



सत्यमेव जयते

“ एक युद्ध नशे के विरुद्ध ”

JOINT ACTION PLAN

ON

**PREVENTION OF DRUGS AND SUBSTANCE
ABUSE AMONG CHILDREN
AND
ILLCIT TRAFFICKING**



A framework to wean away children from drug abuse and to stop selling of drugs in surrounding areas of schools/educational and child care institutions through convergent actions in a time-bound manner as well as to adopt an holistic approach to address the issue of use of drugs and substances amongst the children in the country.

Year of Publication: 2021

Disclaimer: This joint action plan has been prepared on the basis of various provisions provided under different laws as well as policies, schemes and programmes with regard to drugs, substances and children. The objective is to guide the actions of the concerned authorities, duty bearers, stakeholders and practitioners. However, in case there is any contradiction arising out of this document, the main source of the content may be referred to. In addition, the plan of action can be modified over time with the change in situation, laws, programmes, schemes or any other factor.

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MESSAGE

Narcotics Control Bureau, being the premier Drug Law Enforcement Agency of the nation is committed to fight the drug problem in the country with the long term goal of "नशा मुक्त भारत". The Bureau is working tirelessly and continuously to achieve this dream of Hon'ble Prime Minister of India. In this direction, one giant step has been taken by the National Commission for Protection of Child Rights (NCPCR). Chairman, NCPCR has worked day and night with various Ministries and other Stakeholders which are involved in the fight against drug trafficking, to develop a Joint Action Plan on Prevention of Drugs and Substance Abuse Among Children and Illicit Trafficking. This Action Plan is a result of lots of brainstorming & discussions with various Ministries and Organizations.

The long term purpose of this Joint Action Plan is to wean away the children from the clutches of drugs and to clearly delineate the role of different agencies in our fight to eradicate the drug and substance abuse among children.

I am happy that Narcotics Control Bureau has played a key role in development of this Joint Action Plan and I assure that NCB will play a vital part in effective implementation of this Action Plan.

I convey my best wishes & success to team NCPCR in their journey to realize dream of a drug free society for children.

Rakesh Asthana

(Rakesh Asthana) 5.2.2021.

"Say 'No' to Drugs, 'Yes' to Life"
"ड्रग्स को 'ना' जीवन को 'हाँ'"



प्रियंक कानूंगो
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Chairperson

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MESSAGE & ACKNOWLEDGEMENT



The doctrine of Sarvodaya by Gandhiji which means 'Universal Uplift' or 'Progress of All' is a dynamic concept applicable even in 21st Century-especially in Making New India – A World Leader. The vision of New India cannot be achieved without the well being of children and youth of the country. National Commission for Protection of Child Rights (NCPCR) being the statutory body in ensuring the rights of the children. It is a matter of priority to act upon the concerns raised by the Hon'ble Prime Minister Shri Narendra Modiji in respect to the menace of drugs and children falling into drug trap. Moreover, this is a national concern and it is everyone's responsibility to create a responsible environment in preventing children and youth from abuse of drugs & substances .

Therefore, to wage a war against drugs and substance abuse among children "एक युद्ध नशे के विरुद्ध"- a joint action plan has been prepared to streamline and strategize the efforts made by various authorities, institutions, agencies to bring paradigm shifts in the direction of drugs and substance abuse prevention amongst the children in the country. This Joint Action Plan is envisaged as a framework to wean away children from drug abuse and to stop selling of drugs in surrounding areas of schools/educational and child care institutions through convergent actions in a time-bound manner. It also adopts some of the strategic interventions to prevent the reach of pharmaceutical drugs, substances and other forms of goods used as intoxicants by the children.

The initiative of Joint Action Plan would not have been possible without the clarion call by Shri Rakesh Asthana, Director General- Narcotics Control Bureau (NCB). He has spearheaded and guided the entire process of preparing the document. NCPCR has received continuous support from Shri Sachin Jain , Deputy Director General Narcotics Control Bureau (NCB) in formulating and detailing the document. I would

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like to mention that the immense contribution received from Ms.B.Radhika, DDG and team from NCB, representatives from MoH&FW, MoSJ&E, NDDTC-AIIMS, Sainik Schools-Ministry of Defence, NCC & CDSCO-Directorate General of Health Services , Ministry of Education who participated in the meeting held on 15th October, 2020 to form the core structure of this Joint Action Plan.

I would like to thank and acknowledge the cooperation from all the Members of the Commission Shri- Yaswant Jain (Laws Related to Children), Dr.R.G.Anand (Child Psychology & Sociology), Ms.Pragna Parande (Juvenile Justice), Ms.Rosy Taba (Child Labour) and Ms.Rupali Banerjee Singh, Member Secretary. I would also like to thank Ms. Anu Chaudhary , Registrar for her legal inputs ; Ms.Nidhi Sharma, Sr.Consultant for legal vetting; Dr.Madhulika Sharma, Adviser (Education) Shri Paresh Shah, STE (NE Cell) for their inputs. A special acknowledgement goes to Ms.Shaista K Shah, STE (Health & Psychology) for her seamless effort in coordination and drafting the primary document. My acknowledgement also goes to Shri Dushyant Meher, Consultant (Programme Planning & Research Cell) for giving a shape and finalizing the Joint Action Plan.

The State Commissions for Protection of Child Rights (SCPCR) who are the counterparts of the NCPCR have been playing enormous role in the area of child protection even in the time of adversity. Without their continuous and selfless support, we cannot achieve the goal of ensuring rights of the children in the country. Therefore, I would like to thank and appreciate all the Chairpersons & Members of State/UT PCR for their commitment towards the children of the country.

No matter how good a plan may be, the success lies in the journey; how it is being implemented on the ground. Therefore, I urge all the authorities, agencies, duty bearers, stakeholders, media and parents to perform their designated role indicated on the action plan. This is a journey to realize the goal of “नशा मुक्त भारत”- Drugs free India so that the vision of New India – a Great India can be achieved.

Last but not the least, “CHILDREN ARE SPECIAL” as they are in formative years. The entire exercise and interventions revolve around the children. Therefore, I urge everyone to help creating an enabling environment and to deal delicately the menace of drugs especially in the context of children.

Jai Hind- Jai Bharat



(Priyank Kanoongo)

08.02.2021

ABBREVIATIONS

ARSH	Adolescent Reproductive and Sexual Health
ATF	Additional Treatment Facilities
ATS (Asts)	Amphetamine-type stimulants
BPR&D	Bureau of Police Research and Development
CBSE	Central Board of Secondary Education
CDSCO	Central Drugs Standard Control Organisation
CCIs	Child Care Institutions
CiSS	Children in Street Situations
COTPA	Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003
CWC	Child Welfare Committee
CWPOs	Child Welfare Police Officers
DCPU	District Child Protection Unit
DEO	District Education Officer
DGHS	Directorate General of Health Services
GSDS	Gandhi Smriti & Darshan Samiti
ICSE	Indian Certificate of Secondary Education
JAP	Joint Action Plan
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare
MoSJE	Ministry of Social Justice and Empowerment-
NAPDDR	National Action Plan for Drugs Demand Reduction
NCB	Narcotics Control Bureau
NCC	National Cadet Corps
NCERT	National Council of Educational Research Training
NCPCR	National Commission for Protection of Child Rights
NDDTC	National Drugs Dependence Treatment Centre
NDPS	Narcotic Drugs and Psychotropic Substances
NGC	National Green Corps
NGOs	Non-Governmental Organizations
NISD	National Institute of Social Defence
NPAC	National Plan of Action for Children
NSS	National Service Scheme
RBSK	Rashtriya Bal Swasthya Karyakram
SCPCR	State Commission for Protection of Child Rights
SJPU	Special Juvenile Police Unit
SMC	School Management Committee
ToFEI	Tobacco-free Educational Institutions
ULB	Urban Local Body
UNCRC	United Nations Convention on the Rights of the Child
UTs	Union Territories

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1 INTRODUCTION

India, with a population of 1.37 billion, is the second-most populous country in the world, with children representing 39 per cent of the total population of the country. The well-being of children is a universal aspiration. However, drug and substance abuse among children and adolescents is becoming a global health issue. This is also increasing at an alarming rate in India. Therefore, the issue needs a concerted effort to prevent its spread, as well as provide necessary services, including de-addiction facility, to those who are already afflicted. It is, in fact, a psycho-socio-medical issue that needs to be handled carefully as its solution is not just limited to medical intervention. The concerned individual, his/her family and friends, the society, the Government and the legal system, all must work in tandem to tackle the menace. Thus, the need for a joint action plan (JAP) was felt at the highest level to streamline the strategies and efforts of various authorities, institutions and agencies to bring a paradigm shift in the direction of drugs and substance abuse prevention amongst the children in the country.

A committee was setup to draft a JAP to address the issue. This committee comprised of Narcotics Control Bureau (NCB) and National Commission for Protection of Child Rights (NCPCR). The committee invited the Ministry of Social Justice and Empowerment (MoSJE); Ministry of Health and Family Welfare (MoHFW); Ministry of Education, National Cadet Corps (NCC), Ministry of Home Affairs, National Service Scheme (NSS), Ministry of Youth Affairs, Central Drugs Standard Control Organisation (CDSCO) and Directorate General of Health Services (DGHS). The NCPCR and the NCB also held separate discussions to initiate the process of drafting a JAP.

Keeping in view the issue of drugs and substance abuse among children, strategic actions, interventions, responsible authorities and timeline have been identified, and are being projected here, for convergent action by the enforcement agencies, monitoring bodies and the service providers.

The core principles/strategies adopted in the JAP are as follows:

1. Convergent action by all concerned authorities and service providers.
2. Making provisions for services/facilities wherever necessary.
3. Time-bound implementation of the action plan.
4. Concurrent monitoring of all the interventions.
5. Strict enforcement of legal provisions.

This “Joint Action Plan on Prevention of Drugs and Substance Abuse among Children and Illicit Trafficking” is a framework to:

1. Wean away children from using drugs and substances.
2. Stop selling drugs and substances in surroundings areas of schools and other educational institutes through enforcement of existing laws.
3. Provide coverage of various existing schemes, programmes and policies for treatment and rehabilitation of children using drugs and substances.
4. Highlight the roles and responsibilities as well as strengthen the capacity of various stakeholders in prevention of drugs and substance use among children and its illicit trafficking.
5. Increase awareness and replicate best practices.
6. Increase surveillance in areas around schools, educational institutions and pharmacies to ensure the drugs and substances are not reaching the children.
7. Strengthen and ensure enforcement of legal provisions provided under different laws in respect to selling drugs and substances to the children, use of children in trafficking drugs and other matters.
8. Adopt zero tolerance policy on drug and substance abuse among children through integrated efforts of all stakeholders in a convergent manner.

2 LEGISLATIVE AND OTHER ENABLING PROVISIONS

The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 and its Amendments up to 2014; and the Narcotic Drugs and Psychotropic Substances (NDPS) Rules, 1985 and its Amendments up to 2019

The NDPS Act, 1985 was amended to the NDPS (Amendment) Act, 2014 in order to consolidate and amend the law relating to narcotic drugs, to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances [to provide for the forfeiture of property derived from, or used in, illicit traffic in narcotic drugs and psychotropic substances, to implement the provisions of the International Conventions on Narcotic Drugs and Psychotropic Substances] and for matters connected therewith.

Enabling Provisions

Section 27: Punishment for consumption of any narcotic drug or psychotropic substance. Whoever, consumes any narcotic drug or psychotropic substance shall be punishable,

(a) where the narcotic drug or psychotropic substance consumed is cocaine, morphine, diacetyl-morphine or any other narcotic drug or any psychotropic substance as may be specified in this behalf by the Central Government by notification in the Official Gazette, with rigorous imprisonment for a term which may extend to one year, or with fine which may extend to twenty thousand rupees; or with both; and

(b) where the narcotic drug or psychotropic substance consumed is other than those specified in or under clause (a), with imprisonment for a term which may extend to six months or with fine which may extend to ten thousand rupees or with both.

Section 32(B): Factors to be taken into account for imposing higher than the minimum punishment. Where a minimum term of imprisonment or amount of fine is prescribed for any offence committed under this Act, the court may, in addition to such factors as it may deem fit, take into account the following factors for imposing a punishment higher than the minimum term of imprisonment or amount of fine, namely:

...(b) the fact that the offender holds a public office and that he has taken advantage of that office in committing the offence;

(c) the fact that the minors are affected by the offence or the minors are used for the commission of an offence;

(d) the fact that the offence is committed in an educational institution or social

service facility or in the immediate vicinity of such institution or faculty or in other place to which school children and students resort for educational, sports and social activities;..

3. Section 71: Power of Government to establish centres for identification, treatment, etc., of addicts and for supply of narcotic drugs and psychotropic substances.

(1) The Government may establish, recognise or approve as many centres as it thinks fit for identification, treatment, management, education, after-care, rehabilitation, social reintegration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity.

(2) The Government may make rules consistent with this Act providing for the establishment, appointment, maintenance, management and superintendence of, and for supply of narcotic drugs and psychotropic substances from, the centres referred to in sub-section (1) and for the appointment, training, powers, duties and persons employed in such centres.

4. Rule 52G: Registered medical practitioner and conditions relating to their prescriptions. No prescription for the supply of essential narcotic drugs shall be given by a registered medical practitioner otherwise than in accordance with the following conditions, namely:

(i) the prescription shall be in writing & dated and signed by the practitioner with his full name, address and registration number and shall specify the name and address of the person to whom the prescription is given and the total quantity of the essential narcotic drug to be supplied along with daily dose and period of consumption:

Provided that where such drug to be supplied on the prescription is a patent or proprietary medicine, it shall be sufficient to state the quantity and strength of the medicine to be supplied.

The Drugs and Cosmetics Act, 1940 and Amendment up to 2008; and Cosmetics Rules, 1945 and Amendment up to 2020

The Drugs and Cosmetics Act, 1940 regulates the import, manufacture, distribution and sale of drugs and cosmetics. The primary objective of the Act is to ensure that the drugs and cosmetics sold in India are safe, effective and conform to stated quality standards. The related Drugs and

Cosmetics Rules, 1945 and its amendments up to 2020 contain provisions for classification of drugs under given schedules and there are provision prescribed in the said Act & Rules for the manufacture, sale and distribution of Drugs and Cosmetics.

Enabling Provisions

Rule 65 condition of licenses

Rule 65 (3)(1): The supply of any drug [other than those specified in Schedule X] on a prescription of a Registered Medical Practitioner shall be recorded at the time of supply in a prescription register specially maintained for the purpose and the serial number of the entry in the register shall be entered on the prescription.

Rule 65(3[h]): The supply of a drug specified in Schedule H1 shall be recorded in a separate register at the time of the supply, giving the name and address of the prescriber, the name of the patient, the name of the drug and the quantity supplied, and such records shall be maintained for three years and be open for inspection.

Rule 65(9[a]): Substances specified in Schedule H [and Schedule H1] or Schedule X shall not be sold by retail except on and in accordance with the prescription of a Registered Medical Practitioner and in the case of substances specified in Schedule X, the prescriptions shall be in duplicate, one copy of which shall be retained by the licensee for a period of two years.

Rules 65(9[b]): The supply of drugs specified in Schedule H [and Schedule H1] or Schedule X to Registered Medical Practitioners, Hospitals, Dispensaries and Nursing Homes shall be made only against the signed order in writing which shall be preserved by the licensee for a period of two years.

Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) (COTPA) Act, 2003 & Rules made there under

The COTPA, 2003 is an Act of the Parliament of India to prohibit advertisement of, and to provide for the regulation of trade and commerce in, and production, supply and distribution of, cigarettes and other tobacco products in India.

Enabling Provisions

Section 3(l):“public place” means any place to which the public have access, whether as of right or not, and includes auditorium, hospital buildings, railway waiting room, amusement centres, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances and the like which are visited by general public but does not include any open space;

Section 4 : Prohibition of smoking in a public place -No person shall smoke in any public place.

Section 6: Prohibition of sale of cigarette or other tobacco products to a person below the age of 18 years & in a particular area- No person shall sell, offer for sale, or permit sale of, cigarette or any other tobacco product:

- (a) to any person who is under eighteen years of age; and
- (b) in an area within a radius of one hundred yards of any educational institution.

Section 24(1): Punishment for sale of cigarettes or any other tobacco product in certain places or to persons below the age of 18 years- Any person who contravenes the provisions of section 6 shall be guilty of an offence under this Act and shall be punishable with fine which may extend to two hundred rupees.

(2) All offences under this section shall be compoundable and shall be tried summarily in accordance with the procedure provided for summary trials in the Code of Criminal Procedure, 1973 (2 of 1974).

The Prohibition of Smoking in Public Places Rules, 2008

*Rule 3:*Prohibition of smoking in a public place:

- (1) The owner, proprietor, manager, supervisor or in charge of the affairs of a public place shall ensure that:
 - (a) No person smokes in the jurisdiction in the public place(under his jurisdiction/implied).

The Cigarettes and Other Tobacco Products (Display of board by Educational Institutions) Rules, 2009

Rule 5. Prohibition on sale of tobacco products to and by persons below the age of eighteen years. –

(1) The owner or the manager or the in-charge of the affairs of a place where cigarettes or other tobacco products are sold shall ensure that,-

(a) a board with a warning “sale of tobacco products to a person below the age of eighteen years is a punishable offence”, is displayed at the entrance of the place where cigarettes or other tobacco products are sold.

Provided that such board shall not have any advertisement or promotional messages or pictures or images of cigarettes or any other tobacco products.

(b) no tobacco product is sold through a vending machine;

(c) no tobacco product is handled or sold by a person below the age of eighteen years;

(d) tobacco products are not displayed in a manner that enables easy access of tobacco products to persons below the age of eighteen years.

(2) The onus of proof, that the buyer of the tobacco product is not a person below the age of eighteen years lies with the seller of the tobacco products and the seller in case of doubt may request the buyer to provide appropriate evidence or age proof of having reached eighteen years of age.

Rule 2(b) “Educational Institution” means any place or centre where educational instructions are imparted according to the specific norms and include any school/colleges and institution of higher learning established or recognized by an appropriate authority.

Rule 3. Display of Board by Educational Institutions. –

(1) Display of Board.- The owner or manager or any person in-charge of affairs of the educational institution shall display and exhibit a board at a conspicuous place(s) outside the premises, prominently stating that sale of cigarettes and other tobacco products in an area within a radius of one hundred yards of the educational institution is strictly prohibited and that it is an offence punishable under Section 24 of the Act with fine which may extend to two hundred rupees.

(2) Measurement of Distance.- The distance on one hundred yards to in sub-rule (1), measured radially starting from the outer limit of boundary wall, fence or as the case may be, of the educational institution.

The Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019

This Act prohibits the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes in the interest of public health to protect the people from harm and for matters connected therewith or incidental thereto.

Enabling Provisions

Section 4: Prohibition on production , manufacturing, import , export , transport, sale, distribution, advertisements of electronics cigarettes - On and from the date of commencement of this Act, no person shall, directly or indirectly,

(i) produce or manufacture or import or export or transport or sell or distribute electronic cigarettes, whether as a complete product or any part thereof; and

(ii) advertise electronic cigarettes or take part in any advertisement that directly or indirectly promotes the use of electronic cigarettes.

Section 5: Prohibition on storage of electronic cigarettes - On and from the date of commencement of this Act, no person, being the owner or occupier or having the control or use of any place shall, knowingly permit it to be used for storage of any stock of electronic cigarettes: Provided that any existing stock of electronic cigarettes as on the date of the commencement of this Act kept for sale, distribution, transport, export or advertisement shall be disposed of in the manner hereinafter specified—

(a) the owner or occupier of the place with respect to the existing stock of electronic cigarettes shall, suo motu, prepare a list of such stock of electronic cigarettes in his possession and without unnecessary delay submit the stock as specified in the list to the nearest office of the authorised officer; and

(b) the authorised officer to whom any stock of electronic cigarettes is forwarded under clause (a) shall, with all convenient dispatch, take such measures as may be necessary for the disposal according to the law for the time being in force.

The Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act, 1988

It is an act to provide for detention in certain cases for the purpose of preventing illicit traffic in narcotic drugs and psychotropic substances and for matters connected therewith. Illicit traffic in narcotic drugs and psychotropic substances poses a serious threat to the health and welfare of the people and the activities of persons engaged in such illicit traffic have a deleterious effect on the national economy.

Enabling Provisions

*Section 3:*Power to make orders detaining certain persons:

(1) The Central Government or a State Government, or any officer of the Central Government, not below the rank of a Joint Secretary to that Government, specially empowered for the purposes of this section by that Government, or any officer of a State Government, not below the rank of a Secretary to that Government, specially empowered for the purposes of this

section by that Government, may, if satisfied, with respect to any person (including a foreigner) that, with a view to preventing him from engaging in illicit traffic in narcotic drugs and psychotropic substances, it is necessary so to do, make an order directing that such person be detained.

(2) When any order of detention is made by a State Government or by an officer empowered by a State Government, the State Government shall, within ten days, forward to the Central Government a report in respect of the order.

(3) For the purposes of clause (5) of article 22 of the Constitution, the communication to a person detained in pursuance of a detention order of the grounds on which the order has been made shall be made as soon as may be after the detention, but ordinarily not later than five days, and in exceptional circumstances and for reasons to be recorded in writing not later than fifteen days, from the date of detention.

The Juvenile Justice (Care and Protection of Children) (JJ) Act,2015 and Amendment up to 2018; and Rules, 2016 and its Amendment up to 2019

The JJ Act, 2015 consolidates and amends the law relating to children alleged and found to be in conflict with law and children in need of care and protection by catering to their basic needs through proper care, protection, development, treatment, social reintegration, by adopting a child-friendly approach in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided, and institutions and bodies established, herein under and for matters connected therewith or incidental thereto.

Enabling Provisions

Section 77: Penalty for giving intoxicating liquor or narcotic drug or psychotropic substance to a child: Whoever gives, or causes to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance, except on the order of a duly qualified medical practitioner, shall be punishable with rigorous imprisonment for a term which may extend to seven years and shall also be liable to a fine which may extend up to one lakh rupees.

Section 78: Using a child for vending ,padding, carrying , supplying or smuggling any intoxicating liquor , narcotic drug or psychotropic substances - Whoever uses a child, for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance, shall be liable for rigorous imprisonment for a term which may extend to seven years and shall also be liable to a fine up to one lakh rupees.

Rule 56: Procedure in case of offence under Section 77 of the Act:

(1) Whenever a child is found to be under the influence of, or in possession of intoxicating liquor or narcotic drugs or psychotropic substances or tobacco products, including for the purpose of sale, the police shall enquire as to how the child came under the influence of, or possession of such intoxicating liquor or narcotic drugs or psychotropic substances or tobacco products and shall register an FIR forthwith.

(2) The child who has been administered narcotic drugs or psychotropic substances or is found under the influence of the same may be produced either before the Board or the Committee as the case may be, and the Board or the Committee shall pass appropriate orders regarding rehabilitation and de-addiction of the child.

(3) In case of a child found to be addicted to intoxicating liquor or tobacco products, the child shall be produced before the Committee which shall pass directions for rehabilitation including de-addiction of the child and transfer the child to a fit facility identified for the purpose.

(4) In case any child is found to have been administered intoxicating liquor or narcotic drugs or psychotropic substances or tobacco products in a Child Care Institution [CCI], the child shall be produced immediately before the Board or the Committee, except in such cases where the child is not in a position to be produced before the Board or the Committee and requires immediate medical attention.

(5) The Board, shall on its own or on complaint received from the Committee, issue directions to the police to register an FIR immediately.

(6) The Board or the Committee shall also issue appropriate directions for inquiry as to the circumstances in which such product entered the Child Care Institution and reached the child and shall recommend appropriate action against the erring officials and the Child Care Institution.

(7) The Board or the Committee may also issue directions for transfer of the child to another Child Care Institution as the case may be.

(8) Any shop selling intoxicating liquor, tobacco products, must display a message at a prominent place on their shop 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 of up to one lakh rupees.

(9) All tobacco products and intoxicating liquor must display a message 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 of up to one lakh rupees.

(10) Giving or selling of intoxicating liquor, narcotic drugs or psychotropic substances or tobacco products within 200 meters of a Child Care Institution or any other home registered or recognised under the Act, or the office of a Committee or a Board shall be deemed to be an offence under section 77 of the Act.

Rule 57: Procedure in case of offence under Section 78 of the Juvenile Justice (Care & Protection for Children) Act:

(1) Whenever a child is found to be vending, carrying, supplying or smuggling an intoxicating liquor, narcotic drug, or psychotropic substance, the police shall enquire how and from whom the child came into possession of the intoxicating liquor, narcotic drug, or psychotropic substance and shall register an FIR forthwith.

(2) A child who is alleged to have committed an offence under section 78 of the Act shall be produced before the Board, which may transfer the child to the Committee, if the child is also in need of care and protection.

Provisions Provided under the Constitution of India, United Nations Convention on the Rights of the Child (UNCRC), the National Plan of Action for Children (NPAC), 2016, the National Policy for Children, 2013 and National Health Policy, 2017

Constitution of India

Article 15(3): Nothing in this article shall prevent the State from making any special provision for women and children.

Article 21: Protection of life & personal liberty - No person shall be deprived of his life or personal liberty except according to procedure established by law.

Article 39(f): “That children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.”

Article 47: Duty of the State to raise the level of nutrition and the standard of living and to improve public health : 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

endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.

United Nations Convention on the Rights of the Child 1989

Article 33: States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

National Plan of Action for Children 2016

Sub-objective 1.5: Providing adolescents access to information, support and services essential for their health and development, including ARSH [Adolescent Reproductive and Sexual Health], information and support on appropriate lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse. The key strategies include priority action on the following:

- Ensure availability of information on children's rights and entitlements and different schemes and programmes using different communication methods, including the use of social media.

—Provide menstrual health management knowledge and life-skills training.

—Implement ARSH programme.

- Provide counselling, de-addiction and health services for adolescents.
- Encourage civil society organizations, business houses and media to meaningfully engage with institutions of education and training for creating awareness on appropriate lifestyle, healthy choices, the ill effects of alcohol and substance abuse.

—Generate awareness on alcohol and substance abuse as a part of regular school activity and curriculum.

—Provide age-appropriate information on healthy lifestyle to children in schools and CCIs.

Strategy 1.5.2: Counselling and health services to adolescents: Availability of alcohol and drug rehabilitation centres in all districts; and awareness on alcohol and substance abuse as a part of regular school activity and curriculum

Strategy 1.5.3: Civil society organizations, business houses and media to meaningfully engage with institutions of education and training: Develop guidelines for non-governmental organizations (NGOs), business houses and

media houses to engage with schools and other institutions of education and carry out training with emphasis on good health, hygiene, sanitation, along with sensitization on ill effects of alcohol, substance abuse, etc.

The State shall also take all necessary measures to promote engagement of families and communities with schools for all-round development of children, with emphasis on good health, hygiene and sanitation practices, including sensitization on ill-effects of alcohol and substance abuse.

National Policy for Children, 2013

The policy recognizes the following:

1. Childhood is an integral part of life with a value of its own.
2. Children are not a homogenous group and their different needs need different responses, especially the multidimensional vulnerabilities experienced by children in different circumstances.
3. Every child is unique and a supremely important national asset.

The policy further mentions that the State shall take all necessary measures to provide adolescents access to services essential for their health and development, including information and support on appropriate lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse. It also says that:

“4.11 The State commits to taking special protection measures to secure the rights and entitlements of children in need of social protection, characterised by their specific social, economic and geo-political situations, including their need for rehabilitation and reintegration, in particular but not limited to, children affected by migration, displacement, communal or sectarian violence, civil unrest, disasters and calamities, street children, children of sex workers, children forced into commercial sexual exploitation, abused and exploited children, children forced into begging, children in conflict and contact with the law, children in situations of labour, children of prisoners, children infected/affected by HIV/AIDS, children with disabilities, children affected by alcohol and substance abuse, children of manual scavengers and children from any other socially excluded group, children affected by armed conflict and any other category of children requiring care and protection.”

National Health Policy, 2017

Preventive and Promotive Health

The policy articulates to institutionalize inter-sectoral coordination at national and sub-national levels to optimize health outcomes, through constitution of bodies that have representation from relevant non-health ministries. This is in line with the emergent international “Health in All” approach as complement to Health for All. The policy prerequisite is for an empowered public health cadre to address social determinants of health effectively, by enforcing regulatory provisions. The policy identifies coordinated action on seven priority areas for improving the environment for health:

- The Swachh Bharat Abhiyan
- Balanced, healthy diets and regular exercises.
- *Addressing tobacco, alcohol and substance abuse*
- Yatri Suraksha—preventing deaths due to rail and road traffic accidents
- Nirbhaya Nari—action against gender violence
- Reduced stress and improved safety in the work place
- Reducing indoor and outdoor air pollution. (emphasis added)

3.3.5 (page 10) *Urban Health Care*: National health policy prioritizes addressing the primary health care needs of the urban population with special focus on poor populations living in listed and unlisted slums, other vulnerable populations such as homeless, rag-pickers, street children, rickshaw pullers, construction workers, sex workers and temporary migrants. Policy would also prioritize the utilization of AYUSH personnel in urban health care. Given the large presence of private sector in urban areas, policy recommends exploring the possibilities of developing sustainable models of partnership with for profit and not for profit sector for urban health care delivery. An important focus area of the urban health policy will be achieving convergence among the wider determinants of health – air pollution, better solid waste management, water quality, occupational safety, road safety, housing, vector control, and reduction of violence and urban stress. These dimensions are also important components of smart cities. Healthcare needs of the people living in the peri urban areas would also be addressed under the NUHM. Further, Non-Communicable Diseases (NCDs) like hyper tension, diabetes which are predominant in the urban areas would be addressed under NUHM, through planned early detection. Better secondary prevention would also be an integral part of the urban health strategy. Improved health seeking behavior, influenced through capacity building of the community based organizations & establishment of an appropriate referral mechanism, would also be important components of this strategy.

3 COMMON SUBSTANCES AND THE EXTENT OF THEIR USE BY THE CHILDREN

India has the largest child population in the world. The well-being of children is a universal aspiration, irrespective of the diversity in geographical, cultural, social, religious, class or economic background. Children belong to peer groups where all things are shared and discussed, including subjects like drugs and substances. The curious mind of the young yearns for different experiences, to experiment and try new things. Given this situation, any exposure to substance and drugs makes them rather vulnerable. There are various studies, fact-finding exercises, reported cases, personal experiences and observations that indicate that drugs and substance abuse is an issue of concern, particularly with respect to children. The extent of substance abuse is enormous, which is detriment to the well-being of the new generation. Some of the major findings are given next.

According to a study conducted by the NCPCR with National Drug Dependence Treatment Centre (NDDTC), the common drugs used by children and adolescents were tobacco and alcohol, followed by inhalants and cannabis. The mean age of onset was the 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 (14.3–14.9 years), such as opium, pharmaceutical opioids and heroin, and substances through injecting route (15.1 years).

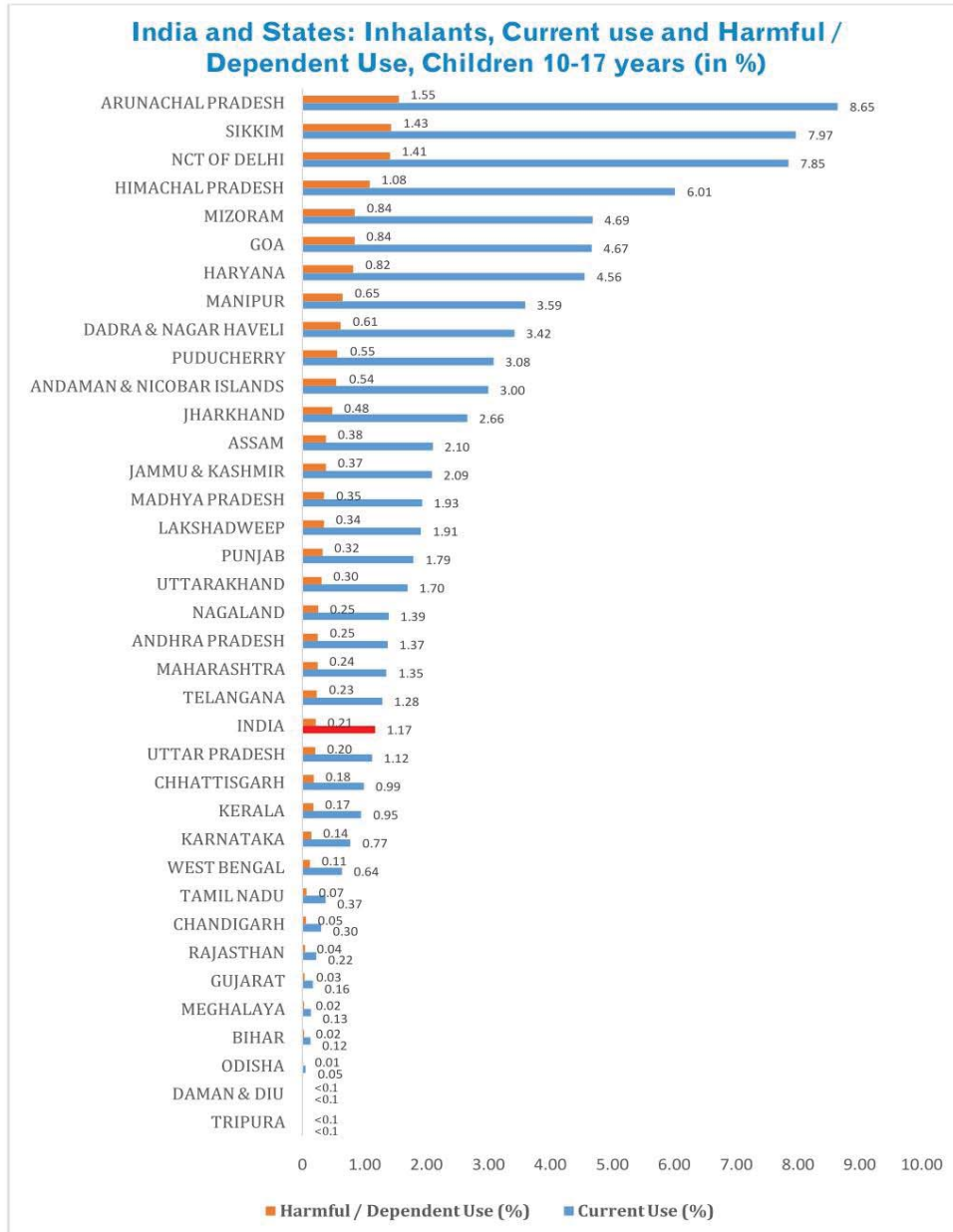
A study conducted by Delhi Commission for Protection of Child Rights on substance abuse by children found that all children in conflict with the law were drug abusers. Further, it was found that 95.5 per cent of children in the CCIs also consumed drugs, and so did 93 per cent of the street children.

Another study by the ASSOCHAM Ladies Leagueon “Situational Analysis of Street Children in Metro Cities”, covering 2,000 children, revealed that children in metros were 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 per cent) and smoking (21 per cent).

The study by the MoSJE and NDDTC, “Magnitude of Substance Use in India—2019”, to assess the magnitude of substance use in India revealed various facets of substance use. The most important finding in the context of the JAP was that there is a high prevalence of inhalant use among children and adolescents. An estimated 4.6 lakh children need help for their inhalant use (harmful use/dependence). Inhalants (with overall prevalence of 0.7 per cent) are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17 percent) than adults (0.58 percent). In fact, many states of the country have a substantial population of children affected by disorders associated with inhalant use. Earlier research

from India has also shown that the street children are a particularly vulnerable population for inhalant use.

Magnitude of Substance Use in India



The five states in India with the highest number of children that need help for inhalant use problems are: Uttar Pradesh, 94,000; Madhya Pradesh, 50,000; Maharashtra, 40,000; Delhi, 38,000; and Haryana, 35,000; all other states together account for 2,01,000 inhalant users among children.

Table 3.1: The Percentage of Use by Various Population Groups

Type of Drug/Substance/Alcohol	Total Population (%)	All Males (%)	All Females (%)	Children 10–17 Years (%)
Alcohol	14.6	27.3	1.6	1.3
Cannabis: bhang, ganja and charas	2.8	5.0	0.6	0.9
Opioid	2.1	4.0	0.2	1.8
Inhalants	0.7	1.34	0.07	1.17

The above-mentioned studies show that school-going children who use substances are mostly using licit substances in the form of tobacco and/or alcohol. However, the out-of-school children, especially the street based, slum based and vulnerable populations, are at risk of experimenting with more hazardous substances, both licit as well as illicit in nature. The hospital-based samples of adolescent treatment seekers are overrepresented by inhalant, cannabis and opioid users, who were more likely to be regular/dependent users. Street children below the age of 10 years often start with tobacco products. Many of them progress to use alcohol, inhalants and bhang, with some of them eventually moving onto illicit substances like ganja, heroin and other opioids. Multiple substance use is also common among street children.

The latest concern is the use of e-cigarettes and in this regard, the Government of India's 2019 decision of banning e- cigarettes is an appropriate step. According to *The Lancet*:

“In the interest of public health, electronic cigarettes (e-cigarettes) were banned in September, 2019, by the Indian Government. Indeed, concerns around the use of e-cigarettes have been mounting worldwide. Beyond the issue of nicotine addiction, the ingredients used in flavouring agents and additive agents, like propylene glycol and vegetable glycerin, can also be harmful for health. When heated, these additive agents can produce various compounds, including formaldehyde and acetaldehyde, which are carcinogenic to humans. Disposal of waste from e-cigarettes and the manufacture of e-cigarettes could also pose potential environmental hazards. Notably, *increased e-*

cigarettes use among adolescents has been a particular concern, and severe lung disease has been associated with the use of e-cigarettes.”

The Indian Council of Medical Research, through its white paper on e-cigarettes, recommended that e-cigarettes be completely prohibited in India. This recommendation was made in the interest of protecting public health and in accordance with the precautionary principle of preventing harm. The white paper stressed how harmful the use of e-cigarettes can be. In India, even before the 2019 ban, the health authorities did not permit the use of e-cigarettes for pleasure, nor for smoking cessation. However, e-cigarette products have gradually entered the Indian market through various marketing strategies and are now available to the consumers. Indeed, there are several alarming media reports about e-cigarette use among adolescents in India and despite the ban, Indian authorities have been struggling to regulate the use of e-cigarettes, particularly due to a thriving black market. This is threatening the country’s efforts to control tobacco consumption. The 2019 ban was a timely and important public health decision, but preventing use of e-cigarettes, especially in adolescents, still remains a challenge and more needs to be done.

As per Global Youth Tobacco Survey (GYTS, 2009), the prevalence of tobacco use is 14.6% in the age group 13-15 year old school going children.

There is ample information available about the types of drugs and substances being used by children in different settings. However, there is a lack of evidence-based preventive interventions resulting in effective outcomes. This is because of the absence of concerted effort by the relevant authorities, stakeholders and civil society organizations.

4 TYPES OF DRUGS AND SUBSTANCES: AN INTRODUCTION Under the NDPS Act, 1985

Narcotic Drugs

These are plant-based and traditional drugs. In the Indian context, drugs derived from Cannabis plants and Opium poppy plant are quite commonly seen. Ganja and charas (hashish), derived from the Cannabis (ganja, hemp) plants, are frequently abused drugs and are available in almost all parts of the country. Likewise, opium, morphine and heroin (brown sugar) are well-known derivatives from Opium poppy plant.

Legally, as per Section 2(xiv), narcotic drug means coca leaf, cannabis (hemp), opium, poppy straw and includes all manufactured goods.

Psychotropic Substances

Section 2(xxiii) of NDPS Act, 1985 states that “psychotropic substance” means any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material included in the list of psychotropic substances specified in the Schedule (the list of psychotropic substances under the Schedule contains 120 items and their salts and preparations).

Controlled Substances

There are three Schedules, A, B and C, for controlled substances. Under Schedule A are five items: acetic anhydride (precursor for heroin), N-acetyl anthranilic acid, anthranilic acid (both precursors for methaqualone) and ephedrine and pseudoephedrine (both precursors for amphetamine/amphetamine-type stimulants [ATS]). Their manufacture, distribution, sale, import, export and consumption are controlled through registration and a system of periodic reports and returns filed with the jurisdictional Zonal Director, NCB. Schedules B and C consist of 14 items each, whose export and import are subject to No Objection Certificate from the Narcotics Commissioner.

Table 4.1 Classification of Drugs

Narcotics	❖ Opium, Morphine, Heroin
Depressants	❖ Barbiturates, Tranquilizers
Stimulants	❖ Amphetamine, Cocaine
Hallucinogens	❖ LSD, Charas, Ganja, Mescaline

Under COTPA, 2003

According to Section 3(p), “tobacco products” means the products specified in the Schedule: 1. Cigarettes; 2. Cigars; 3. Cheroots; 4. Beedis; 5. Cigarette tobacco, pipe tobacco and hookah tobacco; 6. Chewing tobacco; 7. Snuff; 8. Pan masala or any chewing material having tobacco as one of its ingredients (by whatever name called); 9. Gutka; 10. Tooth powder containing tobacco.

Under the Drugs and Cosmetics Act, 1940

Rules, 1945

Drugs under Schedule H: Schedule H drugs are prescription drugs not to be sold without a prescription of a registered medical practitioner.

Drugs under Schedule X: Schedule X drugs are prescription drugs not to be sold without a prescription of a registered medical practitioner.

“The details of Schedule H, H1, X and the drugs included thereof are available on the website of CDSCO <cdsco.gov.in>”

5 KEY ISSUES AND CHALLENGES IN RESPECT TO THE CHILDREN

A significant percentage of children in the country are using drugs and substances, with a good number of them needing immediate medical and mental health attention due to their dependency on the same. Therefore, it is important to implement existing laws/rules in a stringent manner to ensure that they refrain from such practices.

Substances Available in the Market that are being Accessed and Used by Children

A range of substances, which are licensed, are available in the market. However, children and adolescents must be kept away from these; or rather, these should be out of the reach of the children. Such substances, as listed in the Schedule under COTPA, 2003, include cigarettes, cigars, cheroots, beedis, all types of tobacco, snuff, etc. In addition, liquor is also available in the market and one way or another, the children are able to access it. It has, indeed, been a challenge to prevent children from using these substances and liquor. Hence, a strategy is needed with plan of action to address this problem.

Banned Drugs and Substances that are Reaching the children

Various studies and reported cases indicate that children and adolescents are accessing and using banned drugs and substances. These are mostly drugs and substances listed under the NDPS Act and Rules. Primarily, these are narcotic drugs that are available in almost all parts of the country. Currently, e-cigarettes are also reaching the children and adolescents despite its sale and production being banned in India.

Drugs at Chemist Shop that are being Accessed and Used by Children and Adolescents

The concerns have been received from time to time regarding sale of prescription drugs by retail without prescription of Registered Medical Practitioners. The State Drugs Controllers/other stake holders have been sensitized from time to time in this regards. Various Notices/Advisories/Letters have been issued to all State Drugs Controllers, other stake holders on 16.01.2017, 01.02.2017, 15.02.2019 and 23.12.2019 for strict compliance of the requirements of Drugs and Cosmetics Act and Rules made there under.

The list of drugs that are included in the new Schedule H1 are Alprazolam, Doripenam, Balofloxacin, Ertapenam, Buprenorphine, Ethambutol Hydrochloride, Capreomycin, Ethionamide, Cefdinir, Feropenam, Cefditoren, Gemifloxacin, Cefepime, Imipenem, Cefetamet, Isoniazide, Cefixime, Levofloxacin, Cefoperazone, Meropenem, Cefotaxime, Midazolam,

Cefpirome, Moxifloxacin, Cefpodoxime, Nitrazepam, Ceftazidime, Pentazocine, Ceftibuten, Prulifloxacin, Ceftizoxime, Pyrazinamide, Ceftriaxone, Rifabutin, Chlorodiazepoxide, Rifampicin, Clofazimine, Sodium Para-aminosalicylate, Codeine, Sparfloxacin, Cycloserine, Thiacetazone, Diazepam, Tramadol, Diphenoxylate, Zolpidem

Similarly, the Schedule X drugs are ; Amobarbital, Glutethimide, Pentobarbital, Ketamine hydrochloride, Amphetamine, Meprobamate, Phencyclidine, Barbitol, Methamphetamine, Phenometrazine, Cyclobarbitol, Dexamphetamine, Methylphenidate, Secobarbital, Ethchlorvynol, Methylphenobarbital

Though these are basically prescription drugs that cannot to be sold without a prescription of a registered medical practitioner; however, there are cases whereby these are being used by people, including children and adolescents, as sedatives and hypnotics.

6: INTERVENTIONS, PROGRAMMES, REPORTING AND MONITORING

KEY ISSUE: Liquor, beedis, cigarettes and other tobacco product shops in surrounding areas of schools/educational institutions/institutions meant for children, such as coaching centres, CCIs, hostels, skill training centres and children's parks.

It is important to ensure that the selling of substances, liquor and other illicit drugs in surrounding areas of schools/educational institutions/CCIs is prohibited, so as to restrict the access amongst children in various institutional settings and in the community at large.

Interventions in Schools and Educational Institutions

The availability of different types of banned substances and drugs, a common phenomenon across the country, has been a challenge for enforcement agencies, institutions, society and families at large. One of the reasons for the prevalence of this menace is that the authorities lack information. Therefore, the children, students and youth need to be made aware of the issue by sensitizing them to be vigilant about such activities around them. Accordingly, activities of all children's clubs should include the matter as part of their awareness programme.

6.1 "Prahari" ग्रहरी -Children's Clubs: Awareness and Sensitization

Awareness is key to prevention and brings positive changes in behaviour, especially in the young. It is paramount to give the children correct scientific information, and also sensitize them to deal with peer pressure. Various studies have suggested that a person is mostly introduced to drugs and substances by the peers and the first dose is always a free one. Therefore, awareness would help them to develop the understanding that they must not succumb to any pressure to use drugs.

Currently, several types of student's clubs and programmes are being run in schools, colleges and educational institutions on various themes and subjects. All these clubs may be roped in to create awareness and work towards the prevention of drugs and substance abuse amongst children and youth. These clubs include:

1. *Eco Club*: National Green Corps (NGC) is a programme of the Ministry of Environment and Forests of Government of India covering around 1,20,000 schools in India with NGC School Eco Clubs. Environmental activity in schools is promoted through this programme. Each NGC School Eco Club has 30–50 NGC students or NGC cadets who form the NGC.

2. *Cultural Club* (under the Ministry of Culture): A cultural club is the means by which school students can organize themselves to learn more about India's cultural heritage.

3. *National Cadet Corps (NCC)*: The aim of NCC is to develop character, comradeship, discipline, a secular outlook and the spirit of adventure in the youth. The pledge of a cadet is to uphold the unity of India; to resolve to be disciplined and responsible citizen of our nation; and to undertake positive community service in the spirit of selflessness and concern for the fellow being.

4. *National Service Scheme -NSS* (under the Ministry of Youth Affairs and Sports):The scheme provides opportunity to the students of Classes 11 and 12 at +2 board level and students of technical institutions, graduate and post-graduate students at colleges and university level of India to take part in various government-led community service activities and programmes. The sole aim of the NSS is to provide hands-on experience to young students in delivering community service.

5. *Red Ribbon Club*: This movement has been started in schools and colleges to help students spread awareness over HIV/AIDS. It envisages building a charitable mindset in the students, so that they can extend help towards developing healthy lifestyles, as well as donating blood to all the needy by promoting regular voluntary blood donation.

6. *Bharat Scouts & Guide*: A registered society under Societies Registrations Act, it is a totally voluntary, non-political and secular organization. The vision is to make Bharat Scouts & Guides a globally visible, consistently growing, self-reliant premium youth movement that is gender balanced, vibrant and responsive to the trends. Further, it aims at providing young people with value-based, attractive and

challenging youth programme, through competent leaders, effective communication, optimum use of technology and efficient management.

7. The Educational Institution should also designate Tobacco Monitor(s) from amongst their staff, an official or a teacher or a student representative. Health & Wellness Ambassadors should also be designated as Tobacco Monitors.

Convergence of these clubs at state level is essential to ensure awareness generation on impact of drugs and substance abuse in the lives of human being. State nodal officers of these clubs should be invited to the state meetings and asked to issue a circular to conduct two awareness activities in their respective schools/institutions per year. They may be further requested to prepare/frame activities according to the needs of their areas.

6.1.2 Exclusive Children's Club ("Prahari" प्रहरी Club) on "Awareness on Bad Effect of Drugs and Substance Abuse in Human Life" in All Schools

An exclusive club should be formulated in all the schools of the country and given the responsibility to carry out two suitable activities in a year. The awareness activities of the club can be integrated into the existing programmes of the Ministry of Education and MoHFW.

Apart from awareness generation, the areas of focus of the various clubs should be:(i) to sensitize all members of the club to be vigilant on children taking drugs and substances or if children are being used for trafficking of drugs and substances; and (ii) to be vigilant of any activities or suspected activities of use and sale of drugs and substances in and around the school premises.

In keeping with the above-mentioned objectives, the children's clubs should be constituted in all the schools in the country. Each club can have about 20–25 students in total, selected from Class 6 to Class 12. Students of these clubs shall undertake random checks to ascertain that no illicit or other harmful substances are being given to children. Also, members shall be identified to keep vigilance to identify if any child is involved in giving or using drugs and substances. Further, the members of the children's club shall share this confidential information with the nominated teacher, who in turn can share it with the school principal for appropriate action. For this purpose, a teacher shall be nominated by the school authority for coordination and to mentor the club.

Gandhi Smriti and Darshan Samiti (GSDS) would be requested to orient and sensitize the Prahari Clubs(Exclusive Children's Clubs) with Gandhian principles regarding the ill effect of drugs and substance abuse. The GSDS would also help prepare the child ambassadors, who would be an example for other children.

Also, to enhance awareness about drugs and substance abuse, an information booklet can be prepared and circulated in all the children's club. In fact, a JAP portal, "Yuddh Nase Ke Virudh", will be developed to include all the relevant information for the schools, students, police, etc.

6.1.3 Parental Supervision

The supervision of parents and guardians, particularly in their children's activities, is important. Moreover, developing a healthy relationship with the children by spending time and listening to them would be key to prevent children from falling into the trap of drugs and substance abuse. Therefore, the role of parents and guardians in prevention of drugs and substance abuse among children must constitute a subject of discussion in the School Management Committee (SMC)/parent-teacher meetings.

6.1.4 Implementation of Tobacco-free Educational Institutions (ToFEI), 2019

The MoHFW, in 2019, released the guidelines for ToFEI (revised). These guidelines should be implemented by the schools/educational institutions. The Ministry of Education should provide the necessary directions to all schools through state education departments/higher education departments of all states/union territories (UTs) for implementation of the same. The institutions may use self-evaluation scorecards for ToFEI given in the said guidelines.

6.1.5 Monitoring through Existing CCTV Cameras in the Schools and in Surrounding Areas

In view of Section 6 of COTPA, 2003 and Sections 77 and 78 of JJ Act, 2005 and Rules 2016, to ensure that no person is selling liquor, cigarettes or any other tobacco product to a child, school principals shall prepare a list of CCTV cameras installed at school gates and surrounding areas of the schools. Monitoring of CCTV cameras installed at schools shall be done by the school principals. In case of any violation of the provisions of the said Acts, the principal would immediately inform the police/drugs authorities to take appropriate legal action.

6.1.6 Random Checking of CCTV Cameras Installed around Schools and Educational Institutions by Child Welfare Police Officers (CWPO)

A list of CCTV cameras installed in surrounding areas of the schools and educational institutions meant for children shall be maintained at the local thana (police station) level. Random checking shall be done by the CWPO of the thana of the area and quarterly report of checking of CCTVs installed in surroundings of schools and educational institutions shall be submitted to

District In charge of Special Juvenile Police Unit. Further, this report shall be shared on quarterly basis with the District Excise Officer and District Education Officer (DEO). Training of CWPOs on their duties, roles and responsibilities shall be conducted by regional officers of NCB with National Institute of Social Defence(NISD). Training modules shall be developed by NDDTC with NISD, preferably within one month's time.

6.1.7 Public Notice in Prominent Locations

Notice shall be displayed at public areas, like malls, airports, provision stores, hotels or eateries, where liquor and tobacco stores are available, that they should be out of the reach of children. Boards shall be displayed at prominent places, as per Section 77 and Rule 56 of JJ Act, 2015 and Rules, 2016, stating 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 by local authorities and state excise authority. The compliance shall be ensured by the District Magistrate. Further, this report shall be submitted to the NCB and NCPCR/State Commissions for Protection of Child Rights(SCPCR).

6.1.8 No Person shall Sell, Offer for Sale or Permit Sale of Cigarettes or Any Other Tobacco Products to Children within Radius of one Hundred metre of Schools/Educational Institutions or Institutions Meant for Children and there shall not be liquor shop nearby schools as prescribed by the State.

The District Magistrate shall ensure in the district that the notice shall be placed cigarette/tobacco product shops mentioning that no person shall sell, offer for sale or permit sale of liquor/cigarettes or any other tobacco products to children within radius of one hundred metre of schools/educational institutions or institutions meant for children. Also no liquor shop nearby schools as prescribed by the State.

The District Excise Officers, through their state excise authorities, shall ensure that no liquor shops shall be running nearby the schools/educational institutions or other institutions meant for children within the distance prescribed by the State . This shall be endorsed by the DEO. A quarterly report shall be shared with SCPCR/NCPCR.

The local authority, that is, chief executive officer/municipal officer/panchayat secretary, shall ensure that no shop can sell cigarettes and tobacco products or offer for sale or permit sale of cigarettes or any other tobacco products to children within radius of one hundred metre of schools/educational institutions or institutions meant for children under their respective

jurisdiction. Also no sell of liquor nearby schools within the distance prescribed by the State.

7.1.9 State Authority may amend the Rules of their State in respect to running of liquor shop

As per case law – “State of UP & OrsVs. Manoj Kumar Dwivedi & Ors AIR 2008 SCW 1912” “distance of 100 meters or ft. (approx.) within which there shall be no liquor shop close to a place of public resort, school, hospital, place of worship or factory, or to the entrance to a bazar or a residential colony.”

Therefore, NCPCR as per functions provided under Section 13 of the Commissions for Protection of Child Rights Act, 2005 recommends all the States to change their policy/rules to ban the liquor shops nearby all schools (both boys and girls).

Special Interventions

Inclusion of Condition under School Affiliation Rules

For proper implementation, affiliating bodies, namely, Central Board of Secondary Education(CBSE), Indian Certificate of Secondary Education(ICSE), state education boards, state education departments and state recognizing authorities, shall include in affiliation rules and take out circulars to ensure that no person shall sell, offer for sale, or permit sale of, cigarette or any other tobacco product: (i) to any person who is under 18years of age; and (ii) in an area within a radius of one hundred yards of any educational as per Section 6of COTPA, 2003. Further, amendments shall be made in state affiliation rules that before giving recognition and affiliation to the school and at the time of inspection, this should be checked and included in the checklist that there should not be any liquor shop nearby school as per the norms of state/UT and as per Section 6 of COTPA. The NCPCR shall seek compliance report.

6.2.2 Inclusion of the Provision/Condition in the Manual on “Safety and Security of Children in Schools” by NCPCR:

The NCPCR has developed a “Comprehensive Manual to Ensure Safety and Security of Children in Schools”. This manual is a compilation of twenty-two existing and approved manuals/guidelines developed by various agencies, pertaining to the safety and security of children in schools and in school premises. For compliance of Section 6 of COTPA and Sections 77 and 78 of the JJ Act, 2015, NCPCR shall take out corrigendum to include in its “Manual for Safety and Security of Children in Schools” that there should not be any liquor shop nearby school as per the prescribed distance and no tobacco products are being sold to children.

Inquiry and Fact Finding in Social Media

The NCPCR, as per powers and functions provided under Section 13 of the Commissions for Protection of Child Rights Act, 2005, shall conduct fact-finding inquiry on the availability of drugs and substance through the Internet, including social media and dark web. Commission will have a set up for regular fact findings wherein experts, as and when needed, would be invited. The information will be shared with the NCB and other law enforcement agencies.

6.3 Enforcement of Legal Provisions:

6.3.1 Enforcement of Provisions and Reporting of Violations

If the provisions of Section 6 of COTPA are violated, the person in-charge (in this case, school principal or authority) would inform the police to take appropriate action.

Further, if any person is found selling or giving liquor, narcotic drugs or psychotropic substance to any child, he/she shall be liable to penal provisions under Section 77 of the JJ Act, 2015, which states: “It is an offence against a child, if a person gives or causes to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance, except on the order of a duly qualified medical practitioner shall be liable to rigorous imprisonment for a term which may extend to seven years and shall be liable to a fine up to one lakh rupees.”

As per Section 78 of JJ Act, 2015, “Whoever uses a child for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance shall be liable to rigorous imprisonment for a term which may extend to seven years and shall also be liable to a fine up to one lakh rupees.”

The manager or in-charge (as defined under Rule 3(1) of COTPA, 2003)of the educational and children’s institution, including CCIs defined under JJ Act, 2015, shall inform nearby police station regarding any violation.

6.3.2 Actions in Respect to Existing Shops Operating within a Hundred metres Radius of the School

Concerned ministries/state departments shall take out circulars for DEOs and school principals to maintain a list of shops of cigarettes, beedis and other tobacco products operating within one hundred yards radius of their school as per Section 6 of COTPA. This list shall be developed with help of teachers,

SMCs and children's clubs and shall be shared by school principals with the DEOs. Further, the DEOs shall share this list with the District Magistrate and SCPCRs.

Upon receiving the list, the District Magistrate, through local authorities and police, shall issue order to take appropriate corrective action to ensure that no cigarettes/beedis or any other tobacco product shops exist within the radius of one hundred yards of the schools/educational institutions and other institutions meant for children.

The work shall be completed in two quarters. This exercise shall be reviewed in meetings to be held by District Commissioner/District Magistrate in every quarter. Children's clubs will submit quarterly monitoring report to the school principals, who will submit report to the DEO in case of any violation. Further, the DEO shall submit a quarterly monitoring report to the SCPCR.

6.3.3 Display of Board Outside the School and Educational Institutions as per Rule 6(b) of COTPA, 2003

The owner or manager or any person in-charge of affairs of the educational institution shall display and exhibit a board at a conspicuous place(s) outside the premises, prominently stating that sale of cigarettes and other tobacco products in an area within a radius of one hundred yards of the educational institution is strictly prohibited and that it is an offence punishable under Section 24 of the Act with fine which may extend to two hundred rupees. All offences under this section shall be compoundable and shall be tried summarily in accordance with the procedure provided for summary trials in the Code of Criminal Procedure, 1973. Compliance shall be ensured by District Magistrate/District Commissioner and shall be reviewed in quarterly meeting by District Magistrate.

An Educational Institution (EI) should display signage with the Quitline number 1800-11-2356 as mentioned in the Tobacco Free Educational Institution Guidelines.

6.4 Reporting and Monitoring

All the activities prescribed in the action plan are to have a mechanism for reporting and monitoring at different levels. The details are given in Table 6.1.

Table 6.1

<i>Level</i>	<i>Reporting</i>	<i>Review/Monitoring</i>
School	Club activities: By the designated teacher to the principal	School management/SMC
	ToFEI: Principal to the DEO	District Social Welfare Officer
	Random checking of CCTVs in school: School principal/CWPO to the Special Juvenile Police Unit (SJPU)	District Child Protection Unit (DCPU)
	Sales of liquor, drugs and substances around the school: Principal to local police	District Excise Officer
	Violation of provisions under all related laws in and around the school/educational institution: Principal/manager/school management to report to local police/CWPO/SJPU	Excise department and District Magistrate/local municipality
	Action in respect to the existing shops: Principal/school management to the DEO	District Excise Officer/District Magistrate
Panchayat/Urban Local Body (ULB)	Preparation of the list of existing shops selling liquor/drugs/substances around the school: Panchayat/ULB to the District Excise Officer	District Magistrate/local municipality
	Ensure no shop to sell liquor, drugs and substances around school/educational institution: Local authority to ensure and report to District Excise Officer	District Magistrate
District	Public notice on drugs/substances to be out of reach: Chief District Medical Officer	District Magistrate
	Consolidation of information/reports: DEO, SJPU, District Child Protection Officer, District Exercise Officer, CEO-Municipal, Superintendent of Police/Officer/CEO-Zilla Panchayat	District Magistrate will review and monitor: Quarterly Review

7 .SELLING OF SCHEDULES H, H1 OR X DRUGS TO A CHILD WITHOUT PRESCRIPTION BY ANY PHARMACY/CHEMIST SHOP

Drugs at Chemist Shop being Accessed and Used by the Children and Adolescents

It is an issue of concern that minors are availing Schedules H, H1 or X drugs without prescription and consuming them, which is further resulting in drug dependency. Currently, there is no proper monitoring mechanism or strict adherence to guidelines. Therefore, there is a need to develop a robust monitoring mechanism and reporting system.

7.1- As per Rules 65 (3) of Drugs and Cosmetics Act & Rule there under, the supply of drug specified in Schedule H1 shall be recorded in a separate register at the time of supply, mentioning the name of the prescriber, name of the patient and the name of the drug along with the quantity supplied. This register has to maintain confidentially up-to three years and should be open for inspection.

Further as per Rules 65 (9)(a) of Drugs and Cosmetics Act & Rule there under, in case of substances specified in Schedule X, the prescriptions shall be in duplicate, one copy of which shall be retained by the licensee for a period of two years.

For better monitoring, the register shall be digitized for the recording of production, supply and selling of Schedules H and X drugs by retail chemist or medical store into a mobile app-based management information system (MIS). This app-based MIS shall be developed by CDSCO and if needed NCPDR would help in the development of MIS based app regulating sale.

7.2 – If a case is registered under Section 77 or 78 of the JJ Act, 2015 against a pharmacy and if the said pharmacy is found guilty, its registration to be withdrawn by the Pharmacy Council. State authority & CDSCO may create such enabling provisions and procedures.

7.3- In view of the above, to keep a vigil on all medical/pharmacy stores selling Schedule X or H drugs should mandatorily install CCTV cameras in their shops. This shall be randomly checked by District Drug Controller Authority. In case such medical stores are functioning without CCTV cameras, time period of six months shall be given to existing medical stores to install CCTVs. This shall be included in the licensing rule of pharmacists and chemists selling Schedules X, H and H1 drugs. The CDSCO, under DGHS, MoHFW, shall initiate the process to amend the licensing norms and rules under Drugs and Cosmetic Act, 1940, which will be applicable to whole of India.

7-4 To address the alarming issue, for the time being the District Collector, as empowered under Section 133 of the Code of Criminal Procedure, 1973, can issue order with respect to installation of the CCTV cameras at the pharmacy/chemist shop selling Schedules H, H1 and X drugs. It may be mentioned here that Section 133, in respect to the conditional order for removal of nuisance, states:

“Whenever a District Magistrate or a Sub-divisional Magistrate or any other Executive Magistrate specially empowered in this of behalf by the State Government, on receiving the report of a police officer or other information and on taking such evidence (if any) as he thinks fit, considers-

(b) that the conduct of any trade or occupation, or the keeping of any goods or merchandise, is injurious to the health or physical comfort of the community, and that in consequence such trade or occupation should be prohibited or regulated or such goods or merchandise should be removed or the keeping thereof regulated;

In view of the given provision, on the basis of information and report supplied by state drug controllers of the concerned states, the District Magistrates are to issue suitable orders in respect to the installation of the CCTV cameras in pharmacy/chemist shop, primarily at least in 272 districts identified as highly vulnerable districts jointly by the MoSJE and the NCB. The details of the 272 highly vulnerable districts may be shared with the drug controllers of the concerned states by NCB. In case it is required, on the basis of information on high incidences of drugs and substance abuse, the NCPCR, as per functions provided under Section 13(f) of CPC Act, 2005—“study treaties and other international instruments and undertake periodical review of existing policies, programmes and other activities on child rights and make recommendations for their effective implementation in the best interest of the children”—would make appropriate recommendations.

7.6 Access of these CCTV cameras with Internet connection of recordings of medical/pharmacy stores selling Schedules H and X drugs, shall be given to the CWPO of the particular area where such medical stores exist. The District Drugs Control Authority shall conduct periodic meetings with CWPOs. Subsequently, the list and monitoring report of such medical stores with CCTV cameras installation shall be shared with respective state drug controller on a quarterly basis. The SCPCRs shall ensure that the provision of installation of CCTV cameras and their monitoring is done as per plan. The findings of the monitoring report by the SCPCRs are to be discussed in the state- and regional-level meetings.

8 OPTIMUM USE OF THE PROVISION FOR “DETENTION” UNDER THE PREVENTION OF ILLICIT TRAFFICKING IN NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1988

Since illicit traffic in narcotic drugs and psychotropic substances poses a serious threat to the health and welfare of the people, the Act provides for detention in certain cases for the purpose of preventing illicit traffic in narcotic drugs and psychotropic substances. However, it is observed that the provision is underutilized by the states and empowered authorities.

Section 3(1) of the Act, with regards to power to make orders detaining certain persons, states:

“The Central Government or a State Government, or any officer of the Central Government, not below the rank of a Joint Secretary to that Government, specially empowered for the purposes of this section by that Government, or any officer of a State Government, not below the rank of a Secretary to that Government, specially empowered for the purposes of this section by that Government, may, if satisfied, with respect to any person (including a foreigner) that, with a view to preventing him from engaging in illicit traffic in narcotic drugs and psychotropic substances, it is necessary so to do, make an order directing that such person be detained.”

Hence, it is required that the police and enforcement authorities give due consideration to utilize this provision for detention to prevent illicit traffic in narcotic drugs and psychotropic substances

9 MECHANISM FOR EARLY DETECTION OF SUBSTANCE USE AMONG CHILDREN

To address the issue of drugs and substances abuse among children, multiple approaches, including awareness, preventive action, law enforcement, treatment and early detection of such behaviour, are needed. Above all, early detection is one of the key interventions that helps to prevent children from becoming drug dependent. It also helps to provide information on how these children are getting into drugs and substances, from where they are getting the drugs, who are involved in giving or encouraging children to use drugs, etc. Therefore, it is meaningful and sensitive information. In this regard, the benefit of Rashtriya Bal Swasthya Karyakram (RBSK) can be augmented.

9.1 The Role of Rashtriya Bal Swasthya Karyakram (RBSK): One of the Core interventions of RBSK is identification and early intervention for children from birth to 18 years to cover four “Ds”: defects at birth; deficiencies; diseases; and development delays, including disability. This programme shall also focus on the early detection of drugs and substance use amongst children.

Tool for Early Detection: As per the *Diagnostic and Statistical Manual of Mental Disorders*(DSM-V) substance-related and addictive disorders result from the use of separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens (phencyclidine or similarly acting arylcyclohexylamines and other hallucinogens, such as LSD); inhalants; opioids; sedatives, hypnotics or anxiolytics; stimulants (including ATS, cocaine and other stimulants); tobacco; and other or unknown substances. Substance-related and addictive disorders are patterns of symptoms resulting from the use of a substance that a child or adolescent continues to take despite experiencing problems. Substance-induced disorders, including intoxication, withdrawal and other substance/medication-induced mental disorders, are detailed alongside substance use disorders.

Category of early screening of detection of substance use disorder in children shall be included in the list of diseases under RBSK. For early detection of substance use disorder in children and adolescents and related mental health issues, additional training of the RBSK team shall be conducted.

9.2 Intervention on Early Detection to Cover 272 Vulnerable Districts in First Phase: As shared by the MoSJE in a virtual meeting held on 15 October 2020, 272 vulnerable districts have been identified based on the inputs received from NCB and the national survey conducted. Initially, in first phase, these 272 districts will be taken for early detection by RBSK team in the first three months.

9.3 Training of RBSK Team : Training module and schedule for the training of the RBSK team shall be developed by NDDTC, AIIMS, within one month's time. Master trainers at district level and state level will be trained by NISD, under National Action Plan for Drugs Demand Reduction(NAPDDR), with NDDTC, AIIMS. Trainings shall be completed in the first quarter. The SCPCRs shall monitor the training of RBSK team virtually at state/UT level.

9.4 Screening and Treatment: After training, RBSK team shall conduct the screening of children for substance use disorders and related mental health issues in schools as their routine screening mechanism. Based on the result of screening, a focused mechanism shall be developed for treatment and prevention. For treatment, children shall be referred to the Additional Treatment Centres (ATFs) being set up in 272 districts by MoSJE under NAPDDR.

9.5 Sharing of Data and Inspection by the CWPO: In RBSK screening, school-wise data of children who are found to be at risk shall be shared by the team with the DEO. Further, the DEO shall share this data with SJPU. In turn, SJPU, with CWPO, would conduct a field investigation of nearby areas of

that high-risk school to identify the sources from where children are getting illicit drugs and other substances. The data will be monitored by the District Magistrate during the quarterly meeting. It is suggested that district-wise data should be maintained in an MIS, especially in the 272 high prevalence districts, and this will be reviewed in quarterly meetings at all levels.

9.6 The Interventions to be Ongoing in the Schools: Early intervention for substance use in children in school settings is important and in this, the school counsellors have an important role to play. Thus, schools should be equipped with qualified and trained counsellors. They should be trained not only for early intervention for substance use but also to identify children needing psychological intervention, as these children are vulnerable to substance use disorders and related mental health issues. Teachers can be oriented on their role through a teacher module. The interventions have to be an ongoing process carried out in an environment that respects privacy and confidentiality. The quality of interventions is as important as their reach.

10 SEPARATE OR EXCLUSIVE DE-ADDICTION AND REHABILITATION FACILITIES FOR CHILDREN WITH DRUGS AND SUBSTANCE USE PROBLEM

Given the fact that children are a special category of population, utmost care is needed in all kinds of interventions. Moreover, the treatment approach and infrastructure facilities should be appropriate for the children. Therefore, there is a need for separate or exclusive facility for children's de-addiction.

Exclusive De-addiction and Rehabilitation Facilities for Children in 272 Vulnerable Districts

This intervention should start in 272 vulnerable districts. The MoSJE shall expedite the process to establish exclusive de-addiction facilities meant for children. However, if there are any constraints or lack of space, a separate portion in the existing facility has to be identified and partitioned for the children. Also, there has to be provision of a separate toilet; and safety and security of children has to be ensured.

In rest of the districts, it is necessary to make separate facilities for de-addiction and rehabilitation of children in all the district-level hospitals under ATFs, NAPDDR.

11 Children in Street Situations (CiSS) using Drugs and Other Substances

Mapping of CiSS using drugs and substances shall be done by NGOs working with such children, as well as by the CWPO, SJPU or DCPU. Any person, with the help of Childline, shall produce CiSS taking drugs/substances before Child Welfare Committee (CWC), for keeping them in a fit facility for counselling, treatment and rehabilitation. The DCPU shall counsel these children and take them to appropriate treatment/rehabilitation facility. The DCPU and CWC may refer the child to CCIs. The CWC may request police to investigate or take action against the person/shop selling narcotic substance under Section 77 of the JJ Act, 2015 (detailed procedure at Annexure6).

12 IMMEDIATE ACTION TO STOP THE ACCESS OF INHALANTS THAT ARE USED BY THE CHILDREN

High prevalence of inhalant use among children and adolescents has been an issue of concern for India. It is the only category of substances where prevalence among children is more than the prevalence among adults. Many states in the country have a substantial population of children using inhalants, who are already affected by inhalant use disorders. Therefore, urgent collective effort is required to save the children who are already using the inhalants or are on the verge of being introduced to inhalants.

The District Magistrate, while addressing or meeting with the traders association, shall take up the matter in respect to the sales of inhalants. He/she will need to explain to the traders association the gravity of the matter and that action can be initiated against such shops selling inhalants to the children under Section 77 of the JJ Act, 2015.

The traders associations and retailers also need to be made aware of the notification by the MoHFW, dated 17 July 2012, vide F.N.X.11029/6/2010-DDAP, that the central government has ordered the implementation of the banning of production of bottled correction fluids as well as bottled thinners for retail sale and to have mandatory warning on the application devices. This has to be strictly followed by all concerned, including trade and industry. Therefore, the enforcement agencies are also to take note of the notification and take legal action against violation of this order.

The BPR&D shall sensitize and build a campaign to ensure the enforcement of the orders of the MoHFW on ban on correction fluids.

If cases of such materials (mentioned in the notification) being sold around the school or given to any child come to the notice through review meetings, or/and in case actions are not initiated for its redressal or not complied with the notification of the MoHFW, NCPCR will register those cases individually and continue pursuing the cases till it reaches its logical conclusion.

13 SOCIAL MEDIA CAMPAIGN

Today, social media plays a key role in creating awareness amongst all the age groups and people from all strata of life. Therefore, apart from conventional media, social media platforms are to be used for awareness generation. Meetings will be organized with the social media service providers and they would be guided to compose suitable messages for sharing. A detailed plan would be prepared to run a sustained social media campaign in this regard. A special emphasis will be given to the tagline/hash tag, “Yuddh Nashe Ke Viruddh”.

14 INCLUSION OF DRUG EDUCATION IN SCHOOL CURRICULUM

Inclusion of drug education in school curriculum will have a systematic and wide outreach which will create awareness not only amongst children but also amongst teachers and parents/guardians. Therefore, National Council of Educational Research Training (NCERT) would be requested to prepare an age-appropriate curriculum to educate children about the ill effect of drugs and substance abuse. For smooth convergence NCPCR with NCB and SCPCR will hold consultative meetings with NCERT and SCERT, educational boards, experts and stakeholders.

15 TRAINING OF TRAINERS

The NCB shall roll out a training plan and calendar to train the trainers at regional and state levels on the implementation of JAP. The NCB may like to share the training material with the NCPCR or any other competent authorities or institutions to seek their inputs for effective implementation.

16 STAKEHOLDERS AND AUTHORITIES AT VARIOUS LEVELS: REPORTING AND MONITORING

A JAP is a document of collective wisdom that establishes convergence of services, authorities and enabling provisions to address the core issues in a comprehensive way. The authorities, duty bearers and stakeholders are identified at all levels in respect to their roles. Quarterly meeting will be conducted first at the district level, under the chairmanship of District Magistrate/Additional District Magistrate. This will be followed by the state-level meetings wherein data/information and issues from the districts will be shared. The state-level meetings will be chaired by the SCPCR. Similarly, NCB Regional Office will hold a monitoring meeting with the SCPCRs of the region. Finally, NCB and NCPCR will hold a meeting at national level to monitor the JAP.

Thana/Block	District	State	Regional	National
School Principal	District Magistrate	SCPCR	NCPCR	NCB
Local Authority/ULB	CEO-Municipality	State Pharmacy Council	NCB Regional Office	NCPCR
CWPO	DEO	State Department of Education	(SCPCRs of the States to participate)	MoSJE
Traders Associations/Shop Owners Association	District Excise Officer	State Education Board	DGP	MoHFW
Police Station in-charge	DEO	Bal Bhawan	State Department of Health (under the region)	CDSCO
	DCPU	NCC-State	State Department of Education (under the region)	NCC
	SJPU	NSS-State	Drugs Control Authority-State	Affiliating Bodies, CBSE, ICSE
	DSWO-Social Welfare	Scouts-State		NSS
	Chief District Medical Officer-Medical	Cultural Club-State		NISD
	Superintendent of Police	Eco Club-State		NDDTC, AIIMS
	CEO-Zilla Panchayat	NACO-State		BPR&D
	District Drugs Control Authority	DGP		
		(Regional Development Commissioners)		
		Regional/Sub-Regional Office of NCB		
		State Pharmacy Council		

17 NTERVENTIONS ON CORE ISSUES/PROBLEMS IN RESPECT TO LIQUOR , DRUGS AND SUBSTANCE ABUSE AMONGST CHILDREN

(TABLE-1-A)

Sales of liquor in surrounding areas of Schools/Educational Institutions including Coaching centers for children			
Strategic Action	Intervention	Responsible Authorities	Timeline
Preventing sales of liquor in surrounding areas of Schools/ Institutions	<ul style="list-style-type: none"> ➤ Circulars to ensure that there should not be any liquor shop nearby school. *State of UP & OrsVs. Manoj Kumar Dwivedi & Ors AIR 2008 SCW 1912 ➤ Sharing of District/Block/Village/Urban Habitation wise list of schools/Educational Institutions including residential educational institutions (Govt/Private/ Govt Aided & Unaided Minority) by the District Education Officer (DEO) with District Excise Office ➤ Inspection and Verification to ensure there is no sales of any liquor. ➤ Reporting of matter pertaining to any liquor shop in the school area to the Excise authorities ➤ Ensure that FIR is registered against the person under Section 77 of JJ Act, 2015 in case found selling of liquor or to any child near 	<p>State Excise Department</p> <p>District Education Officer (DEO)</p> <p>Child Welfare Police Officer (CWPO)</p> <p>School Principal/ Administrator/ SMC</p>	

	<p>schools/ Educational Institutions. (As per Section 77 of JJ Act, 2015 – “It is an offence against a child, if a person gives or causes to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance, except on the order of a duly qualified medical practitioner.”)</p>	<p>School Principal/ Administrator/ SMC</p>	
<p>Creating enabling provisions to ensure the ban in sales of liquor, in surrounding areas of Schools/ Institutions</p>	<ul style="list-style-type: none"> ➤ Inclusion of a provision for recognition/affiliation of a school to ensure there is no liquor shop within the prescribed distance near the school premises. ➤ An undertaking from schools by State Education Department before giving recognition to the school clearly stating that there is no such shop/bar near the school. ➤ The school recognition rules of the States should be amended accordingly. ➤ National Commission for Protection of Child Rights (NCPCR) shall take out corrigendum to include in its “Manual for Safety and Security of Children in Schools” that there should not be any liquor shop nearby the school as per the prescribed distance of States/UTs. 	<p>Affiliating bodies like CBSE, ICSE, State Boards, State Education department</p> <p>State Education Department</p> <p>State Education Department</p> <p>NCPCR</p>	

	<p>➤ Ministry of Education shall send circulars to all the Education Boards and State Education Departments to send quarterly reports of monitoring of CCTVs cameras already installed at Schools and nearby surroundings to ensure that there is no liquor shops within 100 meters radius of a school/educational institution as per norms set by the State/UT as per case law</p> <p>*State of UP & OrsVs. Manoj Kumar Dwivedi & Ors AIR 2008 SCW 1912</p>	<p>Ministry of Education & State Education Department</p>	
<p>Additional Provisions to ensure no use of Liquor, within and around the school premises</p>	<p>➤ All the schools shall mandatorily get the police verification of its staff.</p> <p>➤ Undertaking that the school adopts a zero-tolerance policy in the school in respect to the staff using liquor during school hours should be mandatory.</p> <p>➤ The schools already have installed CCTVs –(a)to check regularly for instances of any liquor use by staff or students within and around the schools</p> <p>(b) to check whether there is any such activities of sales of liquor shop nearby the school as per the prescribed distance of</p>	<p>Education Department of the States/Schools</p> <p>Education Department of the States/Schools</p> <p>Schools/CWPO</p> <p>CWPO</p>	

	<p>States/UTs.</p> <p>(State of UP & OrsVs. Manoj Kumar Dwivedi & Ors AIR 2008 SCW 1912)</p> <ul style="list-style-type: none"> ➤ Quarterly inspection by the Child Welfare Police Officer(CWPO), School Management Committee. ➤ Reporting of any offence under JJ Act, 2015 or any other relevant Act. 	<p>CWPO/SMC</p> <p>School Principal /SMC/CWPO</p>	
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Note : (1) State Governments to make Rules in excise Act. Entry 51 of the State List under Schedule VII of the Indian Constitution empowers each State to regulate and impose duties, excise and such other forms of levies, as it may deem fit, pertaining to alcoholic liquor for human consumption.

(TABLE 1-B)

Sales of Biddies/Cigarettes, Gutkha and other tobacco products surrounding areas of Schools/Educational Institutions including Coaching centers for children			
Strategic Action	Intervention	Responsible Authorities	Timeline
Preventing sales of Biddies/Cigarettes, Gutkha and other tobacco products in surrounding areas of Schools/ Institutions	<ul style="list-style-type: none"> ➤ Circulars to ensure that there should not be any shop selling Biddies/ Cigarettes, Gutkha and other tobacco products within 100 meters radius of the Schools/ Institutions by as per Section (6) of the COTPA; 2003 by State level affiliating bodies viz; CBSE, ICSE, State Education Boards and State authorities ➤ Sharing of District/Block/ Village/ Urban Habitation wise list of schools/ 	<p>Ministry of Education</p> <p>District Education</p>	

	<p>Educational Institutions including residential educational institutions (Govt/Private/ Govt Aided & Unaided Minority) by the District Education Officer (DEO) with District Drugs Control Authority or any appropriate authority at district level.</p> <p>➤ Inspection and Verification to ensure there is no sales of any biddies/cigarettes, gutkhas, any other tobacco products or substances</p> <p>➤ Ensure that FIR is registered against the person under Section 77 of JJ Act, 2015 in case found selling or providing tobacco and other related products to any child near schools/Educational Institutions. (As per Section 77 of JJ Act, 2015 –“It is an offence against a child, if a person gives or causes to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance, except on the order of a duly qualified medical practitioner.”)</p>	<p>Officer (DEO)</p> <p>Child Welfare Police Officer (CWPO)/SMC</p> <p>School Principal/ Administrator/ SMC</p>	
<p>Creating enabling provisions to ensure the ban in sales of Biddies/Cigarettes, Gutkha and other tobacco products in surrounding areas of Schools/</p>	<p>➤ Inclusion of a provision for recognition/affiliation of a school to ensure there is no shop selling Biddies/Cigarettes, Gutkha and other tobacco products in surrounding areas of</p>	<p>Affiliating bodies like CBSE, ICSE, State Boards, State Education department</p>	

Institutions	<p>Schools/ Institutions</p> <ul style="list-style-type: none"> ➤ An undertaking from schools by State Education Department before giving recognition to the school clearly stating that there is no such shop near the school. ➤ National Commission for Protection of Child Rights (NCPCR) shall take out corrigendum to include in its “Manual for Safety and Security of Children in Schools” that there should not be any liquor shop nearby school as per the prescribed distance of States/UTs. ➤ MoHFW to share periodic reports with NCPCR of score board under National Tobacco Control Programme in schools. 	<p>State Education Department</p> <p>NCPCR</p> <p>MoHFW</p>	
Additional Provisions to ensure no use of Tobacco or any substances within and around the school premises	<ul style="list-style-type: none"> ➤ All the schools shall mandatorily get the police verification of its staff. ➤ Undertaking that the school adopts a zero-tolerance policy in the school in respect to the staff using such substances during school hours should be mandatory. 	<p>Education Department of the States/Schools</p> <p>Education Department of the States/Schools</p>	

	<ul style="list-style-type: none"> ➤ The schools already have installed CCTVs – (a)to check regularly for instances of any drugs/substance use by staff or students within and around the schools (b) to check whether there is any such activities of sales of tobacco or any substances within the radius of 100 meters. ➤ Quarterly inspection by the Child Welfare Police Officer(CWPO), School Management Committee. ➤ Reporting of any offence under JJ Act, 2015 or any other relevant Act. 	<p>Schools/ CWPO</p> <p>CWPO</p> <p>CWPO/SMC</p> <p>School Principal /SMC/CWPO</p>	
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(TABLE-2)

Selling schedule H or X drugs or other illicit drugs to a child without prescription by any Pharmacy/Chemist Shop/Medical Store			
Strategic Action	Intervention	Responsible Authorities	Timeline
Preventing the sales of schedule H or X drugs or other illicit drugs to a child without prescription by any Pharmacy or chemist.	➤ Mandatory installation of CCTV Cameras in Pharmacy/Chemist Shop Medical Stores selling schedule X or H drugs.	Pharmacy Council/CDSCO /State Drug Authority	
	➤ In the absence of legal provision, District Magistrates of vulnerable districts to issue order for the chemist stores to install the CCTVs using the power	District Magistrate	

	<p>provided under Section 133 of the Code of Criminal Procedures, 1973</p> <ul style="list-style-type: none"> ➤ District Drug Controller Authority to undertake random checking. In case such medical stores are functioning without CCTV cameras, time period of 6 months shall be given to the existing medical stores to comply with the orders pertaining to CCTVs. ➤ Access of these CCTV camera recordings of medical stores selling scheduled H and X drugs shall be given to the Child Welfare Police Officer (CWPO or Special Juvenile Police Unit) of the particular area where such medical stores are operating. ➤ District Drugs Control Authority shall conduct periodic meetings with Special Juvenile Police Unit(SJPU)/Child Welfare Police Officer (CWPO) and list of such medical stores with CCTV cameras installation shall be shared in the meetings for periodic review. ➤ FIR shall be registered under Section 77 and 78 of JJ Act, 2015 in the case of any medical store or person is found guilty. (<i>Section 77 of JJ Act, 2015 states- "It is an offence against a child, if a person gives or causes to be given, to any child any intoxicating liquor or any narcotic drug or tobacco products or psychotropic substance, except on the order of a duly qualified medical practitioner."</i> And Section 78 of 	<p>District Drug Controller Authority</p> <p>District Drug Controller Authority/SJPU/CWPO</p> <p>District Drugs Control Authority</p> <p>CWPO/ SJPU/ District Drugs Control Authority/ Local Police/Local Authority</p>	
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	<p><i>JJ Act, 2015 i.e. "Using a child for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance.")</i></p> <ul style="list-style-type: none"> ➤ Police Station In-Charge shall share the information in respect to the offences by Medical/Chemist shops with Special Juvenile Police Officer and District Drugs Controller Authority. District Drugs Controller Authority shall share this information with State Pharmacy Council ➤ State Commission for Protection of Child Rights (SCPCRs) shall monitor the implementation of amended licensing rule by CDSCO in their respective States/UTs. ➤ SCPCRs and State Drug Controlling Authority shall hold the periodic review meetings of District Drugs Control Authority and SJPU/CWPO regarding installation and functioning of CCTVs ➤ SCPCR shall take quarterly data of cases registered under Sections 77 & 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 from Special Juvenile Police Unit and District Drugs Controllers Authority with respect to liquor and narcotic Drugs and Psychotropic Substances separately. The data with respect to offences related to liquor under sections 77 & 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 shall be sent to Excise Department of the State. 	<p>Police station In-charge</p> <p>SCPCR</p> <p>State Drug Controlling Authority / SCPCR</p> <p>SCPCR/NCB/ State Excise</p>	
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	<p>Similarly, such data with respect to offences related to narcotic drugs and psychotropic substances shall be sent to the jurisdictional Zonal Units of NCB. A report format shall be developed accordingly by SCPCR.</p> <p>➤ MoHFW/Ministry of Social Justice & Empowerment shall issue a uniform guidelines to state governments to develop a robust mechanism to put notice/display boards prominently at public places like- malls, airports, provision stores, hotels, eateries where liquor and tobacco stores are available should be out of reach of children and penal provision 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 offence with up to seven years of rigorous imprisonment and a fine up to one lakh rupees.</p>	MoHFW/ MoSJE	
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(TABLE-3)

Lack of early detection of substance use among Children			
Strategic Action	Intervention	Responsible Authorities	Timeline
Creating provision/mechanism for early detection of substance use among Children-	<p>➤ Additional training of RBSK teams shall be conducted for early detection of drugs and substance use among children in 272 vulnerable Districts identified by Ministry of Social Justice & Empowerment (MoSJE).</p> <p>➤ RBSK teams shall conduct the</p>	MoHFW	

	screening and detect early signs of drugs and substance use among children in schools in 272 vulnerable Districts identified by MoSJ&E.	MoHFW	
	➤ The schools will be marked under red zone and details shall be shared with MoSJE under NAPDDR for focused intervention at community, block and District level and monitoring at national level.	MoHFW	
	➤ Training Module and schedule for the training of doctors under RBSK shall be developed by NDDTC, AIIMS.	NDDTC, AIIMS	
	➤ Master Trainers at District level and State level to be trained by NISD, NAPDDR with NDDTC, AIIMS.	NISD/ NDDTC, AIIMS	
	➤ SCPCRs shall monitor the training of RBSK team virtually at State/UT level.	SCPCR	

(TABLE-4)

Lack of separate or exclusive de-addiction and rehabilitation facilities for children with drugs and substance abuse			
Strategic Action	Intervention	Responsible Authorities	Timeline
Separate or exclusive De-addiction and rehabilitation facilities for children with drugs and substance use.	➤ Separate facilities for De-addiction and rehabilitation for children to be created in Government Hospitals in Districts & States/UTs under ATFs, under NAPDDR by MoSJE.	MoSJE	
	➤ Monitor the functioning of the ATFs being set up by MoSJE	SCPCR	

	<p>under NAPDDR.</p> <p>➤ In first Phase vigorous efforts are to be made so as to ensure that all 272 vulnerable Districts may have De-addiction centres or DDACs by the financial year 2022-23. (Currently there is no De-addiction centres in 125 vulnerable Districts) .</p> <p>➤ Separate set up/enclosures for children should be created in identified ATFs by NAPDDR- MoSJE/MoHFW</p>	<p>MoSJE</p> <p>MoSJE/ MoHFW</p>	
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(TABLE-5)

A large number of children in street situations using drugs and other substances			
Strategic Action	Intervention	Responsible Authorities	Timeline
Children in street situations using drugs and other substances.	➤ Mapping of children in street situations using drugs and substances shall be done by NGOs working with children in street situations.	DCPU	
	➤ Children in street situations using drugs/substances to be produced before Child Welfare Committee (CWC) by the Childline for keeping them into fit facility for counselling, treatment and rehabilitation.	DCPU	
	➤ Counseling of these children and take them to appropriate treatment/ rehabilitation facility by the DCPU	DCPU	
	➤ Periodic meeting by SCPCRs with DCPUs and Childline regarding interventions with children in street situations using drugs/substances and the services provided to them.	SCPCR/ DCPU	

(TABLE -6)

LACK OF TRAINED PROFESSIONALS , SENSITIZATION AMONGST STAKEHOLDERS & PUBLIC AWARENESS			
Strategic Action	Intervention	Responsible Authorities	Timeline
Training and Sensitization	<ul style="list-style-type: none">➤ Sensitization and Training programmes at District level shall be conducted periodically by NISD.➤ Sensitization of community by NGOs under NAPDDR➤ Orientation of Parents & Teachers to understand the psychology of the adolescents and children so that they will be able to cope/help them in their emotional crisis to prevent any drugs dependency.➤ NISD shall develop appropriate training Modules and conduct training and sensitization of various stakeholders including Government Officials from different departments, community leaders, social welfare agencies like- NGO staff, school teachers and counsellors, medical officers and allied staffs, law enforcement officers.	<p>NISD</p> <p>MoSJE</p> <p>Department of School Education</p> <p>NISD</p>	
Awareness Generation	<ul style="list-style-type: none">➤ Awareness Generation Programmes in School/ Colleges and Educational Institutions involving students/ teachers/ SMCs/ PTA/ NCC and NSS volunteers.➤ Adherence of the provisions provided under sec 4, sec 5, sec 6(A) and sec 6(B) of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and	<p>Department of School Education/ NCC</p> <p>Ministry of Health (Authority COTPA)</p>	

	<p>Regulation of Trade and Commerce, Production, Supply and Distribution) Act,2003 or COTPA-2003.</p> <ul style="list-style-type: none"> ➤ MOI&B through Song and Drama Division shall conduct Awareness Programmes, especially in high risk and vulnerable areas and for vulnerable group of children viz; children in street situations, children living in Child Care Institutions etc. ➤ SCPCRs shall conduct awareness and sensitization programmes on ill effects of drugs and substance use among children in their respective States/UTs with the concerned Departments. ➤ NCPCR with NCB, NISD shall conduct Awareness programmes and Capacity building trainings for the stakeholders on relevant Child Rights Acts, especially relevant sections of the Juvenile Justice (Care & Protection of Children) Act, 2015. ➤ NCPCR with SCPCRs and NCB will organise national and regional level awareness programmes for children on the issue of Drugs and Substances ➤ NCPCR with concerned Ministries shall develop a common programme for NCC/NSS cadets with other existing children clubs by various Ministries, Baal Bhawans for creating awareness and keeping a vigil on children taking or used for selling of drugs & substances. 	<p>MOI&B</p> <p>SCPCR</p> <p>NCPCR/ NCB/NISD</p> <p>NCPCR/ NCB/NISD</p> <p>NCPCR/NISD/NCB NCC/ Youth Affairs</p>	
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	<p>➤ MoHFW shall issue a uniform guidelines to state government to develop a robust mechanism at 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.</p> <p>➤ Orientation and sensitization of Prahari Clubs(Exclusive Children's Clubs) with Gandhian principles regarding the ill effect of drugs and substance abuse.</p>	<p>MoHFW</p> <p>Gandhi Smriti & Darshan Samiti</p>	
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(TABLE-7)

MONITORING OF JOINT ACTION PLAN			
Strategic Action	Intervention	Responsible Authorities	Timeline
Monitoring of the implementation of Joint Action Plan	<p>➤ NCPCR and NCB will hold quarterly review meetings with Zonal/Regional Offices of NCB , SCPCRs. District level Authorities within that zone/region would also be invited if needed for specific purposes.</p> <p>➤ State Commissions for Protection of Child Rights (SCPCRs) will hold a periodic review meetings with the district authorities to review</p>	<p>NCPCR/NCB</p> <p>SCPCR</p>	

	<p>the progress made under JAP</p> <p>➤ District Magistrate or ADM would hold quarterly meeting with all the concerned authorities at district level (Chief Medical Officer/ District Drugs Control the District and any other concern.</p>	District Magistrate/ ADM	
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16.ANNEXURE

1. Reporting Format : For checking CCTV cameras near schools/educational institutions and other institutions meant for children.
2. Reporting format : For District Education Officer (DEO)/District Inspector of Schools.
3. Guidelines For Constitution Of Children’s Clubs In Schools/Educational Institutions .
4. Order : By the District Magistrate on Installation of the CCTVs.
5. Focused Mechanism of Rastriya Bal Swasthya Karyakram (RBSK).
6. List of 272- Vulnerable Districts identified by MoSJE & NCB.
7. Procedure for reporting of Child Victim of Substance Abuse in Street Situation.
8. Notification on Prohibition of Inhalants by MoHFW
9. Sensitization, Training and awareness of Stakeholders under Joint Action Plan
10. 272 Vulnerable Districts an introduction
11. Case law on liquor shop

REPORTING FORMAT**FOR CHECKING CCTV CAMERAS NEAR SCHOOLS/EDUCATIONAL INSTITUTIONS AND OTHER INSTITUTIONS MEANT FOR CHILDREN-**

1. DISTRICT-

2. STATE-

S.NO	NAME AND ADDRESS OF THE INSTITUTION	TYPE OF INSTITUTION SCHOOL/HOSTEL/COACHING CENTRE/CHILD CARE INSTITUTION /ANY OTHER	NAME AND CONTACT NUMBER OF THE PRINCIPAL/IN-CHARGE	WHETHER CCTV CAMERA INSTALLED AND FUNCTIONING (YES/NO)	WHETHER ANY LIQUOR/CIGGARETTES/BIDIES & OTHER TOBACCO RELATED PRODUCTS SHOP FOUND WITHIN RADIUS OF 100 YARDS- (YES/NO)

*A REPORT BY CHILD WELFARE POLICE OFFICER**NAME AND SIGNATURE-**DATE-**SUBMITTED TO-**SPECIAL JUVENILE POLICE OFFICER**NAME-**DATE-*

REPORTING FORMAT**FOR DISTRICT EDUCATION OFFICER(DEO)/DISTRICT INSPECTOR OF SCHOOLS-****1. NAME OF THE DISTRICT- 2. STATE-**

S.No	NAME AND ADDRESS OF THE SCHOOL/EDUCATIONAL INSTITUTION	WHETHER CCTV CAMERA INSTALLED AND FUNCTIONING	WHETHER ANY LIQUOR SHOP RUNNING WITHIN RADIUS OF SPECIFIED DISTANCE DECIDED BY THE STATE AUTHORITY	WHETHER ANY SHOP SELLING CIGGARETTES /BIDDIES/OTHER TOBACCO RELATED PRODUCTS WITHIN THE RADIUS OF 100 METRES AS PER COTPA	IF YES, ANY VIOLATION NOTED

NAME AND SIGNATURE**DISTRICT EDUCATION OFFICER/DISTRICT INSPECTOR OF SCHOOLS****DATE-****REPORT SUBMITTED TO****DISTRICT MAGISTRATE/DEPUTY COMMISSIONER**

**GUIDELINES FOR CONSTITUTION OF CHILDREN'S CLUBS IN
SCHOOLS/EDUCATIONAL INSTITUTIONS -**

CHILDREN'S Club- (□□□□□□)

What is Children's Club?

- Children's Club is an association of children who are striving towards the achievement of common goals and objectives. It is formed, managed and run by children themselves. The objective of this club shall be reporting and prevention of drugs and substance use among children in schools/Educational Institutions meant for children.

- Children's Club provides a platform for the children in a particular area to come together, meet, discuss and plan activities for their own development as well as that of the society. Children being the major human resource, their energies and potential should be channelized and mobilized for development of the nation through formation of Children Clubs. Such Clubs empower the children and adolescents.

Constitution of Children's Group-

- Group of children from each class room of 6th to 12th shall be selected by Principal of the School on the basis of set criteria including temperament, school performance, leadership skills etc.
- There shall be total 20-30 students in the group for the club. These shall include NCC and NSS cadets as well.
- There shall be Memorandum of Association, Byelaws, properly elected General Body, Executive Committee and other Subcommittees to monitor the functioning of the Children's Club in Schools/Educational Institutions.
- 2-3 Teacher/Counselors of the school shall be given additional responsibility of the club.
- Children's Club shall be monitored by the General Body constituted of School Principal, Teachers, School Counsellor, District Education Office and District Magistrate.
- Quarterly Review meetings of Children's Clubs members shall be undertaken with School Principal, District Education Officer and District Magistrate.

Roles and Responsibilities-

- Members of Children's clubs shall undertake mobilization activities, random checks in their respective areas, surroundings of the School/Educational Institution along with local influencers for ensuring

children are not getting any liquor, tobacco related products from shops within radius of 100 yards of the schools and educational institutions.

- Members of the Children's clubs shall assist school principal in developing list of shops selling cigarettes, biddies and other tobacco products near the school within radius of 100 metres as per COTPA. Similarly for the selling of liquor within prescribed distance (by the State) from the school.
- There shall be a President of the Children's Club and President along with other members of the club shall identify and make an action plan of the activities to be undertaken quarterly in consultation with , teachers, Principal as per their field/actual needs.
- The group members of the club shall undertake random checks in schools and nearby places to ascertain that no illegal or other substances are being given to children.
- Members of the Children's Club shall plan and conduct awareness programmes in schools and educational institutions to make the students aware on the ill effects of drugs and substances.
- Children's group members shall keep vigilance to check if any child is being involved in giving or using for drugs and substances.They shall watch one another for early signs of drug addiction, or even other students susceptible to it.
- In case they found any such child involved in taking and selling drugs and substances, than the information shall be kept confidential with them. Further these children of Children's club shall give this confidential information to nominated teacher and this information shall be shared with School Counsellor, parents.
- Members of Children's club shall participate in all awareness programmes conducted by various departments at village, block and district level for youth development.
- Formulate and implement action plans of Children Clubs and maintain the records and prepare reports.
- Ensure effective convergence with Government Departments/Developmental Agencies/Non Government Organizations.
- District Youth Coordinators in coordination with Children Clubs, Rotary club, Lions Club, Red Cross, local NGOs/CBOs would organize awareness events using local celebrities as a run-up to the campaign start date.
- Nehru Yuva Volunteers (NYVs) and members of other children clubs would organize group plays/skits/musical shows at local malls, neighbourhood clubs and in the schools, village club areas on ill effects of drugs and substance use among children.
- Members of Children's Club shall undertake promotional activities for curbing the menace of drugs and substance use among children viz; painting slogans at the walls of schools, organising debates on the subject, musical concerts for the children etc.
- Gandhi Smriti & Darshan Samiti shall orient and mentor the Prahari Clubs on Gandhian thoughts and principle

ORDER ISSUED EXERCISING ITS POWER UNDER SECTION 133 OF CrPC

FILE NO-

DATE-

OFFICE OF DISTRICT MAGISTRATE/DISTRICT COMMISSIONER

DISTRICT-

STATE-

All the Medical/Pharmacy shops of the District.....selling scheduled X or H drugs as per Rule....of the Drugs and Cosmetics Act...are hereby informed to installed CCTV cameras inside and outside their shops.

Time period of one month is being given to all the medical/pharmacy shops owners for installation of CCTV cameras. Footage of CCTV camera can be randomly checked by the District Drug Controller Authority/CWPO anytime.

In case any Medical/Pharmacy Shop owner failing to comply with the order, appropriate action shall be taken against such person/owner.

Name and Signature-

DISTRICT MAGISTRATE/COMMISSIONER

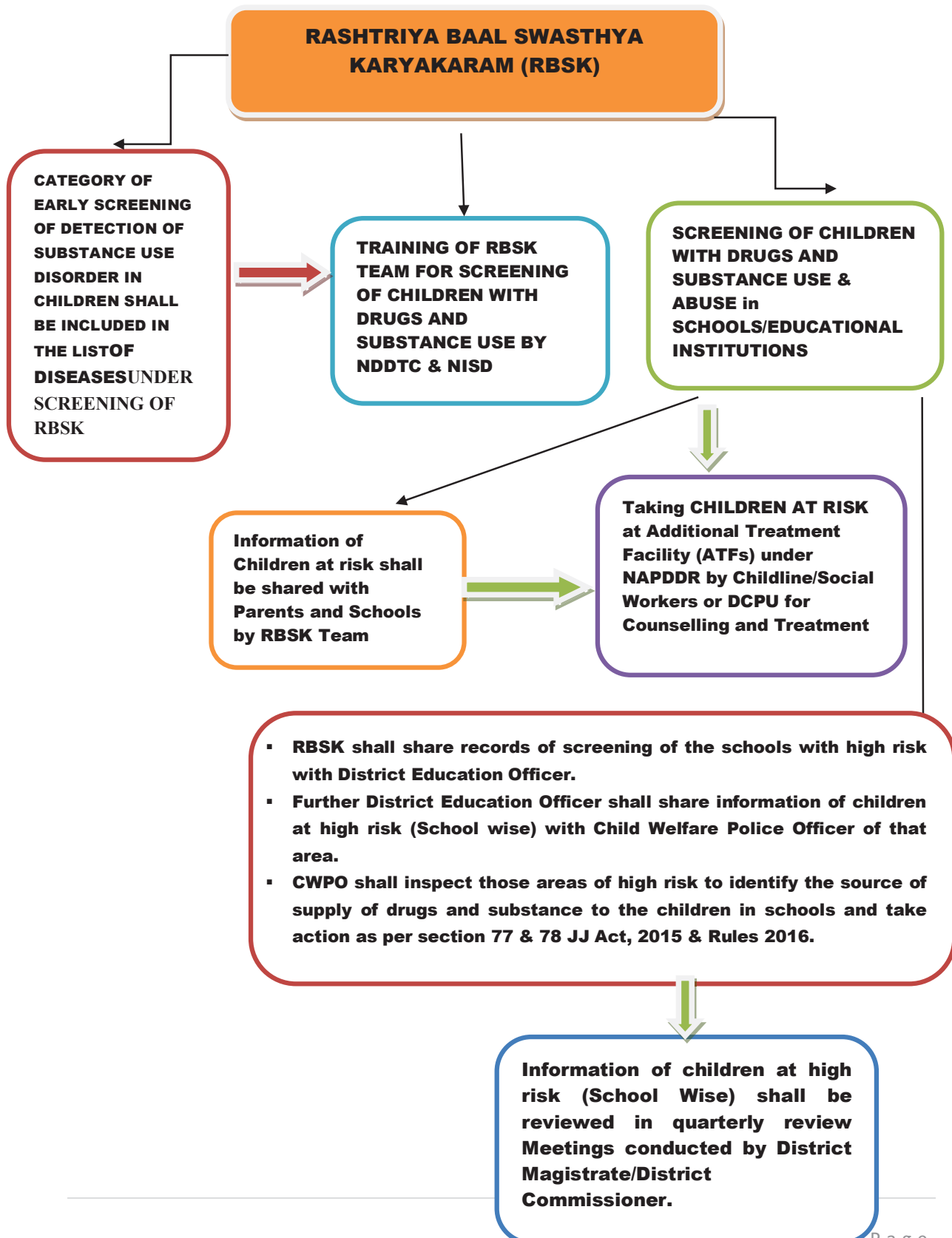
DISTRICT

Copy to-

1. DISTRICT DRUG CONTROLLER AUTHORITY,

2. STATE COMMISSION FOR PROTECTION OF CHILD RIGHTS

FOCUSED MECHANISM- RBSK



List of (272) Districts selected for comprehensive action

S.No.	STATE	DISTRICTS
1.	Andhra Pradesh	(1) Visakhapatnam (2) East Godavari (3) West Godavari (4) Krishna
2.	Arunachal Pradesh	(1) Lohit (2) Dibang Valley (3) Upper Siang (4) Anjaw (5) Changlang (6) Namsai (7) Tirap (8) Vesh Kameng
3.	Assam	(1) Nagaon (2) Udalguri (3) Kamrup (Metro) (4) Kamrup (rural) (5) Cachar (6) Hailakandi (7) karimganj (8) Dhubri (9) Goalpara
4.	Bihar	(1) Gaya (2) Aurangabad (3) Gopalganj (4) Araria (5) East Champaran (6) West Champaran (7) Bhojpur (8) Vaishali
5.	Chandigarh	(1) Chandigarh
6.	Chattisgarh	(1) Raipur (2) Surajpur (3) Bilaspur
7.	Daman & Diu	(1) Daman (2) Diu
8.	NCT of Delhi	(1) Central Delhi (2) East Delhi (3) New Delhi (4) North Delhi (5) North East Delhi (6) North West Delhi (7) Shahdara (8) South Delhi (9) South East Delhi (10) South West Delhi (11) West Delhi
9.	Goa	(1) North Goa (2) South Goa
10.	Gujarat	(1) Rajkot (2) Surat (3) Ahmedabad (4) Bharuch (5) Vadodara (6) Mehsana (7) Porbandar (8) Jamnagar
11.	Haryana	(1) Rohtak (2) Sirsa (3) Sonipat (AsandGaon, Industrial Belt) (4) Hisar (5) Ambala (6) Fatehabad (7) Karnal (8) Kurukshetra (9) Panipat (Eidgah Road) (10) Nuh (Mewat)
12.	Himachal Pradesh	(1) Chamba (2) Kullu (3)Mandi (4) Shimla
13.	Jharkhand	1) Latehar (2) Garhwa (3) Saraikela (4) Chatra (5) Khunti (6) Jamtara (7) Gumla (8) Hazaribagh (9) Bokaro (10) Simdega (11) East Singbhum (12) Ranchi
14.	Jammu and Kashmir	(1) Doda (2) Kishtwar (3) Poonch (4) Rajouri (5) Pulwama (6) Anantnag (7) Kiulgam (8) Shopian (9) Budgam (10) Bandipora

15.	Karnataka	(1) Bengaluru (2) Kolar (3) Mysuru (4) Udupi (5) Ramanagara (6) Kodagu
16.	Kerala	(1) Trivandrum (2) Kollam (3) Ernakulam (4) Kozhikode (5) Malappuram (6) Idukki
17.	Maharashtra	(1) Pune (2) Nagpur (3) Nashik (4) Mumbai
18.	Manipur	(1) Churachandpur (2) Senapati (3) Bishnupur (4) Chandel (5) Imphal East (6) Imphal West (7) Kangpokpi (8) Thoubal (9) Ukhrul
19.	Meghalaya	(1) Shillong (2) Tura (Town in West garo Hills) (3) West Jantia Hills/Dawki (4) Baghmara (HQ of South Garo Hills)
20.	Madhya Pradesh	(1) Rewa (2) Jabalpur (3)Bhopal (4) Chhindwara (5)Gwalior (6)Neemuch (7) Indore (8) Ujjain (9) Datia (10) Hoshangabad (11) Mandsaur (12) Narsinghpur (13) Ratlam (14) Sagar (15) Satna
21.	Mizoram	(1) Kolasib (2) Aizawl (3) Champhai
22.	Nagaland	(1) Dimapur (2) Kohima (3) Mon
23.	Odisha	(1) Cuttack (2) Malkangiri (3)Angul (4) Boudh (5) Deogarh (6)Gajapati (7) Kandhamal (8) Puri (9) Rayagada (10) Sambalpur
24.	Punjab	(1) Faridkot (2) Jalandhar (3) Amritsar (4) Bathinda (5) Firozpur (6) Fazilka (7) Gurdaspur (8) Kapurthala (9) Ludhiana (10) Mansa (11) Moga (12) Pathankot (13) Sangrur (14) Patiala (15) Sri Muktsar Sahib (16) Nawashahar(Shahid Bhagat Singh Nagar) (17) TaranTaran (18) Hoshiarpur
25.	Rajasthan	(1) Chittorgarh (2) Pratapgarh (3) Jhalawar (4) Bhilwara (5) Udaipur (6) Kota (7) Baran (8) Jodhpur (9) Barmer (10) Jaisalmer (11) Pali (12) Jalore (13) Nagaur (14) Jaipur (15) Ajmer (16) Sikar (17) Jhunjhunu (18) Dausa (19) Alwar (20) Hanumangarh (21) Sriganganagar (22) Beawer (City in Ajmer District) (23) Bikaner (24) Banswara (25) Bharatpur (26) Bundi (27) Churu (28) Dungarpur (29) Rajsamand (30) SawaiMadhopur (31) Karauli (32)Sirohi (33) Tonk
26.	Sikkim	(1) East Sikkim (2) West Sikkim (3) North Sikkim (4) South Sikkim
27.	Tamil nadu	(1) Kanyakumari (2) Tirunelveli (3) Namakkal (4) Theni
28.	Telangana	(1) Khammam (2) Adilabad (3) Hyderabad (4) Mahabubnagar

29.	Tripura	(1) (1) Sipahijala (2) West Tripura (3) South Tripura (4) Dhalai (5) North Tripura (6) Kamlasagar (West Tripura) (7) Khowai (8) Unakoti
30.	Uttar Pradesh	(1) Allahabad (2) Barabanki (3) Bareilly (4) Etawah (5) Kanpur Nagar (6) Gorakhpur (7) Lakhimpur- Kheri (8) Lucknow (9) Varanasi (10) Azamgarh (11) Deoria (12) Agra (13) Bahraich (14) Faizabad (15) Ghazipur (16) Gonda (17) Jhansi (18) Kushinagar (Padrauna) (19) Maharajganj (20) Mau (21) Moradabad (22) RaeBareli (23) Saharanpur (24) Sambhal (Bhim Nagar) (25) Shahjahanpur (26) Shamali (Prabuddh Nagar) (27) Siddharth Nagar (28) Auraiya (29) Budaun (30) Shravasti (31) Ghaziabad (32) Noida (33) Greater Noida
31.	Uttarakhand	(1) Uttarkashi (2) Champawat (3) Almora (4) Pithoragarh (5) Chamoli (6) Srinagar (7) Haldwani (8) Nainital (9) Haridwar (10) Dehradun
32.	West Bengal	(1) Kolkata (2) Malda (3) Murshidabad (4) Coochebar (5) Uttar Dinajpur (6) Siliguri (Darjeeling and Jalpaiguri District)

Procedure for reporting of Child Victim of Substances Abuse in Street Situation			
S.No.	Interventions/Measures	How	Who
1	Production before CWC.	Any person with or without the help of Childline, juvenile police, CWO or any NGO can produce Children in Street Situations (CiSS) before the CWC.	As provided under Section 31 of JJ Act, 2015, any person or statutory bodies, like NCPDR, SCPCRs and district child protection mechanism, or any team formed by them for the purpose of care and protection of CiSS.
2	Counselling and inquiry of the child.	On the order of CWC, the counsellor would counsel the child and get information about the substance abuse habit of the child and from where he gets it.	DCPU, counsellor.
3	Shelter to the child in a fit facility.	On the order of CWC, the child to be sent to a fit facility appropriate to his/her condition.	DCPU, District Social Welfare Officer (DSWO),
4	CWC may request police to investigate or take action against the person/shop selling narcotic substance under Section 77 of the JJ Act, 2015.	On the request of the CWC, police would investigate the matter and take suitable legal action.	Local police.

NOTIFICATION ON PROHIBITION OF INHALANTS BY MoHFW

2

THE GAZETTE OF INDIA : EXTRAORDINARY

[PART I—SEC. 1]

MINISTRY OF HEALTH AND FAMILY WELFARE**(Department of Health and Family Welfare)****NOTIFICATION**

New Delhi, the 17th July, 2012

F. No. X. 11029/6/2010-DDAP.—Whereas as per the Orders dated 25-11-2011 of the Hon'ble Punjab & Haryana High Court, Chandigarh in the CWP No. 1332 of 2010-Vyakti Vikas Kender Vs. Union of India and Others, a Task Force was constituted by the Ministry of Health & Family Welfare to devise ways and means to regulate and control the sale of correction fluid and thinner, which are chemical substances generally used in offices but reportedly being widely misused by children/street children as intoxicating substance/drug by inhaling them to get stimulating effects like drugs.

And whereas such chemical thinners are also used in various other retail products for various other purposes like nail polish remover.

And whereas the Task Force in its meetings held on 12-1-2012 and 20-1-2012 deliberated on the issue in great detail and was of the unanimous view that one of the measures which may be effective in controlling the problem may be to ban retail sale of these chemicals in bottled form and permit their sale in pen or similar form of device.

Now, therefore, the Central Government hereby orders the implementation of the following measures with immediate effect :—

- (i) Banning of production of bottled Correction Fluids as well as bottled Thinners, of any chemical composition, both for ink erasing purposes as well as for use as Nail Polish removers and similar other purposes for retail sale.
- (ii) Banning of sale of bottled Correction Fluids as well as bottled Thinners, of any chemical composition, both for ink erasing purposes as well as for use as Nail Polish removers and similar other purposes.
- (iii) Permitting sale of Correction Fluids as well as Thinners, of any chemical composition, both for ink erasing purposes as well as for use as Nail Polish removers and similar other purposes in the form of pens or similar devices which allow limited amounts of the chemicals to come out of those devices when used.
- (iv) Mandatory warning should be made on the application devices (pens or otherwise) of correcting fluids/thinners regarding the effects on health on inhalation of vapor/consumption of the chemicals contained therein.

Ordered that these measures are to be complied with and implemented, with immediate effect, by concerned Government Departments/Authorities, law and order authorities, trade and industry.

ARUN K. PANDA, Jt. Secy.

Table- Sensitization, Training and awareness of Stakeholders under Joint Action Plan

S.No	Stakeholders	Training Modules	No of Training Modules	Training By
1.	Schools Principals/ Teachers & Counsellors	<p>1. Training on “Safety and Security Manual for Children” by National Commission for Protection of Child Rights (NCPCR).</p> <p>2. Training on provisions of COTPA Act, Juvenile Justice (Care & Protection of Children) Act, 2015 & Rules 2016.</p> <p>3. Orientation and Training of Teachers on early identification and intervention of drugs and Substance Use among children in Teachers Training Curriculum.</p> <p>4. Training of Counsellors on different Assessment tools for early identification of drugs and substance use among children and related factors.</p>	<p>One</p> <p>One</p> <p>One</p>	<p>NCPCR</p> <p>MoHFW</p> <p>NCERT</p>
2.	Students of Children’s Clubs	<p>1. Sensitization on ill effects of drugs and substance use among children.</p> <p>2. Roles and Responsibilities and Reporting mechanism of Children’s Club in curbing the menace of drugs and substance use among children.</p>		Teachers/Counsellors of the Schools

3.	NCC/NSS Cadets	1. Sensitization on ill effects of drugs and substance use among children.		Teachers/Counsellors of the School
4.	District Education Officers	1. Training on “Safety and Security Manual for Children” by National Commission for Protection of Child Rights (NCPCR). 2. Training on provisions of COTPA Act, Juvenile Justice (Care & Protection of Children) Act, 2015 & Rules 2016.		SCPCR/NCPCR
5.	District Excise Officers			NISD
6.	District Magistrates			
7.	SMCs/PTAs			District Education Officers
8.	Officials of State Education Departments/Education Boards			
9.	Team /Doctors of RBSK	Master Trainers Training programme on early screening of drugs and substance use among children.		NDDTC, AIIMS/NISD
10.	Medical Staff of ATFs	Training programme on treatment, de-addiction counselling and rehabilitation of children with drugs and substance use. A Manual on Minimum standards of services for standardization and quality services.		
11.	Pharma/Chemist	Training on main provisions of Drugs and Cosmetics Act- (MIS on Record keeping of selling of schedule X and H drugs).		CDSKO
12.	Regional Officers of NCB			

13.	DCPU	1. Training on main provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015 & Rules 2016.			
14.	District Social Welfare Officer				
15.	Superintendant & Staff of Child Care Institutions				
16.	Child Welfare Police Officers		2. Awareness on		Regional Officers of NCB
17.	Special Juvenile Police Officers				
18.	Child Welfare Committees				
19.	NGOs/CSOs	Training on SOP on Children in Street situations		DCPUs	
20.	Chief Executive Officer/Municipal Officer/Panchayat Secretary	Orientation on ill effects of drugs and substance use among children and drug abuse prevention.			
21.	Social media Service Providers/Media Persons	Prevention Education and Awareness Generation Programme on Drugs and Substance use among children		Orientation by MoHFW/MoSJE & NCPCR	
22.	Community level	Sensitization on ill effects of drugs and substance use among children		Song and Drama Division, MOI&B/Community Radio	

272 Vulnerable Districts Based on Extent and Pattern of Substance Use and their supply

272 vulnerable Districts have been identified by the MoSJE based on the finding of the National Survey on Extent and Pattern of Substance Use in India conducted by the MoSJE and districts which are vulnerable from the supply point of view as provided by Narcotics Control Bureau for to undertake intervention programmes in vulnerable districts across the country with an aim to: Reach out to Children and Youth for awareness about ill effect of drug use; Increase community participation and public cooperation; Supporting Government Hospitals for opening up De-addiction Centers in addition to existing Ministry Supported De-addiction Centers (IRCAs); and Conducting Training programme for participants.



CASE LAW ON LIQUOR SHOPS

State of UP & OrsVs. Manoj Kumar Dwivedi & Ors AIR 2008 SCW 1912

Hon'ble Supreme Court has held as under,

“4. The Division Bench of the High Court taking note of the above said provision directed that all the licensed shops which were operating in close proximity to a place of public resort, school, hospital, place of worship or factory, or to the entrance to a bazar or a residential colony shall be closed with immediate effect. As a result of the orders passed by the High Court, as many as 53 liquor shops were closed in Gomti Nagar area of Lucknow. After hearing the parties and taking a just and fair solution to the problem, **the Division Bench fixed the distance of 100 meters or ft. (approx.) within which there shall be no liquor shop close to a place of public resort, school, hospital, place of worship or factory, or to the entrance to a bazar or a residential colony...**”



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