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PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATIONS

The 1st June, 2020.

No.SW(S) 77/90/811. - The draft Meghalaya Drug Abuse Prevention Policy, 2020 is prepared after incorporating relevant views and suggestions from all key stakeholders. The Governor of Meghalaya is therefore please to finalise and announce the Meghalaya Drug Abuse Prevention Policy, 2020 below which will take effect from the date of publication.

SAMPATH KUMAR,

Commissioner & Secretary to the Govt. of Meghalaya,
Social Welfare Department.

THE MEGHALAYA DRUG ABUSE PREVENTION POLICY, 2020

1. INTRODUCTION

Drug abuse is a global phenomenon which affects not only an individual, but the family and society. 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.

Meghalaya is no exception. The need to have a Policy on Drug Abuse Prevention in the State has become a necessity to ensure general public interest and also has become a compelling State Interest as drug-abuse is not only adversely affecting the general public but also the State and the lives of future generation is at stake.

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.

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.

In line with its mandate, the Ministry of Social Justice and Empowerment Government of India had conducted a National Survey on Extent and Pattern of Substance Use in India through the National Drug Dependence Treatment Centre (NDDTC) AIIMS, New Delhi during 2018.

The National Institute of Social Defense (NISD) in collaboration with the Regional Institute of Medical Sciences (RIMS) Imphal, Regional Resource Training Centre Kohima, (RRTC) Nagaland and Research staff of Assam Medical College, Dibrugarh, had collected data for the North Eastern Region.

In Meghalaya, the sample survey was collected from the three districts viz., ***East Khasi Hills District, Jaintia Hills District and West Garo Hills District.***

The Report on the “**MAGNITUDE OF SUBSTANCE ABUSE**” IN INDIA 2019 was released in New Delhi on the 14th May, 2019 by the Ministry of Social Justice and Empowerment, Government of India. The data and information presented in the report has provided a framework to formulate the National Action Plan for Drug Demand Reduction for the period 2018-2025.

As per the findings of the report, the percentage of prevalence of drug use and the status of current users in some states in the country including Meghalaya (*East Khasi Hills, Jaintia Hills, and West Garo Hills*) are as follows:

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

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 use is 2.83% and States with higher proportion than the national average are Sikkim at 10.94% of current users and 1.31% dependence. In Punjab the percentage of current user of Cannabis is 12.55% with 0.42% dependence. Meghalaya is ranked at 12th position amongst states with 1.68% of current users and 0.15% dependence.

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 Opioid's follows closely behind.

Use of Opioid in a dependent pattern has affected the states in the North East. The percentage of use of Opioid in Arunachal Pradesh is 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 users are Sikkim (15.61%), Nagaland (9.57%), Manipur (7.73%) and Mizoram (6.80%) while in Meghalaya the percentage is 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, Daman & Diu at 1.38%, Punjab at 0.66%. The current use of Cocaine in Meghalaya is 0.05%.

INHALANTS - Chemical products are common characteristic being used by inhalational route and possessing psychoactive properties. The current use of Inhalants at the National Level is 0.70%. Inhalants are the only drugs in which prevalence is higher among children and adolescents (1.17%) as compared to adult population. Arunachal Pradesh (5.33%) and Sikkim (4.58%) have current users who are harmfully dependent on inhalants. Out of the national average, Meghalaya accounts for 0.8% users of inhalants.

USE OF HALLUCINOGENS – About 0.12% of the population is reported to be using hallucinogens. 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. Injecting Drug Use was documented in all the regions of the country.

The findings show that there are an estimated 8.5 lakhs people who inject drugs (*PWID*) in India. Uttar Pradesh and Punjab are the highest as compared with other States.

2. 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 (NDPS) Act, 1985 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.

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 Organization (WHO) and the American Psychiatric Association (APA) 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.

- C.** 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. 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 leads to physiological and psychological harm. It affects the Central Nervous Systems (CNS), which produce changes in mood, levels of awareness or perceptions and sensations.”

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

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

3. 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.

Women and children are no exception on the use of illicit drugs, they seem to be the 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.

Collaborative efforts and initiatives to focus on the **Supply Reduction** in order to prevent illicit trafficking of drugs to be dealt by the law enforcement such as Police, Central Customs & Excise including State Drugs Controller under the Department of Health & Family Welfare shall be taken.

The Department of Social Welfare as a Nodal Agency and line departments such as Health and Family Welfare, Community and Rural Development, Sports & Youth Affairs, Higher and Secondary Education, Transport and Meghalaya AIDS Control Society (MACS) are some of the key departments to look into the Preventive, Treatment and After Care of recovering addicts to combat **Demand Reduction**.

The Meghalaya AIDS Control Society (MACS) shall focus mainly on reducing **Harm Reduction** to addicts.

4. AIMS & OBJECTIVES

The Policy aims at ensuring that Drug and Substance abuse are not just an individual problem but a Socio-Economic as well as Human Rights issue which needs a holistic and appropriate strategy to be developed in order to achieve Prevention, Treatment and Social Re-Integration of the addicts.

The Objectives are 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 programmes 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 de-addiction centres in all vulnerable Districts for counselling, treatment and rehabilitation of addicts that is affordable.
- 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 viz., Education, Police, Sports & Youth Affairs, Health and Family Welfare, Meghalaya AIDS Control Society (MACS), Directorate of Information & Public Relation (DIPR), Industries and Commerce, Agriculture/Horticulture, Civil Defence & Home Guards, Registrar of Co-operative Societies, Employment & Craftsmen Training, Community & Rural Development, Urban Affairs, Law Department, Commissionerate of Excise, Inspector General of Prisons, Meghalaya Legal Services Authority (MLSA), Meghalaya State Rural Livelihoods Society (MSRLS), Meghalaya Basin Development Agency (MBDA). Support and corporation shall be sought from all Faith Based Organisations, Dorbar Shnongs, NGOs working for the cause of drug abuse, Parents/Guardians, Youth Organisations, Women Organisations, Teachers/Lecturers and Drug User's Network at the Community level, the Block level, the District level and at the State level.
- viii)* To undertake study and research on the extent of drug abuse and in solving the problem of the issue.
- ix)* To effectively strengthen vigilance in supply reduction by Police (Home) and Central Customs and Excise Department keeping in mind the topographical location of our state and its close proximity to the Golden Triangle.
- x)* To promote demand, harm and supply reduction for tackling the drug problem in the State.
- xi)* To ensure that stigmatization of and discrimination against individual/group dependent on drugs is actively discouraged in order to improve behavioral change in the society and encouraging the addict and family to seek the much needed services at the right time.
- xii)* To ensure minimum standards of care at the De-addiction and Rehabilitation Centres.
- xiii)* To take whatever steps required for tackling the drug problem in the State.

5. THRUST AREAS:

1. Prevention: (A) Primary and, (B) Secondary
2. Treatment

3. After Care: Advocacy, Addressing Discrimination Etc.
4. Capacity Building and Training
5. Study and Research
6. Strengthen Drug Supply Reduction Strategy
7. Policy Implementation and Coordination Mechanism
8. Setting up Fast Track Court/ Special Court

5.1. PREVENTION:

A. Primary Prevention

5.1.A.1: Awareness programmes shall be organized by relevant Departments viz., Social Welfare Department, Health & Family Welfare Department, Education Department, Information and Public Relations Department.

5.1.A.2: All IEC materials relating to drug abuse to have content that is standard and will not lead to confusion and misinformation. IEC is 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.

5.1.A.3: 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.

5.1.A.4: Relevant departments are to identify a nodal officer to support drug abuse programmes in the State. The nodal officers shall be sensitized and trained on matters relating to drug abuse.

5.1.A.5: Local bodies such as Dorbar Shnongs and Nokmas shall adhere to the Policy by: (i) agreeing to be educated on drug abuse through trainings or workshops organized by the State. (ii) organize or collaborate for awareness programmes on drug abuse in their respective localities/villages.

5.1.A.6: Government shall strive to set up De-addiction/Detoxification centres either on its own or in collaboration with NGOs working for the cause of drug abuse.

5.1.A.7: All Schools and Colleges to shall have education on life skills with focus on drug abuse integrated into their classes. School counselors and teachers selected by the school must be trained on life skills and aspects of drug abuse before educating the students.

5.1.A.8: School Teachers and Colleges Lecturers shall attend regular workshops on sensitization programmes on Drug Abuse. Higher Educational Institutions under the Directorate of Higher & Technical Education shall conduct awareness programmes on Substance Abuse.

5.1.A.9: The capacities of the members of the Meghalaya Bharat Scouts and Guides, members of the National Service Scheme and members of the Nehru Yuva Kendra, shall be built up so that they can provide trainings on the, '*ill effects of Drug Abuse*' to a larger section of the student community.

5.1.A.10: Special attention to be given to the surrounding areas of the Schools and Colleges. School and College authorities and the local Police will jointly be vigilant to control drug peddling.

5.1.A.11: Anonymous Surveys shall be conducted in schools and colleges to ascertain the level of drug use in Institutions, and to provide appropriate and adequate help when necessary.

5.1.A.12: Collaboration and linkage with Meghalaya State AIDS Control Society is vital to ensure education about drug abuse for high risk groups such as the sex workers, men having sex with men(MSM) injecting drug users and migrant workers. Educational programmes about drug abuse that shall help such groups to be linked with "Treatment & After Care Center" besides receiving awareness about the disease of addiction.

B. Secondary Prevention

5.1.B.1: Counselling by professionals 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 counselling by professionals and referral to a support group. Secondary prevention will also deal with motivation for long term treatment.

5.1.B.2: Schools and Colleges shall have a counselling unit that will cater to the students' psychological needs.

5.1.B.3: Counselling centers shall be in place, where street children and out of school children can have access to.

5.1.B.4: Counselling centers shall have a robust linkage with services that will develop the patient, such as, vocational centers, diagnostic centers, hospitals, drug treatment centres, network(s) of people using drugs, network(s) of people living with HIV.

5.1.B.5: Detoxification camps and providing primary health care to people abusing drugs shall be consistently done through the counselling centres or treatment centres with support from the Government and other agencies.

5.1.B.6: To reduce the intensity of drug related public health diseases, it is mandatory that linkage be established with treatment centres that cater to drug users to prevent spread of HIV and others contagious diseases.

5.1.B.7: Harm reduction centers that are managed through partners under the Meghalaya AIDS Control Society shall 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.

5.2. TREATMENT

5.2.1: The State Government shall endeavor to provide all possible medical and psychosocial therapies, treatment to be offered holistically, right from detoxification up to rehabilitation and after care.

5.2.2: Treatment providers shall 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 Opioid Substitution Therapy (OST) to be accredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH). By and large the treatment centres shall 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

5.2.3: The welfare of the recovering user shall always be of paramount importance. A process to monitor and take corrective action needs to be introduced to safeguard the interest of drug users undergoing treatment and

ensure cases of ill treatment and abuse do not arise. A grievance redressal mechanism shall be in place which should be followed by all treatment centres.

5.2.4: 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 counselling centers.

5.2.5: Short Term Institutional Care shall be considered as an option, while Long Term Institutional Care shall be explored. A rehabilitation/de-addiction centre exclusive for children may be established at existing Observation or Juvenile Homes in the State as an immediate step to tackle the pressing need for rehabilitation.

5.2.6: All efforts shall be made to set up separate Integrated Rehabilitation Centres for child addicts on the basis of appropriate age groups in keeping with the clause (3) of Rule 80 of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016.

5.2.7: Open Day Shelters and Night Shelters for street children shall be open in areas where street children are present. Besides from being a safe place for the street child these Centres shall serve as a direct link with the street children for awareness and treatment for those into drug abuse.

5.2.8: The State shall strive to establish a multi cause interactive model treatment facilities exclusively for women. The model will meet the needs of these women, such as, medical care, detoxification and treatment of medical complications, counselling, 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.

5.2.9: Drug abusers who are imprisoned shall be allowed to continue treatment or start treatment while in prison.

5.2.10: Prison staff and medical team shall be trained in understanding drug abuse and the treatment required.

5.2.11: Prisons in the State shall have sufficient space to segregate prisoners who are drug abusers.

5.2.12: Work place intervention to address drug abuse shall be established in all departments of Public and Private Workplaces. Intervention for people in the workplace 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.

5.2.13: The Employee Assistance Programme (EAP) shall be link to treatment centers in the State. Government shall identify at least 2(two) centers to refer the employee under the EAP for treatment, counselling and rehabilitation.

5.3. AFTER CARE

Advocacy & Addressing Discrimination Etc.

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, the State shall endeavor to provide:

5.3.1: "Aftercare" is mandatory for any treatment programme for drug abuse to assist the patient to adjust in the Community and to provide support in terms of counselling, guidance and referrals for legal aid, skill training, employment opportunities etc.

5.3.2: The State shall recognize all groups and networks that are formed by individuals dealing with the problem of drug abuse, and shall 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.

5.3.3: Confidentiality of drug abusers while under any form of treatment shall be maintained by all treatment centers.

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

5.4. CAPACITY BUILDING AND TRAINING

5.4.1: Stakeholders in the State shall be trained in matters relating to drug abuse. The trainings shall be consistent and will meet the needs of the State from time to time.

5.4.2: The Ministry of Social Justice and Empowerment (MOSJE) Government of India has identified National Institute of Social Defense (NISD) an autonomous body as Nodal Agency under the administrative control of MOSJE to prepare training modules for various activities and State Government shall

collaborate with the Regional Training Centre, Kohima which has been identified as the Nodal Agency/Training Centre for the State in line with the modules prepared by NISD and shall take up the following:

- i) Formulate training objectives for various target group of trainers.
- ii) Organising training programmes 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 of 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.

5.4.3: The Department of Education shall have a proactive role in capacity building and training for Schools and Colleges through its various training centres for the:

- i) Formulation of training objectives for teachers and students training
- ii) Designing training programmes/develop 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 basis.

5.4.4: The Health Department shall take up issues relating to the treatment of substance abusers. Doctors in Community Health Centres (*CHCs*), Primary Health Centres (*PHCs*) and Civil Hospitals shall be skilled in administering detoxification services and in overdose management. The Health Department shall coordinate with the Social Welfare Department in awareness camps, detoxification camps and other activities in the state.

5.5. STUDY AND RESEARCH

5.5.1: The State in collaboration with Universities/Colleges and NGOs shall conduct research/survey on drug abuse. Research and studies must be implemented by recognized institutions and agencies. This will help in effective planning of programmes and to have an authentic knowledge of the drug abuse scenario in the State.

5.5.2: The Department of Social Welfare shall maintain an on-line monitoring information system that will feed the State with prompt and solid data on drug abuse.

5.6. STRENGTHEN DRUG SUPPLY REDUCTION STRATEGY

5.6.1: At the Government level, the Home Department (Police) shall play an important role in implementing the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS)

5.6.2: As the Policy emphasise on Harm Reduction & Demand Reduction, the police department shall ensure organising eradication campaign(s) against drugs in a mission mode.

5.6.3: Substance abuse shall be incorporated in the curriculum of the Police Training Centres.

5.6.4: The State Police, the Border Security Force and the Custom & Central Excise shall conduct joint operations and share information on drugs by pooling in resources to effectively tackle the menace of drugs in the State.

5.6.5: The Social Welfare Department, Local Level Governance including Non-Government Organisations/Voluntary Organisation, Faith based Organisations, Parents/Guardians and Drug User's Network shall co-operate and co-ordinate to control and reduce the supply and demand of illicit drugs.

5.6.6: Stringent punishment against any Government official (s) or any person (s) involve with drug smugglers/traders/peddlers shall be taken under relevant provisions of the Narcotic Drugs and Psychotropic Substances Act, 1985.

5.7. 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 are imperative. Therefore, the State shall endeavor to:

5.7.1: Identify the various stakeholders who can be partners in implementing the Policy at the State level, the District level, the Block level down to the Community & Village level.

5.7.2: Identify the role and responsibilities of each stakeholder to effectively implement the Policy.

5.7.3: Work out an effective co-ordination mechanism between various stakeholders for effective policy implementation.

5.7.4: Strengthen the police force to effectively curb the supply and demand of drugs and other substance abuse.

5.7.5: Coordinate with various agency including Central and Paramilitary Forces to check demand and supply of drugs.

5.8. FAST TRACK COURT/SPECIAL COURT

State government shall make an all out effort to set up Fast Track Courts or Special Courts for speedy trials under the Narcotic Drugs and Psychotropic Substances (NDPS) Act 1985. A joint training for Prosecutors, Police and Judicial officers to achieve higher conviction rates in drug cases shall be organized.

6. VARIOUS STAKEHOLDERS FOR POLICY IMPLEMENTATION

6.1: At the Government level, besides the State Social Welfare Department, the different Departments/Directorates/ Establishments of the Government 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 & Family Welfare
- vi) Industries & Commerce
- vii) Agriculture & Horticulture
- viii) Community & Rural Development
- ix) Urban Affairs

- x) Law Department
- xi) Inspector General of Prison
- xii) Directorate of Information & Public Relations
- xiii) Civil Defence & Home Guards
- xiv) Registrar Co-operative Societies
- xv) Employment & Craftsmen Training
- xvi) Commissionrate of Excise
- xvii) Meghalaya AIDS Control Society (*MACS*)
- xviii) Meghalaya State Legal Services Authority (*MSLSA*)
- xix) Meghalaya Basin Development Authority (*MBDA*)
- xx) Meghalaya State Skill Development Society (*MSSDS*)
- xxi) Meghalaya State Rural Livelihoods Society. (*MSRLS*)
- xxii) Any other department/establishment that may be relevant.

6.2: At the Non- Government level:

- i) NGOs & Voluntary Organisation working in the field of Drug Abuse.
- ii) Youth Organisation & Women Organisation
- iii) Faith Based Organisations
- iv) Teachers/Lecturers
- v) Parents/Guardians
- vi) Drug User's Network
- vii) Members of Civil Society
- viii) Student representatives
- ix) Any other NGOs/Group that may be relevant.

7. CONSTITUTION OF COMMITTEES FOR IMPLEMENTATION OF THE POLICY

To achieve the objective of the Policy, the various stakeholders need to converge, collaborate and maintain a link with each other. This can be done by forming

committees at the State Level, the District Level, the Block Level and, at the Local/Village/ Community Level.

7.1: At the State Level two important committees shall be formed.

- i) State Level Coordination Committee under the Chairmanship of the Chief Secretary, to focus on inter sectoral coordination and collaboration amongst the various stakeholders in dealing with the problem of drug abuse. The Committee shall comprise of all stakeholders at the Government level and the Non-Government. The Director Social Welfare shall be the Member Secretary of the Committee.
- ii) State Level Monitoring Committee shall be formed under the Chairmanship of the Minister in charge Social Welfare to review the implementation of the Policy and the anti drug measures taken in the State. The members shall comprise of all stakeholders at the Government level and the Non-Government level. The Secretary Social Welfare shall be the Member Secretary of the Committee.
- iii) The District Level Committee on drug abuse shall be formed to be headed by the District Magistrate of the respective district. The District Social Welfare Officer shall be the Member Secretary. The members shall comprise of all stakeholders at the Government level and Non-Government level that are present in the district.
- iv) The Block Level Coordination Committee under the Block Development Officer shall be formed comprising of all relevant stakeholders under the jurisdiction of the block.
- v) Local/Community/Village Level Committees shall be formed under the Chairmanship of the Headmen/Rangbah Shongs/Nokmas/Goanburas as the case may be. The committees shall comprise amongst others, representatives of the Women Organisation, the Youth Organisation, members of Civil Society, Anganwadi Workers (AWWs), Accredited Social Health Activist(s) (ASHA) and members of Self Help Groups (SHGs). The committees shall work closely with the Government in combating the drug abuse menace prevalent in their respective jurisdiction.

8. DOCUMENTATION

- (a) State level data is very vital to understand the progress of work done and the current scenario of drug abuse. Social Welfare Department will be the Nodal Agency to consolidate data on drug abuse prevention

programmes of the State, which can be accessed by the public/ stakeholders for reference and knowledge.

- (b) A separate unit of experts in technology and documentation shall be established to help this process move smoothly. Software will be developed for data collection to increase the efficiency of the team. Care will be taken that data collected will not infringe on the 'privacy right' of the individual. The State Police and Custom & Central Excise (Supply) will continue to follow their guidelines in supply reduction as per the relevant Act in place.

9. MECHANISM FOR MONITORING & EVALUATION

- (a) **Internal Monitoring:** The District Level Coordination Committee and the State Level Coordination Committee shall monitor drug abuse prevention programmes in the State.
- (b) **External Monitoring:** Once a year, the department shall provide for external evaluation and monitoring of the drug abuse prevention programmes in the State. The external team shall assess the programmes under the Primary Prevention, Secondary Prevention and Aftercare Services and provide guidance and recommendations to the quality and progress of these programmes.

The State shall provide an **Action Plan** which aims at reduction of adverse consequences of drug abuse through a multi-pronged strategy, the policy shall focus on prevention education, awareness generation, counselling, treatment and rehabilitation, training and capacity building of service providers to effectively tackle the menace of drugs in the State.

The Policy is a continuous process which shall be updated from time to time as per requirement.
