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Inconsistency and Inadequacy of Data on Drug Problem in India

M. Srinivasan[1], Arulraj Rajappa[2*] and B. Haemanth Kumar[2]

[1]Department of Criminology, University of Madras, Chennai – 600005, Tamil Nadu, India; murugesan.srinivasan2013@gmail.com

[2]Department of Criminology, University of Madras, Chennai – 600005, Tamil Nadu, India; nssarulraj@gmail.com, haemanthb12@gmail.com

Abstract

Crime data, including data on the drug problem, assumes significance since monitoring and assessing crime is critical for governments to understand its impact on both the well-being of their citizens and to design policies aimed at reducing such crime. However, in the Indian context, based on the existing data on drug trafficking and drug abuse, no meaningful assessment of the drug problem can be made. The present article primarily aims to demonstrate how the existing data are inherently inconsistent and inadequate for addressing the drug problem. The article also encompasses within its scope to examine the existing agencies and mechanisms responsible for collecting, analysing and publishing such data, and suggest methods for developing a robust database in light of international experience.

Keywords: *Crime Data, Drug Problem, Drug Abuse, Drug Trafficking, Data Inconsistency, Data Inadequacy*

1.0 Introduction

The Commission on Crime Prevention and Criminal Justice (CCPCJ) was established by the Economic and Social Council (ECOSOC) resolution 1992/1, upon request of the United Nations General Assembly resolution no. 46/152 (United Nations Office on Drugs and Crime, n.d.). The CCPCJ conducts annual sessions and deliberates on various agendas, and also prepares reports on such agendas. One of its agendas has been world crime trends and emerging issues, and responses in the field of crime prevention and criminal justice. On 29 February 2024, a document was prepared in accordance with the practice established pursuant to resolution no. 1990/18 of the ECOSOC. The document contains information on world crime trends and the state of criminal justice. As monitoring and assessing crime is critical for governments to understand its impact on both the well-being of their citizens and to design and monitor policies aimed at reducing such crime, crime data not only assumes significance but is also inevitable. For instance, limited data availability remains an impediment to assessing the extent and the causes of crime in various countries, which hampers the formulation of effective interventions to address crime. It was recommended *(in the document published on 24 February 2024 by the UNODC)* to enhance the collaboration of criminal justice agencies and national statistical offices to improve data collection and analysis, which are crucial for developing evidence-based policies to reduce crime (United Nations, 2024). In the 34th session of CCPCJ, which was held in May 2025 in Vienna, several speakers highlighted the need to strengthen the data on crime and criminal justice. Such data serves multiple purposes, including monitoring progress towards Sustainable Development Goal 16 on peace, justice, and strong institutions. Speakers have

*Author for correspondence

also shared their experiences of collecting and using crime and criminal justice data and how such data helps develop and monitor crime prevention policies (United Nations, 2025). Against this background, data relating to the crime-specifically data on drug trafficking and drug abuse in India-is analysed. Although the present article primarily aims to demonstrate how the existing data is inherently inconsistent and inadequate to address the drug problem, the article also encompasses within its scope to examine the existing agencies and mechanisms responsible for collecting, analysing and preparing reports, and to suggest methods for developing a robust database in light of the international experience.

2.0 Existing Laws and Agencies

The Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act, 1985) was enacted to consolidate and amend the then existing laws relating to narcotic drugs and to make provisions for the control and regulation of operations pertaining to both narcotic drugs and psychotropic substances (Government of India, 1985). The above Act also provides for the forfeiture of property derived from illicit traffic in both narcotic drugs and psychotropic substances. The Narcotics Control Bureau (NCB) was established to exercise the powers and functions of the Government of India for taking measures with respect to the coordination of actions by various offices, including state governments and other authorities under the laws such as the NDPS Act, the Customs Act, the Drugs and Cosmetics Act or any other related law, in connection with the enforcement of the NDPS Act, 1985. The NCB is also responsible for the implementation of the obligations relating to countermeasures against illicit trafficking under various international Conventions and Protocols which are currently in force, or which may be acceded to or ratified by India in the future. The NCB also performs the function of assisting relevant international organisations and authorities in foreign countries to facilitate both action and coordination for the prevention and suppression of illicit trafficking in narcotic drugs and psychotropic substances. It also coordinates the activities with other concerned ministries, departments and organisations regarding matters connected with drug abuse. The NCB is an apex coordinating agency and also functions as an enforcement agency through its zones and sub-zones located in different regions of India, such as Ahmedabad, Bengaluru, Chandigarh, Delhi, Guwahati, Kolkata, Mumbai, Chennai, Madurai, *etc.* (Ministry of Home Affairs, 2017).

3.0 An Overview of Existing Statistics on Drug Trafficking

3.1 All-India vs the States with Higher Percentage Contribution

The data (Table 1) were collated from Crime in India, 2022, an official annual publication of the National Crime Records Bureau. The data shows that in terms of the total number of cases of possession of drugs for personal use/consumption registered in 2022, Kerala recorded the highest number with 24,959 cases contributing 32.34% to the all-India total, followed by Maharashtra (12,286 cases) and Tamil Nadu ranked third with 7,996 cases, ahead of Uttar Pradesh and Karnataka. With regard to the offence - possession of drugs for trafficking, of the total cases (38,064) at the India level, 7,433 cases were registered in the state of Punjab, followed by Uttar Pradesh with 4,920 cases, while Tamil Nadu ranked third with 2,590 cases.

Table 1. All-India vs the states with higher percentage contribution

Year	2022										
Ind vs Top 5	All India	Top five									
		1	%	2	%	3	%	4	%	5	%
Possession of drugs for personal use/consumption	77172	24959	32.34	12286	15.9	7795	10.10	6621	8.57	5170	6.69
Possession of drugs for Trafficking	38064	7433	19.52	4920	12.92	2590	6.80	2428	6.37	2169	5.69

Source: Crime in India, 2022

* Possession of drugs for personal use: 1 = Kerala, 2 = Maharashtra, 3 = Tamil Nadu, 4 = Uttar Pradesh, 5 = Karnataka

* Possession of drug for trafficking: 1 = Punjab, 2 = Uttar Pradesh, 3 = Tamil Nadu, 4 = Rajasthan, 5 = Madhya Pradesh

3.2 All-India Level, Number of Convicts as on 2022 vs the States with Higher Percentage Contribution to the Total Convicts

Data (Table 2) on the total number of convicts under the NDPS Act, 1985, at the all-India level and the number of convicts from the states shows that 4,408 out of 7,301 convicts were from states such as Punjab, Uttar Pradesh, Madhya Pradesh, Haryana, and Rajasthan. That is, around 60 per cent of total convicts are from these five states. Around 51 per cent of the total under-trial prisoners, 44,332, were from states such as Punjab, West Bengal, Uttar Pradesh, Odisha, and Rajasthan.

4.0 What are the Possible Inferences from the Above Statistics?

The increasing number of registered cases may be viewed both as an actual increase in offences or as a reflection of the more efficient functioning of law enforcement agencies. Therefore, any official statistics should be corroborated with other sources of data, *i.e.*, data generated through surveys by Governments, Non-Governmental Organisations and independent researchers on the extent and patterns of drug abuse. For instance, the number of persons arrested for possession of drugs for personal use/consumption should be corroborated with the number of people who abuse drugs. Unfortunately, we do not have any recent survey estimating the magnitude of drug abuse in India. Similarly, the increase in the number of convicts may indeed be a result of the efficient functioning of all agencies within the Criminal Justice System. However, the percentage of people who have been convicted in a given year should be assessed alongside the number of people who were tried in the same year by the courts. That is, conviction data should be analysed in conjunction with the number of cases registered, investigated, charge-sheeted, undertrial, disposed of, and the percentage of cases that resulted in conviction. Unfortunately, these finer data are not available in the public domain. It may also be inferred from the undertrial data that a large number of undertrials may be due to the result of a low percentage of case disposals.

5.0 Extent and Pattern of Substance Abuse in India

In 2018, a comprehensive national survey on the extent and pattern of substance use in India was conducted by the Ministry of Social Justice and Empowerment, Government of India, through the National Drug Dependence Treatment Centre, AIIMS, among both children/adolescents and adults (Press Information Bureau, 2024).

5.1 Substance-Wise, Number of Drug Users-Children and Adolescents (10-17) at the All-India Level

Table 3 presents the substance-wise number of drug users among children/adolescents between 10-17 years of age. It is estimated that a total of 1,44,00,000 children/adolescents used substances such as opioids, alcohol, inhalants, cannabis, sedatives and Amphetamine-Type Stimulants (ATS). Of all the types of drugs, the highest number of children/adolescents used opioids (1.8%), followed by alcohol (1.3%).

Table 2. All-India level, number of convicts as on 2022 vs the States with higher percentage contribution to the total convicts

Year	All India in 2022 vs. the states with higher percentage contribution										
	All India	Top five									
		1	%	2	%	3	%	4	%	5	%
Convicts under the NDPS Act-1985	7301	2014	27.58	790	10.82	734	10.05	483	6.61	387	5.3
Undertrial prisoners under the NDPS Act-1985	48332	8750	18.1	5312	10.99	5199	10.75	3042	6.29	2452	5.07

Source: Prison in India, 2022.
*Possession of drugs for personal use: 1 = Punjab, 2 = Uttar Pradesh, 3 = Madhya Pradesh, 4 = Haryana, 5 = Rajasthan
*Possession of drug for trafficking: 1 = Punjab, 2 = West Bengal, 3 = Uttar Pradesh, 4 = Odisha, 5 = Rajasthan

5.2 Substance-Wise, Number of Drug Users- Adults (18-75 years) at the All-India Level

With regard to the number of drug users among the adult population aged 18-75 years, it is found that 21,70,00,000 individuals used various types of substances, including alcohol, cannabis, opioids, *etc*. It is also observed that 17.1 per cent of the population between 18-75 years of age consumed alcohol (Table 4).

Table 3. Substance-wise, number of drug users – Children & Adolescents (10-17) at the All-India level

Substance	Prevalence (in %)	Estimated number of users
Opioids	1.80	40,00,000
Alcohol	1.30	30,00,000
Inhalants	1.17	30,00,000
Cannabis	0.90	20,00,000
Sedatives	0.58	20,00,000
ATS	0.18	4,00,000
Total		**1,44,00,000**

Note: Percentage is calculated with the number of estimated drug users by the total number of persons in the age group of 10-17 years.

5.3 Substance-Wise, Number of Drug users (Both Male and Female) among the High Prevalence States/UTs

The National Survey has also provided data on the state-wise prevalence and substance-wise number of drug users across India. The highest prevalence of male cannabis users was found in the States/UTs such as Sikkim, Punjab, NCT of Delhi, Uttar Pradesh and Arunachal Pradesh. Although the highest number of female cannabis users was from the state of Haryana (1,91,000), followed by

Table 4. Substance-wise, number of drug users – Adults (18-75 years) at the All-India level

Substance	Prevalence (in %)	Estimated number of users
Alcohol	17.10	15,10,00,000
Cannabis	3.30	2,90,00,000
Opioids	2.10	1,90,00,000
Sedatives	1.21	1,10,00,000
Inhalants	0.58	60,00,000
Cocaine	0.11	10,00,000
Total		**21,70,00,000**

Table 5. Substance-wise, number of drugs users (both male & female) among the high prevalence states/UTs

S. No.	Cannabis		Opioids		Sedatives		Cocaine	
	Male	Female	Male	Female	Male	Female	Male	Female
1	19.73* (60,000) Sikkim	1.96 (13000) ArP	49.58 (2,43,000) Mizoram	5.74 (80000) Manipur	27.92 (84,000) Sikkim	1.58 (4,000) Sikkim	5.29 (35,000) (ArP)	0.52 (3,000) ArP
2	18.12 (2424000) Punjab	1.94 (1,49,000) NCT of Delhi	49.12 (3,83,0000 Nagaland	4.85 (31,000) ArP	17.69 (1,38,000) Nagaland	0.94 (7000) Nagaland	1.86 (3,000) Daman & Diu	0.35 (<1000) Daman Dio
3	13.74 (11,62,000) NCT of Delhi	1.81 (30,000) Tripura	39.0 (2,57,000) ArP	2.40 (1000) Lakshad weep	14.64 (2,02,000) Manipur	0.74 (10000) Manipur	1.24 (3,000) Dadra & Nagar Havali	0.16 (<1000) Dadra
4	13.22 (1,21,79,000) Uttar Pradesh	1.80 (13,000) Nagaland	33.46 (1,01,000) Sikkim	2.32 (6000) Sikkim	12.92 (63,000) Mizoram	0.65 (3,000) Mizoram	1.12 (1,50,000) Punjab	0.12 (14,000) Punjab
5	12.61 (83,000) Arunachal Pradesh - ArP	1.71 (1,91,000) Haryana	22.75 (3,14,000) Manipur	2.11 (10,000) Mizoram	10.48 (69,000) ArP	0.55 (4,000) ArP	1.10 (<1000) Lakshad weep	0.11 (<1000) Sikkim & Laksha

*Percentage

Note: All the findings are based on the estimated population of the states in the year 2018, projected from the Census 2011. The population was projected based on the decadal growth rate of the State and Union Territories (Ambekar *et al.*, 2019)

NCT Delhi (1,49,000), in terms of percentage of the female drug users among the female population of the states, Arunachal Pradesh ranked highest (1.96%), followed by NCT Delhi (1.94%) and Tripura (1.81%). While cocaine was used by a small percentage of the population, opioids and sedatives were used by a significant percentage of the population in the states such as Mizoram, Sikkim, Nagaland, Arunachal Pradesh and Manipur (Table 5).

5.4 Inconsistency in the Data on Drug Problem

From the data on possession of drugs for personal use/consumption; possession of drugs for trafficking; number of convicts/undertrials; and data on states with a higher percentage of prison inmates-both convicts and undertrials under NDPS Act, 1985, if one infers that the magnitude of drug problem is high in the states such as Kerala, Madhya Pradesh, Tamil Nadu, Uttar Pradesh, Karnataka, (based on the number of cases of possession of drugs for personal use); and Punjab, Uttar Pradesh, Tamil Nadu, Rajasthan and Madhya Pradesh (based on the number of cases registered under the offence, possession of drugs for trafficking) —this may be a misleading inference, since the data on the extent and pattern of substance abuse in various states of India provides a different picture. Inferences should not be made solely on such data; it is inconsistent with the data on drug abuse.

The number of substance-wise drug users (both male and female) was higher in the states/UTs such as Sikkim, Punjab, NCT Delhi, Uttar Pradesh and Arunachal Pradesh. Therefore, data on drug trafficking must be interpreted alongside data on drug abuse to assess the extent and causes of the drug problem. Unfortunately, no recent data estimates the prevalence of drug abuse in various states and Union Territories in India. This inadequacy in data is a matter of serious concern.

The experiences of the United Nations and other International organisations would help estimate the drug problem in any given society. For an appropriate assessment of the drug problem, both drug trafficking and drug abuse should be estimated. In other words, the drug problem should be assessed from both the supply and demand perspectives. The causes of drug trafficking and drug abuse, although interrelated, are not the same. While the problem of drug trafficking is addressed by the agencies within the Criminal Justice System, drug abuse is both a socio-cultural issue to be addressed by various institutions, including the family, community, and educational institutions, as well as a concern for Criminal Justice Institutions, Non-Governmental Organisations and related government departments.

5.5 Methods for Estimating the Size of Drug Problems: Lessons from the International Community

The United Nations Office on Drugs and Crime (UNODC) estimates the extent of illicit drug use in the World and has published such estimates periodically in the World Drug Report since 1997. The report relies heavily on information submitted by the United Nations member states through the Annual Report Questionnaire. The data used in the World Drug Report 2025 reflects the drug situation in 2023. Although under the International Drug Conventions, member states are required to provide annual drug control-related information to the Secretary-General of the United Nations (*i.e.*, the Secretariat in the UNODC), out of the 200 potential respondents to the Annual Report Questionnaire for 2022-2023, including 193 member states, data were received from only 133 countries. 93 per cent of the European countries responded to the Annual Report Questionnaire, followed by Asia (70%) and the Americas (69%). However, only 57 per cent of African countries and 2 countries from Oceania responded to the Annual Report Questionnaire (United Nations, 2025). The World Drug Report (WDR) also noted that the quantity of information provided on illicit drug supply is generally better than that on drug demand.

Table 6 provides data on the prevalence of major types of drugs, *i.e.*, cannabis, opioids, amphetamine and other drugs (opiates, cocaine, and ecstasy) in the population aged 15-64 across different regions of the World. The table also provides extrapolated data at three levels, namely Best, Lower and Upper. The lower level denotes the use of more than one drug. For example, if individuals have used cannabis and any other derivatives of cannabis, it is computed and shown as Lower level; whereas the Upper level denotes use of only one drug (*i.e.*, cannabis only). The Best is calculated by (Lower + Upper)/2. However, it may be observed that there is a variation in the values presented due to the following reason: the Lower, as stated above, includes individuals who consume more than one drug. (*i.e.*, Drug A and other forms of similar drugs such as A1, A2, A3). The value in the table includes only A

Table 6. Prevalence of the use of cannabis, cocaine, opioids, opiates, amphetamine and prescription stimulants & ecstasy in the population aged 15-64 in the year 2025

Region	Cannabis			Opioids			Amphetamine			Other drugs (Opiates, Cocaine and Ecstasy)		
Number* (%)	B**	L**	U**	B	L	U	B	L	U	B	L	U
Africa	63310 (7.50)	38810 (4.60)	82050 (9.72)	12080 (1.43)	8600 (1.02)	15420 (1.83)	4020 (0.48)	1330 (0.16)	8320 (0.99)	8730 (1.03)	3060 (0.36)	23230 (2.75)
Americas	82770 (11.92)	80710 (11.63)	86560 12.47	9610 (1.38)	9280 (1.34)	10140 (1.46)	9700 (1.40)	8620 (1.24)	10660 (1.54)	18070 (2.6)	16370 (2.35)	19840 (2.86)
Asia	64060 (2.03)	23230 (0.74)	98290 (3.12)	35860 (1.15)	15440 (0.49)	45960 (1.47)	13710 (0.44)	12150 (0.39)	15880 (0.50)	34840 (1.11)	13180 (0.41)	66630 (2.12)
Europe	30240 (5.59)	27850 (5.15)	33120 (6.12)	3470 (0.64)	3220 (0.59)	3870 (0.71)	2790 (0.52)	2400 (0.44)	3100 (0.57)	12920 (2.39)	10960 (2.02)	15740 (2.91)
Oceania	3510 (12.04)	3240 (11.09)	3880 13.29	450 (1.55)	380 (1.29)	530 (1.80)	300 (1.02)	230 (0.80)	390 (1.33)	1460 (5.01)	1230 (4.22)	1690 (5.79)

Source: UNODC World Drug Report-2025
*Number (Thousands) **B - Best, L - Lower, U - Upper, Values within brackets denote percentage

and does not include A1, A2, or A3. In other words, the Lower includes only one drug (*e.g.*, cannabis) and does not consider other similar forms like hashish.

From Table 6, it can be inferred that cannabis is the most widely used drug globally. For instance, 12.04 per cent of the population in the Oceania region, followed by 11.92 per cent in the Americas, 5.59 per cent in Europe, and the lowest usage in Asia, with only 2.03 per cent of its population. With regard to opioids, 1.4 per cent of the population in the Americas, and 1.55 per cent in the Oceania region have used them. The next most highly used drug was amphetamine, with a total of 3,05,20,000 people using it. Although these data were generated from the data provided by the respective countries in each region, the World Drug Report does not include country-level prevalence data on drug use. However, the extrapolation method adopted to estimate the prevalence of drug users in various regions of the World may also be applied to generate data on the prevalence of drug use in various states of India.

6.0 Conclusion

The authors have examined the inconsistencies in the available data on the drug problem in the Indian Context. For this purpose, the official data published by the National Crime Records Bureau and statistics on the extent of substance abuse generated through the Comprehensive National Survey on the Extent and Pattern of Substance Use in India, conducted by the Ministry of Social Justice and Empowerment, Government of India, in 2018, were used. The article has also indicated that the data on drug problems is not only inconsistent but also inadequate for drawing any meaningful inferences. Furthermore, the inconsistency between data on drug trafficking and data on drug abuse becomes an impediment to assessing both the extent and causes of the drug problem in India, which will in turn hamper the formulation of effective interventions to address the drug problem. While data on drug trafficking is published periodically *(despite the fact that no statistics are available after 2022)*, surveys estimating the prevalence of drug abuse are not conducted periodically. Hence, periodical comprehensive surveys should be conducted following a robust methodology. For this purpose, the extrapolation method adopted by UNODC in preparing the World Drug Report may be replicated in India. International experience has shown that without appropriate data collection methods and data analysis techniques, evidence-based polices to reduce crime, particularly drug abuse, are not possible. Therefore, the need of the hour is to strengthen the data related to the drug problem. Furthermore, any crime statistics, including those on the drug problem, can be a powerful tool to assist both the criminal justice professionals and other stakeholders. Anticipating increased risk of drug problems can, in turn, inform law enforcement interventions aimed at preventing and predicting drug-related crimes.

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