DEALING WITH DRUG ABUSE: AN ACTION PLAN

RECOVERING FROM SUBSTANCE DEPENDENCY: EXISTING INTERVENTION MECHANISMS

Drug abuse has alarming dimensions, affecting not only the individual but also the community. Multiple factors are involved and combating drug abuse poses a major challenge. A major factor concerns the rehabilitation of drug abusers. The addicts are prone to serious impairments sooner or later in their lives. Unfortunately, the user of drugs is often the last to recognize the problem which deteriorates from bad to worse. Even friends and the family may ignore or fail to recognize the problem or when they do recognize it, they are often reluctant or unable to confront the irrational thought processes. Faulty defence systems allow the addicts to defend their indulgence in substance abuse. Any challenge to their addictive behaviour often evokes powerful rationalisation and defence of their addiction. They often shift the blame from themselves to others. Even the abusers under treatment may nostalgically recall the days when their addiction was associated with positive outcomes, a tendency that may sustain the denial.

Eventually the individuals who indulge in excessive drug use develop problems that necessitate intervention and treatment. While analysing the services available for the rehabilitation of drug users, accessibility to the existing facilities and infrastructure was found insufficient. A look at the village profile revealed that in the villages, intervention services for the addicts were almost negligible.

Table – 5.1
Perception regarding services available to the addicts

<table>
<thead>
<tr>
<th>Villages</th>
<th>None</th>
<th>Quacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gannapind</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>Chittipind</td>
<td>98.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Pensra</td>
<td>92%</td>
<td>-</td>
</tr>
<tr>
<td>Rajatal</td>
<td>99%</td>
<td>-</td>
</tr>
<tr>
<td>Chodh</td>
<td>86.5%</td>
<td>-</td>
</tr>
<tr>
<td>Arraichan</td>
<td>77%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

- The table shows the percentage of respondents who believe there are none available in their village.
- The table shows only those villages which have negligible services.
- The table reveals the absence of services for the addicts in the village. Whatever service is available is in the form of quacks who do not specialise in dealing with drug addicts.
MEDICAL FACILITIES: VILLAGE SCENARIO

– In Chittipind village, the panchayat had constructed a modern health centre at its own expense to be handed over to the government. No facilities answering the problem were conceived.

– A visiting RMP in the village of Pensra claimed to cure withdrawal symptoms of the abusers. Interestingly, many youngsters used to approach him for injections of morphine to get relief from the withdrawal of Bhukki.

Awareness programmes and camps are sought by both urban (13.4%) as well as rural respondents (12.2%). There is need to provide information regarding the harmful effects of the drugs.

- Addicts from Punjab and Chandigarh who have recovered revealed that the fear induced by the plight of other chronic abusers motivated them to seek treatment.

- In Haryau Khurd village most of the elderly addicts expressed the fear suffering from paralysis or epilepsy if they observe abstinence from drugs. As a result a substantial number of respondents (42.6%) called for creation of awareness about the myths along with proper health care facilities.

- In Jodhpur village drug abuse is not widely prevalent except an odd man. In the absence of the culture of drugs the youths are not enmeshed in the abuse. A retired school teacher remarked that if addiction and trafficking by one family of the village is accepted without any objections, such cultural degeneration would leave less scope for a change in the immediate future.

Psychological assistance is sought more in the urban areas (10.0%) than in the rural areas (6.2%). This can be due to the fact that rural respondents are not aware of such requirements.

In Burjmuhar village, village panchayat had started counselling sessions for the addicts but the effort failed after two attempts for want of cooperation of the villagers who were not able to comprehend the idea properly.

Strict implementation of the narcotics act is the intervention sought equally by the urban as well as rural respondents.
In contrast to the rural area, in urban areas, the prevailing methods of treatment were analysed for the nature of the service they provide and the hurdles they face in providing effective treatment.

### Table – 5.2

<table>
<thead>
<tr>
<th>Districts</th>
<th>Institutions</th>
</tr>
</thead>
</table>
| Patiala   | • Rajendra Medical College  
|           | • Saket Deaddiction Centre |
| Jalandhar | • Asha Nursing Home |
| Gurdaspur | • Red Cross Deaddiction Centre (Dr. Jalota’s) |
| Amritsar  | • Red Cross Deaddiction Centre |
| Ferozepur | • Civil Hospital |
| Muktsar   | • Pruthi Nursing Hospital |
| Mohali    | • Nawn Disha Deaddiction Centre |

### CATEGORIES OF SERVICE PROVIDERS

The categories of service providers, such as doctors, counsellors, nurses, religious leaders and youth welfare activists, were interviewed to gauge the nature of services available to the addicts and the hurdles faced by the agencies.

### Table – 5.3

**Categories of service providers**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sampled units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified medical practitioners (MBBS/MD)</td>
<td>9</td>
</tr>
<tr>
<td>RMPs</td>
<td>8</td>
</tr>
<tr>
<td>Counsellors</td>
<td>8</td>
</tr>
<tr>
<td>Social activists</td>
<td>3</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>3</td>
</tr>
<tr>
<td>Nurses / attendants</td>
<td>7</td>
</tr>
<tr>
<td>Police personnel</td>
<td>19</td>
</tr>
</tbody>
</table>

### NATURE OF SERVICES PROVIDED

The role of the service providers was circumscribed in accordance with their designations.
### Table – 5.4

<table>
<thead>
<tr>
<th>Categories of service providers</th>
<th>Detoxification</th>
<th>Relieving withdrawal</th>
<th>Counseling</th>
<th>Prevention &amp; control supply</th>
<th>Counselling &amp; detoxification</th>
<th>Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified medical practitioners</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>(33.3%)</td>
</tr>
<tr>
<td></td>
<td>(66.6%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Councilors</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(25.0%)</td>
<td>(75.0%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social activists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>(100.0%)</td>
</tr>
<tr>
<td>Religious leaders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>(100.0%)</td>
</tr>
<tr>
<td>Nurses / attendants</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(71.4%)</td>
<td>(28.6%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police personnel</td>
<td></td>
<td></td>
<td>13</td>
<td></td>
<td>6</td>
<td>(31.5%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(68.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Field Survey, IDC, 2001

A majority of medical personnel (MBBS / MDs) interviewed were involved in detoxifying the addicts (66.6%) while 33.3% counselled the addicts and their families. The awareness part was undertaken by social activists and religious leaders. While some police personnel (31.5%) were also involved in generating awareness against the menace.

**HURDLES FACED BY THE SERVICE PROVIDERS**

### Table – 5.5

<table>
<thead>
<tr>
<th>Hurdles</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligence in part of family</td>
<td>21 (37.5%)</td>
</tr>
<tr>
<td>Lack of follow-up</td>
<td>18 (32.1%)</td>
</tr>
<tr>
<td>Marginalisation of addicts</td>
<td>19 (18.0%)</td>
</tr>
<tr>
<td>Lengthy procedures under NDPS Act</td>
<td>17 (30.3%)</td>
</tr>
<tr>
<td>Deficiency of resources</td>
<td>31 (55.3%)</td>
</tr>
</tbody>
</table>

Source: Field Survey, IDC, 2001

Note: Multiple responses were given by the respondents. The percentage does not add up to 100.
A large proportion of the respondents (55.3%) perceived dearth of facilities at their disposal to be a major impediment to providing services to the abusers. Another 18% regarded social isolation of the addicts as a factor leading to their maladaptation and relapse. The crucial importance of the family was highlighted by 38% of the providers, who regarded the uncooperative, apathetic and ignorant attitude of the significant others as blocking effective treatment and assimilation of the addicts. Moreover, 30.3% of the respondents, particularly belonging to the law enforcement agencies grumbled about the tedious NDPS Act.

### NATURE OF SERVICE PROVIDERS

- Unqualified practitioners posed a major threat to the well-being of the addicts
- A substantial number of services providers perceived lack of resources at their disposal.
- Negligence on the part of the family and the attitude of society were also matters of concern.
- Awareness regarding substance abuse was provided by social, religious activists and even police personnel.

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**Institutions for de-addiction**

Detoxification centres and rehabilitation centres can be counted as institutions, since the normal routine of sleeping, playing and working in different places within different frameworks is distributed in this setting.

**PROBLEMS FACED BY INSTITUTIONALISED ADDICTS**

- Adjustment to novel environment
The inmates face the problem of adjustment since unlike other institutions these have operated beyond the constraints of space and time for years, and yet they are not so physically and mentally disturbed as to surrender to the medical professional’s total control over their individuality. Having expressed a desire to give up drugs, these people have to adjust immediately to a routine of space and time, along with the social niceties which they had forgotten as drug users.

A street level drug user faces further problems as he is accustomed to a marginal existence, where a daily income had been scraped together through activities at odd hours, and where eating routines, habits of hygiene had become chaotic or had been abandoned.

- **Generalised treatment**
  
  There are some specific aspects of an institutional setting. All activities are carried out under one roof and by a single authority. Each phase of activity is conducted in the company of large groups in which all are treated alike and expected to act uniformly. All daily activities follow one other in accordance with explicitly formal rules and under the supervision of a body of officials. All activities are formulated in accordance with the policies of the institution.

- **Authoritative staff**
  
  The focus of the staff is not guidance or periodic inspection but surveillance of the inmates in order to enforce law and order. The staff feels superior and self-righteous, the inmates tend to feel inferior, weak, blameworthy and guilty.

  - In the field of drug abuse management, the goal of most organisations is a drug-free lifestyle. Some organisations go to the extreme. Decisions regarding patients are taken in line with organisational policies and not in consultation with them. Anyone who deviates from this pattern is seen as a trouble maker. The cases of relapse were found to be high in most of the institutions.

  
  A look at the intervention measures available in the rural areas and the urban areas presents a gloomy picture. There is need for systematic and adequate strategies of intervention dealing with specific target group.

  For this, there is need for having an insight into the interventions sought by the community in both rural and urban areas.

  **Table – 5.6**

<table>
<thead>
<tr>
<th>Nature of assistance sought in rural and urban location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free medical and referral facilities (with follow-up)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Awareness programmes / camps</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Job facilities</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Strict implementation of narcotics act</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Social support</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>End of exploitation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Psychological assistance</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
The responses reveal that society has clear notions regarding the causes of drug addiction and the steps needed to curb it. However, with the difference in location and the opportunities available in their areas, the extent to which these are sought differ. A majority of rural respondents (32.5%) asked for free medical and referral facilities with follow-up. They asked for good medical services with trained doctors who can absolve them of drug related myths as well as ailments.

There is need for integration of various intervention mechanisms to achieve the desired results.

Aspects that an intervention strategy needs to consider are listed below.

- **PATIENT ORIENTED APPROACH**

  - **EFFICIENT SERVICE PROVIDER MECHANISM:**
    
    An efficient mechanism of availability of services may be evolved. The delay between the time of the need and contact with the services must be minimized. Setting up of help lines accompanied by active back-up support by mental health specialists and sociologists would ensure timely and efficient assistance to those in need. Effective coordination among various support providers such as local bodies, NGO's, social worker and mental health professionals is essential to restore normal functioning among the abused through planned strategies.

  - **MENTAL AND PHYSICAL HEALTH SERVICES:**
    
    i) To provide appropriate health services and establish structures to relieve distress, anxiety and hopelessness.

    ii) Behaviour oriented training to caretakers in patient management skills, modelling and counselling.

    iii) Individual counselling in order to deal with the problem according to one’s individual needs.

**Individual Counselling**

Besides mass awareness, individual counselling is an effective intervention required to cure the problems and myths by dealing with an individual in his or her own circumstances.

The major reason behind the failure of mass awareness programmes regarding drug abuse is that they do not take into consideration the individual needs and problems of the addict.

In Burjmuhar village, the panchayat had started holding counselling sessions for addicts but the effort failed after two attempts, the reason being non-cooperation of the villagers who were not able to comprehend the idea properly. So, it necessitates dealing with drug addicts according to their individual problems.

- **CHANGING COMMUNITY ATTITUDE**

  Social isolation and rejection emerged as the major hazards faced by drug addicts. Even after they have gone through treatment, they are often treated with distrust and hatred which hampers their ability to cope with the trauma. Community sensitivity needs to be ensured through support structures such as panchayats, NGOs, local and religious bodies.
MEDICAL FACILITIES

Adequate medical facilities is must in every PHC to fight the growing menace of drug abuse. Medical specialists should have the equipment to handle and treat the addicts properly. Even when medical facilities are provided, there remains a need for continuous check on these practitioners. There should be a check on chemists and quacks who exploit the youngsters by making these drugs easily available.

A visiting RMP in Pensra village claimed to cure withdrawal symptoms of the abusers. Interestingly a number of youngsters used to approach him for obtaining injections of ‘morphine to get relief from the withdrawal symptoms of Bhukki.

PREVENTION APPROACH

The major concern of prevention involves

1. Altering conditions that can cause or contribute to drug abuse.
2. Establishing conditions that foster positive growth and development. It involves programmes and policies which ensure a drug-free atmosphere for the community.

AWARENESS CAMPAIGNS AGAINST DRUG ABUSE:

A social marketing campaign can be held to educate the people about the hazards of substance abuse. The media can also play an effective role in generating awareness regarding hazards of drug abuse.

Mass awareness campaigns regarding the harmful effects of drugs should be designed focusing on specific age groups. There is need for making drug abuse a social stigma rather than something which is culturally acceptable in society.

- Addicts from Panjab and Chandigarh who have recovered revealed that the fear induced by the plight of other chronic abusers motivated them to seek treatment.
- In Haryau Khurd village most of the elderly addicts feared regarding the possibility of suffering from paralysis or epilepsy if they abstained from drugs. As a result, a substantial number of respondents (42.6%) called for generation of awareness to dispel the prevalent myths, along with proper health care facilities.

In Jodhpur village, unlike other villages the youth are not enmeshed in abuse due to the absence of the drug culture. A retired school teacher remarked that if the addiction and trafficking by one family of the village is acceptable to the rural folk without any objections, such cultural degeneration would leave less scope for change in the immediate future.

Lack of awareness and guidance has also led the villagers to overlook the possible fatal effects of jarda and alcohol. Nobody seemed to mind a high intake of jarda by children and people were quite oblivious to the fact that these substances acted as ‘gateway drugs’, paving the way for the use of hard drugs. The need for educating the villagers regarding myths about sexual potency, work efficiency and non-curable withdrawal is essential.
• **HEALTH AND EDUCATIONAL FACILITIES:**
  
  Every possible effort should be made to ensure adequate nutrition and health related facilities to all individuals, especially children. Processes in the school system should be modified to provide a better environment to the children. Social agencies may be encouraged to coordinate their efforts to create a growth-inspiring environment for the children. Appropriate liaison among the school authorities, the police and the professionals would help in combating the problem. School teachers can be trained to recognise drug abuse and to assist the children in avoiding it.

• **COMMUNITY BASED PSYCHOLOGICAL MEASURES:**
  
  The study has highlighted the importance of social conditions in producing an individual-friendly environment. Increased attention needs to be paid to creating a psychosocial environment that will foster healthy development of the individual. Efforts to create such conditions would cover a broad spectrum of social measures ranging from public education and social security to economic planning directed at ensuring adequate care for all. Attempts should be made to evolve programmes to prevent drug abuse.

• **IDENTIFICATION OF POPULATION AT RISK:**
  
  Early diagnosis is a pre-requisite for prompt and effective intervention. The community, the caretakers, the teachers, the parents, all should be informed about the signs of drug abuse and the resources available to control it.

• **SIGNIFICANT OTHERS AS CHANGE AGENTS:**
  
  Since the family and other informal groups have a fundamental role in providing the necessary psycho-social support, peers, elders, parents, and teachers can be given counselling to act as agents of change. Individuals mention the distress of family environment as a reason for drug intake. Social support from the family and peers can make a difference. Peer groups are very effective in bringing about a change, especially among the youth.

  Of the 100 addicts from Punjab and Chandigarh, six per cent of demonstrated recovery from the addiction. A positive family environment and distance from pathogenic circumstances contributed considerably to the process of recovery.

  For effective dealing with the situation, especially among children and youths, a positive family environment is a must. There is dire need for counselling and educating the parents regarding the support and care needed by the addicts which could be provided through de-addiction centres as well as through various campaigns. Skills pertaining to dealing with withdrawal symptoms should also be imparted to parents.

• **PRESSURE GROUPS**
  
  Pressure groups like panchayats, social workers and NGOs can help in changing the community’s attitude towards drug addicts and generate awareness about giving support to the addicts in their rehabilitation.

  There is no superficial way of putting an end to this disease. Efforts have to be made from the village to the individual level.

  The efforts made by the panchayat of Mehngerowal deserves mention in this regard. This panchayat is functioning in a well-coordinated manner under the command of a woman sarpanch. Due to the initiatives taken by a young member, the panchayat has succeeded in breaking the police-smuggler nexus in the village to some extent by keeping the higher officials of the police informed. Members of the panchayat also sought active support of the villagers in forcing some peddlers to leave the drug trade by enforcing excommunication.
VOCATIONAL TRAINING

There is need for employment opportunities, especially for the youth. The study reveals that unemployed youth’s are more prone to drug addiction. Therefore, initiation of development projects and imparting vocational skills are the required interventions in the village.

NEED TO BREAK PATHOGENIC ENVIRONMENT

To provide adequate protective care to the children of peddlers, drug abusers and sex workers.

RELIGIOUS INTERVENTION

In Gannapind village, the survey could not find a single genuine social or religious body which could concentrate on the small population of Sansis.

However, in Chittipind village, religion is playing an important role. A religious head of the village opined that “religion helps in convincing the addict without reasoning him out. Where the police is failing, political and social leaders are ditching, religion is performing a constructive role by replacing opium and liquor with ‘nam khumar’.

The substantial role that religion can play in stopping drug abuse can be judged from the low drug addiction rate in Jodhpur village due to the influence of Radhaswamis.

A majority of the families in the village had joined the ‘Radhaswami sect’, and were observed to be adhering to its tenets. Since, the sect strictly prohibits the use of mind altering substances, the villagers were unaffected by the menace of substance abuse to a great extent.

In another village, Bassian, religious sermons by a Muslim saint and Radhaswamis were reported to be instrumental in curbing the menace in 17.0% of the households. Interestingly, a number of the residents of the Muslim hamlet were blessed with isolation from drugs.

Increased interaction of religious leaders with the villagers regarding abstinence from drugs is a helpful measure.

LEGAL ENFORCEMENT

Involvement of the police has also been considered to be the major reason for the prevailing trend of substance abuse.

In the Gannapind village, the officials were considered as un-official revenue collectors. The villagers maintained that a cash hungry police encouraged them to go for the illegal trade. Some of the officials were becoming accomplices with too much exposure to money, drugs and flesh. A vast majority of household respondents (88%) regarded police involvement as a major factor behind the high prevalence of substance abuse.

Moreover lack of concerted and incessant efforts led to the failure of Koshish with the transfer of officers who were pushing it despite all odds. An ex-sarpach of Gannapind bitterly remarked that some officials made a career out of them and others made money, but the Sansis made mockery of their efforts. The officials dealing with the villagers were unable to tackle the menace of drugs.

Regular patrolling by perpetually rotating staff of the police and the Excise Department with the collaboration of social bodies is the desired intervention.

Similarly in Chittipind and Pensra villages, a substantial number of the respondents called for a check on the nexus between the local politicians and the police authorities.
There should be proper functioning of law enforcement authorities. There should be a check on the functioning of the police. Also, the drug inspectors should regularly and honestly raid the shops of chemist and the guilty should be punished.

- EFFECTIVE COORDINATION OF POLICE FORCE, THE VILLAGE PANCHAYAT AND RELIGIOUS BODIES.

In Mehengerowal village, a large number of village household respondents (37.1%) called for effective support of the police force and panchayat members.

Motivating examples of effective coordination between the police force, the village panchayat and religious bodies in eradicating the menace was found in Chaura village in Gurdaspur district. The young sarpanch of this village was found to be contributing to generating awareness among the village youth. There were cases where families, religious leaders and panchayat members had collectively succeeded in de-addicting the abusers. Three village youths were taken by the sarpanch to the local gurudwara and persuaded to vow in front of the holy Granth to shun drugs. The family members stood by them during the crisis of withdrawal. In another case panchayat members motivated two friends to give up drugs with the help of BSF doctors who paid periodic visits to the village. In this village, the villagers also appreciated the efforts of the local support structures and called for more powers and support to these bodies.

For any intervention to be successful, there should be effective coordination at the village level. The panchayat and religious institutions should exert their influences upon the local population. Effective and coordinated efforts of these institutions can be of immense help in eradicating substance abuse at the village level.

Rehabilitation and reintegration of drug abusers require support from different sections of society. Not only does this programme need to provide effective treatment for drug detoxification but also needs further to integrate the individuals into the social stream. This may require income generating skills or provision of social support systems to help the individuals build their esteem and to engage in productive activities. Another important aspect deals with spreading awareness and sensitisation of the population to prevent the spread of substance abuse. Such a plan envisages specified activities by social organisations such as the Health Department, the education system and the Social Welfare Department. Also needed is implementation of a plan in accordance with the specific population. For instance, the needs of drug addicts in the rural areas and those of the youth would be different and their successful integration with society would need different approaches. The proposed action plan attempts to delineate specific activities which social organisations can perform. Further, the plan lists the population targetwise for intervention mechanisms.

SUGGESTIONS FOR SPECIALISED ORGANISATIONS

HEALTH SYSTEM

- Early Detection

Integral to catering to the health needs of substance abusers would be early. Identification of high risk individuals and provision of related services. All primary health facilities need to be sensitised to detect these high risk individuals and guide them to the appropriate services. Health functionaries such and ANMS and health visitors can be specially trained to gauge children and women at risk of drug addiction. The paramedical staff could be further trained to create awareness among parents and sensitise them to appropriate care to prevent the children from taking drugs.

- Detoxification and counseling for substance abuse

Rehabilitation services to drug abusers need to be available in every block. These should also provide individual and family counseling and networking with other organisations and departments to integrate the individuals with social life. This may involve enrolment of individuals
in youth clubs so that they can take part in recreational activities and obtain mutual support from other youths as also others who were earlier drug abusers. Referral may also be provided from income generating facilities.

- **Initiation of outreach programmes**
  Given the drug addicts’ level of awareness about detoxification or rehabilitation services, it is necessary to initiate programmes to reach the drug abusers to assist them to get treatment. These may be promoted through the existing social groups such as panchayat and youth club members, who not only would provide information but also motivate the substance abusers so that they avail themselves of treatment and do not relapse into the abuse.

- **Extending access to health services among the young**
  Many young drug abusers may find it difficult to use conventional health systems – they may not be affordable or not confidential. Thus the health system may consider mobile clinics for youths or assist the NGOs or even propose attachment of health clinics to some of the youth clubs or to educational facilities.

- **Dovetailing health related programmes**
  It may not be possible for the health system to initiate special clinics or health programmes for substance abusers but it may be possible to link the existing services or services started for other programmes (such as for AIDS or for TB) to be made available to substance abusers. This may be particularly relevant to crisis centers and awareness campaigns launched to check the spread of AIDS.

Support manpower development in drug related services. There is need for training professionals and non-professionals to provide effective services.

**EDUCATION SYSTEM**

- **Sensitising education authorities to the menace of substance abuse among the youth**
  It is important that school officials and teachers be trained to detect susceptible cases of substance abuse and also to be able to provide awareness against drug use and its effects.

- **Providing awareness**
  School authorities can be an important associate in the prevention of drug abuse among the youth. Not only can they be helpful in creating a supportive environment but they could also spread awareness regarding the ill-effects of substance abuse.

- **Schools should be encouraged to launch special awareness campaigns to sensitisie children and parents to the increasing spread of drugs in Punjab. Students and teachers could also be an important component of outreach programmes specially in spreading awareness among communities and in supporting community outreach programmes. The NSS is already involving itself in some activities spreading awareness and these cells can be entrusted with awareness campaigns.**

**SOCIAL WELFARE DEPARTMENT**

- **SPREADING AWARENESS REGARDING DRUG ABUSE**
  The community in Punjab needs to be made aware and sensitised to its increasing susceptibility to the menace of drugs. Also this awareness campaign must include effects of different drugs. A wrong impression prevails that the impact of all drugs is similar.
• **INITIATING INCOME GENERATING ACTIVITIES**
  Information regarding various schemes and income generating programmes that have been launched by various departments of the government, need to be provided to the rehabilitation centers and youth clubs. Unemployment was found to be a major factor that drew the youth to substance abuse.

• **COORDINATING AND NETWORKING WITH OTHER DEPARTMENTS**
  The department could act as a nodal agency to network with various departments and NGOs regarding health service outreach programmes, income generating activities, youth club activities etc. Relevant information to each of the organisations can be provided from here.

• **ACTIVATING YOUTH CLUBS**
  Punjab has youth clubs in most of the villages and these can be used as a nodal point of intervention to provide health services, income generating activities, provision of life skills etc. to substance abusers as also assist in preventing the youth from substance abuse.
  
  • Sensitise youth club members to substance abuse
  • Provide awareness to members regarding various facilities that government has launched for substance abusers.
    
    — Availability of detoxification centers at block / district level.
    — Income generating ventures / micro enterprises initiated in the area
    — Information regarding government schemes that impart skills, provide health care and promote income generating ventures.
    — Provision of recreational facilities for the youth.
    — Trained youth club members to spread awareness regarding drug abuse and assist in checking it.
    — Provision of life skills education to the youth

• **MONITORING AND EVALUATING OUTCOME OF INTERVENTION**
  Important as interventions are, it is equal necessary to constantly evaluate their impact in terms of desired goals. The department, therefore, must have a monitoring system in place vis-à-vis the various activities that have been initiated.

• **INITIATING A DRUG ABUSE PREVENTION EDUCATION PROGRAMME**
  Awareness and education capsules for different segments of population need to be initiated. This could be a part of the social marketing campaign to control drug abuse.

• **DEVELOPING MONITORING SYSTEMS FOR SETTING TRENDS AND PATTERNS OF DRUG ABUSE**
  There is continuous transition of the type of drug that is being used in accordance with social placements of the person. For instance, in the rural areas there still is greater prevalence of traditional substances such as bhukki. The urban youth shows different usage patterns as do the daily wage earners in rural areas. Therefore, it will be important to monitor the changing trends and patterns of drug abuse so that this can be tackled accordingly. For instance, different drugs will need different detoxification measures.
• TARGET POPULATIONWISE PROGRAMME OF INTERVENTION AND STRATEGIES

Intervention programmes need to be specific to the target population in accordance with its socio-cultural needs and the nature of the substance abused. Promoting differential strategies for different groups will be the responsibility of the department.

LAW ENFORCEMENT AGENCIES: POLICE AND JUDICIARY

• IN-HOUSE STRINGENCY

The primary responsibility of protecting the citizens and bringing offenders to justice falls on the police but in drug addiction, the involvement of police officials on the contrary has been considered an important link in the trade of substance abuse.

There should be a check on the functioning of the police and the guilty should be punished.

• LAW ENFORCEMENT

- Regular patrolling by perpetually rotating staff of the police and excise department in collaboration with social bodies is the required intervention.

- Drug inspectors should regularly raid the shops of chemists and the guilty should be punished.

- Police officials should be given regular training to inculcate skills to recognise and deal with drug addicts.

- The legal authorities should be prompt in dealing with cases of peddling and drug addiction. Strict enforcement of the NDPS Act needs to be ensured.

- Regular monitoring of the functioning of drug inspectors and police officials as well as the drug de-addition centres for the facilities and treatment they provide is needed.

• NETWORKING

- A network among supportive agencies for rehabilitating drug cases needs to be initiated. Thanas should have contact with organisations providing these services.

TARGET AUDIENCE: URBAN COMMUNITY

• LAUNCHING OF AWARENESS CAMPAIGN

- Providing awareness regarding the extent and nature of drugs that are used.

- Providing information regarding rehabilitation centers

- Awareness and sensitisation campaign in schools

• FOCUS ON EDUCATIONAL INSTITUTES

- Sensitise teachers to the susceptibility of students to drugs and assist in identifying vulnerable students.

- Attach counseling services

- Encouraging parent-teacher and student communication to prevent lapse into drug addiction.
Holding awareness campaigns in colleges, hostels and youth centers.

**BUILDING BRIDGES WITHIN GROUPS IN THE COMMUNITY**
- Increasing interaction of community leaders, NGOs and school authorities in the context of drug abuse, especially to act as pressure groups to check the spread of drugs.
- Identification of population at risk
- Workplace programmes of awareness and links with service provider mechanisms.

**TARGET AUDIENCE: RURAL COMMUNITY**

**LAUNCHING OF AWARENESS CAMPAIGN**
- Promoting ANMs and health workers to spread awareness and access regarding drug detoxification facilities
- Provision of adequate medical facilities and efficient service provider mechanism.

**DOVETAILING OF OTHER HEALTH CAMPAIGNS SUCH AS TB AND AIDS WITH THAT OF SUBSTANCE ABUSE.**
- Promoting folk media both as a medium of recreation and mode for promotion of message against drug use.

**ACTIVATING YOUTH CLUBS**
- Providing information regarding services imparted by youth clubs and facilities that could be availed of, specially those of recreation.

**INFORMATION REGARDING REHABILITATION AND DETOXIFICATION CENTRES**
- The community in general should be made aware of the health services that are being provided at the nearest point.

**SENSITISING THE COMMUNITY TO PROVIDE AN ENABLING ENVIRONMENT TO ASSIST IN THE REHABILITATION OF SUBSTANCE ABUSERS.**
- In case of children of substance abusers, panchayats should ensure oversee that a pathogenic environment if not created.
- Identification of population at risk, youth clubs and panchayats and involving the population at risk in recreational activities and other services.

**TARGET AUDIENCE: RURAL YOUTH**

**PROVIDE SKILLS AND INCOME GENERATING AWARENESS**
- To initiate income generating activities and awareness regarding schemes for the youth.
- Providing skills to upgrade income generating capacity.
• ACTIVATING YOUTH CLUBS
  – Encouraging the youth to become members of youth clubs
  – Initiating recreational facilities

• AWARENESS CAMPAIGN AGAINST SUBSTANCE ABUSE
  – Health and drug related information to be imparted
  – Form pressure groups to discuss use of drugs among the youth

• ACCESS TO MEDICAL FACILITIES AND SERVICE MECHANISMS TO SUBSTANCE ABUSERS.

• IDENTIFICATION OF INDIVIDUALS AT RISK.

• ASSIST ENFORCEMENT AGENCIES.

 Target Audience: Substance Abusers

• AWARENESS REGARDING HEALTH SERVICES AVAILABLE
  – Information regarding nearest detoxification centers
  – Awareness regarding the process of detoxification involving the family in the detoxification and rehabilitation of the individual.

• INTEGRATION OF THE SYSTEM AND REHABILITATION SERVICES
  – Within the existing health services, promote life skills education to build esteem
  – Provide access to income generating activities and skills
  – Counselling services for the family and friends.

• ACCESS TO INCOME GENERATING SKILLS

• AWARENESS REGARDING INCOME GENERATING SCHEMES

• PROVIDE SUPPORT THROUGH YOUTH CLUBS, NGOS, PANCHAYATS AND RELIGIOUS ORGANISATIONS

• INVOLVE REHABILITATED INDIVIDUALS TO ADVOCATE AGAINST DRUG ABUSE.

• SENSITISING THE COMMUNITY TO THE NEEDS OF DRUG ABUSERS AND IMPORTANCE OF AN ENABLING ENVIRONMENT