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A review on drug regulation policy in the Netherlands and India: The history of current policy development, and policy analysis

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Abstract

Introduction: Since historical times, drug use and illicit trafficking of drugs have been a common problem in both the Netherlands and India. The Dutch Drug Policy (DDP) model combines both leniency and strict laws whereas the Indian Narcotic Drugs and Psychotropic Substances Act (NDPS Act) went from being a stringent policy in the past to a more flexible one lenient policy in recent years. The objective of the current review was to explore the history of the development of the Netherlands and India's drug regulating policies, followed by the analysis of the policies using the Walt and Gilson health policy triangle. **Methods:** Official government documents and relevant articles on the DDP and NDPS act were identified for policy analysis. Analysis of the policies showed the effectiveness of the DDP model in controlling the drug problems in the Netherlands in some instances. **Results:** The results of the analysis also highlight some gaps in the Indian NDPS act. Based on the analysis of the two policies, the review explores the possibilities of implementing similar policy measures adopted under the DDP in the Indian NDPS Act for future reforms. However, the review acknowledges the disparity in culture and political system in the two countries and hence suggests deliberation of the policy measures implemented under the DDP before considering their implementation under the Indian NDPS Act. **Conclusion:** The review aimed the direction of future research towards generating more evidence on contextual factors unique to the Dutch and Indian societies and prevailing circumstances arising due to modern-day drug problems for a recommendation of evidence-based policy reforms.

Keywords: drug regulation policy, DDP, health policy triangle, NDPS Act, policy development.

Introduction

Drug addiction is a global public health issue as it has severe implications on individuals' health and can lead to lifelong dependency and abuse. According to the United Nations world drug report (2019), in 2016, it is estimated that 271 million individuals used drugs, with 35 million people suffering from drug

addiction. Another issue in worldwide society is drug trafficking. Many nations have signed treaties within the United Nations law framework for the global drug control system in the last few decades to ensure that psychoactive chemicals are exclusively available for medical and scientific purposes and stop the illegal flow of these substances. (Armenta & Jelsma, 2015).

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The Netherlands was one of the first countries to sign the International Opium Convention under the League of Nations in 1912 (Grund & Breeksema, 2017). It led to the introduction of the opium law in 1919. The law was revisited in 1976 due to the rise in the number of marijuana users in the Dutch cities which resulted in the introduction of the Dutch Drug policy (DDP) of 1976. The main objective of the DDP was to protect the youth from criminalization and exposure to hard drugs (Lew, 1991). In 1995, the Baan Commission

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issued a new report, “Continuity and Change”, which advocated minimal changes to the policy while maintaining the Dutch government’s liberal attitude (CPI, 2016).

India, like the Netherlands, ratified its first pact under the United Nations’ Single Convention on Narcotic Drugs in 1961. The Narcotic Drugs and Psychotropic Substances (NDPS) Act was created by the Indian government in 1985 to comply with international laws, regulate illicit drug trafficking, and increase enforcement capacity.

The signing of international treaties under the United Nations made the Netherlands and India active members of the global drug control regime. It led to the introduction of drug legislation in both countries. Moreover, the problem of drugs invoked new reforms in the laws in various instances. The current review was undertaken to explore the history of the development of the drug regulation laws (the DDP and the NDPS Act), followed by their analysis using the Walt and Gilson policy triangle framework. The policy triangle framework explores the concepts of content, context, processes, and actors in policymaking to help understand health policy reforms and plan for more effective implementation of policies (Walt & Gilson, 1994). The current review will leverage the health policy triangle framework to understand the processes that led to the reforms in the DDP and the NDPS Act and explore strategies to improve the implementation of the policies.

Materials and Methods

Search strategy

Separate web-based searches on Netherlands and Indian drug policies were performed to identify relevant government policy documents on the DDP and the NDPS Act. The search results also included some notable articles from other sources that provided additional content on the two countries’ drug policies. Additional searches were conducted on PubMed, Scopus, and Google Scholar to identify relevant articles on drug policies in the Netherlands and India. There were no criteria for selecting articles based on their year of publication; the search included articles published in English, primarily focused on the DDP and the NDPS act, and contained information on their development history. Literature searches were conducted between March 2020 and May 2020. There were 20 articles in total that were collected. Ten of which were about the DDP while the other was about the NDPS Act. Out of which, six were for NDPS Act and ten for the DDP were selected. The search was done using keywords like Dutch drug policy, DDP, Narcotic drugs and psychotropic substances act, NDPS etc.

Data extraction

All articles and government documents identified for text synthesis for the current review are present in Table 1. Full text of the literature and documents were assessed for data extraction on policy development history in the two countries. The full-text assessment was repeated for a second time to identify and extract data on content, context, actors, and policy analysis processes.

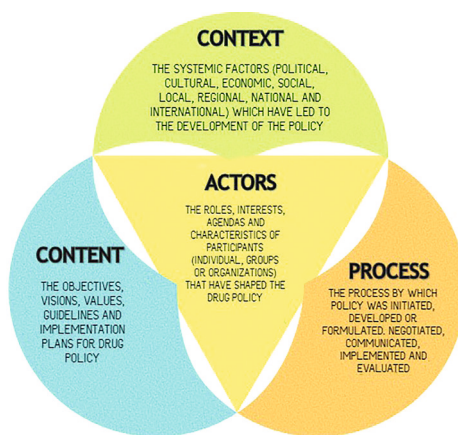


Figure 1. Health Policy Triangle(Mokitimi, Schneider, & de Vries, 2018)

Table 1*Details of the Studies Included in this Review*

Author/s (year)	Title	Location	Type of text
Avasthi, A., & Ghosh, A. (2019)	Drug misuse in India: Where do we stand and where to go from here?	India	Editorial
Centre For Public Impact (CPI) – A BCG Foundation (2016)	The Dutch policy on marijuana use – continuity and change.	Netherlands	Article
Centre For Public Impact (CPI).	The Dutch policy on marijuana use - continuity and change.	Netherlands	Article
de Kort, M., Korf, D.J (1992)	The developments of the drug trade and drug control in the Netherlands: a historical perspective. Crime, law, and Social Change.	Netherlands	Article
European Monitoring Centre for Drugs and Drug Addiction. (2019)	Netherlands-Country Drug Report 2019.	Europe	Report
Grund, J.C., & Breeksema, J. J. (2017)	Drugs policy in the Netherlands.	Europe	Chapter 9 of the book European drug policies: the ways of reform
Jelsma, M. & Armenta (2015)	A primer: The UN Drug Control Conventions.	Netherlands	Book
Law commission of India (1997)	One hundred fifty-fifth report on Narcotic drugs and psychotropic substance act, 1985.	India	Government report
Leuw, E. (1991)	Drugs and drug policy in the Netherlands.	Chicago, USA	Article
Ministerie VWS (1995)	Continuity and Change, Dutch drug policy	Netherlands	Government Document
Ooyen-Houben, M.V., & Kleemans, E. (2015)	Drug Policy: The “Dutch Model”	Chicago, USA	Article
Peter de Koning & Alex de Kwant (2002)	Dutch Drug Policy and the Role of Social Workers, Journal of Social Work Practice in the Addictions	Netherlands	Article
Ray, R. (1996)	National Drug Demand Reduction Programmes, Chapter VI	South-East Asia	Chapter VI of the book
Rigoni, R.Q. (2019)	“Drugs Paradise”: Dutch Stereotypes and Substance Regulation in European Collaborations on Drug Policies in the 1970s.	Netherlands	Article
Sharma, S., Kumar, K., & Singh, G. (2017)	An Overview on Narcotic Drugs and Psychotropic Substances Act, 1985. Journal of Forensic Sciences and Criminal Investigation	India	Review Article
Tandon, T. (2015)	Drug policy in India. International Drug Policy Consortium	India	Briefing Paper
United Nations Office on Drugs and Crime. (2019)	<i>World Drug Report 2019</i>	Europe	Report

Data analysis

Policy analysis offers a comprehensive framework to examine policies. The Walt and Gilson policy analysis triangle is a simple to use framework wherein domains of content, context, processes, and actors in a given policy can be analysed as separate entities (Walt & Gilson, 1994). The framework is applicable for use in various policies in the health sector. It can be used for development and reforms in policies by questioning its role and providing a comprehensive framework for rethinking health policies and planning for more effective implementations (Walt & Gilson, 1994).

All articles and policy documents included for review under the current study were thoroughly assessed to extract data on content, context, processes and key actors involved in policy development and implementation. Figure: 1 depicts each of the four elements of the health policy triangle in detail.

Results

History of the development of the DDP and the NDPS Act

In 1912, after signing the International Opium Convention at The Hague, agreements were laid down for the provision of the first opium law of 1919, followed by a second opium law in 1928. In 1953 alarming numbers of marijuana resulted in the criminalization of use, possession, cultivation, and cannabis trade in the Netherlands (Grund & Breeksema, 2017). The new law received inevitable backlash from youth centres giving rise to student riots in 1966 (“The Dutch policy on marijuana use - continuity and change”, 2016) following which two new committees, the Hulsman committee, and the Baan commission were formed in the 1970s. Both committees believed that cannabis and heroin exhibit different risk profiles, and hence users of cannabis should not be exposed to other hard drug abusers. The fundamental insight led to the 1976 revision of the opium act. It marked the Dutch drug policy shifting towards a more lenient soft drug policy while enforcing strict law enforcement against hard drugs such as heroin. Liberal policies towards cannabis regulation resulted in hundreds of “coffeeshops” sprung up across the cities in the Netherlands (“The Dutch policy on marijuana use

- continuity and change”, 2016). Selling cannabis in small quantities in these coffee shops was exempted from law enforcement and as a result, these shops became popular destinations among soft drug users. Meanwhile, a new drug, heroin, was paving its way to enter the drug market (Rigoni, 2019). To combat the new challenges and growing international criticism of the Dutch government’s liberal drug policy model led to minor amendments to the DDP model in 1995. The new report of 1995, also known as the “continuity and change” model, continues to serve as a backdrop to the modern-day drug regulating laws on drug usage and trafficking in the country. The law is revisited periodically since its implementation to establish minor reforms (European Monitoring Centre for Drugs and Drug Addiction, 2019).

In India, laws regulating drugs existed from the period of British rule, the excise laws and opium acts of 1857 and 1858 regulated the large-scale hemp, opium and poppy cultivation, sale, and manufacturing to some extent. During the 1920s, the nationalist movements in India started to oppose the British government’s attempts to develop the opium market as a commercial enterprise. Laws governing illicit substances, such as the opium statutes and the Dangerous Drugs Act of 1930, were frequently criticised for failing to curb drug abuse and trafficking in the country. In addition, the signing of three international treaties—the 1961 single convention on narcotic drugs, the 1971 convention on psychotropic substances, and the 1988 convention against illicit trafficking in narcotic drugs and psychotropic substances—paved the way for India to enact stricter laws governing illicit drug use. With the conclusion of the 1961 convention’s grace period for abolishing the non-medical use of cannabis and opium, the conditions for enacting new legislation grew more favourable (Tandon, 2015). Thus, in 1985, the Indian legislation without much debate passed the NDPS Act to control drug abuse and illicit trafficking of drugs in India (Law Commission of India, 1997). Since its implementation, the NDPS Act has gone through several amendments with the most recent changes being adopted in 2001 and 2014. (Sharma, Kumar, & Singh, 2017).

Analysis of the Dutch drug policy using Walt and Gilson policy triangle

The content. The DDP concentrated on enforcing legislation at the highest levels of the supply chain (Ooyen-Houben & Kleemans, 2015). Its core objective lay on the notion that the use of hard drugs is a public health problem; thus, its focus was to safeguard people's health and maintain public order ("The Dutch policy on marijuana use - continuity and change", 2016). The basic principle was to avoid criminalization and marginalization of drug users, especially the youth (Ooyen-Houben & Kleemans, 2015). The policy leveraged the "expediency principle" that allowed the prosecutors to decide whether or not to enforce prosecution based on whether the action would be in the public's interest. Anyone found in possession of less than 5 gm of cannabis was generally not prosecuted; instead, prosecution involved referring the individual to a care agency (European Monitoring Centre for Drugs and Drug Addiction, 2019). The Baan Commission issued a report in 1995 that included minimal changes to the Dutch drug policy strategy. The focus of the report was on three key issues that needed to be addressed: Hard and soft drug addicts causing annoyance, growth in organised crime, and the impact of Dutch drug policies on other countries ("The Dutch policy on marijuana use - continuity and change", 2016). The policy agreed that the liberal stance of the drug tolerance policy model should remain consistent. However, it recommended new nuances and avenues to control drug offences (Ministerie VWS, 1995).

The context. In the 1960s and 1970s, there was an increasing nuisance caused by drug usage in Dutch society. Enforcement and prosecution of drug users were difficult as those arrested were not typical criminals but were mostly teenagers from middle and upper-class families. The criminalization of teenagers gave rise to civil unrest in society as a result of which the authorities' focus shifted from consumption of cannabis to trafficking of more harmful drugs such as Lysergic acid diethylamide (LSD), opium, and amphetamine (Grund & Breeksema, 2017). The use of soft drugs was framed as part of a lifestyle rather than as a social threat (Rigoni, 2019). The Dutch's moderate attitude towards soft drugs use was attributed to

their cultural transformation in the 1960s from being a traditional society to a more individualized social order (Kort & Korf, 1992). Therefore, the 1976 drug tolerance policy was initiated to respond to the social problems and attitudes towards a growing acceptance of drugs' widespread presence in society ("The Dutch policy on marijuana use - continuity and change", 2016). Following the enactment of the DDP in 1976, new complications started to arise in the Dutch cities. Increasing nuisance by hard drug abusers, the involvement of organized crime, and criticism from foreign governments on the policy's external effects were identified as the three negative implications of the existing drug tolerance policy model. Based on the 1995 "Continuity and Change" report, minor amendments were made to the policy to address the new consequences.

The processes in the Dutch drug policy. The 1976 DDP brought substances with unacceptable risk and cannabis products, and all other substances identified in the 1961 United Nations drug convention were under the regulation of the policy. Substances introduced to the UN Convention on Psychotropic Substances in 1971 were later included in the policy. A distinction between hard and soft drugs was made under schedules 1 and 2 of the Act, respectively. A distinction was made between individuals who used cannabis for personal use and those who intended to sell or distribute them (Grund & Breeksema, 2017). Under the 1976 policy, possession of 30 gm of cannabis or less was non-punishable or treated as a petty offence. After 1991 the authoritative measures of controlling drug-related nuisance and disorder became more stringent (Ooyen-Houben & Kleemans, 2015). Furthermore, penalties for opium act violations were increased, cannabis cultivation sites were decommissioned, and quasi-compulsory treatment via the justice system, as well as harm reduction measures, were used to stabilise and establish order. (Ooyen-Houben & Kleemans, 2015). Special drug squads were stationed at Amsterdam Schiphol airport as part of the continuity and change policy to combat drug smuggling. ("The Dutch policy on marijuana use - continuity and change", 2016). Harm reduction and social support networks for those with drug issues, the homeless, and chronic mental patients

were also established as a result of the programme. (Grund & Brekseema, 2017).

The actors. The Hulsman and the Baan committees were the two most influential committees involved in designing the drug policy. The Ministry of Health (MoH) was the primary regulating body of the 1976 drug policy; besides, the “local triangle” that regulated local policing included the Mayor, the Public Prosecutor, and the chief of police of municipalities. In 1974 several activists were involved in establishing safe drug injecting rooms. It laid the groundwork for establishing formal safe consumption rooms after 1995 (Grund & Brekseema, 2017). The Minister of Justice, the Minister of Health, Welfare, and Sport, the Secretary of State for the Interior, police officers, customs officials, and criminal justice authorities were all involved in the 1995 revisions to the policy. (“The Dutch policy on marijuana use - continuity and change”, 2016).

Analysis of the Narcotic Drugs and Psychotropic Substances Act using Walt and Gilson policy triangle

The content. The NDPS Act of 1985 made it illegal to cultivate, manufacture, possess, sell, buy, trade, import, export, use, and consume narcotic drugs and psychotropic substances unless they were employed for medicinal or scientific purposes. The NDPS Act laid down the procedure for searching, seizure, and arresting individuals under suspicion of possession of illicit drugs, both in public and private places (Tandon, 2015). The main goals of executing this Act were to oversee drug manufacturing and distribution, monitor medication quality, require drug ingredients to be displayed, and prevent substance abuse in society (Sharma *et al.*, 2017). The first amendment of the Act came in 1988, where recommendations with the agenda to make the laws more stringent were put up by the Cabinet Sub - Committee. The Act was revisited in 2001, and it was decided that punishment for offences will be graded based on the quantity of drugs involved – that is, “small,” “commercial,” or “intermediate” (Tandon, 2015). The final amendment of the Act came in 2014. Its goal was to toughen up on low-level infractions while continuing to punish drug use. It also attempted to create a unified regulatory framework for the entire country, removing state-by-state disagreements

(Sharma *et al.*, 2017). It promotes the establishment of legally binding treatment standards and evidence-based medical interventions (Tandon, 2015). Furthermore, essential Narcotic Drugs used in medicinal preparations were relaxed for easy accessibility and harsh measures such as death sentences were replaced with discrete sentencing for 30 years (Sharma *et al.*, 2017).

The context. Before the passing of the NDPS Act, cannabis and its derivatives were commonly used for recreational and medicinal purposes in India (Sharma *et al.*, 2017). Existing laws were often the subject of criticism on international platforms due to their ineffectiveness in controlling drug trafficking. Moreover, the signing of the two United Nations conventions in 1961 and 1971 made it obligatory for the government to enact new legislation. Following the inception of the NDPS Act in 1985, two nationwide drug surveys were conducted, and the reports were published in 2004 and 2019. The results showed that drug abuse continued to be a significant problem in the country and there was growing evidence of heroin use over opioids, with the former being considered more harmful. Besides, drug trafficking also raised concerns due to its effect on the increasing nuisance within the country and its borders (Avasthi & Ghosh, 2019). Alarming rates of terrorist activity in India’s northern states were perceived to have been increased due to an increase in drug trafficking (Tandon, 2015).

The processes in the NDPS Act. Except for medicinal and scientific purposes, the NDPS Act forbids the cultivation, production, possession, sale, purchase, trade, import, export, use, and consumption of narcotic narcotics and psychotropic substances. Preparing to commit some crimes, as well as attempting to commit them, are both chargeable offences. The penalty for accessory crimes such as aiding and abetting, and criminal conspiracy was established the same as the penalty for committing a principal violation. The NDPS Act applied to three types of substances:

1. Narcotic drugs
2. Psychotropic substances such as ketamine
3. “Controlled substances” that are used to manufacture narcotic drugs or psychotropic substances (Tandon, 2015)

The NDPS Act established procedures for searching, seizing, and arresting people in both public and private areas. The Act empowered courts to enforce regulations governing the recording of a convicted person's information, notifying superior officials, limiting arrest powers to selected personnel, and advising the individual being searched of his or her rights. (Tandon, 2015). The Ministry of Health established seven treatment centres to deal with the problem of drug abuse (Avasthi & Ghosh, 2019). Individuals found with tiny amounts of drugs were charged under the Act. Unless they could prove that the drug was intended for personal use, suspects faced lengthy prison sentences and substantial fines.

The actors. The Narcotics Control Bureau (NCB) was established by the Indian government in March 1986, following the passing of the NDPS Act. It gave the NCB the authority to oversee all aspects of the Act's administration and enforcement. In February 1988, the Narcotic Drugs and Psychotropic Substances Consultative Committee was formed to make recommendations on national policy on drug control measures. Members of Parliament, professional specialists, social scientists, and secretaries from all relevant central government ministries made up the Committee (Ray, 1996). The National Fund for Drug Abuse Control was established by the Committee (Avasthi & Ghosh, 2019). In March 1994, a committee of secretaries (Narcotics Coordination Committee of Secretaries) was formed to ensure effective coordination. (Ray, 1996). Secretaries from the Ministries of Health and Family Welfare, Welfare, Department of Revenue (Finance), and Home Affairs, as well as the Director-General (DG) of the Narcotics Control Bureau, were among the members. The Ministry of Welfare (now Social Justice and Empowerment) was tasked with the educational and social welfare aspects of drug usage, while the Ministry of Health (and Family Welfare) was tasked with the prevention and treatment of drug addiction (Avasthi & Ghosh, 2019).

Discussion

The review started with a brief history of the events that took place before enacting the DDP and the NDPS Act in the Netherlands and India, respectively,

and how these events influenced the development of the two policies in their respective nations. The signing of international drug treaties resulted in developing new provisions for drug policy in both countries. Both countries introduced new reforms to their drug laws in the following years after their enactment. Uprising civil unrest in societies against the criminalization of Dutch youth for drug-related nuisance was becoming a cause of concern among the authorities. The repressive measures adopted by the authorities to tackle nuisance related to drug abuse faced considerable criticism to rethink the government its drug policies (Koning & Kwant, 2002). On the other hand, in India, with the passing of the grace period under the 1961 Convention's provision for prohibiting non-medical use of cannabis and opium, the Indian Parliament passed the "Conference of the Peoples" bill. The Narcotic Drugs and Psychotropic Substances Act is a federal law that prohibits the use of narcotic drugs and psychotropic substances 1985 (NDPS Act) was rushed through with little debate. Initially, in 1989, under the recommendation of the Cabinet sub-committee for combating drug trafficking and abuse that the law should be made more stringent. The International, regional, and domestic developments influenced the decision, like the signing of the 1988 Convention; discussions at the South Asian Association for Regional Cooperation (SAARC) on the growing threat of drug trafficking, rising political dissent and 'terrorist' activity in northern states, and the perception that drug trafficking fuels terrorism. (Tandon, 2015).

The review identified some significant findings on the two policies using the Walt and Gilson policy triangle framework. Analysis of the content of the NDPS Act helped in identifying some drawbacks of the Act. One of the significant drawbacks identified was that it failed to differentiate between hard drugs and soft drugs. Hard drugs such as heroin are more potent than their natural derivative opium. As a result, selling small quantities of heroin generates more profit for drug peddlers, and such synthetic drugs have a more substantial effect on the biological system (Sharma *et al.*, 2017). Furthermore, the Act makes no distinction between a casual user of drugs and a hard addict. Analysis of the DDP model's substance, on the other hand, revealed

the Dutch government's modest goal of protecting the public's health and welfare by recommending a realistic approach to dealing with modern-day drug problems. Prudent policy measures adopted under the DDP, such as segregating soft drugs from more harmful hard drugs and establishing safe consumption rooms, ensured the protection of the people's health, especially youth.

Analysis of the NDPS Act's content and context highlighted some of the crucial transitions that took place in the Act. The latest amendments of 2001 and 2014 have put some relaxation on earlier harsh and disproportionate laws. Rationalizing of sentencing structure, the abolishment of the death penalty and grading of punishment according to the quantity of drug seized were some of the provisions that highlight the shifting of the Indian government's earlier stance on stringent regulation of drug problems. In contrast to the NDPS law, analysis of the DDP highlighted the liberal stance of the Dutch government towards soft drugs remaining persistent throughout the policy's implementation. However, to compensate for the lenient regulatory stance on soft drugs, harsh drugs-related crimes were subjected to intolerance, and stringent measures were adopted to control such crimes. Although unintended consequences of the DDP, such as drug tourism and nuisance in the Dutch cities, raised some tensions within the Netherlands and its borders, the policy helped control the Netherlands' drug problems and boosted the country's economy. The coffee shops generated about 400 million euros in taxes; the revenue collected from their taxes was utilized in addiction prevention and treatment. Moreover, arrests related to drug crimes in the Netherlands were very low compared to other European nations ("The Dutch policy on marijuana use - continuity and change", 2016).

The study's findings signify some of the compelling aspects of the DDP in regulating modern-day drug problems. On the other hand, in India, problems related to drug abuse continue to remain unabated despite the reforms that were introduced following the NDPS act's implementation. Opioid use has increased significantly in the country rising from 0.7 per cent to more than 2 per cent. Moreover, hard drugs such as heroin have

replaced natural opioids, the former having more harmful effects on the body has raised several concerns regarding public health (Avasthi & Ghosh, 2019). An increasing amount of drug dependency and drug trafficking continues to contribute to a significant chunk of the country's drug problem, a more pragmatic and contemporary approach to drug policy can be explored for future adoption in the NDPS Act. Treatment and harm reduction approaches implemented under the DDP model, such as on-site drug consumption rooms that offer drug users a medically and socially sound environment to use drugs, can be probed to check their effectiveness in reducing the disease burden of HIV and other harmful conditions associated with drug use in India. However, this kind of approach needs to be thoroughly examined and have to consider contextual factors unique to each state in India. Leniency towards the use of soft drugs has led to the successful outcome of preventing youth from getting exposed to hard drugs used in the Netherlands. It could be a long-term fix for India to adopt a pro-soft drug policy given the diverse culture and varying norms and attitudes towards drug use in various states. More rigorous research and evidence-based knowledge are required to develop context-driven strategies to tackle modern-day drug problems in India. There may be several challenges in implementing the policy measures adopted under the DDP in the Indian NDPS Act. However, consideration of such policy options for the Indian NDPS Act could be beneficial in controlling the drug problems as it might help in reflecting on agendas that might have gone un-debated in the past.

Practical Implications

The current review's findings reinforce the existing gaps in the Indian NDPS act and draw out some of the policy measures adopted under the DDP for their exploration in India. To this end, the review acknowledges the disparity in culture, norms, and several other contextual factors that exist between the two countries and hence emphasizes considering tailored models that fit with the ethos and decentralized governance system of India. To the best of our knowledge, a review of the current domain was not conducted before. Although, there may exist studies that draw the DDP and the NDPS model for their study under other specific domains.

Conclusion and limitations

The current review explores the history of the development of the DDP and the NDPS Act, followed by their analysis using the Walt and Gilson health policy triangle framework. Based on the policy analysis, some strategies for improving the implementation of the Indian NDPS Act were explored. Future research on this subject may include stakeholder engagement from the policymakers to generate concrete understandings of the policies. New drugs in their synthetic forms are introduced from time to time in the market as such cutting-edge research on generating new evidence for developing strategies for reducing the impact of these drugs in society is needed. Such research can help add up to the current review's recommendations and provide a new direction for more effective implementation of the policies.

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References

- Avasthi, A., & Ghosh, A. (2019). Drug misuse in India: Where do we stand and where to go from here? *The Indian journal of medical research*, 149(6), 689–692. https://doi.org/10.4103/ijmr.IJMR_548_19.
- The Dutch policy on marijuana use - continuity and change. Centre For Public Impact (CPI) - A BCG Foundation. (2016). Retrieved 14 January 2021, from <https://www.centreforpublicimpact.org/case-study/dutch-policy-marijuana-use-continuity-change/#alignment>.
- European Monitoring Centre for Drugs and Drug Addiction. (2019). *Netherlands- Country Drug Report 2019*. Retrieved from – https://www.emcdda.europa.eu/countries/drug-reports/2019/netherlands/drug-laws-and-drug-law-offences_en.
- Grund, J.C., & Brecksema, J. J. (2017). *Drugs policy in the Netherlands*. Taylor and Francis.
- Grund, J. C. & Brecksema, J. J., (2017, January 27). Drug policy in the Netherlands. Retrieved from - <https://www.taylorfrancis.com/chapters/edit/10.4324/9781315690384-10/drug-policy-netherlands-1-jean-paul-grund-joost-breeksema?context=ubx&refId=b49d6864-038b-4f11-8a2d-e19062adf55b>
- Jelsma, M. & Armenta (2015). A primer: The UN Drug Control Conventions. Amsterdam, the Netherlands: Transnational Institute. Retrieved from [primer_UNconventions_20102015-EC.indd](https://www.tni.org/primer_UNconventions_20102015-EC.indd) (tni.org)
- Kort, M. de, & Korf, D.J. (1992). The developments of the drug trade and drug control in the Netherlands: a historical perspective. *Crime, law and Social Change*, 17, 123-144. <https://doi.org/10.1007/BF00144032>.
- aw Commission of India. (1997). *One hundred fifty-fifth report on Narcotic drugs and psychotropic substance act, 1985*.
- Leuw, E. (1991). Drugs and Drug Policy in the Netherlands. *Drugs and Drug Policy in the Netherlands*, Office of Justice Programs. Retrieved, April 5 2021, from -<https://www.ojp.gov/ncjrs/virtual-library/abstracts/drugs-and-drug-policy-netherlands>.
- Ministerie VWS (1995) Continuity and Change, Dutch drug policy. Retrieved, April 4 2021, from - [https://www.emcdda.europa.eu/system/files/Ministerie%20VWS%20\(1995\)%20Continuity%20and%20Change,%20Dutch%20drug%20policy.pdf](https://www.emcdda.europa.eu/system/files/Ministerie%20VWS%20(1995)%20Continuity%20and%20Change,%20Dutch%20drug%20policy.pdf)
- Mokitimi S, Schneider M, de Vries PJ. Child and adolescent mental health policy in South Africa: history, current policy development and implementation, and policy analysis. *Int J Ment Health Syst*. 2018 Jun 26;12:36. doi: 10.1186/s13033-018-0213-3. PMID: 29983735; PMCID: PMC6019826.
- Ooyen-Houben, M.V., & Kleemans, E. (2015). Drug Policy: The “Dutch Model”. Chicago, The United States: The University of Chicago Press *Journal of Crime and Justice*, 44(1), 165-226.
- Peter de Koning & Alex de Kwant (2002) Dutch Drug Policy and the Role of Social Workers, *Journal of Social Work Practice in the Addictions*, 2:3-4, 49-68, DOI: 10.1300/J160v02n03_04.
- Ray, R. (1996). National Drug Demand Reduction Programmes, Chapter VI. Retrieved from C:YESUnBook2Finalch6.PDF (unodc.org).

- Rigoni, R.Q. (2019). "Drugs Paradise": Dutch Stereotypes and Substance Regulation in European Collaborations on Drug Policies in the 1970s. *Contemporary Drug Problems* in 2019, *46*(3), 219-240.
- Sharma S., Kumar K., and Singh G. (2017). An Overview on Narcotic Drugs and Psychotropic Substances Act, 1985. *Journal of Forensic Sciences and Criminal Investigation*, *4*(03), 001-004.
- Tandon, T. (2015). Drug policy in India. International Drug Policy Consortium.
- The Dutch policy on marijuana use - continuity and change. Centre for Public Impact (CPI). (2016, November 22). Retrieved October 4, 2021, from <https://www.centreforpublicimpact.org/case-study/dutch-policy-marijuana-use-continuity-change>.
- United Nations Office on Drugs and Crime. (2019). *World Drug Report 2019* (United Nations publication, Sales No. E.19.XI.8). Retrieved from https://wdr.unodc.org/wdr2019/prelaunch/WDR19_Booklet_2_DRUG_DEMAND.pdf.
- Walt, G., & Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy & Planning*, *9*(4), 353-370.

