

STATE POLICY ON DRUG ABUSE

DRAFT

**DEPARTMENT OF SOCIAL WELFARE
GOVERNMENT OF MEGHALAYA**

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ACRONYMS

AIIMS	All India Institute of Medical Sciences
AIDS	Acquired Immune Deficiency Syndrome
AWW	Anganwadi Worker
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BDO	Block Development Officer
CNS	Central Nervous System
CHC	Community Health Centres
DERT	Directorate of Educational Research and Training
EAP	Employee Assistance Programme
HIV	Human Immune deficiency Virus
IEC	Information Education and Communication
JJA	Juvenile Justice Act
KVIC	Khadi& Village Industries Board
MSM	Men having Sex with Men
NABH	National Accreditation Board for Hospitals & Health Care Providers
NAPDDC	National Action Plan on Drug Demand Reduction
NDPS	Narcotic Drugs and Psychotropic Substances
NDDTC	National Drug Dependence Treatment Centre
NEIDAC	North East India Drugs and Aids Care
NGO	Non Governmental Organization
NISD	National Institute of Social Defence
OST	Opioid Substitution Therapy
PHC	Primary Health Centre

1. INTRODUCTION:

Drug abuse is a global phenomenon which affects an individual, family and society. The addiction to drugs is one of the major causes of human distress and anguish; the increase in crime and violence worldwide is a consequent of the massive illegal production and distribution of drugs. As of today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. As a country, India is also caught in this circle of massive drug abuse and drug trafficking which is seemingly affecting the young generation and thereby disturbing the chain of productivity in the progress and development of the country.

The report released on the survey on the “Magnitude of Substance Use in India 2019” conducted by the National Drug Dependence Treatment Centre (NDDTC), AIIMS, New Delhi in collaboration with the Ministry of Social Justice and Empowerment, Govt. of India. Key findings of the report are given at (Annexure – I)

The types of drugs being abused is manifold ranging from natural (eg; opium, cannabis) semi synthetic (products from natural drugs such as heroin and cocaine) and synthetic (chemically manufactured in illicit factories and prescription drugs). That all these drugs are commonly consumed at a time has been one of the reasons that complicate the process of treatment and recovery.

This Policy is to be updated from time to time as per the requirement.

2. ILLICIT DRUG USE IN MEGHALAYA:

Illicit drug use is increasing in Meghalaya. The problem is intensified with drug use being linked to sex work and high risk activities such as injecting drug use and the sharing of such equipments that can result in public health epidemics such as HIV, Hepatitis B and C, sexually transmitted diseases and other blood borne viruses.

The State is affected by the ramifications of illicit drug use. The Department of Social Welfare Meghalaya supported a State Study conducted by North East India Drugs and AIDS Care (NEIDAC) in 2008-2009; this study revealed a huge increase in the number of drug users in the State, reaching a total of 17833 (this figure excludes alcohol users), Terming the Disease of addiction as complex and vexing, the study showed that Drug addiction in the State is not limited to a certain population or community but in fact crosses all cultures, socio economic level, gender and age.

Women and Children seem to be worst affected, with no specific treatment facility available in the State for them; According to the study, drugs mostly abused by children are inhalants. Inhalants can be of various types, common ones being volatile solvents, gases, aerosols and nitrites. Cannabis is again another drug commonly abused by children, more common amongst street children. Cannabis has been proved to lead children to experiment with drugs like Heroin at a later stage.

Awareness or educational programmes on drug abuse prevention is inconsistent and hence not very helpful for young adolescents who need such information on a regular basis. Addiction is understood differently by different sections of society which has resulted in undue stigma and discrimination of drug users and this has subsequently worsen the situation, with drug users denying their addiction, turning to crime to support themselves and hiding or not seeking the required treatment.

Furthermore, the study conducted by NEIDAC – Social Welfare indicated that treatment works and will in a large way, address the consequences of addiction, especially criminal related activity, and infection with diseases like HIV/AIDS. Education about drug abuse prevention is much needed so that society is informed and can deal with the issue more comprehensively.

3. OBJECTIVE OF THE STATE DRUG POLICY.

The Objectives of the State Policy is as follows.

- i) to motivate and encourage stakeholders, i.e. community, parents, teachers, government departments, NGOs etc. in the challenges to fight against drug abuse.
- ii) to hold regular awareness programme for students, youth in general and the community at large in order to educate them about the ill-effects of substance abuse on the individual, family, workplace and society.
- iii) to set up of de-addiction centres in all vulnerable Districts for counselling, treatment and rehabilitation of addicts at an affordable treatment.
- iv) to advocate for the welfare of those suffering from drug abuse through inter sectoral linkages and networking of services related to the issues.
- v) to tap human resources by introduction of life skills in all educational institutions from the age group of 10 years and above by trained personnel.
- vi) to create innovative intervention for street children, women, sex workers and prisoners being the vulnerable groups.
- vii) to seek the cooperation of all Government departments i.e., Education, Police, Sports & youth affairs, Health and family welfare, Meghalaya aids control society, DIPR, Industries and Commerce, Agriculture/ Horticulture, Civil Defence and Home Guards, Registrar Cooperative Societies, Employment & Craftsmanship, Meghalaya Basin Development Agency, Faith Based Organisations, Dorbar Shnong, NGOs, Parents/ Guardians, Youth Organisation's, Women Organisation's, Teachers/ Lecturers and Drug User's Network at the Community level, Block level, District level and State level.
- viii) to undertake study and research on the extent of drug abuse and in solving the problem of drug abuse.

- ix) to effectively strengthen vigilance in supply reduction by Police and Customs Department keeping in mind the topographical location of our state and its close proximity to the Golden Triangle.
- x) to take whatever steps required for tackling the drug problem in the state.

4. DEFINITION:

(a). The Definition of drug abuse is varied and one single definition will not represent the extensive scale that drug abuse entails. Drugs are classified into licit drugs and illicit drugs; while licit drugs are legally allowed for consumption (alcohol) and prescription (pharmaceuticals), illicit drug are not and they fall under the Narcotic Drugs and Psychotropic Substances Act (NDPS) of the Country.

(b).The Definitions of drug abuse can be classified into four main categories: Public health definition, Cultural or Vernacular usage, Medical definition, and the Criminal justice definition.

(c).The Public Health definition looks at drug abuse on two levels: the individual and the society, laying a lot of stress on the role of society. However, World Health Organisation(WHO) and the American Psychiatric Association have defined it as a “Disease” in 1956.

A recent development is the use of the term drug use and drug user, which is preferred by Public health professionals who work in the field of HIV/ AIDS. The vernacular or cultural definition views drug abuse strictly as a personal behavioral problem. The Medical term lays emphasis on the individual alone in its definition of drug abuse.

The Criminal Justice looks at drug abuse as a criminal activity. Whatever the definition of drug abuse may be, the subsequent result is the same; it causes social and health problems, unsafe sexual contacts, violence, deaths, accidents, suicides, physical dependence and psychological addiction.

(d). The Policy will use the term drug abuse in the entire document and define drug abuse as follows: “Drug abuse is the uncontrollable, excessive use and illicit consumption of any naturally occurring or pharmaceutical substance that lead to physiological and psychological harm. It affects the central nervous systems (CNS), which produce changes in mood, levels of awareness or perceptions and sensations.”

(e).The Policy will address drug abuse in a broad sense, including all form of substances that are addictive and that will fall in any of the following category:

- i) Stimulants: Amphetamines, Cocaine, Diet Pills (Anorectic Drugs), Methamphetamines
- ii) Depressants: Barbiturates, Benzodiazepines, Alcohol
- iii) Hallucinogens: Psilocybin (“Shrooms”) DMT,LSD,Peyote and Mescaline, PCP
Narcotics: Codeine, Heroin, Opium, Morphine
- iv) Inhalants: Adhesive/Glue, Correcting Fluids etc.

5. THE THRUST AREAS IN THE POLICY:

- i) Primary Prevention: Awareness, Consultations, Workshops etc.
- ii) Secondary Prevention: Treatment
- iii) Tertiary: Advocacy, Addressing discrimination etc.
- iv) Study and Research
- v) Capacity Building and Training
- vi) Policy Implementation and Coordination Mechanism

6. PREVENTION AND TREATMENT:

6.1: PRIMARY PREVENTION:

6.1(a): Awareness programmes through information education communication materials will be developed by all relevant departments such as social welfare department, health& family welfare department, education department, information and public relations.

6.1(b): All IEC materials relating to drug abuse to have content that is standard and will not lead to confusion and misinformation, IEC to be developed either by the State or a relevant committee identified by the State to include experts working in the field of drug abuse.

6.1(c): IEC to be translated in all major regional languages of the State, and will be relevant to the all section of the community such as women, children, adolescent, youth, street children etc

6.1(d): Relevant departments are to identify Nodal Officer to support the drug abuse programmes in the state. The Officer's need to be first educated and trained on matters relating to drug abuse.

6.1(e): Local Bodies such as *Dorbar Shnong and Nokmas* will adhere to the policy by: (i) agreeing to be educated on drug abuse through trainings or workshops organized by the State. (ii) Organized or collaborate for awareness programmes on drug abuse in their localities/villages.

6.1(f): Government to set up De-addiction/ Detoxification centres either on its own or in collaboration with the concern related NGOs

6.1(g): All Schools and Colleges to have education on life skills with focus on drug abuse integrated into their classes. School counselors and/or teachers selected by the school must be trained on life skills and aspects of drug abuse before educating the students.

6.1(h): Teachers of schools and colleges to receive regular workshops or sensitization on Drug abuse.

6.1(i): The National Service Scheme, Nehru Yuva Kendra, Meghalaya Bharat Scout and Guides to be capacitated in providing trainings and education on drug abuse so as to reach a larger student community.

6.1(j): Special attention to be given to the surrounding areas of the Schools/ Colleges. School/ College authorities and the local Police together must be vigilant to control drug peddling.

6.1(k): Anonymous Surveys to be conducted in schools and colleges to ascertain the level of drug use in the Institution and to provide appropriate and adequate help when necessary.

6.1 (l): Linkage with Meghalaya State AIDS Control Society is vital to ensure education on drug abuse for high risk groups such as the sex workers, men having sex with men(MSM) injecting drug users and migrant workers. Education programmes on Drug abuse will be incorporated that will help such groups to be linked with “Treatment and after care center” aside from receiving awareness about the disease of addiction.

6.2. SECONDARY PREVENTION:

Counseling and referrals play an important role in the treatment of individual abusing drugs. A drug use habit that has just started can be curbed through effective counseling and a referral to a support group. Secondary prevention will also deal with motivation for long term treatment.

6.2(a): Schools and Colleges to have a counseling unit that will cater to the students' psychological needs.

6.2(b): Counseling centers to be in place, where street children and out of school children can have access to.

6.2(c): Counseling centers to have a robust linkage with services that will develop the patient, such as, vocational centers, diagnostic centers, hospitals, drug treatment centres, networks of people using drugs, networks of people living with HIV.

6.2(d): Detoxification camps and providing primary health care to people abusing drugs must be consistently done through the counseling centres or treatment centres with support from the Government and other agencies.

6.2(e): To reduce the intensity of drug related public health diseases, it is mandatory that linkage be established with treatment centre's that cater to drug users to prevent spread of HIV and others contagious diseases.

6.2(f): The Harm Reduction Centers that are managed through partners under the Meghalaya AIDS Control Society must be linked and supported by the State and the community to ensure that epidemics are contained and drug abuse does not become complicated for treatment.

6.3: TREATMENT

6.3(a): The State Government will endeavor to provide all possible medical and psychosocial therapies, treatment to be offered holistically, right from detoxification up to rehabilitation and after care.

6.3(b): Treatment providers to ensure the highest level of skill and professionalism with all therapeutic and medical staff equipped with sufficient training and experience. A minimum standard of care and treatment needs to be in place at treatment centers under harm reduction through OST to be accredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH),

Whilst the rest of the treatment centre (rehabilitation centre etc) must be subjected to quarterly/bi annually monitored by monitoring committee/or external experts identified by the State/Social Welfare/Health Department.

By and large the treatment centres will be able to provide the following:

- i) Detoxification: treatment of withdrawals and medical complications.
- ii) Psychological assessment and support.
- iii) Legal Assistance
- iv) Family therapy
- v) Recreational activities
- vi) Re-integration of patients into the family and community
- vii) Non-formal education/ vocational or work skills
- viii) After-care.

6.3(c): The Welfare of the recovering user will always be of paramount importance. A process to monitor and take corrective action needs to be introduced to safeguard the interests of drug users undergoing treatment and ensure cases of ill treatment and abuse do not arise. A grievance redress mechanism must be in place which should be followed by all treatment centres.

6.3(d): Drug Abuse treatment in children has to be multi – dimensional, the best option for treatment is rehabilitation of the child in his own family environment with support from counseling centers.

6.3(e): Short term Institutional Care will be considered as an option, while long term Institutional Care are being explored. A rehabilitation/ de-addiction centre exclusive for children be established at existing government buildings in the State (like for example at Mawdiangdiang near Juvenile Home) as an immediate step to tackle the pressing need of having an Institutional care. These treatment facility will adhere to the treatment standard as mentioned in clause 6.3(b). Guidelines and criteria for setting up treatment centre for drug abuse for children in keeping with the Juvenile Justice Act 2015.

6.3(f): Vulnerable Children like street children and those who are not in a position to access treatment fall under the Juvenile Justice Act 2000 (Children in need of care and protection) (Juveniles in Conflict with Law). For these children, the Act provides for their support and care, Children's Homes established under this Act to be provided with de-addiction/ rehabilitation in the institutional care for children with drug abuse problems.

6.3(g): A Day Care and Night Shelter for street children to be in place in areas where street children are present. Aside from being a safe place for the street child to be in, the centre will serve as a direct link with the street children for awareness and treatment for those into drug abuse.

6.3(h): There will be exclusive treatment facilities for women, the treatment to be a "multi-cause interactive model" which is gender based and gender sensitive. The model will meet the needs of these women such as medical care, detoxification and treatment of medical complications, counseling, family therapy, ancillary services, transportation, child-care, housing, legal assistance, jobs/ vocational training, acceptance of children in the treatment programme, attention to pregnant women drug users and economic rehabilitation.

6.3(i): Drug abusers who are imprisoned will be allowed to continue treatment or start treatment while in prison.

6.3(j): Prison staff and medical team must be well trained in understanding drug abuse and the treatment required.

6.3(k): Prisons in the State to have sufficient space to segregate prisoners who are drug abusers from the rest.

6.3(l): Work place intervention to address drug abuse must be established in all departments of public and private workplaces. Workplace Intervention for people abusing drugs is called the employee assistance programme (EAP) i.e., to assist the employee in getting treatment, subsequent recovery and therefore leading to satisfactory job performance.

6.3(m): The EAP to be link to the treatment centers in the State. The State Government will identify at least 2(two) centers to refer the employee under the employee assistance programme, for treatment, counseling and rehabilitation.

6.4: TERTIARY PREVENTION:

It is vital that individuals who are affected by this disease are not stigmatized or discriminated upon, since this will lead to their denial of the problem and subsequent refusal for treatment. The concept of addiction being a disease is still not widely known or accepted by many sections of society, various large and influential bodies of Society often deny the drug user's right and need for specialized and appropriate treatment and often disregard basic human rights in their dealings with users.

Therefore:-

6.4(a): After care is mandatory for any treatment programme for drug abuse. Aftercare to assist the patient to adjust in a community and provides support in terms of counseling, guidance and referrals for legal aid, skills trainings, employment opportunities etc.

6.4(b): The State will recognize all groups and networks that are formed by individuals having the problem of drug abuse, and will support their efforts provided these groups are legally registered with the State, have active bank account and are implementing activities that are related to the issue.

6.4(c): Confidentiality of drug abusers while under any form of treatment must be maintained by all treatment centers.

6.4(d): Drug abusers arrested must be protected from exposure to media, documentation by the public through videos or photographs.

7. STUDY AND RESEARCH:

The State to have consistent research programme on drug abuse in near future, the approach towards treatment and prevention programmes to be based on the reliable data and relevant information.

7.1(a): The State in collaboration with Universities/ Colleges to conduct research/ survey on drug abuse. This will help in effective planning of programmes and to have an authentic knowledge of the drug abuse scenario in the State.

7.1(b): Research and studies must be implemented by recognized institutions and agencies.

7.1(c): The Department of Social Welfare to maintain an on-line monitoring information system that will feed the State with prompt and solid data on drug abuse.

8. CAPACITY BUILDING AND TRAINING:

8.1(a): Stakeholders in the State to be trained in matters relating to drug abuse, the trainings to be consistent and will meet the needs of the State from time to time in matters relating to drug abuse.

8.1(b): The National Institute of Social Defence(NISD) an autonomous body under the administrative control of the Ministry of Social Justice and Empowerment, Govt. of India identifies as Nodal agency to prepare training modules for various activities and State Government will collaborate with regional training centre to be identified as nodal agency/training centre for the State in line with the modules prepared by NISD to:

- i) Formulate training objectives for various target group of trainers
- ii) Organizing training programme of various duration
- iii) Conduct training of trainers whenever necessary
- iv) Develop training modules for doctors, nurses and paramedics, ASHA'S and other health workers.

- v) Develop training modules for different category of target groups for trainings.
- vi) Provide technical support to department of education for their training
- vii) Documentation of best practices, innovations in treatment, and anything related to drug abuse which will contribute to the State and country's effort to check the disease.

8.1(c): Capacity building and training must be exclusive for school and colleges. The department of education will have a proactive role in this area through its various training centers already established all over the State and should be able to look into the following:

- i) Formulation of training objectives for teachers and students training.
- ii) Designing training programmes/ develops manuals that can be related to local schools.
- iii) Prepare training materials for teachers and students.
- iv) Conduct training of trainers (TOTs) and related training programmes regularly or on a need based.

9. STATE ACTION PLAN ON DRUG DEMAND REDUCTION

The State Policy seeks to introduce the State Action Plan in line with the National Action Plan on Drug Demand Reduction (NAPDDR) 2018-2023 formulated by the Ministry of Social Justice and Empowerment 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 Action plan will focuses on Preventive Education, Awareness Generation, Identification, Counseling, Treatment and Rehabilitation of Drug Dependent Persons and training and capacity building of the service providers through collaborative efforts of all stakeholders. Meghalaya State Action Plan on Drug Demand Reduction placed at **(Annexure –I)**

10. POLICY IMPLEMENTATION & CO-ORDINATION MECHANISM

Substance Abuse is a Multi-dimensional problem which requires a multi-sectoral approach, for effective policy implementation, a multi-sectoral convergence, collaboration, co-ordination and linkage is imperative.

10.1(a): Identify the various stakeholders who can be partners in implementing the policy at the State level, District level, Block level and right down to the Community & Village level.

10.1(b): Identify the role and responsibilities of each stakeholder to effectively implement the Policy.

10.1(c): Work out an effective co-ordination mechanism between the various stakeholders for effective Policy implementation.

10.2. VARIOUS STAKEHOLDERS FOR POLICY IMPLEMENTATION

10.2(a): At the Government level, besides the State Social Welfare Department, the different Departments of the Govt. to be partners in implementing the Policy are:

- i) Education Department.
- ii) Home (Police) Department.
- iii) Home (Prison)
- iv) Sports & Youth Affairs Department.
- v) Health Department.
- vi) Meghalaya AIDS Control Society.
- vii) Directorate of Information & Public Relations
- viii) Industries & Commerce
- ix) Agriculture & Horticulture.
- x) Civil Defense & Home Guards.
- xi) Registrar Co-operative Societies.

- xii) Employment & craftsmanship.
- xiii) Meghalaya Basin Development.
- xiv) Meghalaya State Skill Development Society.

10.2(b): At the Non Government Level:

- i) NGOs working in the field of drug Abuse, Voluntary Organisation.
- ii) Youth organization & Women organisation.
- iii) Faith based organisation.
- iv) Teachers / Lecturers.
- v) Parents / Guardians.
- vi) Drug User's Network.

10.3: For implementing the policy, the various stakeholders need to converge, collaborate, co-ordinate and maintain a link with each others. This can be done by forming committees at different levels where members could meet and chalk out programmes and review implementation of the policy.

10.3(a): State Level: The State level co-ordination committee on drug abuse has already been constituted with the Minister I/c. Social Welfare as its chairman. The line departments and Ngos working in the field are also members of the committee, such committees to be constituted at the District level, Block level and Community/ Village level.

10.3(b): District Level: The District level co-ordinations committee on drug abuse with the Deputy Commissioner of the respective District as Chairman and the line departments, Ngos, and teachers etc. at the district level to be constituted for implementation and review of the policy.

10.3(c): Block Level: The B.D.O as Chairman and line department officers and NGOs etc. as members to be constituted to form the Block level co-ordination committee on drug abuse.

10.3(d): Village/ Community Level: The Committee to be constituted with the Headman of the locality as chairman, teachers, AWW, ANM, ASHA, NGOs youth organisation, and women organisation including Faith based organisation as members at the Village level,.

10.4: MULTI-STAKE HOLDERS ROLE AND RESPONSIBILITIES

10.4(a): At the State Level, Director of Social Welfare to be the Member Secretary of the Committee.

10.4(b): The Social Welfare Department to play a leading role in convening the committees at the State level and right down to the village/ community level. The Department is to liaise with the members in chalking out the strategies to implement the policy and to follow up and review the action taken by the respective members.

10.4(c): The Director of Elementary Research & Training (DERT) in the education department has a wide outreach across the State covering even the remotest village. Schools are the first start in creating awareness on drug Abuse, contents on substance abuse, identification of students abusing drugs, counseling skills etc. to be incorporated in the curriculum as part of the Training for Teachers to enable the teachers to create awareness, early identification and referral.

10.4(d): Police Department: As the policy emphasis on the Harm Reduction & Demand Reduction, Henceforth, police department will ensure that substance abuse awareness programmes to be incorporated in the curriculum of the Police Training School and other training battalions.

10.4(e): Sports & Youth Affairs Department : The Department is dealing with youths will play a significant role in implementing the policy, awareness campaign through sports and other recreational activities to be organized, setting up more recreation centers for youths at the local level, encouraging Youths to take up sports and recreation, mobilizing and involving Youths in various social activities etc.

10.4(f): The Health department to take up issues relating to the treatment of substance abusers. Doctors stationed in CHCs, PHCs, and Civil Hospitals need to be skilled in administering detoxification services and in overdose management. Civil Hospitals in Districts to have a unit/ wing for de-toxification and the emergency team to be trained in managing overdose cases. The Health department will co-ordinate with the Social Welfare Department in awareness camps, detoxification camps and other activities in the State.

10.4(g): Directorate of Information & Public Relation: The Department could take the lead in publishing of IEC materials in all regional languages.

10.4(h): Meghalaya AIDS Control Society: The Society is already implementing various Schemes and Projects for substance abusers linked with HIV/ AIDS. The programmes/ activities to be further intensified to cover maximum area possible with special focus on High Risk Areas.

10.4(i): The Department such as Industries/ Horticulture, Co-operative Societies/ Employment & Craftsmanship, KVIC have been left out of the ambit of the substance abuse, but necessary to rope them for the Rehabilitation and Social Re-integration of the recovering addicts. These Departments could provide gainful employment and help in the rehabilitation of the addicts.

The Various schemes and self employment opportunities could be given preference to this section of the society.

10.4(j): The role and responsibilities of the Ngos, Voluntary organization, Faith based organizations to be defined more clearly depending on the objectives, target group etc

10.4(k): The Committees at the State level right down to the Block/ Village Level to be responsible to work out an effective co-ordination mechanism i.e, frequency of meetings, agendas, action to be taken by each department/ member, follow up and review of the programmes and activities.

10.4(l): The Meghalaya State Skills Development Society can play a major role to provide skills and knowledge and livelihood options for inclusive growth and development to recovered addicts

11. MONITORING & EVALUATION:

Two different level of monitoring which are internal and external.

11.1: Internal Monitoring: The District level coordination committee and the State level coordination committee to have added responsibility to carry out monitoring of drug abuse prevention programmes in the State. The process will be that the District Level will share the reports with the State level coordination committee. Any pertinent issues, arising from the District will be addressed together with the State committee and monitoring will be done twice a year.

11.2: External Monitoring: Once a year, the department will provide for external evaluation and monitoring of the drug abuse prevention programmes in the State. The external team will assess the programmes under the Primary prevention, Secondary prevention and the Tertiary prevention and provide guidance and recommendations to the quality and progress of these programmes.

11.3: Documentation: State level data is very vital to understand the progress of work done and the current scenario of drug abuse. Social Welfare can be the Nodal agency to consolidate data on the drug abuse prevention programmes of the State which can be accessed by the public/ stakeholders for reference and knowledge.

11.4: A separate unit of experts in technology and documentation to be established to help this process move smoothly, software to be developed for this data collection to increase the efficiency of the team. The Department such as Police and Custom & Central Excise (Supply) will continue to follow their guidelines in supply reduction.

FINDINGS OF THE NATIONAL SURVEY ON THE EXTENT AND PATTERN OF SUBSTANCE USE IN INDIA

A National Survey on the extent and pattern of substance abuse under the aegis of Ministry of Social Justice and Empowerment has been conducted in the State in East Khasi Hills, Jaintia Hills and West Garo Hills. The Survey is carried out by the National Drug Dependence Treatment Centre (NDDTC) under AIIMS in collaboration with Regional Institute of Medical Sciences, Imphal, Regional Resource Training Centre Kohima, Nagaland and research staff of Assam Medical College, Dibrugarh.

The Percentage of prevalence of Drug use and the comparative findings on the status of current users in the country including Meghalaya are:

ALCOHOL - The National level population sample survey indicate 14.6% of alcohol is consumed by different population groups, Chhattisgarh is the highest current use of alcohol at 35.6% and prevalence of alcohol at 6.2% dependence. Punjab follows at 28.5% current use of alcohol and 6% dependence. The current use of alcohol in Arunachal Pradesh is at 28% and 7.2% dependence. Meghalaya's current use of alcohol is at 3.4% and 0.9% dependence of alcohol.

CANNABIS – Cannabis is used as (a) Bhang and (b) Ganja and Charas which are illegal as per the NDPS Act, 1985. The National level Population of current users is 2.83% and States with higher proportion than the national average are Sikkim at 10.94% of current users and 1.31% dependence. Punjab 12.55% current users and 0.42% dependence and Meghalaya ranked at 12 among states with 1.68% of current users and 0.15% dependence among consumers of Cannabis.

OPIOID – The prevalence of current use of any Opioid is 2.06% of the total population at the National level, Heroin is the most commonly used Opioid in India and current use of pharmaceutical Opioids follows closely behind.

States using harmful Opioid in a dependent pattern in terms of percentage of population affected are in the North East. Arunachal Pradesh at 22.18% Nagaland at 25.22% Mizoram at 25.67% Sikkim at 18.74% Manipur at 14.22% and Meghalaya at 6.34%.

SEDATIVES – A wide variety of pharmaceutical products, which share the common property of being sedative – hypnotics and possessing dependence liability are used in India. At the national level, 1.08% is the current users of sedatives. States with the highest prevalence of current sedatives use are Sikkim 15.61%, Nagaland 9.57%, Manipur 7.73% and Mizoram 6.80% while Meghalaya at 0.95% of current users of sedatives.

COCAINE – A very small proportion of Indians are estimated to be current users of cocaine with Arunachal Pradesh at 3.01% of current users, while Daman & Diu at 1.38% and Punjab at 0.66%. Meghalaya current Users are at 0.05%

INHALANTS – Chemical products are common characteristic being used by inhalational route and possessing psychoactive properties., At the national level 0.70% are current users, and inhalants is the only drug prevalence which is higher among children and adolescents (1.17%) as compared to adult population. Arunachal Pradesh 5.33% and Sikkim 4.58% are current users which is harmful dependent and Meghalaya at the 5th lowest current harmful and dependent use with 0.08%) out of the national average.

USE OF HALLUCINOGENS – About 0.12% of the population reported using hallucinogens. Used of drugs through injecting route is a significant public health concern because of the associated risk of spread of infections like HIV and Hepatitis C and B. Injecting Drug Use was documented in all the regions of the country.

INJECTING DRUG USE IN INDIA – Use of drugs through injecting route is a significant public health concern because of the associated risk of spread of infections like HIV and Hepatitis C and B. Findings show that there are estimated 8.5 Lakh people who inject drugs (PWID) in India. Uttar Pradesh and Punjab shows the highest comparing with other States

***SOURCE:-** Magnitude of Substance Use in India 2019- Ministry of Social Justice and Empowerment. Government of India & National Drug Dependence Treatment Centre (NDDTC) All India Institute of Medical Sciences (AIIMS), New Delhi*

STATE ACTION PLAN ON DRUG DEMAND REDUCTION IN MEGHALAYA

<i>Sl. No.</i>	<i>Issues</i>	<i>Department/ Organisation to take up the Issue</i>	<i>Action to be taken</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
1.	Awareness Programme in schools involving teachers and parents	Social Welfare Department and Police Department in co-ordination with NGO's and local authorities	<ul style="list-style-type: none"> - Awareness building on the ill-effects of drug abuse - Early identification of the problem - Reducing stigmatization of children
2.	Persuading Principals/ Directors/ Vice Chancellors and others of Educational Institutions to ensure that no drugs are sold within/ nearby the campus.	Social Welfare Department and Education Department	Prevention of drug abuse
3.	Sensitization of Drivers plying on the National Highway as Drivers under the influence of Drugs which pose a danger to the passengers as well as to others.	Department Home (Police) and Transport Department	<ul style="list-style-type: none"> - Organize Sensitization Programmes for Drivers - Surprise checking of Drivers along the NH.
4.	Children being used by peddlers to carry drugs Children below 18 years abusing drugs	Social Welfare Department under the Integrated Child Protection Scheme Education Department	<ul style="list-style-type: none"> - Sensitization/ Awareness Programmes and Life Skill Education for children in Schools to be taken up by the Education Department. - Sensitization/ Awareness Programmes for vulnerable children – street children, children of alcoholic/ drug abuse parent/ parents, children of CSW's etc.

5.	Identification of vulnerable localities prone to drug trafficking/ drug abuse	Home (Police) Department	<ul style="list-style-type: none"> - Mapping of vulnerable localities - Strengthening of vigilance by community/ local authorities.
6.	School drop outs are at a high risk of drug abuse	Social Welfare Department Education Department	<ul style="list-style-type: none"> - Education Department is to prepare Data base of school drop outs and find out the reason for school drop-out. - Mechanisms to be developed for follow up on the school drop outs.
7.	<ul style="list-style-type: none"> - Importance of Parent Teachers Meeting - Every school must have a Counselor who is to be present in the Parent Teachers Meeting - Teachers are to be trained in providing Life Skill Education for Children and also in basic Counseling Skills 	Education Department	<ul style="list-style-type: none"> - Similar efforts may be taken up by ICPS for vulnerable children in getting Database of vulnerable children so that appropriate Intervention can be worked out. - Instruction to be issued to all Schools both Government as well as Private Schools. - Training for Teachers Life Skills Education and Basic Counseling Skills is to be incorporated in the curriculum of Teachers Training.
8.	<ul style="list-style-type: none"> - Need to incorporate Drug Education in the School Curriculum so that students are well aware on various issues of drug abuse 	Education Department	<ul style="list-style-type: none"> - Drug Education to be incorporated in the School curriculum

<p>9.</p>	<ul style="list-style-type: none"> - IEC is to be intensified Information and Public Relation Department and Art and Culture Department can play a big role in disseminating Information. - Localities must have opportunities for Recreational Sports so that Youths are involved in healthy Recreation 	<p>Art and Culture Department</p> <p>Information and Public Relation Department</p> <p>Department of Sports and Youth Affairs</p>	<ul style="list-style-type: none"> - Art & Culture Department can utilize the Programmes being organized by the Department as a Platform to raise awareness as well as to disseminate Information. - Through various channels of Publicity – the MIIS (Meghalaya Integrated Information System) etc. Information can be disseminated - To examine and submit proposals in providing Recreational Sports and activities for Youths. - The Community and Organizations at the Community level e.g. Youth Clubs are to be partners in this effort.
<p>10.</p>	<p>Increasing community participation and public cooperation in the reduction of demand for dependence producing substances by involving all stakeholders including faith based organisation.</p>	<p>Urban Local Bodies (DorbarShnong/ Nokma), Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS), Faith Based Organisation other Local Groups like Women's Organisation, Youth Clubs, Self Help Groups etc.</p>	<ul style="list-style-type: none"> - Intensifying sensitization programme 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.
<p>11.</p>	<p>Awareness generation through social, print, digital and online media and engagement of celebrities to spread social message against drug abuse.</p>	<p>Directorate of Information and Public Relation</p>	<p>Spreading message against ill-effects of drug abuse through intensive outreach and well targeted campaigns.</p>

12.	Need to have Occupational Therapy for recovering addicts and provision of Skill Based Education.	Department Industries Meghalaya Skill Development Society	- NGO's running De-addiction and Rehabilitation Centers may take up with the Social Welfare Department to recommend patients who are in need of Skill Training/ Vocational Training
13.	Establishing and assisting de-addiction centers in District Government and Private Hospitals/ Medical Colleges.	Health Department	Fill gaps in treatment services and to enhance availability of services
14.	Establishment and assisting de-addiction centers for women and children in Hospitals and other establishments.	Health Department & Social Welfare Department	Focused attention towards women and children so as to respond best to their needs.
15.	Linkage of Rehabilitation Centre with Opioid Substitution Therapy (OST) Centers of State AIDS Control Organisation	Health Department & Social Welfare Department	Networking and sharing of expertise among service providers.
16.	Training of Doctors and Health Personnel is important for handling cases of overdose and for Detoxification of the patients	Health Department	- Health Department is to identify Doctors for Training and submit proposal for Training. - SANKER Rehabilitation Centre is a willing partner to train Doctors as well as other functionaries.
17.	Formulation of Health Policy is required - Licensing and Regulation of De Addiction Centre's	Health Department	- Health Department to initiate drafting of the Health Policy - The State Mental Health Authority which is existence in own State should license and regulate all de-addiction centers.

18.	Since Shillong city being a transit city for drug trafficking as well as destination for drug trafficking, sharing of Intelligence Information between States is critical	Home (Police) Department Social Welfare Department	- Both Departments to take up with the higher authorities for sharing of Information between States.
19.	Workshop, Seminars and interactions with parents	Education and Social Welfare Department	To provide forums for parents and equip them with necessary skills.
20.	Training of programmes on de-addiction counseling and rehabilitation for social workers, functionaries of Rehabilitation Centers and working professionals etc.	Social Welfare Department	Capacity building of people who work with victims of drug abuse.
21.	Availability of Rehabilitation Centre for Addicts supported by Ministry of Social Justice and Empowerment in each district or as per prevalence of addiction.	Social Welfare Department	Easily accessible and affordable services.
22.	Skill development, Vocational training and livelihood support of ex-drug addicts.	Meghalaya State Skill Development Society.	<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
23.	Coordination with all collaborating agencies and regular monitoring	Social Welfare Department	- For effective implementation of State Action Plan for Drug Demand Reduction
24.	Evaluation of State Action Plan on Drug Demand Reduction through third party.	Social Welfare Department	- Ascertaining the outcome envisaged in the SAPDDR.

