



**GOVERNMENT OF INDIA
MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
DEPARTMENT OF SOCIAL JUSTICE AND EMPOWERMENT**

NATIONAL ACTION PLAN FOR DRUG DEMAND REDUCTION

(2018-2023)

Introduction

Drug and substance abuse is a serious problem adversely affecting the social fabric of the country. Addiction to drugs not only affects the individual's health but also disrupts their families and the whole society. Regular consumption of various psychoactive substances leads to drug dependence of the individual. Some drug compounds may lead to neuro-psychiatric disorders and other diseases such as cardiovascular diseases, as well as accidents, suicides and violence. Therefore, drug abuse needs to be viewed as a psycho-social-medical problem, which requires a combination of medical treatment and psycho-social intervention. Of late the menace of drug abuse in the younger generation has been rising all over the world and India is no exception to it. The vulnerability of Injecting Drug Users (IDUs) to acquire blood borne infections that include co-infection with HIV/AIDS and Hepatitis B and C due to sharing of needles and syringes makes the problem of drug abuse even more serious.

UN Conventions

India is a signatory to the three UN Conventions namely, Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances, 1971 and Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Article 38 of the Single Convention on Narcotic Drugs, 1961 and Article 20 of the Convention on Psychotropic Substances, 1971 obligates for taking all practicable measures for the prevention of abuse of drugs/psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved and also for promoting the training of personnel in these areas.

Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985

The Government of India has enacted the Narcotic Drugs and Psychotropic Substances (NDPS) Act in the year 1985 to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances. Section 71 of the NDPS Act, 1985 (Power of Government to establish centres for identification, treatment, etc., of addicts and for supply of narcotic drugs and psychotropic substances) states that "The

Government may establish, recognize or approve as many centres as it thinks fit for identification, treatment, management, education, after-care, rehabilitation, social re-integration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity."

National Policy on Narcotic Drugs and Psychotropic Substances (NDPS)

The Government of India has also brought out a National Policy on Narcotic Drugs and Psychotropic Substances (NDPS) in 2012 to serve as a guide to various Ministries/Departments, State Governments, International Organisations, NGOs, etc. and re-assert India's commitment to combat the drug menace in a holistic manner. The Policy, inter-alia, states the role of the Government for treatment, rehabilitation and social reintegration of drug addicts. For the purpose of drug demand reduction, the Policy lists out the roles of various Ministries/Departments which include conducting National Survey on Drug Abuse, training of doctors in Government Hospitals in de-addiction, supporting other hospitals in setting up de-addiction and treatment facilities, establishing separate facilities for female patients, developing minimum standards of care to be followed by de-addiction centres, inclusion of rehabilitation and social reintegration programmes for victims of drug abuse in all Government run treatment centres etc. The Policy also noted that several de-addiction centres have come up in the private sector and states that the Central Government shall lay down standards and guidelines for these de-addiction centres to follow and shall recognize such centres as are found to be meeting the standards and guidelines.

National AIDS Prevention and Control Policy (NAPCP)

Through the National AIDS Prevention and Control Policy (NAPCP), 2002, the Government of India has adopted harm reduction as the key strategy to prevent and control transmission of HIV among IDUs due to sharing of needles and syringes while administering drugs.

Advisory to States and Union Territories on combating drug abuse

The Ministry of Social Justice and Empowerment has issued a detailed Advisory to States and Union Territories on 11.08.2016 on combating drug abuse. The States/UTs were, inter-alia, asked to prepare action plan on the following:

- ensuring facility of de-addiction centres in each district or as per prevalence of addiction,
- establishing separate and specialized de-addiction treatment centres/facilities for drug dependent females and children, especially in Government Hospitals/Medical Colleges,
- ensuring availability of treatment for drug dependents in Prisons, Juvenile Homes and Children Homes,
- adopting approaches for education and prevention at all levels including schools and colleges etc.,
- monitoring and inspection of all de-addiction centres annually,
- ensuring accreditation of all de-addiction facilities within a specific time period etc.

Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse

The Ministry of Social Justice and Empowerment has been implementing a Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse since 1985-86 for identification, counselling, treatment and rehabilitation of addicts through voluntary and other eligible organizations. Under this scheme, financial assistance is given to the voluntary organizations and other eligible agencies for, inter-alia, running and maintenance of Integration Rehabilitation Centres for Addicts (IRCA's).

National Consultative Committee on De-addiction and Rehabilitation

A National Consultative Committee on De-addiction and Rehabilitation (NCCDR) under the chairpersonship of Minister for Social Justice & Empowerment has been constituted in July, 2008. The Committee has

representation of various stakeholders including agencies dealing with supply and demand reduction. It is meant to advise the Government on issues connected with drug demand reduction, education/awareness building, de-addiction and rehabilitation of drug-addicts.

National Action Plan for Drug Demand Reduction (2018-2023)

In accordance with the spirit of the United Nations Conventions and the existing NDPS Act, 1985 and NDPS Policy, 2012, the Ministry of Social Justice and Empowerment has prepared a National Action Plan for Drug Demand Reduction (NAPDDR) for 2018-2023. The Plan aims at reduction of adverse consequences of drug abuse through a multi-pronged strategy involving education, de-addiction and rehabilitation of affected individuals and their families. It focuses on preventive education, awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons and training and capacity building of the service providers through collaborative efforts of the Central and State Governments and Non-Governmental Organizations. The objectives of the NAPDDR are to:

- i. Create awareness and educate people about the ill-effects of drugs abuse on the individual, family, workplace and the society at large and reduce stigmatization of and discrimination against, groups and individuals dependent on drugs in order to integrate them back into the society;
- ii. Develop human resources and build capacity for working towards these objectives;
- iii. Facilitate research, training, documentation and collection of relevant information to strengthen the above mentioned objectives;
- iv. Provide for a whole range of community based services for the identification, motivation, counselling, de-addiction, after care and rehabilitation for Whole Person Recovery (WPR) of addicts;
- v. Deliver comprehensive guidelines, schemes, and programmes using a multi-agency approach, including health-care, social-care, criminal

- justice system, employment and education agencies, non-governmental organizations and civil society.
- vi. Undertake drug demand reduction efforts to address all forms of drug abuse including dependence related to the consumption of two or more substances at the same time;
 - vii. Alleviate the consequences of drug dependence amongst individuals, family and society at large;

National Institute of Social Defence

The National Institute of Social Defence (NISD), New Delhi, an autonomous body under the administrative control of the Ministry of Social Justice and Empowerment, is the nodal training and research Institute for interventions in the area of Social Defence. A National Centre for Drug Abuse Prevention (NCDAP) has been set up in the NISD for capacity building and training of functionaries of de-addiction centres. Implementation of the NAPDDR is contingent on a dynamic nodal agency which can serve as a focal point for carrying out drug demand reduction activities in a mission mode with identified timelines and targets. For this purpose, NCDAP in the NISD is identified as a nodal agency and will be strengthened with a head, professional experts, earmarked budget, supporting staff and technological support.

Coordination, Action and Monitoring

A Steering Committee would be constituted under the chairpersonship of the Secretary, Department of Social Justice and Empowerment including representatives from Ministries of Health and Family Welfare, Human Resource Development, Women and Child Development, Home Affairs, Skill Development and Entrepreneurship, Department of Revenue and Director, NISD. The Joint Secretary (SD) will be the Member Secretary. The Committee shall hold quarterly meetings to monitor effective implementation of the NAPDDR.

Activities to be undertaken under the NAPDDR during 2018-2023

| S. No | Actionable Point | Outcome |
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| 1. | Prevention | |
| 1.1 | Awareness generation programmes in schools involving students, teachers and parents | <ul style="list-style-type: none"> ▪ Awareness Building on the ill-effects of drug abuse ▪ Early identification of the problem ▪ Reducing stigmatization of children. |
| 1.2 | Awareness generation programmes in Colleges and Universities involving students, NSS volunteers and faculties | <ul style="list-style-type: none"> ▪ Weaning away youth from drug abuse. ▪ Enhanced academic performance. |
| 1.3 | Persuading Principals/ Directors/ Vice Chancellors & others of Educational Institutions to ensure that no drugs are sold within/nearby the campus. | Prevention of drug abuse |
| 1.4 | Increasing community participation and public cooperation in the reduction of demand for dependence producing substances by involving Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS) and other local groups like Mahila Mandals, Yuvak Mandals, Self Help Groups etc. | <ul style="list-style-type: none"> ▪ Intensifying sensitization programmes in villages and urban areas etc. ▪ Involvement of stakeholders at community level to deliver drug demand reduction programmes. ▪ Involvement of youth in preventive education programmes. |
| 1.5 | Awareness generation programmes in high risk and vulnerable areas | Coverage of high risk and vulnerable areas where prevalence of drug abuse is more widespread with an expanded outreach. |
| 1.6 | Awareness generation programmes at workplaces including corporate offices | Reduced instances of drug abuse at workplaces and increased productivity of employees |
| 1.7 | Awareness generation programmes for police functionaries, law enforcement agencies, paramilitary forces, judicial officers, BAR council etc. | Sensitization of law enforcement agencies |

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| 1.8 | Awareness generation through social, print, digital and online media and engagement of celebrities to spread social message against drug abuse. | Spreading message against ill-effects of drug abuse through intensive outreach and well targeted campaigns. |
| 1.9 | Strengthening of National Toll Free Helpline for Drug Prevention | <ul style="list-style-type: none"> ▪ Creating awareness among people through widespread publicity. ▪ Counseling Services through helpline |
| 1.10 | Coordination with implementing agencies for controlling sale of sedatives/ painkillers/ muscle relaxant drugs and checking online sale of drugs by stringent monitoring by the cyber cell | Reducing the sale of drugs |
| 2. | Capacity Building | |
| 2.1 | Strengthening of National Centre for Drug Abuse Prevention (NCDAP) in National Institute of Social Defence (NISD) and making it a focal point for drug demand reduction programmes | <ul style="list-style-type: none"> ▪ Implementation of NAPDDR in mission mode. ▪ Intensive training of personnel in the identification, treatment, after-care, rehabilitation and social reintegration of drug addicts. ▪ Creating a pool of trained human resources personnel and service providers to strengthen the service delivery mechanisms. ▪ Delivering prevention programmes based on scientific evidence, both universal and targeted, in a range of settings (such as schools, families, the media, workplaces, communities, health and social services and prisons) |
| 2.2 | Workshops, Seminars and interactions with parents | To provide forums for parents and equip them with necessary skills |
| 2.3 | Training of teachers and counsellors on different assessment tools | Early identification of drug use and associated factors |
| 2.4 | Training programmes on de-addiction counselling and | Capacity building of people who work with victims of drug abuse |

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| | rehabilitation for social workers, functionaries of IRCAs, working professionals etc. | |
| 2.5 | Orientation Courses in the field of drug abuse prevention for functionaries of IRCAs including nurses and ward boys | Capacity building of staff of IRCAs |
| 2.6 | Training of staff in Prisons and Juvenile Homes | <ul style="list-style-type: none"> ▪ Respectful, non-judgmental and non-stigmatizing attitude of the staff. ▪ To carry out drug demand reduction measures that are based on scientific evidence and are ethical. |
| 2.7 | Basic Training Course in awareness of drug use and dependency associated health problems and various treatment approaches to prisoners. | Developing a core group of peer educators to assist in dissemination of accurate information about drugs, their use, issues of dependency, treatment options and for overall improvement of behavioural issues associated with drugs, within the prison environment. |
| 2.8 | Specialized training for those who work with vulnerable groups, such as patients with psychiatric co-morbidities, children and women, including pregnant women. | Focus upon specific needs of vulnerable groups for drug de-addiction treatment |
| 2.9 | Training programmes for police functionaries, paramilitary forces, judicial officers, bar council, representatives of PRIs and ULBs on drug abuse prevention | Capacity building of various agencies on drug abuse prevention |
| 3. | Treatment | |
| 3.1 | Availability of Integrated Rehabilitation Centres for Addicts (IRCAs) supported by MSJE in each district or as per prevalence of addiction | Easily accessible and affordable services |
| 3.2 | Conversion of IRCAs into treatment clinics | Indoor and Outdoor treatment facility to patients to enhance availability of services |
| 3.3 | Establishing and assisting de-addiction centres in District Government and Private Hospitals/Medical Colleges | Fill gaps in treatment services and to enhance availability of services |

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| 3.4 | Establishing and assisting de-addiction centres for women and children in Hospitals and other establishments | Focussed attention towards women and children so as to respond best to their needs. |
| 3.5 | Model treatment and rehabilitation centres in highly affected areas | Such centres will create a benchmark in drug demand reduction services and eventually share expertise with the existing service providers. |
| 3.6 | Establishing and assisting de-addiction centres in prisons, Juvenile Homes, slum areas, factories, major railway stations and other highly affected areas | <ul style="list-style-type: none"> ▪ Will help in de-addiction of prisoners and juveniles and bring them into mainstream. ▪ Reducing transmission of infectious diseases in prisons ▪ Reduced instances of drug abuse at workplaces and increased productivity of employees |
| 3.7 | Linkage of IRCAs with Opioid Substitution Therapy (OST) Centres of National AIDS Control Organization (NACO) | Networking and sharing of expertise among service providers. |
| 4. | Setting up quality standards | |
| 4.1 | Developing Module for re-treatment, ongoing treatment and post treatment of addicts of different categories and age groups | <ul style="list-style-type: none"> ▪ Uniformity in treatment protocol across the country ▪ Integrating scientifically established mechanisms for diagnosis of drug disorders ▪ Integrating pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration |
| 4.2 | Updating existing Minimum Standards of Services for treatment and rehabilitation of addicts as per present scenario | Standardization and quality control in services being delivered |

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| 4.3 | Accreditation of IRCAs supported by this Ministry and others | Standardization of treatment facilities across the country |
| 4.4 | Persuading States to regulate Private De-addiction Centres by framing appropriate rules under the NDPS Act, 1985. | <ul style="list-style-type: none"> ▪ Laying down standards and guidelines for private de-addiction centres to follow and recognize such centres as are found to be meeting the standards and guidelines. ▪ Emphasizing human rights and dignity in the context of drug demand reduction efforts |
| 5. | Focussed intervention in vulnerable areas | |
| 5.1 | Identification of vulnerable areas based on study/survey and feedback from the IRCAs and other stakeholders | Focussed intervention in these areas for drug demand reduction |
| 5.2 | Working with NGOs, NYKS, NSS etc. in the identified vulnerable areas for drawing a comprehensive strategy for demand reduction and de-addiction at all levels to achieve results in a time bound manner | <ul style="list-style-type: none"> ▪ Intensifying preventive education and sensitization programmes ▪ Increase in availability and quality of treatment services and rehabilitation |
| 6. | Skill Development, Vocational Training and Livelihood | |
| 6.1 | Skill development, vocational training and livelihood support of ex-drug addicts through National Backward Classes Finance and other Development Corporations | <ul style="list-style-type: none"> ▪ Promoting meaningful livelihood activities and employment to instill a sense of purpose and self-esteem in individuals to steer them away from drugs ▪ Reduction in social stigma and economic rehabilitation |
| 6.2 | Linkage of IRCAs with Pradhan Mantri Kaushal Vikas Yojana Training Centres of the Ministry of Skill Development and Entrepreneurship for providing industry relevant training to ex-drug addicts. | <ul style="list-style-type: none"> ▪ Promoting meaningful livelihood activities and employment to instill a sense of purpose and self-esteem in individuals to steer them away from drugs ▪ Reduction in social stigma and economic rehabilitation |
| 6.3 | Vocational training and livelihood programmes in Juvenile Homes | Will help in reduction in crime by children and shaping up their future |

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| 7. | Extent, trend and pattern of substance use | |
| 7.1 | Conducting National Survey on Extent and Pattern of Substance Use in every five years | To assess the extent, trend and pattern of substance use |
| 7.2 | Continuous research and studies on drug use pattern and relevant areas | Will help in developing measures based on scientific evidence that are relevant to different socio-cultural environments and social groups |
| 7.3 | Maintaining Drug Abuse Monitoring System (DAMS) and establishing database on substance use | Keeping a check on emerging trends of drug abuse |
| 8. | Coordination, Monitoring and Evaluation | |
| 8.1 | Coordination with all collaborating agencies and regular monitoring | For effective implementation of National Action Plan for Drug Demand Reduction (NAPDDR) |
| 8.2 | Evaluation of NAPDDR through third party | Ascertaining the outcome envisaged in the NAPDDR |

Districts having IRCAs under the Scheme of Assistance for Prevention of Alcoholism and Substance (Drug) Abuse

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| Kerala | |
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| S.No. | Name of District |
| 1. | Trivandrum |
| 2. | Kottayam |
| 3. | Khozhikode |
| 4. | Alappuzha |
| 5. | Thrissur |
| 6. | Alappuzha <i>repeat</i> |
| 7. | Ernakulum |
| 8. | Iddukki |
| 9. | Kannur |
| 10. | Quilon <i>repeat</i> |
| 11. | Kochi <i>repeat</i> |
| 12. | Pathanamthitta |
| 13. | Kollam |

Mapping of main centers of menace/abuse by drug traffickers

16/43

2672559/2018/SJD(OS)

| Name of State | States/Districts/Town | Name of Drug | Suspected origin/Sourced from (Drug) |
|-------------------------------|---|-------------------------------------|--|
| Karnataka | Bengaluru | LSD, MDMA, | Mangaluru, Goa |
| | | Cocaine, | Sao Paulo, Delhi & Mumbai |
| | Mangalulu, Udupi (Manipal) | Ganja & Hashish | Visakhapatnam, Vijayawada & Kolar |
| | | LSD, MDMA, Ecstasy pills | Goa |
| Andhra Pradesh & Telangana | Doha | Ganja | Mangaluru Airport |
| | Hyderabad & Secunderabad | Cocaine, LSD, MDMA | -- |
| | Visakhapatnam, Vijayawada | Ganja cultivation | -- |
| Madhya Pradesh & Chhattisgarh | Mandsaur & Neemuch | Opium cultivation | -- |
| | Hoshangabad | Cannabis | Arunachal Pradesh & Odisha |
| Rajasthan | Marwar Region (Jodhpur, Pali, Jalore, Barmer, Nagaur) | Opium & Poppy-straw | Rajasthan (districts like Chittorgarh, Bhilwara, Kota, Pratapgarh, Baran & Jhalawar) Madhya Pradesh (Neemach & Mandsaur) |
| | Ajmer, Pushkar & Jaipur | Charas | J & K & Himachal Pradesh |
| | Ajmer, Pushkar, Jaipur, Sikar, Jhunjhunu, Nagaur, Dausa, Alwar & Bharatpur | Ganja | Odisha, Andhra Pradesh, Assam, West Bengal & Manipur |
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| Uttar Pradesh | Lucknow, Barabanki, Kanpur, Allahabad, Ghazipur, Varanasi, Mau, Maharajganj | Heroin, Opium, Poppy Husk, Morphine | Madhya Pradesh (Neemuch, Mandsaur, Ratlam & Indore) Rajasthan, Jharkhand, Manipur, West Bengal |
| | Mirzapur, Azamgarh, Gorakhpur, Lakhimpur Kheri, Bahraich & Siddharth Nagar | Charas/Hashish | Indo-Nepal Border (Sonaili, Gopalganj, Bahraich, Balrampur, Siddharthnaga), Bihar |
| | Bareilly, Agra, Mathura, Budaun & Rampur | Ganja | Odisha, North-East, West Bengal, Bihar |
| | | | |
| Jammu & Kashmir | R. S Pura (Jammu), Kathua, Paragwal, Kupwara, Tangdhar, Mendhar (Poonch), Salamabad (Uri) & Chakkanda Bagh (Poonch) | Heroin | International Border/LOC with Pakistan |
| | Anantnag, Pulwama, Kulgam, Shopian and Baramulla, katra, Udhampur, Kathua & Bandipora | Charas (Cultivation of cannabis) | -- |
| | Jammu City, Rajouri, Shrinagar and | Medicinal Drugs (Cough) | Amritsar (Punjab), Delhi, Rurkee (Uttarakhand) |

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| | Shopian of Kashmir Valley | syrup/capsules) | |
| Gujarat | Ahmedabad, Palanpur, Sabarkanta, Himmatnagar Baroda, Surat & Rajkot | Charas/ Hashish | J & K, Nepal, Pakistan, & Himachal Pradesh |
| | | Heroin | International Borders (Pakistan), Madhya Pradesh & Rajasthan |
| | | Opium | Rajasthan & Madhya Pradesh |
| | | Ganja | Odisha & Bihar |
| Delhi | IGI Airport, T-3 | Pseudoephedrine, Ephedrine, Methaqualone, | Said drugs are being exported/trafficked from India. |
| | | Methamphetamine, Cocaine, Heroin | Said drugs are being imported/trafficking into India. |
| | Uttam Nagar and adjacent areas Noida & Greater Noida Lajpat Nagar Saket, Malviya Nagar | Heroin, Cocaine, Pseudoephedrine, LSD and Methamphetamine | -- |
| | Paharganj, Karol Bagh, Connaught Place | Heroin Cocaine Opium Charas | Himachal Pradesh Nepal |
| Haryana | Rohtak, Jind, Panipat & Sonapat districts | Charas Ganja | Bihar Nepal Himachal Pradesh |
| | Gurugram | LSD, Methamphetamine, Heroin, Cocaine & Charas | -- |
| | Sirsa Fatehabad Kurukshetra Ambala Mandi Dabwali | Opium/ Poppy Husk | Madhya Pradesh & Rajasthan |
| Himachal Pradesh | Kullu, Kasol Old Manali Manali Kangra | Charas Cultivation Cocaine, LSD | Nepal |
| Chandigarh | Dadumajra Colony Zirakpur Ramdarwar Sector -38 | Ganja Smack Opium Delhi based Heroin | Delhi, Madhya Pradesh |
| Punjab | Tarantaran Gurdaspur Amritsar Firozpur Ludhiana | Heroin | Smuggled across the international Borders |
| Tamil Nadu | Chennai Ramananthapuram Nagapattinam Tuticorin Tirupur Madurai Trichy | Heroin, Cocaine, Ganja, Ephedrine/ Pseudoephedrine, LSD | -- |
| Kerala | Kozhikode Kannur | Heroin, Cocaine, Ganja, Hashish, | -- |

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| | | Sivandrum Palakkad Thrissur Ernakulam Idukki Kasargod Allapuzha | Ephedrine, Pseudoephedrine, N-Acetyl Anthranilic Acid | |
| Maharashtra | | Mumbai Thane Pune | LSD, Cocaine, Heroin, Hashish | Goa, Delhi & Abroad |
| | | Nashik | Hashish, Ganja | Jammu & Kashmir, Nepal and Himachal Pradesh (Ganja from Andhra - Odisha border) |
| | | Nagpur Aurangabad | ATS, Mephedrone, MDMA | -- |
| Goa | | North Goa | LSD, Cocaine, Heroin, Hashish, Ganja | -- |
| Assam | | Silchar Udaiguri | Trafficking of Ganja, Phensedyl | -- |
| | | Guwahati Moreh | Codeine based cough syrup ATS, Pseudoephedrine | -- |
| Manipur | | Thoubal Imphal | Processing of Morphine, Illicit cultivation of cannabis | -- |
| | | Ukhrul | Trafficking of Ganja, | |
| | | Moreh | Trafficking of Heroin, ATS and pseudoephedrine | |
| | | Senapati Ukhrul Chandel Imphal East Churachandpur | Opium-poppy-is- illicitly cultivated | |
| Nagaland | | Dimapur | Transit point for morphine, Ganja trafficking | |
| Tripura | | Agartala | Trafficking of cough syrups, Ganja | -- |
| Arunachal Pradesh | | West Kameng | Trafficking of Ganja | -- |
| | | Lohit Namsai Tirap Changlang Longding Anjaw Upper siang | Opium poppy is illicitly cultivated | |
| Mozoram | | Aizwal Champhai | Trafficking of Heroin, ATS and pseudoephedrine | -- |