# ODISHA STATEACTION PLAN FOR DRUG DEMAND REDUCTION

Government of Odisha

Department of Social Security & Empowerment of Persons with Disabilities

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# FOR

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## Empowerment of Persons with Disabilities

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## BACKGROUND

The fabric of the world we live in today, has spun itself into the clutches of drugs, alcohol and substance use disorders. If such conditions linger for a longer period of time, then, as its effects reach towards our youth, the future generation will have to compete with drugs like cannabis, alcohol and tobacco on an everyday basis. Different studies show that nearly 75% of homes has at least one drug user, across different phases of the lifespan. More so, the society is also a witness of innocent children being shackled in the hellish shackles of drugs and substance abuse at very early stages.

Translating it into hard realities, some segments of population in the State of Odisha, are also living in the dark dungeons of drugs and substance abuse. The reasons for it can call forth for many articulations, beginning from maladaptive coping mechanisms to peer pressure and curious experimentations… however, the toll of life that drugs take tends to leave a lifelong scar.

Owing to this, it is an imperative need of the hour to develop and implement efficacious endeavours to march towards drug demand reduction and drug de-addiction mechanisms. Odisha State Action Plan for Drug Demand Reduction is a vision and mission to make Odisha a drug-free State by a synergistic convergence of multi-stake responsibilities, expert services, genuine efforts and an unflinching conviction to transform drug dependence into drugs abstinence; finally culminating into a drug-free society.

# ODISHA STATE ACTION PLAN FOR DRUG DEMAND REDUCTION

## 1. PREVENTIVE EDUCATION AND AWARENESS GENERATION

*"Evidence-based substance use prevention programmes are needed to protect the young people. An important component of a drug-demand reduction based response to the drug problem, is in the form of strategies aimed at prevention of initiation of substance use. Awareness programmes can play an important role in establishing substance use disorders as bio-psycho-social health conditions. Thus, enhancing the awareness in the society can be an effective tool in minimizing the stigma associated with substance use and facilitating access to prevention services."*

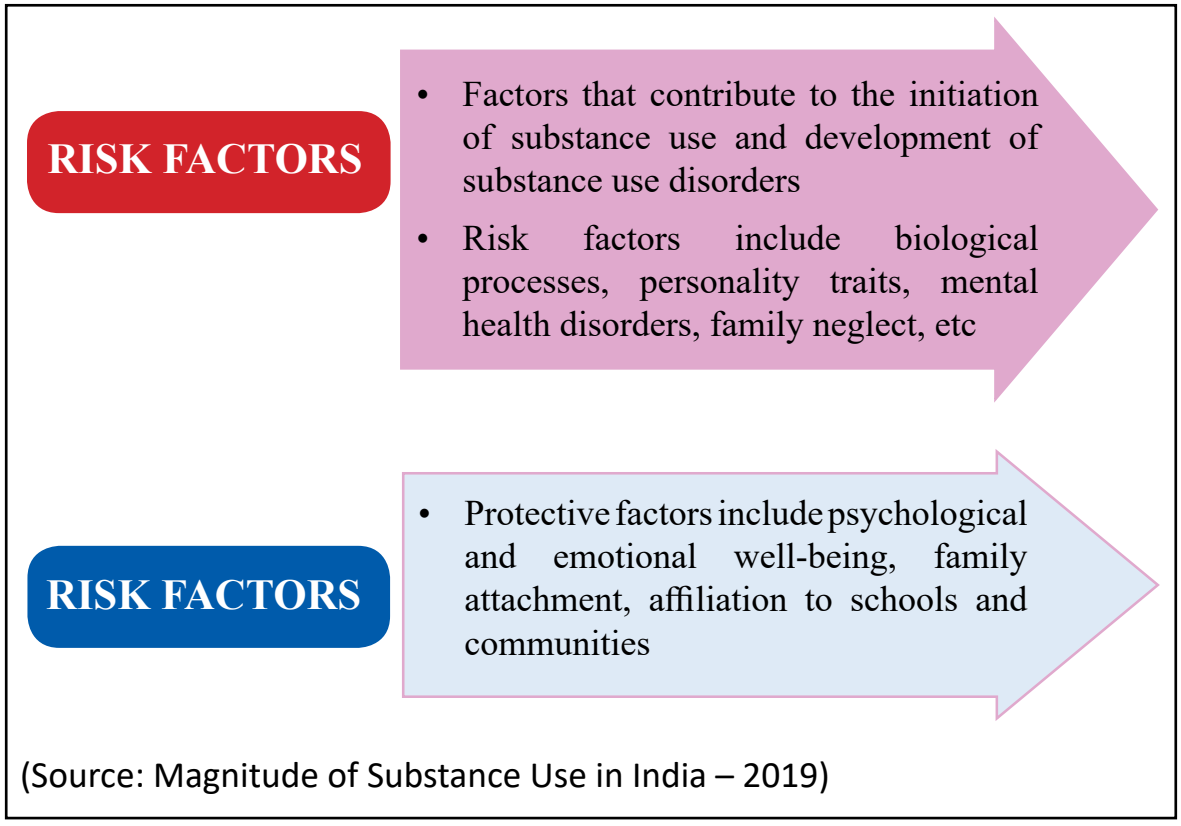
**(Source:** Magnitude of Substance Use in India – 2019; Ministry of Social Justice and Empowerment, Govt. of India; National Drug Dependence Treatment Centre (NDDTC) & All India Institute of Medical Sciences - AIIMS, New Delhi)

## 1.1 Awareness Generation Programmes at the Developmental Stages

A. Awareness and Psycho-education regarding the implications of drugs and substance use among the students of educational institutions (schools, colleges, open schooling, virtual classrooms, student support networks and so on).

B. Preventive education and awareness generation among the professionals related to the educational and developmental sectors (school admin authorities, departmental heads, teachers, academic counsellors, parent-teacher networks and related meetings, faculty members, NCC & NSS Volunteers and other functionaries).

C. Development of programmes and activities dealing with drug demand issues, prevention and awareness generation by addressing the risk factors and protective factors at the developmental stages of lifespan. Programmes to combat the risk factors and facilitate the protective factors that shall lead to drug demand reduction, preventive education and awareness generation.




D. Development of a distinctive school curriculum, life skills training kits, mental well-being sessions, and other child-friendly measures of preventive education and awareness generation.

E. Pre-conception counselling, implications of drugs and substance abuse; preventive and awareness generation among the at-risk drug-dependent couples (Foetal Alcohol Syndrome, and other neuro-developmental impairments).

F. Awareness and sensitization of families of drug dependent persons; empowering them towards a drug-free family life.

G. Developing a "Children's and Educational Groups Parliament / Support Network" as part of preventive and participatory approaches.

H. Documentaries, IEC materials, Related user-friendly preventive education and awareness generation materials.

I. Developing child-friendly helplines for preventive and curative methods; for awareness generation; preventive education; and creating an enabling environment across the developmental ages and stages of lifespan.

## 1.2. Preventive Education and Awareness Generation Programmes at the Community level

A. Community based sensitization programmes on drugs and substance abuse; its identification and screening procedures; ill-effects and consequences; as well as targeted technical programmes on preventive education and awareness generation.

B. Creating of community-led / peer-led support groups; community hand-holding of drug dependent persons as well as their families; cross-cutting through stigma-discrimination-social exclusion through awareness programmes.

C. Specific Community Based Preventive Education and Awareness Programmes at multi-stake level including medical professionals, allied health workers, neo-humanitarian and faith-based organizations, and related field functionaries.

D. Sensitization among the mass media personnel; media responsibility as well as awareness generation through convergence of mass media inputs / activities and community participation.

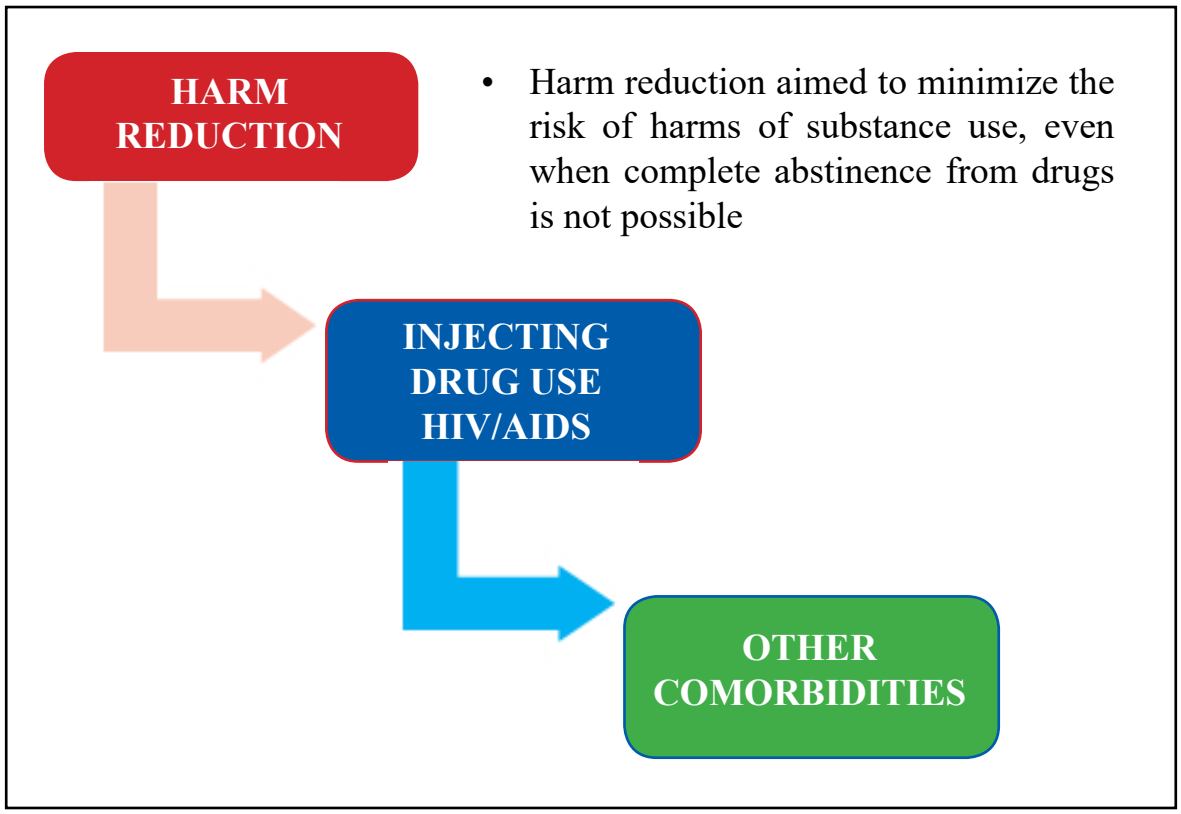
E. Developing prevention and demand reduction modules based on Pro-People Journalism; Community and Media hand-holding; collective responsibilities in the process.

F. Community level cultural exchange inclusion programs with specific inputs on prevention and awareness involving the families, neighbourhood, cultural groups, and community at large.

G. Educating the youth groups and developing youth support networks for preventive education, awareness generation, social responsibility and hand-holding of the individuals, families on the spectrum of drugs and substance abuse. Involving active

participation of the youth groups, district and block level systems, urban and rural level local bodies.

H. Strategic Preventive Education and Awareness Programmes aimed at "Harm Reduction".




I. Developing community based IEC content; audio-visual content on preventive education and awareness related to drugs and related use; including co-morbid issues like HIV/AIDS, drug peddling, illicit trafficking, and other hazardous consequences. Including of online communities and groups in the same.

J. Developing a community volunteer resource pool for effective preventive measures across multiple locations and vulnerable patches.

K. The Department will hire Multimedia Public Relations vans/ vehicles to visit villages, cities for exhibition of documentaries to common people, vulnerable sections on drug abuse.

## 1.3. Workplace Awareness and Sensitization

A. Understanding workplace precursors that trigger drugs and substance abuse (e.g. workplace stress, anxiety, performance pressure, work-life imbalance and so on).

B. Preventive education and awareness among the working staff, support staff and functionaries in the Govt. and Private Sector related workplaces.

C. Fostering healthy lifestyle habits at workplaces, drug-free work-stations/duty stations as part of preventive education and sensitization activities among the working personnel (e.g. abstinence from drugs or substance abuse during break time, informal discussions and other related situations).

D. Developing a Workplace Internal Drug Control and Management Committee at workplaces as part of prevention measures; awareness generation approaches and workplace support networks.

E. Corporate Social Responsibility (CSR) convergence in activities that foster abstinence from drug abuse, effectual prevention and awareness.

F. Inter-Workplace and Intra-Workplace sensitization campaigns to empower drug prevention and awareness generation programmes as a workplace responsibility.

## 1.4. Preventive Education and Awareness at the Law Network Levels

A. Facilitating awareness and sensitization programmes of the Law Networks including the law enforcement agencies, police personnel, BAR Council, excise department and related areas.

B. Developing Legal and Legal-Community Partnership Drug Control Networks and policy frameworks that reflect the legal repercussions of drug peddling, illicit trafficking, drug availability prevention and synergistic conjunction of legal frameworks in preventive education and awareness.

C. Sensitization and awareness programmes inclusive of the Legal Enforcement Ecosystem including juvenile justice boards, juvenile homes, shelter homes, children in conflict with law, and so on.

## 1.5. Preventive Education and Awareness Generation among the At- Risk Population and Vulnerable Groups

A. Sensitization of at-risk population and vulnerable groups at regular intervals.

B. Developing an at-risk and vulnerable group "Task Force" through effective sensitization programmes.

C. Preventive education and awareness among the field functionaries and service providers (medical, para-medical, allied health and nutrition, neighbourhood groups and so on) at those vulnerable areas and targeted groups.

D. Appropriate training, education, awareness and sensitization of Injecting Drug Users, HIV positive or at-risk individuals, sex workers, child labourers involved in drug peddling-trafficking-rag picking-begging and so on.

## 2. CAPACITY BUILDING

### 2.1. Capacity Building of Core Functionaries in the Drug Demand Reduction and De-addiction Process

A. Capacity building of institutions and professionals working directly in the area of drug demand reduction and de-addiction including IRCAs, health professionals (medical doctors, nurses, paramedical, AYUSH practitioners, ASHA workers), counsellors, relevant NGOs and so on.

B. Capacity building of the family members, neighbourhood, and voluntary community-led programmes.

C. Capacity building of self-help groups in the DDR and drug de-addiction process.

D. System strengthening and capacity building through consultative programmes, symposiums, publications, seminars, knowledge-exchange programmes, insight development on best practices and innovations at all the multi-stake levels.

### 2.2. Orientation, Review and Refresher Trainings

A. Capacity building, orientation programmes, review and refresher trainings with a multidisciplinary and multi-sectoral approach

(academic institutions, health, nutrition, rehabilitation care, social-developmental sectors and so on).

B. Developing capacity building program content; adapted and assimilated curriculum for capacity building of service sectors and individuals who would get exposure to the capacity building programmes.

C. "Master Trainers" workshops for capacity building across different levels of stakeholders. Widening the spectrum of the same across other districts, blocks and grassroots levels.

D. Capacity building of peer educators, volunteers, nurses, ASHA workers, and other programme delivery staff to work on a one-to-one and group basis.

E. Regular capacity building programmes for the IRCAs and related organizations on effective service delivery, drug demand reduction and drug de-addiction mechanisms.

F. Specific and differential capacity building of service providers and personnel working with the at-risk and vulnerable population, including ICCTC centres, women and child protection services, and so on.

## 3. TREATMENT AND REHABILITATION

### 3.1. Treatment and Rehabilitation of Drug Dependent Individuals

A. Targeted medical, psychological, social and allied measures for the treatment and rehabilitation of drug dependent persons.

B. System strengthening of treatment facilities available at the public health centres, hospitals, private clinics for effectual treatment and rehabilitation.

C. Specific and specialized intervention programmes; self-report and screening measures; early identification and early intervention approaches and supportive treatment for dealing with withdrawal symptoms and relapse prevention.

D. Setting up Drug De-addiction centres and supporting their functioning at the Govt. & Private Hospital levels; enhancing outreach activities related to treatment and rehabilitation in remote areas.

E. System strengthening of IRCAs and improving their treatment and rehabilitation services.

F. Establishing potential linkages with multi-sector treatment and rehab measures / centres / services.

G. Documentation of success stories, case histories, needs and gap analyses as well as testimonials of successful treatment and rehabilitation.

H. Developing effective monitoring, evaluation and follow up processes for at par and relevant treatment and rehabilitation measures.

## 3.2. Treatment and Rehabilitation of Families and Caregivers

A. Psychological first-aid and rehabilitation of families of drug dependent individuals.

B. Rehabilitation programmes for women, children and other dependents of deceased drug dependent individuals with no support system.

C. Development of family support networks; creating of an enabling and empowering environment through family integration-reintegration (wherever applicable) in the treatment and rehabilitation process.

D. Developing appropriate skill development and vocational placement channels for the families or dependents of deceased drug dependent individuals and individuals into severe forms of addiction as well as hazardous co-morbidities.

## 4. SETTING QUALITY STANDARDS

### 4.1. Developing Marker Quality Standards

A. Developing marker indicators and relevant strategic approaches for quality standards of services, service-providers and effectual evaluation systems for the same.

B. Formulating quality standards protocols that augment IRCAs and Drug Demand Reduction Programmes.

C. Enhancing the effective delivery and mechanism of the Minimum Standards of Services.

D. Developing newer innovations for quality standards across the state as per the present drug demand and drug abuse ecosystem scenarios, research, evidence based treatment-management regimes and updated best practices.

### 4.2. Setting Efficient Mechanisms for Quality Standards Maintenance

A. System strengthening of IRCAs and enhancing adherence to Minimum Standards of Services through effective programme management,

reviews, needs and gaps assessment, situational analyses and appropriate interventions.

B. Popularization and reinforcement of the Acts and Policies including the UN Conventions like Convention on Illicit trafficking of Narcotic Drugs and Psychotropic Substances, Convention on Narcotic Drugs and Psychotropic Substance respectively, NDPS and so on. Reinforcing mechanisms of practice as per the Signatory Accountability of India in the conventions and policies.

C. Developing State Level model centres and modules for setting and maintaining quality standards.

D. Facilitating Services and Beneficiaries Accountability and Partnership in effective quality standards and services.

## 5. FOCUSSED INTERVENTIONS IN VULNERABLE AREAS

A. Mapping of vulnerable areas through intensive field-based surveys, case-identification, anthropometric and socio-metric procedures, drug demand and drug abuse hotspots; active participant mapping strategies of the IRCAs, fact-finding groups and so on.

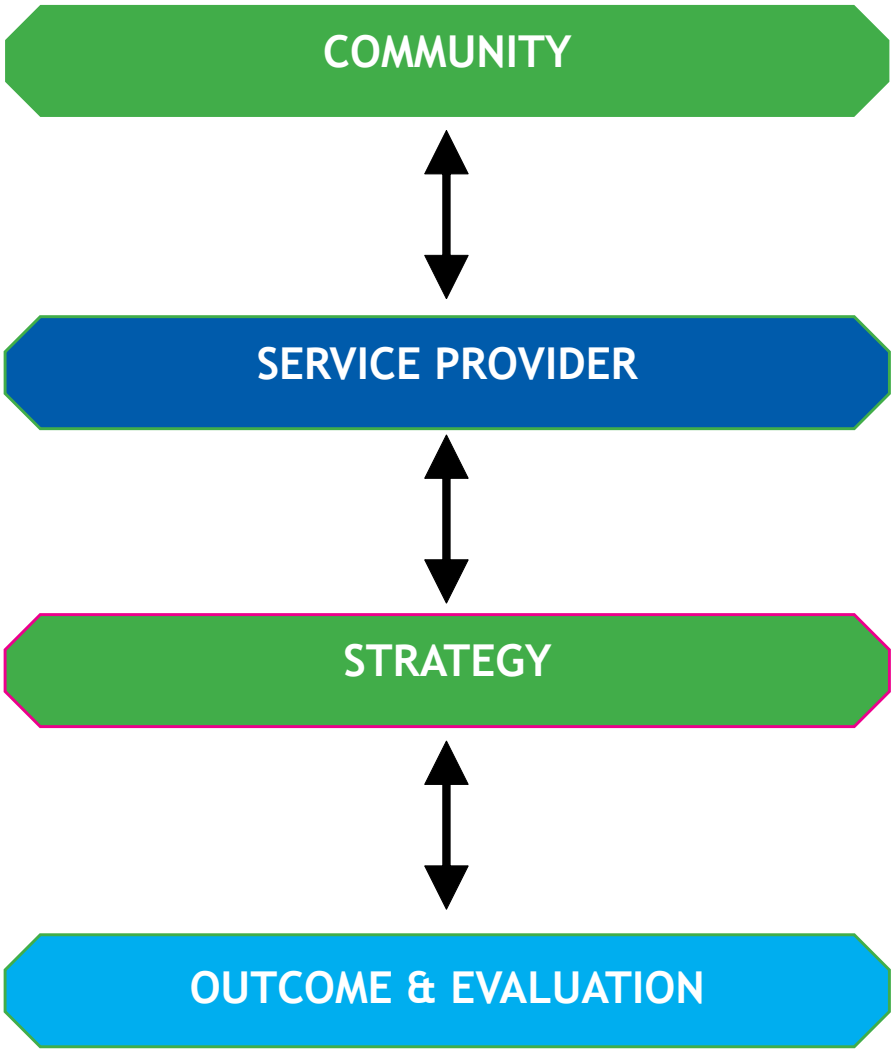
B. Situational analyses of vulnerable areas including the at-risk and vulnerable groups, extent of drug use/abuse, persons involved, nature of drug demand and drug dependence, reasons for the same, potential triggers and aggravating factors and analysis of drug availability.

C. Targeted interventions in vulnerable areas and population through neo-humanitarian perspectives, non-discriminant approaches, integration with NGOs-community groups – youth groups - families and related segments of the society; focussed interventions among children at-risk, sex workers, HIV positive individuals, multi-drug abuse and dependent individuals.

D. Focussed interventions for drug demand reduction, prevention, awareness and services by fostering mental health and well-being; faith-based self-control practices; professional and technical inputs as well as multi-stake convergence programmes.

E. Avoiding new people from becoming drug addicts by launching a massive awareness campaign against drug abuse and by involving respected leaders, youth icons, & film personalities.

F. Developing State Level Monitoring and Programme Evaluation measures through the Four-Component framework:



## 6. SKILL DEVELOPMENT, VOCATIONAL TRAINING AND LIVELIHOOD SUPPORT OF EX- DRUG ADDICTS

### 6.1. Facilitating Skill Development and Vocational Preparedness

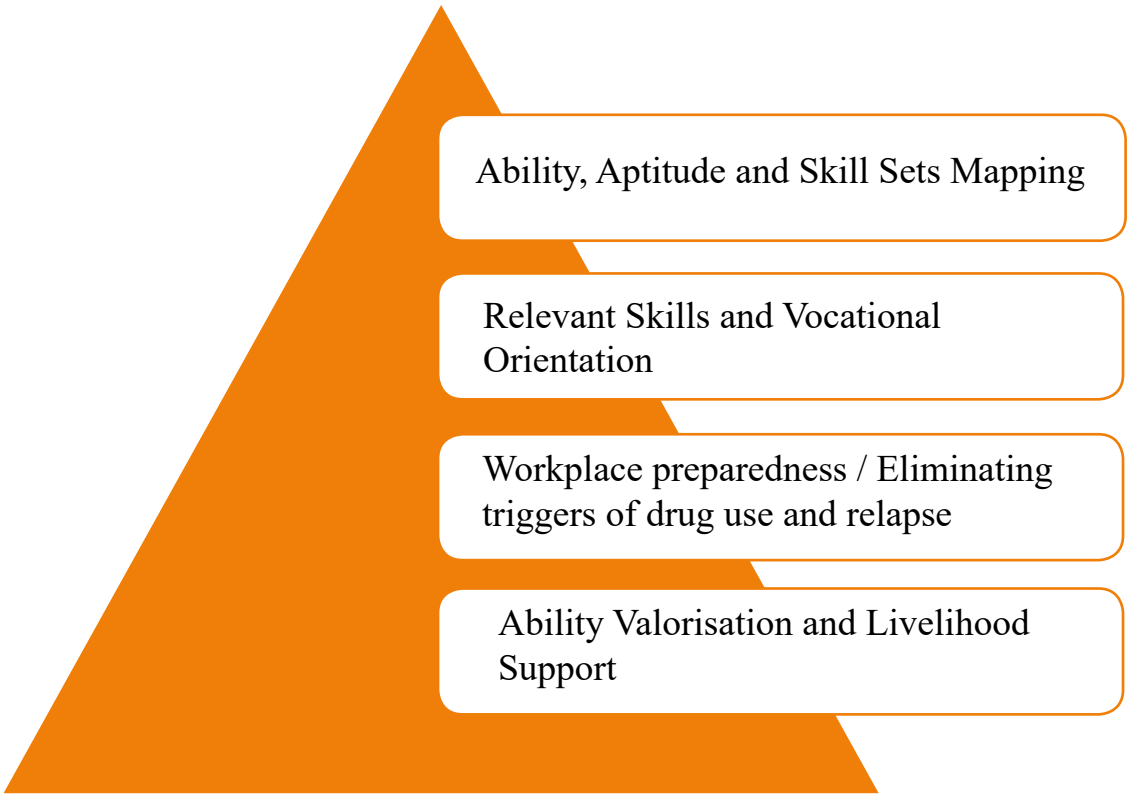
A. Charting out the functional abilities and skill sets of the ex-drug addicts through surveys, case studies, aptitude tests and other forms of psychometric skill sets evaluation systems.

B. Orientation of the ex-drug addicts in terms of workplace preparedness and workplace settings; nature of work; skills to foster work-life balance and so on.

C. Developing modules and inculcating them in terms of personality development of the ex-drug addicts; workplace etiquettes; and soft skills training. Infusing self-empowerment and self-esteem; dignified living and a positive attitude towards joining the mainstream by combating the odds.

D. Holding Sensitization workshops at different workplace networks regarding positive acceptance of ex-drug addicts and creating an accessible, enabling and empowering workplace environment for the ex-drug addicts.

E. Skill development and vocational training as per the functional abilities of the ex-drug addicts.




A. Establishing vocational training centres and human resources panel to enhance the vocational training (Govt. and Private sectors, Information Technology (IT) Training and other relevant sectors) as well as placement of the ex-drug addicts as per appropriate ability valorisation

B. Establishing livelihood support linkages through appropriate agencies; developing self-help groups and livelihood support networks

C. Focussed training on managing finances, saving strategies and managing the earnings with long-term sustainability plans as per the life demands of the ex-drug addicts. Creating a module for the same with the help of finance related functionaries

D. Livelihood programmes and positive organizational skills training at the IRCAs, NGOs and vulnerable areas including juvenile homes, correctional homes, and so on.

## 7. SURVEYS, STUDIES, EVALUATION, RESEARCH & INNOVATION ON THE SUBJECTS COVERED UNDER THE SCHEME.

A. Development of a State Technical Resource Pool or State Technical Team for creating appropriate research as well as innovations on drug de-addiction and drug demand reduction; development of evidence based best practices with the technical resource pool; conducting pilot studies on the same and establishing the positive research outcomes as implementation programmes and practices; engagement of the State Technical Team for efficacious monitoring and evaluation; training programmes as well as other intervention strategies appropriate for the cause.

B. Developing multidisciplinary research team across university levels, academic institutions and facilitating newer forms of surveys, research on Drug Abuse, de-addiction as well as drug demand reduction; creating in-depth insight regarding the drug demand and addiction ecosystem through extensive research; and developing new modules, treatment plans and prevention strategies with research-oriented results.

C. Developing State Research Centres or supporting research projects with a distinctive focus on management of drug addiction, focussed treatment strategies, pilot testing, developing patents and appropriate rehabilitation measures through newer research innovations, related physical-psychosocial-economic implications and newer innovations, reduction of drug demand; developing modules and training programmes on the updated findings and carving out a way ahead as per the novel evidence-based techniques.

D. Developing a one-stop resource App or State Online Portal on the technical know-how related to drug abuse treatment, services available, research and innovations, helplines, success stories, facts, policies and schemes.

## 8. PROGRAMMES FOR DRUG DEMAND REDUCTION BY THE STATE

A. Effective enforcement of relevant laws against trafficking/ smuggling of drugs, taking effective legal action against the drug smugglers/ suppliers/dealers/peddlers by collaborating with the Home Department.

B. Developing an area specific strategy tailored to the requirement of area specific in jurisdiction of each police station.

C. The Police Stations will act as nodal points for compiling complete lists of retailers, retail outlets, distributors or other mafia outlets dealing with drugs in their respective areas.

D. Ensuring zero tolerance and effective enforcement of law against the suppliers/ peddlers of drugs and to take measures for reducing supply of different types of drugs.

E. Drug addiction kits and, if feasible, mobile forensic labs for on spot preliminary analysis of drugs may be provided in each districts. (Action may be taken by Health & Family Department).

F. Registration of FIR into every Drug related deaths suspected to be because of drug adulteration or drug overdose by Police Department.

G. State level programmes that augment all the related areas of the drug demand reduction system and practices.

H. Establishing support and services networks as well as linkages among the interdisciplinary best practices targeted towards drug demand reduction.

## 9. PROGRAMME MANAGEMENT

A. Conducting State Level Programme Management Trainings for all the new and existing IRCAs, RRTC and other agencies, support networks working in the area of drug demand reduction and drug de-addiction.

B. Empowering and enabling the Regional Resource Training Centre (RRTC) to develop facilities, including skilled workforce, that can deliver on the drug strategy /action plan in collaboration of stakeholders.

C. Strengthening the Programme Management Unit of the State for operational implementation of the action plan, trainings, reviews, evaluation and meeting the necessary steps towards drug demand reduction and drug abuse at all the levels.

D. Developing effective and appropriate State Monitoring and Evaluation Systems for efficacious programme management, service delivery, bridging the gaps of challenges and practices, documentations, functional aspects of the IRCAs and relevant organizations established for the cause.

## 10. OTHER ACTIVITIES WHICH WILL STRENGTHEN THE IMPLEMENTATION OF NAPDDR

1. Effective use of social media platforms like Twitter, Facebook and WhatsApp, etc. for spreading awareness about the issue should be undertaken..
2. State Government should launch special help line number for helping addicts in distress.
3. Provide effective drug De-addiction facilities in Jails.
4. Government Hospitals will have good facilities and separate space for addicted inmates.
5. Augmenting the activities of the NAPDDR through state hand-holding programmes, research, knowledge-exchange, success stories and effective mechanisms for drug de-addiction as well as drug demand reduction.

6. "From addicts to WPR and Change-Makers"… Empowering the individuals who are free of drug addiction to be the pageants of change by setting their success stories as achievable models and examples to be internalized.

7. Working towards being a model-State; a drug-free State and Nation by multi-stake synergistic activities involving education, life skills, value inculcation, combating drug-related crimes, fostering new or novel innovations, working towards prevention as well as effective management of drug abuse and drug demand reduction.

## REFERENCES


- Drug Abuse Treatment and Rehabilitation, United Nations, Office on Drugs and Crime.
- Implementation Framework for National Action Plan for Drug Demand Reduction, Ministry of Social Justice and Empowerment, Govt. of India.
- Magnitude of Substance Use in India – 2019; Ministry of Social Justice and Empowerment, Govt. of India; National Drug Dependence Treatment Centre (NDDTC) & AIIMS, New Delhi.

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## Department of Social Security & Empowerment of Persons with Disabilities

Website : ssepd.gov.in
Helpline : 1800 345 7150

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