

Gap Analysis in Implementation of National Drug Policy of India: Challenges & Opportunities

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Abstract: The Drug Policy of India is an extensive subject. My fundamental thought has been to highlight on those parts of investigation, prosecution and correlation with different countries which are pertinent to a law student. The contents of the research paper have been written up in clear style and simple dialect to make this intent clear.

India has a long history of use of opium and cannabis, particularly for medicinal, religious and recreational reasons. Serving opium is a well established custom in many parts of the country that marks respect for guests. However, this social appropriateness transformed into legalimpropriety with the enactment of the Narcotic Drugs and Psychotropic Substances Act (NDPS) in 1985, keeping in order to comply with international agreements. The NDPS Act prohibits production, cultivation, make, possession, buy, transport, import, export, utilize and consumption of any narcotic drugs and psychotropic substances, with the exception of medical and scientific reasons, under permission or license.

The regulations of State and community resistance or tolerance stopped after the enactment of the Narcotic Drugs and Psychotropic Substances Act (NDPS) in 1985, which made a restrictive regime around drugs. Clampdown on cannabis and opium in the late 1980s purportedly activated more unsafe use – pursuing and infusing heroin and different opioids.

Under one of the provisions of the act, the Narcotics Control Bureau was set up with effect from March 1986. The Act is designed to fulfill India's treaty obligation under the Single Convention on Narcotic Drugs, Convention on Psychotropic Substances, and United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The Situations must be comprehended in light of the different judgments of the Supreme Court of India and different High Courts.

I. Introduction

India's reaction to drugs streams along an exceptional range – of convention and innovation; of across the board accessibility and stringent requirement; of resistance and restriction; of creation for restorative use to absence of medicinal access to sedatives. India's long history of cannabis and opium utilize is referenced broadly in arrangement analysis. Being a nation with huge volumes of licit and unlawful medication development, a travel course and additionally a customer advertise, India's medication approach situations traverse "request" and "supply" control. Its huge concoction and pharmaceutical industry draws the nation into consultations on the illegal make of medications and forerunner control and in addition the non-restorative utilization of physician endorsed drugs. A few sections of the nation report alarmingly high rates of medication reliance, HIV and viral hepatitis among individuals who infuse drugs, making wellbeing and mischief lessening essential strategy contemplations. While India's unforgiving medication control laws (specifically the criminalization of medication utilize and the inconvenience of capital punishment for certain medication offenses) acclimate entirely with preclusion, its directed opium development industry gives bits of knowledge to nations that are exploring different avenues regarding contrasting options to restriction.

Supreme Court's description last year of India's drug pricing policy—irrational and unreasonable—is unfortunately accurate from several angles. There have been two contradictory developments over the past few days: there is now a possibility that stents (a small mesh tube used to treat narrow or weak arteries) will become a component of the National List of Essential Medicines (NLEM). And a fortnight ago, customs duty exemptions on a number of drugs were lifted. Both are instances of the juggling act any government must carry out to achieve the twin objectives—interdependent and yet often pulling in opposite directions—of enabling broad access to reasonably priced medicines and allowing the marketplace to function well enough for pharmaceutical companies to invest in innovation. No administration in New Delhi has quite managed to pull it off yet.

The chequered history of drug price control in India, in fact, shows the extent to which it has failed to maintain that balance. Two decades ago, the Drug Price Control Order (DPCO) 1995 was introduced, covering 74 bulk drugs and their formulations. The result was not quite as hoped. Half the products were discontinued after their producers exited. Indian production of something as vital as penicillin shifted to China State inefficiencies compound the problem. As the Justice T.S. Thakur bench pointed out last year, the cost of the drugs in the NLEM—which feeds the DPCO—remain above the maximum retail prices offered in some states (retail price margin goes as high as 4,000%), defeating the avowed purpose of access and cheap availability. In the context of the possible addition of stents to the list, this means that there is a broad range of potentially unintended consequences—from there being none of the intended control on prices to a decrease in supply and fewer introductions of technologically advanced stents in India.

The answer, however, is not to abandon any attempt at regulation. Leaving it to the market would create efficiency, certainly—but the benefits will be skewed towards pharmaceutical companies. In a context where public health and well-being is so substantially at stake—with inelastic demand and high barriers to entry skewing the balance further—to do so would be as counterproductive as the DPCO, simply in a different fashion. The US is a good example of this, with rocketing healthcare costs and the highest drug prices in the developed world leading to what is commonly understood as a healthcare crisis.

Instead, a multi-pronged approach that has the NLEM and DPCO, pared to an essential minimum and implemented with a transparency they have often lacked, as one of several tools is more likely to be effective. Overhauling India's intellectual property rights (IPR) regime, for instance, is a priority here. In the context of the pharmaceutical industry, the courts have done well to clamp down on the practice of ever-greening patents and protecting the country's vital generic drug industry—but at the other end of the spectrum, impediments to legitimate patents have had high costs. As per an India Spend (a data journalism initiative) report, on average, a patent application takes six years to get approval in India. This is unsustainable in an industry where long development cycles and multiple research dead-ends already raise costs and delay pay-offs. The soon-to-be-announced National Intellectual Property Rights Policy will, hopefully, have a positive impact here.

Expanding insurance coverage is another aspect. A Rand Corporation study, *Regulating Drug Prices*, shows that financing consumer price reductions via insurance has several long-term benefits over imposing price controls. But India is one of the least penetrated insurance markets in the world. As of March 2014, only 17% of the population had any health insurance coverage, as per the Insurance Regulatory and Development Authority. The raising of the foreign direct investment cap in the insurance sector to 49% last year should, ideally, introduce benefits. But so far at least, there has been little in evidence.

Successive administrations have relied for decades on price control to increase public access to medicines. The results have not been optimal. It's time to look for a new balance.

II. Background

Cannabis has been expended for otherworldly, restorative and recreational purposes in India since the established time, with soonest recorded references to cannabis utilize going back to 2000 B.C. Post-colonization, the British endeavored to manage it through extract laws that authorized development and forced assessments on the offer of hemp. The development and utilization of opium is accepted to date as far back as the tenth century. Amid the frontier time frame, the British sorted out opium into a vast scale business endeavor, combining and bringing development of poppy and produce of opium (however not utilization) under more prominent control through the Opium Acts of 1857 and 1878. By the 1920s, the developing patriot development ended up noticeably reproachful of the provincial government's monetarily determined medication strategy. Indian pioneers separated themselves from conventional utilize and the destruction of medications turned into an acknowledged arrangement goal. Many commonplace governments passed laws to limit the utilization of opium. Cannabis was named an inebriating medication and kept on being managed through common extract Acts. In 1930, the Dangerous Drugs Act was instituted and looked to expand and reinforce control over medications got from coca, hemp (cannabis) and poppy plants by directing the development, ownership, make, deal, household exchange and outer exchanges through licenses and punishing unlicensed activities. There were no offenses connected to cannabis or to sedate utilization. The system of the Dangerous Drugs Act keeps on winning in the current enactment, particularly the statutory definitions for coca, opium, hemp and their subordinates, the class of "produced drugs" and the division of run making powers between the focal and state governments.

The Drugs and Cosmetics Act, 1940 was received for the direction of therapeutic medications including cannabis and opium. The Dangerous Drugs Act, notwithstanding, kept on applying. At the season of freedom,

picked up in 1947, opiates were a vigorously controlled item as "perilous" substances, restorative items, and merchandise subject to extract impose.

This position proceeded with post-autonomy. With the selection of the Indian Constitution in 1950, all laws ended up noticeably subordinate to protected arrangements, specifically, key rights. There were a few difficulties to sedate laws in light of the fact that they were unfair and negated ranchers' flexibility of exchange and occupation. The cases, be that as it may, were unsuccessful. Courts depended, in addition to other things, on India's universal medication control duties regarding legitimize the limitations on development, utilize and exchange.

The prohibitionist feeling turned out to be additionally settled in by method for Article 47 of the Constitution which expresses: "The State might attempt to realize forbiddance of the utilization aside from therapeutic reasons for inebriating drinks and of medications which are harmful to wellbeing". Despite the fact that these Directive Principles of State Policy are non-enforceable, this arrangement is much of the time summoned to legitimize corrective medication approaches.

The Constitution likewise reserved subjects on which Parliament or state Legislatures could make law either only or simultaneously. "Medications and toxins" was put in the simultaneous list, enabling both focus and states to administer. "General wellbeing" and "jails and different foundations of like nature and people confined in that" are just on the state list. The division of authoritative forces is critical in light of the fact that it decides express governments' capacity to "break" from national medication arrangements and utilize alternatives in regions where they are engaged to outline strategy.

The beginning and improvement of the Indian medication trafficking situation are firmly associated with the key and land area of India which has monstrous inflow of heroin and hashish from over the Indo- Pak fringe beginning from "Brilliant bow including Iran, Afghanistan and Pakistan" which is one of the major unlawful medication providing ranges of the world. On the North Eastern side of the nation is the "Gold Triangle" involving Burma, Laos and Thailand which is again one of the biggest wellsprings of illegal opium on the planet. Nepal additionally is a customary wellspring of cannabis, both home grown and resinous. Cannabis is additionally of wide development in a few conditions of India.

To the extent unlawful medication trafficking from and through India is concerned, these three wellsprings of supply have been instrumental in sedate trafficking. Preceding the institution of the Narcotic Drugs and Psychotropic Substances Act, 1985 [NDPS Act], the statutory control over opiate drugs was practiced in India through various Central and State authorizations.

III. Legal Frame Work

Narcotic Drugs and Psychotropic Substances Act, 1985

India is a gathering to the three United Nations medicate traditions – the 1961 Single Convention on Narcotic Drugs (1961 Convention), the 1971 Convention on Psychotropic Substances (1971 Convention) and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988 Convention). Local enactment to offer impact to these bargains was presented just in the 1980s when the 'elegance period' for canceling non-restorative utilization of cannabis and opium under the 1961 Convention expired. Exercising its forces to make law for the nation for executing "any settlement, assention or tradition or choice made at global conference", the Indian Parliament passed the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act) quickly, without much civil argument. The NDPS Act came into drive on 14 November 1985, supplanting the Opium Acts and the Dangerous Drugs Act. The 1940 Drugs and Cosmetics Act, 1940, be that as it may, proceeds to apply.

The official record expresses that the NDPS Act was sanctioned with a specific end goal to give satisfactory punishments to sedate trafficking, fortify authorization powers, actualize universal traditions to which India was a gathering, and implement controls over psychotropic substances. The Act was revised in 1989, 2001 and all the more as of late in 2014. The NDPS Act denies development, generation, ownership, deal, buy, exchange, import, fare, utilize and utilization of opiate drugs and psychotropic substances aside from restorative and logical purposes as per the law. Preparation to submit certain offenses is culpable as is endeavor. Adornment violations of supporting and abetting and criminal connivance draw in an indistinguishable discipline from the important offence. The Act covers three wide classes of substances:

- 1) narcotic medications, that is, those secured under the 1961 Convention;
- 2) psychotropic substances or those secured under the 1971 Convention and other psychoactive substances, for example, ketamine which are not yet arranged under universal traditions; and
- 3) "controlled substances"²⁰ that are utilized to make opiate drugs or psychotropic substances, for instance forerunner chemicals, for example, acidic anhydride, ephedrine and pseudoephedrine.

Narcotic drugs include:

- **Cannabis:** plant; resin or *charas* and its concentrated variant called *hashish*; dried flowering or fruiting tops of the plant, that is, *ganja* and any mixture of *charas* or *ganja*. Importantly, *bhanga* or the cannabis leaf is excluded (in accordance with the 1961 Convention) and regulated through state excise laws
- **Coca plant:** leaf; derivatives include cocaine and any preparation containing 0.1% of cocaine
- **Opium:** poppy plant; poppy straw; concentrated poppy straw; juice of opium poppy; mixture of opium poppy juice; preparations with 0.2% morphine; derivatives include heroin, morphine, codeine, thebaine, etc.

Opiate sedates additionally fall under the covering classification of "produced drugs". Psycho-tropic medications are not characterized but rather incorporate all medications told by the legislature in that capacity. Amphetamines, methamphetamines, LSD, MDMA and buprenorphine among others are on this rundown, which the administration may grow or contract on the premise of proof of genuine or potential "manhandle" or changes in booking under universal conventions.

The NDPS Act sets out the method for pursuit, seizure and capture of people out in the open and private places. Safeguards, for example, earlier recording of data, advising an unrivaled, restricting forces of capture to assigned officers, educating the individual being looked of her/his rights have been carefully implemented by the courts, in light of the stringent disciplines endorsed under the Act. In the meantime, standards for examination and confirmation are tolerant and have been translated in a way that preferences the accused. While the NDPS Act is transcendently corrective, it additionally contains arrangements to control drugs. The Act enables the focal and state governments to outline rules and approve tranquilize related exercises inside the rubric of "medicinal and logical reason", a term which is neither characterized nor depicted in the Act. While a few exercises are held solely for the government, others can be completed by private elements under license. The administrative framework likewise incorporates supply of opium to enlisted clients, who are reliant on opium, for utilization on therapeutic guidance – a measure practically identical to contemporary mischief diminishment strategies. Though gave in the law, the training has fallen into disuse and starting a year ago, there were under 1,000 opium clients enrolled in the whole country.

In 1988, the NDPS Act was supplemented by the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act to accommodate preventive confinement of individuals associated or charged with inclusion in sedate trafficking.

NDPS Amendments, 1989

In 1989, the NDPS Act experienced the main arrangement of changes, after a Cabinet Sub-Committee for battling drug trafficking and manhandle suggested that the law be made more stringent. The 'extreme on medications' talk prompted the presentation of exceptionally brutal arrangements, for example, required least sentences of 10 years' detainment, limitations on safeguard, bar on suspension and substitution of sentences, relinquishment of property, trial by uncommon courts and obligatory capital punishment for certain rehash guilty parties. The progressions, which came in under four years after the law was at first passed, appear to have been affected by global, territorial and household improvements – specifically, the marking of the 1988 Convention; considerations at the South Asian Association for Regional Cooperation (SAARC) on the developing hazard of medication trafficking, expanding political contradiction and "fear monger" action in northern states and the observation that psychological oppression is fuelled by sedate trafficking.

Following these alterations, individuals got with little measures of medications confronted long jail sentences and robust fines; unless they could demonstrate that the medication was proposed for individual use (all things considered, the guilty party would be subjected to a half year or one year in jail depending on the drug). With distressing odds of discharge on safeguard, many individuals captured for having minor measures of medications proposed for individual utilize moped in prison for more than 10 years for a couple of milligrams of contraband.

NDPS Amendments, 2014

In mid 2014, the NDPS Act was revised for the third time and the new arrangements came into drive on 1 May 2014. The primary elements include:

- Creation of another classification of "basic opiate drugs", which the focal government can indicate and manage consistently all through the country
- Widening the target of the law from containing illegal use to likewise advancing the medicinal and logical utilization of opiate drugs and psychotropic substances with regards to the standard of "adjust" amongst control and accessibility of opiate sedates that supports the worldwide medication control settlements
- Including the expressions "administration" of medication reliance and "acknowledgment and endorsement" of treatment focuses, in this manner taking into account the foundation of lawfully restricting treatment principles and proof based restorative interventions • Making capital punishment optional for a resulting offense including a specific amount of medications under segment 31A. The court will have the other option to force detainment for a long time under segment 31
- Enhanced discipline for little amount offenses from a most extreme of a half year to one year imprisonment
- Allowing private part inclusion in the preparing of opium and concentrated poppy straw
- Raising the rank of officers approved to lead look and capture permit holders for asserted NDPS violations
- More expound arrangements for relinquishment of property of people summoned on charges of medication trafficking.

IV. OFFENCES AND PENALTIES

1. Chapter IV, (Sections 15 to 40) sets out the penalties for offences under the Act. These offences are essentially related to violations of the various prohibitions imposed under the Act on the cultivation, production, manufacture, distribution, sale, import and export etc. of narcotic drugs and psychotropic substances.
2. All these offences are triable by Special Courts and the punishments prescribed range from imprisonment from 10 to 20 year for first offences in the case of seizure of drugs/psychotropic substances in commercial quantity to 15 to 30 years for any subsequent offences together with monetary fines.
3. In addition to persons directly involved in trafficking narcotic drugs and psychotropic substances, any person who finances trafficking or harbours a person involved in trafficking, or abets, or is a party to a criminal conspiracy, including a criminal conspiracy to commit an offence outside India, is also liable to the same scale of punishments.
4. The Act was amended in May 1989 to mandate the death penalty for second offences relating to contraventions involving more than certain quantities of specified narcotic drugs and psychotropic substances.

Task	Department	Ministry
Policy development including framing/amending the NDPS Act, Rules and notifications thereunder	Revenue	Finance
Policy coordination	Narcotics Control Bureau (—NCBI)	Home
International drug control (representation, liaison, reporting etc.)	Revenue NCB	Finance Home
Opium production and manufacture	Central Bureau of Narcotics Government Opium and Alkaloid Factories (both are under the Department of	Finance
	Revenue)	
Enforcement of the NDPS Act	Directorate of Revenue Intelligence Central Bureau of Narcotics NCB Customs Excise (central &state) BSF, para military forces or other designated officers Police including Anti Narcotic cells	Finance Finance Home Finance Revenue Home & Defense State governments ¹
Drug use and dependence Prevention Treatment Rehabilitation	National Institute of Social Defense Drug De-addiction Program Health or Social Welfare	Social Justice & Empowerment Health & Family Welfare State governments
Injecting drug use and HIV	National AIDS Control Organization	Health &Family Welfare
Drugs for medical use/ Pharmaceutical drugs (including distribution, marketing & retail trade)	Drugs Controller General of India State Drug Controllers	Health & Family Welfare State governments

Treatment for drug dependence

The NDPS Act bolsters treatment for individuals who utilize drugs both as an "option" to, and autonomous of criminal measures. A few arrangements stipulated under the Act depenalise utilization and offenses including little amounts of medications, and energize treatment chasing.

• National Fund

A National Fund for the Control of Drug Abuse was set up in May 1989. Standards for its organization were advised very nearly twenty years after the fact, in 2006. The reserve can get commitments from the focal government, singular givers and continues from the offer of property relinquished from medicate trafficking. Applications are screened by an administering body, which contains a senior officer and different individuals delegated by the government.⁶⁰ NGOs and government offices are qualified to make demands for gifts for tranquilize control exercises including treatment. Preventive training and mindfulness on the "ills" of medication reliance have been organized for financing.

• Treatment centers

De-habit' focuses are the pillar of medication treatment conveyance. As per the NDPS Act, these focuses might be set up by the focal or state governments or willful associations. By and by, administrations for medicate reliance are accessible through:

1. Government doctor's facilities that give inpatient and outpatient mind, generally detoxification. According to official insights, medicate treatment is accessible in 122 government healing facilities the nation over. The focal government has as of late reported plans to open 'medication treatment facilities' at some such clinics and offer opioid substitution treatment.
2. NGOs, which get gifts from the Ministry of Social Justice and Empowerment (MOSJE) and their state partners (Departments of Social Welfare) to run coordinated recovery focuses keeping in mind the end goal to make "addicts tranquilize free, wrongdoing free and profitably utilized". 346 such NGO focuses were being subsidized in 2013-14.
3. Psychiatric doctor's facilities or nursing homes, working secretly, under permit by the Mental Health Act, 1987.⁶³ These organizations offer a scope of psychiatric administrations other than medicate reliance treatment.
4. Private 'de-fixation' focuses that work without enlistment or permit.

Lack of consultation in policymaking

The absence of approach co-appointment is aggravated by the non-use of consultative instruments gave in the NDPS Act and the NDPS Consultative Committee Rules, 1988¹⁰² (the Committee Rules). The NDPS Act enables the focal government to build up a 20-part NDPS Consultative Committee (the Committee) as a strategy admonitory body with a wide mandate. The Committee Rules enable the Committee to survey the NDPS Act and Rules, prompt the legislature on arrangement matters, and consider some other issue asked for by the government. The Committee may set up an exceptional cover any subject of significance for the administration's consideration. The Committee may appoint particular approach matters to sub-boards of trustees, including sub-advisory groups that audit arrangement requirement and treatment, recovery, social reintegration and other associated matters.

The Committee can draw upon specialists and common society delegates to audit and recommend changes in about all ranges of medication approach. Unfortunately, these arrangements have not yet been summoned. In 2008, the legislature reported the setting up of a National Consultative Committee on De-Habit and Rehabilitation (NCCDR) under the Chairmanship of the Minister for Social Justice and Empowerment to prompt the focal and state governments on tranquilize request decrease, particularly instruction/mindfulness building, de- fixation and rehabilitation.¹⁰⁷ The organization of the NCCDR does not seem, by all accounts, to be as per the law.

Points for consideration

Review the unforgiving and lopsided condemning structure under the NDPS Act, and evacuate the criminalization of medication utilize and burden of capital punishment for drugs offenses.

Ensure that the lawful arrangements on medicate treatment are satisfactorily connected in a way that empowers individuals who utilize medications to get to prove based treatment administrations without the risk of correctional endorses, for example, criminal indictment and detainment.

Adopt and authorize least quality principles to guarantee that the treatment programs are experimentally demonstrated and regard the human privileges of individuals reliant on drugs Expand access to opiate and psychotropic prescriptions fundamental for treating a scope of restorative conditions, with functional shields against unlawful preoccupation Improve co-appointment between government offices with an unmistakable transmit for each state organization on creating and actualizing arrangements and works on identifying with drugs Consult with common society gatherings, including agents of individuals who utilize drugs, medicinal experts, scholastics and patient gatherings having some expertise in drugs issues in medicate strategy detailing Establish customary information accumulation on tranquilize utilize, reliance and related wellbeing suggestions, for example, HIV and viral hepatitis pervasiveness among individuals who infuse drugs. Apply hurt decrease standards to sedate strategy plan with the target of lessening the damages related with drugs, rather than being guided by the unachievable objective of making a 'medication free' society.

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