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EDITORIAL ANALYSIS

Operation Toofan and Why Fighting Drugs Needs More Than Policing

THE HINDU

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THE LIFT LINE

A raid seizes a consignment; a headline follows. But the young user in a coastal town is back on the same street the next week. Kerala's **Operation Toofan** is a reminder that you cannot arrest your way out of a public-health crisis, and that the war on drugs is won in clinics and classrooms as much as in police stations.

WHY THIS EDITORIAL MATTERS FOR YOUR EXAM

Drug abuse sits at the intersection of governance, social justice and internal security, which is exactly why it recurs across the General Studies papers. The examiner is rarely interested in the seizure figures alone; the marks lie in the analytical claim that narcotics are a **demand-and-supply** problem where the state has historically over-invested in supply and under-invested in demand reduction. A candidate who can hold that distinction, and back it with the institutional architecture, writes a mature answer.

GS Paper 2: issues relating to social justice, vulnerable sections and the governance mechanisms for de-addiction and welfare delivery. **GS Paper 3:** the internal-security dimension of trafficking networks, coastal smuggling routes and the **nexus** between narcotics and organised crime. For **Prelims**, hold the specifics: the **Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985** is the parent legislation; the **Narcotics Control Bureau (NCB)**, set up in 1986, is the **apex** coordinating agency under the **Ministry of Home Affairs**; **Nasha Mukh Bharat Abhiyaan** is the national demand-reduction flagship; and Kerala's own **Vimukthi** mission drives de-addiction and prevention through the state Excise Department. For **Mains**, frame the debate as a rebalancing exercise: how the state shifts weight from **interdiction** toward treatment, education and rehabilitation without abandoning enforcement.

BACKGROUND AND CONTEXT

Kerala's drug problem has changed shape. The older challenge of alcohol and cannabis has been overtaken by cheap, potent **synthetic drugs**, chiefly **MDMA** and related stimulants, that travel easily and hook fast. Peddler networks target school and college campuses, and the user profile has skewed sharply younger.

Against this, **Operation Toofan** was conceived as a coordinated crackdown that pooled the state **Excise Department**, the police and central agencies into simultaneous, intelligence-led raids across districts rather than isolated station-level action.

The design is significant. India's drug-control effort has two limbs. **Supply reduction** covers interdiction, seizures, destruction of cultivation and dismantling trafficking chains, and is led by the NCB and state enforcement wings. **Demand reduction** covers de-addiction, harm reduction, awareness and [rehabilitation](#), and is anchored by the Ministry of Social Justice and Empowerment through **Nasha Mukh Bharat**. The persistent policy failure across states has been to fund the first limb generously and starve the second. Operation Toofan matters most if it becomes the enforcement half of an integrated model, not a stand-alone spectacle.

THE CORE ARGUMENT / ISSUE

Enforcement is necessary but not sufficient

Seizures disrupt a market; they do not dissolve the demand that regenerates it. When a supplier is jailed, an untreated user simply finds another. Interdiction raises street prices and pushes users toward more dangerous substitutes, a well-documented displacement effect. Enforcement buys time; it does not buy a cure. The value of a campaign like Toofan is therefore conditional: it works only if the window it opens is filled with treatment and prevention.

Treatment is a health service, not a favour

Addiction is a chronic, relapsing medical condition, and relapse is part of recovery rather than proof of failure. Kerala's **Vimukthi** mission and de-addiction centres exist precisely to provide counselling, medically supervised withdrawal and follow-up. The gap is scale and [stigma](#): too few beds, too little community reintegration, and a policing lens that treats the user as offender rather than patient. Decriminalising the user while pursuing the peddler is the sharper posture.

Prevention is the cheapest intervention

The lowest-cost rupee spent is on a child who never starts. School-based awareness, parental engagement and de-glamorising drug use through peer networks yield the highest long-run return. This is where **Nasha Mukh Bharat Abhiyaan** and state missions should concentrate, because prevention scales in a way that clinics cannot.

APPROACH	INSTRUMENT / AGENCY	STRENGTH	LIMITATION
Supply reduction	NCB, Excise, police, NDPS Act	Disrupts networks, seizes stock	Demand regenerates the market
Demand reduction (treatment)	Vimukthi, de-addiction centres	Addresses the user as patient	Under-funded, stigma, few beds
Prevention	Nasha Mukt Bharat, schools	Cheapest, largest long-run return	Slow, hard to measure

HOW TO THINK ABOUT THIS (ANALYTICAL FRAME)

Read the issue through a **public-health frame** rather than a **criminal-justice frame**. In the criminal-justice frame the metric of success is arrests and quantity seized; in the public-health frame it is reduced prevalence, lower relapse and fewer first-time users. The two are not opposed, but they must be sequenced: enforcement suppresses supply so that treatment and prevention can shrink demand. A campaign judged only by seizure tonnage is optimising the wrong variable.

THE DIAGRAM IN WORDS

Synthetic drug influx -> peddler networks target youth -> Operation Toofan (Excise + police + NCB) suppresses supply -> window opens -> if filled with Vimukthi treatment + school prevention -> prevalence falls; if not filled -> demand regenerates market

WAY FORWARD

- Institutionalise the integrated model.** Make every enforcement drive trigger a parallel treatment and outreach surge, so that a seizure is automatically linked to referral pathways for users caught in its net.
- Fund demand reduction to match supply reduction.** Expand Vimukthi de-addiction capacity, train counsellors and guarantee follow-up, treating relapse as a clinical event rather than a policing failure.
- Decriminalise the user, target the trafficker.** Use the NDPS Act's provisions to divert first-time and dependent users toward treatment while reserving the full weight of enforcement for the supply chain.
- Make prevention campus-first.** Embed sustained, non-sensational drug-awareness modules in schools and colleges under Nasha Mukt Bharat, with parental and peer involvement, because the cheapest intervention is the child who never starts.

PYQ LINKAGE AND PRACTICE

UPSC has repeatedly probed this terrain: the Mains question on drug abuse among youth and the role of the family and educational institutions, and Prelims questions on the NDPS Act and the **mandate** of the NCB. The reliable pattern is that the examiner rewards the demand-versus-supply balance and the health-versus-crime framing.

Practice question: “Enforcement-led anti-narcotics campaigns can suppress supply but cannot cure demand.” Examine this in the light of state initiatives such as Operation Toofan, and suggest an integrated model of drug control. (15 marks, 250 words)

Sources: The Hindu, Ministry of Home Affairs / NCB, Nasha Mukh Bharat Abhiyaan

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