Drug-Free Tamil Nadu

Policy Paper presented by

We the Leaders Foundation

About the Policy Paper

Tamil Nadu stands at a critical crossroads in its fight against narcotics and substance abuse. What was once seen as a problem confined to isolated pockets of society has steadily evolved into a far more inescapable social challenge. The menace of drugs is no longer confined to shadowy neighbourhoods or organised criminal networks; it has begun to find its way into our schools, colleges, workplaces, and communities, affecting individuals and families across social and economic backgrounds.

The consequences of this crisis extend far beyond the health of those who fall victim to addiction. Substance abuse leaves a trail of broken families, interrupted education, lost opportunities, declining productivity, and, in many instances, criminal behaviour. Across India and around the world, studies have consistently demonstrated the close relationship between drug abuse and various forms of crime, including theft, violence, organised criminal activity, and juvenile crime. Tamil Nadu too has witnessed, over the past many years, an increasing number of incidents in which narcotics have played a direct or indirect role in disturbing social harmony and public safety.

Perhaps the most distressing aspect of this challenge is the growing vulnerability among young people. When narcotics begin to infiltrate spaces meant for learning, growth, and aspiration, the issue ceases to be merely a matter of law and order; it becomes a question about the future of our society itself. Every child lost to addiction represents a deferred dream, a family in distress, and a collective failure of our society, including the government, to provide a safe and nurturing environment.

The scale and complexity of the problem demand that we move beyond conventional approaches. While awareness campaigns remain indispensable, awareness alone cannot address a challenge sustained by organised networks, shifting distribution patterns, economic vulnerabilities, and social factors.

There is an urgent need to re-examine existing systems, strengthen enforcement, improve stakeholder coordination, invest in prevention and rehabilitation, and adopt evidence-based interventions.

Fortunately, the world offers several examples of successful and innovative approaches. Countries and regions have experimented with a wide range of strategies, from community-led prevention programmes and school-based interventions to technology-enabled enforcement, rehabilitation-focused frameworks, and integrated public health responses. While no single model can be transplanted wholesale, there is much that Tamil Nadu can learn from these experiences and adapt to its unique social and cultural context.

It is with this spirit of constructive engagement that this policy paper has been prepared. The objective is not merely to identify problems but to contribute meaningfully to the search for practical and sustainable solutions. The paper examines successful models from across the world, analyses their relevance to Tamil Nadu, and presents a series of recommendations for the State Government and other stakeholders to consider.

The document also outlines a community-driven initiative proposed by We the Leaders Foundation to be showcased in July. Designed to encourage public participation, awareness, and social ownership of the anti-drug movement, the initiative seeks to complement government efforts while fostering a culture of collective responsibility. It is our sincere hope that successful elements of this initiative may, after evaluation, be considered for wider adoption and implementation.

The fight against narcotics cannot be won by governments alone or by civil society alone. It requires the partnership of parents, teachers, law enforcement agencies, healthcare professionals, community leaders, policymakers, and, above all, citizens. This policy paper is offered in that spirit of partnership, with humility, concern, and a shared commitment to safeguarding Tamil Nadu's future.

The challenge before us is serious, but not impossible. With collective resolve, informed policymaking, and sustained public participation, we can ensure that future generations inherit a society that is healthier, safer, and free from the devastating impact of drugs.

Yours sincerely,

K. Annamalai
Chief Servant – We the Leaders

The Global Perspective

Globally, drug use has reached historically high levels. In 2023, an estimated 316 million people (6% of the global population) used drugs. The global market is dominated by regional crises: North America is heavily affected by synthetic opioids such as fentanyl; the Middle East is flooded with the amphetamine "captagon"; and Western and Central Europe have become the primary destinations for record-breaking cocaine production.

Based on comprehensive public health data from the UNODC World Drug Report, the top 10 countries with the most severe narcotic and illicit drug use crises are detailed below, categorised by their primary driving crisis.

1. United States

The U.S. leads the world in overall illicit drug dependency, substance use disorders, and overdose mortality.

The Crisis: While cannabis and stimulants are widely used, the defining crisis is the synthetic opioid epidemic. The proliferation of illicitly manufactured fentanyl has driven overdose deaths to historic highs, far exceeding the global average.

Opioids are responsible for the majority of drug overdoses in the United States, accounting for close to 80% of all overdose deaths. Approximately 109,600 total drug overdose deaths were recorded in the year 2023.

2. Canada

Similar to its southern neighbour, Canada faces a critical public health emergency regarding illicit substance penetration.

The Crisis: Canada has some of the highest global rates of per-capita opioid and cannabis consumption. Young males aged 15-35 reported the

highest use of cannabis, increasing from about 33% in 2017 to almost 43% in 2023.

British Columbia and Alberta, in particular, have been severely impacted by synthetic opioid overdoses and high rates of adolescent drug initiation.

3. United Kingdom

The UK consistently ranks at the top of European nations for problematic drug use, particularly within Scotland, which suffers from Europe's highest drug-related death rate. There were 191 drug misuse deaths per million people in Scotland in 2024.

The Crisis: The UK has an exceptionally high penetration of heroin and synthetic opioids, coupled with widespread recreational use of cocaine and MDMA.

4. Australia

Australia experiences exceptionally high rates of illicit drug consumption relative to its population size, largely driven by high purchasing power. Perth is named Australia's Meth capital: 70 doses per 1000 people every day in Perth.

The Crisis: Australia ranks among the top countries for per-capita consumption of methamphetamine and cocaine, alongside a persistent pharmaceutical opioid abuse problem.

5. Afghanistan

As historically one of the world's primary producers of illicit opium and heroin (the Death Crescent/ Golden Crescent), Afghanistan suffers from a severe domestic consumption crisis.

The Crisis: Decades of geopolitical instability, extreme poverty, and immediate proximity to poppy cultivation have left a massive portion of

the population addicted to raw opium and heroin. In recent years, methamphetamine production has also surged domestically. Studies have estimated that roughly 5.1% of the Afghan population (7.2% of men and 3.1% of women) consume or show biological evidence of recent use of drugs like opium, heroin, codeine, and cannabis.

6. Iran

Situated directly down the trafficking pipeline from Afghanistan, Iran serves as the primary gateway for heroin entering Europe and the Middle East.

The Crisis: Due to massive cross-border smuggling, heroin and opium are highly accessible and cheap. Iran has one of the highest per-capita rates of opiate addiction disorder in the world, stretching its domestic healthcare infrastructure.

7. Pakistan

Another critical neighbour to the Death Crescent trafficking route, Pakistan has transformed from a pure transit country into a massive consumer market.

The Crisis: Pakistan has millions of regular street users of injectable heroin and raw opium. The problem is heavily concentrated along transit corridors and in urban centres, leading to high rates of blood-borne diseases.

8. Myanmar

The heart of the Death Triangle in Southeast Asia, Myanmar, is a global epicentre for both opiate production and synthetic drugs.

The Crisis: Domestic consumption of heroin and high-purity methamphetamine (Yaba) is rampant, particularly in mining communities and conflict-ridden border states where regulation is nonexistent.

9. Russia

Russia deals with a severe, long-standing narcotics problem that is heavily intertwined with public health challenges.

The Crisis: The country has historically been one of the largest consumers of Afghan heroin via Central Asian trafficking routes. Russia has an exceptionally high population of intravenous drug users (IDUs), which has historically driven regional HIV epidemics.

10.Brazil

As the largest consumer market for cocaine products in South America, Brazil faces a severe urban drug penetration crisis.

The Crisis: Beyond standard cocaine, Brazil suffers from widespread abuse of Oxi, a highly addictive, cheap, and toxic derivative made from cocaine paste mixed with fuel oil and kerosene, which has devastated vulnerable demographics in major cities.

Global Drug Policy Index

When looking at how countries respond to their drug crises, the Harm Reduction Consortium released the inaugural **Global Drug Policy Index (2021)**, which evaluated 30 key nations on their drug policies, criminal justice responses, and health interventions.

India ranked 18th out of 30 countries with an overall score of 46/100. The index noted that while India has severe laws (including capital punishment on the books for certain repeat trafficking offences), **it struggles significantly with providing adequate funding and access to harm-reduction treatments for people with an addiction.**

Norway ranked 1st with a score of 74/100, and Indonesia ranked last with a score of 29/100.

Findings from the Global Drug Policy Index – India [1]

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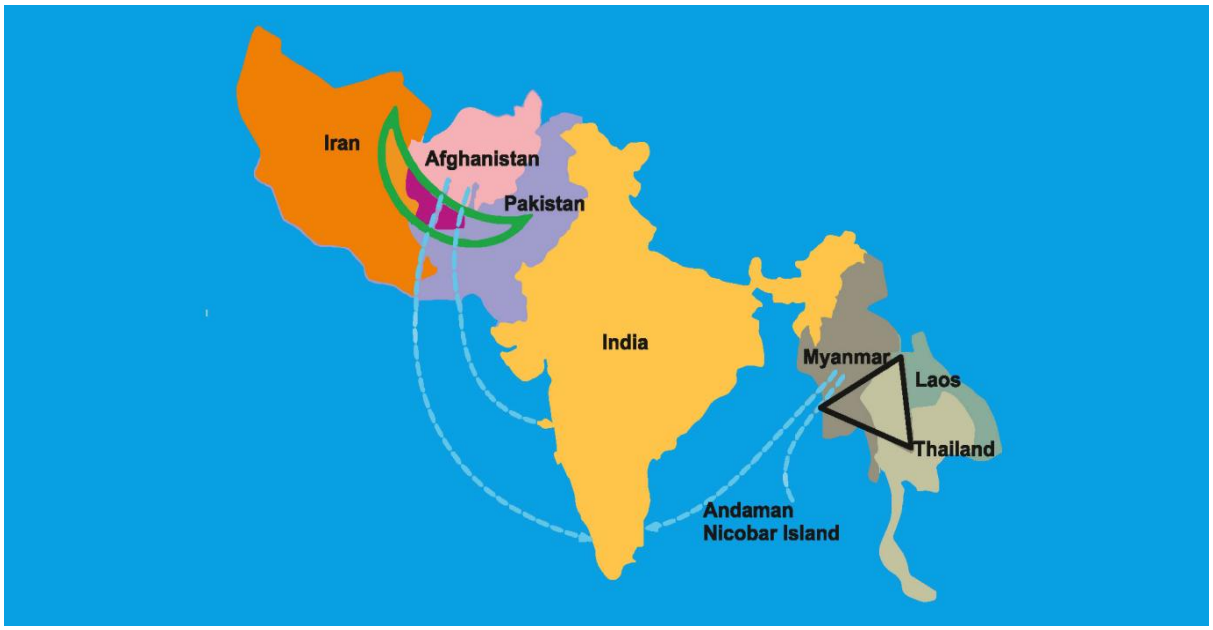
1- https://globaldrugpolicyindex.net/wp-content/themes/gdpi/uploads/GDPI%202021%20Report.pdf

Understanding the Infiltration of Drugs into India

India faces a severe and escalating challenge in combating drug trafficking, primarily due to its geographic vulnerability. The country is wedged between two of the world's major illicit drug-producing regions: the "Death Crescent" (Afghanistan, Pakistan, Iran) on the west and the "Death Triangle" (Myanmar, Thailand, Laos) on the east.



Traffickers have adapted to enforcement measures by utilising highly sophisticated infiltration methods:

- Maritime Routes: India's strategic location in the Indian Ocean has made its coastline a major transit hub. The western coast primarily receives Heroin, Amphetamine-Type Stimulants (ATS), and Hashish from the Death Crescent. In contrast, the eastern coast (including Tamil Nadu) is exploited for synthetic drugs from the Death Triangle. Maritime seizures have surged 500-fold since 2019 (ncb-annual-report-2024).

- Drones: Cross-border smuggling using drones has emerged as a significant threat to internal security, particularly along the Indo-Pak border in Punjab, replacing traditional physical smuggling methods.

- Darknet and Cryptocurrencies: The convergence of darknet platforms, digital currencies, and courier services provides traffickers with global accessibility and enhanced anonymity, allowing them to bypass traditional borders and reach consumers directly.

- Clandestine Laboratories: There is a rising domestic threat of illicit clandestine labs manufacturing synthetic drugs like Methamphetamine and Mephedrone, with hotspots emerging in Maharashtra, Gujarat, Punjab, Chennai and the Delhi-NCR region.

Drug Penetration from the Death Triangle & Death Crescent: Excerpt from NCB's 2026 Annual Report

Death Triangle

After the Taliban's 2022 ban on drugs in Afghanistan, Myanmar has become a new source of global opium. The effects are already evident along India's eastern borders, particularly through the Manipur corridor, according to the Narcotics Control Bureau's 2026 annual report.

The report pointed out that Manipur, Mizoram, and Nagaland in the northeast face the greatest frontline exposure because of increased drug production in Myanmar. The porous borders, including the Free Movement Regime (FMR) along the India-Myanmar border, have enabled these states to shift from mere transit areas to active hubs for distributing narcotics deeper into India.

Myanmar's illicit opium cultivation expanded by approximately 56% between 2021 and 2023, according to the NCB report, with the area under poppy cultivation reaching 45,200 hectares. India's eastern borders, through the Manipur corridor, are the most direct and porous entry points for this expanding production base, and the consequences are already visible, the report said.

Myanmar's Death Triangle has grown as a key source of opiates and a leading centre for methamphetamine (Yaba tablets). This convergence, mainly in regions controlled by ethnic armed groups in Shan State, has led to the rise of poly-drug production. The Manipur corridor, through which the Indian National Highway 102 passes through, is the primary land entry point for both heroin and methamphetamine tablets

The second major trafficking route enters India via Champhai in Mizoram, near Myanmar's Chin State. Drugs are smuggled through the border's open, porous areas and transported to Silchar in Assam's Barak Valley via Aizawl and connected roads, the report stated.

Death Crescent

Despite the Taliban's 2022 crackdown that cut Afghan opium production by 93% from its peak, approximately 13,200 tonnes of pre-ban narcotics continue to fuel trafficking routes into India via the western border.

The NCB reported a five-fold rise in drone-assisted drug smuggling across the Pakistan border over the past five years, mainly into Punjab. In 2025, there were 305 cases, with 468 kg of drugs seized, marking a 96% increase from 2024.

Punjab alone accounted for 298 cases and 461 kg seized, mostly heroin (449.751 kg) and methamphetamine (9.018 kg). Overall, Punjab seized 2,086 kg of narcotics, making up 58% of the country's total seizures of 3,567 kg.

This threat's scale is highlighted by its rapid growth: starting with only 3 incidents (10 kg) in 2021, the number increased to 35 (148 kg) in 2022, then slightly declined to 28 (103 kg) in 2023. However, it then surged dramatically to 178 incidents (236 kg) in 2024 and to 305 incidents (468 kg) in 2025, marking a 100-fold rise over five years.

Land and maritime routes

This exponential rise reflects the growing operational maturity of trafficking networks using unmanned aerial vehicles (UAVs) to circumvent traditional border controls, the NCB said. Additional incidents were reported in Rajasthan and Jammu and Kashmir.

The report states that the South Asian segment of the drug trade originating from Afghanistan passes through Pakistan into India. This occurs via land routes in Punjab and Rajasthan, as well as along the coastlines of Gujarat and Maharashtra. The maritime route has become more worrisome because it employs fishing vessels and small coastal boats that typically evade standard maritime surveillance. Additionally, the report highlights that the Afghanistan–Pakistan–Iran corridor continues to be the world's main opiate trafficking route.

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Drug Usage and Crimes (2020 vs. 2025)

Data from the NCB and NCRB reveal a massive scale-up in drug law enforcement operations and a definitive shift in the types of drugs being consumed and trafficked between 2020 and 2024.

1. Escalation in Cases and Arrests:

Cases Registered: In 2020, Drug Law Enforcement Agencies (DLEAs) registered 55,622 drug-related cases across India. By 2024, this number surged to 96,930 cases, reflecting a near doubling of enforcement actions. Under the NDPS Act specifically, the NCRB recorded a total of 1,09,890 cases in 2024, of which a massive 72,184 were for possession for personal use and consumption.

The number of drug cases registered by law enforcement agencies across India rose by nearly 53% in 2025 over the previous year, the sharpest increase in at least five years since 2021, even as drug seizures, by quantity, increased to 1,240 tonnes, according to the Narcotics Control Bureau's (NCB) Annual Report 2025.

According to the report, drug law enforcement agencies registered 148,063 cases and made 183,675 arrests in 2025, leading to the seizure of narcotics valued at ₹18,227 crore.

2. The Shift from Traditional to Synthetic Drugs

While traditional plant-based drugs (Cannabis and Opiates) still make up the majority of the volume seized (comprising 41% and 39% of total seizures in 2024, respectively), there has been a staggering shift towards high-value synthetic drugs:

- Synthetic Drugs (Overall): Seizures of synthetic drugs have seen a nearly six-fold increase, jumping from 2217 kg in 2020 to 12,084 kg in 2024.

- Amphetamine-Type Stimulants (ATS): ATS seizures increased almost fivefold, from 1,357 kg in 2020 to 8,211 kg in 2024.

- Cocaine: Cocaine seizures saw an astronomical surge, jumping from just 19 kg in 2020 to 1,483 kg in 2024.

- Cannabis: Conversely, while still heavily trafficked, Ganja seizures slightly declined from 5,88,304 kg in 2020 to 5,40,810 kg in 2024.

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Magnitude of Substance Abuse

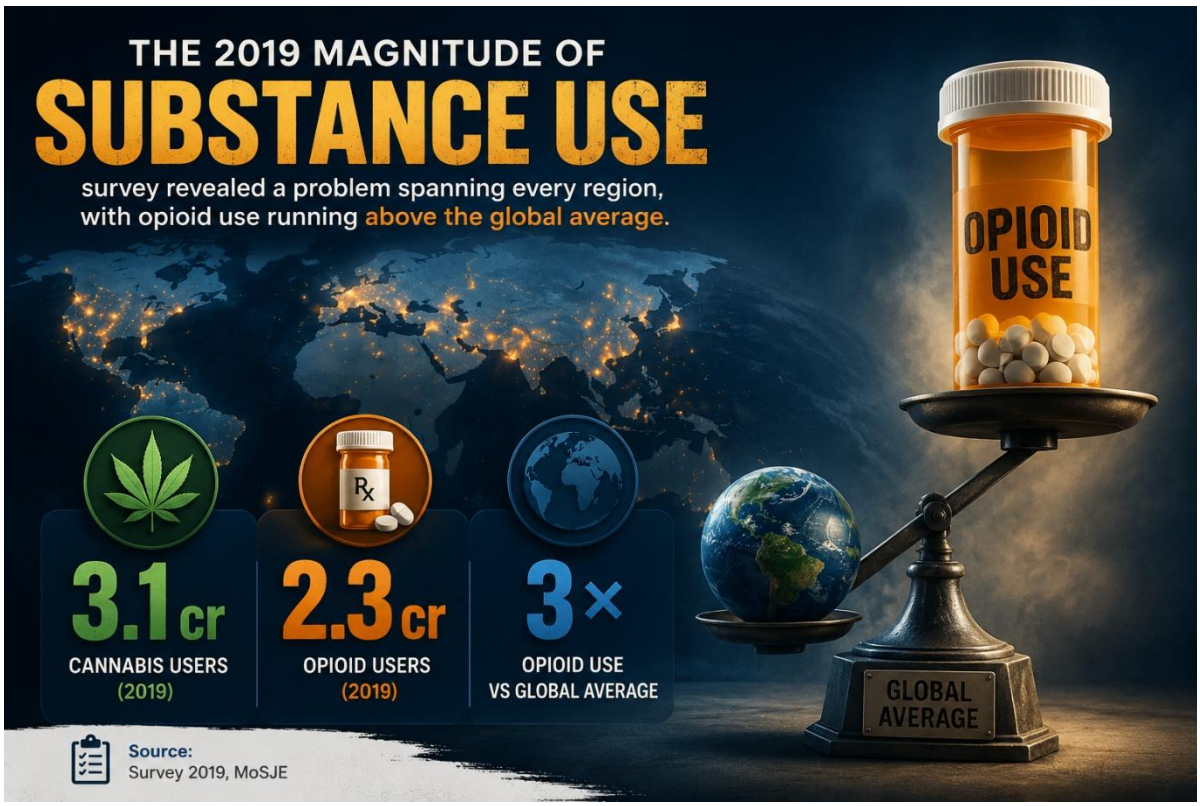
The prevalence and estimated number of users for various psychoactive substances, extracted from the 2019 comprehensive national-level Survey on the 'Magnitude of Substance Abuse in India'.

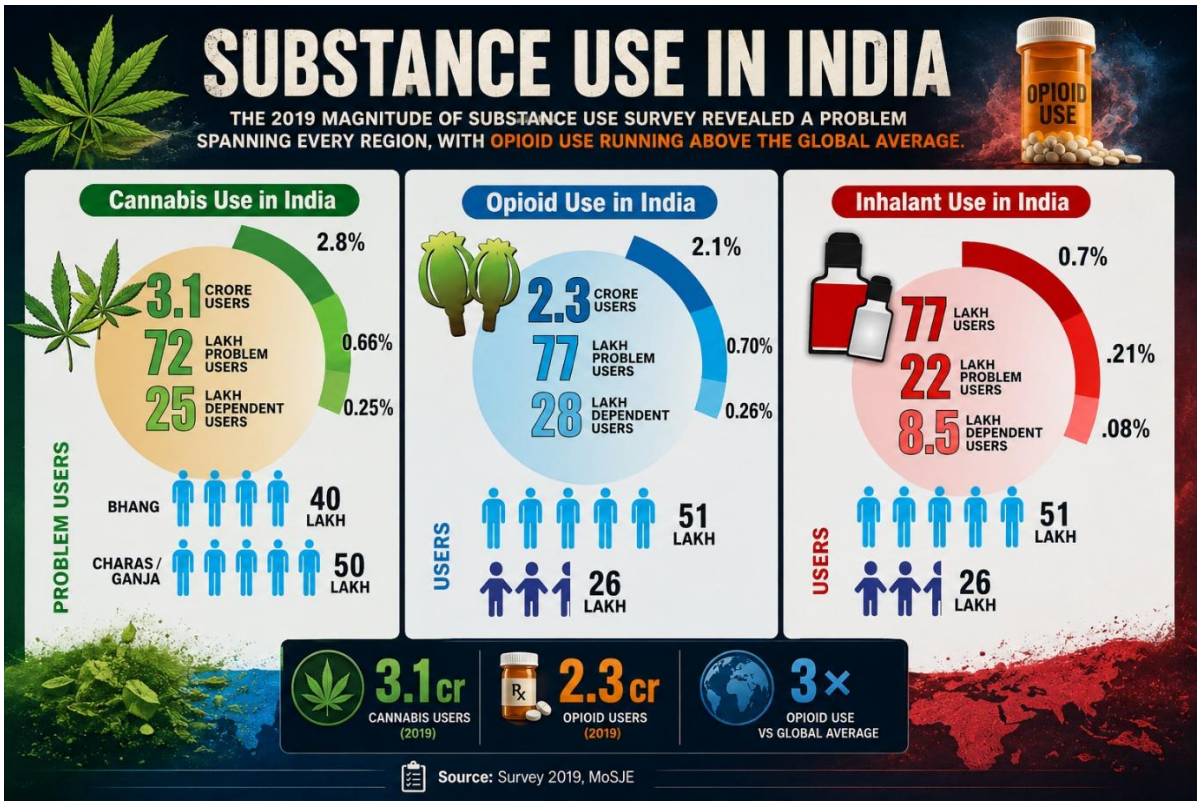
The national survey utilised two main approaches to achieve its sample size: a Household Sample Survey (HHS), which interviewed a total of 473,569 individuals across 200,111 households, and a Respondent-Driven Sampling (RDS) survey, which interviewed 72,642 individuals with dependence on illicit drugs.

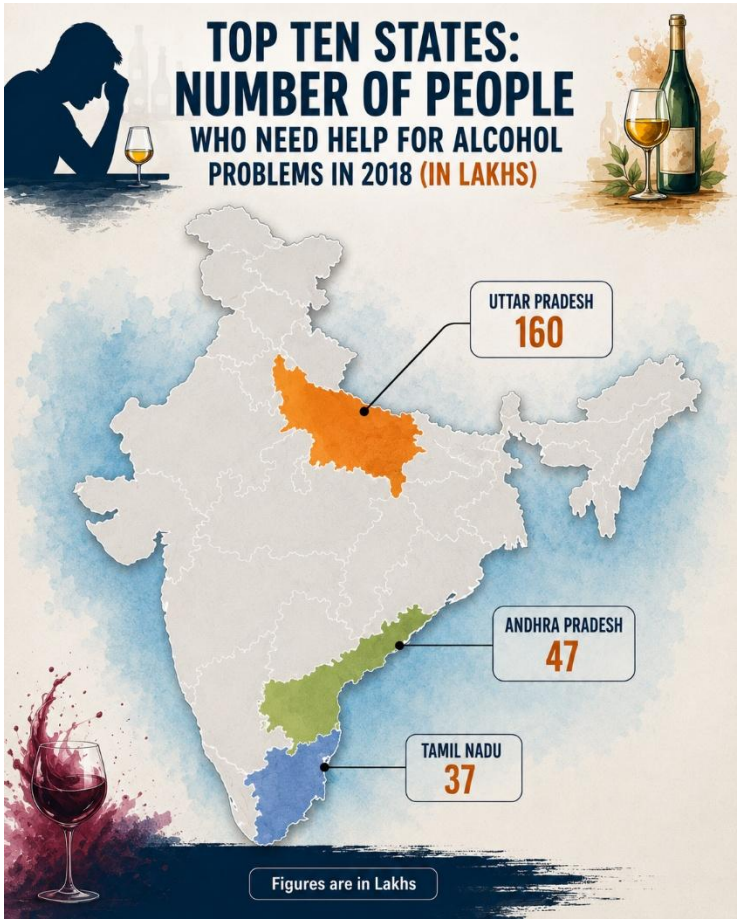
The report mentioned that a sizable population in India is affected by substance use disorders and is in need of urgent help. However, the reach of the national programmes for treatment of substance use disorders is grossly inadequate. Considering the wide treatment gap (mismatch between demand and availability of treatment services) in the country, India needs massive investments in enhancing the
avenues for treatment.

Age Bracket Wise Summary: India

Substance	Children & Adolescents (10-17 years) - Prevalence (%)	Children & Adolescents (10-17 years) - Estimated no. of users	Adults (18-75 years) - Prevalence (%)	Adults (18-75 years) - Estimated no. of users
Cannabis	0.90	20,00,000	3.30	2,90,00,000
Opioids	1.80	40,00,000	2.10	1,90,00,000
Sedatives	0.58	20,00,000	1.21	1,10,00,000
Cocaine	0.06	2,00,000	0.11	10,00,000
ATS	0.18	4,00,000	0.18	20,00,000
Hallucinogens	0.07	2,00,000	0.13	20,00,000


THE 2019 MAGNITUDE OF
SUBSTANCE USE
survey revealed a problem spanning every region, with opioid use running above the global average.
OPIOID USE
GLOBAL AVERAGE
3.1 cr
CANNABIS USERS (2019)
2.3 cr
OPIOID USERS (2019)
3×
OPIOID USE VS GLOBAL AVERAGE
Source: Survey 2019, MoSJE


SUBSTANCE USE IN INDIA
THE 2019 MAGNITUDE OF SUBSTANCE USE SURVEY REVEALED A PROBLEM SPANNING EVERY REGION, WITH OPIOID USE RUNNING ABOVE THE GLOBAL AVERAGE.
OPIOID USE
Cannabis Use in India
3.1 CRORE USERS
72 LAKH PROBLEM USERS
25 LAKH DEPENDENT USERS
2.8%
0.66%
0.25%
PROBLEM USERS
BHANG 40 LAKH
CHARAS / GANJA 50 LAKH
Opioid Use in India
2.3 CRORE USERS
77 LAKH PROBLEM USERS
28 LAKH DEPENDENT USERS
2.1%
0.70%
0.26%
USERS
51 LAKH
26 LAKH
Inhalant Use in India
77 LAKH USERS
22 LAKH PROBLEM USERS
8.5 LAKH DEPENDENT USERS
0.7%
.21%
.08%
USERS
51 LAKH
26 LAKH
3.1 cr
CANNABIS USERS (2019)
2.3 cr
OPIOID USERS (2019)
3×
OPIOID USE VS GLOBAL AVERAGE
Source: Survey 2019, MoSJE



As per the Magnitude of Substance Use report of 2019, the alcohol usage in Tamil Nadu was 14.2% of its entire population. The number of people consuming alcohol in Tamil Nadu stood third in the country, after Uttar Pradesh and Andhra Pradesh.

As per the National Family Health Survey released in 2026, for the year 2023-24, the alcohol users in Tamil Nadu have shot up to 23.7%. An increase of almost 10% in 5 years.

Reference:

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Confiscated Drugs in Tamil Nadu in the last 5 years

Year	Opium (Kilo)	Ganja (Kilo)	Cocaine (Kilo)	Synthetic drugs (Kilo)	Synthetic drugs (in Blots) (Kilo)
2021	351	22,097	303	20	99
2022	218	9021	7	113	0
2023	13	6806	3	85	2670
2024	0.03	7626	7	112	3905
2025 (Upto Nov 2025)	1	19,968	15.6	52	51
Total	**583.03**	**65,518**	**335.6**	**382**	**6725**

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Key Insights and Trends

- Significant Cocaine Spike in 2021: In 2021, Tamil Nadu accounted for a staggering 83.24% of all Cocaine seized in India, seizing 303 Kgs out of the country's total 364 Kgs. This drastically dropped in the following years, returning to 3.21% in 2022 and remaining well under 10% from 2023 to 2025.

- Synthetic Drugs (Blots) in 2024: There was a major surge in synthetic drug blot seizures in Tamil Nadu in 2024. The state seized 3,905 blots out of India's total 8,944, accounting for 43.66% of nationwide blot seizures that year.

- Opium Seizures Remain Statistically Low: Across all the years analysed, Tamil Nadu constituted only a fraction of a per cent (mostly 0.00% to 0.05%) of India's massive national Opium-based drug seizures.

- Cannabis Base: Cannabis seizures in Tamil Nadu have typically hovered between 1% and 3.39% of the national total, seeing their highest volumes in 2021 (22,097 Kg) and 2025 (19,968 Kg).

- Synthetic Drugs (Kg) in 2020: In 2020, Tamil Nadu alone accounted for 21.87% of the country's total synthetic drugs measured in kilograms (484.76 Kg out of 2,217 Kg total).

The Threat to Students

The infiltration of these drugs poses a severe threat to young people. Globally, studies show that young people use drugs at least as much as adults, and adolescence is a highly sensitive period for brain development. Early initiation of drug use, particularly heavy cannabis use, disrupts normal brain development, impairs cognitive functions such as learning and memory, and severely hinders academic achievement and economic stability. To add, young men and women aged 15-19 face a significantly higher risk of dying from drug use disorders or losing healthy life years compared to adults.

Lessons from the World and Anti-Drug Campaigns

1. Treatment Over Punishment: A major global failing is that only 1 in 12 people with drug use disorders receive treatment. Global evidence shows that evidence-based treatment (such as opioid agonist therapy) is highly cost-effective, improves social functioning, and drastically reduces HIV/Hepatitis C transmission and fatal overdoses.

2. Dismantling Stigma: Stigmatisation remains a major barrier to recovery. Globally, women are disproportionately affected; only 1 in 18 women with a drug use disorder receives treatment, often because of societal expectations, fear of losing child custody, and a lack of gender-appropriate facilities.

3. Targeted Law Enforcement: The UN advises that indiscriminate law enforcement operations should be replaced by strategies tailored to the specific organisational structures of criminal groups to dismantle their operations and financial flows effectively.

Major drug hauls in Tamil Nadu in the past 5 years

S No	Date	District	Description	Quantity
1	29-11-2022	Ramanathapuram	Near Rameswaram, the Indian Navy and police seized 360 kg of cocaine worth approximately ₹360 crore that was allegedly being smuggled to Sri Lanka. In connection with the case, a DMK municipal councillor from Keelakarai and a former councillor were arrested.	360 kg Cocaine
2	03-01-2024	Madurai	A man was arrested in Madurai for trafficking 30 kg of methamphetamine valued at approximately ₹180 crore.	30 kg Methamphetamine
3	03-06-2025	Chennai	Police arrested four individuals, including a woman, after seizing 108 kg of ganja in Chennai.	108 kg Ganja
4	25-12-2025	Ramanathapuram	In one of the largest drug seizures in Tamil Nadu, Ramanathapuram police confiscated 564 kg of ganja and arrested ten persons.	564 kg Ganja
5	05-07-2026	Tuticorin	Officials of the Central Bureau of Narcotics seized 717 kg of ganja on a national highway near Thoothukudi and arrested four members of an international drug trafficking syndicate.	717 kg Ganja
6	15-05-2026	Chennai	Near Chengundram, authorities seized 465 kg of ganja worth approximately ₹2.32 crore.	465 kg Ganja
7	26-05-2026	Ramanathapuram	Coastal Security Group personnel seized 8.46 lakh pain-relief tablets, allegedly intended for smuggling to Sri Lanka and suspected to be used in the manufacture of narcotic substances.	8.46 Lakh Tablets
8	01-06-2026	Pudukottai	Police seized 150 kg of ganja that had been concealed in a house near Manalmedu for alleged smuggling to Sri Lanka.	150 kg Ganja
9	06-06-2026	Salem	Salem City Police arrested a woman for storing and selling narcotic tablets from her residence in Thathagapatti. Authorities seized one lakh tablets during the operation.	1 Lakh Tablets
10	10-06-2026	Krishnagiri	Police seized 200 kg of ganja worth approximately ₹1 crore that had been concealed inside a house.	200 kg Ganja

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Some of the major crimes due to the consumption of drugs in Tamil Nadu in the past 5 years

S. No.	Date	District	Description
1.	07-09-2022	Madurai	An elderly woman was allegedly murdered and robbed by youths reported to be under the influence of cannabis, in an incident that shocked the police.
2.	26-03-2023	Kallakkurichi	The son of a Panchayat Vice-President was allegedly murdered, and his body was recovered from a forest area. Four individuals were arrested in connection with the crime, which was reportedly committed under the influence of cannabis.
3.	16-08-2024	Thanjavur	A woman was allegedly subjected to sexual assault by multiple individuals in an incident reportedly involving intoxication. The prime accused later sustained a leg fracture during subsequent events.
4.	03-11-2025	Tuticorin	A driver was allegedly subjected to a brutal assault by an individual reported to be under the influence of cannabis, leaving him critically injured.
5.	08-01-2025	Tuticorin	Two brothers were allegedly murdered after confronting a group reportedly under the influence of cannabis.
6.	11-02-2025	Chennai	More than ten people were allegedly attacked with deadly weapons by a group reportedly under the influence of cannabis on a roadway in Chennai.
7.	18-01-2026	Tiruvallur	Two young men, including a bank employee, were allegedly beaten to death with stones by a group reportedly under the influence of cannabis while returning from Andhra Pradesh after celebrating Pongal with friends. The incident triggered widespread shock in Tiruvallur.
8.	15-04-2026	Tiruvallur	A 17-year-old student preparing for her college examination on the terrace of her home in Minjur was allegedly attacked by a three-member group reportedly under the influence of cannabis.
9.	06-01-2026	Chennai	A young man was allegedly murdered in Tondiarpet, Chennai, after questioning the sale of cannabis in the locality.
10.	01-08-2026	Tirunelveli	A student was allegedly hacked to death by an individual reported to be under the influence of cannabis.

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What do people of Tamil Nadu think of the prevalence of Drugs in the State and the measures taken by the Government to control it?

Awareness and Perception of Drug Presence in Tamil Nadu

Statement	Options	Percentage of respondents choosing the respective options
Awareness about the issue of drug consumption in TN	Very aware	36.2
	Aware	38.3
	Neutral	21.3
	Slightly aware	4.3
	Not aware at all	-
Prevalence of drug consumption in Tamil Nadu today?	Very High	**42.6**
	High	**48.9**
	Moderate	6.4
	Low	2.1
	Very Low	-
Across the news related to drug abuse or drug-related crimes in Tamil Nadu are frequently	Very frequently	**40.4**
	Frequently	**44.7**
	Occasionally	10.6
	Rarely	4.3
	Never	-
Seriousness of drug problem among minors and youth in Tamil Nadu	Extremely serious	**55.3**
	Very serious	**29.8**
	Moderately serious	12.8
	Slightly serious	2.1
	Not serious	-

Government Claims and Public Trust

Statement	Options	Percentage of respondents choosing the respective options
Agreement with the Tamil Nadu Government's claim that drug circulation has been controlled or abolished	Strongly agree	-
	Agree	10.6
	Neutral	27.7
	Disagree	**21.3**
	Strongly disagree	**40.4**
Trust in the Tamil Nadu Government's statements regarding drug control	Very high trust	4.3
	High Trust	8.5
	Moderate Trust	27.7
	Low Trust	**29.8**
	No Trust	**29.8**

Statement	Options	Percentage of respondents choosing the respective options
Thoughts about the government's role in reporting drug-related incidents transparently	Very transparent	10.6
	Transparent	14.9
	Moderately transparent	34
	Slightly transparent	17
	Not transparent at all	23.4
Government claims about drug control are consistent with real-life incidents.	Highly consistent	4.3
	Mostly consistent	27.7
	Neutral	38.3
	Mostly inconsistent	25.5
	Highly inconsistent	4.3

Drug Control Measures and Enforcement

Statement	Options	Percentage of respondents choosing the respective options
Thought about the current drug control policies in Tamil Nadu	Highly effective	10.6
	Effective	25.5
	Moderately effective	29.8
	Slightly effective	14.9
	Not effective at all	19.1
The rate of effectiveness of law enforcement agencies in preventing the circulation of drugs	Excellent	4.3
	Good	23.4
	Average	44.7
	Poor	17
	Very poor	10.6
Drug laws are enforced in the locality strictly	Very strictly	6.4
	Strictly	14.9
	Moderately	40.4
	Slightly	17
	Not enforced	21.3
Are rehabilitation and de-addiction facilities provided by the government	Very adequate	12.8
	Adequate	23.4
	Moderately adequate	38.3
	Inadequate	23.4

Findings of the Study

1. Most respondents believe that Tamil Nadu's current drug control policies are only moderately effective and not sufficient to control the drug problem completely.

2. Many feel that drug laws are not strictly or uniformly enforced, especially at the local level.

3. Respondents rated law enforcement performance as average, indicating the need for stronger action to prevent drug circulation.

4. Government rehabilitation and de-addiction centres are considered moderately helpful, but their availability and support are limited.

5. Overall, respondents strongly suggest that improved rehabilitation facilities, better follow-up care, and stronger enforcement are necessary to achieve effective drug control.

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Learnings from the Successful Anti-Drug Campaign in the World

The Red Ribbon – United States of America

The Red Ribbon Week is the largest, longest-running, and most analysed drug-use prevention campaign in the United States. Founded in 1985 after the murder of DEA Agent Kiki Camarena by drug cartels, it fundamentally changed how public awareness campaigns operate.

Instead of relying on top-down lectures from politicians or police, it was designed as a grassroots, bottom-up mobilisation effort. It succeeded because it gave the public ownership of the narrative.

How it Works

The campaign typically runs for one week in October and is built on four operational pillars:

The Visual Anchor (The Ribbon):

The campaign's genius lies in its extreme simplicity. A simple piece of red satin ribbon, worn on a lapel, tied to a car antenna, or wrapped around a tree, acts as a visual catalyst. When youth see their peers, teachers, local shop owners, and even government buildings displaying the ribbon, it creates a powerful psychological "bandwagon effect." It makes a drug-free lifestyle appear to be the norm.

The Psychology of the "Pledge":

Red Ribbon Week does not rely on "scare tactics." Instead, it uses Behavioural Commitment. Students are not merely told to avoid drugs; they are asked to proactively sign a pledge (physically and digitally) stating, "I pledge to grow up safe, healthy, and drug-free." Psychological studies show that when young people make a public, written commitment, they are significantly more likely to uphold that stance under peer pressure.

Multi-Tiered Community Saturation:

The campaign does not stop at the school gates. It operates on a saturation model:

- Schools: Host essay contests, door-decorating competitions, and "theme days" (e.g., "Team Up Against Drugs" where students wear matching sports jerseys).

- Parents: Receive specific toolkits on how to talk to their children about drugs without sounding like a disciplinarian.

Positive Framing over Negative Fear:

Recent iterations of the campaign have shifted entirely away from showing the horrors of drug use. The messaging is focused entirely on optimising human capital - highlighting how staying clean enables youth to achieve their goals, protect their mental health, and secure their financial future.

2. "Living the Example" (LTE) is a highly structured, evidence-based program developed by the Mentor Foundation USA (in collaboration with researchers from George Washington University).

Instead of treating teenagers as a passive audience for anti-drug lectures, LTE treats them as creative directors and marketing executives. The program operates on a core theory of behavioural psychology. If you want to change youth culture, you have to co-opt the same social media and branding strategies that corporations use to sell products.

How the LTE Model Works

The program doesn't just ask kids to post on social media; it puts them through a structured training regime. The implementation follows a precise, sequential architecture:

1. Recruiting 'Youth Ambassadors': Seniors/Natural Leaders.

Program coordinators working in high schools deliberately recruit seniors who are natural social hubs. Crucially, they don't just pick straight-A students; they look for "organic influencers" across various social cliques, including art, sports, and alternative subcultures.

2. The Intensive Branding Curriculum:6-Week Training (90-min sessions).

The selected ambassadors undergo a structured, 6-week media literacy and advocacy course. They are taught professional digital marketing concepts: What is a Brand? Understanding how identity is packaged.

Algorithm Optimisation: How to build high online engagement on platforms like Instagram.

Gain-Framed Messaging: Learning how to pitch a positive, identity-affirming lifestyle instead of a negative "don't do this" warning.

3. The Content Deployment Phase: Organic Social Feeds.

Armed with marketing skills, the ambassadors begin posting raw, user-generated content directly onto their personal social channels. They highlight their own passions, such as music production, STEM projects, skateboarding, or sports, tagging them under the "Living the Example" umbrella to show that high social status doesn't require substance use.

4. School-Wide 'Change Projects': Physical Activations.

To bridge the digital world with the physical world, ambassadors plan massive, student-led events at their schools to shift the local atmosphere to Real-World Examples of "Change Projects".

Awareness Concerts: Rather than hosting a dry lecture, ambassadors at a Maryland high school organised a full-scale pop music concert featuring

independent artists. The musical acts weave substance-free living, mental health resilience, and self-worth directly into their sets and stage commentary.

The National Video Contest: A cornerstone of the national LTE program, this annual contest invites youth aged 13–24 to submit high-production short videos documenting how they stay anchored in their hobbies. Winners are flown out for red-carpet events, elevating "living clean" to an aspirational, highly stylised achievement.

Why It Works: The Behavioural Science

Peer-reviewed studies tracking the LTE model (published in journals like JMIR) have shown significant drops in 30-day intentions to use marijuana and prescription painkillers among first-year students exposed to the program.

The underlying psychology succeeds where traditional campaigns fail due to three distinct mechanics:

The "Gain-Frame" over the “Loss-Frame"

Traditional campaigns use loss-framing ("If you smoke, you will ruin your lungs"), which teenagers easily tune out because they struggle to visualise long-term health consequences. LTE uses gain-framing ("If you focus on your passion, you gain respect, focus, and mastery"). It focuses entirely on immediate, real-time social rewards.

Psychological Reactance Avoidance

When an adult authority figure says, "Do not do drugs," it triggers an automated psychological response in adolescents called reactance, the urge to do the exact forbidden thing to reclaim their autonomy. When a cool, respected senior on Instagram says, "I'm skipping the party to finish mixing my album," there is no authority figure to rebel against. The teenager simply copies the lifestyle to fit the peer norm.

The Power of "Micro-Influencer" Credibility

Massive, slickly produced government ads feel fake to teenagers. Because LTE utilises micro-influencers, kids who sit next to them in the cafeteria or walk down the same hallways, the message carries immediate social proof and authenticity.

The Singapore Model for Drug Eradication: A Four-Pillar Framework

Singapore is widely recognised for operating one of the world's most comprehensive and successful drug control systems. Situated near the Death Triangle, one of the world's major narcotics-producing regions, the country nevertheless maintains one of the lowest levels of drug prevalence globally through an integrated strategy that reduces supply, suppresses demand, rehabilitates offenders, and facilitates their successful reintegration into society. Rather than treating drug abuse solely as a criminal justice issue, Singapore has institutionalised a four-pillar framework comprising rigorous enforcement, Preventive Drug Education (PDE), rehabilitation, and structured aftercare.

The first pillar is Rigorous Enforcement.

The Central Narcotics Bureau (CNB) is a specialised agency responsible for narcotics enforcement. Intelligence-led investigations, sophisticated border surveillance, financial investigations, and coordinated operations with other law enforcement agencies have enabled Singapore to consistently dismantle organised trafficking networks before drugs reach the streets.

In 2024 alone, the CNB dismantled 25 organised drug syndicates, seized narcotics with an estimated street value of S$15.7 million, and disrupted several trafficking networks that operated on encrypted digital platforms. Similar operational outcomes have been consistently recorded over successive years, demonstrating sustained enforcement capability rather than isolated successes.

The second pillar is Preventive Drug Education (PDE)

Singapore recognises that every new drug user prevented represents a permanent reduction in future demand. Preventive education, so, begins in schools and extends to universities, National Service, workplaces, families, community organisations, and digital media.

Rather than conducting periodic awareness campaigns, Singapore has institutionalised drug education as a continuous public policy intervention. Educational content is constantly updated to counter misinformation surrounding cannabis, synthetic drugs, and online drug culture.

Public campaigns are supported by social media engagement, community ambassadors, youth outreach programmes, exhibitions, and curriculum-based learning. The objective is to build strong societal resistance towards drug experimentation before addiction begins. The Government continues to invest heavily in preventive education because more than half of all newly arrested drug abusers are below the age of 30, indicating that youth remain the primary target for prevention efforts.

The third pillar is Rehabilitation.

Singapore differentiates between drug traffickers, who face stringent criminal sanctions, and drug abusers, who are offered structured opportunities for recovery through treatment and behavioural reform. Rehabilitation programmes include medical treatment, psychological counselling, cognitive behavioural therapy, vocational training, family intervention, and personal development.

Individual rehabilitation plans are based on scientific risk assessments and are continuously reviewed throughout the treatment process. The emphasis is not merely on detoxification but on enabling long-term behavioural change and reducing future dependence on narcotics.

The fourth pillar is Aftercare and Continued Rehabilitation.

This has become one of the defining features of Singapore's success. Recovery is viewed as a lifelong process rather than an event that concludes upon discharge from a rehabilitation centre. Individuals continue to receive supervision, counselling, family support, employment assistance, mentoring, and community engagement after completing rehabilitation.

Organisations such as the Singapore Anti-Narcotics Association (SANA) and Yellow Ribbon Singapore work alongside government agencies to ensure that recovering individuals remain socially connected and economically productive. This continuity of care substantially reduces the likelihood of relapse while strengthening family and community support structures.

Yellow Ribbon Project

Launched in 2004, the Yellow Ribbon Project complements rehabilitation by addressing one of the greatest barriers to successful recovery: social stigma. The initiative encourages employers, educational institutions, voluntary organisations, religious bodies, and communities to offer former offenders employment opportunities, education, mentoring, and acceptance. Reintegration is treated as a public responsibility rather than an individual burden. This approach has yielded measurable outcomes.

Singapore's overall two-year reoffending rate has fallen from approximately 44% in the late 1990s to around 20-22% in recent years, making it among the lowest internationally. The reduction reflects not only effective correctional programmes but also sustained aftercare and community participation that minimise repeat offending.

The cumulative impact of these four pillars is reflected in Singapore's broader drug situation. Despite persistent regional trafficking pressures, annual drug arrests have remained relatively stable at around 3,000 individuals per year, an exceptionally low figure for a densely populated international commercial hub.

While the Government continues to express concern regarding youth drug abuse and the growing permissiveness towards cannabis, the overall drug situation has remained under control for decades because enforcement, education, rehabilitation, and aftercare function as mutually reinforcing components of a single national strategy.

Drug syndicates are dismantled before they establish distribution networks, preventive education suppresses demand among young people, rehabilitation reduces dependence, and structured aftercare prevents relapse.

Singapore's experience demonstrates that drug eradication cannot be achieved through enforcement alone. Its success lies in combining uncompromising action against traffickers with continuous prevention, structured rehabilitation, sustained aftercare, and community participation.

The statistical outcomes achieved over the past two decades show that this integrated framework has significantly reduced reoffending, disrupted organised trafficking, and maintained one of the most controlled drug environments in the world.

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The EAGLE Model: Telangana's Integrated Framework for Drug Law Enforcement

In response to the rising dangers of narcotics trafficking, synthetic drugs, and interstate cannabis smuggling, Telangana's government launched the Elite Action Group for Drug Law Enforcement (EAGLE) in June 2025. EAGLE evolves from the Telangana Anti Narcotics Bureau into a specialised, intelligence-led task force focused on cracking down on drug trafficking, dismantling organised narcotics networks, preventing drug abuse, and coordinating anti-drug efforts among government agencies. This move signifies a shift from traditional policing to a more specialised institutional approach, better equipped to handle the increasingly complex narcotics crimes.

The EAGLE model is distinguished by its focus on technology-driven enforcement. The organisation utilises sophisticated surveillance, cyber intelligence, digital forensics, financial investigations, and artificial intelligence to detect trafficking trends and break up organised crime groups. Tools like Shield AI, Sahay AI, and Mitra TG help with early detection of substance abuse, offer counselling, evaluate behavioural risks, and support parents and schools in finding at-risk youth before addiction occurs. This technological integration allows enforcement to shift from reactive to proactive, preventive measures.

Public participation is a vital part of the EAGLE framework. The organisation provides a dedicated toll-free helpline (1908) for confidential reporting of drug-related offences. It promotes active involvement from citizens, educational institutions, resident welfare associations, and civil society organisations in narcotics prevention initiatives.

The Anti-Drug Soldier Programme recruits volunteers as community ambassadors and provides them with awareness training to support local anti-drug efforts. This community-focused strategy emphasises that effective drug control depends on active public involvement alongside police activities.

Within a few months of its launch, EAGLE achieved notable operational results. The organisation's official reports indicate that over 336 narcotics cases were registered, 447 individuals were arrested, and more than 351 kilograms of narcotic substances were seized. At the same time, EAGLE carried out over 57 awareness campaigns, enrolled nearly 1,000 Anti-Drug Soldiers, and engaged hundreds of thousands of citizens through preventive initiatives. These data highlight that the model effectively combines vigorous enforcement with ongoing public awareness efforts, rather than relying solely on criminal prosecutions.

A key aspect of the Telangana model is its understanding that enforcement alone cannot eradicate drug abuse. As a result, EAGLE has integrated counselling, rehabilitation support, and preventive education into its framework. People identified with substance abuse are encouraged to seek counselling services. Simultaneously, awareness campaigns are held in schools, colleges, workplaces, and communities to deter initial drug use and diminish societal acceptance of narcotics. The goal is to lower both the availability of drugs and the demand that drives illegal trafficking.

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WTL Anti-Drug Campaign

To showcase how a sustained, community-led anti-drug initiative can be rolled out across Tamil Nadu, We the Leaders Foundation (WTL) suggests dedicating the month of July as "White Band Month" under the theme "Choose Life. Reject Drugs." The campaign aims to turn anti-drug awareness into a prominent public movement by urging citizens to wear white bands as a sign of their dedication to living drug-free.

The statewide public pledge campaign, bolstered by digital engagement and social media, seeks to build a unified social identity around remaining drug-free. Its goal is to gather over 25 lakh public pledges, highlighting that preventing drug abuse depends on active societal involvement, not just government efforts.

The campaign will gradually broaden its scope over four weeks to involve all segments of society. It starts with raising public awareness and symbolic acts of participation. Next, it will foster family conversations about substance abuse through resident welfare associations, village meetings, and pledge ceremonies that involve parents and students. The third stage will empower youth as movement leaders by supporting campus anti-drug clubs, debates, sports events, marathons, street theatre, and talent competitions that highlight healthy lifestyles, discipline, and success.

Schools, colleges, industries, and community institutions will be encouraged to integrate anti-drug activities into their regular engagement.

programmes, reinforcing the message that preventing drug abuse is a shared societal responsibility.

The final phase of the campaign will focus on community mobilisation through public rallies, human chains, pledge walls, and recognition of individuals and organisations that have made outstanding contributions to drug prevention.

Throughout the month, a variety of professionally crafted campaign materials, including White Bands, awareness literature, banners, posters, and digital assets, will ensure consistent statewide visibility. At the campaign's end, data on participation, outreach, and public engagement will be collected and published to evaluate its effectiveness and showcase a model that can be replicated for a year-round anti-drug initiative.

The main goal is to create a framework that the Government of Tamil Nadu can institutionalise, combining enforcement efforts with ongoing public awareness, youth leadership, family involvement, and community ownership in combating narcotics.

A Five-Year Plan for a Drug-Free Tamil Nadu (2026–2031)

Vision

This five-year plan aims not just to boost arrests or seizures, but to foster a society where demand for drugs is nonexistent. Drugs should be hard to access, socially condemned to use, effectively treated if dependence develops, and widely rejected by communities. The White Band should become the lasting symbol of this initiative, embodying every citizen's dedication to creating a healthier, safer, and drug-free Tamil Nadu.

Creating/Strengthening the Pillars

Eradicating narcotics demands a sustained, comprehensive effort involving both government and society. While immediate enforcement actions are essential, they alone cannot eradicate drug abuse. Tamil Nadu needs a structured five-year plan centred on four interconnected pillars: Enforcement, Prevention, Rehabilitation, and Community Ownership & Aftercare. These pillars should run concurrently, each backed by clear annual goals and ongoing public participation.

Pillar I: Strong Enforcement and Supply Reduction

The primary goal must be to systematically block access to narcotics throughout Tamil Nadu. The Enforcement Bureau CID should be enhanced with specialised skills in intelligence, cyber forensics, financial crime detection, and interstate cooperation.

Technology must play a key role in enforcement by employing AI-driven intelligence analysis, predictive policing, drone surveillance of cannabis farms in hill areas, digital tracking of organised crime networks, and financial investigations to confiscate assets gained from drug trafficking. Border districts and transportation corridors should be prioritised through coordinated interstate efforts.

The Government should publish quarterly district-wise performance indicators, including drug seizures, dismantled trafficking syndicates, conviction rates, confiscated assets, and repeat-offender statistics, to ensure transparency and accountability.

Pillar II: Prevention through Education and the White Band Movement

The most effective drug policy is preventing first-time drug use.

Tamil Nadu should formalise July as 'White Band Month' annually, with the theme 'Choose Life. Reject Drugs.' The White Band should serve as the official emblem of the state's anti-drug efforts. Wearing the band would symbolise a commitment to a healthy, responsible, and drug-free life, similar to how ribbons and wristbands have historically represented global health and awareness causes.

Each July, the state should launch a comprehensive campaign involving schools, colleges, industries, resident welfare associations, local government bodies, youth groups, and civil society. Citizens should be encouraged to take the public Drug-Free Tamil Nadu Pledge, supported through both online and offline platforms. The goal is to gather over one crore pledges yearly within five years.

Drug education should shift from occasional events to a continuous programme. An age-appropriate substance abuse curriculum should be introduced starting from middle school. Colleges should create Anti-Drug Clubs, and universities should host annual leadership summits, debates, sports events, innovation contests, and outreach programmes that promote drug-free, healthy lifestyles.

Over time, the White Band should become a symbol of social identity across Tamil Nadu, where embracing a drug-free life signifies leadership, responsibility, and civic pride.

Pillar III: Rehabilitation and Recovery

Address drug dependence using evidence-based rehabilitation while relentlessly targeting traffickers.

Every district must set up specialised Integrated Drug Rehabilitation Centres that offer medical treatment, psychiatric care, behavioural therapy, family counselling, vocational training, and psychological support. These rehabilitation programmes should be standardised across the State, featuring personalised recovery plans and regular assessments.

Schools and colleges should implement confidential counselling services to spot vulnerable students early. Healthcare facilities should incorporate substance abuse screening into routine mental health check-ups. Families should be involved as partners in the rehabilitation process through structured counselling and support initiatives.

The goal is to ensure that every individual seeking recovery can access treatment promptly, affordably, and with dignity, without facing social exclusion.

Pillar IV: Community Ownership, Aftercare and Social Reintegration

Recovery extends beyond the end of treatment; long-term community support is essential for lasting success.

Tamil Nadu should create a Tamil Nadu White Band Network comprising volunteers, former addicts, educators, employers, healthcare professionals, youth leaders, and civil society groups to sustain anti-drug initiatives year-round.

Drawing inspiration from the US Red Ribbon programme and Singapore's Yellow Ribbon initiative, the state should implement a structured reintegration scheme that involves industries, educational institutions, and local.

communities in offering employment, skills training, mentorship, and social support to those in recovery. District-level White Band Volunteer Corps could regularly host awareness campaigns, organise sports and cultural events, mentor at-risk youth, and assist families impacted by addiction.

The White Band Month, every July, should conclude with recognition of outstanding Anti-Drug Champions, schools, industries, police personnel, volunteers, and community groups that have made significant contributions to drug prevention and rehabilitation.

Five-Year Roadmap

Year One	Focus on establishing institutional infrastructure, launching White Band Month, strengthening enforcement capabilities, creating district anti-drug committees, and integrating preventive education into schools and colleges.
Year Two	Expand district rehabilitation services, establish Anti-Drug Clubs in all higher educational institutions, operationalise community volunteer networks, and implement statewide public pledge campaigns.
Year Three	Strengthen technology-driven enforcement, introduce artificial intelligence for intelligence analysis, expand employment support for rehabilitated individuals, and scale up family-based prevention programmes.
Year Four	Consolidate district performance through measurable indicators, expand public-private partnerships for rehabilitation and reintegration, and position the White Band Movement as Tamil Nadu's largest annual public health campaign.
Year Five	Evaluate outcomes, institutionalise successful interventions through legislation where necessary, publish an independent impact assessment, and establish Tamil Nadu as a national model for integrated narcotics prevention and drug eradication.