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**STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT
(2015 - 2016)**

(SIXTEENTH LOK SABHA)

**MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
(DEPARTMENT OF SOCIAL JUSTICE AND EMPOWERMENT)**

**PERSONS AFFECTED BY ALCOHOLISM AND SUBSTANCE (DRUG)
ABUSE, THEIR TREATMENT/REHABILITATION AND ROLE OF
VOLUNTARY ORGANIZATIONS**

TWENTY-FIFTH REPORT



**LOK SABHA SECRETARIAT
NEW DELHI**

December, 2015/Pausha, 1937(Saka)

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Presented to Lok Sabha on 22.12.2015

Laid in Rajya Sabha on 22.12.2015



**LOK SABHA SECRETARIAT
NEW DELHI**

December, 2015/Pausha, 1937(Saka)

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**COMPOSITION OF THE STANDING COMMITTEE ON SOCIAL JUSTICE AND
EMPOWERMENT (2015-2016)**

SHRI RAMESH BAIS - CHAIRPERSON

**MEMBERS
LOK SABHA**

2. Shri Jasvantsinh Bhabhor
3. Kunwar Bharatendra Singh
4. Shri Santokh Singh Chaudhary
5. Shri Sher Singh Ghubaya
6. Shri Jhina Hikaka
7. Shri Prakash B. Hukkeri
8. Shri Bhagwant Khuba
9. Shri Sadashiv Kisan Lokhande
10. Smt. K. Maragatham
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12. Prof. Seetaram Ajmeera Naik
13. Shri Asaduddin Owaisi
14. Sadhvi Savitri Bai Phule
15. Dr. Udit Raj
16. Smt. Satabdi Roy (Banerjee)
17. Prof. Sadhu Singh
18. Smt. Neelam Sonkar
19. Smt. Mamta Thakur
20. Shri Tej Pratap Singh Yadav
21. Vacant

**MEMBERS
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31. Smt. Wansuk Syiem

LOK SABHA SECRETARIAT

1. Shri Ashok Kumar Singh - Additional Secretary
2. Shri Ashok Sajwan - Director
3. Smt. Mamta Kemwal - Additional Director
4. Smt. Shilpa Kant - Executive Assistant

PREFACE

I, the Chairperson of the Department-related Parliamentary Standing Committee on Social Justice and Empowerment (2015-16) having been authorized by the Committee to present the Report on their behalf, do present this Twenty-Fifth Report (Sixteenth Lok Sabha) of the Committee on “Persons affected by alcoholism and substance (drug) abuse, their treatment/rehabilitation and role of voluntary organizations”.

2. The Committee held three sittings for taking the evidence of the representatives of the Ministry of Social Justice and Empowerment (Department of Social Justice and Empowerment) on 12.01.2015 and 25.08.2015 and hearing the views of Non-Governmental Organizations working for the rehabilitation/treatment of persons affected by substance, liquor and drug abuse namely, (i) Guru Nanak Charitable Trust, Ludhiana, Punjab, (ii) Muskan Foundation, New Delhi, (iii) Punjab Red Cross Society, Chandigarh, (iv) Society for Promotion of Youth and Masses (SPYM), New Delhi and (v) Youth Development Organization, Imphal, Manipur on 01.06.2015. The observations of the Committee are based on the appraisal of the evidence of the Ministry of Social Justice and Empowerment (Department of Social Justice and Empowerment) as also on the deliberations made and the information gleaned from NGOs.

3. The Committee considered and adopted the draft Report on “Persons affected by alcoholism and substance (drug) abuse, their treatment/rehabilitation and role of voluntary organizations” at their sitting held on 17th December, 2015.

4. On behalf of the Committee, I would like to acknowledge the contributions made by not only those who deposed before the Committee but also those who

gave their valuable suggestions to the Committee through written submissions.

The Committee have immensely benefitted by their views.

5. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the body of the Report. I am quite sanguine that the recommendations made in this Report about the various aspects of rehabilitation/treatment of persons affected by substance, liquor and drug abuse will help in the overall welfare of persons affected by drug abuse in a significant way.

NEW DELHI;

**17 December, 2015
26 Agrahayana, 1937 (Saka)**

**RAMESH BAIS
Chairperson,
Standing Committee on
Social Justice and
Empowerment**

REPORT

CHAPTER - I

DRUG AND SUBSTANCE ABUSE SCENARIO

1.1 June 26 is celebrated as International Day against Drug Abuse and Illicit Trafficking every year. It is an exercise undertaken by the world community to sensitize the people in general and the youth in particular, to the menace of drugs.

1.2 According to a survey conducted by United Nations, if the world statistics on the drugs scenario is taken into account, with a turnover of around more than \$500 billion, it is the third largest business in the world, next to petroleum and arms trade. India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. According to a UN Report, one million heroin addicts are registered in India and unofficially there are more than five million. The drug and substance abuse has taken the shape of epidemic which has assumed alarming dimensions in India. There are many factors such as changing cultural values, persistently increasing economic stress and dwindling supporting bonds which lead to initiation into substance and drug abuse.

1.3 According to a Report the "National Survey on Extent, Patterns and Trends of Drug Abuse in India" conducted by United Nations Drug Control Programme and the Ministry of Social Justice and Empowerment, drug abuse poses various kinds of problems impacting not just on the individual user, but also on the family and community. The adverse impact of drug use on families is tremendous. It is the family to which the dependent user turns to or turns on either in emotional or physical distress

or crisis. Relationships suffer, financial sources get depleted, health costs increase. There are greater employment problems and increased emotional stress. When the drug user stops taking responsibilities on account of drug use, common family responses include depression, stress and resentment. The non-drug using partner may also take to drugs or alcohol for solace. The consequences of drug abuse is often more wretched for families in precarious or poverty-stricken circumstances. There is a serious risk of transmission of HIV and other blood borne viruses to partners of infected drug users. Drug use is often associated with domestic violence, which in turn aggravates the physical and emotional distress of the family.

1.4 In India, there are some States which are affected more with the problem of substance and drug abuse. For the purpose of curbing drug abuse, 'demand reduction' has been accepted by the Government of India as an indispensable pillar of drug control strategies in accordance with the United Nations General Assembly (20th Special Session, 1998). India is also signatory to following treaties and Conventions:

- (i) Convention on Narcotic Drugs, 1961.
- (ii) Convention on Psychotropic Substances, 1971.
- (iii) Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.
- (iv) Transnational Crime Convention, 2000.

1.5 Ministry of Social Justice and Empowerment (Department of Social Justice and Empowerment) acts as the nodal Ministry for drug demand reduction. It coordinates and monitors all aspects of drug abuse prevention which include assessment of the

extent of the problem, preventive action, treatment and rehabilitation of addicts, dissemination of information and public awareness. The Ministry provides community based services for the identification, treatment and rehabilitation of addicts through voluntary organizations.

1.6 As regard the role of the State for prevention of drug abuse, it has been mentioned in Article 47 of the Constitution of India 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 endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.

1.7 The problem in India is there are no sensitization programmes about drug abuse in schools or for children out of school. India does not have a substance abuse policy. Children use volatile substances easily found in corner stores such as cough syrups, pain relief ointments, glue, paints, gasoline and cleaning fluids. The use of certain drugs such as whitener, alcohol, tobacco, hard and soft drugs is especially widespread among street children, working children and trafficked children. However, there is currently a lack of reliable data on drug abuse amongst children.

CHAPTER - II

NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1985

1.8 For the purpose of dealing with the menace of drug abuse and alcoholism, the Narcotic Drugs and Psychotropic Substances Act, 1985, was enacted, *inter-alia*, to curb drug abuse. Section 71 of the Act (Power of Government to establish centres for identification, treatment, etc. of addicts and for supply of narcotic drugs and psychotropic substances) provides that "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." Accordingly, the Ministry has been supporting Integrated Rehabilitation Centres for Addicts (IRCAs) under the Scheme of Prevention of Alcoholism and Substance (Drugs) Abuse being run by voluntary organizations.

CHAPTER - III

EXTENT, PATTERN AND TREND OF SUBSTANCE AND DRUG ABUSE

1.9 To know the extent of the problem, the Ministry of Social Justice and Empowerment conducted a National Survey, for the year 2000-2001 (report published in 2004) and it was estimated that about 732 lakh persons in India were users of alcohol and drugs. Of these 87 lakh used Cannabis, 20 lakh used opiates and 625 lakh were users of alcohol. About 26 per cent, 22 per cent and 17 per cent of the users of the three types respectively were found to be dependent on/addicted to them. The survey also indicated that other drugs such as sedatives/hypnotics, volatile substances, hallucinogens, stimulants and pharmaceutical preparations were also abused. It revealed that most users were in their early thirties, most had not sought treatment and very few were currently undergoing treatment. In addition, it was also found out that regions of high prevalence of opiate use were Manipur, Mizoram, Nagaland, Himachal Pradesh, Punjab, Haryana and Western Rajasthan. However, the sample size being small (40,697 Males within the age group of 12-60 years both in rural and urban areas) vis-à-vis the country's population, the estimates can at best be taken as indicative only. The Drug Abuse Monitoring System (DAMS) survey indicated a higher prevalence of alcohol abuse as 44 per cent, opiates as 26 per cent, cannabis as 12 per cent and stimulants as 2 per cent. Among the treatment seekers, 20 per cent were unemployed, 23 per cent were single and 16 per cent were illiterate. Prevalence in rural populace was found to be more with 52 per cent of treatment seekers being rural. The Rapid

assessment survey of 2001 indicated that the drugs used ranged from heroin and injectable drugs to cannabis, other opiate and sedatives.

1.10 The Committee enquired whether the Ministry is working in the direction of conducting a fresh nation-wide survey for collecting latest data, the Ministry informed that:

"With a view to building a reliable database and in view of the changing situation, it was decided in the year 2007, to take up another detailed round of National Survey, through a professional organization, like the National Sample Survey Office (NSSO), to capture recent trends, patterns and extent of drug use in the country. Accordingly, the NSSO had conducted a Pilot Survey in the cities of Amritsar, Imphal and Mumbai in March 2010. The NSSO brought out the report of the survey in January, 2011. After examining the report of the pilot survey, certain issues relating to under-estimates, non-coverage of certain age groups, limitation of pilot survey being confined to cities of Amrtisar, Mumbai and Imphal instead of entire States of Punjab/Maharashtra/Manipur and non-coverage of other potential selection units such as, homeless/pavement dwellers, street children, liquor vendors, etc. were raised.

The issues raised by the Ministry were discussed in a meeting held on 21st April, 2011. It was decided in the meeting that a Technical Committee may look into the matter afresh and take a final view. Accordingly, the sampling design and methodology for the survey were finalized by the Technical Committee. On the basis of the recommendations of the above said Technical Committee, the MoSJE constituted a Central Coordination Committee (CCC) to coordinate and monitor the overall progress of Advanced Pilot Survey to be conducted in all the districts of Manipur, Maharashtra and Punjab.

The CCC in its meeting held on 9th July, 2013 approved the technique for the advanced survey. The proposal of CCC for conducting an Advanced Pilot Survey was placed before the NSC. However, NSC in a meeting held in September, 2013 observed some shortcomings and recommended that Methodology and the sampling design may be looked afresh. Accordingly, a Working Group has been constituted by National Statistical Commission with National Sample Survey Organization (NSSO) as nodal organization to devise the modalities of advanced pilot survey in the states of Punjab and Manipur and to conduct the same.

It is proposed to conduct a nationwide survey, based on the experience gained during the advanced pilot survey."

1.11 When the Ministry was asked about the steps taken to conduct a Nationwide survey, the Ministry informed:

"As the problem of drug abuse is reported to be high in the State of Punjab and Manipur, the Ministry has initiated a survey work in these two States. Regional Resource Training Centres (RRTC), Punjab and RRTC Manipur have been assigned to conduct survey in collaboration with NDDTC, AIIMS and RIMS. Survey is to be completed by June, 2015."

1.12 The Ministry also informed that the National Sample Survey Office has now declined to conduct the survey and they can provide technical support only. The Ministry is now in touch with All India Institute of Medical Sciences (AIIMS), New Delhi for conducting the survey.

1.3 On being asked why the Ministry chose All India Institute of Medical Sciences (AIIMS), New Delhi for conducting survey when AIIMS has no expertise in conducting any such survey on drug abuse, the Ministry submitted that AIIMS is the apex institute of the Government of India for medical teaching, patient care and research. Medical research is one of focussed activities of AIIMS and every year more than 600 scientific publications are produced by the faculty and researchers of the institute on a variety of themes including clinical and epidemiological studies on the prevention and treatment of public health problems.

1.14 The Ministry further stated that the National Drug Dependence Treatment Centre (NDDTC) of AIIMS is the apex resource centre on drug dependence, which has well qualified multi-disciplinary faculty and staff (medical doctors, pre-clinical scientists, social scientists, research staff, nursing staff, laboratory personnel and administrative staff) to render various modalities of care for substance use disorders. The Centre

provides clinical care to about 4000 new patients and about 35000 old patients every year. It also provides clinical care to about 33000 patients in its community clinic. From its inception, the centre (NDDTC) has been involved in several activities besides clinical care which include assessment of the magnitude of drug abuse in the country, Health education, capacity building on substance use disorder treatment, establishment of laboratory to detect drugs of abuse in body fluids and health damage, documentation, publication of resource material and creation of database on substance use disorders and research in the field of addiction. NDDTC, AIIMS has the required technical expertise, experience, manpower and other resources and collaborations to undertake the National Survey on Drug and Alcohol Abuse for the Ministry. As the lead technical agency, NDDTC will be responsible for conceptualization of the survey methodology and planning its scientific aspects such as protocol and data collection tools, engagement with other collaborating technical institutions, training of all engaged institutions on the survey methodology, maintaining high ethical standards during the survey, analysis and interpretation of survey data and drafting of the report.

1.15 As far as involvement of NGOs for the Drug Survey is concerned, the Ministry submitted that the NDDTC will work with various other agencies and organizations from across the country including the Regional Resource and Training Centres and NGOs working with this Ministry for the purpose of the survey.

1.16 The Committee are surprised to note that last National Survey on Drug abuse was conducted in 2000-2001 (Report published in 2004). The Committee further note that attempts have been made by different organizations to capture recent trend, pattern and extent of drug use in the country but no final data is available with the Ministry. The Committee were informed that the National Sample Survey Organisation (NSSO) has declined to carry out any survey on drug abuse and the Ministry has now approached AIIMS, New Delhi for conducting the survey. The Ministry assured that the survey would be initiated based on the experience gained during various advanced pilot surveys done in the past. Since the trend and pattern of drug and substance abuse is changing frequently, the Committee feel that Nation-wide survey is very essential to initiate need based effective interventions since the data available with Ministry is more than thirteen years old. The Committee, therefore, desire that the Ministry should first consult AIIMS, RIMS, NIMHANS IRTCs, RRTCs, NGOs and other voluntary organizations who too are working in this field and decide the modalities, technicalities and procedure of conducting the survey and again approach the NSSO to conduct a Nation-wide survey on drug abuse.

1.17 The Committee recommend that the Ministry must adopt a focused strategy to conduct Nation-wide survey every five years as such a survey would help in appropriately planning and funding strategies to tackle the menace of drug abuse.

CHAPTER - IV

REHABILITATION/TREATMENT OF PERSONS AFFECTED BY ALCOHOLISM AND SUBSTANCE ABUSE

(i) Scheme for Prevention of Alcoholism and Substance Abuse

1.18 Under various provisions of the 'Narcotics Drugs and Psychotropic Substances Act, 1985' to curb drug abuse, the Ministry has been supporting Integrated Rehabilitation Centre for Addicts (IRCA) under the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse being run by the voluntary organizations. Section 71 of the Act which deals with power of Government to establish centres for identification, treatment etc. of addicts and for supply of narcotic drugs and psychotropic substances) provides that "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 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."

1.19 For the purpose of drug demand reduction, the Ministry of Social Justice and Empowerment has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86. Under this Scheme, financial assistance up to 90 per cent of the approved expenditure is given to the voluntary organizations and other eligible agencies for setting up/running Integrated Rehabilitation Centres for Addicts (IRCA). In the case of North-Eastern States, Sikkim and Jammu and Kashmir,

the quantum of assistance is 95 per cent of the total admissible expenditure. The Scheme has been revised four times in 1994, 1999, 2008 and December 2014 and at present provides financial support to NGOs and employers mainly for the following items:

- (i) Awareness and Prevention Education
- (ii) Drug Awareness and Counseling Centres (CC)
- (iii) Integrated Rehabilitation Centres for Addicts (IRCA's)
- (iv) Workplace Prevention Programme (WPP)
- (v) De-addiction Camps (ACDC)
- (vi) NGO forum for Drug Abuse Prevention
- (vii) Innovative Interventions to strengthen community based rehabilitation
- (viii) Technical Exchange and Manpower development programme
- (ix) Surveys, Studies, Evaluation and Research on the subjects covered under the Scheme.

1.20 The following figures have been furnished by the Ministry regarding State-wise details of Grants in Aid to NGOs under the Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse during 2014-15 (As on 31.12.2014):

Sl. No.	Name of the State/ UT	Amount released (in lakhs)	Number of		
			Projects sanctioned	NGOs assisted	Beneficiaries (approx)
1	2	3	4	5	6
1	Andhra Pr.	21.94	3	3	1107
2	Bihar	62.89	9	7	3321
3	Chhatisgarh	21.21	2	2	738
4	Goa	0	0	0	0
5	Gujarat	13.27	4	1	1476

6	Haryana	22.76	6	3	2214
7	Himachal Pr.	16.74	4	2	1476
8	Jammu & Kr.	18.14	2	1	738
9	Jharkhand	0	0	0	0
10	Karnataka	83.46	11	11	4059
11	Kerala	123.03	15	13	5535
12	Madhya Pr.	31.53	4	4	1476
13	Maharashtra	173.93	21	19	7749
14	Orissa	160.49	22	17	8118
15	Punjab	345.19	8	3	2583
16	Rajasthan	30.17	5	4	1845
17	Tamil Nadu	67.51	10	8	3690
18	Telangana	8.90	1	1	369
19	Uttar Pradesh	160.82	21	15	7749
20	Uttarakhand	17.11	2	2	738
21	West Bengal	63.14	7	6	2583
22	Chandigarh	0	0	0	0
23	Delhi	41.6	7	4	2583
24	Puducherry	0	0	0	0
25	A & N Island	0	0	0	0
26	Lakshadweep	0	0	0	0
27	Daman & Diu	0	0	0	0
28	Dadra & NH	0	0	0	0
	TOTAL(ROC)	1483.83	164	126	60147
29	Arunachal Pr.	0	0	0	0
30	Assam	80.85	9	8	3321
31	Manipur	213.95	16	16	5904
32	Meghalaya	0	0	0	0
33	Mizoram	24.14	2	2	738
34	Nagaland	31.89	6	5	2214
35	Tripura	0	0	0	0
36	Sikkim	9.95	1	1	369
	TOTAL OF NE	360.78	34	32	12546
	GRAND TOTAL	1844.61	198	158	72693

1.21 This Ministry has been corresponding with all the State Governments/UTs for forwarding fresh proposals of eligible organizations. However, the State Governments/UT Administration of Tripura, A&N Islands, Dadra & Nagar Haveli, Daman & Diu and Lakshadweep have not forwarded any proposal during last three to four years for new de-addiction centres. Hence, there are no IRCAs in the above State/UTs and accordingly, there are no beneficiaries.

1.22 When the Ministry was enquired about the under-utilization of funds under the Scheme during 2014-15 and the steps taken to utilize full amount, the Ministry stated that although the Ministry of Social Justice and Empowerment has initiated an online system for considering the proposals of the NGOs w.e.f. the year 2014-15, yet the proposals for the year 2014-15 were not received in the Ministry (online) from the State Govt./UT Administration till October, 2014. After repeated communications with State Governments/UTs, some proposals had been received from them and they were being processed in the Ministry. However, in order to expedite the release of funds to the NGOs as also to spend funds as per guidelines of the Ministry of Expenditure, grant-in-aid upto 50 per cent was released to the NGOs as first installment without waiting for the recommendation of the State Government in those cases where the grants were being received from the Ministry continuously for the last three years. However, in keeping with pace of expenditure so far, the BE of Rs. 50 crore had been revised to Rs. 35.11 crore at RE stage. The Ministry had incurred an expenditure of Rs. 19.51 crore upto 09.01.2015 against the RE of Rs. 35.11 crore for the year 2014-15. The Ministry is

in regular touch with the State Governments to expedite forwarding of the online proposals.

1.23 When asked about the reasons for under utilization/non-utilization of allocated funds, the Ministry informed that the under-utilization of allocated funds under the Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse was either due to delay in the submission of project proposals by the State Governments or due to submission of proposals with incomplete supporting papers or papers not in the prescribed format as given under the guidelines. Most of the proposals of NGOs for grant-in-aid were received in the Ministry at the fag end of the financial year (2013-14) from the State Governments/UT Administration. This resulted in less than prescribed optimum expenditure per quarter. The Ministry of Expenditure, Ministry of Finance imposed a cut at RE stage and the expenditure was also restricted to 33 per cent of BE in last quarter of financial year. Accordingly, many proposals remained unprocessed resulting in non-release of funds.

1.24 However, the Ministry further informed regarding utilization of funds in the current financial year that Budget Estimate (BE) for Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse for the year 2015-16 is Rs. 20.15 Crore and a Supplementary Grant of Rs. 8.0 Crore (Total Rs. 28.15 Crore) has been allocated for the year 2015-16, out of which Rs. 6.00 Crore has been already utilized till date. It is expected to fully utilize the allotted fund as the Grant-in-aid for the year 2015-16 will be released to the Organizations as per the revised cost norms.

1.25 According to a report, a Public Interest Litigation (PIL) was filed in Delhi High Court, alleging lack of any controlling body relating to the running of de-addiction and rehabilitation of alcoholics and drugs de-addiction Centres in Delhi and across the country. The petition sought directions to lay down a coherent policy and procedures for the drug and alcohol de-addiction and rehabilitation centres so that they are easily accessible to patients suffering from chronic addictions. Further it was urged that Central Government should stop all grants under 'Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drug) Abuse' as the NGOs are misusing these grants for personal gains. The Ministry in their reply to these allegations stated that "on an average only 30 crores were spent annually under the Scheme. Further the Scheme categorically mentions the minimum standards in the services being delivered by the de-addiction centres"

1.26 The Committee note that the Prevention of Alcoholism and Substance (Drug) Abuse is such an important scheme but sadly, funds were curtailed from Rs. 50 crore to Rs. 35.11 crore at RE level in the year 2014-15, due to late receipt of proposals from the State/UTs. The Committee are unhappy that though the Ministry had introduced an online system from the year 2014-15, still the proposals are being submitted late. The Committee desire that the Ministry should keep pursuing the State Governments and impress upon them to strictly adhere to the time limit of sending the proposals i.e. by the end of third quarter of the financial year. Apart from this, the Committee further recommend that the Ministry should set up a separate mechanism to check the proposals sent by States/organizations online so that discrepancies therein could be checked and corrected in time which would not only help utilisation of funds meant for the scheme but also prevent reduction of funds at RE stage by the Ministry of Finance.

1.27 The Committee are surprised to note that there is not a single beneficiary in the States of Goa and Jharkhand and six Union Territories under the Scheme as these States have not forwarded any proposal during last three or four years for setting up of de-addiction centres. The Committee further note that there are no IRCAs in Tripura, Andaman & Nicobar Islands, Dadar & Nagar Haveli, Daman & Diu and Lakshadweep. The Committee, therefore, exhort the Ministry to interact with these States and

urge them to forward proposals for establishing de-addiction centres and setting up of IRCAs there.

1.28 The Committee were informed that to monitor the working of NGOs the Ministry of Social Justice and Empowerment have no proper policy but simply designated Bureau Heads and Divisional Heads as Nodal Officers for various States and UT Administrations for carrying out inspection at regular intervals and the State Governments/UT Administration or any other agency prescribed by the Ministry conducts regular inspections of the organizations and further grant is released on receipt of satisfactory Inspection Reports and recommendation thereof. The Committee fail to understand that despite of such a mechanism in place, people have filed petitions in Court(s) against the Ministry alleging misuse of grants by NGOs for personal gains. The Committee are of the considered opinion that the Ministry must take measures for formulating a policy which contains a defined set of procedures and directions for running and maintaining the drug detoxification and rehabilitation centres which are funded by them. The Committee also urge the Ministry to set up a more focussed monitoring mechanism to check the misuse of funds by the IRCAs/NGOs involved in drug de-addiction and rehabilitation. The Committee desire to know about the steps taken by the Ministry to address the grievances of people against certain NGOs.

(ii) Narcotic Drugs and Psychotropic Substances Policy (NDPS Policy)

1.29 As regards formulation of Narcotic Drugs and Psychotropic Substances Policy (NDPS Policy), the Ministry informed that Ministry of Finance in consultation with all stakeholders including the Ministry of Social Justice and Empowerment has brought out Narcotic Drugs and Psychotropic Substances Policy (NDPS Policy) which aims to:

- (a) Spell out the policy of India towards narcotic drugs and psychotropic substances; and
- (b) Serve as a guide to various Ministries and organizations in the Government of India and to the State Governments as well as International Organizations, NGOs, etc.
- (c) Re-assert India's commitment to combat the drug menace in a holistic manner.

1.30 The policy reaffirms the three pronged strategy for demand reduction of Narcotic Drugs and Psychotropic Substances by way of awareness building, community based intervention for motivational counselling, identification, treatment and rehabilitation of drug addicts, and training of volunteers/service providers and other stakeholders with a view to build up a committed and skilled cadre. The policy also envisages that a mechanism shall be identified to assess the extent of drug abuse in the country through National Household Survey or otherwise. Such survey shall be repeated every five years so that the change and pattern of drug abuse can be studied and the impact of various measures taken for drug supply and demand reduction can be assessed.

1.31 On the issue of National Policy on Drug Demand Reduction, the Ministry informed that for the purpose of drafting a National Policy and implementing it expeditiously, an Inter-Ministerial Committee comprising the representatives from Ministry of Revenue and Narcotic Control Bureau has been constituted in the Ministry to suggest measures for strengthening drug demand reduction. The Policy emphasizes on strengthening coordination among the various concerned regulatory agencies such as Narcotics Control Bureau, State Drug Controllers, Customs and other drug law enforcement agencies.

1.32 When the Ministry was asked about the time by which the National Policy would be finalized, the Ministry informed that:-

"the Cabinet note for finalizing the National Policy on Drug Demand Reduction has been circulated to the concerned Central Ministries on 31.12.2014 for their comments/views, which has been revised and re-circulated to the concerned Ministries (vide O.M. No. 7-5/2008-DP-II dated 24th June, 2015) to convey their views on the same within two weeks. It is expected to be finalized after receiving their comments."

1.33 When the Committee further enquired about the Report of the Inter-Ministerial Committee on drug demand reduction, the Ministry informed that the Inter-Ministerial Committee to suggest measures for strengthening drug demand reduction activities" conducted two meetings and submitted its first report on 30.4.2015. The report was circulated (vide O.M dated 18th May, 2015) to the concerned Central Ministries and Narcotic Control Bureau for information/appropriate action.

1.34 The Committee note that Narcotics Drug and Psychotropic Substance (NDPS) Policy is under formulation by the Ministry of Social Justice and Empowerment and the Cabinet note for finalizing the National Policy on drug demand reduction had been circulated to the concerned Central Ministries on 31.12.2014 for their comments/views. The Committee, deplore the approach of the Ministry and avoidable delay in finalizing the Policy considering the extent and nature of the problem. The Committee, therefore, urge upon the Ministry to coordinate with all the Central Ministries concerned with the Policy, and vigorously pursue them to send their views expeditiously so that the Policy is finalized without further loss of time. The Committee also desire to be apprised of the latest status and action taken by the Ministry in this regard.

(iii) New Initiatives for prevention and treatment of drug abuse and alcoholism

1.35 The Ministry furnished following information regarding new initiatives/schemes in the field of prevention and treatment of drug abuse and alcoholism:

- (a) Revision of cost norms of the Scheme of Prevention for Alcoholism and Substance (Drugs) Abuse:

The present Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse was last revised in the year 2008. The cost norms of the Scheme have again been revised w.e.f. 01.01.2015.

- (b) Survey in Punjab and Manipur:

As the drug abuse problem is reported to be acute in the States of Punjab and Manipur, the Ministry has conducted a rapid survey for estimation of the extent, trend and pattern of the drug abuse through the concerned Regional Resource Training Centres of these two States, in collaboration with AIIMS, Delhi for survey in Punjab and Regional Institute of Medical Sciences, Imphal for survey in Manipur. Report of the survey has been submitted and under consideration.

- (c). Awareness Generation.

(iv) Awareness Generation Programmes

1.36 Awareness Generation Programmes are conducted by the Ministry in schools and community through Voluntary Organizations, Regional Resource Training Centres (RRTCs), Nehru Yuva Kendra Sangathan (NYKS), National Cadet Corps (NCC) and National Service Scheme (NSS) etc.

1.37 When asked about the Awareness Generation Programmes, the Ministry submitted that "in the year 2011-12, Awareness Generation Programmes were conducted in two States namely Punjab and Manipur which covered 3000 villages in ten districts of Punjab and 750 villages in seven districts of Manipur. These programmes were conducted through the Nehru Yuva Kendra Sangathan (NYKS). The addicts were identified and de-addiction camps were organized for these addicts. The total project cost was Rs. 3.5 crore. Due to high rate of prevalence of addiction in Punjab, the Ministry has again assigned, in October 2014, an Awareness Generation Programme in the State through Nehru Yuvak Kendra Sangathan".

1.38 However, the Ministry stated in their reply that the "Ministry has not declared these two States as most affected States as such a conclusion can only be drawn after the report of Nation-wide survey is received which would be undertaken in due course".

1.39 It was further submitted that, "the Ministry has conducted a rapid survey for estimation of the extent, trend and pattern of drug abuse in the States of Punjab and Manipur through the concerned Regional Resource and Training Centres (RRTCs) involving All India Institute of Medical Science (AIIMS), Delhi and Regional Institute of

Medical Sciences (RIMS), Imphal respectively. Report of the Survey has been submitted and it is under consideration.

1.40 As the drug abuse problem is reported to be high in the State of Punjab, the Ministry has recently assigned an awareness programme to NYKS to cover 21 districts of Punjab. With a view to sensitizing the people in North-East, the Ministry in collaboration with National Service Scheme organized the first Regional Workshop on prevention of drug abuse at Shillong on 15th to 17th June, 2015."

1.41 Despite having admitted that the Ministry has not declared Punjab and Manipur as most affected ones, the Committee are dismayed to note that the Ministry is giving stress on conducting Awareness Generation Programmes only in these two States that too on the basis of survey conducted by United Nations Office on Drugs and Crime (UNODC) in 2000-2001. Taking cognizance of high rates of prevalence of addiction in other States with large population base such as Maharashtra, Uttar Pradesh, Andhra Pradesh, Odisha, etc., the Committee exhort the Ministry to not concentrate only on these two States but conduct Awareness Generation Programmes all over the country evenly, giving preference to all the States having high rate of addiction, covering rural and remote areas so as also to target poor and illiterate people. The Committee desire that at All India level, the Ministry should establish a National Programme Management Unit (PMU) to facilitate in strengthening programme implementation and management process through project mode to ensure the quality of service delivery to the target population. The Committee may be apprised of the findings of the Report of the Survey conducted in Punjab and Manipur.

1.42 The Committee were informed that the Awareness Generation Programmes have been conducted by the Ministry through NYKS, RRTCs, IRTCs and NGOs in the country and now they are planning to involve NCC and NSS too. Considering the fact that large numbers of youths are involved in NCC and NSS in their student life across the country, the Committee feel

that immediate steps should be taken to involve the volunteers of NCC and NSS in their Awareness Generation Programmes.

CHAPTER - V

ROLE OF VOLUNTARY ORGANIZATIONS/NGOS

1.43 The Ministry informed the Committee that under the Scheme for Assistance for Prevention of Alcoholism and Substance Abuse, the Ministry of Social Justice and Empowerment provides financial assistance upto 90 per cent of the project cost for setting up/running, inter-alia

- (i) Integrated Rehabilitation Centre for Addicts (IRCA)
- (ii) Regional Resource and Training Centres (RRTCs)
- (iii) Holding Awareness-cum-De-addiction Camps (ACDC), Awareness Generation Programme, etc.

1.44 For this purpose, voluntary and other eligible organizations, Non-Governmental Organizations (NGOs) are selected for identification, counselling, treatment and rehabilitation of victims of drug abuse and alcoholism.

1.45 The Ministry further elaborated the process and submitted that Non-Governmental Organizations (NGOs) with long experience and expertise have been designated as Regional Resource and Training Centres (RRTCs) for different regions of the country. At present 12 RRTCs are funded under the Scheme. These RRTCs serve as field training units of the National Institute of Social Defence. RRTCs are also expected to act as a clearing house and act as a resource centre in the relevant field at the regional level. Their activities include monitoring and providing technical support, advocacy and networking, training and capacity building for effective delivery of service by the Centres funded by the Ministry. The RRTCs are also required to interface with

concerned State Governments, local bodies, schools and colleges, NYKs and NSS units, PRIs, etc. for forging linkages and facilitating the process of inspection and timely submission of recommendations from States for releasing of grants-in-aid.

1.46 When enquired about the criterion adopted by the Ministry while selecting and disbursing funds to the NGOs, the Ministry replied that under the Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse funds are released to organizations fulfilling the following conditions:

- (i) It should have a properly constituted managing body with its powers, duties and responsibilities clearly defined and laid down in writing.
- (ii) It should have resources, facilities and experience for undertaking the programme.
- (iii) It should not be run for profit of any individual or a body of individuals.
- (iv) It should not discriminate against any person or group of persons on the ground of sex, religion, caste or creed.
- (v) It should ordinarily have existed for a period of three years.
- (vi) Its financial position should be sound.

1.47 When asked whether the Ministry have recently conducted any survey to review the working of the NGOs, funded by the Ministry, it was submitted that the Ministry has not conducted any recent survey to review the working of the NGOs engaged in rehabilitation/treatment of persons affected by substance, liquor and drug abuse. However, the Ministry sponsors evaluation studies from time to time through independent agencies to check whether the benefits reach the target groups.

1.48 When the Ministry was asked whether there is any proposal to revise and raise the quantum of grants given to the NGOs, the Ministry stated that the Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse was last revised in the year 2008. As the Consumer Price Index had witnessed more than 100 per cent increase and the cost of drugs and services, infrastructure and logistics costs had gone up significantly high, the cost norms of the Scheme were again revised w.e.f. 01.01.2015. The revision of various components ranges between 80-100 per cent. As per present cost norms, a 15 bedded Integrated Rehabilitation Centre for Addicts (IRCAs) is entitled to receive grant-in-aid of Rs. 18.50 lakh (approx.) for running and maintenance of the de-addiction centre.

1.49 When asked about the mechanism to monitor the working of the NGOs physically, the Ministry stated:

- (i) Ministry of SJ&E have designated Bureau Heads and Divisional Heads as Nodal Officers for various States and UT Administrations for carrying out inspection at regular intervals. About 273 De-addiction centres were inspected by the officers of this Ministry during 2014-15.
- (ii) The State Governments/UT Administration or any other agency prescribed by the Ministry conducts regular inspections of the organizations and further grant is released on receipt of satisfactory Inspection Reports and recommendation thereof.
- (iii) States/UTs have also been advised to strengthen their monitoring system.

- (iv) Financial and physical performance is reviewed by Secretary, Social Justice and Empowerment on weekly basis to monitor all important activities and to ensure that the allocation provided for the Scheme is fully utilized.
- (v) Ministry of Social Justice and Empowerment organizes Biennial Conference of State Social Welfare Ministers and Annual Conference of State Secretaries wherein all the Schemes of the Ministry are reviewed.
- (vi) Video conferences are also organized with the State Governments wherein all the Schemes of the Ministry are reviewed.
- (vii) Ministry also sponsors evaluation studies from time to time through independent agencies to check whether the benefits reach the target groups.
- (viii) Subsequent releases of grant-in-aid to NGOs are made only on receipt of audited accounts, utilization certificates and completeness of the proposals as per norms of the Scheme.

1.50 A representative of the Ministry candidly admitted before the Committee during evidence:

"...This is absolutely correct that if we monitor the NGOs in a proper way, then only these Schemes will be implemented properly. It has been agreed to that some NGOs are not performing their duties properly. If they are not working properly, then it will be reported in their Report. In this way, we would not provide them with grants-in-aid next year and will select some other NGO. Through this method, we would try to implement the Schemes efficiently and effectively."

1.51 When enquired about the remedial steps taken for timely receiving of proposals from the NGOs so that the grants are released to them on time, the Ministry replied that:

- (i) In order to expedite the processing of the proposals and increase transparency, the Ministry of Social Justice and Empowerment has initiated an on line system for considering the proposals of the NGOs w.e.f. the year 2014-15.
- (ii) Ministry organizes Biennial Conference of State Social Welfare Ministers and Annual Conference of State Secretaries wherein all the Schemes of the Ministry are reviewed and the State Governments are advised to forward the proposals of eligible organizations well within time.
- (iii) Video conferences are also organized with the State Governments wherein all the Schemes of the Ministry are reviewed and the State Governments are advised to forward the proposals of eligible organizations well within time.
- (iv) As far as possible, correspondence with the NGOs are being made through e-mail for faster communication/ for obtaining deficient documents.
- (v) The proposals of NGOs were received from many of the State Governments at the fag end of the financial year. However, grant-in-aid of 50 per cent were released to 67 NGOs during 2014-15 as first installment.

1.52 On being asked about the steps taken to identify fake NGOs working in the field of treatment of victims of drug abuse, it was informed to the Committee that Ministry of Social Justice and Empowerment have designated Bureau Heads and Divisional Heads as Nodal Officers for various States and UT Administrations for carrying out inspection at regular intervals. The State Government also carries out inspection of these Centres before their proposal is forwarded to the Ministry. The Ministry also conducts surprise inspections of these Centres. About 273 De-addiction centres were inspected by the officers of this Ministry during 2014-15. 26 NGOs were issued show cause notices for the irregularities noticed by the Inspecting Officer(s) in these de-addiction centres.

1.53 When the Ministry was asked about the measures taken by the Ministry for training and employment of victims of drug abuse and alcoholism after their treatment and being discharged from the rehabilitation or treatment centres, the Ministry submitted that the National Institute of Social Defence under the Ministry of SJ&E conducts the following two Certification Programmes:

- (a) Skill development training through two months Certification Course on selected trades. This vocational training is provided to the persons who have undergone treatment and also to their spouses/co-dependents.
- (b) Some victims of drug abuse are also included and trained along with the batch undergoing one month Certificate Course on drug de-addiction counselling so that these persons can be employed or work effectively in treatment centres as counsellors.

1.54 These skill development training programmes are conducted through twelve Regional Resource and Training Centres (RRTCs) designated by the Ministry for different regions of the country.

1.55 India being such a vast country having large population affected by drug menace, the Committee are dismayed to note that there are only 12 Regional Resource Training Centres (RRTCs) in the country which are funded by the Ministry under the Scheme. The Committee desire to know why the Ministry has not been able to set up more RRTCs as they not only serve as field training units of the National Institute of Social Defence but also act as a clearing house and a resource centre in the relevant field at the regional level. The Committee, therefore, urge upon the Ministry to designate more NGOs as RRTCs in different regions of the country so that the purpose of counselling, treatment and rehabilitation of victims of drug abuse and alcoholism is served well.

1.56 The Committee note that proposals of NGOs are received from many States at the fag end of every financial year as a result, funds meant for drug de-addiction and rehabilitation are not utilized fully. The Committee desire that the Ministry should keep pursuing the matter with the States consistently by urging them to send proposals in time.

(i) Views of NGOs/IRCA's involved in treatment/rehabilitation of victims of drug abuse

1.57 When the Committee enquired about the measures to be adopted for effectively dealing with the menace of drug and substance abuse, a representative of an NGO, deposed before the Committee that like demand reduction it is the duty of the State to reduce the supply of the substance and drugs. It may be done by curbing down on the production, the manufacturing, cross-border trafficking and sale.

1.58 As the problem of drug abuse is reported to be high in Punjab, a representative of an NGO from Punjab deposed before the Committee that easy availability of the drugs through chemists in the form of sedatives, hypnotics, tranquilisers, pain killer, cough syrup, degradation in the educational standards, unemployment, easy money from the sale of land and remittances etc. are some of the reasons for high rate of drug abuse and alcoholism in Punjab.

1.59 To deal with the problem of drug abuse, a representative of another NGO from Punjab drew attention of the Committee towards 'early prevention'. Second is 'early intervention'. A child or person who is affected by drug abuse should be identified and brought for treatment. For this parents and teachers should be given training accordingly. Third step is 'treatment' which includes de-addiction which has four phases:

- (a) Motivation
- (b) Detoxification
- (c) Rehabilitation
- (d) Maintenance which includes 'Recovery' as well as 'follow up'.

1.60 The Committee note that early prevention and early intervention are an integral part of the treatment and rehabilitation programme for drug addicts. The Committee desire that the Ministry should adopt early Identification and Prevention Models for implementation through schools which may include Integration of Drug Abuse Prevention, stress management and life skills education in NCERT School Curriculum, training of School Teachers and Counselors on early identification and prevention of drug abuse. This programme should be integrated in the training/workshops conducted by SCERT for teachers. The Committee recommend the Ministry to take up the matter with all States/UTs administration and urge them to direct every school in their States/UTs to dedicate 4-5 hours half-yearly or annually on conducting drug abuse awareness cum prevention programmes for school students which may include organizing Audio Visual Shows and other activities such as slogan writing, quiz competitions, poster competitions, exhibitions etc.

1.61 The Committee also desire that the Ministry for the purpose of early intervention, should conduct Awareness Programmes linked with protection, counseling and support service regularly at community level and issue directions to all Central Public Sector Undertakings to conduct Drug/Alcohol 'education cum prevention programs' atleast once every six months for early intervention and prevention of drug abuse at workplace. The Committee

desire that atleast one "Drug Detoxification-Cum-Treatment Centre" for treatment of drug dependents in each district also be set up.

1.62 The Committee further note that addiction to drugs and alcoholism is a relapsing medical disorder which requires prolonged medical treatment. Taking note of the fact that for improved adherence and outcome of medical treatment, an individual requires concomitant psycho-social intervention directed towards the victim as well as his family, the Committee desire that a multi-tier service model for treatment of addiction may be established which may include, (i) treatment including long term medicines at outpatient level to provide treatment for alcohol dependence and opioid dependence, (ii) establishing Mobile Dispensing Units to provide addiction treatment to the drug users in selected locations/hotspots which are hard-to-reach, not easily accessible with public transport or do not have suitable facilities to establish Addiction Treatment Clinics, (iii) facility of Drug Detox Centres be made available in government hospitals to deliver detoxification for patients with substance use disorders, and (iv) setting up of Rehabilitation Centres to deliver long-term psycho-social care for patients treatment at De-addiction centres and provide vocational training and skill building training. These centres would also dispense long-term pharmacological treatments after stabilization at the De-addiction Centres.

(ii) Problems of Non-Governmental/Voluntary Organizations in treatment and rehabilitation

1.63 When the Ministry was enquired about any survey or study conducted for ascertaining the obstacles faced by the NGOs/IRCA's in dealing with the treatment/rehabilitation of the victims of drug abuse, the Ministry replied that the Ministry has conducted the following evaluation studies to assess implementation of the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse:

- i) Evaluation Study of the Scheme of Prevention (Drugs) Abuse in the States of Tamilnadu, Andhra Pradesh, Karnataka and Kerala (2007-08)
- ii) Evaluation Study of the Scheme of Prevention (Drugs) Abuse in the States of Delhi, Haryana, Uttar Pradesh, Rajasthan and Jammu and Kashmir (2007-08)
- iii) Evaluation Study of Prevention of Alcoholism and Substance (Drugs) Abuse in the North-Eastern States (2007-08)
- iv) Evaluation of the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse in the West Bengal, Bihar and Orissa (2007-08)
- v) Evaluation of the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse in Madhya Pradesh, Maharashtra, Gujarat and Goa (2007-08)

- vi) Impact Study on Awareness Generation and Preventive in Education Campaigns by Mahila Yuva Kendras in Punjab and Manipur (2012-13).

1.64 The Committee observe that the Ministry has conducted Evaluation Studies for evaluating the performance and monitoring the functioning of the NGOs under the Scheme of Prevention of Alcoholism and Substance (Drugs) Abuse. The Committee find these Evaluation Studies insufficient to actually assess the requirements or hurdles faced by the NGOs. The Committee, therefore, recommend that the Ministry should conduct a separate survey or study to ascertain the problems/obstacles faced by NGOs/IRCAs by interacting with them. The views/suggestions of these NGOs/IRCAs can also be taken into account on the basis of which the Ministry can re-frame its guidelines for the Scheme accordingly.

(a) Insufficient/Late grant of funds

1.65 A representative of the Punjab Red Cross Society-State Branch submitted before the Committee that the Red Cross Drug-De-addiction Centre, Gurdaspur, is being run with the meager grant-in-aid about 90 per cent from Ministry of Social Justice and Empowerment, Government of India, and 100 per cent of the total Expenditure is shared by Punjab State Red Cross Branch, Chandigarh. Only Rs. 8400 is being paid as contingency per month which is too meager to run 30 bedded hospital, whereas, the number of indoor addicts is always more than 35 at a time. This Centre is not only treating the addicts of District Gurdaspur, but clients from all over the Country are getting treatment from this Centre, keeping in view its highest success rate as compared to other Centres of India. As the number of persons affected by drug abuse and alcoholism are reported to be very high all over the country, shortage of funds/grants may affect the very performance or ability of the Centre by way of inability of the Centres to afford expertise services for the patients.

1.66 When the Ministry was asked about the reasons for releasing the funds late and steps taken to release the funds in time, the Ministry stated that , "the project proposals under the Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse are either forwarded late by the State Governments or the proposals are received in the Ministry with incomplete supporting papers or papers not in the format as prescribed under the guidelines. In order to expedite the processing of the proposals and increase transparency, the Ministry of SJ&E has initiated an on line system for considering the proposals of the NGOs w.e.f. the year 2014-15. Ministry of

SJ&E organizes Biennial Conference of State Social Welfare Ministers and Annual Conference of State Secretaries wherein all the Schemes of the Ministry are reviewed and the State Governments are advised to forward the proposals of eligible organizations well within time. Video conferences are also organized with the State Governments wherein all the Schemes of the Ministry are reviewed and the State Governments are advised to forward the proposals of eligible organizations well within time. As far as possible, correspondence with the NGOs are being made through e-mail for faster communication/ for obtaining deficient documents."

1.67 It is also brought into the notice of the Committee by a representative of an NGO that due to the late grant of funds to the Centres they have to borrow money or take loans or advances to manage the proper functioning of the Centre.

Dearth of Counsellors and Counselling Centres

1.68 Role of counsellors is very important in the process of treatment and rehabilitation of the victims of drug abuse. Recovery of addict does not only involves giving up substance abuse but also positive changes in his/her area of life such as physical well being, productive work routine, meaningful relationship, positive personality change, etc. These aspects of recovery complement and sustain each other. For this purpose counselling is required, not only in the rehabilitation phase but also at the school level as a preventive measure.

1.69 Considering the problems faced by De-addiction Centres and NGOs, while implementing the Scheme of Prevention of Alcoholism and Substance (Drugs) Abuse, the Committee recommend the Ministry to consider more allocation of funds to the NGOs/IRCAs so that they can render better and efficient services to the victims of drug abuse. This will also take care of the problem of dearth of manpower in the NGOs/IRCAs as well.

1.70 Taking note of the problems faced by NGOs due to late grant of funds by the Ministry, the Committee are of the considered view that the Ministry must overhaul their mechanism of granting funds to the NGOs/IRCAs and also streamline their mechanism of receiving proposals and processing them in time to grant funds well within time. The Committee also recommend that the Ministry should conduct surprise inspections at regular intervals to keep an eye on those NGOs who are genuinely working for the benefit of the victims of drug abuse and also at the same time, blacklist those NGOs who are fake and misusing/diverting the funds.

1.71 The Committee observe that counselling plays a very important role not only in treatment and rehabilitation of the victim of drug or substance abuse as such people usually feel isolated from the society and are not willing to come forward for treatment. The Committee, therefore, desire the Ministry to consider the vital role of counselling and therefore in coordination with the State Governments, should emphasize on establishing Counselling Centres at Sub-Division level besides IRCAs. The Committee further observe

that even if there are Counselling Centres people are ignorant as to where they should go for treatment and detoxification. The Committee, therefore, urge upon the Ministry to give wide publicity of these Centres through print and electronic media so that victims and their family are aware of these Centres. The Committee also desire that the Ministry should urge the States/UTs to conduct counselling programmes at school level periodically to increase awareness among children. The Committee further recommend that Counselling Programmes should also be conducted in District Courts to address the offences related to alcohol/drug abuse under trial in Family Courts and Traffic Courts.

(b) Lack of exclusive Centres for Women and Juveniles:

1.72 According to a submission made by a representative of a Delhi based NGO, the problem of women drug abusers has been rising not only in rural areas but in big cities also. But there are no Centres exclusively meant for treatment of women patients specifically in North India. A Report of "National Survey on Extent, Patterns and Trends of Drug Abuse in India" conducted by United Nations Drug Control Programme and the Ministry of Social Justice and Empowerment reveals that within the family, it is often the woman, in the role of wife or mother, who is most affected by the individual's drug use, and has to bear a significant part of the family burden. Such impact becomes even more obvious in a developing country like India, where women are already disadvantaged. This aspect of the burden of drug use on women in India has received scant attention. Furthermore, in Indian society, which is a society in transition, changing roles, increased stress and alterations in lifestyle bring with them newer problems. Although the problem of drug abuse among women is being increasingly recognized, female drug problems do not usually show up in official drug statistics. This is partly due to their limited numbers and the largely subordinate position of women users in the drug subculture. However, women are likely to suffer worse consequences than men as a result of drug abuse. It is therefore important to evolve alternate strategies to identify women with problems related to drug abuse in order to understand its impact both from the individual as well as from the gender perspective.

1.73 Secondly there is a remarkable increase in the usage of drugs by the children between the age 8 to 10 years and among adolescents. For sustaining these drugs

they can go up to any limit due to which they are easily pushed into the swamp of heinous crimes. Nevertheless, there are no centres for treatment, rehabilitation, care and support of these children. Most of them are homeless and poor who need care and support after treatment.

1.74 On being asked about the Centres that are being run exclusively for treatment and rehabilitation of women and children addicts, the Ministry informed that "there are four de-addiction centres which are providing counselling, treatment and rehabilitation exclusively to women addicts and are funded by the Ministry. They are (i) Sneha Bhawan, Imphal West, Manipur (ii) United Voluntary Youth Council (UVYC), Langthabal Mantrikhong Makha Leikai, P.O Canchipur, Imphal West, Manipur (iii) New Life Home Society, Aizwal, Mizoram and (iv) Sri Baba Trust and Foundation, Bangalore".

1.75 The Committee are distressed to note that despite the fact that the drug and substance abuse among women is increasing day by day, neither the Ministry is bothered to recognize their number in official drug statistics nor has taken the matter seriously enough to set up sufficient exclusive Centres for women all over the country. Taking note of the fact that there are only four exclusive Centres for women but no exclusive centre for juveniles, the Committee urge upon the Ministry to set up more exclusive Centres for treatment and rehabilitation of women and juvenile drug addicts specially in Northern and North-East States. The Committee also desire that separate Centres for vocational training and skill development of juveniles, after their treatment, should be set up so that they are not only rehabilitated but their relapse rate is also reduced. The Committee also recommend the Ministry to consider at least one model centre for homeless/destitute in each district.

(c) Misuse of Proprietary Medicines/Pharmaceutical Drugs

1.76 When the Ministry was enquired about the measures adopted to control the sale and usage of proprietary medicines - allopathic and ayurvedic, as means of addiction, the Ministry informed that Government has taken following measures to prevent the misuse of ayurvedic preparations (asvas and aristas). Necessary amendments in the Drugs and Cosmetic Rule 1945 under Rule 161 and Rule 168 have been made. Accordingly, Rule 161 labelling, packing and limit of alcohol in ayurvedic (including siddha) or unani drugs defines the content of alcohol in the ayurvedic preparations (Asavas) as follows:-

Name of the Drug	Maximum size of packing
(i) Kapur Asava	15 ml
(ii) Ahiphenasava	15ml
(iii) Margamadasava	15ml

1.77 Regarding preparations containing self-generated alcohol, the following provisions have been made in the Rules;

Name of the Drugs	Maximum Content of alcohol (ethyl alcohol v/v)	Maximum of packing
(i) Mrit Sanjivani	16per cent	30ml
(ii)Mahadrakshava	16per cent	120ml

1.78 Rule 168 defines the standards to be complied with in the manufacture for sale or for distribution of ayurvedic, siddha and unani drugs which are as follows:-

Class of Drugs	Standard to be complied with
1. [Drugs] included in Ayurvedic Pharmacopoeia	The standard for identity, purity and strength as given in the editions of Ayurvedic Pharmacopoeia of India for the time being in force.
2. Asavas and Aristas	The upper limit of alcohol as self generated

	alcohol should not exceed 12 per cent v/v excepting those that are otherwise notified by the Central Government from time to time.
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1.79 A representative of an NGO admitted during evidence before the Committee that drugs, such as Buprenorphine, which is used for treatment of persons affected by drug abuse is again misused for addiction, which is a major concern of the Committee.

1.80 The Committee are perturbed to note that the pharmaceutical drugs/medicines used for curing persons affected by drug abuse are one of the prime sources of addiction. The Committee, therefore, impress upon the Ministry to suitably address the issue of strict monitoring of drugs by the manufacturing companies so that they confine to the Drugs and Cosmetic Rules 1945 regarding limit of alcohol in ayurvedic preparations. The Committee also desire the Ministry to not only set up a separate agency for monitoring the working of the NGOs to ensure that there is no prolonged usage of the pharmaceutical drugs after the treatment of the person by them but also take stringent action against the NGOs/persons responsible for providing those drugs of treatment, to the patients after their treatment is over.

(d) 24 x 7 Helpline

1.81 During discussion with a representative of an NGO, it was deposed that:

"It is important that there should be a 24x7 helpline because when a patient is recovering and is in a rehabilitation phase, a suicidal thought of again doing drugs is inevitable which is momentary in nature and lasts for 2-4 minutes. Let us provide a counsellor on the phone 24x7 who will give the patient moral support and convince the patient and tell him that this is only a temporary phase."

1.82 Regarding setting up of a 24x7 helpline, a representative of the Ministry deposed before the Committee:

"...We have set up a National Toll Free Helpline which is under progress..."

1.83 The Committee note that setting up of a 24x7 helpline is imperative for recovery and rehabilitation phases of treatment of persons affected by drugs and alcoholism. The Committee, therefore, recommend the Ministry to set up a 24x7 National Toll-free Helpline as soon as possible and make it functional expeditiously.

1.84 The Committee note that the persons engaged in unskilled/manual labour and menial jobs are most affected by the problem of drug (substance) abuse and alcoholism due to the nature of their work. The Committee, therefore, desire that the Ministry should take note of the fact that this stratum of society needs urgent and utmost attention of the Government as they are a major chunk among the alcoholics and drug abusers in rural as well as urban population. The Committee are of the view that if drug abuse and alcoholism is actually to be prevented/curbed, the Ministry should focus on this deprived strata of the society and formulate guidelines to create some alternative source of entertainment and recreational activities to divert their attention.

NEW DELHI;

**17 December, 2015
26 Agrahayana, 1937 (Saka)**

**RAMESH BAIS
Chairperson,
Standing Committee on
Social Justice and
Empowerment**

MINUTES OF THE TWELFTH SITTING OF THE STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT (2014-15) HELD ON MONDAY, 12th JANUARY, 2015

The Committee met from 1500 hrs. to 1715 hrs. in Committee Room 'C', Parliament House Annexe, New Delhi.

PRESENT

SHRI RAMESH BAIS - *Chairman*

MEMBERS

Lok Sabha

2. Kunwar Bharatendra
3. Shri Santokh Singh Chaudhary
4. Shri Sadashiv Lokhande
5. Shri Kariya Munda
6. Prof. A.S.R. Naik
7. Sadhvi Savitri Bai Phule
8. Dr. Udit Raj
9. Smt. Satabdi Roy
10. Smt. Neelam Sonker

Rajya Sabha

11. Shri Ahamed Hassan
12. Smt. Mohsina Kidwai
13. Smt. Vijila Sathyananth

14. Smt. Wansuk Syiem

SECRETARIAT

1. Shri Ashok Sajwan - *Director*

2. Shri Kushal Sarkar - *Additional Director*

**REPRESENTATIVES OF THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
(DEPARTMENT OF SOCIAL JUSTICE AND EMPOWERMENT)**

Sl. No.	Name	Designation and Organization
1.	Shri Anoop Kumar Srivastava	Special Secretary, Department of Social Justice and Empowerment
2.	Smt. Ghazala Meenai	Joint Secretary (SD), Department of Social Justice and Empowerment
3.	Shri Anand Katoch	Director (DP), Department of Social Justice and Empowerment

2. At the outset, the Chairman welcomed Special Secretary and other officers of the Department of Social Justice and Empowerment and invited their attention to the provisions contained in Direction 55(1) of the Directions by the Speaker, Lok Sabha.

3. The Chairman, thereafter, asked the Special Secretary to brief the Committee on the subject "Rehabilitation/ treatment of persons affected by substance, liquor and drug abuse".

4. The Special Secretary then briefed the Committee with the help of power point presentation, about the existing and new schemes proposed for treatment and rehabilitation of the persons affected by liquor and substance (drug) abuse, funds available and utilized for these schemes. The broad issues discussed at the meeting are as follows:

- (i) Under-utilization of allocated funds for the schemes for "Rehabilitation/ treatment of persons affected by substance, liquor and drug abuse".
- (ii) Monitoring mechanism for the NGOs working as implementing agencies in the field of "Rehabilitation/ treatment of persons affected by substance, liquor and drug abuse" under the State Governments.
- (iii) Constitutional ban on production and sale of liquor.
- (iv) Usage of proprietary medicines as drugs.
- (v) Nexus between drug mafias and police.

5. The representatives of the Department also responded to the queries by the Members to the extent possible. The Chairman directed the Special Secretary to furnish written replies to the unanswered queries raised by Members to the Secretariat at the earliest.

6. The Chairman then thanked the Special Secretary and other officials of the Ministry of Social Justice and Empowerment (Department of Social Justice and Empowerment) for giving valuable information to the Committee on the subject and expressing their views in a free and frank manner on various issues raised by the Members.

7. The verbatim proceedings were kept for record.

The witnesses then withdrew.

The Committee then adjourned.

MINUTES OF THE TWENTY-THIRD SITTING OF THE STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT (2014-15) HELD ON MONDAY, 1st JUNE, 2015

The Committee met from 1430 hrs. to 1515 hrs. in Committee Room No. '139', Parliament House Annexe, New Delhi.

PRESENT

SHRI RAMESH BAIS - *Chairman*

MEMBERS

Lok Sabha

2. Kunwar Bharatendra
3. Shri Santokh Singh Chaudhary
4. Shri Bhagwant Khuba
5. Shri Sadashiv Lokhande
6. Smt. Maragatham K.
7. Prof. A.S.R. Naik
8. Shri Asaduddin Owaisi
9. Sadhvi Savitri Bai Phule
10. Dr. Udit Raj
11. Smt. Neelam Sonkar
12. Smt. Mamta Thakur

Rajya Sabha

13. Shri Ahamed Hassan
14. Shri Prabhat Jha
15. Smt. Mohsina Kidwai

16. Smt. Vijila Sathyananth

SECRETARIAT

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|----|------------------------|---|----------------------------|
| 1. | Shri Ashok Kumar Singh | - | <i>Joint Secretary</i> |
| 2. | Shri Ashok Sajwan | - | <i>Director</i> |
| 3. | Shri Kushal Sarkar | - | <i>Additional Director</i> |

LIST OF NON-OFFICIAL WITNESSES

Sl. No.	Name	Organization
1.	Shri S. Mukhendro Singh	The Youth Development Organization, Manipur
2.	Dr. Amarpreet Singh Deol	Guru Nanak Charitable Trust, Punjab
3.	Shri C.S. Talwar	Punjab Red Cross Society, Chandigarh
4.	Dr. Kanchan Kapur	Muskan Foundation, New Delhi
5.	Dr. Rajesh Kumar	Society for Promotion of Youth and Masses, New Delhi

2. At the outset, Chairperson welcomed the Members and representatives of the Non Governmental Organizations (NGOs) to the sitting of the Committee convened in connection with the examination of the subject "Rehabilitation/treatment of persons affected by substance, liquor and drug abuse". Impressing upon the witnesses to keep the proceedings of the Committee 'confidential', the Chairperson requested the representatives of the NGOs to brief the Committee regarding their activities, achievements as well as difficulties faced by them in treating the persons affected with drug abuse and also to offer their suggestions so that the matter can be taken up with the Ministry more appropriately.

3. The representatives of the NGOs briefed the Committee about their activities and efforts and also gave their suggestions regarding prevention of drug abuse and alcoholism among persons in a more effective and better way.

4. The representatives of the NGOs also responded to the queries raised by the Members to the extent possible.

5. The Chairperson thanked the representatives of the NGOs for briefing the Committee and also appreciated the work being done by them.

The witnesses then withdrew.

A copy of the verbatim proceedings was kept on record.

The Committee then adjourned.

MINUTES OF THE TWENTY-EIGHTH SITTING OF THE STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT (2014-15) HELD ON TUESDAY, 25TH AUGUST, 2015.

The Committee met from 1500 hrs. to 1700 hrs. in Committee Room No. 139, Parliament House Annexe, New Delhi.

PRESENT

SHRI RAMESH BAIS - Chairperson

MEMBERS

Lok Sabha

2. Shri Jasvantsinh Sumanbhai Bhabhor
3. Shri Santokh Singh Chaudhary
4. Shri Sher Singh Ghubaya
5. Shri Jhina Hikaka
6. Shri Prakash Babanna Hukkeri
7. Shri Sadashiv Lokhande
8. Smt. Maragatham K.
9. Prof. A.S.R. Naik
10. Shri Asaduddin Owaisi
11. Smt. Neelam Sonkar
12. Shri Tejpratap Singh Yadav

Rajya Sabha

13. Shri Ahamed Hassan

14. Smt. Mohsina Kidwai

15. Smt. Vijila Sathyananth

SECRETARIAT

- | | | | |
|----|--------------------|---|-----------------------------|
| 1. | Shri A.K. Singh | - | <i>Additional Secretary</i> |
| 2. | Shri Ashok Sajwan | - | <i>Director</i> |
| 3. | Shri Kushal Sarkar | - | <i>Additional Director</i> |

REPRESENTATIVES OF THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
(DEPARTMENT OF SOCIAL JUSTICE AND EMPOWERMENT)

Sl. No.	Name	Designation and Organization
1.	Smt. Anita Agnihotri	Secretary, Department of Social Justice and Empowerment
2.	Shri Arun Kumar	Additional Secretary, Department of Social Justice and Empowerment
3.	Smt. Ghazala Meenai	Joint Secretary, Department of Social Justice and Empowerment

2. At the outset, the Chairperson welcomed the Members and representatives of the Department of Social Justice and Empowerment. The Chairperson drew the attention of the witnesses to Direction 55(1) of the Directions by the Speaker, Lok Sabha. The Committee then took evidence of representatives of the Department of Social Justice and Empowerment on the subject "Rehabilitation/treatment of persons affected by substance, liquor and drug abuse".

3. The broad issues which were discussed at the meeting relating to the subject are as follows :-

- (i) Status on conducting a nation-wide survey on drug abuse in collaboration with AIIMS, New Delhi.
- (ii) Early finalization and implementation of the National Policy on Drug Demand Reduction.
- (iii) Reasons for allocation of less funds under the Scheme.

- (iv) Involving the local MPs in implementation of various de-addiction programmes
- (v) Role of Red Cross Society and Nehru Yuvak Kendra in de-addiction and rehabilitation programmes and generating awareness.
- (vi) Monitoring mechanism for the NGOs working as implementing agencies in the field of "Rehabilitation/ treatment of persons affected by substance, liquor and drug abuse" under the State Governments.
- (vii) Need to ban on production and sale of liquor and intoxicant drugs.
- (viii) Steps taken by the Ministry for rehabilitation for drug addicts.
- (ix) Associating religious organizations in drug de-addiction programmes and generating awareness.
- (x) Emulating some of the practices being followed in Western and African countries on alcohol/drug de-addiction programmes.
- (xi) Providing list of NGOs working in various States in the field of "Rehabilitation/ treatment of persons affected by substance, liquor and drug abuse" .

4. The representatives of the Department responded to the queries raised by the Members to the extent possible. The Chairperson directed them to furnish written replies to those points which could not be replied to as early as possible. The Secretary assured to comply.

5. The Chairperson thanked the Secretary and other officials of the Department for giving valuable information to the Committee and expressing their views in a free and frank manner on the issues raised by the Members.

6. The verbatim proceedings were kept on record.

The witnesses then withdrew.

The Committee then adjourned.

MINUTES OF THE FIFTH SITTING OF THE STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT HELD ON THURSDAY, 17th DECEMBER, 2015

The Committee met from 1030 hrs. to 1100 hrs. in Chairperson's Chamber, Room No. 116, Parliament House Annexe, New Delhi.

PRESENT

SHRI RAMESH BAIS - *Chairperson*

MEMBERS

Lok Sabha

2. Shri Jasvantsinh Sumanbhai Bhabhor
3. Shri Sher Singh Ghubaya
4. Shri Sadashiv Lokhande
5. Smt. K. Maragatham
6. Prof. Seetaram Ajmeera Naik
7. Sadhvi Savitri Bai Phule
8. Smt. Mamta Thakur
9. Shri Tej Pratap Singh Yadav

Rajya Sabha

10. Smt. Jharna Das Baidya
11. Smt. Vijila Sathyananth
12. Smt. Wansuk Syiem

SECRETARIAT

1. Shri Ashok Sajwan - Director
2. Smt. Mamta Kemwal - Additional Director

2. At the outset, the Chairperson welcomed the Members to the sitting of the Committee.

3. The Committee then took up for consideration the following draft Reports of the Committee :-

(i) *****

(ii) *****

(iii) *****

(iv) *****

(v) Twenty-fifth Report on the subject "Persons affected by Alcoholism and substance (drug) abuse, their treatment/rehabilitation and role of voluntary organizations" of the Ministry of Social Justice and Empowerment (Department of Social Justice and Empowerment).

4. The Chairperson then requested the Members to give their suggestions on the draft Reports. The Reports were adopted by the Committee without any change. The Committee authorized the Chairperson to finalize these draft Reports and present the same to both the Houses.

The Committee then adjourned.

**Matter not related to this Report.*