

IMPLEMENTATION FRAMEWORK OF NATIONAL ACTION PLAN FOR DRUG DEMAND REDUCTION



**Government of India
Ministry of Social Justice and Empowerment**

1. BACKGROUND

1.1 Article 47 of the Constitution provides that “The State shall 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, the State shall endeavor to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.”

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

1.3 The Government of India has enacted the Narcotic Drugs and Psychotropic Substances (NDPS) Act in the year 1985 to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances. Section 71 of the NDPS Act, 1985 (Power of Government to establish centres for identification, treatment, etc., of addicts and for supply of narcotic drugs and psychotropic substances) states that “The Government may establish, recognize or approve as many centres as it thinks fit for identification, treatment, management, education, after-care, rehabilitation, social re-integration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity.”

1.4 The Government of India has also brought out a National Policy on Narcotic Drugs and Psychotropic Substances (NDPS) in 2012 to serve as a guide to various Ministries/Departments, State Governments, International Organisations, NGOs, etc. and re-assert India’s commitment to combat the drug menace in a holistic manner. The Policy, inter-alia, states the role of the Government for treatment, rehabilitation and social reintegration of drug addicts. For the purpose of drug demand reduction, the Policy lists out the roles of various Ministries/Departments which include conducting National Survey on Drug Abuse, training of doctors in Government Hospitals in de-addiction,

supporting other hospitals in setting up de-addiction and treatment facilities, establishing separate facilities for female patients, developing minimum standards of care to be followed by de-addiction centres, inclusion of rehabilitation and social reintegration programmes for victims of drug abuse in all Government run treatment centres etc. The Policy also noted that several de-addiction centres have come up in the private sector and states that the Central Government shall lay down standards and guidelines for these de-addiction centres to follow and shall recognize such centres as are found to be meeting the standards and guidelines.

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

1.6 The National Institute of Social Defence (NISD), New Delhi, an autonomous body under the administrative control of the Ministry of Social Justice and Empowerment, is the nodal training and research Institute for interventions in the area of Social Defence. A National Centre for Drug Abuse Prevention (NCDAP) has been set up in the NISD since 1998 to provide technical support to the Government on policies relating to substance abuse prevention and facilitate a wider and improved coverage of services throughout the country for substance demand reduction. The NISD carries out programmes for capacity building and training of functionaries of de-addiction centres through NCDAP.

1.7 Drug and substance abuse is a serious problem adversely affecting the social fabric of the country. Addiction to drugs not only affects the individual's health but also disrupts their families and the whole society. Of late, the menace of drug abuse in the younger generation has been rising all over the world and India is no exception to it. The Ministry has prepared a National Action Plan for Drug Demand Reduction for 2018-2023 so as to focus on preventive education, awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons and training and capacity building of the service providers through collaborative efforts of the Central and State Governments and Non-Governmental Organizations.

2. NATIONAL ACTION PLAN FOR DRUG DEMAND REDUCTION (2018-2023)

2.1 In accordance with the spirit of the United Nations Conventions and the existing NDPS Act, 1985 and NDPS Policy, 2012, a National Action Plan for Drug Demand Reduction (NAPDDR) has been prepared for 2018-2023 which aims at reduction of adverse consequences of drug abuse through a multi-pronged strategy involving education, de-addiction and rehabilitation of affected individuals and their families. The activities to be undertaken under the NAPDDR are given at **Appendix-I**

2.2 The objectives of the NAPDDR are to:

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

3. COMPONENTS ADMISSIBLE FOR FINANCIAL ASSISTANCE

The following components are admissible for financial assistance under the NAPDDR:

- i. Preventive Education and Awareness Generation
- ii. Capacity Building
- iii. Treatment and Rehabilitation
- iv. Setting quality standards
- v. Focussed Intervention in vulnerable areas
- vi. Skill development, vocational training and livelihood support of ex-drug addicts

- vii. Survey, Studies, Evaluation, Research and Innovation on the subjects covered under the Scheme.
- viii. Programmes for Drug Demand Reduction by States/UTs
- ix. Programme Management
- x. Any other activity or item which will augment/strengthen the implementation of NAPDDR

3.1 Preventive Education and Awareness Generation

3.1.1 Preventive education and awareness generation programmes to address specific target groups (vulnerable and at risk groups) in their neighbourhood, educational institutions, workplace, slums etc. with the purpose of sensitising the target groups and the community about the impact of addiction and the need to take professional help for treatment. The programmes would be carried out through collaborative efforts of other Central Ministries, State Governments, Universities, Training Institutions, NGOs, other voluntary organizations etc.

3.1.2 Scope: Though the NAPDDR lists out an indicative list of programmes to address specific target groups (Appendix-I), the implementing agencies may devise other innovative interventions for early prevention of drug abuse. Efforts should be made to develop a prevention strategy that is based on scientific evidence, both universal and targeted, in a range of settings. With an aim to expand the outreach and specifically focus on vulnerable groups, the implementing agencies may consider the following:

- a) The programmes should start at the school level and continue with college students.
- b) Parents/teachers should be sensitised to develop skills to understand the psychology of the youth and to help them keep away from substance abuse and to accept the need for treatment.
- c) High-risk groups like commercial sex workers, mobile population like tourists and truck drivers, children of alcoholics and drug addicts, children of HIV affected parents, street children, prisoners and school dropouts should specifically be addressed through these programmes.
- d) The awareness programme should be appropriate to the local culture and in the local language. Utilization of audio visual aids such as OHPs, slides, CDs, Power Point, films, TV and Radio Spots etc. and use of innovative methods like street plays, puppet shows, seminars, group discussions are to be included.

- e) People holding positions of respect and credibility like Panchayat leaders, school/college Principals/teachers/Lecturers etc. should be associated with the programmes.

3.1.3 Eligible Organizations: Financial assistance shall be provided for carrying out preventive education and awareness generation programmes in collaboration with the following organizations/institutions:

- i. Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), organizations/institutions fully funded or managed by State/ Central Government or a local body;
- ii. Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS);
- iii. Universities, Social Work Institutions, other reputed educational institutions, Association of Indian Universities, Kendriya Vidyalaya Sangathan (KVS), NCERT, SCERT;
- iv. Regional Resource Training Centres (RRTCs) and IRCAs of Ministry of Social Justice and Empowerment working in the field of drug demand reduction with good track in performance;
- v. Organizations/Institutions associated with Awardees who have been conferred National Awards for outstanding services in the field of prevention of alcoholism and substance (drugs) abuse;
- vi. Any other organization/institution considered fit and appropriate by the Project Management Committee.

3.1.4 Norms for Financial Assistance: An Annual Action Plan (AAP) will be prepared during each financial year for carrying out preventive education and awareness generation programmes in collaboration with organizations/institutions specified in para 3.1.3. Financial assistance would then be provided as per AAP to the NISD and/or State Governments or other organizations.

3.1.5 Institutions would be eligible to receive advance upto 100% for conducting the programmes.

3.1.6 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) to the NISD in the prescribed format after completion of the programme.

3.1.7 Media Publicity: Preventive Education and Awareness generation through media publicity would also be accorded adequate focus for which a well targeted media campaign to spread the message against ill effects of drug abuse through social, electronic, print, digital and online media will be launched.

3.2 Capacity Building

3.2.1 Training is an important component for capacity building and skill development of various stakeholders and the service providers. Training is important to ensure effective prevention, appropriate treatment and for holistic management of drug addicts. It is also important to have exposure to the new trends regarding the kind of drugs abused, medical and psychiatric problems, new medicines/methodologies available for the treatment of addiction through participation in training programmes and conferences.

3.2.2 Scope: Capacity building programmes would be undertaken to provide intensive training to personnel in the identification, treatment, after-care, rehabilitation and social reintegration of drug addicts. To create a pool of trained human resources personnel and service providers, the following list of programmes have been enlisted under the NAPDDR:

- i. Training of teachers and counsellors on different assessment tools for early identification of drug use and associated factors
- ii. Workshops, Seminars and interactions with parents
- iii. Training programmes on de-addiction counselling and rehabilitation for social workers, functionaries of IRCAs, working professionals etc.
- iv. Orientation Courses in the field of drug abuse prevention for functionaries of IRCAs including nurses and ward boys
- v. Training Course for service providers, both in Government, Semi-Government and Non-Government Settings
- vi. Training programmes for representatives of PRIs and ULBs, police functionaries, paramilitary forces, judicial officers, bar council etc. on drug abuse prevention
- vii. Training of staff in Prisons and Juvenile Homes and ICPS functionaries in order to ensure respectful, non-judgmental and non-stigmatizing attitude of the staff and for ensuring appropriate referrals and treatment.
- viii. Basic Training Course in awareness of drug use and dependency associated health problems and various treatment approaches so as to develop a core group of peer educators, counsellors etc. to assist in dissemination of accurate information about drugs, their use, issues of dependency, treatment options and for overall improvement of behavioural issues associated with drugs.
- ix. Specialized training for those who work with vulnerable groups, such as patients with psychiatric co-morbidities, children and women, including pregnant women.
- x. Any other training/skill development which furthers the objectives of NAPDDR.

3.2.3 Eligible Organizations: Financial assistance shall be provided for carrying out capacity building programmes specified in para 3.2.2 in collaboration with the concerned Ministries/Departments/Organizations/Institutions of the Government of India as well as the State Governments such as SCERTs/DIETs, educational institutions, RRTCs, Medical Institutions etc.

3.2.4 Norms for financial assistance: An Annual Action Plan (AAP) will be prepared during each financial year for carrying out the above programmes. Financial assistance shall be provided as per the AAP to NISD and/or to the State Government or other organizations.

3.2.5 Institutions would be eligible to receive advance upto 100% for conducting the programmes.

3.2.6 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) to the NISD in the prescribed format after completion of the programme.

3.3 Treatment and Rehabilitation

3.3.1 The Ministry of Social Justice and Empowerment is implementing a Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse under which, financial assistance is given to the voluntary organizations and other eligible agencies for, inter-alia, running and maintenance of Integration Rehabilitation Centres for Addicts (IRCAs). These IRCAs provide services for Preventive Education and Awareness Generation, identification of addicts, motivational counseling, detoxification/de-addiction and Whole Person Recovery, after care and reintegration into the social mainstream.

3.3.2 Scope: The NAPDDR for 2018-23 focuses on availability of IRCAs in each district, conversion of existing IRCAs into treatment clinics, availability of drug addiction treatment facilities in Government Hospitals and closed settings such as prisons, juvenile homes etc. While the Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse would continue to emphasize on presence of IRCAs in each district and conversion of existing IRCAs into treatment clinics in order to provide out-patient services to drug addicts, the Scheme for implementation of NAPDDR would augment focus on these, as also the following areas:

- i. Establishing and assisting de-addiction centres in Government Hospitals and Medical Colleges
- ii. Establishing and assisting de-addiction centres in closed settings such as Prisons and Juvenile Homes and for special groups such as women and children in need for care and protection etc.
- iii. Establishing and assisting residential stabilization programmes as Model Rehabilitation Centres

3.3.3 Eligible Organization: Financial assistance shall be provided for running and maintenance of treatment and rehabilitation facilities specified in para 3.3.2 in collaboration with the Ministry of Health and Family Welfare, National Drug Dependence Treatment Centre (NDDTC), AIIMS, State Governments, National AIDS Control Organization (NACO), Institutions under Integrated Child Protection Scheme (ICPS) and other eligible organizations/institutions.

3.3.4 Norms for financial assistance: The Ministry of Social Justice and Empowerment would apportion a certain amount in the internal budgetary allocation for establishing and assisting de-addiction centres as given in para 3.3.2. Funds would be provided to the NISD/States/UTs/Organizations for providing financial support to the eligible agencies/organizations as per the procedure prescribed by the Ministry from time to time.

3.3.5 Such proposals will be assisted with the approval of the Steering Committee.

3.3.6 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) to the NISD at the end of each financial year in the prescribed format.

3.4 Setting Quality Standards

3.4.1 Efforts to develop modules for treatment of addicts of different categories and age groups in order to create uniformity in treatment protocol across the country will be undertaken under the NAPDDR. While developing such modules, emphasis should be given on integrating scientifically established mechanisms for diagnosis of drug disorders as well as integrating pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration.

3.4.2 A Manual of Minimum Standards of Services would also be developed to bring about standardization and quality control in services being delivered by various government as well as private de-addiction centres.

3.4.3 With an aim to standardize and improve the quality of the drug addiction treatment facilities across the country, efforts for recognition of de-addiction centres by resorting to third party accreditation through an appropriate Agency/Authority such as National Accreditation Board for Hospitals and Healthcare Providers (NABH) will be undertaken.

3.4.4 Norms for Financial Assistance/Eligible Organization: As elaborated in previous paras 3.4.1, 3.4.2 and 3.4.3.

3.5 Focused Intervention in vulnerable areas

3.5.1 Drug and Substance abuse is one of the major problems affecting children and youth in school and out of school/college. This problem impacts negatively on the academic, social, psychological, economical and physiological development among the abusers. It is seen that drug and substance among the youth are influenced by literacy level, peer pressure, curiosity or urge to experimentation, availability of drugs and substance etc. The vulnerability of injecting drug users (IDUs) to get co-infected with HIV/AIDS, due to sharing of needles and syringes and risky sexual behaviour makes the problem of drug abuse even more serious.

3.5.2 Presently, the National AIDS Control Organization (NACO), Ministry of Health and Family Welfare is implementing Targeted Interventions Programme to offer prevention and care services to high risk populations such as Female Sex Workers (FSWs), Male having Sex with Male (MSM) and IDUs within communities by providing them with the information, means and skills they need to minimize HIV transmission and improving their access to care, support and treatment services. These programmes have been found to be an resource-effective way to implement HIV prevention and care programmes in settings with low-level and concentrated HIV epidemics. They are also a cost-effective method of reaching people who are most at risk in more generalized epidemics.

3.5.3 Similarly, the Ministry of Social Justice and Empowerment would also undertake focussed intervention programmes in vulnerable districts across the country with an aim to increase community participation and public cooperation in the reduction of demand for dependence-producing substances and promote collective initiatives and self-help endeavour among individuals and groups vulnerable to addiction or found at risk including persons who have undergone treatment at IRCAs as a follow up measure. For this purpose, vulnerable districts would be identified in the country based on studies/surveys and feedback from IRCAs and other stakeholders. The following intervention programmes would be carried out in the identified districts:

3.5.3.1 Community based Peer led Intervention (CPI) for Early Drug Use Prevention among Adolescents

3.5.3.1.1 Community based Peer led Intervention programmes would be launched in the identified districts depending upon the requirement. Through these programmes, youth would be trained as Peer Educators to lead peer led community intervention and implement early prevention education especially for vulnerable adolescents and youth in the community. This programme would also provide referral and linkage to counselling, treatment and rehabilitation services for drug dependents identified in the community. The activities under this programme include:

- a) Outreach activities in the community among young vulnerable population for community mapping and assessment
- b) Identification and Training of youth as Peer Educators to lead peer led community intervention
- c) Behavioural change communication sessions for community by Peer Educators
- d) Individual, group and family counselling
- e) Screening and assessment of clients on substance use disorder
- f) Ensure referral and linkage to service centres
- g) Complimentary therapies including art, music & dance for early recovery
- h) Follow up care including family counselling

3.5.3.1.2 The following strategies would be adopted under this programme:

- a) The Peer Educators will focus on creating awareness among the community members on prevention of drug abuse.
- b) The Peer Educators will be supported by coordinator and trainer adequately trained in the delivery of evidence-based early prevention interventions on drug use.
- c) Render psychosocial interventions including educational sessions on ill effects of drug use, risk assessment on drug use among youth and linkage for treatment and rehabilitation.

3.5.3.1.3 The financial norms for Community based Peer led Intervention for Early Drug Use Prevention among Adolescents are at **Appendix-II**.

3.5.3.2 Outreach and Drop In Centres (ODIC)

3.5.3.2.1 Outreach and Drop In Centres (ODICs) would be established in the identified districts to conduct outreach activities in the community for prevention of drug abuse with a special focus on

youth who are dependent on drugs. The ODICs would provide safe and secure drop-in space for drug users in the community. These centres shall have the provision of screening, assessment and counselling and would provide referral and linkage to treatment and rehabilitation services for drug dependents. The activities that would be carried out by ODICs are given below:

- a) Outreach activities in the community among young vulnerable population
- b) Behaviour Change Communication (BCC) one to one / group sessions in community by Outreach Workers
- c) Screening and assessment of clients on substance use disorder
- d) Drop-in-Center facility for people vulnerable/dependent on drug use
- e) Individual, group and family counselling
- f) Provision of consultation with doctor for referral and linkage with treatment facility
- g) Safe and secure space for drug dependent youth accessible, in the community
- h) Complimentary therapies including art, music & dance for early recovery
- i) Follow up care including family counselling

3.5.3.2.2 The following strategies would be adopted under this programme:

- a) The centre will be led by trained staff, staffed by multidisciplinary team adequately trained in the delivery of evidence-based interventions
- b) Comprehensive outreach, screening and counseling system comprising of evidence-based and integrated psychosocial interventions will be provided.
- c) Basic services including outreach, drop-in and counselling support to the clients
- d) Render psychosocial interventions including cognitive behavioural therapy, motivational interviewing and linkage for treatment, rehabilitation and vocational training.

3.5.3.2.3 The financial norms for setting up of ODICs are at **Appendix-III**.

3.5.4 Eligible Organization: Funds would be transferred to the NISD for further disbursement to eligible agencies/organizations on the basis of procedure prescribed by the Ministry from time to time.

3.5.5 Norms for financial assistance: The following guidelines would be followed for implementation of these programmes:

3.5.5.1 NISD would invite proposals from the following organization/institutions for running these programmes:

- i. A Society registered under the Societies' Registration Act, 1860 (XXI of 1860) or any relevant Act of the State Governments/ Union Territory Administrations or under any State law relating to the registration of Literary, Scientific and Charitable societies, or
- ii. A Public Trust registered under any law for the time being in force, or
- iii. A Company established under Section 25 of the Companies Act, 1956; or
- iv. Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), organizations/institutions fully funded or managed by State/ Central Government or a local body; or
- v. Universities, Social Work Institutions, other reputed educational institutions, NYKS, and such other well established organizations/ institutions which may be approved by the Steering Committee.

3.5.5.2 The proposals, accompanied with the relevant documents and duly recommended by District Magistrate/Deputy Commissioner/Collector or State AIDS Control Society (SACS) of NACO, shall be sent to the NISD for consideration. The proposals, complete in all forms, would subsequently be screened by a Screening Committee constituted in NISD for this purpose.

3.5.5.3 The quantum of assistance shall be 100% of the budget norms on the admissible items enumerated under CPI and ODIC.

3.5.5.4 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) to the NISD at the end of each financial year as per prescribed format. The organizations/institutions shall also submit prescribed progress reports to the NISD.

3.5.5.5 All such assistance shall be as per the provisions of the General Financial Rules, 2017 (Govt. of India).

3.6 Skill Development, vocational training and livelihood support of ex-drug addicts

3.6.1 In order to promote meaningful livelihood activities and employment to instill a sense of purpose and self-esteem in individuals to steer them away from drugs, programmes for skill development, vocational training and livelihood support of ex-drug addicts would be carried out through National Backward Classes Finance and other Development Corporations of the Ministry of Social Justice and Empowerment. In addition to this, vocational training and livelihood programmes

would also be carried out in collaboration with Ministry of Women and Child Development, Ministry of Skill Development and Entrepreneurship and its affiliated institutes and State Governments.

3.6.2 Norms for financial assistance/Eligible Organizations: Financial assistance shall be provided to National Backward Classes Finance and other Development Corporations of Ministry of Social Justice and Empowerment, affiliated institutes of Ministry of Skill Development and Entrepreneurship and State Governments on the basis of their proposals.

3.7 State/UT Specific Interventions

3.7.1 Addressing the problem of drug abuse will require concerted action at different levels of the Government. The responsibility for actions at the field level lies within the purview of the State/ UT Government. Thus, the States and UTs, with the support of Central Government, may like to plan and take specific initiatives, taking into account their local considerations. They may devise specific and suitable strategies for drug demand reduction in their identified areas. In this context, the States/UTs may send proposals which meet the objectives of NAPDDR.

3.7.3 Organization/Institution/Department: Concerned Departments of State Governments/UT Administrations.

3.7.4 Norms for financial assistance: The Ministry would apportion a certain amount from the internal budgetary allocation for drug demand reduction programmes to be carried out by States/UTs and release as per the proposals.

3.8 Surveys, Studies, Evaluation, Research and Innovations on the subjects covered under the Scheme

3.8.1 With an aim to develop measures based on scientific evidence that are relevant to different socio-cultural environments and social groups, continuous research and studies would be undertaken in collaboration with other apex institutions on drug use pattern and relevant areas.

3.8.2 To expand the coverage and quicken the process of treatment and rehabilitation, testing and implementation of innovative ideas shall be supported under NAPDDR.

3.8.2 Eligible Organization/Norms for financial assistance: Financial assistance shall be admissible to NISD, other government and private institutions and eligible organizations for the activities to meet the objectives given in the Scheme based on the merit of the proposal to be approved by the Steering Committee.

3.9 Programme Management

3.9.1 A National Consultative Committee on De-addiction and Rehabilitation (NCCDR) under the chairpersonship of Minister for Social Justice & Empowerment has been constituted in July, 2008. The Committee has representation of various stakeholders including agencies dealing with supply and demand reduction. It is meant to advise the Government on issues connected with drug demand reduction, education/awareness building, de-addiction and rehabilitation of drug-addicts. It shall thus act as a mechanism for reviewing the implementation of NAPDDR at the National level.

3.9.2 A Steering Committee has been constituted under the chairpersonship of the Secretary, Department of Social Justice and Empowerment including representatives from Ministries of Health and Family Welfare, Human Resource Development, Women and Child Development, Home Affairs, Skill Development and Entrepreneurship, Department of Revenue, NISD, State Governments and NGOs/Experts in this area. The Committee shall hold quarterly meetings to consider and approve proposal when required and monitor effective implementation of the NAPDDR and establish coordination mechanism for achieving the goals and objectives envisaged in the NAPDDR.

3.9.3 A Project Management Committee would be constituted under the chairpersonship of the Joint Secretary (SD), Department of Social Justice and Empowerment to monitor the implementation of components under this Scheme on day to day basis. The Committee would include Director (DP), Department of Social Justice and Empowerment, Director, NISD, head of TSU etc. The chairperson of the committee would be authorized to invite representatives of any other Ministry/ Department of the Government of India, State Government, NGOs and experts for the Meeting.

3.9.4 The Ministry would decide notional allocation for each of the components under this Scheme at the beginning of each financial year.

3.9.5 Programme Management Unit at NISD

3.9.5.1 The Ministry of Social Justice and Empowerment has established a National Centre for Drug Abuse Prevention (NCDAP) at NISD, New Delhi to serve as an apex body for training, research and documentation in the field of alcoholism and drug demand reduction. For implementation of the NAPDDR, NCDAP in the NISD has been identified as a nodal agency which would serve as a focal point for carrying out drug demand reduction activities in a mission mode with identified timelines and targets.

3.9.5.2 The NCDAP would work as a Project Management Unit (PMU) for implementation of the NAPDDR. It would be responsible for conceptualizing, framing and implementing the activities of the NAPDDR across the country and liaising with various stakeholders for conduction of programmes covered under the NAPDDR. For this purpose, experts/consultants on the subject would be engaged by NISD as per prevailing norms of the Government of India.

3.9.6 *Technical Support Unit (TSU) for Monitoring and Evaluation*

3.9.6.1 A Technical Support Unit (TSU) will be engaged by the NISD for monitoring the activities being carried out under the NAPDDR during the period 2018-2023. The TSU will serve as a monitoring, evaluation, research and capacity building arm of the NISD.

3.9.6.2 Eligible Organization: A suitable agency shall be hired by the NISD as TSU on the basis of extant rules and procedure of the Government of India.

3.9.6.3 Norms of financial assistance: Funds shall be transferred to the NISD depending upon the requirement.

3.9.7 Director, NISD is authorized to approve and release entire fund for different projects/programmes under various components of the NAPDDR, beyond the delegation of power mentioned in bylaws of NISD, for which fund has been transferred by the Ministry of Social Justice and Empowerment to the NISD.

3.9.8 The Ministry of Social Justice and Empowerment and NISD would formulate and establish any further monitoring mechanisms for effective implementation of various activities under the Scheme.

3.9.9 Similarly, the Ministry of Social Justice and Empowerment/NISD would carry out Impact/Assessment Studies on effectiveness of the programmes being carried out under this Scheme.

3.9.10 The Ministry of Social Justice and Empowerment would review and modify the guidelines and implementation arrangements based on progress of implementation of NAPDDR, whenever deemed necessary.

3.9.11 Every organization/institution receiving funds under this Scheme shall submit Utilization Certificates (UCs) as per GFR, 2017.

3.10 Any other activity or item which will augment/strengthen the implementation of NAPDDR

3.10.1 Since the focus of NAPDDR is also on availability of IRCAs in each district and conversion of existing IRCAs into treatment clinics, funds available under this Scheme may also be utilized for meeting the committed liabilities under the Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse in case its budget is fully utilized during a given financial year.

3.10.2 Financial assistance would also be admissible to the activities/programmes recommended by the NCCDR, Steering Committee and the State Governments for strengthening the overall objective of the Scheme.

APPENDIX-I

(vide para 2.1)

ACTIVITIES TO BE UNDERTAKEN UNDER THE NAPDDR DURING 2018-2023

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

1.9	Strengthening of National Toll Free Helpline for Drug Prevention	<ul style="list-style-type: none"> ▪ Creating awareness among people through widespread publicity. ▪ Counseling Services through helpline
1.10	Coordination with implementing agencies for controlling sale of sedatives/ painkillers/ muscle relaxant drugs and checking online sale of drugs by stringent monitoring by the cyber cell	Reducing the sale of drugs
2.	Capacity Building	
2.1	Strengthening of National Centre for Drug Abuse Prevention (NCDAP) in National Institute of Social Defence (NISD) and making it a focal point for drug demand reduction programmes	<ul style="list-style-type: none"> ▪ Implementation of NAPDDR in mission mode. ▪ Intensive training of personnel in the identification, treatment, after-care, rehabilitation and social reintegration of drug addicts. ▪ Creating a pool of trained human resources personnel and service providers to strengthen the service delivery mechanisms. ▪ Delivering prevention programmes based on scientific evidence, both universal and targeted, in a range of settings (such as schools, families, the media, workplaces, communities, health and social services and prisons)
2.2	Workshops, Seminars and interactions with parents	To provide forums for parents and equip them with necessary skills
2.3	Training of teachers and counsellors on different assessment tools	Early identification of drug use and associated factors
2.4	Training programmes on de-addiction counselling and rehabilitation for social workers, functionaries of IRCAs, working professionals etc.	Capacity building of people who work with victims of drug abuse
2.5	Orientation Courses in the field of drug abuse prevention for functionaries of IRCAs including nurses and ward boys	Capacity building of staff of IRCAs
2.6	Training of staff in Prisons and Juvenile Homes	<ul style="list-style-type: none"> ▪ Respectful, non-judgmental and non-stigmatizing attitude of the staff. ▪ To carry out drug demand reduction measures that are based on scientific evidence and are ethical
2.7	Basic Training Course in awareness of drug use and dependency associated	Developing a core group of peer educators to assist in dissemination of accurate information

	health problems and various treatment approaches to prisoners.	about drugs, their use, issues of dependency, treatment options and for overall improvement of behavioural issues associated with drugs, within the prison environment.
2.8	Specialized training for those who work with vulnerable groups, such as patients with psychiatric co-morbidities, children and women, including pregnant women.	Focus upon specific needs of vulnerable groups for drug de-addiction treatment
2.9	Training programmes for police functionaries, paramilitary forces, judicial officers, bar council, representatives of PRIs and ULBs on drug abuse prevention	Capacity building of various agencies on drug abuse prevention
3.	Treatment and Rehabilitation	
3.1	Availability of Integrated Rehabilitation Centres for Addicts (IRCAs) supported by MSJE in each district or as per prevalence of addiction	Easily accessible and affordable services
3.2	Conversion of IRCAs into treatment clinics	Indoor and Outdoor treatment facility to patients to enhance availability of services
3.3	Establishing and assisting de-addiction centres in District Government and Private Hospitals/Medical Colleges	Fill gaps in treatment services and to enhance availability of services
3.4	Establishing and assisting de-addiction centres for women and children in Hospitals and other establishments	Focussed attention towards women and children so as to respond best to their needs.
3.5	Model treatment and rehabilitation centres in highly affected areas for stabilised/residential facilities	Such centres will create a benchmark in drug demand reduction services and eventually share expertise with the existing service providers.
3.6	Establishing and assisting de-addiction centres in prisons, Juvenile Homes, slum areas, factories, major railway stations and other highly affected areas	<ul style="list-style-type: none"> ▪ Will help in de-addiction of prisoners and juveniles and bring them into mainstream. ▪ Reducing transmission of infectious diseases in prisons ▪ Reduced instances of drug abuse at workplaces and increased productivity of employees
3.7	Linkage of IRCAs with Opioid Substitution Therapy (OST) Centres of National AIDS Control Organization (NACO)	Networking and sharing of expertise among service providers.

4.	Setting up quality standards	
4.1	Developing Module for re-treatment, ongoing treatment and post treatment of addicts of different categories and age groups	<ul style="list-style-type: none"> ▪ Uniformity in treatment protocol across the country ▪ Integrating scientifically established mechanisms for diagnosis of drug disorders ▪ Integrating pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration
4.2	Updating existing Minimum Standards of Services for treatment and rehabilitation of addicts as per present scenario	Standardization and quality control in services being delivered
4.3	Accreditation of IRCAs supported by this Ministry and others	Standardization of treatment facilities across the country
4.4	Persuading States to regulate Private De-addiction Centres by framing appropriate rules under the NDPS Act, 1985.	<ul style="list-style-type: none"> ▪ Laying down standards and guidelines for private de-addiction centres to follow and recognize such centres as are found to be meeting the standards and guidelines. ▪ Emphasizing human rights and dignity in the context of drug demand reduction efforts
5.	Focussed intervention in vulnerable areas	
5.1	Identification of vulnerable areas based on study/survey and feedback from the IRCAs and other stakeholders	Focussed intervention in these areas for drug demand reduction
5.2	Working with NGOs, NYKS, NSS etc. in the identified vulnerable areas for drawing a comprehensive strategy for demand reduction and de-addiction at all levels to achieve results in a time bound manner	<ul style="list-style-type: none"> ▪ Intensifying preventive education and sensitization programmes ▪ Increase in availability and quality of treatment services and rehabilitation
6.	Skill Development, Vocational Training and Livelihood	
6.1	Skill development, vocational training and livelihood support of ex-drug addicts through National Backward Classes Finance and other Development Corporations	<ul style="list-style-type: none"> ▪ Promoting meaningful livelihood activities and employment to instill a sense of purpose and self-esteem in individuals to steer them away from drugs ▪ Reduction in social stigma and economic rehabilitation

6.2	Linkage of IRCAs with Pradhan Mantri Kaushal Vikas Yojana Training Centres of the Ministry of Skill Development and Entrepreneurship for providing industry relevant training to ex-drug addicts.	<ul style="list-style-type: none"> ▪ Promoting meaningful livelihood activities and employment to instill a sense of purpose and self-esteem in individuals to steer them away from drugs ▪ Reduction in social stigma and economic rehabilitation
6.3	Vocational training and livelihood programmes in Juvenile Homes	Will help in reduction in crime by children and shaping up their future
7.	Extent, trend and pattern of substance use	
7.1	Conducting National Survey on Extent and Pattern of Substance Use in every five years	To assess the extent, trend and pattern of substance use
7.2	Continuous research, studies and innovation on drug use pattern and relevant areas	Will help in developing measures based on scientific evidence that are relevant to different socio-cultural environments and social groups
7.3	Maintaining Drug Abuse Monitoring System (DAMS) and establishing database on substance use	Keeping a check on emerging trends of drug abuse
8.	Coordination, Monitoring and Evaluation	
8.1	Coordination with all collaborating agencies and regular monitoring	For effective implementation of National Action Plan for Drug Demand Reduction (NAPDDR)
8.2	Evaluation of NAPDDR through third party	Ascertaining the outcome envisaged in the NAPDDR

APPENDIX –II

(vide para 3.5.3.1.3)

NORMS FOR COMMUNITY BASED PEER LED INTERVENTION FOR EARLY DRUG USE PREVENTION AMONG ADOLESCENTS

S. No	Budget Head	Nos	Rate	Duration	Amount
<u>A. Human Resource Costs</u>					
(i)	Honorarium to Area Coordinator	1	20000	12	240000
(ii)	Honorarium to Trainer cum Supervisor*	2	15000	12	360000
(iii)	Honorarium to Peer Educators (PE) 1 PE will take 1 session of 2 hours duration @Rs. 150 per session over 60 sessions /Quarter	20	150	240 sessions	720000
(v)	Nutritional/ Refreshment support @Rs. 10 per day per child for 60 sessions/ quarter	200	10	240 sessions	480000
(vi)	Life skills educational kit printing cost including flex material / games / scrolls	100 sets	1000		100000
<u>B. Training Costs of PEs and Staff (One time for 15 days duration through NISD)</u>					
(i)	Honorarium to Trainers for ToT @Rs. 1500 per session	4	1500	15	90000
(ii)	Lunch, two Tea with Refreshment @Rs.175 per day (20 PEs, 3 staff and Resource Person (5 extra Peers trained)	25	175	15	65625
(iii)	Stationery @Rs. 150 per Training including	20	150		3000
(iv)	Training Venue & AV equipment hiring	1	2500	15	37500
<u>C. Office Expenditure Cost</u>					
(i)	Up keeping of documentation	1	4000	12	48000
(ii)	Project Site Office Rent Cost	1	10000	12	120000
(iii)	Office Expenses	1	12000	12	144000
Grand Total (A+B+C)					24,08,125

*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation

Note: 20% of re-appropriation of expenditure would be permissible within the total admissible allocation

APPENDIX –III

(vide para 3.5.3.2.3)

NORMS FOR OUTREACH AND DROP IN CENTER (ODIC)

S.No	Budget Head	Nos	Rate	Duration	Amount
<u>A. One-time fixed set up cost</u>					
(i)	Furniture, chairs, almira, recreational equipment for Drop In Center	One-time Cost			1,00,000
<u>B. Human Resource Costs</u>					
(i)	Honorarium to Center In-charge Cum Counsellor	1	20000	12	2,40,000
(ii)	Honorarium to Outreach Worker*	3	15000	12	5,40,000
(iii)	Honorarium for Part time Doctor	1	20000	12	2,40,000
<u>C. Training Costs of ORWs and Staff (One time for 15 days duration through NISD)</u>					
(i)	Honorarium to Trainers for ToT @Rs. 1500 per session	4	1500	15	90000
(ii)	Lunch, two Tea with Refreshment @Rs.175 per day (20 PEs, 3 staff and Resource Person (5 extra Peers training)	25	175	15	65625
(iii)	Stationery @Rs. 150 per Training including	20	150		3000
(iv)	Training Venue & AV equipment hiring	1	2500	15	37500
<u>D. Admin. and Operational Costs</u>					
(i)	Honorarium for Part Time Account & M & E Officer	1	5000	12	60,000
(ii)	Drop in Center - Rent	1	15000	12	1,80,000
(iii)	Medicine		6000	12	72,000
(iv)	Communication & Transportation for Outreach Workers*	3	2000	12	72,000
(v)	BCC/ IEC material printing cost	1	5000	12	60,000
(vi)	Office Expenses	1	12000	12	1,44,000
Grand Total (B+C+D)					18,04,125

*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation

Note: 20% of re-appropriation of expenditure would be permissible within the total admissible allocation.