JETIR.ORG

ISSN: 2349-5162 | ESTD Year: 2014 | Monthly Issue



JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

A STUDY ON REGULATORY REQUIREMENTS FOR CONTROLLED **DELIVERY DRUGS**

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ABSTRACT:

This research will be helpful to find out the loopholes and also its solution to make it strong for the benefit of general public. It will helpful to make opinion or view for the legislature for proper amendment in the Act. Controlled Drugs play a decisive role in healthcare provision. The core rationale behind the development of controlled drug delivery systems is to adjust the pharmacokinetic and pharmacodynamic of therapeutic active molecules. In recent years, the international controlled drug industry has grown quickly which depended on a large number of persistently ill patients, upsurge in universal occurrences of malignancy, growing geriatric population and sturdy existence of channel drugs used for habitually ill circumstances. The principle is to safeguard the efficacy and safety of drugs. CDDS is still regarded as an emerging class of DDS, due to the issues related to the regulatory guidelines as followed by various pharma in major countries. It is also expected the study a new dimension of the issue may be disclosed which give new ground for further research. The study will give new solution to make an equilibrium between the government work and the right to know the public. This article discuss about the regulatory guidelines of CDDS in the south india, north india, west india and east india.

Key words: controlled drug delivery, regulatory guidelines, controlled drug delivery market- South india, north india, east india and west india.

INTRODUCTION

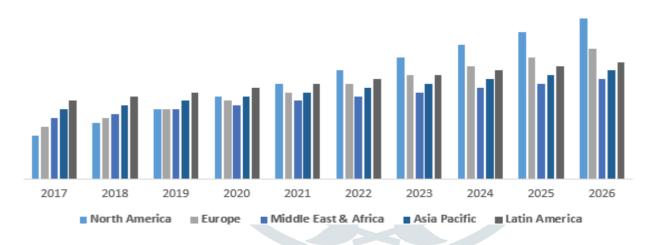
Controlled Drug is a common legal term referring specifically to substances controlled by Federal or State Laws. It is a drug or chemical the manufacture, possession, or usage of which was regulated by the government. The manufacture, custody, import, and supply of these drugs are stringently controlled or forbidden, although many might be dispensed by prescription only. Some precursors used for the production of illegal drugs are also termed as controlled substances in some countries, even though they are devoid of the pharmacological effects of the drugs themselves. Controlled Drugs are prescription drugs and include both Narcotic Drugs and Psychotropic substances (NDPS). Opioid pain-relieving drugs like morphine, oxycodone, heroin, fentanyl, methadone, etc.

Some examples

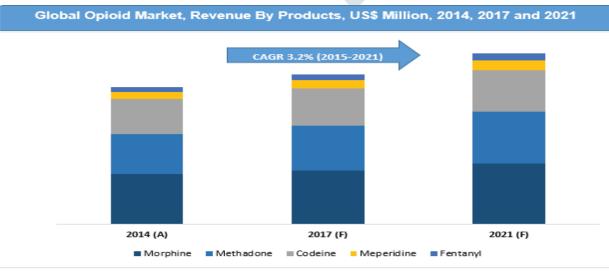
- (1) National Institute of Health states that 'Narcotic drugs effects by binding to opioid receptors in the brain and spinal cord and subsequently impede pain indicators.' These drugs are prescribed to treat severe pain which is not responding to other forms of pain relievers like cancer pain or other severe diseases and post-surgical pain. Whereas Psychotropic drugs act by distressing the cognizance, feelings, and behaviour.
- (2) Legally drugs that induce sleep are also called Narcotic drugs. Examples: Opiates, Cannabis or cocaine, etc. while those that are having the ability to alter the mind of individuals are psychotropic substances like LSD, Amphetamines and MDMA.
- (3) Regulatory Requirements comprise of all authorizations, processes, obligatory principles, situations, manufacturing ethics, strategies, commands and determinations which may set out according to regulatory laws that apply to the production, sale, wrapping, labelling and/or marketing of drugs imposed by the government.
- (4) The requirements can be statutory or regulatory requirements. Statutory means laws approved by a state or central government, while 'regulatory' denotes a regulation dispensed by a regulatory body appointed by the state or central government.

Global Opioid Drug Market

Global Opioids Drugs Market, by Region



Global Opioid Market Revenue 2014-2021



Source: PMR, 2015

www.jetir.org (ISSN-2349-5162)

Historic Landmarks

Year Landmark

- 3400B.C Cultivation of Opium Poppy in Mesopotamia
- 1620-70 Introduction of Use of opium to Indian Soldiers by Mughals
- 1793 Monopoly of Opium Trade in India established by British East India Company
- 1821 Publishing of autobiography of Thomas De Quincey related to opium addiction: Confessions of an English Opium-eater
- 1827 Manufactured morphine commercially by E Merck
- & Company of Germany
- 1878 "Opium Act" to diminish opium ingestion and" Sea Customs Act "developed.
- 1905 Opium prohibition Us Congress
- 1910 Indo-China Opium Trade was dismantled
- 1925 Black market of opium use flourished in USA
- 1930 Dangerous Drugs Act
- 1985 "Narcotic Drugs and Psychotropic Substances Act" to counter the wave of 'narco-terrorism' and growing drug related ISSUES
- 1988 The Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act"
- 2001 Major amendments
- 2014 Major amendments
- 2017 NDPS Bill

Classification

Controlled Drugs are classified into specific Categories /Classes/Schedules in different countries based on potency, addiction liability, acceptable medical use and restrictions on how and when the prescription of NDPS can be filled or refilled. (19,20)

According to the 1961 UN Single Convention on Narcotic Drugs, as amended in 1972 Narcotic drugs are classified as follows

UN Classification of Narcotic drugs

Schedule s	Harmfulness	Degree of Control	Examples
I	Addictive- substances withserious risk of Abuse	Very Harsh	Cannabis and its derivatives, Cocaine, Heroin, Morphine, Opium
II	Substance for medical purposes with lowest risk of Abuse	Less stern	Codeine, Dihydrocodeine
III	Preparations of schedule II substances and	Lenient; no hazard of abuse	Preparations of Codeineand Dihydrocodeine

	Cocaine		
IV	Most dangerous	Very strict	Cannabis and its
		•	resin,Heroin

International Narcotic Control Bureau (INCB) listed the Psychotropic substances into five categories or schedules (Table 2) according to their characteristics, such as dangerousness, medical usage and addictive properties. The Schedules are denoted as I – V, with Schedule I being the most dangerous and the peak probability for abuse and Schedule V being the least dangerous and lowest potential for abuse.

INCB Classification of Psychotropic Substances

Schedule	Description	Grade of Control	Examples
I	 Substances with high risk of abuse posing a predominantly grave danger to communal health very little or no therapeutic value 	Very strict use is prohibited except for scientific or limited medical purposes	LSD, MDMA, Mescaline, Psilocybin Tetrahydrocannabinol
II	 Substances having a risk of abuse, posing a serious threat to public health low or moderate therapeutic value 	Less strict	Amphetamine s Amphetamine -type stimulants
III	 Substances showing a risk of abuse posing a serious threat to public health moderate or high therapeutic value 	These substances are available for medical purposes	Barbiturates like amobarbital Buprenorphine
IV	 Substances presenting a risk of abuse posing a minor threat to public health 	These substances are available fo r medical purposes	Diazepam Phenobarbital Temazepam

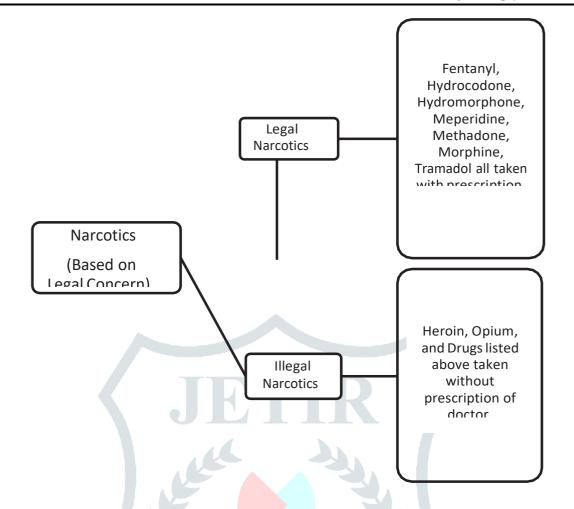
In US the Department of Justice and Drug Enforcement Agency (DEA)enforces Controlled Substance law. DEA segregate Controlled Substances as I - V Schedules (Table 3) as per abuse potential, therapeutic price and the threat of stern physical effects to the user.

Even though the above referred are the basic schedules, different countries contribute different drugs under NDPS and thus there is slight variation in the classification/categorization.

Schedule of Controlled Substances by DEA

Schedule	Description	Examples
I	 High potential for abuse and no accepted medical use in treatment in the U.S. Lacks accepted safety for use undermedical supervision Investigational drugs for actives not currently approved for use in the U.S. 	Dronabinol Marijuana Heroin Crystal methamphetamine
II	 High potential for abuse Currently accepted medical use in treatment in the U.S. or accepted with severe restrictions Abuse may lead to severe psychological or physical Dependence 	Fentanyl Hydrocodone Hydromorphone Methamphetamin es Methylphenidate Morphine Tapentadol
III	 Abuse potential less than Schedules I and II Currently accepted medical use intreatment in the U.S. Abuse may lead to moderate or low physical dependence or high psychological dependence 	Buprenorphine Ketamine Testosterone
IV	 Low potential for abuse relative toSchedule III Accepted medical use in treatment inthe U.S. Abuse may lead to limited physical or psychological dependence relative toSchedule III 	Carisoprod
V	 Low potential for abuse Accepted medical use in treatment in the U.S. Abuse may lead to limited physical or physiological dependence 	Codeine-containing cough medications Diphenoxylate

Based on legal concern the narcotics can be of following types:



Types of Narcotic drugs based on legal concern

Based on source of origin these drugs are classified as follows

Types of Controlled drugs based on source of origin

Type	Natural	Opium, Ganja, Hashish, Hashish oil, Coca	
		leaves and Coca paste	
	Plant produces beautiful red and white flowers		
	(Papaver	which mature into bolls. Incisions are made on the	
	somniferous)	bolls through a process called lancing and latex	
		oozes out and sticks to the surface of the boll. On	
		exposure to atmosphere, the latex turns brownish	
		to black, gummy and resinous and this substance is called the opium or opium gum	
	Cannabis	Cannabis plant grows wild and is also illegally	
		cultivated. The flowering tops of cannabis are	
		called Ganja. The resin produced by crushing the	
		plant is called Hashish or Charas. Hashish oil is	
	also produced through distillation		

	Coca	The leaves of coca plant and the coca paste made from these leaves are stimulating drugs.
Type	Semi-synthetic	Natural drug is treated chemically to either isolate
		its active ingredient or modify it, to produce
		semi-synthetic drugs
	Morphine	
	Codeine	3-methylmorphine (derivate of morphine,
Drugs		alkaloidcontained in opium & poppy straw)
	Heroin	Diacetylmorphine (derivative of morphine)

	Cocaine	Methyl ester of benzoylecgonine (an alkaloid found in coca leaves or prepared by synthesis from	
		ecgonine)	
Type	Synthetic drugs	Produced purely through chemical processes	
Drugs	Amphetamines (Stimulants), ecstasy, diazepam, methaqualone		

Classification of Controlled Drugs in Various Countries

Country	Classification
INDIA	Multiple
US	Schedule I-V
JAPAN	Varies with 5 Laws
EU	Varies with nation
BRAZIL	A1, A2, A3, B1, B2, C1
CHINA	As per Controlled Drugs Act
RUSSIA	List I-IV
SOUTH AFRICA	Schedule I-V
AFGANISTAN	Afghan national classification of controlled drugs - 4 types
PAKISTAN	Class A and B
BANGLADESH	A, B, C, D
NEPAL	Natural, Synthetic
BHUTAN	Schedule I-IV
MALDIVES	Prohibited Psychotropics used as medications
SRILANKA	Narcotic Drugs Psychotropic Substances Precursor chemicals

It shows the classification of controlled drugs in all selected countries, which implies that there is non-uniform classification exist worldwide.

NATIONAL POLICY ON NARCOTIC DRUGS AND PSYCHOTROIC SUBSTANCES

- Article 47 of the Constitution of India which mandates that the 'State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health'.
- The Governments' policy has thus been to promote their use for medical and scientific purposes while preventing their diversion from licit sources, and prohibiting illicit traffic and abuse.
- The NDPS Act It is also possible for the central and State Governments to notify any new class of officers of any department to enforce.
- Controlled delivery is an investigative tool that helps to accomplish this objective, particularly in cases where illicit products trafficking is identified or intercepted in source or transit and then delivered under surveillance in order to identify the intended recipients. It is also used to monitor and gather evidence on subsequent distribution within an organized criminal group or in the illegal supply chain. In some cases, it is possible to substitute the illicit consignments with licit or fake material in order to prevent the risk of losing the illicit consignments during the course of delivery

NEED OF POLICY

As discussed above, several departments and organisations of the Central and State Government are involved in various activities relating to narcotic drugs and psychotropic substances. Some of these are listed below:

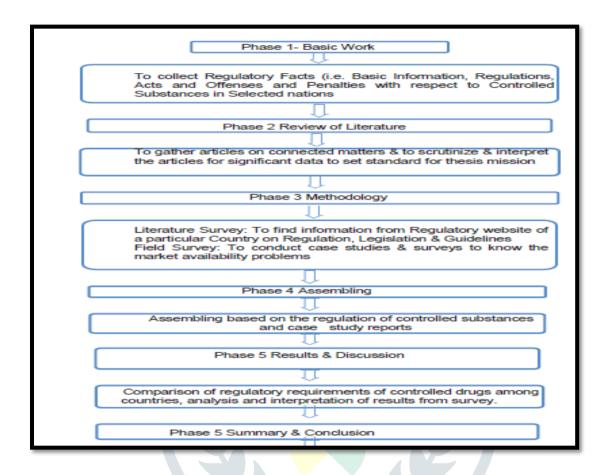
S.No.	Action	Government/ Department/Organisation
1.	Drug law enforcement	Central Government
		1. Narcotics Control Bureau
		2. Central Bureau of Narcotics
		3. Directorate General of RevenueIntelligence
		4. Commissionerates of Customs
		5. Commissionerates of CentralExcise
		6. Coast Guard
		State Governments
		Vary from State to State, usually:
		1. State Police
		2. State Excise Officers
2.	Identification and	Satellite survey of suspected areas Central Economic
	destruction of illicit	Intelligence Bureau(CEIB) coordinates the survey and
	opium and cannabis	shares the information with NCB and
	crops	CBN.
		Central Government
		1. Narcotics Control Bureau, MHA,GOI
		2. Central Bureau of Narcotics, Gwalior, DoR, GOI
		State Governments
		Vary from State to State, usually:
		1. State Police
		State Excise Officers

S.No.	Action	Government/ Department/
		Organisation
3.	Framing rules to regulate	Department of Revenue, Ministry of
	various activities indicated in	Finance, Government of India
	Section 9 of the NDPS Act,	
	1985	
4.	Framing rules to regulate	State Governments
	various activities indicated in	
	Section 10 of the NDPS Act,1985	
5.		Central Bureau of Narcotics, Gwalior
	cultivation of opium poppy	
6.		Central Bureau of Narcotics, Gwalior
	narcotic drugs	
7.	Drying and export of opium	Chief Controller of Factories, New
0		Delhi
8.		Chief Controller of Factories, New
0	opium	Delhi
9.	Import of alkaloids of opium	Chief Controller of Factories, New Delhi
10	Allocation of INCD approved	
10.	estimates of narcotic drugs as	Central Bureau of Narcotics, Gwalior
	quotas and subsequent	
	monitoring	
11.	Supply of samples of narcotic	Chief Controller of Factories, New
	drugs to testing labs, training	Delhi
	institutions, etc.	
12.	Control on sale, use,	State Governments usually through their
	consumption, movement, etc. of	State Excise Departments
	narcotic drugs	
13.	Control on import and export of	Central Bureau of Narcotics, Gwalior
	narcotic drugs and psychotropic	
	substances and precursors	
14.	Registration of import	Central Bureau of Narcotics, Gwalior
	contracts for poppy seeds	
15.	Regulation of manufacture,	State Drugs Controllers under the
	trade, etc. of psychotropic	NDPS Rules read with Drugs and
S.No.	Action	Government/ Department/ Organisation

	substances	Cosmetics Act and Rules. Narcotics
		Commissioner for import & export
16.	Receipt and monitoring of returns	Narcotics Control Bureau, MHA, GOI
	regarding controlled substances	
	under the NDPS	
	(Regulation of Controlled	
	Substances) Order, 1993	
17.	Controlled delivery	Director General, Narcotics Control
	operations	Bureau
18.	Seizure, freezing	Competent Authority appointed under the
	and forfeiture of	NDPS Act (Delhi, Chennai, Mumbai &
	properties of	Kolkata, presently)
	drug traffickers, their	
	relatives and associates	
19.	Management of properties	Administrator appointed under the NDPS
	seized or forfeited	Act (Delhi, Chennai, Mumbai & Kolkata,
	Les Les	presently)
20.	Supply of opium to addicts	State Governments, usually through the
		State Excise Departments
21.	Regulation of poppy straw	State Governments subject to guidelines
		dated 30th November 2009 of the
		Department of Revenue,
		Government of India.
22.	Drug demand reduction through	Ministry of Social Justice and
	NGOs engaged in drug de-	Empowerment, Govt. of India
	addiction and	
	rehabilitation of addicts	
23.	Training personnel of NGOs in	National Institute of Social Defence
	drug demand reduction	under the MSJ&E
24.	Preventive education	Ministry of Social Justice and
		Empowerment
25.	Treatment of drug addicts	Ministry of Health and
	through Government	Family Welfare, GOI
	hospitals	
26.	Training doctors in	National Drug Dependence Treatment
	drug demand reduction	Training Centre, AIIMS, New Delhi
27.	Drug demand reduction	Social Welfare Departments of the
	activities at the State level	States
	<u> </u>	

28.	Treatment of addicts through	Health Departments of the States
	State Government hospitals	
29.	Testing of samples of seized	1. Central Revenue Control
	drugs	Laboratory
		2. Laboratories of Government
		Opium and Alkaloids Works
		(GOAW)
		3. Central Forensic Science
		Laboratories
		4. State Forensic Science
		Laboratories of different States
30.	Training of personnel in drug law	1. National Academy of Customs,
	enforcement	Excise and Narcotics (NACEN)
		2. National Police Academy
		3. State Police Training Schools
		4. National Institute of
	16	Criminology and Forensic
		Sciences
		5. CRCL
		6. Narcotics Control Bureau
		(NCB)
31.	Filing of returns to the	Narcotics Control Bureau, MHA,
	International Narcotics Control	
	Board and the Commission on	
	Narcotic	
	Drugs	
32.	Compilation of seizure statistics	
	from different agencies	GOI
33.	Exchange of live information on	
	import and export of drugs and	
	precursors with the competent	
	authorities of other countries and	
	with the	
	INCB	
34.	Access to morphine / opioids for	
	cancer/pain relief and palliative	
	care	Department of States, State Drug
		Controllers, and Chief Controller

Each of the organisations indicated above has a large complement of staff with some of these such as the State Police having several thousands of personnel.



RESULTS & DISCUSSION

Factsheets of Indian country was prepared under the major headings like Geographical distribution, Economic status, Pharmaceutical market, Regulation, Regulatory authority, Offense and penalties, major seizures etc. The fact sheets provide an insight to the regulation of controlled drug.

Factsheet for Controlled Drug Regulation in India

Country	India		Drug Type	Narcotic Drug Psychotropic substances	&
Regulating Ministry	Ministry of Affairs	Home	Regulatory Authority	NCB, CBN, Excise, Drugs Control	DRI,
Act/Law	NDPS Act				

Pharmaceutical Market

India is the only country authorised by the United Nations Single Convention on Narcotic Drugs (1961) to produce gum opium. The pharmaceutical sector was valued at US\$ 33 billion in 2017. The country's pharmaceutical industry is expected to expand at a CAGR of 22.4 per cent over 2015-20 to reach US\$ 55 billion. The Government of India unveiled 'Pharma Vision 2020' aimed at making India a globalleader in end-to-end drug manufacture.

Classification

- Natural opium derivatives narcotic drugs that are derived from the poppy plant are classified as natural narcotics. These include morphine and codeine.
- Partially synthetic this classification is narcotic drugs that are derived from morphine. They include heroine, oxycodone and hydromorphone andoxymorphone.

Synthetic compounds — drugs in this category are formulated similarly in structure to morphine

Drug Laws

NDPS Act

- Chapter I-Definition, Classification
- Chapter II-Authorities and Officers
- · Chapter III-Prohibition, Control and Regulation

Chapter IV-Offenses and Penalties

Regulation

The regulation of narcotic drugs and psychotropic substances is governed by the NDPS Act. The Narcotics Control Bureau (NCB) is India's primary national drug control agency, established to prevent and combat the abuse of narcotic drugs and psychotropic substances under Ministry of Home Affairs. The Directorate of Revenue Intelligence (DRI) and the Indian Customs Service are also authorized to pursue narcotics investigations. The Central Bureau of Narcotics (CBN) is India's supervising agency over the licit cultivation of opium poppy in India. CBN is responsible for abuse prevention and enforcement functions, including investigations of violations of the NDPS Act, the issuance of licenses for the manufacture of synthetic narcotic drugs, and export/import authorizations for narcotic drugs and psychotropic substances

In states Excise Department, Drugs Control Department, Police Department etc., are involved in regulation of Narcotic drugs and Psychotropic substances. Among States licensing is non-uniform. NDPS Rules available in each state. Moreover, the latest NDPS Act amendment implementation is not proper in all the states.

New Amendment -New Delhi, the 13th March, 2019

G.S.R. 215(E). -In exercise of the powers conferred by section 9, read with section 76 of the Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985), the Central Government hereby makes the following rules further to amend the Narcotic Drugs and Psychotropic Substances Rules, 1985, namely:

- (1) These rules may be called the Narcotic Drugs and Psychotropic Substances (Amendment) Rules, 2019.
- (2) They shall come into force on the date of their publication in the Official Gazette. In the Narcotic Drugs and Psychotropic Substances Rules, 1985, in Schedule I, under the heading "**Psychotropic substances**", for serial number 27 and the entries relating thereto shall be substituted with new molecules.

OFFENCES AND PENALITIES OF NDPS ACT

S.	Offences	Penalt	Sections of
No		у	theAct
1	Cultivation of opium, cannabis or coca plants without license	Rigorous imprisonment-up to 10 years + fine up to Rs.1 lakh	*
2	Embezzlement of opium by licensed farmer	Rigorous imprisonment -10 to 20 years + fine Rs. 1 to 2 lakhs (regardless of the quantity)	19
3	Production, manufacture, possession, sale, purchase,transport, import inter-state, export inter-state or use of narcotic drugs and psychotropic substances	quantity but less than commercial quantity - Rigorous imprisonment up to	17 Opium — 18 Cannabis - 20 Manufactured drugsor their preparations-21 Psychotropic
4	Import, export or transshipment of narcotic drugs and psychotropic substances	Same as above	23
5	External dealings in	Rigorous imprisonment 10 to	24
	NDPS-i.e. engaging	20 years + fine of Rs. 1 to 2	
	in or controlling	lakhs (Regardless of the	
	trade whereby drugs	quantity)	
	are obtained from		
	outside India and		
	supplied to a person		
	outside India		

	,		
6	Knowingly allowing one's premises to be use d for committing an offence	Same as for the offence	25
	offence		
7	Violations pertaining to controlled substances (precursors)	Rigorous imprisonment up to 10 years + fine Rs. 1 to 2 lakhs	25A
8	Financing traffic and harbouring offenders	Rigorous imprisonment 10 to 20 years + fine Rs. 1 to 2 lakhs	27A
9	Attempts, abetment and criminal conspiracy	Same as for the offence	Attempts-28 Abetment and criminal conspiracy— 29
10	Preparation to commit an offence	Half the punishment for the offence	30
11	Repeat offence	One and half times the punishment for the offence. Death penalty in some cases.	31 Death - 31A
12	Consumption of drugs	Cocaine, morphine, heroin - Rigorous imprisonment up to 1 year or fine up to Rs. 20,000 or both. Other drugs- Imprisonment up to 6 months or fine up to Rs. 10,000 or both. Addicts volunteering for treatment enjoy immunity from prosecution	
13	Punishment for violations not elsewhere specified	Imprisonment up to six months or fine or both	32

There were extreme confiscations of all narcotic drugs except hashish and cocaine over the last 5 years. NCB officials credited the maximum seizure of these drugs in the last few years. The quantity recovered from seizures in 2017 is the highest as per NCB officials. The following (Table 7) shows

the Seizure and case details of various controlled drugs during the period 2015-2019.

National Drug Enforcement Statistics as on 31/03/2019

		2015	2016	2017	2018	2019
SEIZURE OF DRUG	S IN KG. WITH	NO. OF CA	SES			1
Opium	Seizure	1687	2251	2551	4324	3771
opi u m	Cases	860	933	1408	1177	86
Morphine	Seizure	61	28	449	21	0
Wiorphine	Cases	92	62	57	106	1
Heroin	Seizure	1476	1675	2146	1248	98
	Cases	3831	4565	7070	7590	565
Ganja	Seizure	94403	2934	35253	3149	3073
Guirju			7	9	3	4
	Cases	8130	1440	21477	2135	1243
			1		3	
Hashish	Seizure	3349	2805	3218	3899	802
THOMISM .	Cases	2295	2567	2943	3079	250
Cocaine	Seizure	113	28	69	35	3
	Cases	100	81	132	102	12

Seizure of opium was increasing from 2015 to 2018 (Table 8) and there is a slight decline in 2019. Number of cases also augmented up to 2018 then decreased. This indicate the strict regulatory reform. Seizure of morphine is found to be zero and 1 case in 2019.

There is no need of illegal trafficking as oral morphine is made easily available to all palliative care centers as a part of implementation of 2015 NDPS Amendment. According to Annual report 2018-19homeministry the number of cases registered with regard to various substance category are listed in table below

Narcotic drug cases registered (2015-2018)

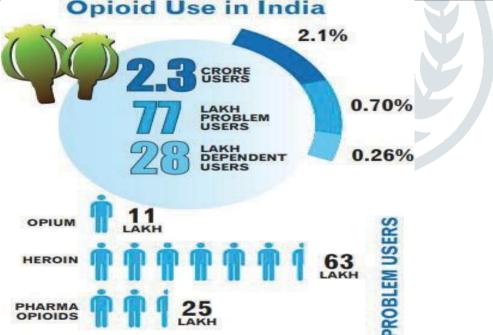
	Number of cases registered		
Substance Category	2015-	2016-	2017-
	16	17	18
OPIUM	15	30	22
OTHER OPIATES	6	17	24
CANNABIS	391	663	536
HEROIN	52	131	150
BROWN SUGAR	2	9	6
MULTIPLE DRUGS	20	41	34

OTHERS (POPPY HUSK, CHARAS, TABLETS, CAPSULES)	GANJA,	150	165	187
GRAND TOTAL		2331	3417	3533

Reports shown that during 2018-19 itself 571 cases were registered, 761 individuals have and Charas (30.8 Kg), Opium(53.7Kg), Ganja (3348.94Kg), detained Smack(328.69Kg), Poppy Head (1891.04 Kg) and Cocaine (1.030 Kg) were seized.

Seizures of controlled drugs by NCB and other departments during 2018-2019 (01.04.2018 to 31.03.2019)

Name	Drug seized in India by	Drug seized by NCB
of	all	alone
Drug	agencies (Kg)	(kg)
Heroin	1150	255.844
Opium	8023	375.45
Morphine	14	2660
Ganja	364068	35106134
Hashish	3745	950.015
cocaine	39	22471



Opioid use in India based on Survey by MoSJE

Narcotic Drug Regulation in Indian States- South Zone

NDPS regulation in South India

States	Regulatory	Lice	NDPS Rule
	Authority		

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		nces	
Kerala	Excise Department	tExcise Department issues	Kerala
	Police Departmen	the licences under Rule	NDPS
	Drugs Contro	ol 63 of NDPS Act. ND1,	Rule,1985
	Department	ND2, ND3, ND14, ND15,	
		ND-16 and ND20	
		Drugs Control	
		Department issue RMI	
		Certificate along with	
		allotment of END as per	
		2015NDPSAmendment	
Karnataka	Excise Departmen	tExcise Department	Narcotic Drugs
	Police Departmen	t	and
	Drugs Contro	Drugs Control Department	Psychotropic
	Department		Substances
			(Karnataka)
			Rules, 1985
Tamilnadu	Narcotic Intelligenc	eExcise department.	The Tamil
	Bureau (NIB) of Polic	eDrugs Control Department	Nadu Narcotic
l	Department Dru	gissues certificate to	Drugs Rules,
	Control	palliative centres	1985
	Department		
l			
Andhra Pradesh	Excise Departmen	tDrugs Control -Grant of	Andhra Pradesh
	Police Department	tlicenses (NDPS-1 &	Narcotic Drugs
	Drugs Contro	INDPS-2)	and
	Department		Psychotropic
			Substances
			Rules, 1986

NDPS regulation in North India

States	Regulatory Authority	Licences	NDPS Rule
Jammu andKashmir	Excise	Issued by Excise	The Jammu and Kashmir
	Department	Department	Narcotic Drugs
	Drugs Control		Rules, 1986
	Department		
	Police Department		
HimachalPradesh	Excise	Excise commissioner -	The Himachal Pradesh
	DepartmentDrugs	Licensing of Narcotic	Narcotic Drugs and
	Control	drugs	Psychotropic Substances
	Department	Drugs Controller -	Rules, 1989
	Police Department	Psychotropic	
		substances	
Uttarakhand	Excise	Excise Department	
	Department	issues licence for	
	Police	Hemp cultivation	-
	Department		
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Haryana	Excise Department	NDPS controlled by By	Haryana NarcoticDrugs
		Excise Department	and Psychotropic
			Substances
			Rules, 1985
Punjab	Excise	Anti-Narcotic Task	Punjab Narcotic Drugs
	Department	Force of Police	and
	Police	Department	Psychotropic Substances
	Department		Rules, 2012
	Drugs Control		
	Department		
Uttar Pradesh	Excise	Collector issues licence	Uttar Pradesh
	Department		Narcotic Drugs Rules,
	Collector		1986

NDPS regulation in East India

States	Regulatory	Licenses	NDPS Rule	
	Authority		3.1	
	ExciseDepartment Police	Collector along	Bihar Narcotic Drugs	
Bihar	Department Drugs	with Excise-grant	and Psychotropic	
	Control	license. ND1, ND2	Substances Rules, 1985	
	Department			
	Excise Department Police	Drugs Control -	Orissa Narcotic Drugs	
Orissa	Department	NDPS-1, NDPS-2	and Psychotropic	
	Drugs Control	All other licenses	Substances Rules, 1989	
	Department	by Excise		
	Excise Department Police		West Bengal Narcotic	
West Bengal	DepartmentDrugs Control	Excise Department	Drugs and	
	Department		Psychotropic	
			Substances Rule, 1985	
	Excise Department Police		Mizoram Narcotic	
Mizoram	DepartmentDrugs Control	Excise Department	Drugs and Psychotropic	
	Department		Substances Rules, 2004	
	Excise Department Police	Drugs Control	Meghalaya Narcotic	
Meghalaya	Department Drugs	Department- RMI	Drugs and Psychotropic	
	Control	Certificate	SubstancesRules,1986	
	Department		Amendment in 2012	

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	Excise (Abkari)		Sikkim Narcotic Drug
Sikkim	Department	Excise	and Psychotropic
			Substance Rules
	Excise Department Police		Arunachal Pradesh
ArunachalPradesh	DepartmentDrugs Control	Excise Department	Narcotic Drugs and
	Department		Psychotropic
			Substances
			Rules 2000
			Assam Opium Rules
	Excise Department Police		1945 Assam NDPS
Assam	Department Drugs	Excise Department	Rules 1988 Assam
	Control		Opium Prohibition
	Department		Rules.1948
			The Assam Opium
		K,	Prohibition
			(Amendment)
		()	Rules,
			Union Territory
		Excise Department	Chandigarh Narcotic
Chhattisgarh	Excise Department	Issues licenses.	Drugs and
			Psychotropic
			Substances Rules,
			2005
	Police Department		Tripura Narcotic
Tripura	Revenue Intelligence	RI &Police	Drugs Rules,
	Department		1986
	Excise Department	Excise Department	The Manipur Narcotic
Manipur			DrugsRules, 1986

NDPS regulation in West India

States	RegulatoryAuthority	Licences	NDPS Rule
Maharashtra	Food, Drugs	Maharashtra	Maharashtra Narcotic Drugs and
	Control Department Maharashtra	Excise issues licences	Psychotropic Substances Rules, 1985
	Excise		
MadhyaPradesh	Collector Excise	Collector issues licence-	Narcotic Drugs and
	Department	O.P. 1 and 2	Psychotropic Substances
	CBN		(MadhyaPradesh) Rules 1985
	Drugs Control		
	Department		
Rajasthan	Excise Department	Additional Commissioner,	Rajasthan Narcotic Drugs and
	Police Department Drugs Control Department	Excise-N.D.P.S.L-2, N.D.P.S. L-4, N.D.P.S.L-6	Psychotropic Substances Rules, 1985
Gujarat	Excise Department	Excise Department	-
	Food and Drugs ControlAuthority		
Goa	Excise Department	Excise Department	Goa, Daman and Diu narcotic
	Directorate of Food and Drugs Administration,		drugs andpsychotropic substances rules 1987

Pitfalls in Indian NDPS Regulation

- Licensing involved various supervisory authorities.
- Non-uniform licensing procedure from state to state and from district to district.
- Lack of clarity concerning sale and purchase of controlled drugs among dealers and manufacturers.
 - Lack of online licensing facility.
 - ➤ Lack of Track and trace system.
 - > Small quantity narcotic seizure is a bailable offence, which causes the easy escape of accused.
 - Lack of uniformity in palliative care procedures.
 - Lack of proper implementation of amendments due to lack of training and fear.
 - ➤ Various factors like peer group pressure, lack of parental control may lead the youngsters to drug addiction. The Government had taken several attempts in 2018 to combat drug abuse and strengthen the regulatory system, but implementation was very poor, slow and inadequate.
 - ➤ Inadequate Rehabilitation /De-addiction centre.

CONCLUSIONS

Amendments are being made to ensure the problems faced by governments by facing practical problems, but there is a need to make further changes in this. This research will be helpful to find out the loopholes and also its solution to make it strong for the benefit of general public. It will helpful to make opinion or view for the legislature for proper amendment in the Act. It is also expected the study a new dimension of

the issue may be disclosed which give new ground for further research. The study will give new solution to make an equilibrium between the government work and the right to know the public. The research is certainly helpful and important for the scholars who want to further research in this area. Based on the research conducted and feedback of the survey the following recommendations are framed to produce before appropriate authority for fruitful implementation of law.

REFERENCES

- 1. Roni shye. What Are Controlled Substance [Online]. Available from: https://www.goodrx.com/blog/what-are-controlled-substances.
- 2. Prescription Opioids Drug Facts | National Institute on Drug Abuse [Internet]. National Institute on Drug Abuse. 2020. Available from: https://www.drugabuse.gov/publications/drugfacts/prescription-opioids.
- 3. Han B, Compton W, Blanco C, Crane E, Lee J, Jones C. Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. 2020. Annals of internal medicine. 2017 Sep 5;167(5):293-301.
- 4. Regulatory Requirements | legal definition of Regulatory Requirements by Law Insider [Internet]. Lawinsider.com. 2020. Available from: https://www.lawinsider.com/dictionary/regulatory-requirements
- 5. Cancer facts and figures 2018, [Internet] Available from:

 https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/

 cancer-facts-and-figures- 2018.pdf
- 6. Opioids Market Growth, Trends, and Forecast (2019 2024), [Internet] [cited 10 June 2020].

 Available from https://www.researchandmarkets.com/ reports/ 4622511/opioids-market-growth-trends-and-forecast,
- 7. Global Opioid Drug Market Source. [Internet] Available at: https://www. Maximize market research.com/market-report/global-opioids-drugs- market/23754/
- 8. Global Psychoactive Drug Market 2018-2026 [Internet] Available at:https://www.maximizemarketresearch.com/market-report/global-psycho active drug-market/36268/
- 9. Global-psychoactive-drug-Market-Segmentation [Internet] Available at: https://dor.gov.in/narcoticdrugs psychotropic/overview(different ministriesin India)
- 10. Ray R, Kattimani S, Sharma HK. Opium abuse and its management: Global scenario. World Health Organization Department of Mental Health and Substance Abuse Management of Substance Abuse. National Drug Dependence Treatment Centre All India Institute of Medical Sciences New Delhi, India. 2006:1-3 Available from: https://www.who.int/substance_abuse/activities/opium_abuse_management.pdf.
- 11. Narcotic drugs and Psychotropic Overview. [Internet] Available at: https://dor.gov.in/narcoticdrugspsychotropic/overview.
- 12. Caraceni A, Hanks G, Kaasa S, Bennett MI, Brunelli C, Cherny N et al Use ofopioid analgesics in the treatment of cancer pain: evidence-

e588

based recommendations from the EAPC. The lancet oncology. 2012 Feb 1;13(2): e58-68.

13. Commission on Narcotic

Drugs takes decisive step to help prevent deadly fentanyl overdoses, Available at: https 2017/03/17-commission-on- narcotic-drugs-takes-decisive-step-to-help-prevent- deadly-fentanyl-overdoses.html.

- 14. Definition of Controlled Substance.[Internet] Availableat:
- https://www.dictionary.com/browse/controlled-substance
- 15. What are narcotics and why are they addictive. Available at:
- https://www.foundationsrecoverynetwork.com/what-are-narcotics-and-why-are-they-addictive/
- 16. https://www.linkedin.com/pulse/statutory-regulatory-requirements-quality-management-system
- 17. http://www.investorwords.com/4150/regulatory_requirements.html
- 18. http://www.emcdda.europa.eu/publications/topic-overviews/classification-of-controlled-drugs/html_en
- 19. http://nicfs.gov.in/wp-content/uploads/2017/01/Narcotics-Drugs-and-Psychotrophic-Substances.pdf
- 20. Rexed B, Edmondson K, Khan I, Samsom RJ. Guidelines for the control of narcotic and psychotropic substances: in the context of the international treaties 1984. Available at: http://www.who.9241541725_eng.pdf.
- 21. Kilmer B., U.S. Department of Justice, Drug Enforcement Administration Available at: http://www.ritalindeath.com/Methylphenidate.MethylPhenidate (A background paper), October 1995.
- 22. Marshall D., Narcotic Drug Treatment Programme Best Practice Guidelines, US Department of Justice Drug Enforcement Administration, April 2000.
- 23. Howard A. Heit and Aaron M. Gilson, Federal Regulations for Prescribing Scheduled Controlled Substances Available at: http://www.asam.org/pain- and- addiction/
- 24. Drug Law Reform in Latin American Countries, Available at: http://druglawreform.info/en/country-information/latin-america/argentina.
- 25. Michele Leonhart et.al Pharmacist's Manual: An Informational Outline of the Controlled Substances Act. Springfield: United States Department of Justice, Drug Enforcement Administration, Office of Diversion Control. 2010 edition Available at: www.gpoaccess.gov.
- Boiteux L.Drugs and prisons: the repression of drugs and the increase of the Brazilian penitentiary population. Systems overload-drug laws and prisons in Latin America. Amsterdam/Washington: Transnational Institute/Washington Office Latin America. 2011:30-8.
- Nakanishi, T., Pharmaceutical Regulation in Japan, Evaluation and Licensing Division Pharmaceutical Evaluation and Licensing Division, Pharmaceutical and Food Safety Bureau, Ministry of Health, Labour and Welfare Available at:CPhlJapan2012_siryou_E1.pdf.
- 28. Xiaoqiong Zheng. Information Centre, State Food and Drug Administration, Beijing, China. WHO Drug Information Vol. 26, No. 1, 2012 The State Council (2005). Regulation for control of narcotics and psychotropics Available at: http://www.sfda.gov.cn/WS01/CL0784/23500.

- 29. EU drug markets report a strategic analysis Available at: www.europol.europa.eu.
- 30. International Narcotic Control Strategy Report 2013, March 5 2013. Available at: https://2009-2017.state.gov/r/pa/prs/ps/2013/03/205998.htm.
- 31. Rémuzat C, Toumi M, Falissard B. New drug regulations in France: what are the impacts on market access? Part 2–impacts on market access and impacts for the pharmaceutical industry. Journal of market access & health policy. 2013 Jan 1;1(1): 20892, Available at: http://www.jmahp.net/index.php/jmahp/article/viewFile/20891/29560.
- 32. Meyer S. Animal Health market in the BRIC countries and comparison of its regulatory requirements for veterinary medicinal products with EU legislation (Doctoral dissertation, Master's Thesis). Available at:http://dgra.de/deutsch/studiengang/master- thesis/2014-Sybille-Meyer-Health-market-in-the-BRIC-countries-and-comparison-of-its%3Fnav%3Dstudiengang
- 33. Marcelo Ribeiro., The Brazilian Drug Policy Situation: The Public Health Approach Based on Research Undertaken in a Developing Country, Public Health Reviews, 2014, Vol. 35, No 2.
- 34. Linda A. Johnson., IMS Health: Drug spending to jump 30 pct. to \$1.3T in 2020, 18 November 2015. Available at: https://www.canadianbusiness.com/business- news/ims-health-new-drugs-more-generic-use-in-poor-countries- to-push- spending-to-1-3t-in-2020/
- 35. Rosen LW. International drug control policy: background and US responses. Congressional Research Service;2015 Mar16. Available at: https://scholar.google.com/scholar?um=1&ie=UTF-8&lr&cites=43788407396 55118916
- 36. Miralgia P, Drugs and Drug Trafficking in Brazil: Trends and Policies, Available at: https://www.brookings.edu/wp-content/uploads/2016/07/miraglia-brazil-final.pdf
- 37. Dragic L, Lee E, Wertheimer A. Classifications of Controlled Substances: Insights from 23 Countries. INNOVATIONS in pharmacy. 2015 Jan 1;6(2). Available at: http://pubs.lib.umn.edu/innovations/vol6/iss2/6.
- 38. Guidelines on the regulation of Therapeutic products in Newzeland, MEDSAFE, Ministry of Health, Part5, Edition1.4, Feb2015. Available at: http://legislation.govt.nz/act/public/1981/0118/latest/whole.html#DM53795
- 39. NATIONAL POLICY ON NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES Available at: http://cbn.nic.in/ html/ NationalPolicy English.pdf —
- 40. Dr Colin Tidy , CONTROLLED DRUGS, Document ID 234 (v8) Available at: www.patient.co.uk/doctor/controlled-drugs
- 41. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: a cancer journal for clinicians. 2018 Nov;68(6):394- 424. Available at: https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21492.