# The Functioning of Drug De-Addiction Centers run by Non-Governmental Organizations in Delhi-NCR Region: A Study

**A Dissertation submitted for Master's Diploma in Public Administration in Partial Fulfillment of the requirement for the Advanced Professional Programme in Public Administration (APPPA)**

**by**

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# CERTIFICATE

I have the pleasure to certify that Shri Anand Katoch of Indian Telecom Services has pursued his research work and prepared the present dissertation titled **"The Functioning of Drug De-Addiction Centers run by Non-Governmental Organizations in Delhi- NCR region: A Study"**, under my guidance and supervision. The dissertation is the result of his own research and to the best of my knowledge, no part of it has earlier compromised any other monograph, dissertation or book. This is being submitted to Indian Institute of Public Administration (IIPA) for the purpose of Master's Diploma in Public Administration in partial fulfillment of the requirement for the Advanced Professional Programme in Public Administration (APPPA) of IIPA, New Delhi.

I recommend that the dissertation of Shri Anand Katoch is worthy of the award of Master's Diploma in Public Administration.

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## DECLARATION

I, the undersigned, hereby declare that this dissertation entitled **"The Functioning of Drug De-Addiction Centers run by Non-Governmental Organizations in Delhi-NCR Region: A Study"** is my own work and that all the sources I have accessed or quoted have been indicated or acknowledged by means of completed references. The dissertation has not been submitted for any other degree /diploma or elsewhere.

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Roll Number: 4516

## ABBREVIATIONS

| | |
|---|---|
| WDR | WORLD DRUG REPORT |
| NCB | NARCOTICS CONTROL BUREAU |
| NDDTC | NATIONAL DRUG DEPENDENCE TREATMENT CENTRE |
| AIIMS | ALL INDIA INSTITUTE OF MEDICAL SCIENCE |
| MSJE | MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT |
| MoH&FW | MINISTRY OF HEALTH AND FAMILY WELFARE |
| MHA | MINISTRY OF HOME AFFAIRS |
| IHBAS | INSTITUTE OF HUMAN BEHAVIOUR AND ALLIED SCIENCES |
| NDPS ACT | NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT |
| NCR | NATIONAL CAPITAL REGION |
| UN | UNITED NATIONS |
| WHO | WORLD HEALTH ORGANIZATION |
| UT | UNION TERRITORY |
| PRI | PANCHAYATI RAJ INSTITUTION |
| ULBs | URBAN LOCAL BODIES |
| NGO | NON GOVERNMENTAL ORGANIZATION |
| HIV | HUMAN IMMUNODEFICIENCY VIRUS |
| AIDS | ACQUIRED IMMUNODEFICIENCY SYNDROME |
| MHA, 2017 | MENTAL HEALTHCARE ACT,2017 |
| SMHA | STATE MENTAL HEALTH AUTHORITY |

| | |
|---|---|
| DTC | DRUG TREATMENT CLINIC |
| NACO | NATIONAL AIDS CONTROL ORGANIZATION |
| SPYM | SOCIETY FOR PROMOTION OF YOUTH AND MASSES |
| IDU | INJECTING DRUG USER |
| AA | ALCOHOLICS ANONYMOUS |
| NA | NARCOTICS ANONYMOUS |
| OPD | OUT PATIENT DEPARTMENT |
| RRTC | REGIONAL RESOURCE AND TRAINING CENTER |
| NYKS | NEHRU YUVA KENDRA SANGATHAN |
| IRCA | INTEGRATED REHABILITATION CENTER FOR ADDICTS |
| PGIMER | POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH |
| NIMHANS | NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO-SCIENCES |
| OST | OPIOID SUBSTITUTION THERAPY |
| ICD | INTERNATIONAL CLASSIFICATION OF DISEASES |
| GO | GOVERNMENT ORGANIZATION |

## Executive Summary

Drug and substance abuse is a serious problem adversely affecting the social fabric of the country. Addiction to drugs not only affects the individual's health but also disrupts their families and the society as a whole. Regular consumption of various drugs and psychoactive substances leads to drug dependence of the individual. At this stage, the treatment is must to recover the person from addiction and dependence.

In India, the drug dependence treatment sector is still developing and undergoing refinement. The treatment services for drug abuse in India are delivered by three major service providers namely Government de-addiction facilities, private sector and de-addiction centers run by Non-Governmental Organizations.

Non-Governmental Organizations (NGOs) can play a significant role in creating low cost models for care at community level. This helps in bridging the gap between the people suffering from drug addiction in the community and inadequate availability of drug treatment facilities by government. However, there have been reports of mushrooming Drug De-Addiction Treatment centers managed by NGOs, on account of shortage of professionally run Mental Health care Facilities and lack of clarity in rules and regulations in this regard. Further, unethical treatment and violation of human rights has also been reported from some of these centers.

The study focused on functioning of de-addiction centers run by NGOs in Delhi-NCR region and types of services provided by them. In total, nine such centers were visited and interaction was done with their functionaries and inmates seeking treatment. Out of the nine centers, six were supported by the Government, under its Scheme and three were non-grantee organizations. Separate structured questionnaires were designed

for organizations and respondents. Due to time constraints, forty respondents were interviewed and data analyzed. A comparison was also done on functioning of these categories of centers.

The socio-demographic and drug consumption behavior of the respondents during the study revealed that majority of them are in the age bracket of 21-30 years, which is the productive period of an individual's life. Their productive period is wasted in addiction, which is a cause of great concern and requires immediate attention to curb this menace among youth.

The study also revealed that NGO run de-addiction centers provide various services such as detoxification, counseling, follow up and awareness on ill effects of drug abuse in the community.

The study showed that respondents were satisfied with the treatment in these centers. However, as NGOs have limited capability and capacity, the support from the government will help in improving their services. The study proposes various recommendations, involving active role of the government by providing financial and infrastructure support, capacity building of the staff working at these centers, awareness on drug related rules and regulations and monitoring the centers from time to time.

## CONTENTS

# CHAPTER I

# INTRODUCTION

## 1.0 Background

Drug and substance abuse is a serious problem adversely affecting the social fabric of the country. Addiction to drugs not only affects the individual's health but also disrupts their families and the whole society. Regular consumption of various drugs and psychoactive substances leads to drug dependence of the individual. It may lead to neuro-psychiatric disorders and other diseases as well as accidents, suicides and violence. Of late, the menace of drug abuse in the younger generation has been rising all over the world and India is no exception to it.

The drug trafficking scenario in India is largely attributed to various external and internal factors (NCB, Annual Report, 2017). One of the prime external factors happens to be India's close proximity to the major opium producing regions of South West and South East Asia known as the 'Golden Crescent' and the 'Golden Triangle' respectively. The geographical location of India as such, makes it vulnerable to transit, trafficking and consumption of opium derivatives in various forms along the known trafficking routes. The main internal factors influencing drug tracking in India is illicit cultivation of opium poppy in some pockets of the country. The diversion from licit opium sources into illicit production is a matter of major concern. Similarly, illicit cultivation and wild growth of cannabis in hilly and remote areas of Himachal Pradesh, Arunachal Pradesh, Tripura, Odisha, Jharkhand, etc., lead to interstate cannabis tracking.

## 1.1 Drug abuse- A global problem

As per World Drug Report (WDR) 2019, an estimated 271 million people or 5.5 percent of the global population aged 15-64 had used drugs in the previous year. It reveals that the number of people who use drugs is now 30 per cent higher than it was in 2009, when 210 million had used drugs in the previous year. Afghanistan continues to be responsible for the vast majority of the world's illicit opium poppy cultivation and production in 2018.

There are different approaches to dealing with drugs around the world. Some countries place a greater emphasis on law enforcement - while others do not. Here is a snapshot of the regulations in some of the countries:

**Portugal**

In 2001, Portuguese law was changed to decriminalize the possession of small amounts of proscribed drugs for personal use. If police discover someone carrying a small dose of a drug, they will confiscate the drug and refer the user to a "Dissuasion Commission". This body assesses their level of addiction and orders the appropriate education or treatment as required. In other words, the drug user is treated more like a patient than a criminal.

The Portuguese government claims that under the system there has been a decrease in deaths and the number of people being treated for addictions has risen.

**United Kingdom**

The British system revolves around the Misuse of Drugs Act 1971. This legislation classifies drugs into three groups - A, B and C. Class A drugs are the most harmful and include heroin and cocaine. Class B includes cannabis. Class C includes

steroids and some tranquilizers. Drugs which are classified are illegal for sale and consumption. It is a criminal offence to possess or sell the drugs, and the courts can fine and jail offenders or order some other form of community-based sentence.

**United States**

The US led the way on the prohibition of drugs when former President Richard Nixon declared a "war on drugs". The federal system in the US is essentially the same as in the UK - harmful drugs are banned, and possession or trafficking results in a criminal charge.

However, the picture is complicated by the power of states to pass their own laws. Thirty states have passed laws legalizing medical marijuana, including 11 that have legalized recreational, or “adult use,” marijuana, despite the plant being categorized as a federally controlled substance.

The US government is attempting to contain the flow of drugs from South America - and also Afghanistan - into North American and Europe.

**The Netherlands**

In the Netherlands, selling drugs is illegal. However, some city councils allow the sale of soft drugs in so-called coffee shops by giving them permits under strict requirements where people can buy small amounts of cannabis for personal consumption. Coffee shop owners must always be able to determine that the person to whom they sell soft drugs, lives in the Netherlands and is 18 years of age or older. To be able to do so, their customers are required to show a valid identification or a residence permit combined with an extract from the municipal personal records database

**Thailand**

The rising trend of methamphetamine abuse in Thailand has led to an overburdened criminal justice system and overcrowded detention centers. The government has tried to address the root causes of these problems by providing more access to treatment. In 2002, the Narcotic Addict Rehabilitation Act was enacted to provide more opportunities for drug abusers to receive appropriate treatment and rehabilitation. Focusing on methamphetamine abuse, the compulsory drug treatment program integrates military training and 4-month intensive psychosocial treatment and rehabilitation, to reshape disciplinary behavior and lifestyle and to ensure patient safety. Patients who complete the program are discharged without a criminal record. As a result, in 2002, 50,780 of 1,042,308 users accessed treatment. Following the Act, 310,476 of 455,500 users entered treatment in 2003. However, the strict law enforcement exists to address the supply side of the drug cycle i.e. drug producers, traffickers, distributers, dealers and drug couriers. The confiscation of assets of the drug dealers was among the most powerful counter measures adopted by law enforcement agencies as it took away their belongings as well as the capital and funds used to facilitate illegal drug activities.

**European Union**

It is reported that there are supervised drug consumption facilities operating in some countries under European Union for the last three decades where illicit drugs can be used under the supervision of trained staff. These facilities primarily aim to reduce the acute risk of disease transmission through unhygienic injecting, prevent drug related overdose deaths and connect high risk drug users with addiction treatment and other social services, besides contributing to a reduction in drug use in public places and public

order problems. The first supervised drug consumption room/facility was opened in Berne, Switzerland in June 1986. Further facilities were established in subsequent years in Germany, Spain, Norway, Denmark, the Netherlands and Greece. A total of 74 official drug consumption facilities currently operate in six countries. In January 2016, in France a law approved a six-year trial of drug consumption facilities, and the first French Supervised Injecting Facility opened in October 2016.

**Canada**

Canada's Drug Strategy gave a means to address drug use with both supply and demand reduction strategies. Regarding treatment aspects, their policy supports funding treatment centers, court-monitored drug treatment and community services for non-violent offenders with drug use disorders, training and certifying workers handling drug users. In December 1998, the first drug treatment court was established in Toronto. It brought together treatment services for substance abuse and the criminal justice system to deal more effectively with the drug addicted offenders. The Drug Treatment Court Funding Program (DTCFP) was established in 2004 and is part of the Treatment Action Plan of National Anti-Drug Strategy. As a part of the preventive education, various awareness programmes are held among school aged youth, parents, professionals etc.

Further, Canada has officially legalized weed /cannabis/marijuana throughout the entire country in 2018; however the taxes are higher on them.

**Japan**

Japan operates a strong enforcement-led approach to drug misuse, often regarded as a ‘zero tolerance’ policy. Drugs are more strictly controlled than in many other

countries. Some products that are available over the counter as cold and flu remedies in the UK are banned in Japan. Possession of even small amounts of drugs is punishable by lengthy imprisonment.

### 1.2 Constitutional Provision and Regulations

Article 47 of Indian Constitution provides that "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavor to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to Health."

India is a signatory to three United Nations Conventions, namely: (i) Convention on Narcotic Drugs, 1961; (ii) Convention on Psychotropic Substances, 1971; and (iii) Convention against illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Thus, India also has an international obligation to, inter alia, curb drug abuse. The United Nations General Assembly, in its 20$^{th}$ Special Session in 1998, has accepted demand reduction as an indispensable pillar of drug control strategies. The demand reduction strategy consists of education, treatment, rehabilitation and social integration of drug dependent persons for prevention of drug abuse.

The Government of India has enacted the Narcotic Drugs and Psychotropic Substances (NDPS) Act in the year 1985 to make stringent provisions for the control and regulation of narcotic drugs and psychotropic substances. Section 71 of the NDPS Act, 1985 empowers the government to establish, recognize or approve as many centers as it thinks appropriate for identification, treatment, management, education, after-care, rehabilitation and social integration of addicts.

In order to protect the children from getting intoxicated, Section 77 of Juvenile Justice ( Care and Protection of Children) Act,2015 notified by the Ministry of Women and Child Development, Government of India makes it illegal to give children any intoxicating liquor, narcotic drug, tobacco products or psychotropic substances unless ordered by a duly qualified medical practitioner. Further, section 78 of the said Act also makes it punishable if the child is used for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drugs or psychotropic substances. Such persons involving children are liable for imprisonment for a term that may extend to seven years and shall also be liable to a fine which may extend upto one lakh rupees.

### 1.3 Existing Institutional Set up

In India, the drug dependence treatment sector is still developing and undergoing refinement. The treatment services for drug abuse in India are delivered by three major service providers:

The first major service provider is the Non-Governmental Organization (NGO) sector. There are about 400 drug dependence treatment and rehabilitation centers throughout the country, which are being run by NGOs, supported by the Ministry of Social Justice and Empowerment (MSJE), Government of India.

Another group of service provider is the private sector. Many doctors including a large number of psychiatrists are providing services to people for substance use related problems.

The third major service provider is the government de-addiction centers. The Ministry of Health and Family Welfare (MoH&FW), Government of India, has established about 122 drug dependence treatment centers across the length and breadth of

the country. Most of these government centers are associated with either general hospitals at the district levels or with departments of Psychiatry at certain medical colleges.

### 1.4 Statement of the Problem

The Ministry of Social Justice and Empowerment in collaboration with National Drug Dependence Treatment Centre (NDDTC), AIIMS conducted a National Survey to determine the extent and trend of drug abuse in our country, covering all States and UTs during the period 2017-18. The survey involved structured interviewing more than 5 lakh individuals and use of multiple approaches to collect data. The survey findings showed "a rising trend and pattern of drug addiction especially among younger generations in many states/UTs and wide gap between the affected persons requiring treatment and available treatment service providers. Many States/ UTs in the country need treatment facilities for drug use disorder on a larger scale. Hence, along with the government sector, the civil societies and the Non-Governmental sector needs to be roped in with all necessary components (infrastructure, trained staff, documentation etc).

Non-Governmental Organizations (NGOs) can play a significant role in creating low cost models for care at community level. This helps in bridging the gap between the people suffering from drug addiction in the community and inadequate availability of drug treatment facilities by government.

There have been reports of mushrooming Drug De-addiction Treatment centers managed by NGOs, on account of shortage of professionally run Mental Health care Facilities and lack of clarity in rules and regulations in this regard. Further, unethical treatment and violation of human rights has also been reported from some of these centers.

Research also indicates that most addicted individuals need at least three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur if medical treatment is not supported by behavior therapies.

In view of the extended and significant role of NGO run drug de-addiction centers at community level and relapse nature of the addiction, it necessitates to assess the functioning and type of services provided at these centers and ensuring that certain minimum standards are in place while delivering drug treatment services in an ethical manner.

**1.5 Rationale or Justification**

NGOs running drug de-addiction centers is one of the institutional set up providing services in the community. The Ministry of Social Justice & Empowerment, Government of India has been supporting about 400 de-addiction centers run by these NGOs across different parts of the country under the Central Sector Scheme of Assistance for Prevention of Alcoholism and substance (Drug) Abuse. The NGOs are being given grant on a routine basis and no in depth inspection is being carried out to ascertain their functioning as per Norms of the said Scheme. Further, some centers are being run by NGOs without seeking any grant from the government. They primarily charge heavily from the patients for treatment.

Further, most studies have been carried out to examine the reasons for consuming drugs by vulnerable group such as students, industrial workers, children in conflict with

law, street children etc. and socio-economic profile of the persons seeking treatment in hospitals and others de-addiction centers. Not much has been focused on functioning of NGO run de-addiction centers and their extended role in society to curb the menace of drug abuse. This study will be assessing the types of services provided by these centers. It will also provide useful insights into their functioning and give suitable suggestions based on the analysis of data considered for the study.

### 1.6 Literature Review

Review of literature is a vital part of any study or research. It helps to know the research areas covered by earlier studies and aspects untouched by researchers.

- The research paper **'A Study on Adolescent Drug Abuse in India '**by Priyanka Sharma and Ankita Tyagi (2016) has reviewed the available information on the extent and demographics of drug abuse among adolescents in India. The adolescents have been chosen as adolescence is a crucial stage in a person's life associated with tendency to do experimentation, exploration and risk taking behavior. The researchers have emphasized to create awareness among youths about ill effects of drug abuse. There is also requirement to open counseling centers and run government and non-government programmes to curb this menace. As per researchers, there were very few studies found on drug abuse among children and adolescents in India.
- The Article **'A study of profile of patients admitted in the drug de-addiction centers in the State of Punjab'** by Vikram Kumar Gupta et al(2013) studied the profile of 120 male patients taking treatment in 7 Drug De-addiction Centers(DDC) run by Indian Red Cross Society and 3 DDCs being run by private

registered societies. A pretested questionnaire was used to interview these admitted patients. The study showed that 79.2 % patients started drugs due to peer pressure, 8.3 % due to curiosity, 6.7 % due to family reasons and 3.3 % due to unemployment. Alcohol and opioids were the main drugs consumed and the mean age of starting drug abuse was 21.15 years. The researchers recommended that both Red Cross and private DDCs should be checked regularly by concerned district authorities and should also be supported and promoted by the government so that these centers run in a better way with more facilities.

- The research paper **'Drug De-addiction and Rehabilitation centers for drug addicts in Manipur'** by K. Manitombi Devi (2012) is a study of the management system, activities, programmes and staff pattern of two de-addiction centers supported by the Ministry of Social Justice & Empowerment, Government of India as per its norms. The researcher has found different levels of satisfaction among the two centers. The researcher acknowledged the contribution of the centers in Manipur where the prevalence of drug abuse is much higher and has suggested remedial methods for further improvement of the centers.

- The Article **'Prevalence and Pattern of Substance Abuse: A study from De-addiction Centre'** by Viney Kumar et al ( March 2011 to March 2012) studied the prevalence of drug dependence among 521 patients coming to the government De-addiction center, PGI-MS, Rohtak, Haryana for treatment, both outdoor and indoor. This study showed that use of alcohol and alcohol with tobacco was more

than in 50 % of the sample population. Further, there were 99% males seeking treatment and the proportion of the drug abuse was found to be greater in rural (59.30%) and among persons aged 26-45 years. The other demographic parameters such as marital status, type of family, education level, employment type etc were also examined. The researcher suggested that the knowledge of the pattern of drug abuse, vulnerable population and risk factors are important for preventive and treatment measures.

- The Article **'Prevalence of alcohol and drug dependence in rural and slum population of Chandigarh: A community survey'** by B. S. Chavan et al (2007) is an epidemiological survey conducted by the Department of Psychiatry, Government Medical College and Hospital, Chandigarh. It studied the socio-demographic characteristics of 3000 individuals using alcohol and other drugs and assessed the pattern of drug dependence in rural and slum dwellers population of Chandigarh. In this survey, WHO's International Classification of Diseases (ICD) criteria ICD-10 to determine dependency was used and alcohol was found to be primary substance of dependence for majority of urban slum drug users and rural area users. The overall findings of the survey do suggest the need for comprehensive treatment package including medical assessment and treatment of associated physical health problems. It reflected the need to intensify efforts at community level to reach the unreached.

- The research paper **'Drug Addiction: Current Trends and Management'** by Jyotika Singh and Pradeep Kumar Gupta (2017) mentions that addiction and drug abuse is a global problem which results in millions of deaths and new cases of HIV every year. There has been rising trend in India also. The research paper analysed the types of drugs, causes of drug abuse by individuals, gender difference in drug abuse and describes the treatment including behavior therapies and relapse prevention for proper management of the problem. The study also recommended preventive education among adolescents with skill training programmes.

- The research paper **'Profile of Cannabis users seeking treatment at Government De-addiction Centre in a Tertiary Hospital- Study from Kashmir'** by Yasin Hassan Rather et al (2017) aimed to determine the socio-demographic profile of cannabis dependent persons (100 in number) admitted patients in the De-addiction Center, Government Medical College, Srinagar. The study found that all the patients were males and belonged to poor and middle socio economic status. About 41% were employed, 29% unemployed and 41% school drop outs. It recommended the need to focus on students as these formed a good number of treatment seekers.

- The research paper **'Drug Addiction in Sikkim: A sociological Study'** by Mishra P.(2016) aimed to know the different categories of drug addicted people in East district of Sikkim, causes of addiction and explore their socio-economic

conditions. The study concluded that majority of the addicts are in younger age group (15-35 years). There are different reasons for initiating drug use and thereafter, such as peer group pressure, dysfunctional family, study and work pressure, for pleasure etc. This is also resulting in petty crimes by the addicted people for money to purchase drugs. There is also an increase in cases of HIV/AIDS in the state of Sikkim associated with behavior after drug abuse. Hence, the availability of drugs needs to be checked.

- A **Survey during 2016-17 was conducted by Delhi government's Women and Child Development Department** in collaboration with NDDTC-AIIMS to estimate the prevalence of drug use among children dwelling in slums and streets in the city. The survey estimated that about 70,000 street children are in the habit of consuming drugs in any form, out of which 20,000 intake tobacco. Alcohol consumption is prevalent among 9,450 children, inhalants in 7,910, cannabis in 5,600, heroin in 840 and pharmaceutical opioids and sedatives among 210 children each. The study further states that the condition of street children is compounded by an exploitative socio-economic structure within and outside the family, lack of access to education and healthcare, rural to urban migration, rapid population growth, and extreme poverty. The initiation of the drug, tobacco as well as inhalants started at nine years of age.

The review of the literature reveals that the research is mostly confined to understand the socio-demographic profile of the individuals addicted to drugs, reasons for drug abuse and types of drugs consumed. Some of the studies have been done in piecemeal manner by government hospitals running de-addiction centers, taking profile of persons approaching them to seek treatment. The study of the working of two de-addiction centers in the state of Manipur has been done in one of the research papers. However, there is no study on the functioning of de-addiction centers run by NGOs in Delhi NCR region.

As per the National Drug Survey conducted by the Ministry of Social Justice & Empowerment in collaboration with NDDTC-AIIMS to determine the magnitude of drug abuse in different States/UTs in India (report released in Feb.2019) , the prevalence of drug abuse varies widely across different regions and States. The proposed study will give an insight about the profile of patients, type of services provided to the patients in the selected centers and identifies the gaps in delivery of services and give suggestions to improve the functioning of de-addiction centers.

# CHAPTER II

# RESEARCH DESIGN AND METHODOLOGY

Research design facilitates the smooth sailing of the various research operations, making research as efficient as possible, yielding maximal information with minimal expenditure of effort, time and money. Research design has a significant impact on the reliability of the results obtained.

This chapter presents the objectives of the study, research questions, overall research design, tools and methods of data collection used in the study.

## 2.1 Objectives of the Study:

The objectives of the study include:

- To assess the type of services provided by Drug De-addiction Centers run by NGOs in Delhi-NCR region;
- To examine the socio-economic profile and drug consumption behavior of the persons seeking treatment at these centers;
- To identify the gaps in the effective delivery of service provided by the NGOs and suggest measures for improvement.

## 2.2 Research Design:

The research design used in this study is exploratory, descriptive and analytical in nature. Exploratory research is conducted to have a better understanding of the drug addiction problem, vulnerable population and existing treatment facilities. Descriptive research is used to obtain information concerning the current status of the drug addiction in India, existing laws, regulations and UN Conventions among member countries to curb this menace at global level. The study further describes the institutional set up for

treatment of persons addicted to drugs and functioning of the de-addiction centers run by Government and Non-Governmental Organizations in Delhi–NCR region. The data collected through structured questionnaire is analyzed to reach conclusions.

## 2.3 Research Questions

Research Questions clearly define a significant area of interest which requires investigation or study. It is always kept in mind by the researcher while collecting the data so as to meet the defined objective(s) of the investigation or study.

The following are the Research Questions for the study:

i. What are the types of services provided by Drug De-addiction Centers run by NGOs in Delhi-NCR region?
ii. What is the socio-economic profile and drug consumption behavior of the persons seeking treatment at these centers?
iii. What are the gaps in effective delivery of services provided by these NGO run centers during treatment?

## 2.4 Tools and Methods of Data Collection

The most important and crucial aspect of any research is data collection, which provides answers to the questions under the study. Data collection relies on the instruments used. There are several tools for collecting data from respondents in social research like-Interview Schedule, Questionnaire, Observation guide etc.

In the present study, nine NGO run de-addiction centers functioning in Delhi-NCR region were visited. Table 2.1 provided the details of the centers visited along with their bedding capacity for indoor treatment.

**Table 2.1 – Details of the NGOs visited**

| S.No. | Name and location of the NGO run center | Grant from the Ministry | No of beds |
|---|---|---|---|
| 1. | Centre for Creating Alternatives to Addiction (CCAA), Sahibabad, Ghaziabad | Yes | 15 |
| 2. | Shantiratn Foundation, Badarpur, New Delhi | No | 53 |
| 3. | Naya Savera Drug de-addiction & Rehab center, Sector 154, Noida (UP) | No | 33 |
| 4. | Turning Point Foundation, village Alipur, Delhi | Yes | 20 |
| 5. | Muskan Foundation, Sector 19, Dwarka, Delhi | Yes | 15 |
| 6. | SPYM, Kishangarh, Vasant Kunj, New Delhi | Yes | 15 |
| 7. | Manav Propkari Sansthan, Khanpur, Delhi | Yes | 17 |
| 8. | Tapasya Foundation, Sector 45, Noida ( UP) | No | 16 |
| 9. | Bhartiya Parivardhan Sansthan, Nand Nagri, Delhi | Yes | 30 |

The study covered both grantee and non-grantee NGOs providing de-addiction services in Delhi NCR region. Grantee organizations have been receiving grant from the Ministry of Social Justice and Empowerment(MSJE), Government of India whereas non - grantee have been running the centers out of their own resources and charges received from the patients. Six grantee and three non-grantee organizations were visited. A

comparison among them has been done to understand the services and practices followed by them.

An interview schedule has been used to collect the data related to socio-economic background, drug consumption behavior; social adjustment, treatment and rehabilitation of the respondents seeking treatment in the NGO run de-addiction centers with the help of structured questionnaire. Due to time constraint, 40 admitted persons seeking treatment at these centers were interviewed. Further, separate structured questionnaire has been used to seek details of NGO run de-addiction centers by interviewing their functionaries / project in-charge. The interviews were carried out by building rapport with the respondents and functionaries of the organizations. The structured questionnaire for the organization and the respondents (beneficiaries) seeking de-addiction treatment in these centers is placed at **Annexure 1 and 2** respectively.

The general observation of the centers and interaction with the staff during the visits also gave an idea about the overall ambience and functioning of the centers.

Further, the visits were also carried out to two Delhi government hospitals namely Institute of Human Behavior and allied Sciences (IHBAS) and Deep Chand Bandhu Hospital running de-addiction facilities. This gave an insight into the extent of the problem, types of people approaching these government run facilities and their overall functioning.

**2.5 Analysis and Interpretation of Data**

In the present study, analysis of the data collected through the structured questionnaires was done and diagrammatic representation for data like bar graphs, pie charts etc. has been used.

The data has been analyzed and conclusions drawn based upon the responses during the visit and general observation.

The study has been made purposeful by identifying the gaps/ constraints in effective delivery of services in these de-addiction centers and giving suggestions for the betterment of services.

# CHAPTER III

# DRUG CONTROLS AND REGULATIONS: ROLE OF GOVERNMENT AND NON GOVERNMENTAL ORGANIZATIONS

## 3.1 Constitutional Provision and UN Conventions

Narcotic Drugs and Psychotropic Substances have several medical and scientific uses. However, they can be and are also abused and trafficked. India's approach towards Narcotic Drugs and Psychotropic Substances is enshrined in Article 47 of the Constitution of India which mandates that 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'.* The same principle of preventing use of drugs except for medicinal use was also adopted in the three international conventions on drug related matters, viz., Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances, 1971 and the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. India has signed and ratified these three conventions. India's commitment to prevention of drug abuse and trafficking predates the coming into force of the three conventions.

## 3.2 Strategies adopted by India

Accordingly, India has adopted the three-pronged strategies namely supply, demand and harm reduction as measures to curb drug menace and its ill effects.

### 3.2.1 Supply Reduction:

The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 was framed taking into account India's obligations under the three UN drug Conventions as well as Article 47 of the Constitution. This Act primarily prohibits, except for medical or

scientific purposes, the manufacture, production, trade, use, etc. of narcotic drugs and psychotropic substances. As per Government Allocation of Business Rules, the NDPS Act is administered by the Ministry of Finance, Department of Revenue.

Unlike the earlier opium Acts and the Dangerous Drugs Act which it replaced, the NDPS Act has given the power of enforcement to various central and state law enforcement agencies such as excise officers, coast guards, state police etc., thus spreading the net of law enforcement far and wide. As per the NDPS Act , it is also possible for the central and State Governments to notify any new class of officers of any department to enforce.

The NDPS Act has created statutory authorities such as the Narcotics Commissioner (Section 5), the Competent Authority (Section 68D) and the Administrator (Section 68G). The organization headed by the Narcotics Commissioner is known as the Central Bureau of Narcotics (CBN). Another authority called the Narcotics Control Bureau was created through a notification under Section 4 of the Act. The Narcotics Control Bureau, under the Ministry of Home Affairs (MHA), coordinates actions by various functionaries (Central and State) under the NDPS Act.

Further, satellite survey of suspected area cultivating illicit opium and cannabis crops is also coordinated by Central Economic Intelligence Bureau (CEIB) which then shares the information with NCB and CBN. Opium cultivation is only permitted in certain areas for which license and supervision is done by Central Bureau of Narcotics (CBN), Gwalior. Licensing of manufacture of narcotic drugs and control on import and export of narcotic drugs and psychotropic substances and precursors is also in the purview of CBN.

Training of personnel in drug law enforcement is also done by various government institutes such as National Academy of Customs, Excise and Narcotics (NACEN), National Police Academy, State Police academies, National Institute of Criminology and Forensic Sciences, NCB etc.

Filing of returns to the International Narcotics Control Board and the Commission on Narcotic Drugs under UN and Compilation of seizure statistics from different agencies is carried out by NCB, MHA, and Government of India.

It has been noted with caution the rapid proliferation of internet-based pharmacies and bit coin-based transactions for the illicit drug use in India. Misuse of the over-the-counter medications with definite (*e.g*., benzodiazepines, tramadol and codeine) or with possible addictive potential is another concern for the enforcement agencies.

### 3.2.2 Demand Reduction:

Demand reduction refers to efforts aimed at reducing the desire for drugs through various prevention, awareness, treatment and rehabilitation interventions at school, colleges, workplace, community level etc. For the purpose of drug demand reduction, the Ministry of Social Justice & Empowerment has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86. At present, the Ministry provides financial support to NGOs and other stakeholders mainly for the following items:

i) Awareness and Preventive Education

ii) Drug Awareness and Counseling Centers

iii) Integrated Rehabilitation Centers for Addicts (IRCAs)

iv) Workplace Prevention Programme (WPP)

v) De-addiction Camps

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.

Presently, about 400 Integrated Rehabilitation Centers for Addicts (IRCAs) are functioning with the financial support of the Ministry in the country. The Ministry is also supporting twelve NGOs working in the field of drug abuse prevention to function as Regional Resource and Training Centers (RRTCs) for imparting training in local cultural setting to the service providers working in various IRCAs. An IRCA will ordinarily have a 15-bedded facility to cope with the clients at any given time. Centers with bed capacity of 30 and 50 may also be sanctioned by the Ministry in special cases on recommendations of the State Governments or an authority designated by the Government and on the basis of the credibility and performance of the NGO during the previous three years. An IRCA should engage administrative and medical staff as per the guidelines of the scheme namely project in-charge, medical doctor (part time (nurses, ward boy, peer educator, counselors etc. An IRCA shall provide wholesome food (breakfast, lunch and dinner) to the patients. The inmates shall be provided food free of charge. For this purpose, recurring grant @ Rs. 75/- per day per person for wholesome food of three meals a day for all the inmates, would be provided to the organization which would be duly accounted for on actual basis while submitting Utilization Certificate(UC) for that year. The grant for 15 bedded IRCA ranges from 20 lac to 24 lacs per annum depending on rural/urban and period since the organization is seeking

grant. A one-time non-recurring grant of Rs 2.25 lacs is also given for the first time to the IRCA center for beds, linen, furniture, computer etc.

**Eligible organizations/institutions under the Scheme**

The following organizations/institutions shall be eligible for assistance under this scheme:

i. A Society registered under the Societies' Registration Act, 1860 (XXI of 1860) or any relevant Act of the State Governments/ Union Territory Administrations or under any State law relating to the registration of Literary, Scientific and Charitable societies, or

ii. A Public Trust registered under any law for the time being in force, or

iii. A Company established under Section 25 of the Companies Act, 1956; or

iv. Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), organizations/institutions fully funded or managed by State/ Central Government or a local body; or

v. Universities, Schools of Social Work, other reputed educational institutions, Nehru Yuva Kendra Sangathan (NYKS), and such other well established organizations/ institutions which may be approved by the Ministry of Social Justice & Empowerment.

The quantum of assistance shall not be more than 90% of the approved expenditure on any or all of the admissible items enumerated under each project. In case of the seven North Eastern States, Sikkim and Jammu & Kashmir, the quantum of assistance will be 95% of the total admissible expenditure for that item. The balance of the approved expenditure shall have to be borne by the implementing agency out of its

own resources to be clearly indicated in the application form and thereafter in the accounts of the organization. An aided organization will be provided grants according to the general guidelines of the Ministry with regard to phasing out of grants to the NGOs after the financial support for 5 years. Universities, Schools of Social Work and such other institutions of higher learning will be eligible for 100% reimbursement of approved expenditure.

A Manual of Minimum Standards has been developed to bring about standardization and quality control in services being delivered under the scheme. The Manual delineates the objective of each activity under the Scheme - the minimum expected inputs and outputs, the responsibilities of each functionary, the physical environment of a centre, the rights of the clients and the duties of the staff. The implementation of the various components of the Scheme should conform to the provisions of the Manual and inspection/assessment of the program would take into account the compliance of the organizations with the Manual on Minimum Standards.

The Ministry of Social Justice & Empowerment also conducts 'National Awards for Outstanding Services in the field of Prevention of Alcoholism and Substance (Drug) Abuse' biennially to the organizations and individuals who have been working outstandingly in the field of drug/alcohol abuse prevention, awareness, treatment and rehabilitation. The awards in different categories are conferred by the Hon'ble President of India on 26$^{th}$ June every alternate year.

The Ministry has also formulated a five year plan named "National Action Plan for Drug Demand Reduction" in 2019. The Action Plan focuses on preventive education, awareness generation, counseling, treatment and rehabilitation of drug dependent

persons, besides training and capacity building of service providers through the collaborative efforts of the Centre, State and NGOs. Sufficient budget provision has been incorporated for its implementation through National Institute of Social Defence, an Autonomous Institute under the Ministry.

A National Drug Toll Free Helpline (1800-11-0031) has also been set up by the Ministry to guide and help the victims of drug abuse to seek treatment.

Further, the Ministry of Health & Family Welfare operates a Drug De-Addiction Programme (DDAP) by providing financial grants for augmenting post abuse treatment facilities in selected Central Government Hospitals/ Institutions and the Government Hospitals/ Institutions in North-East States. Under this programme, a National Nodal Centre, the "National Drug Dependence Treatment Centre (NDDTC), Ghaziabad (U.P.)", has been established under the All India Institute of Medical Sciences (AIIMS), New Delhi. The other government health care facilities receiving regular annual recurring financial assistance under this programme are Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh and National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore. The purpose of these centers is not only to provide de-addiction services and rehabilitation services to the patients but also to conduct research and provide training to medical doctors in the area of drug de-addiction. The psychiatry department in these hospitals is the nodal department for de-addiction services.

The Drug Treatment Clinics (DTC) Scheme is another strategy for enhancing the provision of treatment services coordinated nationally by the NDDTC, AIIMS. As of

now, 27 DTCs are functional in different states in the country in various civil, district hospitals and medical colleges.

Further, the Drug De-addiction Programme (DDAP) and National Programme for Tobacco Control (NTCP) has been renamed with the approval of the 'Note for the Cabinet Committee on Economic Affairs (CCEA)' as "National Program for Tobacco Control and Drug Addiction Treatment (NPTCDAT)" and which is one of the total 8 Tertiary Care Programs for Non-Communicable Diseases.

### 3.2.3 Harm Reduction

Harm reduction is a set of practical strategies and support services aimed at reducing negative consequences associated with drug use. People who are dependent on substances may not want or be able to quit, or they may continue to relapse into substance use. Harm reduction reduces the risks of substance use including the spread of infections like hepatitis and HIV. A range of services is available to prevent harms from substance use. Some examples include:

- Needle distribution/recovery programs that distribute sterile needles and other harm reduction supplies, recover used needles and other supplies, and provide information and containers for their safe disposal.
- Substitution therapies that substitute illegal heroin with legal, non-injection methadone or other prescribed opioids.
- Supervised consumption facilities that help prevent overdose deaths and other harms by providing a safer, supervised environment for people using substances.

In our country, the harm reduction dimension was added in 2005 by the provision of low threshold, community-based opioid substitution therapy (OST). The National

AIDS Control Organization (NACO) under the Ministry of Health and Family Welfare does the OST and Needle Syringe Exchange Programmes (NSEPs) under the targeted interventions. Accordingly, Adult HIV incidence has been brought down from 0.41 per cent in 2001 to 0.35 per cent in 2006 to 0.27 per cent in 2011. Under the National AIDS Control Programme, special emphasis is placed on increasing the availability and accessibility of treatment of the people with IDU. The data published in 2012 suggested that there were 150 OST centers and more than 15,000 people with IDU, registered in those centers. The National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi, has built-up a new model of OST service delivery - the GO-NGO model, to scale up the services. Under this model, the psychiatry departments of the government / district hospitals function as OST centers and work in close collaboration with the NGOs. The NGOs act as the bridge between the patients with IDU and the OST centers. The latest amendment of the NDPS Act (in 2014) has included methadone as an essential narcotic drug and permitted use of methadone for OST, by licensed users. This amendment has expanded the scope of OST in India.

As a measure of regulating centers/establishments dealing with mental health issues, Mental Healthcare Act (2017) has been enacted by the government which includes alcohol and drug use disorders under its ambit. It mandates for a license from State Mental Health Authority for all centers including community rehabilitation centers run by NGOs, clinics and other establishments dealing with mental health. Drug abuse has also been identified as one of the cause of mental health. This measure is likely to increase the adherence to human rights, ensure non-discrimination, respect to the right to

autonomy and confidentiality, to increase the availability and access to the minimum standard of care and rehabilitation for people with substance use disorders.

Hence, the most effective way of tackling drug problem involves comprehensive, balanced and coordinated approach that addresses both supply control and demand reduction which reinforce each other.

# CHAPTER IV

## DATA ANALYSIS AND INTERPRETATION

Drug abuse has been considered as psycho-social medical problem which alters the behavior of a person. Further, the social and cultural factors also influence the initiation of drug use which vary from region to region, culture to culture, from developed world to developing nations and country to country.

There has been stigma and discrimination associated with drug use and society generally disassociates itself from the person using drugs. This further worsens the situation of the person and pushes him/her away from the mainstream of the society. Persons normally avoid treatment in the initial stages of drug use and seek treatment at later stages, mainly compelled by their family.

There are limited facilities by the government for treatment of drug addicted persons. People are also seeking treatment from Non-Governmental Institutes which are running de-addiction centers.

There is a need to understand the profile of persons seeking treatment in these NGOs run de-addiction centers, their addiction behavior and awareness level etc. In this chapter, the socio-demographic profile of such persons, their family background, types of persons approaching these centers, drug consumption behavior of the persons, awareness of the laws related to drug de-addiction etc. is analyzed. All these information gives an insight and better understanding of the problem under the study.

The responses from the respondents as per structured questionnaire have been complied and summarized in **Annexure 3.** The analysis is done based on the responses.

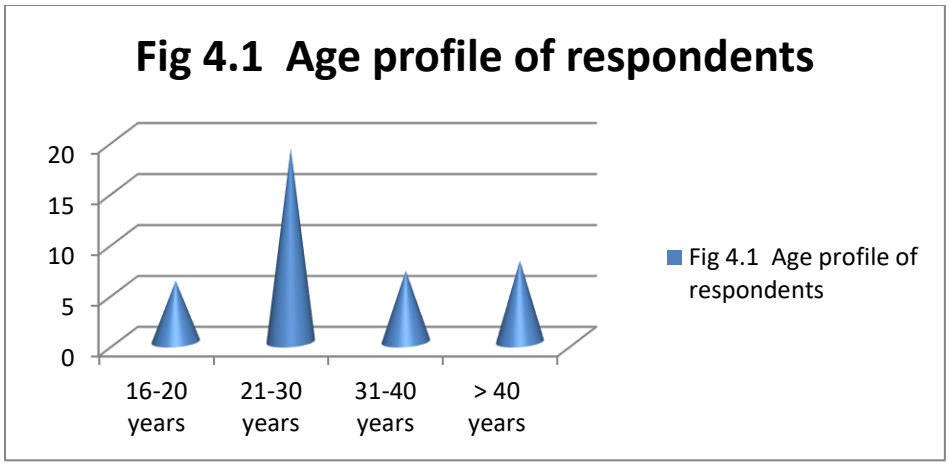
### 4.1 Socio-demographic profile of the respondents

Profile of respondents plays a vital role in the entire study in the research and functioning of de-addiction centers. It covers age, educational status, and occupation, marital status and family background of the respondents.

In this study, respondents are drug addicts seeking treatment in de-addiction and rehabilitation centers run by non-governmental organizations. A structured interview schedule has been used to collect important information from the respondents and the major findings are as follows:

#### 4.1.1 Age and sex of the Respondents

There are total 40 drug dependent persons as respondents. Information collected from them regarding their age and sex shows that these centers are treating persons above 18 years of age. No person below 18 years was noticed being admitted in these centers. 19 respondents belong to the age group of 21-30 years (48 %), followed by those who are aged above 40 years( 8 respondents-20 %), then in 31-40 years (7 respondents-18%), and less in age group of 18-20 years (6 respondents- 15%). All the participants except one were Male. One de-addiction center which was not seeking financial support from the Ministry was having female admission also for which separate a floor within the center's building was earmarked.

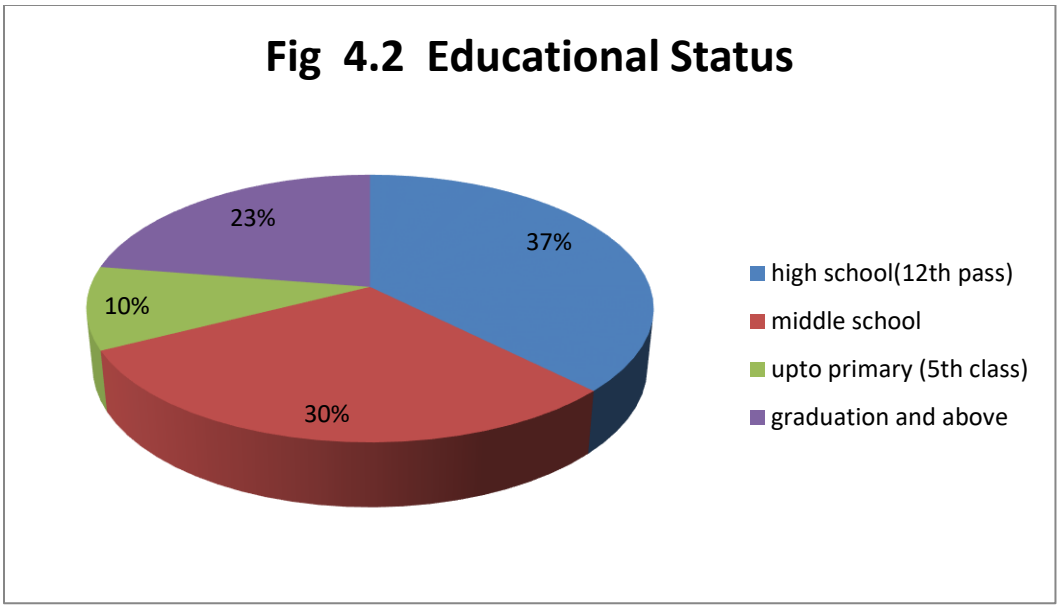



The highest percentage (48%) of respondents who approached various de-addiction centers for the treatment, being in the age group of 21 to 30 years indicates that the most productive period of an individual's life is wasted in addiction. This is a cause of great concern and requires immediate attention to curb this menace among youth.

### 4.1.2 Educational Status of the Respondents

Education plays an important role in determining the living conditions, attitude, behaviour and values of the individual. The more educated a person is, the better is his living condition and understanding about the society. Education generates better awareness and knowledge among the individual about various personal, social, cultural and economic issues. Thus, educational status of respondents was studied.

Educational status of the Respondents depicts that the majority of the respondents i.e. 37% are high school/ 12$^{th}$ pass passed, followed by 30% respondents who are middle school /8$^{th}$ passed, 23% respondents were graduates and above and only 10% respondents studied upto Primary level (5$^{th}$ class) .

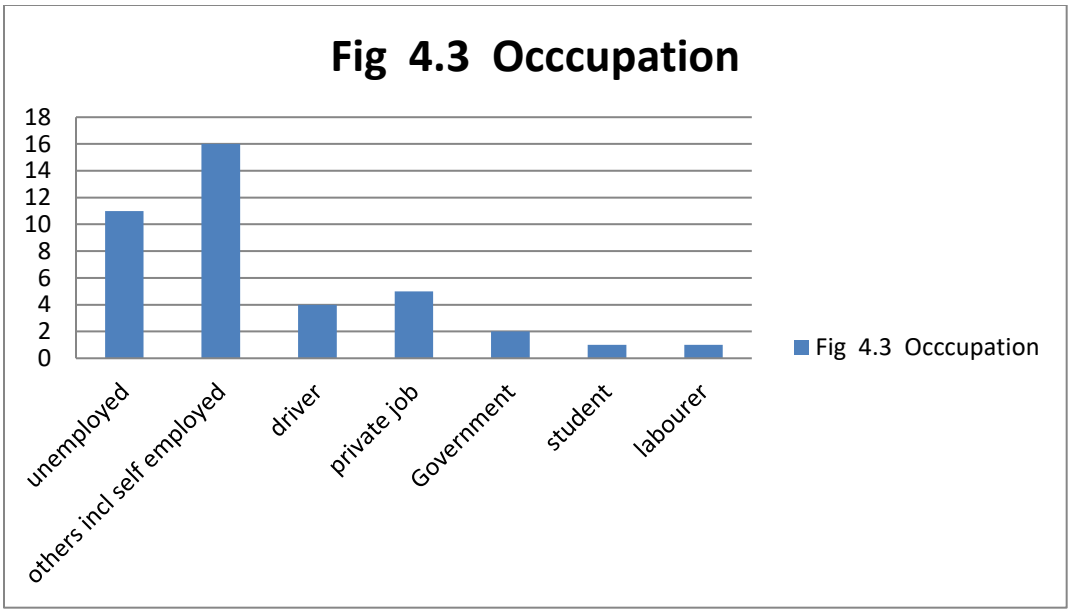



Thus, it is observed that 63% of respondents are educated upto middle school(8th class) and later discontinued their education. At this adolescent age, low level of education and unemployment subsequently along with peer pressure pushes the person towards drug addiction. There are few persons who are graduate and above and seeking treatment at these centers.

### 4.1.3 Occupation of the Respondents

Occupation refers to the activity undertaken by the individual to earn his/her livelihood. It determines the economic status of the individuals which impacts their living condition and behavior. Thus, a study of the occupation of the respondents gives a better understanding about their economic status and living conditions.

Analysis of the occupation of the respondents shows that 40% of the respondents (16) are either self-employed/assisting their family in agriculture/running small shops or street vendors followed by 28 % of the respondents who are unemployed, 12% of the respondents (5) are in private jobs, another 10% working as drivers and only 5% of the respondents (2) are in government service.



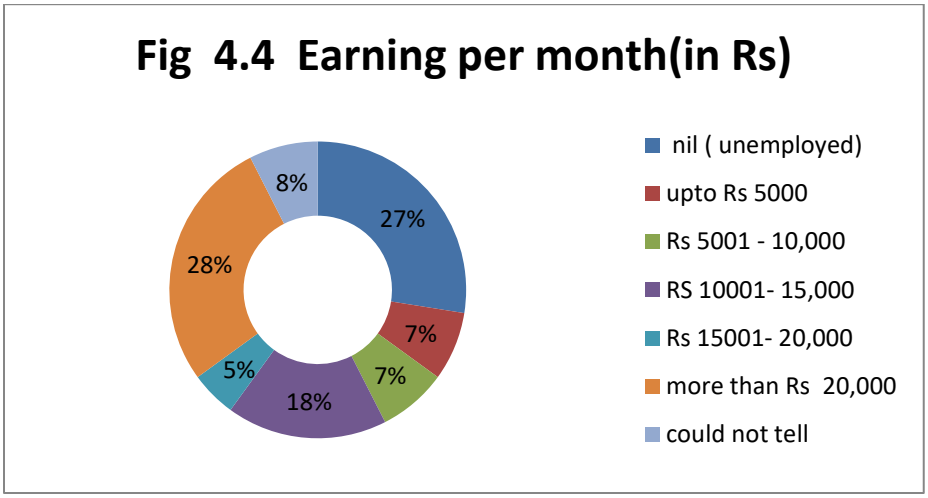

Thus, it is concluded that the persons seeking treatment at these centers are mainly self-employed with some small business/shop, street vendors, drivers and doing private jobs. The situation is worse for 28% of the respondents who are unemployed but still spending on drugs by borrowing from friends and family members as they have become addicted. These persons sometimes engage in illegal activities in the society to finance buying drug for consumption.

**4.1.4 Monthly Income of the Respondents**

Monthly income, generally expressed in monetary terms describes the economic status of the respondents and their ability to spend.

The statistics shows that majority of the working respondents i.e. 28% of the respondents were earning more than Rs 20,000 per month followed by 18% respondents earning between Rs. 10001 to 15,000 per month. Further 27% of the respondents have no monthly income as they were unemployed, 7% of the respondents were earning between Rs 5001 to 10,000 and only 7% were earning up to Rs 5000 per month. Very few

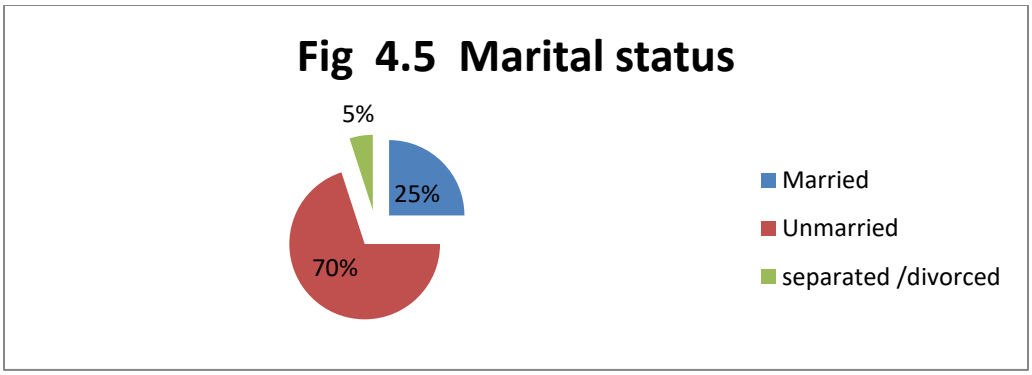
respondents who were assisting their family in running shop and in agriculture could not tell about their monthly income.




Thus, it is concluded that these de-addiction centers are admitting persons with varying economic condition ranging from unemployed to those whose earning is more than Rs 20000 per month. During field interaction at the centers which are not seeking fund from the Government, it was informed that their indoor treatment charges are negotiable, depending upon the paying capacity of the person. The family members of unemployed persons were bearing their expenditure during treatment in these non - supported centers.

### 4.1.5 Marital Status of the Respondents

It is necessary to know about the respondents and their living patterns and conditions. Majority of the respondents i.e. 70% are unmarried, followed by 25% married respondents and 5% of the respondents are either separated/ divorced from their life-partners.




Thus majority of the inmates were unmarried and separated from their life partners which may be attributed to their addiction behavior.

Majority of the respondents (58%) were living in joint family and others in nuclear family.

## 4.2 Information regarding Drug consumption behavior of the Respondents

The de-addiction centers maintain drug consumption behavior of the persons being admitted. This helps them to understand the severity of drug addiction, types of drugs consumed and duration of consumption. The medicinal treatment during detoxification phase depends on these factors. Table 4.1 below depicts the number of respondents in different age group indicating the initiation of drug consumption.

**Table 4.1 – Number of respondents in an age bracket for initiation of drugs**

| Sr. No. | Age bracket (in years) | No. of inmates |
|---|---|---|
| 1. | Less than 10 years | 1 |
| 2. | 11- 15 years | 7 |
| 3. | 16-20 years | 14 |
| 4. | 21-25 years | 10 |
| 5. | 26-30 years | 5 |
| 6. | More than 30 years | 3 |
| | Total | 40 |

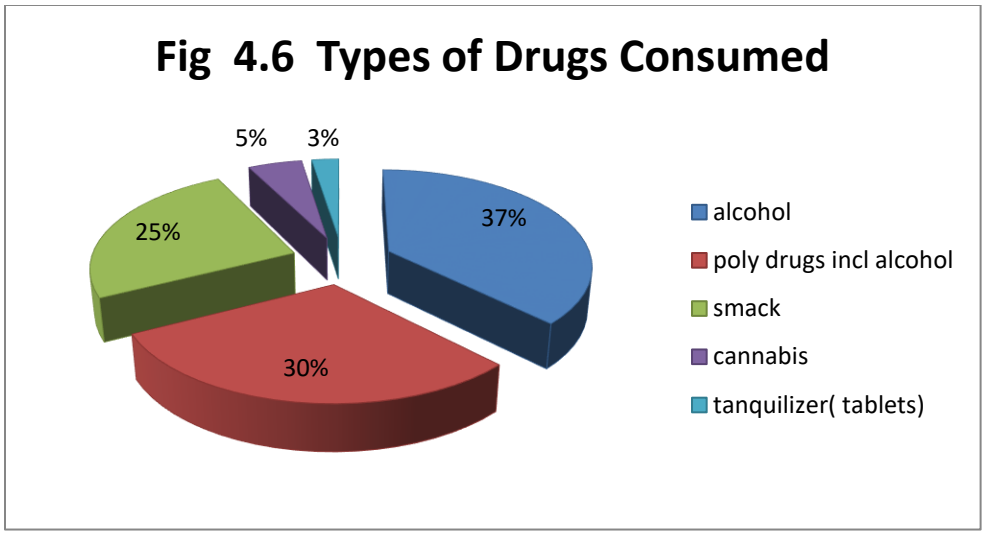
The table shows that majority of the respondents initiated drug consumption especially illicit drug like smack, weed etc. during their formative years i.e. 16-25 years whereas few respondents who initiated drug after 30 years were mainly consuming alcohol.

All respondents came to know about drugs from their friends and colleagues and consumed drug under peer pressure or for sheer pleasure and enjoyment without realizing its long term harmful effects.

Majority of the respondents (92%) consumed alcohol or other drugs heavily as they developed habit and craving for it after repeated consumption. During interaction with inmates, it was also noted that few of them tried to stop drug consumption when ill effects deteriorated their health but could not stop / discontinue due to severe withdrawal symptoms such as shivering, pain, sweating, anxiety, lack of sleep etc.

**4.2.1 Types of drugs consumed**

The centers seek the types of drug(s) consumed by the person, amount and frequency of consumption, duration of consumption, previous treatment and other drug related details before deciding his/ her course of treatment. The interaction with the respondents revealed that majority of them( 38%) are alcohol users only, followed by 30% poly drug users who consume more than one drug including alcohol. Such persons required long duration of detoxification phase prior to psycho-social interventions. About 25% of the respondents were users of illegal drug smack which was available at few hot spots. Two respondents were consuming cannabis (weed) and one was consuming tranquilizer (tablets) before seeking treatment. The consumption behavior of the respondents is as follows:




It was also noted that nine respondents (23%) have been apprehended for drug related offence such as possession, consumption in public place, driving, fighting and assaulting others under the influence of drug.

### 4.2.2 History of drug abuse in the Family

Family environment also affects the drug consumption behavior of an individual. Eleven respondents (27%) have history of drug abuse in their family. These respondents consumed alcohol due to alcohol consuming behavior in their family. Majority of the respondents (73%) have no history of drug abuse in their family but were still addicted mainly due to bad company of friends and colleagues.

### 4.2.3 Average expenditure on drug per month

Once a person becomes addicted to drugs, his craving drives him/her to consume more and more drug which amounts to increase in expenditure on purchasing drugs. Table 4.2 depicts the analysis of the average expenditure by an individual on drugs per month.

**Table 4.2 – Expenditure incurred by the respondents on drugs per month**

| S.No. | Average Expenditure per month( in Rs.) | No. of Respondents |
|---|---|---|
| 1. | Less than Rs 500 | 1 |
| 2. | Rs 501 - 1000 | 5 |
| 3. | Rs 1001- 2000 | 5 |
| 4. | Rs 2001 - 5000 | 6 |
| 5. | More than Rs 5001 | 23 |

### 4.2.4 Source of money

Majority of the respondents were consuming drug by purchasing it from their earnings, borrowing from their friends/colleagues and families by giving excuses. Only two respondents stated that they were involved in snatching and assaulting others to get money for drugs. It was also noticed while interacting that respondents consuming illicit drugs like smack, cannabis, etc were much spending more than the persons consuming only alcohol. The expenditure on these illicit drugs was as high as Rs 15,000 per month whereas for alcohol it ranged between Rs 6000 to 8000 per month. Once addicted, most of their earning was used to purchase drug for consumption.

### 4.2.5 Social adjustment in family, friends and society

All the respondents stated that their families are supporting them during treatment and recovery and come for family counseling and interactions mainly during weekdays.

The drug consumption has stigma and discrimination attached to it which affected the social interaction and status of the family negatively. Further, the family members also reduced interactions with their friends, relatives and neighbors.

## 4.3 Response regarding treatment and rehabilitation in de-addiction centers

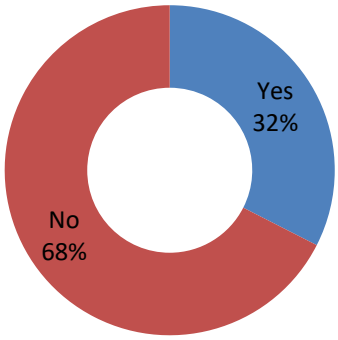
### 4.3.1 Previous treatment before admission to these centers

Drug addiction can relapse if a person does not stay away from the earlier environment wherein he/she developed the habit of consuming drugs and family does not support and motivate the recovered person for leading a purposeful and responsible life.

The analysis indicates that about 32% of the respondents had earlier taken treatment prior to seeking treatment in these NGO run center whereas remaining 68 % were seeking treatment for the first time.

This indicates a high percentage of persons getting relapsed even after taking treatment.

**Fig 4.7 Previous Treatment taken**




The centers have been advising the persons to come for follow up, at least for six months after discharge to avoid relapse condition. Further, they are also advised to attend weekly meeting of Alcoholics Anonymous(AA) / Narcotics Anonymous (NA) groups which is held in different places across Delhi and NCR region as per their past addiction behavior. The persons openly share their experiences in these meetings with other

persons, acknowledge each other efforts to remain sober, compare their past and present life and the respect they are getting after staying away from drugs.

### 4.3.2 Source of referral

The drug dependent persons were brought to these centers by their family member(s). Thirty persons have taken treatment voluntarily whereas six persons did not volunteer for treatment. Few inmates told that they themselves started searching for treatment centers when their health deteriorated. A National Toll Free Helpline run by the Ministry of Social Justice & Empowerment also directed the family member of one person to the de-addiction center.

### 4.3.3 Overall treatment and satisfaction level of the respondents

During interaction with the respondents, it was noted that all the respondents were getting medicines as per their need and were satisfied with the present treatment. They were feeling better compared to their status at the time of admission.

Further, the respondents were also attending the daily schedule activities of the center such as yoga and meditation in the morning and group sessions by the counselors which motivated and helped them in stabilizing their mind and developing positive outlook towards life.

All the respondents informed that the staff at the center was very supportive and never misbehaved with them during treatment. They were all satisfied with the food being served to them during treatment.

In order to keep the persons engaged in day to day activities, some persons were assigned task / responsibility to monitor housekeeping, kitchen arrangement, supporting

the staff when the new inmates comes etc. The overall supervision and responsibility was with the staff of the center

Since these centers do not allow mobile with the inmates, the inmates got time to introspect and realized that drug had ruined their life and families. They were willing to restart their normal life after discharge. Further, the following views were also shared by the respondents during interaction:

i. Learnt to stay away from drugs and cope with stressful situations
ii. Counseling helped in developing self-esteem and confidence
iii. Wanted to build and improve relations after discharge
iv. The morning yoga, meditation and prayer sessions are very useful in removing negative thoughts and stabilizing mind
v. Will motivate others in their circle to seek treatment, if required
vi. Realized that self-health and family is an important part of life which they ignored earlier
vii. Will keep themselves in contact with the centers
viii. Scheduling of life activities is better than addicted life
ix. The perception about de-addiction centers was not correct. Setting up of such centers should be encouraged
x. Alcohol should be prohibited in Delhi as it is ruining youngsters
xi. Planning to attend NA meeting after discharge

### 4.4 Non-Governmental Organizations' Profile and Services

As per the latest Drug Survey report released by the Ministry of Social Justice and Empowerment (MSJE) in 2019, there has been a rising trend in the consumption of drugs especially among adolescents and youth. The report also highlighted the gaps in persons requiring treatment and treatment facilities available across the country. The MSJE has been providing financial assistance to about 400 NGOs for running De-Addiction and Rehabilitation Centers in different states/UTs. Besides, government hospitals, few Non-Governmental Organizations are also running De-Addiction and Rehabilitation Centers in Delhi-NCR region. Some NGOs are also running de-addiction centers without seeking financial support from the Ministry. In order to understand the functioning of these NGOs, visits were carried out to nine such centers in Delhi-NCR region. Table 4.3 shows the NGOs visited, their grant status and bedding capacity.

**Table 4.3 – Profile of the NGOs**

| S.No. | Name and location of the NGO run center | Grant from the Ministry | Type of building ( own / rented) | No of beds | Patients at the time of visit |
|---|---|---|---|---|---|
| 1. | Centre for Creating Alternatives to Addiction (CCAA), Sahibabad, Ghaziabad | Yes | rented | 15 | 13 |
| 2. | Shantiratn Foundation, Badarpur, New Delhi | No | rented | 53 | 33 |
| 3. | Naya Savera Drug de-addiction & Rehab center, Sector 154, Noida (UP) | No | rented | 33 | 30 |
| 4. | Turning Point Foundation, village Alipur, Delhi | Yes | rented | 20 | 15 |
| 5. | Muskan Foundation, Sector 19, Dwarka, Delhi | Yes | rented | 15 | 13 |

| | | | | | |
|---|---|---|---|---|---|
| 6. | SPYM, Kishangarh, Vasant Kunj, New Delhi | Yes | rented | 15 | 11 |
| 7. | Manav Propkari Sansthan, Khanpur, Delhi | Yes | rented | 17 | 8 |
| 8. | Tapasya Foundation, Sector 45, Noida ( UP) | No | rented | 16 | 18 |
| 9. | Bhartiya Parivardhan Sansthan, Nand Nagri, Delhi | Yes | rented | 30 | 15 |

The visits were conducted for both Ministry supported and non-supported NGOs to get an insight into their functioning. Table 4.4 below tabulated the infrastructure and the services provided by these NGOs.

**Table 4.4 – Tabulation of infrastructure and services provided by the NGOs running De-Addiction Centers in Delhi-NCR region**

| S.No. | Infrastructure / Services | Remarks |
|---|---|---|
| 1. | Type of registration | NGOs Registered under Societies Registration Act/Trust |
| 2. | Type of building | All the NGO centers are running on rented buildings. |
| 3. | Availability of Medical Doctor | One part time doctor from nearby localities visits the center. |
| 4. | Out Patient Department (OPD) services | The centers are not providing OPD services. |
| 5. | Admission of new patient | The admission of the patient is normally done after doctor examines the patient. However, in some cases, the patient is admitted by the center based on his/her condition( if seems manageable) and assessed by the doctor on subsequent day. However, the non-supported NGOs admits patients only after assessment by the doctor. |
| 6. | Bed occupancy in the center | In Ministry supported NGOs, about 10-14 patients are admitted. These centers are normally getting grant for 15 bedded center.<br>Whereas in non-supported centers, about 30 persons are normally admitted, indicating higher bedding capacity and occupancy.<br><br>Condition of the beds and beddings was satisfactory. |

| | | |
|---|---|---|
| 7. | Charges ( per month) | Ministry supported Centers do not charge any fees from the patients for admission, medication, beds, consultation, food arrangement etc as grant is released for these components. However, the family members of the patients are told to get the requisite tests conducted as advised by the doctor and bear its cost. This testing component is not mentioned in the Financial Scheme of the Ministry.<br><br>Non-supported centers charges in the range of Rs 15,000 to 25,000 per month per person. It includes food charges also. However, testing charges are charged separately.<br>Besides basic tests, HIV testing is done by the patient if the doctor prescribes. Injecting Drug Users (IDUs) are generally prescribed for HIV testing as they are more prone to HIV due to needle sharing for injecting drug. |
| 8. | Categorization of beds | There is no categorization of beds in NGOs seeking grant from the Ministry. All the inmates have similar bed arrangement/set up.<br><br>Whereas other NGOs categorize the beds as general, semi-private and private. The admission charges depend on the type of facility availed. |
| 9. | Kitchen facility | Kitchen facility exists for admitted patients. |
| 10. | Duration of treatment | Duration of treatment is upto two months in the NGOs seeking financial support from the government as per Norms of the Scheme;<br><br>whereas other NGOs (not seeking government grant) normally maintain treatment duration of four to six months. |
| 11. | Availability of medicines | The centers are maintaining basic and necessary medicines required for treatment. |
| 12. | Staff engagement | Each center is headed by project Incharge /coordinator. Other staff includes counselors, social worker, yoga therapist, ward boys, accountant, cook and sweeper. Some centers have recovering persons as peer counselor and educator also. Hence, there are about 12-15 persons per center. |
| | Record keeping | All the centers are maintaining basic records such as admission register, case history file, counseling registers, follow up register and medical stock record in manual |

| | | |
|---|---|---|
| | | registers. |
| 13. | Counseling and daily scheduled activities | Counseling and daily scheduled activities are conducted |
| 14. | Recreation facilities | All the centers have recreational facilities such as TV, Carom, newspaper and music system for the inmates. |
| 15. | Category of persons seeking treatment | Persons from lower socio-economic strata such as drivers, laborers, vendors etc seek treatment in Ministry's supported centers.<br><br>Persons from middle socio-economic strata such as company employed, persons running shops etc seek treatment in non-supported NGOs. |
| 16. | Referral hospitals | In case of emergency, the center's staff is aware of the nearby referral hospital(s). |
| 17. | Preventive activities | The centers are conducting awareness programmes in the community, slum area, schools and colleges, railway station etc in limited manner. This also helped them to create awareness about their organization working for de-addiction in the community. |

## 4.5 Type of Services provided by NGO run De-Addiction and Rehabilitation Centers

**Drug and Alcohol treatment**

The NGO run de-addiction centers are providing treatment for alcohol and other illegal drugs. As a part of treatment, the following services are provided by these centers:

**A. Detoxification:**

Detoxification, or detox, is the process of letting the body remove the drugs in it. The purpose of detox is to safely manage withdrawal symptoms such as body pain, sweating, anxiety, pain etc. with medication when someone stops taking drugs or alcohol. It is the first stage of addiction treatment.

The centers are doing detoxification which usually takes 10-15 days or a month to get through withdrawal symptoms for most drugs. The length of withdrawal depends on a number of factors, including:

- Type of substance the user is addicted to
- Duration an addiction has lasted
- The severity of the addiction
- Method of abuse (snorting, smoking, injecting, or swallowing)
- The amount of a substance the user takes at one

The purpose of the detoxification is to stabilize patient's physical condition so that he/she is in a position to understand further course of recovery.

**B. Counseling:**

Although detox is a vital component of treatment because it helps patients handle withdrawal with ease, it does not address the factors that led to drug abuse in the first place. Counseling, also called talk therapy, is one of the most important elements in drug addiction treatment. A majority of behavioral therapy approaches offer the best assistance and guidance for successfully treating people with drugs. Behavioral therapy is an integral part of the treatment of drug dependent persons. It focuses on helping drug users understand the quantum of damage drug has caused to their lives, change the way they lead their lives so that they could completely avoid drugs, modify their attitudes and behavior related to drug use, cope with cravings, avoid people connected to drugs and support positive steps towards recovery.

The de-addiction centers are primarily doing three types of counseling/therapies namely individual counseling, group counseling and family counseling.

**Individual counseling**:

The counselor develops a rapport with the person to understand his/her physical and psychological status so that the person is able to share his feelings and emotion. It may take 1 to 3 initial sessions. Cognitive Behavioral Therapy is the most commonly employed form of individual therapy as it is solution based approach and is focused on the goal of achieving and maintaining abstinence from drugs. The individuals are made to realize how harmful their behaviors have been towards themselves and others. The person analyses costs and benefits of change and gets motivated for recovering. It also helps a person to recognize and cope with situations that trigger the desire to use drugs.

The de-addiction centers are normally conducting 1-2 individual counseling for a person in a week. Each counseling session lasts for about 30-45 minutes.

**Group counseling:**

In group counseling, a group of 10-15 persons undergoing rehabilitation are counseled together by a professional / peer counselor. The persons share their experiences and gets encouragement and support for recovery from their peers. It also develops bonding between the persons when they sit together and share their experiences.

The centers are following a Book titled “Just for Today” published by Narcotics Anonymous (NA) World Services which contains quotes, prayers and

inspiration for each day of the year. The quotes are highlighted and explained with respect to the situation and behavior of the persons undergoing treatment during the group therapy session which generally lasts for 45 minutes. Gradually, the individuals transform from helplessness situation to motivational status with a belief that another power superior to them can remove their shortcomings and restore their sanity. This is basically a 12 –Step Programme widely used followed by de-addiction centers and publicized by Narcotics Anonymous (NA) and Alcoholic Anonymous (AA) group worldwide.

The centers are normally conducting group counseling on daily basis as an integral part of their daily routine.

**Family Counseling**:

The family has a central role to play in the treatment of any health problem, including substance abuse. The family needs to accept that the drug dependent person is ill and in need of treatment like any other disease. They should support the person instead of criticizing his/her behavior and appreciate efforts in the path towards recovery. Besides this, the family should also play a vigilant role to prevent relapse.

These de-addiction centers have been conducting family counseling normally on weekends. On an average, a family is counseled twice in a month's time. Such counseling helps families understand the various aspects of the disease, they are apprised about the progress in recovery of their family member and their role after discharge for follow up and supportive behavior.

**C. Occupational activities through daily scheduled programme**:

All the centers are maintaining a daily activity schedule which includes yoga in the morning and meditation in the morning/evening. Yoga therapist is conducting yoga session. Some centers are also doing additional occupational activities such as envelope making, art and craft work, gardening etc. to keep the occupants busy. The schedule also includes night prayer before going to bed. Group session is an integral part of the daily schedule. Since the participants are not allowed to use any mobile, they get sufficient time to introspect themselves and share their experiences. All these group activities and dining together improves psychological aspect of the persons and their confidence level to recover and become part of the society again. A sample of activities in the de-addiction centers is placed at **Annexure 4.**

**D. Follow up**:

The patients are advised to visit the centers for follow up as a measure to prevent relapse. The follow up is mostly through telephone calls. The patients are not charged when they visit the centers for follow up. Patients are also advised to attend Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings which are held in different locations to keep themselves away from drugs. In such meetings, persons are sharing their experiences before and after treatment and gain strength to remain sober.

However, the percentage of follow up is only 15 to 20% as per details provided by the centers during interaction with their functionaries.

**E. Facilitate in treatment of comorbidity:**

When two disorders or illnesses occur in the same person, simultaneously or sequentially, they are described as comorbid.

The doctor, while assessing the patient, prescribes tests related to co-morbid illness such as Hepatitis C, HIV/AIDS and Tuberculosis(T.B) which a drug addicted person may develop due to their behavior and mode of taking drugs. The centers facilitate such patients by suggesting the referral hospitals where tests are conducted free of cost.

**F. Nutritional support :**

The de-addiction centers have their own kitchen facilities to provide three times food and evening tea to the inmates during treatment. The inmates were satisfied with the food provided in these centers and they felt significant improvement in health due to daily activities including yoga and meditation and proper food.

**G. Awareness generation programmes**:

The centers conduct awareness programmes in the community, schools, colleges, slum area, railway stations in a limited manner on account of their approach and fund. They felt that such programmes should be conducted in a regular manner with support from the government.

Hence, it is observed that these centers are also providing de-addiction facilities as per their capabilities, capacities and following Minimum Standard of Services. Though relapse cases do occur but there have been instances where the recovered persons act as

torch bearers for others undergoing treatment. Details of two such persons are placed at **Annexure 5.**

### 4.6 Drug De-Addiction Facilities provided by Delhi Government

The Delhi Government has identified the following hospitals to provide de-addiction treatment:

| S.No. | Name of the Hospital |
|---|---|
| 1. | Institute of Human Behaviour and Allied Sciences( IHBAS), Dilshad Garden, Delhi |
| 2. | G B Pant hospital, De-addiction Clinic, Delhi Gate, Delhi |
| 3. | Deen Dayal Upadhyaya Hospital,De-addiction Clinic, Hari Nagar, Delhi |
| 4. | Dr. Baba Saheb Ambedkar Hospital (BSA), De-Addiction Clinic , Rohini, Delhi |
| 5. | Pt. Madan Mohan Malviya Hospital, De-addiction Clinic, Malviya Nagar, New Delhi |
| 6. | Lal Bahadur Shastri Hospital, Khichripur, Delhi |
| 7. | Deep Chand Bandhu Hospital,30-bedded Model De-addiction facility, Phase IV, Ashok Vihar, Delhi |
| 8. | Sahyog Detox Centre run by Department of Women and Child Development, Delhi Government , Sewa Kutir, Delhi ( admission through CWC) |

As a part of the study to understand the working of de-addiction facilities under Delhi Government and keeping the time constraints, it was possible to visit only two such facilities as mentioned below.

#### 4.6.1 Institute of Human Behavior and Allied Sciences (IHBAS), Delhi

IHBAS is an Institute under Delhi Government which treats persons with mental illness and drug addiction problems. It is running an OPD De-

addiction Clinic exclusively for drug dependent persons every Friday from 2:00 to 3:00 pm. The OPD is conducted by Junior Doctors (12 number) and Senior Residents (8 number) of Psychiatry department. On an average, about 16 new cases of drug addiction and 250 follow up cases are reported during OPD. The patients can be referred for admission by OPD also if detox is not successful or patient has severe withdrawal symptoms. Twenty beds are reserved for de-addiction admission. The average duration of indoor admission is two to three weeks. The consent of the patient is taken for the treatment except for the emergencies where admission is done involuntarily. Motivational Enhancement Therapy and Relapse Prevention counseling is carried out by Psychologist / Social Worker for both outdoor and indoor patients. IHBAS, being government Institute, does not charge from the patients. The tests are also conducted free of cost.

IHBAS has been designated as State Mental Health Authority (SMHA) for the State of Delhi under Mental Healthcare Act, 2017. This Authority provides license to run drug De-Addiction Establishments/Clinics in Delhi. The Institute is also providing a space to conduct Alcoholic Anonymous (AA) meetings once in a week on every Friday 5-6 pm

### 4.6.2 Deep Chand Bandhu Hospital, 30- bedded de-addiction facility, Ashok Vihar, Delhi

Deep Chand Gupta Hospital is a multispecialty hospital under Delhi Government. It runs a 30-bedded de-addiction center only for juvenile (children below 18 years). Primarily, the hospital gets children referred by an NGO namely

Society for Promotion of Youth and Masses (SPYM) from its de-addiction center running at Kingsway Camp and Delhi gate, Delhi. Such children are normally homeless and addicted to drugs. The hospital also admits children who are in conflict with law i.e who are alleged or found to have committed an offence but below eighteen years on the date of commission of an offence. Such children are brought here under police custody and the police officials remain at the hospital during their stay. Few children are referred by OPD, if required, where parents come to seek treatment. An attendant is must for such children who stay with the children during the treatment period. The OPD is held daily from 8:00 am to 2:00pm except Sundays and holidays. During the visit, seventeen children were admitted and undergoing treatment in hospital.

Presently, there are four psychiatrists, six general doctors( junior residents and medical officers), one clinical psychologist, one occupational therapist, two Medical Social Worker, nurse staff and two peer attendant.

The hospital provides indoor treatment for duration of one month which includes detoxification, counseling sessions, coping skills and behavior therapy, relapse prevention, games and exercises as part of occupational therapy. Family counseling is also done for the children who are admitted by their families.

Since the admitted children are from very low societal strata or children on streets, no fees are charged for treatment. Further, the hospital is also providing food to them and their attendants during the stay period in hospital.

Seeing the concern of addiction among children, it is proposed to upgrade the de-addiction center from 30 bedded to 60-bedded.

## 4.7 Scope and Limitations

The study has following limitations / constraints:

i. In view of the time constraints, the study involves Delhi-NCR region only with a small sample size of 40 beneficiaries and nine drug de-addiction centers run by NGOs**.**

ii. The organizations were initially hesitating for providing details about them and seeking interviews and interaction with inmates. It may be due to the fear that confidentiality of the information provided may not be maintained.

iii. Only one de-addiction center was admitting the women who were addicted to drugs. There was separate floor earmarked for them in the center. So, the study has all male persons except one female.

iv. Most of the de-addiction centers run by NGOs who were not seeking grant from the Ministry refused to allow visits to their centers in view of their policies. Hence, only three such centers could be visited.

v. There were restrictions to meet and interact with children undergoing treatment in Deep Chand Government hospital, Delhi.

# CHAPTER V
# CONCLUSIONS AND RECOMMENDATIONS

The Non-Governmental Organizations have limited capacity and capability in providing services. Though these organizations are providing de-addiction services in a limited manner they do act as a bridge between the government and society.

The study involved visiting government supported and non- supported NGOs in Delhi NCR regions to understand the profile of persons visiting such centers, types of services provided by them and their overall functioning. Two sets of structured interview schedules were formulated and used to seek the details of the respondents and the organizations. Based on the interaction and response thereof, the following conclusions are drawn from this study:

## 5.1 Related to Organizations:

- The NGOs are working in rented premises which are frequently required to be shifted due to increase in rent by the building owner, resistance from the society for running de-addiction center or dispute with the owner. This disrupts their functional setting and fund resource.
- The staff, mainly counselors and nurses is not much motivated to work as the remuneration is low. In order to retain them, the organization has to give requisite remuneration from their own resources. The Ministry is providing remuneration of Rs 13,500 per month per counselor whereas the organizations are giving remuneration of about Rs 20,000 per month. The wages of the staff are below the Minimum Wages as prescribed in the State of Delhi and NCR.

- The doctors are visiting the centers on part time basis, generally 2-3 times in a week. In case of emergency, the doctor's availability may not be assured. However, the NGOs are having referral hospitals.
- As there is no regular full time doctor, the centers are providing indoor services only. There is no outpatient service. So, the persons seeking information and treatment are required to visit the center as per doctor's availability.
- The duration of the treatment in the Ministry supported NGOs is upto two months. These organizations wanted a review on the treatment duration. They preferred four to six months treatment for effective recovery of the patient and reduce relapse. The non-supported NGOs are treating the patients for four to six months.
- The De-Addiction Centers were admitting patients above 18 years of age only. None of the center was admitting children below 18 years. Further not much information about NGO run de-addiction centers for children was available.
- The average bed occupancy of the centers is more than seventy five percent which indicates that many people of lower and middle level strata addicted to drugs are seeking treatment in these community based de-addiction centers. As the government hospitals are normally running OPD de-addiction centers and that too on limited days of a week, the persons seeking treatment are finding it easy to get admission in such centers

without much hassle. In Government hospitals having indoor facilities, the patients are admitted, if referred by OPD or during an emergency.

- The co-morbid diseases such as Tuberculosis, HIV and Hepatitis may develop in persons addicted to drugs. However, the centers are not conducting but facilitating the persons to conduct these tests if doctors advices.
- The average follow up rate in these centers after the discharge is about 15-20% which is quite low. The low follow up rate may be attributed to the unwillingness of the people to lose their daily income/ wages if they come for follow up. It also indicates higher relapse.
- All the centers are maintaining daily activities schedule to keep the patients busy and improve their social behavior especially through group activities such as yoga, meditation, counseling including behavior therapy.
- The centers are maintaining basic records such as admission register, case history of the patients, counseling register and follow up register manually. Such records are shown to the inspecting team who visits this center.
- There is substantial delay up to one year in release of grant by the Ministry to the NGOs seeking grant. It was apprised that these NGOs are taking loans on interest basis to meet their day to day expenses to remunerate the staff on monthly basis. This escalates their running cost.
- The Ministry is reducing the grant to the organizations in phased manner, for the NGOs which have been getting grant for more than last five years.

The reduction is up to 25 %, leaving an amount of 75 % of the total grant as per the Scheme. The organizations were finding it difficult to collect or contribute 25% of the grant from their own resources to run the center effectively.

- The NGO centers running in the Noida and Ghaziabad in Uttar Pradesh were not having Provisional license from the State Mental Health Authority (SMHA) as prescribed in Mental Healthcare Act, 2017. These NGOs were not aware whether SMHA has been set up in the State of UP or not. This reflects the lack of creating awareness by the concerned department of the state government about the Act and its provisions.
- The non-grantee NGOs were unwilling to seek grant from the Ministry on account of the documentation work required to seek grant. However, they showed interest in conducting awareness programmes on ill effects of drug in their community, nearby schools and colleges if fund is provided by the government.
- The NGOs also showed interest to participate in the regular meetings with the concerned government department dealing with drug issues in the State of Uttar Pradesh and Delhi to keep them updated about the government policies and programmes in this field.

## 5.2 Related to Respondents:

The age profile of the respondents seeking treatment reflects the age group which is more vulnerable to addiction. The study indicates that the highest percentage (48%) of respondents is in the age bracket of 21-30 year who were seeking treatments in these

centers. The youth of this age have been spoiling the most productive and formative period of their life due to addiction which is a matter of grave concern. It requires immediate attention and measures to curb this menace among youth.

The study further indicates that less educated persons are getting addicted as about 63 % of the respondents were educated only up to middle school ($8^{th}$ class) and thereafter discontinued their education mainly due to financial constraints of the family. The low level of education leads to unemployment which along with the peer pressure to enjoy by consuming alcohol and drugs drives the youth towards addiction. The less educated person is also not able to understand and take the right decisions.

From the study, it can further be concluded that lower strata group having low income for livelihood such as vendors, persons doing small business, laborers, drivers etc are seeking treatment in the NGO run de-addiction centers which are supported by the Ministry as these centers are not charging from the persons seeking treatment. The persons of lower middle strata are approaching other non-supported NGOs which are charging in the range of Rs 15,000 to 25,000 per month. Further, the menace of drug addiction is also engulfing the unemployed persons which is a serious concern as about 28 % of the respondents were unemployed. In order to fund their craving for drug, such persons are often borrowing money from their friends and relatives and sometimes engage in illegal activities such as assaulting, theft, pick pocketing and other petty crimes. Hence, drug addiction is also contributing to crime in the society.

The study also revealed that majority of the respondents (75%) was unmarried or separated/divorced from their spouses. This may be attributed to their addiction behavior

which isolates the person from the mainstream of the society and family disputes resulting from irresponsible behavior of the person.

It can also be concluded from the study that persons came to know about drugs from their friends and consumed drugs without realizing its long term effects. Majority of the people consumed alcohol which can be considered as a gateway to drugs. All the poly drug users were consumers of alcohol also. The smack was another drug being used heavily by the respondents.

From the study, it can also be concluded that history of drug abuse (mainly alcohol) in the family is also a major contributing factor for initiation of drug among adolescents and younger persons.

There is also high percentage of relapse cases (32%) seeking treatment in these centers which is a matter of concern.

The study also revealed that people are spending heavily on drugs once addicted and often their entire earning goes into this. The situation is worst for unemployed persons, who do not have source of funds and often borrow money from their relatives or friends and indulge in illegal activities such as theft, snatching, assaulting etc.

## 5.3 RECOMMENDATIONS

The study revealed that persons are also seeking treatment in NGO run de-addiction centers besides government hospitals. The respondents were also satisfied with the treatment in these centers. The improvement in the functioning of these centers will improve the quality of service delivery. The following recommendations are proposed:

i. The NGO run de-addiction centers are functioning in rented premises which are often required to be shifted on account of rental, space and other issues. The

government should provide space and building to the suitable NGOs at nominal rate for their functioning. This will also ensure coordination and cooperation between the government and NGOs working in this sector.

ii. The remuneration of staff working in de-addiction centers should be at par or above the Minimum wages defined by the State. The present remuneration was found to be below the Minimum wages. This will help the NGOs to retain their medical and administrative staff for a longer duration. In order to have more accessibility of part time doctors and motivate them to visit these centers frequently, their remuneration should also be enhanced proportionately.

iii. There should be timely release of grant to the Ministry supported NGOs running de-addiction centers. Presently, there is considerable delay in carrying out inspections by the State Authorities prior to recommending the case by them for release of grant. Further, the delay in release of grant hampers day to day working of the center and timely payment of remuneration to the staff. Regular follow up with the States by the Ministry will help in expediting the inspections and recommending the cases for release of grant. Alternatively, the grant can be released to the NGOs in advance in two installments in a year, first in the month of April and other in the month of October-November on submission of Utilization Certificate by them. The inspection of the NGOs can be conducted in phased manner during the year by the government officials to check if the Minimum Standards of Care and Treatment are being followed and there are no incidents of inhumane treatment in these centers.

iv. There should not be any reduction in the grant released to the NGOs after five years. The NGOs were finding it difficult to arrange the balance fund from its own resources.

v. The centers should also start outdoor services in addition to existing indoor services. This will ensure more accessibility and availability of doctors to the persons who need drug de-addiction treatment. It will require additional fund support from the government.

vi. The duration of the treatment in the Ministry supported centers should be three to four months so that the person is able to recover fully, both physically and mentally. This will reduce the relapse rate also. Presently, the government supported NGOs are admitting the persons for 45-60 days as per the Scheme. The non-supported NGOs are already admitting the persons for 4-6 months.

vii. There should be separate de-addiction centers for children also who require special attention, care and handling during treatment. Presently, very few drug de-addiction facilities are available for children in some hospitals of Delhi except for one or two NGOs.

viii. The government should conduct short term capacity building / skill up gradation programmes for the medical and counseling staff of these centers on thematic issues such as assessment, counseling, emergency situations, relapse prevention etc. For conducting such training programmes, certain Medical Institutions can be identified by the States. This will result in better delivery of services at the centers.

ix. The de-addiction centers should also emphasize family counseling as the support from the family during the treatment and after discharge will have positive impact on the person for staying away from consuming drug. If the family disassociates itself from the addicted person, then the person may resume his old habit of consuming drugs.

x. The Government should conduct regular meetings, conferences and seminars with the functionaries of NGOs to seek their feedback and suggestions regarding drug issues and update them on rules, regulations, policies and programmes in the field of drug de-addiction.

xi. There should be regular awareness programmes in schools, colleges and the community to prevent drug abuse by the adolescents and younger people. For this, the Government can provide fund to the suitable NGOs to conduct such awareness programmes. The mass awareness should also be conducted through print, television and social media by the government authorities.

xii. The NGOs should have better established and improved follow up system. They should coordinate vigorously for follow up of the recovering persons or with their parents/relatives for at least six months after discharge. This will help in reducing the relapse cases.

xiii. Since many people seeking treatment in these NGO run centers were addicted to alcohol, it is recommended to prohibit sale of alcohol especially near educational institutions. Those shops from where the drugs are being supplied should be identified and removed through legal course.

xiv. The State Government should create awareness about Mental Health Act 2017 which necessitates need for registration by the Mental Health establishments including community based de-addiction centers, State Mental Health Authority and its role in regulation among NGOs. Presently, the NGOs running de-addiction centers in the State of Uttar Pradesh were not aware of it.

The study gave an insight into the issues of drug abuse especially among youth and the need to augment drug de-addiction facilities. As many persons are seeking treatment in NGO run de-addiction centers, it becomes essential to improve their functioning by providing requisite support from the government. Since such de-addiction centers are working in different States / UTs, more studies may be needed to assess the working of de-addiction centers in other states and level of coordination between the government and non-governmental sector.

**Annexure 1**

**Questionnaire for the Organization** Date of study visit:

Confidential (for academic purpose only)

**Section A: Organization's details**

A.1Name of the organization/ NGO: _____

A.2 Address of the organization (head office) :_____

_____

A.3 Name and designation of the chief functionary / de-addiction Incharge:

_____

A.4 Contact details: _____

A.5 Year of establishment:_____

A.5.1 Type of registration: society/trust/license/others:_____

A.6 Whether the de-addiction center is running on rented or owned building: _____

A.7 Is your organization getting financial support from the concerned department of the government to run de-addiction center: Yes / No _____

If yes, kindly mention the amount of support per annum (in Rs.) : _____

**Section B: Infrastructure and amenities**

Total Area: _____

B.1 Number of persons noticed admitted/undergoing treatment at the time of study visit: _____

B.2 Number of beds: _____

B.3 Ward space between beds (Min distance 2-3 feet): Yes / No _____

B.4 Condition of beds: poor / good condition with clean mattress _____

B.5 General Condition and upkeep of the facility/ center:

i) Poor condition and need repair/ maintenance or
ii) Average maintenance

iii) Good condition and acceptable standards of hygiene

B.6 No. and Condition of Bathrooms and toilets: No. _____

Condition: poorly maintained / properly maintained

B.7 Provision of food for admitted patients: (tick the relevant option )

i) have kitchen facility
ii) do not have kitchen facility
iii) Any other mechanism, please mention _____

B.8 Designated counter for registration and enquiry/reception:

Available / not available _____

B.9 Medical / examination room :

Available / not available _____;If available, no of rooms: _____

B.10 No. of Counseling room(s): _____

B.11 Medicine storage space available: Yes / No _____

B.12 Any transportation/ service vehicle available in center : Yes / No _____

B.12 Recreational facilities ( carrom/TV/radio etc ) available: Yes / No _____

B.13 Provision for vocational rehabilitation for admitted drug users available:

Yes / No _____

**Section C: Staffing and training**

| S.No. | Designation of staff | No of posts | Qualification | Availability ( Full time / part time ) | Working since (no. of years /months) |
|---|---|---|---|---|---|
| **Administrative** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Medical** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Any vacant post: Yes / No _____

**Section D: Service delivery**

D.1 **Preventive activities**

Awareness programmes conducted among general community/specific group:

Yes / No _____

If yes, number of programmes conducted in a month: _____

Target group: _____

D.2 **Inpatient medical care**

D.2.1 Initial assessment done and client case history file maintained:

Yes / No _____

D.2.2 Any charges taken from the patient: Yes / No _____

If so, the amount of Rs _____ for _____( purpose)

D.2.2 Medical/physical assessment done by doctor for admitted persons:

Yes / No _____

D.2.3 Regular medication given for detoxification: Yes / No _____

If No, then how it is managed: _____

D.2.4 Do the center conduct HIV testing: Yes / No _____

D.2.5 Is there any referral mechanism for hospitals with emergency facilities in case of emergency? Yes / No _____

D.3 **Inpatient psychosocial services**

D.3.1 Individual counseling conducted: Yes / No _____

No. of individual counseling conducted in a week : _____

D.3.2 Group counseling conducted: Yes / No _____

No. of Group counseling conducted in a week: _____

D.3.3 Family counseling conducted: Yes / No _____

No. of family counseling conducted in a month: _____

D.3.4 Any vocational/occupational rehabilitation counseling conducted during treatment : Yes / No _____

If yes, Kindly mention the vocational rehabilitation activity:

_____

D.3.5 Daily activity schedule available: Yes / No _____

If yes, Details of the daily activity schedule:

D.4 **Aftercare /follow up and out -patient services**

D.4.1 Are the patients advised for follow up during discharge: Yes / No _____

D.4.2 Are home visits/ telephone calls done for patients who do not come for follow up: Yes / No _____

D.4.3 What is follow up rate(approx.), taking three months discharge period :

i. Less than 10 %
ii. 10 to 50 %
iii. More than 50 %

D.4.4 Does the center provides outpatient services also: Yes / No _____

If Yes, number of outpatients visited in a month: _____

D.4.5 Any other service provided by the center related to de-addiction, if so, Kindly mention: _____

**Section E: Record maintenance**

E.1 Record maintained: Yes / No _____

E.2 Type of records maintained (yes / no )

i. Awareness register

ii. Outpatient register
iii. Admission register
iv. Client ( case history ) file
v. Individual counseling register
vi. Group counseling register
vii. Follow-up register
viii. Medicine stock record/register
ix. Any other register

**Section F: Other observations / issues**

F.1 Are the basic medicines required for treatment of drug disorder available:

Yes / No _____

F.2 Is IEC material available in local language: Yes / No _____

F.3 What is the average bed occupancy:

i) Less than or equal to 25 %
ii) 26- 50 % bed occupancy
iii) 51 -75 % bed occupancy
iv) > 75 % bed occupancy

F.4 What is the average length of stay of admitted patients in de-addiction center?

i) 15-30 days
ii) 30-45 days
iii) 45 - 60 days
iv) More than 60 days

F.5 Are the patients admitted in the center voluntarily? Yes / No _____

**Remarks by the center /organization's Incharge:**

_____

(Signature)
Name & designation: _____

(Organization stamp)

**Annexure 2**

## Questionnaire for the Beneficiary

(Confidential- for academic purpose only)

(tick the concerned option, where applicable)

### 1. Identifying Information

1.1 Name of the person seeking treatment (optional): _____

1.2 Place of residence: Rural / urban / semi-urban / urban slum _____

1.3 Age (in years): _____

1.4 Gender: Female / Male _____

### 2. Social-Demographic Information

2.1 Religion: Hindu/Muslim/Sikh/ Christian/Other_____

2.2 Educational Status: Illiterate/ Literate/ Primary/ middle School/ High School/ Intermediate /Graduation/ Post-Graduation/ Others _____

2.3 Occupation:

Government Service / Private Jobs/ street vendor / laborour / transport operator/driver/factory worker/student/ not employed /others _____

2.4 if earning, monthly Income (In Rupees):

i. upto Rs 5000
ii. Rs 5001-10,000
iii. Rs 10,001 to 15,000
iv. Rs 15,001 to 20,000
v. More than Rs 20,000

2.5 Marital status: Unmarried/ Married/ Separated/ Divorced/ Other_____

### 3. Information regarding living arrangement:

3.1 Current living arrangement:

Nuclear family / Joint family / with friend/hostel / alone

3.2 Type of House:

1- Government 2- Rent 3- Own 4- Other

**4. Information regarding the Drug – addiction:**

4.1 How old you were, when you took Drugs for first time (tick the relevant one)

1. Less than 10 years
2. 11-15 years
3. 16-20 years
4. 21-25 years
5. 25 – 30 years 6. More than 30 years

4.2 From where you got to know about Drug?

1- Family member 2- Print / Electronic Media 3- Friends 4- Colleague
5- Neighbor 6- others

4.3 How many time you used to take Drug in a week?

| S. No. | Frequency (In a week) |
|---|---|
| 1 | Less than 2 |
| 2 | 2-4 |
| 3 | 4-6 |
| 4 | 6-8 |
| 5 | More than 8 |

4.4 Mainly, which type of drugs you take? ( tick the relevant ones )

| S.No. | Type of drugs |
|---|---|
| 1 | Alcohol |
| 2 | Cannabis |
| 3 | Heroin |
| 4 | Dextropoxyphene |
| 5 | Buprenorphine(norphino) |
| 6 | Pentatazocine |
| 7 | Opium(afeem) |
| 8 | Other opioids (smack) |
| 9 | Sedative / hypnotics |
| 10. | Minor Tranquilizers |
| 11 | Amphetamine and other ATS |
| 12 | Cocaine |
| 13 | Inhalants |
| 14. | Cough syrup |
| 15. | Any other substance(except tobacco)(avil) |

16. others

4.5 Do you think drugs affect your health badly? Yes / No _____

If yes, then what was the reasons for taking drug?
_____

4.6 Are you aware of the laws related to drug de-addiction? Yes / No

4.7 Have you ever been apprehended for drug related offence:

Yes / No _____

If Yes, please specify reason:

Possession / selling / fight / theft / assaulting other / any other reason
_____

4.8 Any history of drug abuse in the family: Yes / No _____

4.9 Average expenditure on drug / alcohol per month (Rs) :

i. Less than Rs 500
ii. Rs 501 – 1000
iii. Rs 1001 – 1500
iv. Rs 1501 – 2000
v. Rs 2001 – 2500
vi. Rs 2501- 5000
vii. More than Rs 5001

4.10 Source of money needed for drug consumption:

i. Legal earning
ii. Borrowing from friends /colleagues
iii. Borrowing from relatives
iv. Illegal means

**5. Social Adjustment in family, friends and peers**

5.1 Which type of your interpersonal relationship is with Family members?

1- Normal 2- Friendly 3- Unfriendly

5.2 Is your family supporting you for treatment and recovery?
Yes / No _____

5.3 At present, is your family facing a problem due to you drug treatment?
Yes / No _____

If yes, what type of problem is it? _____

5.4 According to you, How your habit of drug addiction did affect the social status of your family?
Positive / Negative / No change

**6. Information regarding treatment and Rehabilitation**

6.1 Have you taken previous treatment before coming here? Yes / No _____

If yes, where: Government / private / NGO / Others

6.2 What is your source of referral to this center for treatment?

1- Self 2- Family member 3-Friend(s) 4-Hospital / health center
5- Private practitioner 6-Awareness programme 7-social worker
8-National Helpline 9- others

6.3 Have you taken admission here voluntarily? Yes / No _____

6.4 Are you getting medicines in time / as scheduled? Yes / No _____

6.5 Are you satisfied with your present treatment? Yes / No _____

6.6 Are you feeling better during treatment? Yes / No _____

6.7 Any misconduct / misbehavior by the staff : Yes / No _____

6.8 Are you attending regular / scheduled activities of the center : Yes / No _____

6.9 Are you getting sufficient food during treatment? Yes / No _____

6.10 Are you interested to restart your normal life after treatment?
Yes / No _____

6.11 Anything more you would like to share:

---

Signature of the respondent (optional)\

**Annexure 3**

**Compilation of respondents' socio-demographic, consumption behavior and other details as per questionnaire**

Number of beneficiaries: **40**

**1. Identifying Information**

1.1 Place of residence:

Rural: **4** urban: **32** semi-urban: **4** urban slum :_____

1.2 Age bracket (in years):

10-15: ____ 16-20: **6** 21-25: **8** 26-30: **11**

30 – 40: **7** > 40 years: **8**

**2. Social-Demographic Information**

2.1 Educational Status:

Illiterate: **1** Primary ( upto $5^{th}$ ) : **3** middle School ( up to $8^{th}$): **12**

High School/Intermediate ($12^{th}$ pass): **15** Graduation: **8**

Post-Graduation: **1** Others:_____

2.2 Occupation:

Government Service: **2** Private Jobs: **5** street vendor : **3**

Labourer : **1** transport operator/driver: **4** factory worker:_____

student: **1** not employed: **11**

others ( self employed / shop/agriculture ) : **13**

2.3 if earning, monthly Income (in Rupees):

upto Rs 5000: **3** Rs 5001-10,000: **3** Rs 10001 – 15,000: **7**

Rs 15,001- 20,000: **2** more than Rs 20,000: **11**

Could not tell: **3** unemployed: **11**

2.4 Marital status:

Unmarried: **28** Married: **10** Separated/ Divorced: **2** Other_____

**3. Information regarding living arrangement:**

3.1 Current living arrangement:

Nuclear family**: 17** Joint family: **23** with friend/hostel:___ alone:___

3.2 Type of House:

Government: **2** Rent: **4** Own: **33** Other**: 1** (in mandir )

**4. Information regarding the Drug – addiction:**

4.1 How old you were respondents, when they took Drugs for first time:

Less than 10 years: **1** 11-15 years: **7** 16-20 years: **14**

21-25 years: **10** 26-30 years: **5** more than 30 years: **3**

4.2 From where respondents got to know about Drug?

Family member: **1** Print / Electronic Media:____ Friends/colleagues: **39**

Neighbour:_____ others:_____

4.3 How many times respondents used to take Drug in a week?

Less than 2 times:_____ 2-4 times: **3** 4-6 times: **6**

6-8 times: **13** more than 8 times: **18**

4.4 Mainly, which type of drugs respondents took?

Alcohol**: 15** Cannabis (weed): **2** Heroin:_____

Poly drugs ( alcohol and others ) : **12** Opium(afeem):_____

Other opioids (smack): **10** Minor Tranquilizers (tablets): **1**

Others:____

4.5 Did respondents think drugs affected their health badly?

Yes: **22**
No: **18** (initially no, but later realized)

If yes, then what were the reasons for taking drug?

-to feel relaxed, energetic and enjoyment, peer pressure , remove loneliness

- developed habit, craving and physical withdrawal symptoms such as Pain, shivering, anxiety, difficulty in sleeping etc

4.6 were the respondents aware of the laws related to drug de-addiction?

Yes: **29** No: **11**

4.7 Have the respondents ever been apprehended for drug related offence:

Yes: **9** No: **31**

If Yes, reasons specified:

Possession / fight / assaulting other / consuming / driving

4.8 Any history of drug abuse in the family of respondents:

Yes: **11** No: **29**

4.9 Average expenditure on drug / alcohol per month by respondents ( Rs) :

Less than Rs 500: **1** Rs 501-1000: **5** Rs 1001 – 1500 : **3**

Rs 1501 – 2000: **2** Rs 2001-2500: **1** Rs 2501-5000: **5**

More than Rs 5001: **23**

4.10 Source of money needed for drug consumption:

Legal earning: **17** Borrowing from friends/colleagues**: 2**

Legal earning & borrowing from family member /relatives: **19**

illegal means: **2**

**5. Social Adjustment in family, friends & peers**

5.1 Was the respondent's family supporting them for treatment and recovery?

Yes: **40** No _____

5.2 How the habit of drug addiction did affect the social status of respondent's family?

No change: **18** Negative: **22**

**6. Information regarding treatment & Rehabilitation**

6.1 Have the respondents taken previous treatment before coming here ?

Yes: **13** No : **27**

If yes, where:

Taken from Government hospital / NGO / Private:_____

**Yes indicates number of relapse cases: 13**

6.2 What was the source of referral to these centers for treatment?

Self:____ Family member/relatives: **30** Friend(s): **1** Hospital / health centre: ___

Private practitioner: **1** Awareness programme:____ social worker: **1**

National Toll free Helpline: **1** website (search): **4**

Others ( ex-patient/by known person) : **2**

6.3 Had the respondents taken admission here voluntarily?

Yes: **34** No: **6**

6.4 Were the respondents getting medicines in time / as scheduled?

Yes: **40** No _____

6.5 Were the respondents satisfied & feeling better with their present treatment?

Yes: **40** No _____

6.6 Any misconduct / misbehavior by the staff of the center:

Yes:_____ No: **40**

6.7 Were the respondents attending regular / scheduled activities of the center :

Yes: **40** No _____

6.8 Were the respondents getting sufficient food during treatment?

Yes: **40** No _____

6.9 Were the respondents interested to restart their normal life after treatment?

Yes : **40** No _____

**Annexure 4**

# DAILY SCHEDULE FOR RESIDENTS

| S.NO | TIME | ACTIVITY |
|---|---|---|
| 1 | 6:00 AM | FAMILY WAKE-UP |
| 2 | 6:00 AM - 6:15 AM | MORNING PRAYER/TEA |
| 3 | 6:30 AM - 8:00 AM | BATH AND CLEANING |
| 4 | 8:00 AM - 9:00 AM | YOGA AND MEDITATION |
| 5 | 9:15 AM - 9:45 AM | BREAKFAST |
| 6 | 9:45 AM -10:00 AM | MEDICINE |
| 7 | 10:15 AM - 11:00 AM | MORNING MEETING |
| 8 | 11:00 AM - 11:15 AM | TEA BREAK |
| 9 | 11:15 AM -12:00 PM | J.F.T (JUST FOR TODAY) |
| 10 | 12:15 PM - 1:15 PM | INPUT |
| 11 | 1:30 PM - 2:00 PM | LUNCH |
| 12 | 2:00 PM - 3:00 PM | REST |
| 13 | 3:00 PM - 3:30 PM | T.F.D (Thought for the day) |
| 14 | 3:45 PM - 4:15 PM | BRAHMAKUMARIS SPIRITUAL SESSION |
| 15 | 4:30 PM - 5:00 PM | TEA BREAK |
| 16 | 5:15 PM - 6:00 PM | GAME SESSION |
| 17 | 6:00 PM - 7:00 PM | SHARING (SUN,MON/WED/FRI)<br>MOOD MAKING |
| 18 | 7:30 PM - 7:45 PM<br>7:00 PM - 8:00 PM | REFLECTION/ INVENTORY<br>DANCE SESSION (SAT) |
| 19 | 8:15 PM - 9:00 PM | DINNER |
| 20 | 9:30 PM - 10:00PM | MEDICINE |
| 21 | 10:05 PM - 10:30 PM | NIGHT PRAYER (GOOD NIGHT)<br>LIGHTS OFF |

Centre for Creating Alternatives to Addictions (C.C.A.A.) New Delhi

# MUSKAN FOUNDATION

**Integrated Rehabilitation Centre for Addicts - IRCA - MSJE - GOI**

Dwarka - Delhi

## DAILY SCHEDULE

| S.No | Time From | Time to | Activities |
|---|---|---|---|
| 1 | 7:00 AM | 8:15 AM | GET READY |
| 2 | 8:15 AM | 8:30 AM | MORNING PRAYER |
| 3 | 8:30 AM | 9:00 AM | YOGA |
| 4 | 9:00 AM | 10:00 AM | BREAKFAST |
| 5 | 10:00 AM | 11:00 AM | MORNING MEETING |
| 6 | 11:45am | 12:30 PM | MORNING TEA / LEMON WATER |
| 7 | 12:30 PM | 1:30 PM | RE-EDUCATIVE / INPUT SESSION |
| 8 | 1:30 PM | 2:30 PM | LUNCH |
| 9 | 2:30 PM | 3:30 PM | RE-EDUCATIVE / INPUT SESSION |
| 10 | 3:30 PM | 4:30 PM | REST |
| 11 | 4:30 PM | 6:00 PM | GAME SESSION / TEA / SNACKS |
| 12 | 6:00 PM | 6:30 PM | AARTI |
| 13 | 6:30 PM | 7:30 PM | YOGA/ MEDITATION |
| 14 | 7:30 PM | 8:30 PM | FREE TIME |
| 15 | 8:30 PM | 9:00 PM | MOOD MAKING / DANCE CLASS |
| 16 | 9:00 PM | 10:00 PM | DINNER |
| 17 | 10:00 PM | 10:10 PM | NIGHT PRAYER AND COUNTING |
| 18 | 10:35 PM | | LIGHTS OFF |

## SPECIAL WEEKLY SESSIONS

| | | | | |
|---|---|---|---|---|
| 1 | MONDAY | 1. Seminar | 2. Art of Living | |
| 2 | TUESDAY | 1. Anger Manageme | 2. Sharing | |
| 3 | WEDNESDAY | 1. Appreciation | 2. Art of Living | |
| 4 | THURSDAY | 1. Art of Living | 2. Sharing | |
| 5 | FRIDAY | 1. Anger Management | | |
| 6 | SATURDAY | 1. Dance & Music | 2. Movie | 3. Coffee Night |
| 7 | SUNDAY | 1. House Keeping | 2. Past Sharing | |

**Annexure 5**

## Recovered Persons as Torch bearers

### A. Shri Pradeep Goyal

Shri Pradeep Goyal, born in the year 1955 in district Rewa, Madhya Pradesh is a graduate in Commerce from University of Delhi. He was an alcoholic and drug addict who has undergone de-addiction treatment and abstained himself from the addiction for more than 21 years. With a desire to work in the field of drug abuse, he has set up De-Addiction and Rehabilitation Center at Ghaziabad which provides treatment to drug dependent persons.

During the year 1994-1999, Shri Pradeep Goyal worked as senior counselor with addicts who were lodged in Tihar jail in Delhi and started a rehabilitation programme for them. As a Project In-charge for adolescents in jail, he conducted behavioral and motivational therapies to reduce negativity and anger in such children on account of drug abuse.

Shri Goyal is also associated with the Ministry's efforts in conducting awareness programmes on ill effects of drug abuse in various schools and community.

He has been conferred with the National Award by Hon'ble President of India on 26th June, 2014 for successfully coming out of the addiction and his outstanding efforts in the field of Prevention of Alcoholism and Drug Abuse.


Shri Pradeep Goyal receiving the National Award from the Hon'ble President of India

## B. Subimal Banerjee

Shri Subimal Banerjee, 56 years old was addicted to drugs for about 24 years till 2005. He is a Commerce Graduate from Delhi University and has also done Tours, Travels and Hotel Management course.

Being vocal and having impressive communication skills, Shri Banerjee succeeded in his initial career growth while working as a Factory manager in a leather export company. His success in this work life pushed him towards parties, functions and more social gatherings. Gradually, Shri Banerjee got addicted to alcohol and other drugs due to his work life.

Seeing his deteriorating health, his sister got him admitted to Society for Promotion of Youth and Masses (SPYM) de-addiction Center, an NGO run De-Addiction Center, Delhi. Shri Banerjee recovered from the addiction and decided to work for the organization which has given him new life.

Today, Shri Banerjee is Project Director at SPYM, Delhi and has also been conducting sessions for the persons undergoing treatment at the center.

Shri Subimal Banerjee

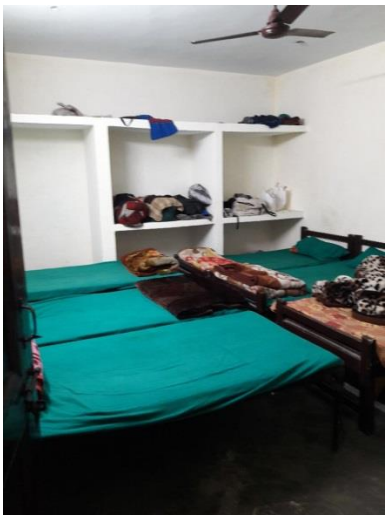
**Annexure 6**

**Photos during the visit with inmates and chief functionaries of the centers**

**Centre for Creating Alternatives to Addiction (CCAA), Sahibabad, Ghaziabad**

**Interviewing the inmate**

**counseling session**



**Beddings**

**Interaction with the Chief Functionary of the center**

**Group photo with inmates**

**paper Art work by inmates**

## Muskan Foundation, Dwarka, Delhi


**Display board of the center**


**Interaction with Chief Functionary of the center**

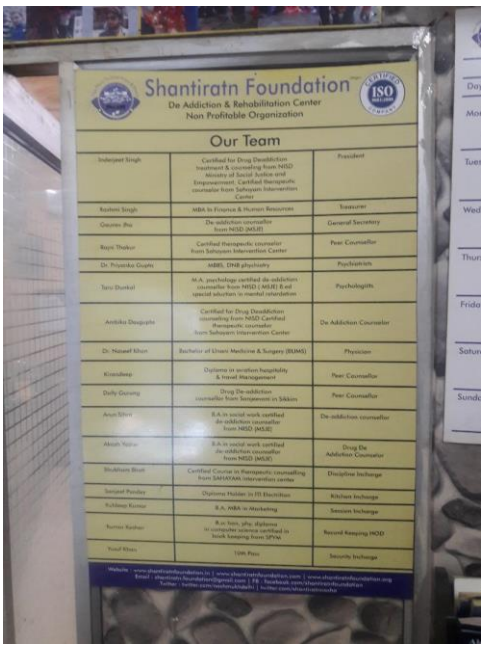


**Interviewing the inmates**

**Counseling session**


**interviewing the respondent**

## Shantiratn Foundation, Badarpur, New Delhi


**Time Table and staff position display at the reception**


**Interaction with the inmates**

**With Foundation Director (left) and counselor (right)**

**<u>SPYM, Vasant Kunj, New Delhi</u>**


**With SPYM Director (left) and counselor (right)**

**Interviewing the inmates**


**12-Steps of recovery displayed at the center**

**interviewing the inmate**

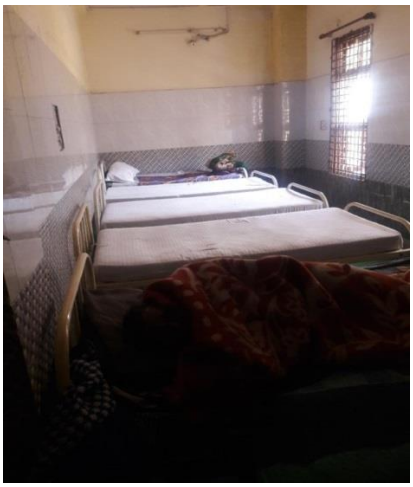
## Turning Point Foundation, village Alipur, Delhi


**Road view of the center**

**Interaction with Center Incharge**

**Participation in counseling session**

**interviewing the inmate**



**Beddings**

**interaction with the doctor**

## Manav Propkari Sansthan, Khanpur, Delhi

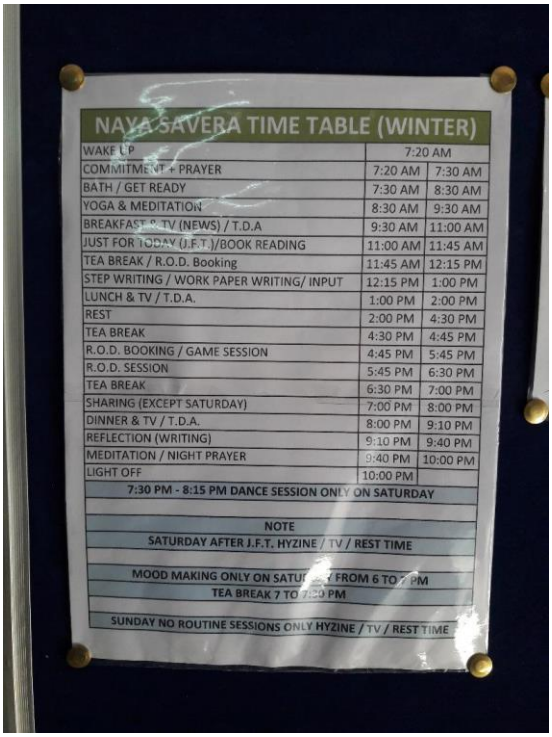

**Display board of the center**

**interaction with Center Incharge**

**Beddings**

**interviewing the inmate**

## Naya Savera Drug de-addiction & Rehab center, Sector 154, Noida (UP)



NAYA SAVERA TIME TABLE (WINTER)

| | | |
|---|---|---|
| WAKE UP | 7:20 AM | |
| COMMITMENT + PRAYER | 7:20 AM | 7:30 AM |
| BATH / GET READY | 7:30 AM | 8:30 AM |
| YOGA & MEDITATION | 8:30 AM | 9:30 AM |
| BREAKFAST & TV (NEWS) / T.D.A | 9:30 AM | 11:00 AM |
| JUST FOR TODAY (J.F.T.)/BOOK READING | 11:00 AM | 11:45 AM |
| TEA BREAK / R.O.D. Booking | 11:45 AM | 12:15 PM |
| STEP WRITING / WORK PAPER WRITING/ INPUT | 12:15 PM | 1:00 PM |
| LUNCH & TV / T.D.A. | 1:00 PM | 2:00 PM |
| REST | 2:00 PM | 4:30 PM |
| TEA BREAK | 4:30 PM | 4:45 PM |
| R.O.D. BOOKING / GAME SESSION | 4:45 PM | 5:45 PM |
| R.O.D. SESSION | 5:45 PM | 6:30 PM |
| TEA BREAK | 6:30 PM | 7:00 PM |
| SHARING (EXCEPT SATURDAY) | 7:00 PM | 8:00 PM |
| DINNER & TV / T.D.A. | 8:00 PM | 9:10 PM |
| REFLECTION (WRITING) | 9:10 PM | 9:40 PM |
| MEDITATION / NIGHT PRAYER | 9:40 PM | 10:00 PM |
| LIGHT OFF | 10:00 PM | |

7:30 PM - 8:15 PM DANCE SESSION ONLY ON SATURDAY

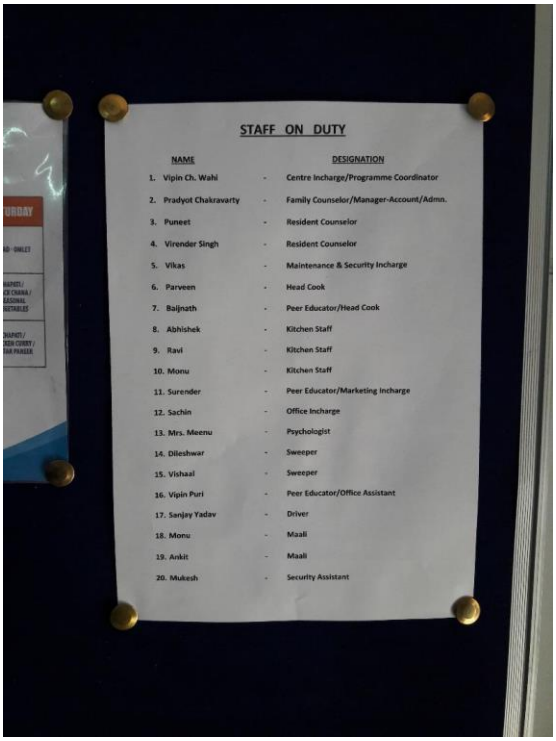
NOTE

SATURDAY AFTER J.F.T. HYZINE / TV / REST TIME

MOOD MAKING ONLY ON SATU... FROM 6 TO 7 PM

TEA BREAK 7 TO 7:30 PM

SUNDAY NO ROUTINE SESSIONS ONLY HYZINE / TV / REST TIME



STAFF ON DUTY

| NAME | | DESIGNATION |
|---|---|---|
| 1. Vipin Ch. Wahi | - | Centre Incharge/Programme Coordinator |
| 2. Pradyot Chakravarty | - | Family Counselor/Manager-Account/Admn. |
| 3. Puneet | - | Resident Counselor |
| 4. Virender Singh | - | Resident Counselor |
| 5. Vikas | - | Maintenance & Security Incharge |
| 6. Parveen | - | Head Cook |
| 7. Baijnath | - | Peer Educator/Head Cook |
| 8. Abhishek | - | Kitchen Staff |
| 9. Ravi | - | Kitchen Staff |
| 10. Monu | - | Kitchen Staff |
| 11. Surender | - | Peer Educator/Marketing Incharge |
| 12. Sachin | - | Office Incharge |
| 13. Mrs. Meenu | - | Psychologist |
| 14. Dileshwar | - | Sweeper |
| 15. Vishaal | - | Sweeper |
| 16. Vipin Puri | - | Peer Educator/Office Assistant |
| 17. Sanjay Yadav | - | Driver |
| 18. Monu | - | Maali |
| 19. Ankit | - | Maali |
| 20. Mukesh | - | Security Assistant |

**Display of Time Table and Staff on Duty at the reception**

**Outdoor activity in the center for the inmates**

**With chief functionary ( right) and Project Incharge( left)**

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