INDIAN JOURNAL OF LEGAL REVIEW

VOLUME 6 AND ISSUE 3 OF 2026

INSTITUTE OF LEGAL EDUCATION

INDIAN JOURNAL OF LEGAL REVIEW

APIS – 3920 – 0001 | ISSN - 2583-2344

(Open Access Journal)

Journal's Home Page – https://ijlr.iledu.in/

Journal's Editorial Page - https://ijlr.iledu.in/editorial-board/

Volume 6 and Issue 3 of 2026 (Access Full Issue on - https://ijlr.iledu.in/volume-6-and-issue-3-of-2026/)

Publisher

Prasanna S,

Chairman of Institute of Legal Education

No. 08, Arul Nagar, Seera Thoppu,

Maudhanda Kurichi, Srirangam,

Tiruchirappalli – 620102

Phone : +91 73059 14348 - info@iledu.in / Chairman@iledu.in

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]

VOLUME 6 AND ISSUE 3 OF 2026

APIS – 3920 - 0001 *(and)* ISSN - 2583-2344

Published by

Institute of Legal Education

https://iledu.in

PRESCRIPTION DRUG ABUSE IN INDIA

AUTHOR - SNEHA.P.V* & MS.T.VAISHALI**

* LAW STUDENT AT SCHOOL OF EXCELLENCE IN LAW, THE TAMILNADU DR.AMBEDKAR LAW UNIVERSITY

** ASSISTANT PROFESSOR OF LAW AT DEPARTMENT OF CRIMINAL LAW AND CRIMINAL JUSTICE ADMINISTRATION, SCHOOL OF EXCELLENCE IN LAW, THE TAMILNADU DR.AMBEDKAR LAW UNIVERSITY

BEST CITATION - SNEHA.P.V & MS.T.VAISHALI, PRESCRIPTION DRUG ABUSE IN INDIA, *INDIAN JOURNAL OF LEGAL REVIEW (IJLR),* 6 (3) OF 2026, PG. 836-848, APIS – 3920 – 0001 & ISSN - 2583-2344.

Abstract:

Prescription drug abuse has emerged as a significant public health and socio-legal concern across the world. While prescription medicines are essential for the treatment and management of various medical conditions, their misuse beyond the scope of medical supervision has raised serious legal, ethical, and health-related challenges. Prescription drug abuse includes the use of prescribed medicines without a valid prescription, consumption in higher doses than prescribed, prolonged use, or use for non-medical or recreational purposes. Such misuse can lead to dependence, addiction, severe health complications, and in extreme cases, death. The problem is further aggravated by factors such as easy availability of medicines, lack of awareness regarding their addictive potential, and inadequate regulatory monitoring.

From a legal perspective, prescription drug abuse presents complex challenges as it involves substances that are lawful when used for legitimate medical purposes but unlawful when misused. In India, the regulation of prescription drugs is primarily governed by the Drugs and Cosmetics Act, 1940 and the Narcotic Drugs and Psychotropic Substances Act, 1985, which aim to control the manufacture, distribution, possession, and use of drugs with abuse potential. This study adopts a doctrinal research approach to examine the concept, nature, and socio-legal implications of prescription drug abuse in India. It further analyses the criminal liability of users, medical practitioners, and pharmacists, along with the role of professional regulation in preventing misuse.

The study also evaluates relevant judicial decisions and highlights the challenges faced in the enforcement of drug control laws. It argues that although the existing legal framework provides substantial regulatory mechanisms, gaps in enforcement, over-prescription, and unauthorized sale of medicines continue to contribute to the problem. The paper concludes that addressing prescription drug abuse requires a balanced approach combining stronger regulatory oversight, professional accountability, public awareness, and rehabilitation-oriented policies. Such an integrated strategy is necessary to prevent misuse while ensuring access to essential medicines and safeguarding public health.

Introduction:

Prescription drugs are medicines that can only be obtained with authorization from a qualified medical practitioner and are intended for the treatment, prevention, or management of various medical conditions. While these medications play an essential role in modern healthcare, their misuse has become a growing concern worldwide. **Prescription drug abuse** refers to the use of prescribed medicines in a

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 3 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

manner that is not intended by the prescribing doctor, such as taking higher doses, using the medication without a prescription, or consuming it for non-medical purposes such as recreation or psychological effects. In recent years, the misuse of prescription drugs—including pain relievers, sedatives, and stimulants—has emerged as a significant **public health and socio-legal problem**. The easy availability of such medicines, lack of strict regulatory monitoring, and limited awareness about their addictive potential have contributed to their widespread misuse. Prescription drug abuse can lead to serious consequences such as addiction, physical and mental health problems, and even death. It also creates broader social issues, including illegal drug markets and increased healthcare burdens.

From a legal perspective, prescription drug abuse raises complex questions concerning **drug regulation, criminal liability, medical ethics, and public health policy**. In India, the regulation of prescription drugs is primarily governed by the *Drugs and Cosmetics Act, 1940* and the *Narcotic Drugs and Psychotropic Substances Act, 1985*, which seek to control the manufacture, distribution, and use of potentially harmful substances. Despite these legal mechanisms, enforcement challenges and increasing misuse highlight the need for stronger regulation and judicial oversight. Therefore, examining prescription drug abuse from a **legal perspective** is essential to understand the existing regulatory framework, the role of medical professionals and pharmacists, and the judicial responses to this growing problem. Such an analysis also helps in identifying the gaps in the current legal system and suggesting reforms to effectively prevent misuse while ensuring access to essential medicines.

Aim and Objectives of the Study:

Aim:

The primary aim of this study is to examine prescription drug abuse from a legal perspective, with particular focus on the regulatory framework, criminal liability, and the role of medical professionals in preventing misuse. The study also aims to analyze how existing laws address the growing problem of prescription drug abuse and evaluate the effectiveness of legal mechanisms in controlling such misuse.

Objectives:

1. To understand the concept and nature of prescription drug abuse and its impact on society.
2. To examine the legal framework governing prescription drugs in India, including relevant statutory provisions.
3. To analyze the criminal liability of users, medical practitioners, and pharmacists involved in prescription drug abuse.
4. To identify the challenges in regulating prescription drug abuse and suggest appropriate legal reforms and policy recommendations.

Review of Literature:

Several scholars have examined prescription drug abuse from medical, social, and legal perspectives, highlighting its growing impact on public health and the legal system. The existing literature provides important insights into the causes of prescription drug misuse, the role of regulatory frameworks, and the need for effective legal responses.

David E. Newton in his book *Prescription Drug Abuse: A Reference Handbook* provides a comprehensive overview of the misuse of prescription medications and its social consequences. Newton explains how medicines originally intended for therapeutic purposes, particularly opioids and sedatives, are increasingly misused due to easy availability and lack of strict monitoring. The book also discusses the need for stronger regulatory

policies and public awareness to address the problem effectively.[1902]

Similarly, **Norman S. Miller** in the edited work *Principles of Addictions and the Law* explores the relationship between addiction and the legal system. The author examines how substance abuse raises complex legal questions related to criminal liability, medical responsibility, and rehabilitation. The work emphasises that addiction should be addressed through a combination of legal regulation and medical treatment rather than relying solely on punitive measures.[1903]

In the Indian context, **Dinesh Thakur and Prashant Reddy Thikkavarapu** in their book *The Truth Pill: The Myth of Drug Regulation in India* critically analyse the regulatory framework governing pharmaceutical drugs in India. The authors argue that weak enforcement mechanisms and inadequate monitoring of drug manufacturing and distribution contribute to the misuse of prescription medicines. Their work highlights the need for stronger institutional oversight and reforms in India's drug regulatory system.[1904]

Legal scholars have also examined the statutory framework governing narcotic and psychotropic substances in India. Commentaries on the Narcotic Drugs and Psychotropic Substances Act, 1985, such as those by **P. M. Bakshi**, provide detailed analysis of the provisions regulating the possession, distribution, and misuse of controlled substances. These works explain how the law attempts to prevent drug abuse while ensuring legitimate access to medicines for medical purposes.[1905]

Another significant contribution is the work of **K. D. Gaur**, whose writings on criminal law and narcotics legislation discuss the legal implications of drug offences, including possession, trafficking, and misuse of prescription medicines. His analysis highlights the importance of strict legal enforcement along with rehabilitation measures to address drug addiction effectively.[1906]

Overall, the existing literature demonstrates that prescription drug abuse is a multidimensional issue involving public health concerns, medical ethics, and legal regulation. While many scholars have focused on the medical and social aspects of the problem, there remains a need for deeper legal analysis focusing on criminal liability, regulatory challenges, and judicial responses to prescription drug abuse in India.

Research Problem:

Prescription drugs are essential for the treatment of various medical conditions; however, their misuse has become a growing public health and legal concern. The increasing availability of prescription medicines, coupled with inadequate regulatory monitoring and unethical prescribing practices, has contributed to the rise of prescription drug abuse. Despite the existence of legal frameworks such as the Drugs and Cosmetics Act, 1940 and the Narcotic Drugs and Psychotropic Substances Act, 1985, the misuse of prescription drugs continues to increase. This raises important questions regarding the effectiveness of existing laws, the accountability of medical professionals and pharmacists, and the adequacy of enforcement mechanisms in preventing such abuse. Therefore, the research seeks to examine whether the current legal framework in India is sufficient to regulate prescription drugs and prevent their misuse.

Prescription Drug Abuse:

Prescription drug abuse refers to the use of legally prescribed medicines in a manner that departs from their intended medical purpose. This includes the consumption of

[1902] David T. Courtwright, Dark Paradise: A History of Opiate Addiction in America (Harvard University Press, 2001).
[1903] Carl L. Hart, *Drug Use for Grown-Ups: Chasing Liberty in the Land of Fear* (Penguin Press, 2021).
[1904]Richard S. Frase, "Excessive Prison Sentences, Punishment Goals, and the Eighth Amendment," 89 Minnesota Law Review 571 (2005).
[1905] Narcotic Drugs and Psychotropic Substances Act, 1985 (India).
[1906] United Nations Office on Drugs and Crime, *World Drug Report* (2023).

prescription drugs without a valid prescription, use in higher doses or for longer periods than prescribed, use for non-medical or recreational purposes, or sharing and selling prescribed medicines to others. Though these drugs are lawfully manufactured and distributed, their misuse results in serious health, social, and legal consequences.[1907] The core concept of prescription drug abuse lies in the misuse of lawful access. Unlike illicit narcotics, prescription drugs enter society through legitimate medical channels and are essential for healthcare delivery. Abuse arises not from the illegality of the substance itself, but from deviation in the manner of its use.[1908] This distinction makes prescription drug abuse conceptually different from conventional drug abuse and poses unique regulatory challenges for legal systems.

From a legal perspective, prescription drug abuse occupies a grey area between legality and criminality. Initial possession and consumption may be lawful; however, once the drug is used beyond the scope of a valid prescription or is obtained through fraudulent means, such conduct may attract criminal liability.[1909] This gradual transition from lawful use to unlawful abuse complicates enforcement and raises questions regarding intent, culpability, and proportional punishment. An important dimension of the concept is the role of dependence and addiction. Prescription drug abuse often begins unintentionally, particularly in cases involving painkillers, sedatives, or anti-anxiety medications prescribed for genuine medical conditions. Prolonged use may lead to physiological and psychological dependence. Modern legal and medical discourse increasingly recognizes addiction as a disease rather than a moral failing, influencing judicial approaches that emphasize treatment and rehabilitation over strict penalization.[1910]

The concept of prescription drug abuse is also systemic rather than individual-centric. It implicates multiple actors within the healthcare and pharmaceutical framework. Medical practitioners may contribute through over-prescription or negligent prescribing, pharmacists through unauthorized dispensing, and intermediaries through diversion of medicines into illegal markets.[1911] Consequently, prescription drug abuse is not merely an issue of personal misconduct but reflects regulatory failures, professional ethical lapses, and enforcement gaps. In essence, the concept of prescription drug abuse highlights the paradox of lawful substances producing unlawful harm. It underscores the tension between ensuring access to essential medicines and preventing their misuse. A clear conceptual understanding is crucial for developing legal responses that balance criminal accountability, professional responsibility, and public health–oriented rehabilitation.[1912]

Nature of Prescription Drug Abuse:

The nature of prescription drug abuse is distinct from conventional drug abuse because it involves substances that are **legally manufactured, prescribed, and distributed for medical purposes**. Its defining characteristic lies in the medical–legal duality of prescription drugs: while they are essential for treatment, their misuse can cause dependence, addiction, and serious harm. Abuse does not stem from the illegality of the substance itself but from deviation in its use, such as excessive dosage, prolonged consumption, or use without medical supervision. This dual character places

[1907] World Health Organization, *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence* (WHO Press, 2009).
[1908] United Nations Office on Drugs and Crime, *The Non-Medical Use of Prescription Drugs: Policy Direction Issues* (UNODC, 2011).
[1909] Ratanlal & Dhirajlal, *The Indian Penal Code* (36th ed., LexisNexis, 2022), discussion on criminal liability arising from misuse of lawful acts.
[1910] Law Commission of India, *Report No. 210 on Humanization and Decriminalization of Attempt to Suicide* (2008), noting judicial recognition of addiction as a health condition.
[1911] Medical Council of India (now National Medical Commission), *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002*.
[1912] K.I. Vibhute & P. V. Patil, *Criminal Justice: A Human Rights Perspective of the Criminal Justice Process in India* (Oxford University Press, 2013).

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 3 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

prescription drug abuse at the intersection of healthcare regulation and criminal law.[1913]

Another important aspect of its nature is the **gradual transition from legitimate use to abuse**. Prescription drug abuse often begins with lawful medical treatment, especially in cases involving painkillers, sedatives, or anti-anxiety medications. Over time, tolerance may develop, leading individuals to increase dosage or duration without medical advice, eventually resulting in dependency. This slow progression makes prescription drug abuse less visible and harder to regulate than illicit drug use, as the line between therapeutic use and misuse is often blurred.[1914] Finally, the nature of prescription drug abuse is **systemic and socio-legal rather than purely individual**. It involves multiple stakeholders, including patients, medical practitioners, pharmacists, and regulatory authorities. Patterns such as over-prescription, unauthorized dispensing, and diversion into illegal markets reflect regulatory and ethical failures within the healthcare system. Consequently, legal responses increasingly adopt a reformative approach, recognizing many abusers as individuals in need of treatment rather than punishment. This highlights the public health dimension of prescription drug abuse and the need for balanced legal intervention.[1915]

Types of Prescription Drugs Commonly Abused

Prescription drug abuse commonly involves certain categories of medicines that have the potential to produce psychological effects such as relaxation, euphoria, increased alertness, or pain relief. Although these drugs are legally prescribed for legitimate medical purposes, their misuse can lead to dependence, addiction, and serious health risks. The most commonly abused prescription drugs generally fall into three major categories: opioids, central nervous system depressants, and stimulants.[1916]

Opioid Pain Relievers

Opioids are medications primarily prescribed to treat moderate to severe pain, especially after surgery or in cases of chronic illness. These drugs work by acting on opioid receptors in the brain and spinal cord, reducing the perception of pain and producing feelings of relaxation or euphoria. Due to their powerful pain-relieving properties, opioids have a high potential for dependence and abuse when taken in larger doses or without medical supervision. Common examples include Morphine, Codeine, Oxycodone, and Hydrocodone.[1917] In India, many opioid-based medicines are regulated under the Narcotic Drugs and Psychotropic Substances Act, 1985 because of their high potential for misuse.

Central Nervous System Depressants

Central nervous system (CNS) depressants are drugs prescribed for conditions such as anxiety, insomnia, seizures, and muscle spasms. These medicines slow down brain activity and produce calming or sedative effects. While they are useful in treating anxiety and sleep disorders, prolonged or excessive use may lead to tolerance, dependence, and withdrawal symptoms. Some commonly misused CNS depressants include Diazepam, Alprazolam, and Lorazepam. Misuse often occurs when individuals take these drugs in higher doses than prescribed or combine them with alcohol or other substances.

Prescription Stimulants

Prescription stimulants are primarily used to treat attention-related disorders and certain sleep disorders. These drugs increase the levels of certain chemicals in the brain, improving concentration, alertness, and energy. However, they may also produce euphoric effects when

[1913] United Nations Office on Drugs and Crime, *The Non-Medical Use of Prescription Drugs: Policy Direction Issues* (2011).
[1914] World Health Organization, *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence* (WHO Press).
[1915] K.I. Vibhute & P. V. Patil, *Criminal Justice: A Human Rights Perspective of the Criminal Justice Process in India* (Oxford University Press).
[1916] David E. Newton, *Prescription Drug Abuse: A Reference Handbook* (ABC-CLIO 2010).
[1917] National Institute on Drug Abuse, "Prescription Opioids and Their Effects," available at https://nida.nih.gov.

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 3 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

misused, making them prone to abuse, particularly among students and young professionals seeking enhanced focus or academic performance. Common examples include Amphetamine, Methylphenidate, and Dextroamphetamine.

Other Frequently Misused Prescription Medicines

Apart from the major categories mentioned above, certain cough syrups and anti-anxiety medications are also misused due to their sedative or euphoric effects. Codeine-based cough syrups, for instance, are sometimes consumed in excessive quantities for recreational purposes. Similarly, long-term use of anti-anxiety drugs may lead to dependency when taken without proper medical supervision.[1918]

Overall, the misuse of these prescription medicines highlights the delicate balance between their therapeutic benefits and their potential for abuse. Effective regulation, responsible prescribing practices, and public awareness are essential to ensure that these drugs remain available for legitimate medical use while minimizing the risk of misuse.

Prescription Drug Abuse as a Socio-Legal Problem:

Prescription drug abuse has emerged as a serious **social problem** because its effects extend beyond the individual user and significantly impact families, workplaces, healthcare systems, and society at large. The lawful nature of prescription medicines often creates a false perception of safety, leading to social acceptance and normalization of their misuse. This results in abuse across different sections of society, including students, working professionals, and the elderly. The consequences include increased healthcare expenditure, loss of productivity, family disintegration, and social stigma, thereby transforming what appears to be a personal medical issue into a broader societal concern.[1919]

From a legal standpoint, prescription drug abuse presents complex regulatory challenges as it originates within a legally sanctioned medical framework. The involvement of licensed medical practitioners and pharmacists raises questions of professional accountability and ethical responsibility. Practices such as over-prescription, negligent prescribing, and unauthorized dispensing not only violate professional ethics but may also attract criminal liability. At the same time, individuals suffering from prescription drug dependence often occupy a grey area between victimhood and criminality, making it difficult for the legal system to apply purely punitive measures without addressing the underlying causes of abuse.[1920]

The socio-legal nature of prescription drug abuse is further reflected in the evolving judicial and policy responses that increasingly emphasize rehabilitation and public health interventions. Courts and policymakers have begun to recognize addiction as a condition influenced by social factors such as stress, unemployment, lack of awareness, and inadequate mental health support. Consequently, legal responses are gradually shifting towards de-addiction, treatment, and social reintegration rather than mere incarceration. This approach highlights the necessity of an integrated socio-legal framework that balances criminal regulation with public health and social justice objectives.[1921]

International Legal Perspective:

At the international level, prescription drug abuse is addressed through a combination of drug control conventions and

[1918] Norman S. Miller (ed), *Principles of Addictions and the Law* (Elsevier Academic Press 2003).

[1919] United Nations Office on Drugs and Crime, World Drug Report (latest ed.).

[1920] Ratanlal & Dhirajlal, *The Indian Penal Code* (36th ed., LexisNexis, 2022).

[1921] World Health Organization, *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence* (WHO Press).

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 3 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

public health frameworks. The *Single Convention on Narcotic Drugs, 1961* restricts the manufacture, distribution, and use of narcotic drugs, including certain prescription medicines, exclusively to medical and scientific purposes. Similarly, the *Convention on Psychotropic Substances, 1971* regulates prescription drugs with psychoactive effects, such as sedatives and stimulants, by requiring strict control over prescribing, distribution, and record-keeping by States.[1922] International organizations play a significant role in shaping national responses to prescription drug abuse. The United Nations Office on Drugs and Crime (UNODC) emphasizes preventing non-medical use of prescription drugs while avoiding excessive criminalization of dependent users. The World Health Organization (WHO) adopts a public health–oriented approach, advocating rational prescribing, responsible use of medicines, and treatment of addiction as a health condition rather than a crime.[1923] Overall, the international legal perspective reflects a balanced approach that combines regulation with rehabilitation. While international law mandates strict control to prevent misuse, it simultaneously stresses the need to ensure access to essential medicines and protect the right to health. This framework guides national legal systems in addressing prescription drug abuse through integrated legal and public health strategies.[1924]

Legal Framework Governing Prescription Drugs in India:

The legal framework governing prescription drugs in India is primarily aimed at ensuring public health, regulating access to medicines, and preventing misuse and abuse of drugs with potential for dependence. Unlike illicit narcotics, prescription drugs are legitimate therapeutic substances; however, their misuse necessitates a stringent regulatory regime. Indian law addresses this concern through a combination of drug control statutes, criminal law provisions, and professional regulatory mechanisms.

Drugs and Cosmetics Act, 1940 and Rules, 1945:

The *Drugs and Cosmetics Act, 1940* forms the foundation of prescription drug regulation in India. Its objective is to regulate the import, manufacture, distribution, and sale of drugs to ensure their safety, efficacy, and quality. The Act empowers the government to classify drugs and impose conditions on their sale through the *Drugs and Cosmetics Rules, 1945*. Prescription drugs are categorized under various schedules, most notably Schedule H, Schedule H1, and Schedule X, which restrict their sale strictly to prescriptions issued by registered medical practitioners.[1925] Schedule H drugs include antibiotics, hormones, and painkillers that cannot be sold over the counter. Schedule H1, introduced as a stricter control measure, mandates additional record-keeping by pharmacists, including the name of the prescribing doctor and patient details. Schedule X covers drugs with high abuse potential and requires duplicate prescriptions and enhanced monitoring. Sale of these drugs without prescription constitutes a punishable offence, reflecting the preventive intent of the legislation.[1926]

Narcotic Drugs and Psychotropic Substances Act, 1985:

Prescription drugs containing narcotic or psychotropic substances are further regulated under the *Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act)*. While the Act is primarily aimed at combating drug trafficking, it also applies to certain prescription medicines such as opioids, sedatives, and codeine-based formulations when misused or diverted. Section 8 of the Act prohibits possession, sale, or use of narcotic drugs except for medical or scientific purposes in

[1922] Single Convention on Narcotic Drugs, 1961; Convention on Psychotropic Substances, 1971.
[1923] United Nations Office on Drugs and Crime, *The Non-Medical Use of Prescription Drugs: Policy Direction Issues* (2011); World Health Organization, *Guidelines on Responsible Use of Medicines*.
[1924] International Covenant on Economic, Social and Cultural Rights, art. 12.
[1925] *Drugs and Cosmetics Act, 1940*, ss. 18–27.
[1926] *Drugs and Cosmetics Rules, 1945*, Schedules H, H1 and X.

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 3 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

accordance with the law.[1927] Significantly, the NDPS Act adopts a dual approach. On one hand, it prescribes stringent punishments for illegal possession and trafficking; on the other, it recognizes drug dependence as a medical condition. Provisions relating to treatment and rehabilitation of addicts allow courts to divert dependent individuals to de-addiction centers instead of imposing criminal sanctions. This reflects a shift from a purely punitive model to a reformative and public health-oriented approach.[1928]

Professional Regulation of Medical Practitioners:

Medical practitioners play a central role in preventing prescription drug abuse, and Indian law imposes ethical and legal duties upon them. The *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002* prohibit irrational prescribing, over-prescription, and prescription without proper medical examination. Doctors are required to prescribe medicines only when medically justified and to avoid contributing to dependency or misuse.[1929] Violation of these professional standards can lead to disciplinary proceedings before medical councils, including suspension or cancellation of registration. In cases involving gross negligence or intentional misconduct, criminal liability may also arise under general criminal law provisions. This regulatory mechanism emphasizes accountability within the medical profession as a means of controlling prescription drug abuse.

Regulation of Pharmacists and Drug Distribution:

Pharmacists are equally bound by statutory obligations under the *Drugs and Cosmetics Act* and relevant pharmacy laws. They are required to dispense prescription drugs only upon production of a valid prescription and to maintain proper records, particularly for drugs listed under restrictive schedules. Unauthorized sale, failure to verify prescriptions, or improper record-keeping may result in cancellation of license, fines, or imprisonment.[6]

These provisions recognize that diversion of prescription drugs into illegal markets often occurs at the distribution level. Therefore, pharmacists function as critical gatekeepers in the legal framework governing prescription medicines. The Indian legal framework governing prescription drugs adopts a multi-layered regulatory approach, combining statutory controls, criminal sanctions, and professional accountability. While the law aims to ensure accessibility of essential medicines, it simultaneously seeks to prevent misuse through prescription monitoring, licensing requirements, and ethical regulation. However, effective enforcement remains a challenge due to regulatory gaps, lack of prescription monitoring systems, and uneven implementation. Strengthening coordination between legal enforcement and public health institutions is essential for addressing prescription drug abuse in India.

Criminal Liability in Prescription Drug Abuse:

Criminal liability in prescription drug abuse arises when the legal controls governing prescription medicines are violated, resulting in misuse, unauthorized possession, or illegal distribution. Unlike offences involving illicit narcotics, prescription drug abuse presents unique legal complexities because the substances involved are lawful when used within prescribed limits. Indian law addresses such abuse through a combination of statutory drug control laws, criminal law principles, and professional regulatory mechanisms, while increasingly recognizing addiction as a public health concern rather than purely criminal conduct.

Liability of Users:

Possession Without Prescription: Users may incur criminal liability when found in possession

[1927] *Narcotic Drugs and Psychotropic Substances Act, 1985*, s. 8.
[1928] *Narcotic Drugs and Psychotropic Substances Act, 1985*, provisions relating to treatment and rehabilitation of addicts.
[1929] Medical Council of India (now National Medical Commission), *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002*.

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 3 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

of prescription drugs without a valid prescription or when the quantity possessed exceeds the prescribed limit. Under the *Drugs and Cosmetics Act, 1940*, drugs listed under restrictive schedules cannot be legally sold or consumed without authorization from a registered medical practitioner. Where such drugs also fall within the ambit of the *Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act)*, unauthorized possession constitutes a criminal offence punishable with imprisonment and fine.[1930] Courts generally assess factors such as the nature of the drug, quantity possessed, and surrounding circumstances to determine whether possession was for personal medical use or indicative of abuse or illegal intent.

Addiction as a Mitigating Factor: Indian law increasingly treats addiction as a mitigating **factor** in determining criminal liability. The NDPS Act recognizes drug dependence as a medical condition and contains provisions allowing immunity from prosecution or reduced punishment where the individual voluntarily undergoes de-addiction treatment.[1931] Judicial decisions reflect an understanding that addiction reduces voluntary control and moral culpability, particularly in cases involving first-time or non-violent offenders.

Distinction Between Addicts and Offenders: A crucial legal distinction is drawn between addicts and drug offenders. Addicts are viewed as persons suffering from dependency who require medical treatment, whereas offenders engaged in illegal sale, distribution, or trafficking are treated as criminals. This distinction influences bail decisions, sentencing, and diversion to rehabilitation programmes.[1932] The reformative approach aligns with the principle that criminal law should not punish illness but address intentional wrongdoing.

Liability of Medical Practitioners:

Over-Prescription: Medical practitioners may attract criminal liability where they engage in over-prescription of drugs with addictive potential, such as opioids or sedatives, without adequate medical justification. Over-prescription may amount to reckless conduct endangering patient safety and facilitating dependency or diversion. In appropriate cases, such conduct may attract liability under general criminal law provisions relating to negligent or dangerous acts.[1933]

Prescription Without Medical Necessity: Prescribing drugs without genuine medical necessity constitutes professional misconduct and may also lead to criminal liability. The *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002* expressly prohibit irrational and unnecessary prescriptions. Where such conduct results in harm, addiction, or death, the practitioner may face prosecution in addition to disciplinary proceedings such as suspension or cancellation of medical registration.[1934]

Criminal Negligence and Intent: The extent of criminal liability depends on whether the practitioner's conduct amounts to mere negligence or gross negligence accompanied by recklessness or intent. While ordinary errors of judgment generally attract civil liability, repeated or wilful disregard for patient safety may constitute criminal negligence. Courts evaluate whether the practitioner acted with knowledge of potential harm or displayed a reckless indifference to consequences.[1935]

Liability of Pharmacists:

Dispensing Without Prescription: Pharmacists serve as critical gatekeepers in preventing prescription drug abuse. Dispensing scheduled drugs without a valid prescription is a direct violation of the *Drugs and Cosmetics Act, 1940*

[1930] *Drugs and Cosmetics Act, 1940*, ss. 18–27; *Narcotic Drugs and Psychotropic Substances Act, 1985*, s. 8.
[1931] *Narcotic Drugs and Psychotropic Substances Act, 1985*, provisions relating to immunity and treatment of addicts.
[1932] Law Commission of India, *Report on Drug Abuse and Legal Responses in India*.
[1933] Indian Penal Code, 1860, ss. 284, 336–338.
[1934] Medical Council of India (now National Medical Commission), *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002*.
[1935] *Jacob Mathew v. State of Punjab*, Supreme Court of India (principles on criminal medical negligence).

and the *Drugs and Cosmetics Rules, 1945*. Such acts constitute criminal offences and undermine the regulatory framework intended to prevent misuse.[1936]

Sale Beyond Prescribed Dosage: Selling quantities beyond the prescribed dosage or duration facilitates abuse and illegal diversion. Pharmacists engaging in such practices may be held criminally liable for abetment or complicity, particularly where controlled substances are involved. This conduct reflects both negligence and conscious disregard of statutory duties.

License Cancellation and Prosecution: In addition to criminal prosecution, pharmacists may face **administrative sanctions**, including suspension or cancellation of license. Drug control authorities are empowered to inspect premises, seize unlawfully sold drugs, and initiate legal proceedings. Persistent violations may result in permanent disqualification from practice, emphasizing the seriousness of pharmaceutical accountability.[1937]

Prescription Drug Abuse and Medical Negligence

Prescription drug abuse is closely linked with the concept of **medical negligence**, particularly where misuse arises from improper prescribing practices or failure to adhere to the standard of medical care. Medical negligence occurs when a medical practitioner breaches the duty of care owed to a patient, resulting in harm. In the context of prescription drugs, such harm may include dependency, addiction, adverse drug reactions, or even death. The law recognizes that while doctors enjoy professional discretion in prescribing medicines, this discretion is not absolute and must be exercised responsibly and in accordance with established medical standards.[1938] A primary area where medical negligence intersects with prescription drug abuse is irrational or excessive prescribing. Over-prescription of drugs with addictive potential—such as opioids, sedatives, or anti-anxiety medications—without adequate medical justification may amount to negligence. Failure to assess patient history, monitor dosage, warn about side effects, or review continued necessity of the drug can constitute a breach of the duty of care. When such negligent prescribing leads to drug dependence or serious injury, the practitioner may be held liable under both civil and criminal law.[1939] Indian courts have consistently held that criminal liability for medical negligence arises only in cases of gross negligence or recklessness, and not for mere errors of judgment. The Supreme Court has clarified that to attract criminal prosecution, the conduct of the doctor must show a high degree of negligence demonstrating disregard for patient safety.[1940] In prescription drug abuse cases, criminal liability may arise where a practitioner knowingly prescribes drugs without medical necessity, ignores clear signs of dependency, or colludes in diversion of drugs for non-medical use.

Apart from criminal consequences, medical practitioners may face professional disciplinary action. The *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002* prohibit unnecessary prescriptions and mandate that doctors act in the best interests of patients. Violation of these ethical standards can result in suspension or cancellation of medical registration. This dual mechanism of legal and professional accountability underscores the seriousness with which the law treats medical negligence contributing to prescription drug abuse.[1941] In essence, prescription drug abuse highlights the fine balance between therapeutic care and legal responsibility. While doctors are entrusted with the authority to prescribe powerful medicines, misuse of this authority—whether

[1936] *Drugs and Cosmetics Rules, 1945*, Schedules H, H1 and X.
[1937] Ratanlal & Dhirajlal, *The Drugs and Cosmetics Act* (LexisNexis, latest ed.).
[1938] Ratanlal & Dhirajlal, *The Indian Penal Code* (36th ed., LexisNexis, 2022), discussion on medical negligence and duty of care.
[1939] Indian Penal Code, 1860, ss. 336–338 (acts endangering life or personal safety).
[1940] *Jacob Mathew v. State of Punjab*, (2005) 6 SCC 1.
[1941] Medical Council of India (now National Medical Commission), *Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002*.

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 3 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

through negligence or intent—can transform medical treatment into a source of harm. The legal framework therefore seeks to ensure that medical discretion is exercised with caution, accountability, and adherence to professional standards, thereby preventing prescription drug abuse at its source.[1942]

Recommendations and Legal Reforms:

Addressing prescription drug abuse requires a comprehensive legal and policy framework that balances access to essential medicines with strict regulation to prevent misuse. One of the primary reforms needed is strengthening regulatory monitoring of prescription drugs. Authorities should ensure strict enforcement of provisions under the *Narcotic Drugs and Psychotropic Substances Act, 1985* and the *Drugs and Cosmetics Act, 1940*, particularly with regard to the sale and distribution of controlled medicines. The introduction of digital prescription systems and electronic monitoring of drug sales can help prevent unauthorized dispensing and track the misuse of prescription drugs.

Another important reform involves enhancing professional accountability among medical practitioners and pharmacists. Regulatory bodies should implement stricter guidelines on prescribing controlled medications and ensure regular audits of medical prescriptions. Training programs and awareness initiatives should also be introduced to educate healthcare professionals about the risks of prescription drug dependency and their legal responsibilities in preventing abuse. Further, the legal framework should emphasize rehabilitation and public health measures rather than relying solely on punitive approaches. Expansion of de-addiction centres, counseling services, and rehabilitation programs can help individuals suffering from drug dependence receive appropriate treatment. The law should encourage voluntary treatment and provide legal safeguards for addicts seeking medical help, thereby promoting recovery rather than criminalization.

Finally, public awareness and community participation are essential for effectively addressing prescription drug abuse. Government agencies, healthcare institutions, and civil society organizations should collaborate to promote responsible use of medicines and educate the public about the dangers of misuse. By combining legal reforms, regulatory oversight, and public health initiatives, India can develop a more effective and humane strategy to combat prescription drug abuse.

Case Laws:

Union of India v. Ram Samujh (1999)[1943]:

In this case, the Supreme Court highlighted the seriousness of offences under the Narcotic Drugs and Psychotropic Substances Act, 1985. The Court observed that drug trafficking and misuse have a devastating impact on society, particularly on young individuals. It held that courts must adopt a strict approach while dealing with offences relating to narcotic and psychotropic substances and that bail should not be granted easily in such cases.

State of Punjab v. Baldev Singh (1999)[1944]:

The Supreme Court dealt with the issue of procedural safeguards during search and seizure under the NDPS Act. The Court held that the accused must be informed of their right to be searched before a Gazetted Officer or Magistrate under Section 50 of the Act. Non-compliance with this requirement may render the search illegal and affect the prosecution's case.

State of Punjab v. Balbir Singh (1994)[1945]:

In this landmark judgment, the Court emphasized that the provisions relating to

[1942] K.I. Vibhute & P. V. Patil, *Criminal Justice: A Human Rights Perspective* (Oxford University Press).

[1943] *Union of India v. Ram Samujh*, (1999) 9 SCC 429.
[1944] *State of Punjab v. Baldev Singh*, (1999) 6 SCC 172.
[1945] *State of Punjab v. Balbir Singh*, (1994) 3 SCC 299.

search and seizure under the NDPS Act must be strictly followed. The Court held that failure to comply with mandatory procedural safeguards could invalidate the trial and lead to acquittal of the accused.

Mohd. Sahabuddin v. State of Assam (2012)[1946]:

The Supreme Court reiterated the importance of strict adherence to the procedural safeguards under the NDPS Act. The judgment emphasized that compliance with statutory requirements is essential to ensure fairness in the criminal justice process and to prevent misuse of the law.

Jacob Mathew v. State of Punjab (2005)[1947]:

Although this case primarily dealt with medical negligence, the Supreme Court laid down important principles regarding the criminal liability of medical practitioners. The Court held that a doctor can be held criminally liable only when the negligence is gross or reckless. This principle is relevant in cases where doctors may be accused of over-prescribing or improperly prescribing controlled drugs.

Conclusion:

Prescription drug abuse has emerged as a serious socio-legal and public health concern in contemporary society. Although prescription medicines are intended for legitimate therapeutic purposes, their misuse without proper medical supervision can lead to addiction, severe health complications, and even criminal activities. The increasing availability of controlled medicines through improper prescriptions, unauthorized sale by pharmacies, and lack of public awareness has significantly contributed to the growing problem of prescription drug misuse. In India, the legal regulation of prescription drugs is primarily governed by statutes such as the Narcotic Drugs and Psychotropic Substances Act, 1985 and the Drugs and Cosmetics Act, 1940, which aim to control the manufacture, distribution, and sale of medicines that have the potential for abuse. While these laws provide a strong regulatory framework, their effectiveness is often undermined by weak enforcement, over-prescription by medical practitioners, and dispensing of medicines without proper prescriptions by pharmacists. Therefore, it is necessary to strengthen regulatory oversight through regular monitoring of pharmacies and medical practitioners and ensure strict compliance with legal requirements. The introduction of digital prescription monitoring systems can help track the prescribing and dispensing of controlled drugs and prevent misuse through multiple prescriptions. At the same time, medical practitioners and pharmacists must be held accountable for unethical practices such as unnecessary prescriptions or unauthorized sale of medicines, with appropriate disciplinary and legal action where necessary. Public awareness programs should also be promoted to educate individuals about the health risks and legal consequences of prescription drug abuse. Moreover, the legal system should adopt a balanced approach by focusing not only on punishment but also on rehabilitation and treatment for individuals suffering from drug addiction. Such a comprehensive approach combining effective legal regulation, professional accountability, and public health measures is essential to address the growing challenge of prescription drug abuse and to protect public health and societal well-being.

References:

Bibliography:

1. David E. Newton, Prescription Drug Abuse: A Reference Handbook (ABC-CLIO 2010).
2. Norman S. Miller (ed.), Principles of Addictions and the Law (Elsevier Academic Press 2003).
3. Dinesh Thakur and Prashant Reddy Thikkavarapu, The Truth Pill: The Myth of

[1946] *Mohd. Sahabuddin v. State of Assam*, (2012) 13 SCC 491.
[1947] *Jacob Mathew v. State of Punjab, (2005) 6 SCC 1.*

Drug Regulation in India (Simon & Schuster India 2022).

4. P. M. Bakshi, The Narcotic Drugs and Psychotropic Substances Act, 1985 (Universal Law Publishing).
5. Pratima Murthy, Swaroop H. S. and Ananya Chakraborty, Guidelines to Prevent the Misuse of Prescribed Medications (National Institute of Mental Health and Neurosciences, Bangalore 2016).
6. K. D. Gaur, Textbook on Indian Penal Code (Universal Law Publishing).

Webliography:

1. WebMD, Prescription Drug Abuse: Addiction, Types and Treatment, available at: https://www.webmd.com/mental-health/addiction/abuse-of-prescription-drugs (last accessed 6 March 2026).
2. National Institute on Drug Abuse, *Misuse of Prescription Drugs: Overview*, available at: https://nida.nih.gov/publications/research-reports/misuse-prescription-drugs/overview (last accessed 6 March 2026).
3. Hailey Watson, "The Impact of Prescription Drug Abuse on Public Health," Health Economics & Outcome Researchs (2024), available at: https://www.iomcworld.org/open-access/the-impact-of-prescription-drug-abuse-on-public-health-110062.html (last accessed 9 January 2026).
4. Physiopedia, *Prescription Drug Abuse*, available at: https://www.physio-pedia.com/Prescription_Drug_Abuse (last accessed 2 March 2026).
5. World Health Organization, "Rational Use of Medicines," available at: https://www.who.int
6. United Nations Office on Drugs and Crime, "World Drug Report," available at: https://www.unodc.org
7. Apollo Hospitals, Prescription Drug Abuse: Causes, Symptoms and Treatment, available at: https://www.apollohospitals.com/diseases-and-conditions/prescription-drug-abuse-causes-symptoms-and-treatment (last accessed 16 February 2026).
8. Central Drugs Standard Control Organization, "Regulation of Drugs in India," available at: https://cdsco.gov.in
9. Ministry of Health and Family Welfare, "Drug Regulation and Public Health Policies," available at: https://www.mohfw.gov.in
10. National Institute on Drug Abuse, "Misuse of Prescription Drugs Research Report," available at: https://nida.nih.gov