

2019

NATIONAL CONSULTATION ON DRUG/SUBSTANCE USE AMONG CHILDREN



NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

Abbreviation

NCPCR- National Commission for Protection of Child Rights

NDDTC- National Drugs Dependence Treatment Centre

MoSJE- Ministry of Social Justice & Empowerment

MoH&FW- Ministry of Health & Family Welfare

NDPS-Narcotic Drugs and Psychotropic Substances

SOP-Standard Operating Procedure

MSD&RB- Mizoram Social Defence & Rehabilitation Board

JJB- Juvenile Justice Board

CNCP- Children in need of Care & Protection

CICL- Children in Conflict with Law

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BACKGROUND

India with a population of 1.37 billion is the second most populous country in the world, and children represents 39% of total population of the country. Substance use among children and adolescents has become a public health issue all over the world and evidence based efforts are being made in all the settings such as in schools, child care institutions and families to promote healthy living for such children. Today India has a huge “at risk” population vulnerable to substance use and addiction. As the age advances, there is progressive decline in the initiation of substance use. In the recent years, the age of starting use of drugs is progressively falling across the country and the initiation of drug use occurs much earlier, being during preadolescence and childhood periods. Early initiation of drug use is often associated with poor prognosis and lifelong pattern of disturbed behavior. Drugs can have long-lasting effects on the developing brain and may interfere with positive family and peer relationships and school performance. According to a study conducted by the National Commission for Protection of Child Rights¹ with National Drug Dependence Treatment Centre, the common drugs of use among children and adolescents are; tobacco and alcohol, followed by inhalants and cannabis. The mean age of onset was lowest for tobacco (12.3 years), followed by onset of inhalants (12.4 years), cannabis (13.4 years), alcohol (13.6 years), proceeding to the use of harder substances – opium, pharmaceutical opioids, heroin (14.3–14.9 years) and substances through injecting route (15.1 years). In another study, 46.36% of slum dwelling adolescents used both smokeless and smoking tobacco in addition to alcohol and cannabis and started using drugs during their childhood itself². In a study conducted among school-going students, alcohol and heroin were the main substances of use. An emerging trend is the use of cocktail of drugs through injection, and often sharing the needle, which increases their risk of HIV infection. A high intravenous use of drugs among street children and working children has been reported. There are one million registered heroin addicts in India and cannabis products, such as *charas*, *bhang*, or *ganja*, are used throughout the country. According to a study brought out by the ASSOCHAM Ladies

¹Study on “Pattern, Profile and Correlates of child substance use among children” (2012-13)

²<http://ijahms.com/upcomingissue/01.07.2016.pdf>

League on “Situational Analysis of Street Children in Metro Cities,” covering 2,000 kids has revealed children in metros are victims of one or other substance use, including inhalants (35 per cent), alcohol (12 per cent), cannabis (16 per cent), chewing tobacco and gutka (16%) and smoking (21 %). Specialized drug treatment services for children or adolescents are confined to a few centers. In many areas these centers are not even functional. Only **122** drug de-addiction centers are run by the Ministry of Health and Family Welfare and **438** treatments-cum-rehabilitation and counselling centers are supported by the Ministry of Social Justice and Empowerment (MSJE). Many of these centers lack infrastructure, staff and are not optimally functional. Even in areas where such services are available, treatment-seeking by child substance users is poor probably due to lack of motivation, perceived stigma or lack of understanding about the nature of substance use disorders. There is a need to raise community awareness for substance use among children and efforts made to facilitate treatment-seeking in a younger population.

GOVERNMENT POLICIES AND MEASURES

Two major Ministries of Government of India ie. MoSJE and MoH&FW, are mandated to provide treatment services. The matter of concern is that the flagship treatment programmes of both these ministries hardly have any reach or coverage. Only a minuscule proportion of people affected by alcohol or drug dependence report having received treatment from a NGO de-addiction centre (such as an IRCA, The Integrated Rehabilitation Centre for Addicts supported by MoSJE) or a Government de-addiction centre (such as those supported by the Drug De-Addiction programme of MOH&FW).

In India, there have been many steps taken by various Governmental and Non-Governmental Agencies in the area of prevention of substance use. A major achievement has been the recent inclusion of information on substance use as an obligatory component of the school curriculum. On the demand side, the Ministry of Health and Family Welfare has established several de-addiction centers which are mostly based at the district hospital level: there are about 130 such centers spread across the country now. A Narcotic Drugs and Psychotropic Substances (NDPS) Act was passed in 1985 and amended in 1989.

LEGISLATIONS

Several measures involving innovative changes in enforcement, legal and judicial systems have been brought into effect. The introduction of death penalty for drug-related offences has been a major deterrent. The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985, was enacted with stringent provisions to curb this menace. The Act envisages a minimum term of 10 years imprisonment which may extend upto to 20 years and fine of Rs. one lakh, which may extend upto up to Rs. two lakhs for the offenders. The Act has been further amended by making provisions for the forfeiture of properties derived from illicit drugs trafficking.

Children introduced into drug use and trafficking and affected by substance use are considered as children in need of care and protection under the Juvenile Justice Act, 2015. Under section 77 of the Juvenile Justice Act, 2015 there is a rigorous imprisonment for a term which may extend to seven years with fine of Rupees one lakh for giving intoxicating liquor or any narcotic drug or tobacco products or psychotropic substances to any child. Further u/s 78 of this Act mentions rigorous punishment for using a child for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance.

SUMMING UP

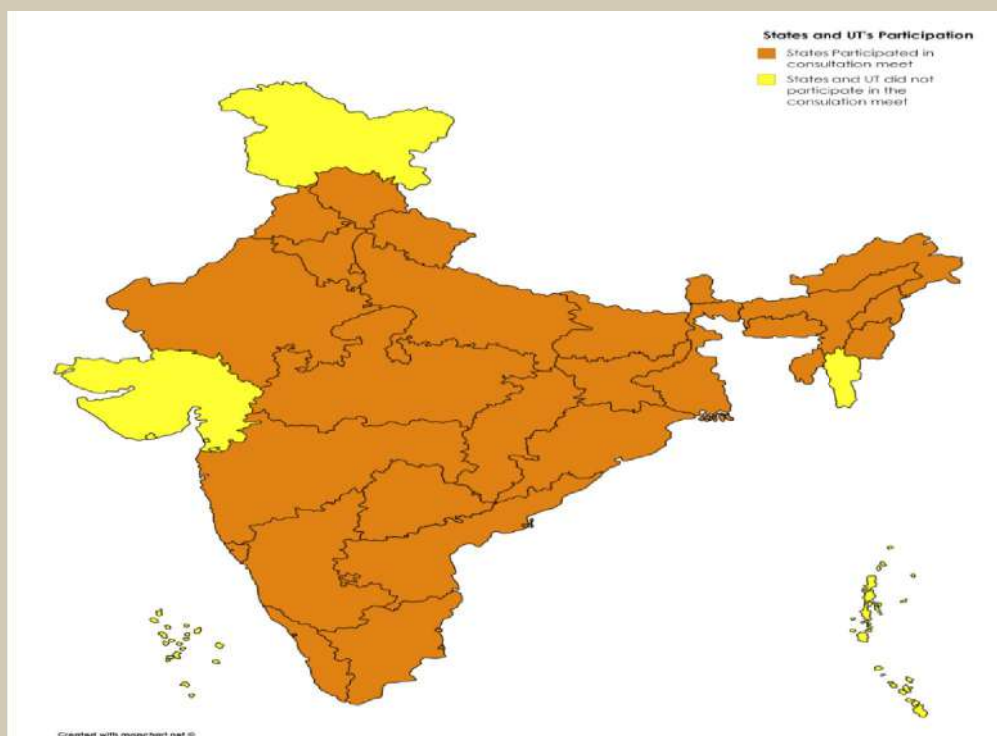
India has one of the highest proportions of children and adolescents (aged <18 years: 39% of the population). Any intervention planned towards prevention and treatment needs to focus on variable settings where children at risk can be targeted. These include *school, community, institutional and health care* settings. Additionally, preventive efforts need to evolve from evidence based findings. They should include universal interventions (for all children and not just those at risk) to have a better outcome. Key stakeholders need to be identified and their capacity needs to be built for appropriate intervention.

OBJECTIVE OF THE CONSULTATION

- **To understand existing treatment/referral and de addiction facilities for children and adolescents in different States/UTs.**
- **To recommend the state governments to identify gaps and remove differences in implementation of a plan for Prevention, Early intervention and Rehabilitation for children and adolescents and establishing convergence between identified stakeholders.**
- **Intervention across settings (school, community, Child Care institutions, health care settings and vulnerable children in difficult situations, i.e. street children, CICL, CNCP etc.)**
- **Recommendation for effective implementation of guidelines in child friendly infrastructures and convergence of all stakeholders as per Child Rights Acts.**

THE CONSULTATION ON SUBSTANCE USE AMONG CHILDREN

A one day consultation was organized on 11th October 2019 at Constitution Club of India, New Delhi. The objective of this meeting was to bring all key stakeholders on a common platform and come up with a comprehensive strategy to 'prevent the issue of substance use amongst children and adolescent'. The National Commission for Protection of Child Rights (NCPCR) invited 28 States and 8 Union Territories of India. On the day of the consultation meeting 26 states and 3 Union Territories participated in the meeting. Officials from various department like- Women and Child Development, Department of Social Justice & Welfare, State Commissions for Protection of Child Rights, Department of Education, and Representatives from Ministry of Women & Child Development, Ministry of Human Resource Development and Ministry of Health & Family Welfare participated in the consultation meet. Dr. R.G. Anand, Member, NCPCR introduced the theme of the consultation, Sh. Priyank Kanoongo, Chairperson, NCPCR delivered key note address and Smt. Rupali Banerjee Singh, Member Secretary, NCPCR presented the vote of thanks. Consultation was also attended by Smt. Pragna Parande and Ms. Rosy Taba, members of NCPCR.



WELCOME ADDRESS

Dr. R.G. Anand, Member, Child Psychology & Sociology, National Commission for Protection of Child Rights (NCPCR) introduced the theme of the consultation, which is ‘**The Issue of Drugs and Substance Use among Children and Adolescents**’. He said the children are the most the most vulnerable section of the society and dealing with this population requires strong selfless character and people who are dedicated and passionate to work for child related issues. The overall objective of this event is raising awareness



on the aspects of substance use trends in India and mobilizing efforts to ensure Prevention, Rehabilitation and effective Implementation of Government schemes and programs to eliminate it. He shared one example where large number of petty shops located in narrow streets surrounding the schools sells products. He also discussed his recent visit to Khammam, A.P where Department of Women and Child Development asked the District Commercial Tax Officer of Department of Revenue to ban the sale of fluids that were sold to children who were using this substance as an inhalant. It causes physical, emotional, and psychological harm. The addiction is so dominant that children become more violent. Today, children are not just using tobacco, alcohol or ganja (cannabis) they are using more harmful psychotropic drugs such as MDMA, LSD and so many. We have to make the children understand the bad effects of drugs. Thus, it is important we make not only the best efforts but the most urgent. He further added that the problem of substance use is multi-factorial one and psychologists or awareness camps alone cannot stop it. We need strong policy and guidelines to ensure that any drugs are not sold to children directly.

In the end he suggested that we must have a collaboration and convergence of all those who work in prevention and rehabilitation, develop strong policies, SOPs working models and try and look at this problem in a holistic manner. He finished his address with a motto- ***“Make prevention a priority “***

KEYNOTE ADDRESS

Shri Priyank Kanoongo, Chairperson of National Commission for Protection of Child Rights (NCPCR) delivered the key note address on the issue of ‘Substance use among Children and Adolescent’. He said as we are celebrating 150th birth anniversary of Gandhi ji and it is significant to remember movements led by him during his lifetime. One movement led by him was against alcohol and evils of drinking. Gandhi ji said that the drink habit destroys the soul of man and tends to turn him into a beast³. He understood that the



swaraajin true sense can only be achieved by freeing our generation from the drugs/alcohol addiction. He said we are gathered here today to discuss the serious issue of drug/substance use among children and adolescent and how substance use is hampering their overall development on so many levels which is social, cognitive, and psychological. In 2015 Juvenile Justice Act was amended and section 77 of the Act clearly states that selling intoxicating liquor or narcotic drug or psychotropic substance to a child is a cognizable offence and section 78 states using a child for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance is a crime and shall be liable for rigorous imprisonment. Today in 2019 we have no concrete information on how many cases are registered under these sections till date. Section 109 of JJ Act gives mandate to NCPCR to monitor, implement and conduct inquiry into any matters relating to any offence under this act. When SCPCR conduct inspections in various institutes they could ask the police officials about the total number of cases registered under Section 77 & 78 and such initiative could make a big difference. When government departments interact with the law enforcement agencies they shall start speaking about these two sections. He also focused on the issue of lack of awareness not just amongst the citizens but also among the government officials working in different departments. Today drug peddlers and traffickers are

³Harijan, 9-3-'34
<https://www.mk gandhi.org/indiadreams/chap41.htm>

turning to children to peddle drugs to their customers living anywhere in India. They are aware that authorities would not suspect the child's involvement in this business and even if the child is caught peddling drugs they will be placed in an observation home and will return in this business after sometime. If section 78 is strictly followed it will not only ensure the safety and security of the child but also ensure that the child is not driven away from the system. Secondly it is significant to prohibit the sale of adhesive, whitener and solutions to children which are sold openly in market places and work on the alternatives for such substances. He also briefed the SCPCRs about the initiative where NCPCR formulated a "Standard Operating Procedure (SOP) for Care and Protection of children in Street situations" who are mostly affected from substance use. He said, it is being revisited and suggestions will be incorporated based on today's consultation. The Chairperson focused on identifying concrete steps and actions from the consultation meeting, which could further be used to improve engagement among different stakeholders involved and also improve the coordination of efforts between different Government departments of the states and Central Ministries. He further added that the proposed policies and schemes formulated by the central government to curb the menace of substance use among children should be implemented at the ground level.

One of the major issue is that children are not being sent to rehab centre as they Have to stay with adults and there are no exclusive facility for children upon that after implement of jj act 2015 the children who are being referred by CWC in rehab centers where they have to stay with adults which is a major problem as children have to stay with adults. Today's But we have to pave way for

At the end of key note address, Chairperson, NCPCR said, Since the implementation of JJ Act, 2015, the Child Welfare Committee (CWC) are not referring the children to rehab centers where they have to stay with adults and expressed his concern on non existence of exclusive Child Care Institutions, dedicated services policies and schemes for children with drugs and substance use. He was positive that today's consultation will pave the way for come up with a recommendation that children with substance use should be provided with treatment and care in rehab centers exclusively for them.

METHODOLOGY

The aim of the consultation was twofold: -

- a) to address the issue of increasing use of substance use among the children and its adverse impact on physical and psychosocial health of the child and take stock of good practices/ initiatives taken up by the service providers and other stakeholders involved in tackling the problem of substance use;
- b) to bring all the concerned stakeholders on a common platform and deliberate on the existing mechanism and way forward for substance use among children;

To achieve this aim, the consultation methodology was designed to include a variety of procedures enabling all the concerned stakeholders that include representatives from Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, Ministry of Human Resource Development, Ministry of Women & Child Development, Department of Social Welfare, Department of Health & Family Welfare, and Department of Women & Child Development of State Governments, SCPCRs, NGOs etc The consultation was organized on 11 October 2019 at Constitution Club of India, Rafi Marg, New Delhi. The engagement methods used were as follows:

- At first the letter regarding the National Consultation was circulated to all concerned departments of States/UT mentioned above along with the concept note and a template for presentation.
- The Commission requested the concerned stakeholders to hold a joint meeting on presentation before the event. The NCPCR requested the concerned State Commissions for Protection of Child Rights (SCPCRs) to coordinate the meeting and provide their expertise to the departments on the presentation.
- After organizing the meeting, the Commission requested the secretaries of concerned departments to unanimously nominate a senior officer from the department (not below the rank of Director) to make a presentation and participate in one day National Consultation.

THE CONSULTATION MEETING

On the day of the consultation states and union territories were asked to give a 10 minute presentation on the issue of Childhood and Adolescent Substance Use in their states and provide information as per the prescribed format circulated by the Commission to every state. These are:-

INFORMATION ON SUBSTANCE/DRUG USE AMONG CHILDREN	
A.	Districts with High rate of Substance use among children and adolescents
B.	Information on kind of Substance use practised by the Children/adolescents in the age group of below 10 years and above 10 years.
C.	Cases registered under (Section 77 & 78) Juvenile Justice Act, 2015
D.	District wise information on availability of facilities for Treatment, Aftercare, and Rehabilitation of substance use in children and adolescents.
E.	District wise information of- Rehabilitation centres
F.	Non Governmental Organizations (NGOs) working on the subject of Substance Use.
G.	District wise information on children homes keeping children with drug addiction (Number of children and age group)

The information provided by the respective states and union territories are mentioned in the subsequent section of this report. 26 states and 3 Union Territories participated in the consultation.

Table 1 Information based on the presentation provided to NCPCR

S.N O	STATES	District with High rate of Substance use	Type of Substances used by the Children (<10 & >10 Years)	Cases registered under (Section 77 & 78) Juvenile Justice Act, 2015	Availability of Treatment, Aftercare, and Rehabilitation facilities for children with substance use	(NGOs) working on the subject of Substance Use	Information on Total No. of Children with drug addiction living in Children Home & other Child care Institutions
1	Andhra Pradesh	4	Below 10 years: Tobacco and Toddy Above 10 Years: Tobacco, Alcohol, Ganja, Khaini	No data mentioned	(No exclusive facility for children)	10	389
2	Arunachal Pradesh	3	Below 10 years: No data Above 10 Years: Inhalants, Alcohol and Opioids	Nil	(No exclusive facility for children)	3	Nil
3	Assam	Nil	Below 10 years: No data Above 10 Years: Inhalants, Alcohol and Opioids	Nil	(No exclusive facility for children)	8	Nil

4	Bihar		Bihar participated in the consultation meeting but no data or presentation provided by the state				
5	Chhattisgarh	Nil	Below 10 years: Alcohol Above 10 Years: Alcohol and Cannabis	4	2*	Nil	32
6	Goa	2	Below 10 years: Gutkha, Tobacco, Thinner of the whitener, Kerosene, Turpentine, Cough syrup, Iodex, Above 10 Years: Alcohol and Ganja (marijuana)	No cases registered	(No exclusive facility for children)	1	Nil
7	Gujarat		Gujarat did not attend the consultation meet and neither submitted the details				
8	Haryana	Nil	Below 10 years: No data Above 10 Years: Inhalants, Alcohol and Opioids	2	(No exclusive facility for children)	Nil	Nil
9	Himachal Pradesh		Himachal Pradesh attended the consultation meet but did not submit powerpoint presentation				
10	Jharkhand	Few areas located in Ranchi	Inhalants, tobacco and other drugs	Nil	Nil	Nil	Nil
11	Karnataka	Nil	Nil	1	Nil	76	1
12	Kerala	Nil	Toddy, ganja, Hash, Green apple candies, Fevicol, fuid, Whitener, Psychotropic Drugs	Nil	Nil	Nil	Nil

13	Madhya Pradesh	3	Below 10 years: No data Above 10 Years: Inhalants, Alcohol and Opioids	15	Nil	Nil	7
14	Maharashtra	Nil	Nil	Nil	(No exclusive facility for children)	12	Nil
15	Manipur	3	Below 10 years: Inhalant (glue sniffing) Above 10 Years: Alcohol, Tobacco, Sp, Wy, No.4, Heroine, Ganja	10	De-addiction centres exclusively for Children- 2	Nil	0
16	Meghalaya	3	Alcohol, Multiple substance use, Spasmoproxyvan, Cough Syrup, Dendrite, Solvents, Heroine, Cannabis	1	Only Child friendly Health Clinics under RKSK Programme are constituted	1	9
17	Mizoram	1	Below 10 years: Inhalant- Dendrite Above 10 Years: Dendrite, Correctional Fluids, Heroine, Pharmaceutical Drugs and Alcohol	1 (Under Sec 77)	2*	33 1 working with children with substance use	28

18	Nagaland		Below 10 years: No data Above 10 Years: Inhalants, Alcohol and Opioids	Nil	Nil	Nil	Nil
19	Odisha		Below 10 years: No data Above 10 Years: Inhalants, Alcohol and Opioids	Nil	Nil	Nil	Nil
20	Punjab	3	Below 10 years: Solvents- Glue, Correction fluid , Cigarette Above 10 Years: Heroin, Cannabis, Alcohol, Tobacco, Tramadol & Alparax	2	1* (De-addiction centre exclusively children below 12 years)	11	0
21	Rajasthan	2	Whitner, Thinner, Opium, Tobacco, Pharmaceutical opioids, Cannabis, Alcohol Children Living in Streets Gutka, Khaini, Bidi, Petrol smell and adhesive	No cases registered	1*	No specific NGO working in this area. Services are provided through referral mechanism.	Nil

22	Sikkim	1 (Based on NGO feedback)	Below 10 Nil Above 10 Cannabis, Inhalant, Alcohol, Pharmaceutical Drugs- spasmol, proxyvon, nitrozepam, cough syrup, opioids	2	1* (rehabilitation centre for children of substance use)	10	5
23	Tamil Nadu	Nil	Above 10 Years: Cannabis, Diluter (Whitener), Coated Chocolate, Rubber solution, fevicol, thinner, petrol	No cases registered	1* (de-addiction centre for Children)	1	0
24	Telangana	1	Ganja & Whitener	No cases registered	1* (Child Rehabilitation & Counselling Centre)	1	Nil
25	Tripura	2	Alcohol, Tobacco, Cough syrup, Ganja, Dendrites.	No cases registered	(No exclusive facility for children)	3 NGOs have submitted proposals to work on this issue	0
26	Uttar Pradesh	Nil	Inhalants	No cases registered	(No exclusive facility for children)	Nil	Nil
27	Uttarakhand	4	Hash, Smack, Doda opium, intoxicating pill, capsule & Injection, Marijuana, Brown Sugar, Heroine, Cannabis, opium, drug paper	1	(No exclusive facility for children)	4	0

28	West Bengal	5	Tobacco, Alcohol, Dendrite, Ganja, Heroein,	No cases registered	Nil	10	10
29	Chandigarh	5	Below 10 years: Tobacco, Beedi, Cigarette, Inhalants Above 10 Years: Tobacco, Beedi, Cigarette, Inhalants, Smack, Cannabis, Alcohol	No Cases Registered	(No exclusive facility for children)	3	3 (Between 16-18 years)
30	Delhi	9	Tobacco, Cigarette, Inhalants, opium, Cannabis, Alcohol, Heroine, Pharmaceutical Opioids	Nil	(No exclusive facility for children)	18	Nil
31	Pudducherry	Nil	Tobacco, Ganja, Alcohol	1	(No exclusive facility for children)	2	0
32	Jammu & Kashmir	Jammu & Kashmir neither attended nor submitted their power point presentation for the consultation meeting					

* Mark represents the number of states having exclusive de-addiction centers for children with substance/drug use.

INITIATIVES TAKEN BY THE STATES

States have taken serious steps to prevent the Substance/Drug use among children and adolescent. Major initiatives taken by states are: -

- States are devising ‘State Action Plan’ to curb and prevent the substance use among children and Adolescent.
- Conducting awareness campaign amongst children through- social media, street plays, dramas, poster making competitions, conferences, and workshops for parents and children.
- Certain states have included chapters on the ‘ill-effects of drug use’ in their school curriculum.
- Training and Capacity building programmes are conducted by the states to sensitize the key stakeholders on the matter related to substance use among children.
- States are providing treatment facility for drug and substance users and addicts who also include children and adolescent. Some states have opened de-addiction and rehabilitation centers exclusively for children.

UNIQUE INITIATIVE TAKEN BY THE STATES

STATES	UNIQUE INITIATIVES
Arunachal Pradesh	State Level Committees were constituted in 2015 and 2016 under Chief Secretary of Government of Andhra Pradesh.
Assam	The ASCPCR has instructed all districts for active implementation of Sec 4, Sec 5, Sec 6(A) and Sec 6(B) of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act,2003 or COTPA-2003
Chandigarh	<ul style="list-style-type: none"> • Standard Operation Procedures for concerned stakeholders was developed by Union Territory Child Protection Society • Few chapters of the “Manual of Drug Prevention in School Children for Teachers and Parents: an initiative” have been included in the syllabus of school children.

<p>Chhattisgarh</p>	<ul style="list-style-type: none"> Community Based Project- URJA is being run in districts vulnerable to Drug Use. The objective of the programme is to create awareness and impart life skill development programme. <p>The state set up separate de-addiction centre for children of drug/substance use. The home is registered under section 41 of J.J. Act 2015</p>
<p>Delhi</p>	<p>Community based Peer led Intervention programmes had been launched in the identified vulnerable districts to assess drug use in the community, implement early prevention education led by trained peer educators and provide referral and linkage to counselling, treatment and rehabilitation services for drug dependents identified in the community.</p> <p>Ban on the sale of “correctional fluid, bottle thinners and vulcanised solutions to minor”⁴</p>
<p>Manipur</p>	<p>State Policy on Psychoactive Substance Use, 2019: The Policy focuses on the Demand and supply Reduction and Harm Minimization and with special effort on bringing a change in the attitude of the general public through various media to facilitate social mainstreaming.</p>
<p>Mizoram</p>	<ul style="list-style-type: none"> Adolescent Health Programme available in all District Civil Hospitals. Setting up of two children home exclusively for children using substances. Inter-Sectoral (Social Welfare dept., Health Dept & Education dept.) project named “<i>Himna Madat</i>” undertaken under D.C. Aizawl district among Middle School students where awareness and prevention education is imparted Notice issued by Juvenile Justice Boards (JJBs) for prohibition of selling Dendrites to minors by hardware stores Drug use prevention programme modules have been developed by Mizoram Social Defence & Rehabilitation Board (MSD&RB), Social Welfare Department for every level so as to ensure that age appropriate

⁴<http://delhiassembly.nic.in/VidhanSabhaQuestions/20180322/Starred/S-72-20180322.pdf>

<p>Punjab</p>	<p>information on drug use is imparted to the children.</p> <ul style="list-style-type: none"> • Buddy Programme which has been started on 15 August 2018 to increase the awareness among youth in schools and colleges. • Mission Tandrust Punjab has been started in 30 may 2018
<p>Rajasthan</p>	<ul style="list-style-type: none"> • State is in process of drafting “The Rajasthan De-addiction centre Rules,2019 • State is planning to open new exclusive Rehabilitation Centres for Adolescents in Kota and Jaipur.
<p>Tamil Nadu</p>	<p>An Exclusive De-addiction Centre for Children has been established in the year of 2017- 2018 at Kanchipuram District through on NGO under 100% state fund.</p>
<p>Uttar Pradesh</p>	<p>Uttar Pradesh NAPDDR scheme is implemented through capacity building, specific intervention, and educational awareness. Under this scheme, various awareness programs are to be organized in the context of the ill effects of drug use among adolescents.</p>
<p>West Bengal</p>	<p>Kolkata police runs a project named “Suddhi” which aims to identify people who are in the habit of petty crimes due to their dependency on drugs and follows them till the point of their rehabilitation into the society's mainstream where they find acceptance.</p>
<p>Goa</p>	<ul style="list-style-type: none"> • G.S.C.P.C.R. is in the process of finalisation of draft of Mental Health Policy for Children & Adolescents for the State of Goa • Notification issued by Education Department regarding (NO sale of cigarettes or tobacco within a circumference area of 100 meters of an educational institution).
<p>Sikkim</p>	<p>There are 10 rehabilitation centres in Sikkim, run by NGOs. Among them, one rehab centre in the East district i.e. Freedom Home also caters to rehabilitation of Children under substance use.</p>

WAY FORWARD & RECOMMENDATIONS

The problem of substance use among children needs to be addressed from multiple perspectives. There shall be concerted efforts between the key Ministries such as Ministry of Social Justice and Empowerment, Ministry of Home Affairs, Excise Department, Health & Family Welfare, Women and Child Development, Human Resource Development and Youth Affairs and Sports in addressing the issue of substance use among children.

- It may be proposed to the Ministry of Health & Family Welfare to issue a uniform guidelines to state government to develop a robust mechanism
 - a) Public areas like- malls, airports or provision stores or hotels or eateries where liquor and tobacco stores are available should be out from the reach of children and display boards at prominent places as per section 77 and Rule 56 of JJ Act 2015 & Rules 2016 that giving or selling intoxicating liquor or tobacco products to a child is a punishable crime with up to seven years of rigorous imprisonment and a fine up to one lakh rupees.
- State government must ensure that the notification issued by the Ministry of Health & Family Welfare in 2012 which places ban on selling products like- ‘bottled correctional fluids, bottled thinners, of any chemical composition, both for ink erasing purposes as well as for use as Nail polish removers and similar other products purposes’ is implemented with immediate effect⁵.
- In January 2015, the Pharmacy Council of India has published the new Pharmacy Practice Regulations 2015 which clearly states that every registered pharmacist shall dispense only those medicines as prescribed by the Registered Medical Practitioner and shall not substitute the prescription and shall promote the rational use of drugs.⁶ The Drugs and Cosmetics Rules, 1945 clearly states that drugs classified into schedule ‘X’; ‘H’ & H1 must be sold based on the prescription of a registered medical practitioner and

⁵Ministry of Health & Family Welfare- Notification: F.No. X. 11029/6/2010- DDAP, 17th July, 2012

<https://mohfw.gov.in/sites/default/files/97839584142.pdf>

⁶Pharmacy Practice Regulations 2015

<http://www.pci.nic.in/pdf/Pharmacy%20Practice%20Regulations.pdf>

strong action against those pharmacists who are selling schedule drugs without prescription to children.

- To issue advisory to DGP of all the states to ensure that the Section 77 & 78 of Juvenile Justice, 2015 is properly implemented and develop a mechanism for monitoring the data of these particular sections.
- To recommend the Ministry of Social Justice to revise their existing schemes viz; Prevention of Alcoholism and Substance use and for Social Defence Services as per the provisions of newly enacted/ amended JJ Act, 2015, which focuses on preventive and rehabilitative measures to be adopted for children under the influence of drugs or any other substances. It has been observed that exclusive de addiction and rehab facilities for children are only in some states, therefore, Ministry of Social Justice & Empowerment with Ministry of Women and Child Development may establish exclusive rehabilitation facilities for children and adolescents with drugs and substance use in States & Districts.
- Recommend Medical Council of India may amend Section 10 A. of Indian Medical Council Act, 1956 which gives permission for establishment of New Medical Colleges, new course study etc. & Section 20 which prescribe standards of Postgraduate Medical Education for the guidance of Universities, and advise Universities in the matter of securing uniform standards for Postgraduate Medical Education throughout India to reserve at least 10 beds in the government and private hospital and medical colleges for treating children affected with drug/ substance use⁷.
- To recommend the Ministry of Human Resource & Development to issue an advisory to The State Education Department/ SCERTs for implementing Preventive strategies/programs for drugs and substance use among children in schools which includes- a) placing ban on products like- Correctional fluid, whitener, thinner or any other substance within their premises and are not sold in absence of parents or guardians b) provide school mental health screening for substance use and other behavioural disorders c) training of school counsellors and teachers on prevention and early detection, counselling and referral for substance use and related disorders d) include ill- effects of drug use in the school curriculum.

⁷Indian Medical Council Act, 1956

<https://www.mciindia.org/CMS/wp-content/uploads/2017/10/Complete-Act-1.pdf>

- Capacity building trainings for the Child Welfare Committee (CWC) with trained and qualified counsellors while handling the cases of substance/drug use among children.
 - Training and sensitization of various stakeholders which include- Government Officials from different departments, community leaders, social welfare agencies like- NGO staff, teachers and counsellors, medical officers and allied staffs, law enforcement officers is required. NISD may take up with NCPCR & SCPCRs.
 - Implementation of Section 77 & 78 of JJ Act, 2015 should be monitored periodically by SCPCR/NCPCR through a proper mechanism.
 - The Standard operating Procedure for Care, Protection and Rehabilitation of children in street situation, 2.0 is a unique endeavour by NCPCR to strengthen the processes and interventions regarding children in street situation, based on the learning from the implementation of the earlier SOP for the year 2018 and 2019 in 4 states of the country. One of the important content of this SOP addresses the issue of children with substance use wherein such child should be produced before Child Welfare Committee and CWC shall send such children to a fit facility identified for care, detoxification, treatment and rehabilitation.
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