

# **National Drug Demand Reduction Policy**

**March 2013**

**MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT**

## **Content**

- I. Background
- II. Directive Principles of State Policy, UN Conventions, Legal framework
- III. National Policy on Narcotic Drugs and Psychotropic Substances
- IV. Current Proposed National Policy: Goals and Objectives
  - Purpose
  - Objectives
  - Institutional framework
  - Role of NGOs
  - Pharmaceutical drugs of abuse
  - Illicit drugs
- V. Broad Strategy
- VI. Details of Strategy Components
  - Education & Awareness Building
  - Treatment and Rehabilitation
  - Networking of Service Providers
  - Capacity – Building & Training
  - Data Collection and Management
  - Research & Development
  - Monitoring and Evaluation
  - Inter-Sectoral Collaboration
  - International Cooperation
  - Media
- VII. Implementation & Monitoring
- VIII. Broad Action Plan
- IX. Priority areas for intervention
- X. Bibliography

## ***I. The Background***

1. Drug abuse is a global phenomenon. The use of dependence producing substances, in some form or the other, is universal. In India, the use of opium and cannabis has been in existence since long ago. In the last three decades, however new drugs like heroin, amphetamine type stimulants (ATS), cocaine and pharmaceutical compounds have made their entry and are being used especially in metropolitan cities. Currently, India is not merely a country for the transit of such drugs from the 'Golden Triangle' or 'Golden Crescent'; it has also become a country of consumption.
2. The geographic location of India, wider availability and usage of drugs in the country, a socially varied mix of users, cutting across caste, class and creed boundaries, and the breakdown of traditional values resulting in part from large-scale rural-urban migration, have contributed to the rise in the number of drug abusers in recent years.
3. The vulnerability of injecting drug users (IDUs) to acquire HIV/AIDS, due to sharing of needles and risky sexual behaviour makes the problem of drug abuse even more serious.
4. Drug abuse has a negative impact on every aspect of user's life – physical health, social and family life, occupation, finances etc. Therefore, drug abuse has to be viewed as a bio-psycho-social problem, which requires a combination of medical treatment and psycho-social intervention.
5. Regular consumption of intoxicating psychoactive substances leads to dependence, and has serious public health consequences. It compromises both individual and social development, ruins the lives of individuals, devastates families, and damages the fabric of communities. It contributes to the burden of disease and is a leading risk factor for premature deaths and disabilities in India. Some of these compounds may lead to neuro-psychiatric disorders and other non-communicable diseases such as cardiovascular diseases, accidents, suicides and violence.
6. As per the National Survey of Extent, Pattern and Trend of Drug Abuse in India, sponsored by the Ministry of Social Justice and Empowerment and by the United Nations Office on Drugs and Crime, Regional Office South Asia (UNODC-ROSA) in 2000-2001 and published in 2004, besides alcohol, cannabis and opiates were most commonly used drugs ([http://www.unodc.org/india/india\\_national\\_survey2004.html](http://www.unodc.org/india/india_national_survey2004.html)). The prevalence of use among the persons surveyed within the preceding month of the study was –

Cannabis	3.0%
Opiate	0.7%
Any illicit drug	3.6%
Injecting Drug Users (IDU)	0.1%

Based on above data it was projected that in India, there were approximately 8.7 million cannabis users and 2 million opiate users.

7. It was observed that among current cannabis users 26% were dependent users (addicts) and 22% of current opiate users were dependent users. These figures translate to about 2.3 million cannabis-dependent and 0.5 million opiate-dependent individuals. As per the survey and media reports, it was seen that the problem is more serious in the Border States such as Punjab, Rajasthan and the North-East, and mega cities.
8. However, this data is old and expert's views suggest that the trends and patterns of substance abuse have since changed and presently the abuse of pharmaceuticals and other synthetic/chemical substances has grown.
9. The need to undertake a fresh survey to arrive at an up-to-date assessment of the extent, trends and patterns of substance abuse in the country is an essential element of the strategy to reduce substance abuse. In this regard, National Sample Survey Organization (NSSO) has been requested to undertake a National Survey on the Extent, Pattern and Trends for drug abuse in the country. A pilot survey in the states of Punjab and Manipur and Mumbai has been conducted by the NSSO. Based on the outcome of the pilot survey, an advanced pilot survey is ongoing in the states of Punjab, Manipur and Mumbai. The national survey would be carried out after the advanced pilot survey is completed and its results are known. Methodology for conducting the national survey will be refined, based on the experiences gained during the advanced pilot survey.

#### **Highlights**

- India is not merely a country for transit, but is also a consuming country
- Traditional drugs of abuse: Opium & Cannabis
- Recent drugs of abuse: Heroin, ATS, Cocaine and Pharmaceuticals
- No recent data from population survey is available

## ***II. Directive Principles of State Policy, UN Convention, the legal framework and the present scheme.***

10. **The Constitution:** Article 47 of the Constitution of India under the Directive Principles of State Policy directs the State to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, and, in particular, to endeavour to bring about prohibition of consumption, except for medicinal purposes, of intoxicating drinks and drugs which are injurious to health.

11. UN Conventions: The Government of India is a signatory to the following three UN Conventions on the subject:-
- a) Single Convention on Narcotic Drugs, 1961, as amended by the Protocol of 1972 on Narcotic Drugs.
  - b) Convention on Psychotropic Substance, 1971, and
  - c) Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substance, 1988.
12. The NDPS Act, 1985: Article 253 of the Constitution empowers the Parliament to legislate for the purpose of discharging obligations under international conventions and foreign treaties. Accordingly, the Narcotics Drugs and Psychotropic Substances Act, 1985 was enacted in November, 1985, to give effect to the provisions of the existing UN Conventions. It contains stringent provisions for the control and regulation of narcotic drugs and psychotropic substances, and provides an essential framework and appropriate provisions for administrative action.

**Highlights-State Policy (Current)**

- Article 47 of the Constitution of India promotes prohibition of consumption of intoxicating substances except for medicinal purpose
- India is signatory to all the three UN Conventions namely-
- Single Convention on Narcotic Drugs, 1961
- Convention on Psychotropic Substances, 1971
- Convention on Illicit Trafficking, 1988
- NDPS Act of 1985-Legislation for Drug Control in India

13. The following sections of the NDPS Act are noteworthy –

**Section 27** – “Punishment for illegal possession in small quantity for personal consumption of any narcotic drug or psychotropic substance –

Whoever, consumes any narcotic drug or psychotropic substance shall be punishable –

- a) where the narcotic drug or psychotropic substance consumed is cocaine, morphine, diacetylmorphine or any other narcotic drug or any psychotropic substance as may be specified in this behalf by the Central Government by notification in the Official Gazette, with rigorous imprisonment for the term which may extend to one year, or with fine which may extend to twenty thousand rupees; or with both; and
- b) Where the narcotic drug or psychotropic substance consumed is other than those specified in or under clause (a), with imprisonment for a term which may extend to six months, or with fine which may extend to ten thousand rupees or with both.”

**Section 39-** Power of court to release certain offenders on probation –

- (1) When any addict is found guilty of an offence punishable under section 27 (or for offences relating to small quantity of any narcotic drug or psychotropic substance) and if the court by which he is found guilty is of the opinion, regard being had to the age, character, antecedents or physical or mental condition of the offender, that it is expedient so to do, then, notwithstanding anything contained in this Act or any other law for the time being in force, the court may, instead of sentencing him at once to any imprisonment with his consent, direct that he be released for undergoing medical treatment for detoxification or de-addiction from a hospital or an institution maintained or recognised by Government and on his entering into a bond in the form prescribed by the Central Government, with or without sureties, to appear and furnish before the court within a period not exceeding one year, a report regarding the result of his medical treatment and, in the meantime, to abstain from the commission of any offence under Chapter IV.
- (2) If it appears to the court, having regard to the report regarding the result of the medical treatment furnished under sub-section (1), that it is expedient so to do, the court may direct the release of the offender after due admonition on his entering into a bond in the form prescribed by the Central Government, with or without sureties, for abstaining from the commission of any offence under Chapter IV during such period not exceeding three years as the court may deem fit to specify or on his failure so to abstain, to appear before the court and receive sentence when called upon during such period.

**Section 64A –** Immunity from prosecution to addicts volunteering for treatment – Any addict, who is charged with any offence punishable under section 27 or with offences involving small quantity of narcotic drug or psychotropic substances, who voluntarily seeks to undergo medical treatment for detoxification or de-addiction from a hospital or an institution maintained or recognized by the Government or a local authority and undergoes such treatment shall not be liable to prosecution under section 27 or any other section for offences involving small quantity of narcotic drug or psychotropic substances:

Provided that the said immunity from prosecution may be withdrawn if the addict does not undergo the complete treatment for de-addiction.”

**Section 71-** Power of the Government to establish centre for identification, treatment, etc., of addicts and for supply of narcotic drug and psychotropic substance.-

- (1) The Government may, in its discretion, establish as many centres as it thinks fit for identification, treatment, education, after-care, rehabilitation, social reintegration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity
- (2) The Government may make rules consistent with this Act providing for the establishment, appointment, maintenance, management and superintendence of, and for supply of narcotic drugs and psychotropic substances from, the centres referred to in sub-section (1) and for the appointment, training, powers, duties and persons employed in such centres.”

14. The law in India, aptly accords preference to the diversion of addicts from penal institutions to community based voluntary treatment. The progressive amendments to the Act, underline the intentions of the Government. This is further elaborated in the subsequent paragraphs on National Policy developed by the department of Revenue, Ministry of Finance, Government of India.

15. Current Institutional Framework: There are a number of institutions/organizations which are working in the field of drug demand reduction in India at National, State/Regional and local levels. Details of there are given below.

**NDPS Act-Important Provisions**

- Section 27-Punishment for consumption of small quantity
- Section 39-Power of court to release certain offenders on probation
- Section 64A-Immunity from prosecution to addicts volunteering for treatment
- Section 71-Power of the government to establish centre for identification, treatment etc.

***III. National Policy on Narcotic Drugs and Psychotropic Substances, Government of India, (Department of Revenue), 2012 (<http://india.gov.in/allimpfrms/alldocs/16470.pdf> -National Policy on Narcotic Drugs and Psychotropic Substances-February 7, 2012)***

16. Most recently (2012), the Dept. of Revenue, Ministry of Finance, Government of India has developed a National Policy on Narcotic Drug and Psychotropic Substances. The report focuses on supply reduction activities; however it has also indicated various measures for demand reduction.

**17. The policy regarding demand reduction states that the Government's policy would be to promote the use of various compounds (narcotic and psychotropic substances) for medical and scientific purposes while preventing their diversion from licit sources and prohibiting illicit traffic and abuse.** The policy states that matters pertaining to demand reduction are (to be) handled by the Ministry of Social Justice and Empowerment through its support to various NGOs, and the Ministry of Health & Family Welfare in turn is responsible for all health issues and supports De addiction Centres in various government hospitals.

18. Para-8 of this policy specifies various government departments and organisations responsible to initiate action on demand reduction activities. These include supply of opium to addicts, activities of NGOs, training of personnel of NGOs, preventive education, treatment of drug addicts in government hospitals & training of medical officers.

19. The policy further states that certain organizations despite having no direct role under the NDPS Act, can be involved in demand reduction. To illustrate, the National AIDs Control Organisation (NACO) is involved with control of spread of HIV/AIDS among Injecting Drug Users (IDUs).

20. **Various demand reduction activities (treatment, rehabilitation and social reintegration of drug addicts) are addressed in several paragraphs.** The issues highlighted are the need of a recent national survey, building awareness and educating people about ill effects of drug abuse, dealing with addicts through motivation & counselling and preventing education. The policy specifies that needle syringe exchange programme and oral substitution would apply to IDUs. These should be practised in centres recognised by the Central or State Governments. The doctors of the centre would decide the choice of medication for oral substitution.

21. The national policy permits harm reduction for drug addicts including IDUs, however, care should be taken that drug using habit is not supported or receives incentives.

22. **The above national policy noted that over the years, several De-addiction centres have come up in the private sector. The Central Government shall lay down standards and guidelines for these De-addiction centres to follow and shall recognize such centres as are found to be meeting the standards and guidelines.**

23. Finally, it mentions the need for various training programmes for persons involved in providing treatment and aftercare. Institutions for this training programme have also been proposed.

**Highlights-NDPS Policy, GOI, 2012**

- Policy of the government would be to promote the use of these compounds for medical and scientific use while preventing diversion/illicit use
- Encourages various demand reduction activities in various settings including harm reduction
- NACO is responsible to control of HIV/AIDS among IDUs
- Need to regulate private de-addiction centres and these centres need to follow minimum standards of care

***IV. Current proposed National Drug Demand Reduction Policy: Goals & Objectives (Ministry of Social Justice and Empowerment).***

24. Against this background and in harmony with the National Policy (2012) developed by the department of Revenue (Ministry of Finance), the current draft policy (of the Ministry of Social Justice and Empowerment) focuses on demand reduction and from the perspective of the Ministry of Social Justice and Empowerment. In consonance with Article 47 of the Directive Principles of the Constitution of India, the mission of the National Policy on Prevention of Substance Abuse and Rehabilitation of its victims is to improve health, social and economic outcomes by preventing society

from indulging in intoxicating substances and reducing the harmful consequences of drugs through a proactive intervention for prevention, treatment and rehabilitation.

**23. A Policy** is a course of action and provides a framework within which an organization makes decisions about planning, operations, and processes. Policy further may be seen as “statements of intent and expected behaviour which may be supplemented with laws, regulations, guidelines and procedural rules”. The term **Strategy** refers to long-term plan or policy, whereas **Action Plan** refers to method or procedure to do something. All these are addressed in the subsequent paragraphs.

#### **24. Purpose of the Policy (Policy Issue Statements)**

This national policy should:

- Bring together a range of strategies and interventions which address a common goal;
- Form the basis for development of a coherent response across a wide range of settings and agencies to assist the future co-ordination of strategies and delivery through identification of any gaps as well as overlaps, along with establishing key linkages and co-ordination mechanisms;
- Provide for the development of outcomes against which the impact of strategies can be measured; and
- Strike a balance between law enforcement and health objective.

**25. The broad goal of the proposed current National Drug Demand Reduction Policy is to bring about reduction of drug abuse in the country.**

#### **26. The objectives of the National Policy are:**

- To create awareness and educate people about the ill-effects of drugs of abuse on the individual, the family, the workplace and society at large.
- To provide for a whole range of community based services for the identification, motivation, counselling, de-addiction, after care and rehabilitation for Whole Person Recovery (WPR) of addicts;
- To alleviate the consequences of drug dependence amongst individuals, and society at large;
- To facilitate research, training, documentation and collection of relevant information to strengthen the above mentioned objectives;
- To develop human resources and build capacity for working towards these objectives;
- To ensure that stigmatization of and discrimination against, groups and individuals dependent on drugs is actively discouraged in order to improve help-seeking behaviour and the provision of needed services.

**The proposed National Drug Demand Reduction Policy covers two broad areas: A. Pharmaceuticals and chemical preparations and B. Illicit drugs. An Action plan has also been prepared that is needed for implementation of the national policy.**

**Objectives of the current draft policy (MSJ&E, 2013)**

- Create awareness about ill effects of these compounds
- Provide multiple range of community based interventions
- Strengthen human resource development
- Facilitate research, capacity building and documentation
- Active effort to avoid stigmatisation and discrimination of individuals consuming drugs

## **27. Institutional Frame work-National Level**

- i) **The National Institute of Social Defence (NISD)**, New Delhi is an autonomous body under the administrative control of Ministry of Social Justice and Empowerment. It is nodal training and research Institute for interventions in the area of Social Defence. The objective of the Institute is to strengthen and provide technical inputs to the social defence programmes of the Government of India and to develop and train the manpower resources required in the area of social defence. The Institute is mainly involved in conducting training programmes pertaining to child protection, juvenile justice administration, care for senior citizens and drug abuse prevention.
- ii) **All India Institute of Medical Sciences (AIIMS)**, New Delhi, is one of the premier medical institutions in the country under the Ministry of Health and Family Welfare. The National Drug Dependence Treatment Centre (NDDTC) has been established under AIIMS, New Delhi. The centre provides clinical care to victims of drug abuse through outpatients, inpatients and in community clinics. It is also involved in development of curricula, training schedules, modalities and resource materials for training of trainers, doctors, nurses and laboratory personnel.
- iii) **National Institute of Mental Health and Neurosciences (NIMHANS)** is a multidisciplinary institute for patient care and academic pursuit in the frontier area of mental health and neurosciences under Ministry of Health and Family Welfare, Govt. of India. The De-addiction centre of NIMHANS provides clinical services to addicts, training to medical and non medical professionals in the field of drug abuse and are involved in research into various facets of substance abuse.
- iv) Besides these, three other central government institutions receiving regular grants by the Drug De-addiction Programme (DDAP) of the Ministry of Health and Family Welfare are PGIMER (Chandigarh), JIPMER (Pondicherry) and RML Hospital (New Delhi). Hence these four centres are to be treated as resource centres for the purpose of training and developing models of clinical care.
- v) However, the Drug De-addiction Programme of Ministry of Health & Family Welfare consists only of financial augmentation of drug de-addiction treatment centres in various central government hospitals and state government hospitals in the North-Eastern States of the country.

- vi) National AIDS Control Organisation (NACO) as a government department of significance in the response to drug situation in the country. NACO has supported interventions for injecting drug users (IDUs) in the country.
- vii) The office of the Central Drugs Standard Control Organisation (CDSO), Directorate General of Health Services of the Ministry of Health and Family Welfare, Government of India and the Drugs Controller General of India -DCGI is another arm of the Ministry of Health and Family Welfare is responsible to permit license to manufacture medicinal compounds including narcotic and psychotropic substances. The DCGI along with their counterpart in various states- the office of the State Drugs Controller are responsible to monitor the availability, sale and consumption of these compounds through licensed retail outlets.

## 28. *State/ Regional Level*

### viii) **Regional Resource and Training Centres (RRTCs)**

Ten Non-Governmental Organizations (NGOs), amongst those supported by Ministry of Social Justice and Empowerment, with long years of experience and expertise in treatment, rehabilitation, training and research have been designated as Regional Resource and Training Centres (RRTCs) for different regions of the country. These RRTCs provide the following services to the NGOs working in the field of Drug Abuse Prevention:

- Serve as field training units of National Centre for Drug Abuse Prevention (NCDAP) on various aspects of reduction.
- Documentation of all activities of the NGOs including preparation of Information Education Communication (IEC) material.
- Undertaking Advocacy, Research and Monitoring and Drug Abuse programmes.
- Technical support to the NGOs, Community Based organisations and Enterprises.
- State Welfare departments recommend establishing centres (IRCAs) in various parts of the state.

## 29. **Local Level**

### ix) **Integrated Rehabilitation Centres for Addicts (IRCA)**

Presently about 400 NGOs are being supported as Integrated Rehabilitation Centre for Addicts (IRCAs) by the Ministry of Social Justice and Empowerment. These centres provide counselling, treatment and rehabilitation services to the victims of substance abuse. In addition to the IRCAs, mentioned above, De-addiction Centres/Units are also functioning in about 122 Government Hospitals across the country.

- 30. **Central Sector Scheme:** The Ministry of Social Justice and Empowerment has been implementing a Central Sector Scheme for Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86. The scheme is being implemented for identification, counselling, treatment and rehabilitation of addicts through

voluntary and other eligible Organizations. Under this scheme, financial assistance up to 90% of the approved expenditure is given to the voluntary organizations and other eligible agencies. In case of North-Eastern States, Sikkim and Jammu and Kashmir, the quantum of assistance is 95% of the total admissible expenditure. The balance has to be borne by the implementing agency. Non-Government Organizations, Trusts, Panchayati Raj Institutions & Urban Local Bodies (local self government institutions), Universities, Schools of Social Work can receive financial assistance for following activities:

- (i) Preventive education and awareness generation.
- (ii) Running of de-addiction and treatment centres, including
  - Rehabilitation
  - Referral services
  - After care and follow up
  - Care and support to families for co-dependence
- (iii) Organizing camps in un-served areas
- (iv) Community sensitization programmes,
- (v) Surveys, Studies, research and evaluation, on the subject covered under the Scheme,
- (vi) Innovative interventions to strengthen community based rehabilitation etc.
- (vii) The current policy recommends formation of Accreditation Committee and proposes the need to lay down policy for licensing for private institutions functioning as de-addiction centres. Minimum standards of care would apply.

<b>Role of Institutions</b>
<ul style="list-style-type: none"> <li>• NISD</li> <li>• Certain Institutes being supported by the Ministry of Health &amp; Family Welfare</li> <li>• State/Regional level-RRTCs</li> <li>• Local level-Integrated Rehabilitation Centres for Addicts-IRCA</li> </ul>

**31. The proposed current policy draws upon the strength of NGOs. These are:**

- **Informal setting**
- **Presence in the rural and remote locations:** Generally NGOs work in smaller towns and villages.
- **Flexibility:** The majority of NGOs are small and have the capacity to adapt rapidly to changing environments.
- **Known in the community:** NGOs have a face, hence community members are able to relate to the NGOs.
- **Contact with the formal and informal leaders:** Since NGOs work in the community, on a regular basis they have contact with the community leaders.
- **Ability to respond fast:** Since NGOs are closely knit and managed locally, they can respond to crises / emergencies quickly.

- **Access to information:** Since the NGOs work in the community with the grass roots level people, they have access to many information like the kind of alcohol and drugs available in the community, the kind of consequences and problems faced. They are able to easily collect information and people also share information with them.
- **Innovative methods of dissemination:** Many NGOs have developed innovative dissemination methods conducted in local language viz. role plays, street plays, informal discussions, etc.

<b>Relevance of NGOs</b>
<ul style="list-style-type: none"> <li>• Informal setting</li> <li>• Presence in large parts of India</li> <li>• Presence and acceptance by the community</li> <li>• Quick dissemination of information and activities</li> </ul>

**Suggested roles of NGOs in the field of addiction:**

- **Creating awareness** regarding harm and health consequences in the community
- **Dealing with the stigma** related to addiction
- Working towards the rights of clients as part of **advocacy**
- **Providing treatment** for addiction (inpatient and outpatient settings)
- Providing **therapy for the families**
- Providing **vocational training** for clients
- Offering long term **follow-up support** through counselling, relapse prevention, home visits.
- **Developing manuals**, booklets, pamphlets in the area of addiction
- **Conducting training programmes**

<b>Role of NGOs</b>
<ul style="list-style-type: none"> <li>• Creating awareness</li> <li>• Mobilize community</li> <li>• Dealing with stigma</li> <li>• Advocacy</li> <li>• Provide treatment to affected persons and care to their families</li> <li>• Vocational training to recovering addicts</li> <li>• Provide long-term support to affected persons</li> <li>• Conduct training programme with the help of available resource materials</li> </ul>

### 32. Pharmaceutical drugs of abuse

A recent document developed by the UNODC-ROSA, 2010 addresses various issues and challenges regarding control of abuse of pharmaceutical preparations.

(<http://www.unodc.org/pdf/india/26july2008/pharmaceutical%20against%20drug%20abuse%20is%20increasing%20in%20South%20Asia.pdf>,  
<http://www.justice.gov/ndic/pubs11/11449/abuse.htm> )

#### Drugs (medicines) that are commonly abused in India are:

- Pain killers – Buprenorphine, Propoxyphene
- Codeine containing cough syrups
- Injectable opiates - Morphine, Pethidine, Buprenorphine and Pentazocine
- Minor tranquilizers: Benzodiazepines viz. Diazepam, Lorazepam, Nitrazepam, Alprazolam, Zolpidem
- Anti histamines: Avil, Phenargan
- Other Sedatives
- Ketamine
- Others: Loperamide (Anti-diarrhoeal)

### 33. Pharmaceuticals injecting in India

Three studies published in the recent past throw some light on use of pharmaceutical compounds by the injecting drug users. One study was conducted at multiple sites in India namely Punjab, Haryana and Chandigarh while another was conducted at Jammu, Patiala, Chandigarh (in Northwest) and Imphal and Kohima (in Northeast). Data from these studies is summarized below:

In the study “size estimation of IDU in Punjab and Haryana” a total of 3311 male IDUs were surveyed in community settings across 17 districts of Punjab and Haryana. Most subjects were between 18 – 30 years of age, and had been injecting drugs for 3 to 7 years. Pharmaceutical preparations injected were buprenorphine, pentazocine and a variety of sedatives (diazepam, promethazine, pheniramine etc.). Most respondents injected daily, multiple times (Ambekar and Tripathi, 2008). **The other study documented that many places in the country other than the NE part of India have a sizeable number of IDUs.** Women and men are differently affected by HIV and understanding gender differences is critical to develop effective response (Tripathi and Ambekar, 2007)

The other study “HIV vulnerability among IDUs their spouses and Children”, a total of 300 IDUs were interviewed (150 each in northwest and northeast). The mean age of IDUs was around 34 years, and they had been injecting for about 15 years (in northeast) and (11 years) in northwest. Most common drugs injected in northwest were a cocktail of various pharmaceutical compounds (heroin, buprenorphine, propoxyphene, and a multiple drugs), while in northeast a large proportion (34%) reported injecting proxylon oral capsules. At both the places majority reported injecting daily, multiple times (59% in northeast and 75% in northwest). (Ambekar, Tripathi and Dzuwichu, 2009).

Data (Drug Abuse Monitoring System-DAMS) available from treatment centres over last six years (2007-12) shows that among new patients seeking treatment in government treatment centres (among a total of 55,167 new treatment seekers) the following drugs were currently being abused

<b>Drug</b>	<b>Percentage reporting current (last month) use</b>
*Other Opioids	10.9 - 12.7%
**Sedatives/ Hypnotics	5.4 - 7.2%
***others	0.7 - 10.9%
Injecting drug User (IDU)	6.2 - 7.3%

\*Drugs included here are buprenorphine, pentazocine, propoxyphene, morphine and pethedine, codeine containing cough syrups and lopiramide.

\*\* Drugs included here are diazepam, alprazolam and other benzodiazepines

\*\*\* Others drugs included here are other prescription compounds like ketamine and muscle relaxants.

Abuse of Methylephenidate and other stimulants, barbiturates were not reported.

(Data from Drug Abuse Monitoring System, 2007-2012, NDDTC, AIIMS, unpublished report)

<b>Commonly Abused Pharmaceuticals Drugs &amp; Related Issues</b>
<ul style="list-style-type: none"> <li>• Pain killers including Opioids (medicines)</li> <li>• Codeine containing cough syrups</li> <li>• Sedatives &amp; hypnotics</li> <li>• Anti-histamines</li> <li>• Ketamine</li> <li>• Often used in combination (cocktails) and as injections</li> <li>• Several physical harm due their use</li> <li>• Regional variations on choice of compound (s) by the users</li> <li>• Sources-mainly domestic and from retail pharmacies</li> <li>• Multiple regulatory agencies</li> <li>• Action needed-Strengthen the capacity of regulatory agencies, consumer education and education of pharmacists</li> </ul>

**34. Prescription drugs/pharmaceuticals are often injected and as cocktails.**

The available information though insufficient reveals that **there is large regional variability and choice of compounds**. Many appear to have shifted from narcotics to pharmaceuticals; evidence of poly drug usage. There are regions in India where pharmaceuticals are preferred drugs of choice. There is an urgent need to strengthen capacity of the state drug control authorities.

### 35. Sources of these compounds

India various has a very viable pharmaceutical industry, and narcotic drugs and psychotropic substance are produced locally. However, the process of estimating the annual requirements and allotment of quota for psychotropic substances is imprecise. Such a situation makes India susceptible to diversion for illegal use. The easy availability of these substances is an advantage to the abusers.

- The main source of pharmaceuticals of abuse is domestic
- Abusers obtain pharmaceuticals mostly from retail pharmacies
- Misuse of doctors' prescriptions takes place

### 36. Legal and regulation regimes

Narcotic Drugs and Psychotropic Substances Act 1985 and NDPS Rules provide:

- Prohibition on import / export of preparations containing narcotic drugs / psychotropic substances except authorized by Narcotics Commissioner
- No transshipment except with permission of Customs
- Prohibition on import /export through a post office box

Drugs and Cosmetic Act 1940 and Rules provide:

- Rule 97 (1):\_ Labelling of medicines
- (c) If it contains a substance specified in Schedule H, and comes within the purview of the [Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985)] be labelled with the symbol NRx which shall be in red and conspicuously displayed on the left top corner of the label, and be also labelled with the following words:

Schedule H drug -“*Warning:* -- To be sold by retail on the prescription of a Registered Medical Practitioner only.”

- Customs Act 1962 – clearance of courier consignments
- The Pharmacy Act 1948 – Pharmacy Councils and Registration of pharmacists

It would appear that the current legislations are adequate however, regulation of internet pharmacies is needed.

### 37. Organizational regime

It has been stated earlier that the office of the Central Drugs Standard Control Organisation (CDSO), Directorate General of Health Services of the Ministry of Health and Family

Welfare, Government of India and the Drugs Controller General of India (DCGI) is another arm of the Ministry of Health and Family Welfare is responsible to permit license to manufacture medicinal compounds including narcotic and psychotropic substances. The Drug Controller General of India (DCGI) functions under the Ministry of Health and Family welfare. All the States in the country have a State Drug Controller or Food and Drug Administrator. All of them function under the respective Department of Health of the State. The licensing and allotment of quotas are functions of both these authorities. However the pharmaceutical industry functions under the Ministry of Chemicals and Fertilisers of the Government of India.

### 38. Regulatory Agencies

- Ministry of Health and Family welfare
- Ministry of Finance, Department of Revenue
- Control Bureau Narcotics
- Central Bureau of Narcotics
- State Drug Controllers
- Law Enforcement agencies – Police, Narcotics, Customs
- Coordination mechanism is to be strengthened
- There is a need to sensitize the pharmaceutical industry on the abuse potential of these compounds and resultant harm.
- There was a need for self regulation by them.
- Awareness and sensitization programmes for local drug enforcement agencies, general public, doctors, government agencies and private stake holders.

(UNODC, ROSA, 2010)

<http://www.unodc.org/pdf/india/26july2008/pharmaceutical%20against%20drug%20abuse%20is%20increasing%20in%20South%20Asia.pdf>

39. **Finally, it is to be remembered that these are medicinal compounds and are needed for genuine medical reasons, however are prone to abuse.** Thus a balanced approach is needed so that these are available to patients and excessive control may be counterproductive. International Narcotics Control Board (INCB) & WHO in several of their reports have highlighted this issue.

40. **There are three major issues concerning regular abuse of these compounds**

- **Physical harm produced** by these compounds is sometimes specific to a compound (the list is too long to be elaborated here) and would need medical attention.

- **These are often used as injections**, thus issues pertaining to IDUs would apply
- **Often multiple compounds are used concurrently** and along with alcohol. This enhances the chances of overdose/intoxication/poisoning
- Withdrawal symptoms are also specific to a compound (the list is too long to be elaborated here) and can be mixed if multiple substance are being abused thus treatment would differ.
- Treatment and management issues can be general as well as specific to a compound being used.
- Specific opiate agonist/antagonist compound may be useful

**41. Illicit Drugs (Opioids, Cannabis and others)**

As has been stated in the earlier paragraphs, India is a signatory to all the three United Nations conventions (of 1961, 1971 and 1988) and is committed to apply measures to apply control measures related to drug trafficking and drug abuse. In order to discharge obligations under the conventions, the Narcotic Drugs and Psychotropic Substances (NDPS) Act came into being in 1985 and later amended in 2005.

**42.** The NDPS Act addresses issues related to control of illicit drugs such as heroin and cannabis as well as the compounds discussed in the earlier section i.e. pharmaceutical preparations.

**43. Drugs of abuse: Drug use scene is ever changing and it is recognized that some harmful addictive substances which are not under the purview of the NDPS Act may be used (e.g. volatile solvents such as glue / whitener sniffing).** The prevention as well as intervention efforts envisaged based on this draft Policy would be directed at reducing harm related to use of all kinds of drugs.

**44.** A comprehensive overview of efforts made by the NGOs in member countries who adopted the UN conventions was initiated with UNODC's support (titled 'Beyond 2008') to understand future direction for drug control. It surmised that the focus has largely been on drug supply and enforcement and that a balance was needed between supply and demand reduction approaches. This is true of the Indian situation too. Specifically, while the NDPS Act's provisions are considered stringent, the low conviction rates and the fact that treatment options are rarely exercised is a cause of concern. Moreover, as persons arrested for use or possession of even small quantities stay in prison for a long time due to procedural delays, it bring into focus issues of human rights, as well as risk of being exposed to or recruited by criminal gangs while in prison especially in the absence of prison based interventions. A study supported by UNODC indicated that 59% of the convicted prisoners interviewed could have problems related to substance use (Source: Rapid Assessment of substance use among convicted prisoners in Puzhal Prison, T T Ranganathan Clinical Research Foundation (TTRCRF) with support from UNODC, unpublished report, 2009

**45. There is a need to start prison based interventions.**

**Issues relating to HIV prevention**

**46. National AIDS control organization (NACO) is the nodal agency for the prevention and control of HIV epidemic in the country and is responsible for the preparation, implementation and monitoring of national strategic plan for**

**HIV/AIDS.** The HIV epidemic in the country is concentrated among certain vulnerable population sub-groups like female sex workers (FSWs), men having sex with men (MSMs), injecting drug user (IDUs) and bridge population (truckers/transport workers and migrants). **NACO's programme and activities are exclusively directed towards management of IDUs.**

60. Interventions for injecting drug users include motivating the subjects to access treatment established in government, NGO and private sectors. Many of them following intervention reduce their drug use and are in need for further treatment and rehabilitation. Thus, the current policy should also address these needs and in harmony with the policy/strategies suggested by the NACO.
61. **IDUs among female population have been observed in the North Eastern States and large cities of the country. Thus, gender sensitive treatment services are also needed.**
62. Role of other substances particularly alcohol in spread of HIV infection is well recognised. Thus, treatment for alcohol dependence and related problems would be important for overall risk reduction and preventing spread of HIV.
63. Many of these subjects are hidden and hard to reach due to stigma and discrimination faced by them. NACO strongly advocates addressing these issues and conduct outreach programme for these communities.
64. At the state level, the efforts initiated by the NACO are decentralised and the services are delivered through State AIDS Control Society (SACs) which are semi autonomous body. So SACs would have a major role to play in implementing the national policy/action plan in various states.
65. Additionally, there are certain targeted intervention projects TIs which are supported by NACO and addresses concern of special population subgroups. Interventions for IDUs would also require substitution treatment, referral to detoxification and rehabilitation services. Currently, there are about 268 IDU targeted interventions sites and NACO supports 75 OST centres covering more than 700 IDUs.
66. **At the local level, synergy between IDU-TIs and IRCAS is needed** for demand reduction programme of the Ministry of Social Justice and Empowerment. Regular meetings, sharing of examples of best practices, research and programme data would improve coordination.

***This policy recommends a meaningful balance between well planned, consistently implemented demand reduction efforts as well as supply reduction activities and harmonised with the NDPS Policy, Government of India, (Department of Revenue), 2012***

#### ***V. Broad Strategy***

67. The overall strategy is awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons through collaborative efforts of the Central and State Governments, Voluntary organizations and other national and international bodies. With a view to reducing the demand for and consumption of

addictive substances, **the thrust would be on preventive education programmes, comprehensive recovery of addicted persons and their reintegration into society.**

68. In order to achieve the objectives of the Policy, the key strategies will be as follows:-
- To evolve appropriate models for the prevention of alcoholism and substance abuse, treatment and rehabilitation of drug dependent individuals;
  - To promote collective initiatives and self-help endeavour among individuals and groups vulnerable to dependence or found at risk;
  - To increase community participation and public cooperation in the reduction of demand for dependence-producing substances;
  - To create a pool of trained human resources personnel and service providers to strengthen the service delivery mechanisms;
  - To establish and foster appropriate synergy between interventions by the State, corporate initiatives, the voluntary sector and other stakeholders in the field of substance abuse prevention;
  - To facilitate networking among policy planners, service providers and other stakeholders, with an aim to encourage appropriate advocacy;
  - To promote and sustain a system of continuous monitoring and evaluation including self-correctional mechanism.
69. It is the aim of the draft National Policy to strive for a society where use of intoxicating drugs is discouraged through awareness generation and prevention, directed towards the young and adolescents-helping individuals make appropriate choices and stay away from drugs. Persons dependent on substance abuse will be encouraged to give up drugs through a continuum of care and treatment services. Reducing the demand for addictive substances with the active support of all stakeholders, including governmental and civil society organization, is the goal.
70. While recognizing the need for services, it is also necessary to increase the range of services and the access to various modalities of interventions for prevention, treatment rehabilitation with a focus on the poor and marginalized sections of the society. Special attention would be provided to groups at high risk.
71. School children are highly impressionable and are influenced largely by peer group behaviour. Appropriate interventions in the form of curricular/co-curricular contents will be put in place in the schools and colleges for awareness generation. Interventions will be evidence based and supported by sustainable.
72. Street children/adolescents have always been vulnerable to abuse of certain drugs like pharmaceuticals, solvents, inhalants, etc. they don't have access to health care and there is a total lack of preventive initiatives for these children as they are also cut off from school systems and community programmes, which are the general vehicles for such interventions. Curbing the sale and abuse of pharmaceutical and other such substances, including solvents, glue, etc, will be an important element of the policy. Rights of the children are to be respected and protected. The National Commission for Protection of Child Rights (NCPCR) visualises a rights-based perspective flowing into National Policies and Programmes, along with nuanced responses at the State, District and Block levels, taking care of specificities and strengths of each region.

73. Facilities exclusively for such adolescents should be provided. The essential requirements for them would include psycho-social support, life skill training, nutrition and health facilities, educational and formal training, recreational facilities including sports and referral services. Protective measures will be met through night shelters/drop-in centres and easy access to health services including counselling and de-addiction facilities. Police and judiciary should be sensitized about these issues.

**Broad Strategy**

- Preventive education & awareness building by multiple agencies
- Comprehensive package for recovery of affected individuals
- Increased range of services
- Develop multiple modalities of interventions

74. Drugs abuse at work place is another area of concern. Drugs abuse affects the work performance in general and also results in absenteeism, accidents, and sickness with the costs seen in the industry, public sector undertakings, business process outsourcing (BPOs-call centres) and IT industries, migrant workers in the unorganised sector. Appropriate emphasis should be given for developing work place prevention which would include prevention, early identification and intervention, and rehabilitation components.
75. Women and young girls are affected by drug and alcohol abuse in various ways. They suffer the economic, social and physical consequences as partners of male drug users. Some of them may themselves become addicted, increasing their vulnerability to exploitation. Separate de-addiction services should be established specifically for this population sub- groups.
76. Recognizing the close nexus between substance abuse and HIV/AIDS and the fact that drug injecting person is vulnerable to HIV/AIDS, the National Policy envisages that the population at risk will be sensitized to the threat of and wherever necessary, treated for screening and identification for HIV/AIDS. Drug demand reduction and HIV/AIDS prevention programmes will be synergized to address the spread of HIV/AIDS amongst substance abusers.
77. The policy will focus on addressing the problem of substance abuse among the transport workers. Most of the truck drivers are in the age group of 20-40 years. Since they are young reckless and their jobs are stressful and tiring, they tend to use alcohol to keep them going. The policy enunciates that evidence-based efforts will be made to encourage abstinence from alcohol and substance use by truck drivers, have safer highways by reducing the number of accidents caused due to driving under the influence of drugs, improving access to treatment facilities and linking people to the detoxification and rehabilitation centres closest to their base. It seeks to increase knowledge about drug abuse among truckers through intensive Behaviour Change-Communication (BCC) efforts to enhance risk perception among the target population.

78. The policy envisages that quality services will be provided by maintaining certain standards of care of support for prevention, treatment and rehabilitation of substance abuse and developing a cadre of trained service providers for effective delivery of prevention, treatment, rehabilitation and advocacy initiatives.
79. **There will be three different levels of the substance abuse prevention strategy as follows:**
- Primary prevention **encouraging abstinence by generating awareness**
  - Secondary prevention **to facilitate the process of behaviour change** of high-risk individuals, early identification, treatment and counselling of affected individuals
  - Tertiary prevention by **providing rehabilitation and reintegration of recovering persons** into the social mainstream.
80. **The Policy recommends development of a mechanism for meaningful collaboration between various national and international agencies including Government, NGOs and private sector to prevent alcohol and drug abuse.** It would also ensure participation and generate a feeling of ownership among all the State Governments, UT Administrations and local bodies, district and Panchayati Raj Institutions as well as public functionaries to make it a national effort towards containment of alcoholism and drug abuse in the society. It also intends to decentralize the monitoring and implementation of the programmes at the field level with adequate financial and administrative delegation of responsibilities.
81. The National Policy takes cognizance of the principal content of all the three UN conventions as well as the UN Political Declaration and Guiding principles for Illicit Trafficking and Drug Demand Reduction. The policy framework will accordingly be implemented in collaboration with all the stakeholders including the concerned Ministries of Government of India and State Governments.

## *VI. Details of Strategy Components*

### **Education and Awareness Building**

82. Education and awareness building regarding the harmful effects of substance abuse is the prime focus of the National Policy. Creating awareness on the harm related to drug use and the need for preventive measures will be disseminated in a consistent manner. Inter-sectoral cooperation and coordination between relevant sectors will be ensured; designating a dedicated day and week at the national level for raising awareness about the harmful use of alcohol and drugs and related health and social consequences will be considered.
83. Various approaches to education and prevention at all levels, including: school/college programmes targeted specifically at high-risk populations, **mass media awareness campaigns; promotion of recreation and sports activities and formation of youth groups (both rural and urban), and involvement of existing Nehru Yuva Kendras (NYKs), department of Education, National Service Scheme, under the Ministry of Youth Affairs & Sports Govt. of India (NSS) and National Bal Bhavan will be promoted.**

84. Creative packages for out of school children should go hand in hand with the regular school programmes. **Outreach programmes and peer interventions will be promoted to attend to hard to reach drug using population.**
85. Educational materials preferably in local language, and culturally appropriate, will be developed for better understanding of the ill-effects of substance, and, promoting positive life styles and healthy choices. Efforts will be made for wider dissemination through mass media (print and electronic) and through non-formal/informal communication strategies. National awareness and media campaigns are an integral part of the policy.
86. Sustained education programmes will enhance the skills to help individuals make informed choices and create an ambiance, where people can develop and lead healthy lives. They will be integrated in the public health education curriculum in school/colleges, community and family based prevention programmes. School/colleges being important intervention sites, optimum opportunity will be utilised to reach the young people. Non-formal education and open schools will be made available to the out of school children. They will cover a wide range of services including vocational education, arts & crafts, sports & recreation facilities, setting up of help lines, etc. Recognizing that prevention messages must be direct, especially in the context of India which is an amalgam of many sub-cultures, care will be taken while developing Information, Education and Communication (IEC) material and Behaviour Change Communication (BCC) material as major tools for information dissemination.
87. Stigma and discrimination leading to negative ramifications associated with substance abuse will be dealt with through a comprehensive strategy of education, training and sensitization programmes for all concerned including the individual, peer, family and community at large.

### **Treatment and Rehabilitation**

88. Health services provide treatment intervention for substance related diseases and other harm. The Ministry of Social Justice and empowerment provides treatment and rehabilitation services. The focus of policy will be to assure quality treatment, rehabilitation and long term care for drug dependent individuals. Safe and effective management of, and treatment services for, drug withdrawal and drug induced disorders, including effective pharmacological and psychosocial interventions will be considered. The policy will ensure enhanced availability, accessibility and affordability of treatment services for groups belonging to low socioeconomic status through health care services. The policy will focus on identification of drug abusers in different setting, both rural and urban, and initiating early intervention (through employee assistance programme) and promotion of self-help activities and programmes.
89. Having understood substance abuse as a chronic disorder where neither one single form of treatment nor a one-time treatment is effective, it recognizes the fact that the treatment is a long-term process, multi-faceted, involving multiple interventions and regular monitoring. **Furthermore, evidence-based standard of care are to be**

**provided. Finally, best practices are to be documented so that these could be disseminated and put into practice.**

90. The treatment services would **aim at achieving “whole person recovery (WPR)”** to make a person drug free, crime free and gainfully employed. Treatment of drug dependence involves a process consisting of -
- (i) Motivating the persons to seek treatment at recognized de-addiction centres;
  - (ii) Assessment and diagnosis of the problem by multi-disciplinary team;
  - (iii) Medically supervised detoxification and managing the withdrawal symptoms through medication, and continuation of medication for an appropriate duration;
  - (iv) Psychological counselling along with other appropriate therapeutic techniques designed and applied according to the general psychological maturity of the drug addict;
  - (v) Offering supportive therapies like occupational therapy, behaviour modification therapy, family therapy, group therapy, yoga and spiritual counselling;
  - (vi) Follow-up of client to ensure intoxicants free life and improved life style changes – economically productive, stability in family relationships, healthy recreational activities and re-integration into society as a productive member; and
  - (vii) Relapse to be seen as a part of the recovery process and efforts to be made accordingly.
91. Non Government Organisations (NGOs) play a very vital role in providing affordable services to complement the efforts of the Government. Their proximity to the target groups and the acceptance gained with the local people are very significant elements in providing services, especially to marginalized segments or hidden population groups.

**Treatment & Rehabilitation**

- Early identification & intervention
- Substance Use Disorder-a chronic non-communicable relapsing disorder
- Treatment goal-Whole Person Recovery
- Medically supervised detoxification
- Motivation
- Various forms of psycho-social therapies
- Support to the families of the addicts

92. **Suggested roles of NGOs in the field of addiction**

- **Creating awareness** in the community
- **Dealing with the stigma** related to addiction
- Working towards the rights of clients as part of **advocacy**
- **Providing treatment** for addiction (inpatient and outpatient settings)
- Providing **therapy for the families**
- Providing **vocational training** for clients

- Offering long term **follow-up support** through counselling, relapse prevention, home visits.
  - **Developing manuals**, booklets, pamphlets in the area of addiction
  - **Conducting training programmes**
  - **Mobilizing the community** to reduce harm related to use and abuse of substances.
93. Against this backdrop, the State will endeavour to promote voluntary efforts providing requisite support for implementation of various programmes and services. The victims of substance abuse are considered to be “hidden” or “hard to reach” population groups, which can best be accessed through these community-based voluntary agencies. In view of this, a community-based strategy will be adopted with the active involvement of voluntary agencies in the identification, prevention, treatment, aftercare and rehabilitation of dependent individuals.
94. NGOs will be encouraged to adopt the **Minimum Standards of Care** required for Treatment-cum-Rehabilitation Centre and facilitate the sharing of experiences and best practices, which could help, develop appropriate interventions at the national level. They will also mobilize resources and information on various schemes/programmes of various Central Ministries/Departments, State Governments and international support, as well as local support, and will be actively involved in advocacy for substance abuse prevention at various levels. The NGOs shall also ensure participation of recovering addicts as service providers in the implementation of the programmes. The NGOs will be involved in policy formulation and implementation, capacity building and training, monitoring and evaluation of the schemes and programmes carried out by the Government.
95. The IDUs need not only protection against HIV but also need drug treatment, rehabilitation services as well as other services like treatment of complications / co-morbidities, ART, legal protection, psycho-social support, etc. It is now well-established that sexual desire and risky sexual activity increase under the influence of intoxicating substances and the ability of a person to practice safe sex behaviours (like correct usage of condoms / ability to negotiate condom use by FSWs) decreases under the influence of a substance. Therefore, there is a need to address HIV risks among all substance users and not just injecting drug users. NACO’s programme focuses on IDUs considering the extremely high risk of acquiring HIV infection amongst them requiring specific preventive interventions, however, all drug treatment and rehabilitation programmes should include preventive messaging on HIV as part of the services offered and should link substance users with HIV services like ICTC, ART, etc.
96. Injecting drug use is not an isolated phenomenon and most persons who inject (IDUs) have already had experience with one or more of the substances (both licit and illicit) prior to injecting and many continue to use these substances while injecting and after giving up injecting. In such a scenario, it is important to consider the need for services / treatment for other substance of abuse among IDUs and identify appropriate responses for the same.
97. The policy requires the need for synergy between the HIV prevention efforts of NACO and the proposed interventions of MSJE which may ensure better service uptake and cost-effectiveness.

98. Concerns of various high risk populations are addressed in this policy. From NACO's perspective, Female Sex Workers, MSM including, Spouses and children of drug users including IDUs, Migrant workers, PLHIV and their families should be included in this priority group as they all have been associated with higher prevalence of alcohol and other substances which increases the health related harms and risk of unsafe behaviours.
99. Meaningful rehabilitation is crucial for reintegrating a drug/ substance dependent person. Treatment centres would make all efforts for rehabilitation of drug dependent individuals, through a system of referrals and networking with all sectors and segments of service providers, including various Ministries that have employment programmes.
100. Scaling up of treatment services will be taken up particularly by (i) evidence based services provided by trained and appropriately qualified staff; (ii) developing programme for specific population groups such as young people, women with children, people who live in rural and remote areas, etc; (iii) involvement of mainstream service providers such as general practitioners, district hospitals and other government health care facilities in early intervention and relapse prevention; (iv) building stronger links between drug treatment services and mental health services for mainstreaming and management of co-existing mental disorders; and with the existing medical facilities for referral for existing co-morbidities such as HIV/AIDS, T.B., Hepatitis etc; (v) availability of treatment for those in the criminal justice and juvenile justice systems (vi) treatment services to take into accounts the individual needs of clients.

#### **Networking service provides**

101. Networking of service providers will be an essential aspect of the policy for sharing of expertise and resources. The NGO forums will be promoted to bring about an effective coordination among voluntary organizations engaged in the field, establish linkages within the programmes being offered by them, and, to ensure adequate coverage of services in the area of their operation. State/Regional forums will be put in place and will be affiliated to National Federation which will provide a platform for sharing of resources and information, referrals and networking of services for implementation of substance abuse prevention/rehabilitation programmes. A recently completed study supported by the WHO-India office completed by the NDDTC, AIIMS has shown its feasibility.

#### **Capacity-Building & Training**

102. The importance of training and building capacities of the service providers to offer quality service cannot be overemphasized. The functionaries of de-addiction centres, psychiatric clinics and community based treatment centres will be provided training on issues relating to drug abuse prevention, intervention strategies and referrals. Exchange programme and showcasing best practices will be facilitated through various capacity-building approaches. The Ministry of Finance (Department of Revenue) has already initiated such an activity i.e. training of medical doctors through funding from the National Fund for Control of Drug Abuse (NFCDA). This activity is being carried out by 6 medical institutes of repute and being coordinated by the NDDTC, AIIMS.

103. Sensitization programmes on aspects of alcohol and drug abuse to various categories of personnel including school teachers would be made available to related sectors including uniform services, education, health, youth and women groups, concerned State Departments, enforcement officials, media, Panchayati Raj Institutions, local bodies etc. An apex Institutional mechanism will be set up at the national level, with its extended arms at regional levels to provide induction and in service training to service providers. Appropriate training modules on selected themes will be made available in different languages.
104. The policy also envisages increasing the number of Regional Resource and Training Centres (RRTCs), NGOs of repute with adequate experience in the area. The RRTCs will provide training to service providers and technical support to NGOs and CBOs.
105. To create a cadre of professionals to treat addictive disorders, their knowledge, skills and competence are to be enhanced. A proposal of starting a **certification programme** by the Ministry of Social Justice and Empowerment should be examined. The various training programmes by NISD/NCDAP should continue

### **Data Collection and Management**

106. The survey on the Extent, Pattern and Trends of Drug Abuse carried out in 2001-02 indicates a high concentration of drug addiction in certain social segments and high-risk groups, such as, youth, prisoners, women, street children and workplaces. North-eastern States/border areas are also prone to substance abuse.
107. The survey carried out in 2001-02 is now old and there is a need to capture recent information. National surveys should also be carried out at regular intervals (every five years).
108. A continuous assessment of the profile of drug users in the country will be ensured so that the interventions are planned and carried out consistent with the changing pattern of consumption of drugs. It is envisaged that a comprehensive drug abuse monitoring system will be established for collection, compilation and analysis of information from the treatment centres to be obtained directly from the beneficiaries.

#### **Strategy-Other Issues**

- Role of NGOs
- Networking of service providers
- Capacity building-training and development of resource materials
- Data collection & collation
- Research & development
- Monitoring & evaluation
- Synergy between activities of government de-addiction centres (MoHFW) and centres being supported by NACO on drug demand activities

### **Research & Development**

109. Research and Development in the field of drug abuse prevention has hitherto been a neglected area in the country. The policy will encourage regular epidemiological and social research which will be commissioned on priority basis. This will facilitate the understanding of the magnitude of the problem of substance abuse, and develop appropriate and effective responses possible to address the problem.
110. Endeavour will be made to promote research studies through already existing research bodies and in collaboration with expert organizations, academic institutions and State Departments. Some of the key areas identified for research are establishing efficacy of various treatment and rehabilitation strategies and approaches being practiced by the implementing agencies in the field of addiction; documentation of best practices, development of model community based rehabilitation programmes.

### **Monitoring and Evaluation**

111. Monitoring and evaluation is an integral part of the programme implementation. Indicators for periodic monitoring of the programme interventions will be developed and an institutional mechanism will be put in place for monitoring the programmes. Simultaneous evaluation of the programme, from the perspective of process and impact, will be undertaken to assess the extent to which the strategy and interventions are commensurate to the needs of the community and steps will be undertaken to address the critical gaps. The state will provide necessary support for monitoring and evaluation activities. The state departments, regional training centres, and expert bodies will be utilized in developing parameters of monitoring and also to assist in monitoring the programmes.

### **Inter-Sectoral Collaboration**

112. Recognizing the fact that substance abuse is a multifaceted problem needing a multi-dimensional approach, the policy clearly enunciates an integrated approach involving all concerned Ministries and Departments, complementing and supplementing the initiatives being taken by each other.
113. The Ministry of Social Justice and Empowerment is the Nodal Ministry for drug demand reduction, and for a comprehensive and effective action, linkages will be developed with –
  - (i) The Ministry of Informational and Broadcasting for media based interventions;
  - (ii) Ministry of Human Resources Development for interventions under the formal education system;
  - (iii) Department of Youth Affairs and Sports for interventions in the sector of youth and non-formal education;
  - (iv) Department of Revenue, Ministry of Finance, the nodal Ministry for implementation of NDPS, Act, 1985;
  - (v) Ministry of Home Affairs (Narcotics Control Bureau), for supply control.

Further, the National Institute of Social Defence under the Ministry of Social Justice & Empowerment and the National Institute of Mental Health and Neuro-Sciences (NIMHANS) and All India Institute of Medical Sciences (AIIMS) and NACO under the

Ministry of Health & Family Welfare and such other agencies will be approached to provide the technical support and training requirements of service providers.

114. It is envisaged that the Ministry of Health and Family Welfare will be substantially responsible for ensuring the specialized treatment services and medical integration into general health services. Available Government infrastructure and services will be integrated with the services offered by Non-Governmental Organisations for dealing with associated health problems such as TB, HIV/AIDS, and Hepatitis etc.

### **International Cooperation**

115. The State being a signatory to all UN Conventions will, in particular, ensure implementation of all the prescribed principles and guidelines, and, elicit the cooperation and collaboration of all concerned UN Agencies specially UNODC and other international organizations. It will serve the purpose of enriching the programme interventions/pilot initiatives, and also to secure additional resources to address critical gaps in the programme arising out of the dynamic nature of the problem of alcoholism and drug abuse. However, all such collaborative efforts will be based on the perceived national priorities as assessed by the Government of India from time to time. The Policy will also ensure following all commitments under the Social Charter of the SAARC Secretariat as well as pursue matters relating to the MOU signed with the Government of Mauritius.

### **Media**

116. The Media can play a vital role in highlighting the growing menace of substance abuse – its changing scenario, identifying emerging issues and areas of concern. An optimum use of media will be ensured for disseminating information on ill effects of drug abuse, promoting healthy life styles and ensuring well being of the society.
117. Information and education materials on substance abuse will be made available to the individuals – at – risk, families and communities who will facilitate a better understanding of the problem and the ways to handle it as it arises.
118. Print and broadcast media will be utilized to promote lasting and meaningful solution to the drug abuse problem through a constant flow of balanced news, features, commentaries and documentaries for different audiences or target groups. Various informal and traditional communication channels will also be used, in addition to, mass media programmes, on issues relating to substance abuse.
119. Opportunities will be available to media personnel to have access to information and understanding of the problem of substance abuse through various workshops and sensitization programmes. Their participation can be ensured by facilitating such a process of providing information and providing a platform for greater interaction between the media personnel, service providers and the beneficiaries. National and State level awareness campaign on substance abuse will be launched vis-à-vis development of a National Media Strategy.

## **VII. Implementation and Monitoring**

120. Implementation and monitoring programme would be supervised and coordinated by committees to be set up at National, State District and Local Levels as follows:

**National Level:**

- i) The Ministry of Social Justice & Empowerment will be the nodal Ministry to coordinate all matters relating to the implementation of the Policy. An inter-ministerial body to coordinate matters relating to implementation of National Policy will be formed.
- ii) A National Consultative Committee on Demand Reduction (NCDDR) has been already set up which is headed by Union Minister of Social Justice & Empowerment, to promote and coordinate the concerns related to substance abuse prevention, de-addiction and rehabilitation. This Committee will monitor the implementation of the policy. The Committee includes representatives of relevant Central Ministries and States by rotation. Non-Official members from Non Government Organizations, Academic Bodies, Media and Experts on substance abuse prevention and its related sectors are also included in the committee.

**State Level:**

- iii) State Governments and Union Territory administrations will be urged to take steps for drawing up their respective State Policies and develop action plans in accordance with the policy. The State Government / UTs will be encouraged to set-up such Committees for coordination and monitoring of the policy at the State level. The Committee may be headed by the Principal Secretary/Secretary of Social Welfare (or department concerned with the subject) with representatives from the relevant departments (like Health, Education, Home, Women and Child, etc.), Non-Government Organization experts in the field, Media, etc.

**District Level:**

- iv) It is also envisaged that district level monitoring committees be set up for effective implementation of the policy. District level Committee consisting of District Collector/Magistrate, representatives of the Excise, Health, Education, Social Welfare and Police Departments will monitor implementation of the Policy.

**Grass root level:**

- v) Panchayati Raj Institutions and local bodies would be actively involved in social audit of the schemes and programmes being implemented in the context of the national and state policies. They would play a major role in support of Self Help Groups, especially women, for raising awareness about the ill effects of substance abuse and also facilitate community-based rehabilitation of addicts.

**Mega Cities:**

- vi) In view of the seriousness of the problems of substance abuse in metropolitan area and mega cities like Mumbai, Kolkata, Chennai, Bangalore, Hyderabad etc., there is need

for such committees in these cities to address and problem. The concerned State Government may set up separate committees for mega cities comprising representatives from urban local bodies and departments of Social Welfare, Health, Excise, Education and Police.

### ***VIII. Broad Action Plan***

121. The thrust will be on preventive education programmes and on re-integration of the addicts into the mainstream of the society with a coordinated response of government and non-government organizations. This will be achieved through an Integrated Scheme for Rehabilitation of Drug Addicts which covers the whole gamut of services including awareness creation, early intervention, motivation & counselling, treatment, rehabilitation and after care services. De-addiction Camps in areas prone to drug abuse especially in rural areas are envisaged with the objective of mobilizing the community; promoting awareness and collective initiative towards and prevention of alcoholism and substance abuse.
  
122. Funds will be released to voluntary organizations for setting up and maintenance of treatment-cum-rehabilitation centres, organising de-addiction camps and for preventive awareness programmes, workplace prevention programme and training of service providers. Financial support will be given to NGOs to run the centres based on the recommendations of the respective State Governments and Union Territories. The State Governments and UTs will regularly monitor the performance of assisted NGOs and also identify service deficient areas for setting up of new centres accordingly.
  
123. Five Year and Annual Action Plans prepared by each concerned Ministry will reflect the aspects related to substance abuse prevention which concerns them. These will indicate steps to be taken to ensure flow of benefits to the targeted population groups from schemes specially formulated for their well-being. Responsibility for implementation of action points will be specified. The Annual Report of each Ministry will indicate progress achieved during the year.
  
124. The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Youth Affairs & Sports, Statistics & Programme Implementation, Labour & Employment, Panchayati Raj, Human Resources Development, Road Transport & Highways, Women & Child Development, Information Technology and Department of Revenue will setup necessary mechanisms for implementation of the policy.

### ***IX. Priority Areas for Intervention***

#### **125. The following population sub-groups should receive priority attention:**

- Women
- Adolescents
- Marginalised population like migrant subjects, people living in urban slums
- Vulnerable population like injecting drug users, workers employed in the transport industry and sex workers.
- Spouses and children of addicts

**The following activities should receive priority attention:**

- New and innovative techniques for prevention of drug abuse
- Awareness building
- Early identification and intervention
- Treatment and intervention through multiple settings
- Accreditation/Recognition of private de-addiction centres
- Networking of service providers
- Synergy between activities (care giving) by various agencies (GO-NGO)

**X. Bibliography**

1. <http://www.searo.who.int/en/Section1174/Section1199.htm> (Family Health and Research, Mental Health and Substance Abuse)
2. [http://www.unodc.org/documents/frontpage/CND\\_Costa\\_Speech\\_08\\_03\\_10.pdf](http://www.unodc.org/documents/frontpage/CND_Costa_Speech_08_03_10.pdf)  
(International Drug Policy, An unfinished architecture, March 8, 2010)
3. [http://www.unodc.org/unodc/en/frontpage/unodc\\_-\\_quality-data-is-imperative-.html](http://www.unodc.org/unodc/en/frontpage/unodc_-_quality-data-is-imperative-.html)  
(UNODC calls for quality data in formulating effective drug policy)
4. <http://india.gov.in/allimpfrms/alldocs/16470.pdf> (Government of India, Department of Revenue, Ministry of Finance National Policy on Narcotic Drugs and Psychotropic Substances-February 7, 2012)
5. <http://www.justice.gov/ndic/pubs11/11449/abuse.htm>  
National Drug Intelligence Center, Pharmaceuticals Drug Threat Assessment November 2004
6. <http://www.unodc.org/pdf/india/26july2008/pharmaceutical%20against%20drug%20abuse%20is%20increasing%20in%20South%20Asia.pdf>
7. <http://english.people.com.cn/90001/90782/6436104.html> (UNODC study: Pharmaceutical drug abuse increasing in India, June 2008)
8. <http://www.unodc.org/southasia//frontpage/2010/April/abuse-and-trafficking-of-pharmaceuticals.html> (India-Bangladesh: Trafficking and abuse of pharmaceuticals - an issue of growing public concern)
9. BM Tripathi and A Ambekar (2007). A national survey for size estimation of injecting drug users (IDUs) at multiple sites in India, SPYM/DFID

10. A Ambekar, A and BM Tripathi, (2008). Size estimation of injecting drug use in Punjab & Haryana. SPYM / UNAIDS
11. A Ambekar, A, BM Tripathi and Dzuvichu B (2009). HIV vulnerability among injecting drug users, their spouses and children SPYM / Plan International, India
12. UNODC-ROSA (2010) Illicit Use of Prescription Drugs in South Asia, Regional Report
13. [http://www.unodc.org/india/india\\_national\\_survey2004.html](http://www.unodc.org/india/india_national_survey2004.html). National survey on extent, pattern and trends of drug abuse in India. Ministry of Social Justice and Empowerment and United Nations Office on Drugs and Crime (2004).