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EDITORIAL ANALYSIS

Caught in the Middle: Reframing India's Drug Fight

THE HINDU

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Caught in the Middle: Reframing India's Drug Fight

 **The Hindu**

30 June 2026

GS2

GS3

 Source: ujyari.com — researched, fact-checked & UPSC-mapped

INTERVIEW ANGLE

"If you cannot seize your way out of a drug epidemic, should the state treat an addict primarily as a criminal or as a patient? Where does that line fall in India today?"

 Source: [Original editorial](#)
[The Hindu](#)
 **Every fact web-verified against primary sources** (<https://ujyari.com/how-we-verify/>)

WHY THIS MATTERS NOW

India sits between the **Golden Crescent** (Afghanistan-Pakistan-Iran) and the **Golden Triangle** (Myanmar-Laos-Thailand), the world's two largest illicit opium belts. Maritime consignments and cross-border **drone drops** are rising fast, yet the response stays heavy on seizures and arrests. For an aspirant, this is a GS2 and GS3 case on **internal security, social issues and public health**, and on whether India is fighting the drug problem at the right end.

THE CRUX IN 60 WORDS

Geography makes India a drug transit and consumption state, and supply is near-impossible to seal: most drugs come by sea and drone incursions have surged. An enforcement-first model criminalises the addict, spreads infection and clogs courts without cutting demand. The fix is to keep hitting traffickers but reframe addiction as a **public-health** problem: harm reduction, de-addiction, treatment.

THE ISSUE, DECODED

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CONCEPT	WHAT IT MEANS	WHY IT MATTERS
Golden Crescent / Triangle	The two opium belts flanking India	Structural exposure to supply from both sides
Harm reduction	Reducing damage from drug use, not only use itself	Cuts infection, overdose and relapse
Opioid Substitution Therapy	Medical substitute for illicit opioids	Keeps users in treatment, out of the illicit market
Demand reduction	Cutting consumption, not just supply	The end enforcement cannot reach

THE ANALYSIS: WHY SUPPLY-SIDE WINS ARE NOT ENOUGH

- 1 Supply is hard to choke.** Roughly 65 to 70 per cent of narcotics enter by sea, and border drone cases rose from three in 2021 to 179 in 2024, bypassing fences.
- 2 Criminalising users backfires.** It deters treatment-seeking, drives injecting underground, and spreads HIV and hepatitis.
- 3 The justice system chokes.** Arrest cycles fill courts and prisons without reducing consumption or relapse.
- 4 Health tools work.** Screening, substitution therapy, counselling and rehabilitation (<https://ujjiyari.com/vocab/rehabilitation/>) cut harm more durably and cheaply than arrest.

DATA AND INSTITUTIONS VAULT

the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985; the Prevention of Illicit Traffic in NDPS Act, 1988. Bodies: the Narcotics Control Bureau (NCB) under the Ministry of Home Affairs; the Ministry of Social Justice and Empowerment runs de-addiction (NDDTCs, NAPDDR programme). Programme: the Nasha Mukta Bharat Abhiyaan for demand reduction and community outreach. Concept: narco-terrorism (drug money financing cross-border militancy); harm reduction; opioid substitution therapy. Data: about 65 to 70 per cent of drugs enter by sea; border drone-smuggling cases rose from 3 (2021) to 179 (2024).

THE DEBATE

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Argument for a health reframe: Supply cannot be sealed by geography, so demand must be tackled at source; treating the user as a patient reduces infection, relapse and court load more effectively than arrest.

Argument for hard enforcement: Much trafficking is narco-terror finance from across the border, so robust interdiction is non-negotiable, and going soft on users risks signalling tolerance.

Balanced verdict: These are not opposites. Keep robust interdiction against traffickers and narco-terror networks, but decriminalise (<https://ujijari.com/vocab/decriminalise/>) and treat the user. Separate the security target from the patient.

HOW TO THINK ABOUT THIS (TRANSFERABLE SKILL)

In any enforcement debate, ask who you are actually punishing. A single “war on X” often bundles very different people, the profiteer and the victim, under one policy. Splitting them lets you keep deterrence (<http://ujijari.com/terms/deterrence/>) where it belongs (the trafficker) and switch to treatment where punishment fails (the addict). Apply this lens to trafficking, gambling, or informal-economy policy.

DIAGRAM-IN-WORDS

Geography (two opium belts) -> unstoppable supply (sea + drones) -> enforcement-only response -> criminalised addict -> hidden use, infection, court load, unchanged demand -> reframe as public health -> harm reduction + treatment -> falling demand

THE WAY FORWARD

- ❶ **Split the target.** Hard interdiction and narco-terror finance tracking against traffickers; a health pathway for users.
- ❷ **Decriminalise the user.** Divert first-time and dependent users to treatment rather than prison.
- ❸ **Scale treatment.** Fund NDDTCs, opioid substitution therapy and counselling; close the capacity gap.
- ❹ **Own the demand side.** Make Nasha Mukta Bharat outreach, schools and community programmes the core metric, not just seizure tonnage.

THE TAKEAWAY BOX

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Use this as a model “enforcement versus public health” answer, crediting interdiction while arguing for a demand-side, treatment-led reframe.

“Seizures make headlines; treatment changes lives.”

NDPS Act 1985; NCB under MHA; Nasha Mukta Bharat Abhiyaan; Golden Crescent vs Golden Triangle; opioid substitution therapy.

Is it just to jail a person for harming chiefly themselves? Where should compassion temper deterrence in criminal-justice policy?

UPSC has asked how India’s location makes it vulnerable to drug trafficking and what the internal-security implications are. This editorial extends that to the policy response.

internal security, border management, public health, criminal-justice reform, narco-terrorism.

Sources: *The Hindu* (<https://www.thehindu.com/opinion>), *ORF* (<https://www.orfonline.org>), *ETV Bharat* (<https://www.etvbharat.com>)

Source: Caught in the Middle: Reframing India's Drug Fight — Ujiyari.com | Free UPSC & State PCS Editorial Analysis

KEY ARGUMENTS AT A GLANCE

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Sitting between the Golden Crescent and the Golden Triangle, and facing rising maritime and drone smuggling, India's enforcement-first anti-drug strategy is not stemming demand; addiction must be reframed as a public-health problem, shifting emphasis from seizures and arrests toward harm reduction, de-addiction and treatment.

 **SUPPORTING**

- Geography makes supply near-impossible to choke: about 65 to 70 per cent of drugs arrive by sea, and border drone incursions rose from three in 2021 to 179 in 2024, so enforcement alone cannot win.
- Criminalising users drives addiction underground, deters treatment-seeking, spreads blood-borne infection, and clogs courts and prisons without cutting demand.
- Public-health tools, screening, opioid substitution, counselling and rehabilitation, reduce harm and relapse more cheaply and durably than arrest cycles.

 **COUNTER**

A hard-enforcement posture is essential because much trafficking is narco-terror finance from across the border; going soft on users, critics argue, signals tolerance and undercuts deterrence.

 **WAY FORWARD**

Keep robust interdiction against traffickers and narco-terror networks, but decriminalise the user, scale opioid substitution and de-addiction capacity, fund NDDTCs and community outreach, and treat demand reduction as the core of a drug-free India.


MAINS ANSWER FRAMEWORK

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QUESTION

"India's geographic location makes it a drug transit and consumption state, but its response remains enforcement-heavy." Critically examine, and suggest a public-health reframe. (250 words)

INTRODUCTION

India's location between the world's two largest opium-producing belts makes it both a transit corridor and a growing consumption market. A war fought mainly through seizures and arrests treats a symptom while the disease of demand spreads.

BODY

Two facts frame the problem. First, supply is structurally hard to choke: roughly 65 to 70 per cent of narcotics enter by sea across the Arabian Sea and Bay of Bengal, while drone-borne smuggling along the western border rose from three cases in 2021 to 179 in 2024, bypassing fences and patrols.

Interdiction must continue, especially against narco-terror finance that funds hostile networks, but no border can be sealed against demand. Second, the enforcement-first model imposes public-health costs: criminalising the user pushes addiction underground, deters people from seeking treatment, spreads HIV and hepatitis through unsafe injecting, and fills courts and prisons without reducing consumption.

The evidence base favours a health reframe. Screening, opioid substitution therapy, counselling, and rehabilitation cut harm and relapse more durably and cheaply than repeated arrest.

This does not mean surrender. It means separating the trafficker from the addict: the first is a security target, the second a patient.

A drug-free-India goal is credible only if demand reduction, funded de-addiction centres, community outreach, and non-punitive treatment pathways, sits at the centre rather than the margins of policy.

CONCLUSION

Seizures make headlines; treatment changes lives. India should hold the line against traffickers while reframing the user as a patient, so that the fight against drugs is measured by recoveries, not just kilograms seized.


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