users was a small part of a 1972 Protocol Amending on Single Narcotic Drug Convention. Once more, the result was not as stringent as the

U.S. would hope. Importantly, it maintained the drug control regime's prohibitionist attitude and supply-side emphasis.

### Problems caused by drug misuse in India, both now and in the future

During the past thirty years, the Department of Social Justice & Empowerment has carried out two nation-wide drugs surveys, both of which were published in 2004 & 2019 by Ray R. 2004. These surveys followed the establishment of the NDPS, which was the first of its kind. According to the findings of these polls, the prevalence of drug usage in India shows no signs of slowing down. Opioid use has climbed from 0.7% in the past findings to a little over 2% in the current one, which translates to a magnitude increase from 2 million to more over 22 million. The percentage of people who use opioids has also increased. To make matters even more serious, heroin has taken the role of natural opioids like opium and grape husk as the opioid that is abused the most frequently. This discovery was supported by a comprehensive epidemiological investigation carried out in the Punjab. The usage of cocaine and other other synthetic substances has also greatly increased in recent years. The findings of the poll imply that there is a requirement to improve the existing system, to make more concerted efforts, and to close any loopholes that may exist. The following is a list of priorities that the government may wish to prioritise in the upcoming years.

- The results of the National Mental Survey (2015-2016) revealed that substance use disorders had existing gaps of more than 70 percent. The results of a recent survey that was conducted across the country on substance abuse disorders were consistent with the findings, which showed that there is a treatment gap of approximately 75% for drug-related disorders. In addition to all of this agony, just five percent of patients with problems related to the use of illicit drugs obtained inpatient treatment. This significant treatment difference points to issues with accessibility, utilisation, and the overall health care quality. Expanding treatment and rehabilitation centres for substance use disorders is something that should be done in order to fulfil this unmet need. It is possible that the DTC programme run by Ministry of Health and Families Affairs will serve as the beginning point, but this alone will not be sufficient. At the moment, the NDDTC and AIIMS are in charge of carrying out the project. It's possible that other centres are also participating. Because the decrease of drug demand is the direct purview of each of the departments of Health and Social Justice, it is necessary to make an effort that is both coordinated and concerted in order to cover the treatment gap with only a minimum quality of care. It is recommended that drug surveys covering the entirety of India be carried out at regular intervals in order to find the underlying trends of substance abuse in the country and to give confidence it government to make decision based on accurate information.

- For a three-pronged plan to be effective, additional effort is required that deals with reducing harm. There may have been some progress achieved because to the NACO and the GO-NGO model, but the percentage of IDUs receiving treatment for an OST is still very close to seven percent. In order to accomplish this, the OST should be scaled up in such a way that is not only secure but also effective. While it is true that this programme is an integral part of a harm reduction approach employed by the NACO, participation in the NSEP is difficult due to the policy of the NDPS. In addition to this, the NDPS policy endorses the use of a momentary OST, that is not backed by any type of scientific evidence and has the potential to result in even greater harm (than good). This time-limited OST method may, at some point, be succeeded by a recovery-oriented OST approach; this is one of the possibilities. It is imperative that these discrepancies and voids in the policies be filled in at the earliest opportunity.
- The early detection or scheduling of novel psychoactive substances is going to be a difficulty in both the present and the future for the harm - reduction arm of the effort. India was identified as a potential threat to ephedrine and caption in a report that was just recently made public by the National Narcotic Control Board (INCB) (amphetamine and theophylline derivative). The potential problem that the country may have with the chemical precursors was also mentioned in the report. In addition, it has been highlighted with caution that there has been a rapid development of internet-based pharmacy and transactions based on bit coin for the purpose of illegal drug use in India. Over-the-counter drug abuse that either have a proven potential for addiction (such as benzodiazepines, tramadol, and codeine), or a possible potential for addiction (such as pregabalin), is another problem that has been raised by an international forum.

### LITERATURE REVIEW

[20] Observed the dramatic shift in legal status over the last few decades of the cannabis trade so over past decade, both domestically and internationally, and asks whether legalisation presents a challenge to racial capitalism or whether it simply complements it. To see if current rules, such as import limits or social equity licences, were sufficient to meet the reparation demands of communities that have suffered the most in the 'War on Drugs' again for past century, I explore.' This is due to the fact that the legalisation of previously illicit drugs not only corrects a historical injustice, but also creates a new, highly lucrative bridge commodities market. In light of this, I believe it is important to note that the changing status The so-called "War on Drugs" is designed to perpetuate and perpetuate racial hierarchies, both historically and structurally. A closer look at local and international legislation created in order to bring about a new era for legal, commercial cannabidiol could actually help to perpetuate the existing racial imbalances in our global

economy, rather than helping to promote restorative justice. In order to usher in an era for legal, commercial cannabis, these laws are being passed one after the other.

[11] As part of their research, they examine Afghanistan's relationship with the worldwide narcotics control framework and the tangled web of interdependence between various policy options. This book examines Afghanistan's involvement in and influence on the evolution of worldwide drug prohibitions from 1926 through signing of the Nations Single Convention for Controlled Substances In 1961 and then all the way to the present day. In addition to a comprehensive review of academic sources and interviews performed particularly for the purpose of this study source documentation from United States and United Kingdom archives is utilised. It advocates for a more nuanced historical understanding of Afghanistan's position in multilateral drug control in order to comprehend Afghanistan's role in the establishment of the present licit drug industry as well as its continuous role in the contemporary illicit drug economy. In order to realise the significance of Afghanistan's position in both of these economies, it is vital to have this knowledge. In addition, the report asserts that a broader society must be involved in discussions in order to build stronger continuity into the system; this is required because links with the former administration in Afghanistan have broken. To achieve the requirements of this paper, it is vital that efforts to generate begin the planning be refocused on neighbourhood efforts rather than solely law enforcement or traditional and complementary development (AD) projects. As a result of shifting away from earlier activities centred on enforcement, the chance of human rights violations will decrease.

[19] Throughout the twentieth century, the War on Drugs highlighted how policing and fighting became increasingly intertwined. Marijuana prohibition, despite the fact that UN's global drug control treaties were written in humanitarian terms, illustrates the expansion of the "New War." Conventional warfare was a continuation of the brutal tactics of armed struggle, deadly force, jail, money seizure, and land expropriation used in the drug war. It also highlights how modern war blurs all lines between monitoring, police intervention, and military action, deviating from the old paradigm of war. Using the example of prohibition, this essay illustrates how a greater pattern of conflict has evolved over time from wars between sovereign nations to collective attacks on the threat and poison within the universal.

[26] studied a critical analysis of the existing global illegal drug governance system. It examines the repercussions of a prohibition-based approach. In addition, it examines the chances and advantages of an alternative drug control strategy oriented on human rights. The pre-collapse world is briefly described in this chapter's opening paragraphs. The section next examines the increasing failings of the drug control regime, which coincided with Washington's efforts to tighten the worldwide legal framework and tightly synchronise national and international policies. The remainder of the chapter focuses on the contemporary forces

of change. The harm-reduction treatment guide and help by Europe has provided a potential new way, particularly by including civil rights into global drug enforcement discussions. Soft defection from of the regime regarding marijuana usage is also an important trend, particularly in the United States. Insofar as the middle of a twenty-first century is concerned, however, it has to be seen if these "opt-outs" represent more than mere uneasiness.

[21] studied the pervasiveness of cannabis in society, a number of African states continue to employ prohibitionist policies. To the contrary, cannabis is becoming an increasingly studied frontier from such a health, civil rights, and economic standpoint. Several African nations have adapted their policies to enhance their participation in growing global dialogues. Policy implications are often overshadowed in favour of a crop's commercial value. On the basis of current and pending policies, this study aims to provide an overview of publications that discuss the consequences of the legalisation of cannabis for both recreational and medical use in Africa. Marijuana policy is a multifaceted and intricate topic. The official attitudes are founded on long-standing narratives and are influenced by a variety of variables. Changes in policy based on contemporary tendencies should comprise expanded analyses of past policy effects and a forward-looking examination of country-level objectives, as well as a deeper comprehension of public opinion.

[2] examined the United Nations General Assembly commemorated the first Global Day with Drug Abuse and Illegal Trafficking on June 26, 1987. To mark the progress made toward a drug-free world, this day has become an annual tradition. In 1961, 1971, and 1988, the UN has organised three international treaties. The first was meant to eliminating the unlawful production and usage of uploads, cannabis, or cocaine for recreational purposes. To include psychotropic medications or synthetic pharmaceuticals, the scope of the 1971 meeting was broadened (e.g., amphetamines, barbiturates and LSD). As a result of the third anti-illegal trade agreement, the worldwide illicit market was reduced, and precursor chemicals were also included in the restriction. In the past fifty years, the World Body has held two special meetings to examine global drug concerns, in 1998 or 2016. In its initial session, the United Nations aimed to eliminate the unlawful supply and demand of narcotics and designer drugs by 2008. In contrast, the World Drugs Reports indicated a rise in the use using illegal narcotics. Access to narcotic medications (particularly powerful analgesics for pain ailments) in various regions of the world has become starkly unequal. In 2016, Third special session of the United Nations was held in response to a lack of progress on both fronts preventing abuse or facilitating access both scientific and medical purposes. The report recognises that the UN's resolution to address the global problem with drugs is complementary and supportive' of SDG 3.5. To put an end to the HIV/hepatitis epidemic, SDG 3.3 emphasises the importance of drug addiction treatment. Resolves of the

closing observations are scheduled to be reconsidered this year.

[3] studied the Legal and illegal substance misuse is a worldwide public health crisis, and India is all around us. Based on the most recent Global Drugs (United Nations Conference on Drugs and Crime 2017), In 2015, 5% of the population had used drugs at some point in their lifetime. The prevalence rate of substance addiction issues was 0.6%. Approximately 29,500,000 people are affected by substance addiction disorders. Intriguingly, the most current (NMHS) in India revealed the same rate of substance addiction problems (0.6% of the total) Geographically, culturally, and socially diversified, India is home to around 18 percent of the world's population. These variables may have an effect on drug usage at the populations. There was a large discrepancy in the prevalence of substance abuse disorders among states, as predicted by the NMHS. Punjab was the state with the highest frequency of drug usage concerns (2.5%), Kerala (0.1%), and Gujarat (1.1%). (0.01 percent). Due to the reason that NMHS was just a home questionnaire, it likely underestimated the frequency of drug use problems, which represent a "hidden community" that is hard to address using standard household data gathering procedures due to the stigma associated with relocation. However, it is intriguing that substance abuse diseases are so common in Punjab.

[13] studied the initially, the Health Ministry established seven therapy institutes (in 1988). Treatment, the provision of educational materials, as well as the training of health care or paramedical workers are the objectives of these centres, which aim to build a workforce of the future to combat drug abuse. The DDAP also provided a one-time payment to 122 Estune Centers (DACs) in various psychiatry departments of government medical institutions and district hospitals. The Department of Welfare funded a slew of (NGOs) from across country to establish counselling & DACs for community - based treatment rehab and development of human capital. In the wake of this, the Ministry of Education established ten Regional Resources and or Training Centres (RRTCs), which now serve as mentorship and training hubs for a wide range of non-profit organisations. A Norwegian Institute for Social Defense keeps close tabs on RRTCs and other similar programmes (NISD).

### CONCLUSIONS

Many participants of the 1961 meeting considered the Single Convention to be a "landmark of a fight over upload painkillers" (see, for instance, E/CONF.34/24, p. 218), but Most of the earlier accords were merged, but it was much more complicated than that. It surpassed all of its predecessors together. There is neither 'historic continuity' in worldwide drug control, as some claim, nor was it merely another step in the same path that began at Shanghai in 1909, as some believe. Notably, the Convention came near to implementing a filled "prohibition system" for certain psychiatric substances of naturally derived and (semi-)synthetic compounds with a similar potential for

abuse and limited medicinal utility. It was only after laborious deliberations in the meeting rooms in York City that national authorities were left with the option of completely prohibiting certain medicines or allowing them for therapeutic purposes. Drug control accords previous to 1961 were reinvigorated by this application of a Westphalia principle of national sovereignty within global relations. However, the Single Convention on International Narcotic Trafficking marked a major departure in the treaty-based paradigm of global drug control. There has been an evolution from "restrictive commodity contracts" (May 1948, p. 305) Non-medical and non-scientific uses of banned pharmaceuticals were more heavily scrutinised as part of the process of moving to a tighter and wider international framework. The Convention marked this transition. As a result of this modification, all members of the Organization agreed to criminalise, within domestic law, the illegal production or trade in opium poppy, coca, or cannabis. As a result, the "war on drugs" campaign, which targeted narcotic crops and producers, had worldwide legal support thanks to the Convention Non-medical and scientific use of of three plants were compelled from several so-called developing countries at this Conference because of the diverse political and political influence which states had on the drafting process of a treaty and the Special Envoy Conference, which resulted from their participation in this Conference. Because the "developed country" dominance of the "North" is reflected in the Single Convention's culture asymmetry, there is no reasonable or evidence-based damage scale of Schedule I and IV substances. Despite the adoption of a damage scale between morphine-like and codeine-like qualities in Schedules I and II and the addition of an exemption procedure for low alkaloid content preparations, a similar ranking rationale wasn't really applied to coca plant along with cannabis. Without substantial justification, both of them were placed under morphine-like control.

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