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Ministry of Social Justice and Empowerment
Government of India

NASHA MUKT BHARAT ABHIYAAN

Assessment Report 2021

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Nasha Mukt Bharat Abhiyaan

—— Assessment Report 2021 ——

Suggested Citation: Ministry of Social Justice and Empowerment, Government of India. (2021). Assessment Report (2021): Nasha Mukt Bharat Abhiyaan

Department of Social Justice and Empowerment
Ministry of Social Justice and Empowerment
Government of India

Foreword

Nasha Mukt Bharat Abhiyaan was launched by the Ministry of Social Justice and Empowerment in August 2020 focusing on preventive, mass education and sensitization, capacity building of service providers, positive partnership with educational institutions, and augmentation of treatment, rehabilitation, and counselling facilities for addicts.

Ministry of Social Justice and Empowerment has taken several steps to address the issues related to drugs and their effects. More than 500 voluntary organizations are actively involved in implementing this drug free India campaign. Nearly 8000 volunteers and outreach workers from various backgrounds and fields have gone from door to door, village to village and nearby localities, etc. to educate the people about the ill effects of drug abuse and have assisted in the rehabilitation of victims of substance abuse. The activities of Nasha Mukt Bharat Abhiyaan, despite the situation arising out of COVID-19 in the country, have continued in full force.

Ministry of Social Justice and Empowerment with support of UNDP assessed the Nasha Mukt Bharat Abhiyaan at the central, state, district, and community level. The assessment was conducted in 11 states and 68 districts across India, assessing various activities and programs under the Nasha Mukt Bharat Abhiyaan.

I am happy to share the findings of the Nasha Mukt Bharat Abhiyaan assessment. These findings will reaffirm our commitment to achieve social goals, and initiatives to end drug use and strengthen community-centric approaches and outcomes. The report showcases the extensive reach of Nasha Mukt Bharat Abhiyaan across the nation through various innovative approaches and activities at the ground level.

To strengthen our determination against drug use in any form, India will leave no stone unturned to fight against this evil.

Saurabh Garg
Secretary
Ministry of Social Justice and Empowerment,
Govt. of India

Preface

Substance use disorders are affecting all communities in the world making substance use a serious public health issue. Disorders associated with substance misuse have links to behavior and health issues, tense interpersonal relationships, dim economic outlooks, dangerous neighborhoods, and political upheaval.

The first ever National Survey on the Extent & Pattern of Substance Use was conducted by Ministry of Social Justice & Empowerment with NDDTC, AIIMS in 2019. The survey findings helped to identify 272 districts of India vulnerable to substance use. The Ministry of Social Justice and Empowerment formulated the Nasha Mukt Bharat Abhiyaan' and launched the three-pronged program combining efforts of Narcotics Bureau, Outreach/Awareness by Social Justice and Treatment through Health and Welfare Department.

Under the banner of Nasha Mukt Bharat Abhiyaan, a multitude of activities have been taken up by the districts & states with the participation of the relevant stakeholders. Ministry of Social Justice and Empowerment undertook an assessment of the implementation of Nasha Mukt Bharat Abhiyaan in 11 Indian states to evaluate the various initiatives and programmes conducted under the umbrella of the Abhiyaan.

I'm pleased to present the Nasha Mukt Bharat Abhiyaan Assessment Report 2021, which highlights the nationwide accomplishment since the inception of the Abhiyaan. The results of this assessment will help to focus intervention efforts and speed up the process of eradicating substance abuse in India. I also acknowledge UNDP and other implementation partners for their contributions in conducting this assessment.

B. Radhika Chakravarthy
Joint Secretary
Ministry of Social Justice and Empowerment,
Govt. of India

Message

Substance abuse is an emerging concern amongst vulnerable communities, particularly young people. Substance abuse not only undermines an individual's health and social well-being but also impacts the lives and livelihoods of their families and communities. Such individuals often face marginalization and stigma, which prevent efforts to address the abuse.

To tackle this, there is a need for an evidence-based approach to identify vulnerable communities, increase awareness of the adverse effects of substance abuse and change attitudes to reduce stigma.

Since 2020, the Ministry of Social Justice and Empowerment (MoSJE), Government of India, has been leading from the front through its flagship mission, Nasha Mukt Bharat Abhiyaan (NMBA). Launched across 272 vulnerable districts, the mission reaffirms the Government's commitment to root out the menace of substance abuse and strengthen community-centric approaches to end drug abuse in India.

To boost the mission's outreach and analyze its impact, the Ministry, with support from UNDP, assessed the Nasha Mukt Bharat Abhiyaan across 11 Indian states.

I am happy to present the Nasha Mukt Bharat Abhiyaan Assessment Report 2022. The report provides key insights into the prevalence of substance abuse across different regions, the affected population group, and the attitude of the community towards this issue.

The report also highlights how the campaign has positively impacted people's lives, as evidenced through testimonials on how the campaign raised their awareness about substance abuse and its adverse physiological and psychological health effects.

With less than a decade to achieve the Sustainable Development Goals, ensuring healthy lives and well-being is critical to achieving the ambitious Goals.

I am confident the report will help policymakers and government departments develop effective programmes to strengthen action for ending substance abuse and raising awareness to respond to the needs of people who use substances in India.

UNDP is committed to working with the Government of India to empower people living in vulnerable communities to build a better and secure future for themselves.

We are honored to support the Ministry in conducting this National Assessment and documenting the critical findings under NMBA and are deeply thankful for their partnership.

Shoko Noda
Resident Representative
UNDP India

Acknowledgement

The report has been prepared under the Vision and Guidance of the Ministry of Social Justice and Empowerment (MoSJE) with support of UNDP, India.

Ministry of Social Justice and Empowerment, Government of India
Smt. Anjali Bhawra, Secretary
Smt. B. Radhika Chakravarthy, Joint Secretary

United Nations Development Programme
Er. Abhimanyu Saxena, OIC, Health and Governance
Dr. Shalini Verma, Senior National Program Manager- M&E
Dr Chiranjeev Bhattacharjya, National Program Manager-HSS

Nasha Mukt Bharat Abhiyaan Assessment was carried out by **UNDP** through its implementation partner **IQVIA Consulting and Information Services India Private Limited**. The assessment activities were coordinated by Nasha Mukt Bharat Abhiyaan Project Monitoring Unit (PMU) of Ministry of Social Justice and Empowerment and UNDP State Nodal Officers. The assessment was conducted by valuable support of State and District officials during field execution and data collection period.

Nasha Mukt Bharat Abhiyaan (NMBA) Project Monitoring Unit (PMU)

Ms. R. Haritha Alankritha	State Nodal Officer, Andhra Pradesh
Ms. Karthika Pillai	State Nodal Officer, Bihar
Mohd. Hussan Khan	State Nodal Officer, Chandigarh
Mr. Sparsh Maheshwari	State Nodal Officer, Gujarat
Ms. Shreya Verma	State Nodal Officer, Jammu, and Kashmir
Dr. Sijo George	State Nodal Officer, Madhya Pradesh
Md. Azimuddin Sheikh	State Nodal Officer, Manipur
Ms. Soumya Jawhri	State Nodal Officer, Meghalaya
Ms. Sneha Thomas	State Nodal Officer, Kerala
Mr. Avneet Kumar	State Nodal Officer, Punjab, and Haryana
Ms. Risha Nushrat	State Nodal Officer, Uttar Pradesh

State Officials of Social Welfare Departments

State	Name	Designation
Andhra Pradesh	Mr. V. Narayan Rao	State Nodal Officer, Social Welfare Department
	Mr. T. Rajinder	Deputy Director, Social Welfare Department
Bihar	Mr. Jashlok	Assistant Director, Social Welfare Department
	Mr. Amar Singh	Secretary, State Level Coordination Agency, NMBA
Haryana	Dr. Aditya Avinash Kaushik	Deputy Director, Department of Social Justice & Empowerment
	Mr. Avneet Kumar	NDMA Punjab & Haryana Nodal Officer
Jammu and Kashmir	Mr. Bashir Ahmad Dhar	Director General, Social Welfare Kashmir
	Mr. Najeeb Jung	Additional Director, Social Welfare Kashmir
Kerala	Ms. Jalaja.S	Additional Director, Directorate of Social Justice
	Ms. Preethy Wilson	Assistant Director, Directorate of Social Justice

Acknowledgement

State	Name	Designation
Manipur	Mr. Konsam Saroja	Deputy Director (CP), Social Welfare Department, Manipur
	Mr. Ngangom Uttam Singh	Director (Social Welfare), Manipur
Madhya Pradesh	Mr. Rahul Deshmukh	Department of Social Welfare
	Mr. Rajeev Tiwari	State Level Committee Member
Meghalaya	Mr. DD. Shira	Director, Department of Social Welfare
	Mr. Sherrard Wallang	Director, Kripa Foundation
Punjab	Mr. Charanjeet Mann	Social Security Joint Director
	Mr. Avneet Kumar	NDMA Punjab & Haryana Nodal Officer
Uttar Pradesh	Mr. Krishna Prasad	Deputy Director, Social Welfare
	Ms. Saroj Kumar	Drug Deaddiction officer (Raj Madhnishedh Adhikari)

UNDP State Nodal Officials

Dr. Joshua Abhishek	State Nodal Officer, Andhra Pradesh
Dr. Kunal Yadav	State Nodal Officer, Bihar
Dr. Dharmesh Domadiya	State Nodal Officer, Gujarat
Dr. Ajay Verma	State Nodal Officer, Haryana
Dr. Ajith J S	State Nodal Officer, Jammu and Kashmir
Dr. Rosin George Varghese	State Nodal Officer, Kerala
Dr. Kapil Jadaun	State Nodal Officer, Madhya Pradesh
Dr. Jujurani Asem	State Nodal Officer, Manipur
Mr. Egumsing Nsarangbe	State Nodal Officer, Meghalaya
Dr. Manisha Mandal	State Nodal Officer, Punjab
Dr. Ahmad Abbas Agha	State Nodal Officer, Uttar Pradesh

Implementation Partner (IQVIA Team)

Mr. Kapil Dev Singh	Principal, Consulting
Mr. Chander Pal Thakur	Project Lead
Mr. Sandesh Sibhinath	State Coordinator, Andhra Pradesh
Mr. Ravi Ranjan	State Coordinator, Bihar
Ms. Niharika Jain	State Coordinator, Gujarat
Dr. Bharat Betapudi	State Coordinator, Haryana
Ms. Vaishali Talani	State Coordinator, Jammu and Kashmir
Mr. Sananda Kumar	State Coordinator, Kerala
Dr. Dwarka Nayak	State Coordinator, Madhya Pradesh
Mr. Maipak Singha	State Coordinator, Meghalaya
Dr. Ruchi Gupta	State Coordinator, Punjab
Dr. Kabir Pal	State Coordinator, Uttar Pradesh

We extend our gratitude to all the participating stakeholders at the state and district levels, as well as the personnel at the Integrated Rehabilitation Centre (IRCA) and Outreach and Drop-In Center (ODIC) facilities, for their availability which helped in timely execution of the assessment. The findings of this assessment will aid in understanding the operational lessons learned from the program's accomplishments and challenges at the Central, State, District, and community levels.

We hope that this assessment and accompanying recommendations would support in strengthening the implementation and scale up of Nasha Mukt Bharat Abhiyaan across the country.

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Acronyms

Abbreviations	Expansion
AIIMS	All India Institute of Medical Sciences
AAP	Annual Action Plan
ATS	Amphetamine Type Stimulant
ATF	Addiction Treatment Facility
ASHA	Accredited Social Health Activist
CAPI	Computer Assisted Personal Interviewing
CPLI	Community based Peer Led Intervention
IDI	In-depth Interviews
IRCA	Integrated Rehabilitation Centre for Addicts
KII	Key Informant Interview
KAP	Knowledge Attitude Practice
MOSJE	Ministry of Social Justice and Empowerment
ODIC	Outreach and Drop-in Centre
PSU	Primary Sampling Unit
SOP	Standard Operating Procedure
UNDP	United Nations Development Program

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Executive Summary

The negative consequences of substance use entail tremendous influence not only on the individual consumer but also on their family, friends, and the society. The very first coverage of existing substance use situation across the country was conceived and conducted in the year 2019 by commissioning a National Survey on Extent and Pattern for Substance Use in India. The survey provided intriguing insights pertinent to the issue of substance abuse along with its extent and profundity in all the 36 states/UTs of the country. In view of the findings of the survey, the Ministry formulated Nasha Mukt Bharat Abhiyaan (NMBA), a three-pronged strategy by combining the efforts of Outreach/Awareness by Ministry of Social Justice & Empowerment, Supply side action by Narcotics Control Bureau and Treatment through Ministry of Health and Family Welfare. To assess the impact NMBA has had in its initial phase of implementation (2020-21), Ministry of Social Justice and Empowerment (MoSJE) undertook an impact assessment exercise of Nasha Mukt Bharat Abhiyaan with the support of UNDP entailing the following objectives:

1. Map the geographical coverage of the Nasha Mukt Bharat Abhiyaan through secondary data
2. Assess the impact of Nasha Mukt Bharat Abhiyaan in vulnerable districts of India through primary data collection
    - Knowledge Attitude Practice (KAP) survey among community with special focus on youth and women.
    - Key informant interviews among state and district level government officials implementing the Abhiyaan, members of District Monitoring Committee and Master Volunteers.
3. Facility Survey of Outreach & Drop-in Centers (ODIC)/ IRCAs and In-Depth Interviews with those who have either undergone treatment at the facility in the last three months or undergoing treatment currently
4. Assess the Capacity Building Programs for Service Providers, at the time of training and retention of learnings afterwards.
5. Assess the impact made by the Master Volunteers who are working for the Abhiyaan in their districts

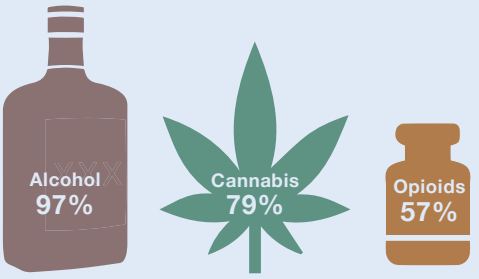
To achieve the above-mentioned objectives under the assessment, the primary as well as secondary data sources were utilized. The secondary data analysis showcases implementation of Nasha Mukt Bharat Abhiyaan across various states including mapping geographical coverage of the Abhiyaan, District wise performance of Nasha Mukt Bharat Abhiyaan and Top 5 states with high prevalence of Substance use. The data source for the secondary review encompassed various published resources form the MoSJE. The primary data collection involved the collection of quantitative as well as qualitative components from 11 states and 68 districts. A total of 3400 respondents were identified for the quantitative (KAP) survey which satisfied the representation of at least 50% youth and women. Moreover, 287 Key Informant Interviews (State, district officials and master volunteers) and 106 In-depth Interviews (Patients at IRCA/ODIC) were conducted to collect qualitative details. A detailed pre-planned list of measures was taken to ensure the quality of the data collected on field. Also, all the ethical principals were followed before the data collection and its analysis. For the quantitative analysis, the univariate and bivariate analysis was pursued to establish the statistical association amongst the variables. A total seven categories of psychoactive substances were inquired and analyzed on their responses.

Key Findings

Community's Knowledge of Substance Use

As per the findings of the report, the respondents were inquired about the seven categories of psychoactive substances i.e., Alcohol, Cannabis, Opioids, Cocaine, Sedatives, Inhalants and Hallucinogens. Most of the respondents reported having knowledge about alcohol, cannabis, and opioids. The knowledge pertaining to successive higher form of the substances were reported to be low.

An overwhelming response on the knowledge about cannabis was also reported from Jammu & Kashmir (98%), Bihar (97%) and Andhra Pradesh (91%). More than 50% of the respondents from Gujarat (56%), Manipur (69%), Madhya Pradesh (73%), Bihar (55%), Jammu & Kashmir (62%), Punjab (69%), and Haryana (75%) had knowledge about opioids.



Community's Practice Related to Substance Use

The report findings highlighted that the highest percentage of respondents belonging to the age group 35-50 reported consuming tobacco and alcohol. For all the substances, the prevalence of use of alcoholic beverage is higher among the male adults (57%) compared to males (27%) under the age group 18-35. Females under the categories of both the age groups reported the lowest use of any substance use. It is also to be highlighted that for the substances like tobacco, alcohol, bhang and cannabis, the respondents reported initiating consumption only after 18 years of age but for the higher successive of substances like opioids, sedatives and inhalants, majority of the respondents reported the initiation age below 18 years.

On the contrary the discussions with the district officials, especially in the states of Manipur, Meghalaya, Punjab, Haryana, Jammu and Kashmir reported high usage of drugs like opioids and cocaine among youth. The master volunteer reported that there is very easy accessibility of the pharmaceutical drugs to the youth, and it is very common in Punjab and Haryana.

State with high prevalence
Manipur, Madhya Pradesh, Uttar Pradesh and Punjab

State with high prevalence
Haryana, Manipur, Madhya Pradesh and Punjab

State with high prevalence
Haryana, Manipur, Uttar Pradesh and Punjab

State with high prevalence
Manipur, Meghalaya and Punjab

Community's Attitude related to Substance Use

More than 56% of respondents strongly denied that drinking a small amount of alcohol daily is good for health. While asking the respondents whether the best way to tackle alcohol problem is total ban on alcohol, majority of the respondents reported it to be very much true. While assessing the attitude of respondents regarding the possible role of drug user involvement in domestic violence, more than 50% of the respondent agreed with the statement to be very much true stating the drug use can lead to domestic violence.

The findings also revealed similar insights from patients at IRCA/ODICs. Patients admitted to rehabilitation centers in Manipur and Punjab reported that their use of alcohol and drugs had a significant impact on their behavior. They became violent and sometimes harmed family members after consuming drugs. Few of them reported abusing their wives after consumption of psychotropic substances.

Awareness about the Nasha Mukt Bharat Abhiyaan

The findings reveal that more than 60% of the community members covered under the assessment reported having awareness or have ever heard about the Abhiyaan. Despite the existence of parallel unfortunate pandemic situation, majority of the states and districts were able to take the programme to the community level.

The most reported source of information regarding the Abhiyaan amongst the community was the television. Almost half of the covered population was aware about the nearest drug de-addiction center. The awareness programs were targeted towards all quarters of the society, but more males reported to attending the programs than women.

Contribution of Master Volunteers in Awareness Generation

The master volunteers across the 11 assessed states were found to be proactively and voluntarily working under the Nasha Mukt Bharat Abhiyaan. The master volunteers reported providing the door-to-door visits to amplify the awareness across the community. The most active states where the master volunteer reported to disseminate their services were Kerala, Haryana and Manipur.

The majority of master volunteer reported that they barely use the Nasha Mukt Bharat mobile application while rendering their services in the community. The awareness about any such application was also found to be low, while some reported having trouble in using the existing application.

The training of master volunteer in this regard is highly imperative for amplifying the awareness generation under the program. It was found that trainings were conducted or were planned in future in most of the districts. In states like Manipur and Madhya Pradesh, all the master volunteers were reported of providing regular training. All the master volunteer under the assessment reported the need for regular and extensive trainings on the various pertinent issues on substance abuse.

States	Reported Best Practices for Spreading Awareness
Andhra Pradesh	Street shows in hot spot areas
Bihar	Signature campaign in prision, participation of Jeevika Didi's to spread message door to door, involvement of positive influencers like Jyoti.
Gujarat	Kite festival
Haryana	Sports activities with youth, Jagrukta cycle race, Awareness through Bhajan Mandlees
Jammu & Kashmir	International Cyclothon, T20 cricket match with sports persons, Shopian Fest.
Kerala	Involvement of famous Television and film stars to promote deaddiction through TV and radio programs
Manipur	Sensitization of students on Psychoactive Substances use with Musical Concert, Special deaddiction center for homeless, Residential programs in educational institutes for spreading awareness.
Meghalaya	Launch of video on You Tube for creating awareness, Radio sessions with recovered patients, Launch of deaddiction center for Juvenile, Boat rally
Uttar Pradesh	Cycle Rally and Dandi March, Jan Jagran Abhiyaan
Punjab	All women marathon, sports activities, wall and street paintings

Treatment and Rehabilitation Services

Across the 11 states and 68 districts, 37 Integrated Rehabilitation Center for Addicts (IRCAs) and 16 Out-reach and Drop-in Center (ODIC) were covered under the assessment. The maximum number of IRCA (9) were present in Madhya Pradesh. The state of Manipur has the maximum number of facilities (14) i.e., 7 IRCA and 7 ODIC. In Uttar Pradesh, which is one of most populous state in the country, only 1 ODIC was found in the assessment districts. Meghalaya reported having no IRCA or ODIC in the three selected districts for the assessment.

Treatment Services

Majority of IRCA and ODIC centers reported providing the management of withdrawal (detoxification) services at the facility as well as the psychological support to the patients. Less than 50% of the facilities reported providing employment and housing/ shelter support to the patients. Other medical services such as on-site pharmacy and onsite HIV testing for the patients were also practiced by majority of the facilities. Almost 50% of the facilities were also providing sterile injecting equipment to the drug users.

Rehabilitation Services

The existing IRCA and ODIC reported to rendering a range of rehabilitation services to the community out of which majority of IRCA (84%) and ODIC (93%) were providing outreach services. Most of the rehabilitation services like self-help group assistance, drop-in centers and family assistance services were found in majority of IRCAs and ODICs across the covered districts. Almost 50% of the facilities were providing the educational support and vocational training services at the center.

CHAPTER 1

Background & Objectives

Chapter 1: Background & Objectives

1.1 Introduction

Globally 269 million people used drugs worldwide in 2018, which is 30 per cent more than in 2009, while over 35 million people suffer from drug use disorders, according to the latest World Drug Report (UNODC 2020). Changes in the pattern of substance use have been seen in recent years worldwide. Despite youth drinking declining in many parts of the world, particularly in those with heavier drinking habits, trends are in the opposite direction in others, particularly in Asia. [1]According to a study that analyzed trends in substance use from 1995 to 2018, although tobacco and alcohol consumption decreased, the society is facing new challenges on the fronts of recognition, legislation, and treatment as well as a rise in the use of other illegal substances. The results of this study pointed to increased prescription drug abuse, presenting a challenge to health care providers.[2]

Regional variations in substance misuse can be seen. Europeans use a greater proportion of episodic alcohol and tobacco while North Americans use a greater proportion of cannabinoids, opioids, and cocaine. Based on WHO disease burden and mortality estimates (2015), the United Nations Office on Drugs and Crime (UNODC) has found an increase in the number of people dying directly due to drug use worldwide. As the death rate has increased by 60% over the last decade (168,000 deaths compared to 105,000 deaths in 2000), the prevalence of people who use drugs has increased by 5.6% between 2006 and 2016. During the decade 2006–2016, the annual prevalence of drug users in the 15–64 age group climbed from 4.9 percent to 5.6 percent. However, the percentage of people in this cohort who have substance use disorder (SUD) has remained consistent at roughly 0.6 percent.[3]

There is an increase in the global area under poppy cultivation by more than a third in 2017, and there is a global increase in opium production by almost two-thirds in recent years. In March 2019, WHO-UNODC had mentioned that 119 countries had reported a cumulative total of 899 New Psychoactive Substances (NPS) and a 110% jump in reports of new opioids in a mere 3-year period. However, shifting trends have been observed in East and Southeast Asia.[4]

Indian Scenario

Substance use impacts all communities around the world, and as the prevalence of substance use disorders rises, it has become a significant public health concern. In 2017, 35 million people were affected by substance use disorders, with a prevalence rate of 5.5 percent and only one out of every seven persons received medical treatment. Substance abuse disorders are correlated to health and behavioral concerns, strained interpersonal relationships, poor economic prospects, hazardous neighborhoods, and political unrest. People who abuse narcotics, experience a variety of difficulties and traumas. Health risks, psychological issues, prejudice, and stigmatization are among them. Scientific evidence of genetic susceptibility, mental health concerns, and dysfunctional households with child abuse or neglect, in addition to these burdens, add to the problem of substance use disorders.[5]

[1]World Drug Report 2021 (United Nations publication, Sales No. E.21.XI.8).
[2]Seitz NN, Lochmueller K, Atzendorf J, Rauschert C, Pfeiffer-Gerschel T, Kraus L. Trends in substance use and related disorders: Analysis of the epidemiological survey of substance abuse 1995 to 2018 Deutsches Czteblatt Int. 2019;116:585
[3]WHO. Fifth WHO – UNODC Expert Consultation on New Psychoactive Substances Addressing the Challenges of Non-Medical Use of Opioids. Last accessed on 2021 Nov 15 Available from: th-who-unodc-report-expt-Consultation-new-psychoactive-subs/en/">https://wwwwhoint/medicines/access/controlled-substances/5th-who-unodc-report-expt-Consultation-new-psychoactive-subs/en/
[4]World Health Organization. World Drug Report 2018. 2018 World Health Organization
[5]Ambedkar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK Magnitude of Substance use in India New Delhi: Ministry of Social Justice and Empowerment. 2019 Government of India

In India, the conventional substances used are alcohol, opium, and cannabis, which are consumed for social, recreational, and medical purposes. As the Nodal Ministry for Drug Demand Reduction, the Ministry of Social Justice and Empowerment (MoSJE) directs, enforces, and monitors initiatives that include intervention, evaluations of the scale of the issue, rehabilitation programs, knowledge transfer, and public awareness generation. [5]The Ministry created and implemented the National Action Plan for Drug Demand Reduction (NAPDDR) to combat substance abuse and dependence in the nation (2018- 2025). NAPDDR is an umbrella program under which all programs, elements, and interventions are combined and implemented with flexibility in the use of financial and human resources committed to reducing drug demand in the nation

Extent and Pattern of Substance Use in India

Ministry of Social Justice & Empowerment conducted the first ever comprehensive National Level Survey on the Extent of Substance Use and Pattern in 2019 with NDDTC, AIIMS. The report revealed the number of people using psychoactive substances in India, and that substance use exists in all the population groups. As per the report, Alcohol is the most common psychoactive substance used by Indians followed by Cannabis and Opioids. About 16 Crore persons consume alcohol in the country, 3.1 Crore individuals use cannabis products and 2.26 Crore use opioids. More than 5.7 Crore individuals are affected by harmful or dependent alcohol use and need help for their alcohol use problems, about 25 lakhs suffer from cannabis dependence and approximately 77 lakh individuals are estimated to need help for their opioid use problems. [5]This survey also indicates that there are wide variations in the extent and prevalence of use across different states and between various substances. [6]The survey findings helped to identify 272 most vulnerable districts to substance use in India.

ALCOHOL	CANNABIS	OPIOID
		
• Most common psychoactive substance used • 16 Crore persons consume alcohol • 5.7 Crore individuals are affected by harmful or dependent alcohol use and need help for their alcohol use prob	• 3.1 Crore individuals use cannabis products • About 25 lakh suffer from cannabis dependence	• 2.26 Crore use opioids • 77 lakh approx. Individuals require help for their opioid use problems

Figure 1: Extent and pattern of Substance Use in India

[5]Ambedkar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK Magnitude of Substance use in India
New Delhi: Ministry of Social Justice and Empowerment. 2019 Government of India
[6]Internet World Stats: Usage and Population Statistics; 2020. Last accessed on 2021 Nov 17 Available from: https://wwwinternetworldstatscom/statshtm

Nasha Mukt Bharat Abhiyaan

Based on the findings of the National Survey, the Ministry of Social Justice and Empowerment (MoSJE) formulated the 'Nasha Mukt Bharat Abhiyaan' to be implemented in the 272 identified most vulnerable districts in the country. The three-pronged Abhiyaan combining efforts of Outreach/Awareness by Ministry of Social Justice & Empowerment, Supply Side action by Narcotics Control Bureau, and Treatment through Health and Welfare Department was launched on 15th August 2020.[7]

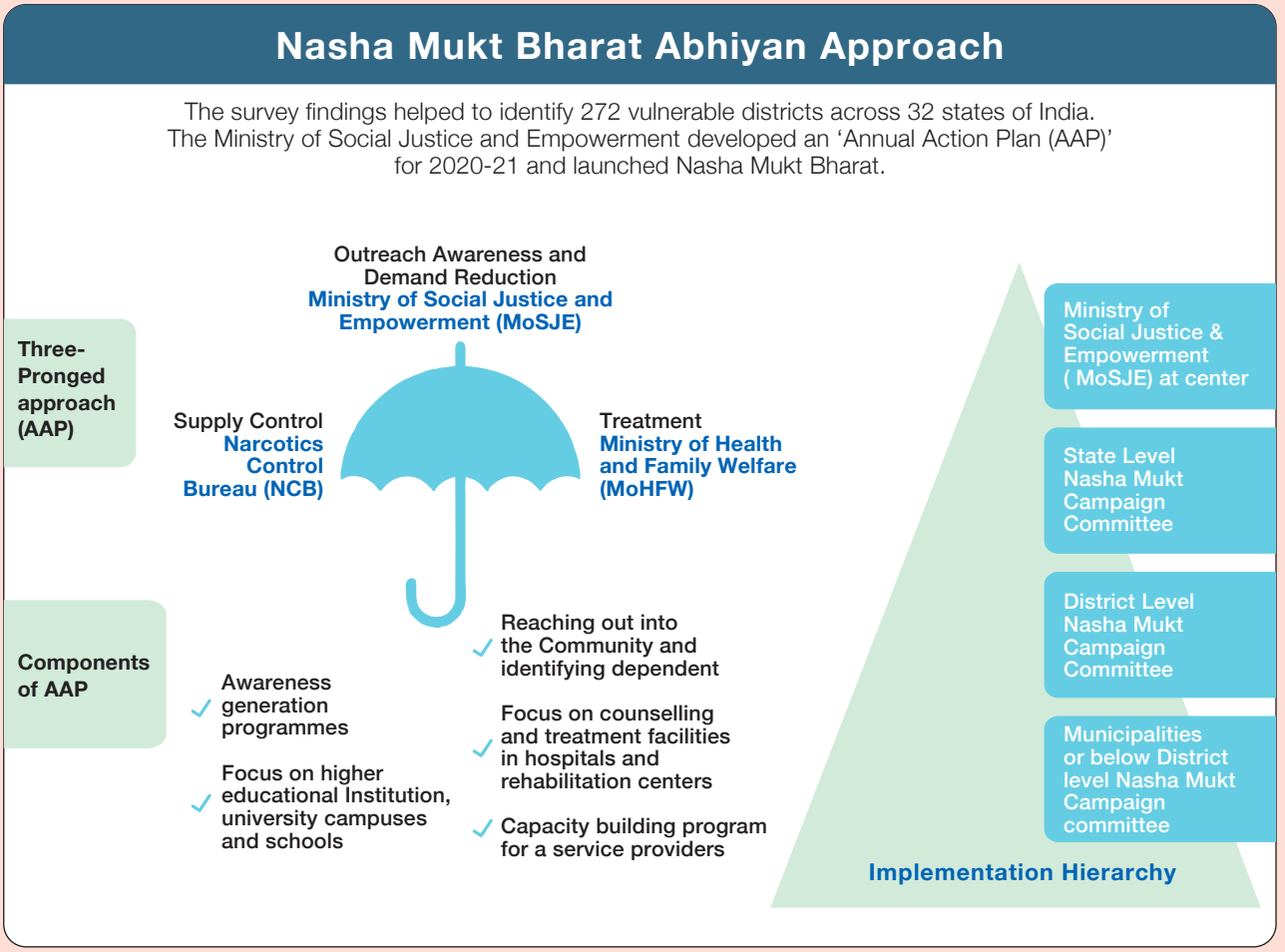


Figure 2: Three-pronged approach of Nasha Mukt Bharat Abhiyaan

Objectives of Nasha Mukt Bharat Abhiyaan (NMBA)

1. Preventive education, awareness generation, identification, counselling, treatment, and rehabilitation of individuals with substance dependence, training, and capacity building of the service providers
2. Create awareness and educate people about the ill-effects of substance dependence on the individual, family, workplace, and the society at large and reduce stigmatization and discrimination against, groups and individual's dependent on substances to integrate them back into the society.
3. Develop human resource and build capacity for providing community-based services; Formulating and implementing comprehensive guidelines, schemes, and programmes; Undertaking drug demand reduction efforts; and facilitating research, training, documentation, innovation.

[7]Scheme of National Action Plan for Drug Demand Reduction 2020.
Last accessed 2021 Dec 15 https://socialjustice.nic.in/writereaddata/UploadFile/NAPFDD_EDUCTION_01_04_2020.pdf

Key Activities under Nasha Mukt Bharat Abhiyaan

Objective	Activities
Prevention	• Awareness generation programs in schools, colleges involving principal, students, teachers, parents and University/ NSS volunteers • Increasing community participation by involving PRIs, ULBs, NYKS, NSS and other local groups like Mahila Mandals, Yuvak Mandals, Self Help Groups. • Awareness generation programs in high risk and vulnerable areas, workplace and corporate offices, program for police functionaries, law enforcement agencies, paramilitary forces, judicial officers, BAR council • Use of social media and toll-free helpline • Coordination with implementing agencies for controlling sale of illicit drugs and checking online sale of substances by stringent monitoring by the cyber cell
Capacity Building	• Workshops, Seminars, and interactions with parents • Training of teachers and counsellors on different assessment tools for early identification • Training programs on deaddiction counselling and rehabilitation for social workers, functionaries of IRCAs, working professionals, Training of staff in prison and juvenile homes, police, law, and bar council members. • Special training for people working with vulnerable groups
Treatment and Rehabilitation	• Availability of Integrated Rehabilitation Centers for Addicts (IRCAs) supported by MSJE as per prevalence of substance dependence • Establishing and assisting deaddiction centers in hospitals, prisons, juvenile homes for children, center for women and children in hospital. • Setting up District De-Addiction Centers (DDACs) in district without any de-addiction facility supported by the Ministry
Vulnerable Areas	• Identification of vulnerable areas & hotspots • Working with NGOs, NYKS, NSS etc. in the identified vulnerable area for demand reduction and deaddiction
Skill Development, Vocational Training and Livelihood	Skill development, vocational training, and livelihood support of ex-users in recovery through National Backward Classes Finance and other Development Corporations

After a successful roll out, Ministry of Social Justice & Empowerment undertook an exercise to assess the implementation of Nasha Mukt Bharat Abhiyaan at central, state, district and up to community level with the support of UNDP. IQVIA extended its support to UNDP for conducting field implementation of the Nasha Mukt Bharat Abhiyaan.

1.2 Objectives of Assignment

The key objective of this study is to systematically assess the implementation of Nasha Mukt Bharat Abhiyaan at Central, State, District and up to community level.

1

Coverage Mapping

Mapping the geographical coverage of the Nasha Mukt Bharat Abhiyaan through the secondary data

2

Impact Assessment

Assess the impact of Nasha Mukt Bharat Abhiyaan in vulnerable districts of India through primary data collection

- KAP survey among community.
- Key informant interviews among state and district level official, member of District Monitoring Committee and master volunteers

3

Facility Survey

Facility Survey of Outreach / Drop-in Centers (ODIC)/ IRCA and In-Depth Interviews among patients

4

Training and capacity building

Assess the Capacity Building Programs for Service Providers and impact made by the Master Volunteers who are working for the Abhiyaan in their districts

Figure 3: Objectives of Assignment

Objective 1: Mapping the geographical coverage of the Nasha Mukt Bharat Abhiyaan through the secondary data.

Objective 2: Assess the impact of Nasha Mukt Bharat Abhiyaan in vulnerable districts of India through primary data collection.

- KAP survey among community with special focus on youth and women.
- Key informant interviews among state and district level government officials implementing the Abhiyaan, member of District Monitoring Committee and master volunteers.

Objective 3: Facility Survey of Outreach / Drop-in Centers (ODIC)/ IRCA and In-Depth Interviews among who have either undergone treatment at the facility in the last three months or undergoing treatment currently.

Objective 4: Assess the Capacity Building Programs for Service Providers, at the time of training and retention of learnings afterwards. Assess the impact made by the Master Volunteers who are working for the Abhiyaan in their districts.

CHAPTER 2

Approach and Methodology

Chapter 2:
Approach & Methodology

For implementation of this assessment, both primary and secondary data sources were utilized. The primary data had both quantitative and qualitative components, whereas secondary data analysis was done using secondary data sources. The data processing for this assessment was done in survey CTO and in MS Excel, which involved data entry, data cleaning, and cross-checking of entries. In addition, a random check of 5% of electronic data was matched with the photos of facilities visited and GPS location of village/ ward visited.

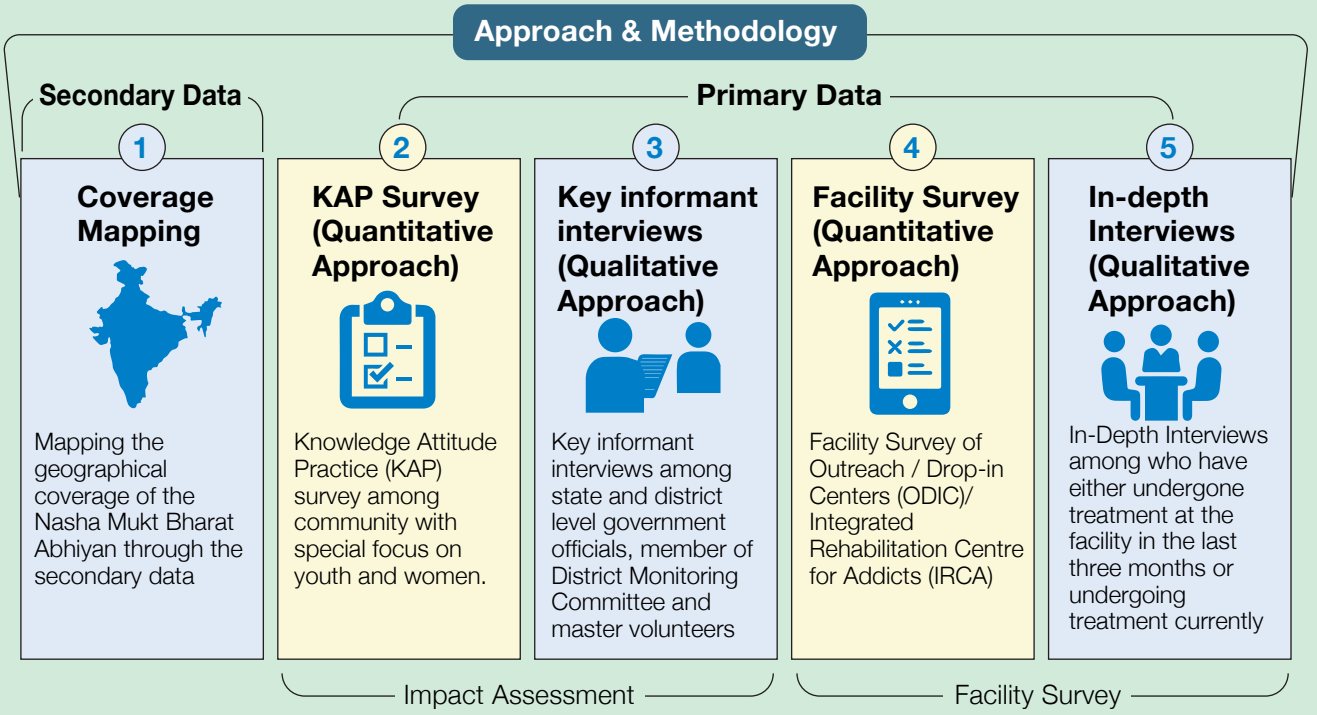


Figure 4: Approach and Methodology Framework

The secondary data analysis showcases implementation of Nasha Mukt Bharat Abhiyaan across various states including mapping geographical coverage of the Abhiyaan, District wise performance of Nasha Mukt Bharat Abhiyaan and top 5 states with high prevalence of Substance use. Following data sources were considered while conducting desk reviewing of the coverage of Nasha Mukt Bharat Abhiyaan.

S.no	Geographical Coverage Indicator	Data Source
1	District wise Abhiyaan Coverage	Ministry of Social Justice and Empowerment (MoSJE) data
2	State wise High & low prevalence of Substance abuse status	National Survey on Extent and Pattern for Substance Use in India
3	Top 10 states with high alcohol, opioid, cocaine, cannabis prevalence	National Survey on Extent and Pattern for Substance Use in India
4	Geographical coverage of IRCA/CPLI/ ODIC	Ministry of social justice and empowerment (MoSJE)

2.1 Sampling Strategy

Total 68 districts were selected for the assessment of Nasha Mukt Bharat Abhiyaan which is equivalent to 25% of total 272 districts. With guidance from Ministry of Social Justice and Empowerment (MoSJE), 11 states and 68 districts have been identified from the intervention districts where Nasha Mukt Bharat Abhiyaan has been launched and is currently being implemented. The details of states and districts assessed is mentioned in the figure below:
3400 survey respondents were identified from 68 districts for KAP survey, systematically spread across six Geographical zones and 11 states. Moreover, 287 Key Informant Interviews and 106 In-depth interviews were conducted to collect qualitative details.

State and District selection Criteria

Zone	Assessment States	Districts Selected for Assessment #	Name
South	Andhra Pradesh	2	West Godavari, Krishna
	Kerala	3	Ernakulam, Kollam, Malappuram
West	Gujarat	4	Ahmedabad, Jamnagar, Mehsana, Rajkot
Northeast	Meghalaya	3	Baghmara (HQ of South Garo Hills), Tura (Town in West garo Hills), West Jantia Hills/Dawki
	Manipur	8	Bishnupur, Chandel, Churachandpur, Imphal East, Imphal West, Senapati, Thoubal, Ukhrul
Central	Madhya Pradesh	1	Bhopal, Chhindwara, Datia, Hoshangabad, Indore, Jabalpur,
		2	Mandsaur, Narsinghpur, Ratlam, Rewa, Satna, Ujjain
East	Bihar	6	Araria, Aurangabad, Bhojpur, Gaya, Gopalganj, West Champaran
North	Jammu & Kashmir	8	Anantnag, Bandipora, Budgam, Kishtwar, Kulgam, Pulwama, Rajouri, Shopian
	Punjab	6	Bathinda, Fazilka, Moga, Nawashar (Shahid Bhagat Singh Nagar), Patiala, Sri Muktsar Sahib
	Haryana	5	Fatehabad, Hisar, Karnal, Kurukshetra, Sirsa
	Uttar Pradesh	1	Agra, Allahabad, Bahraich, Etawah, Ghaziabad, Gorakhpur,
		1	Lucknow, Moradabad, Shahjahanpur, Shravasti, Varanasi

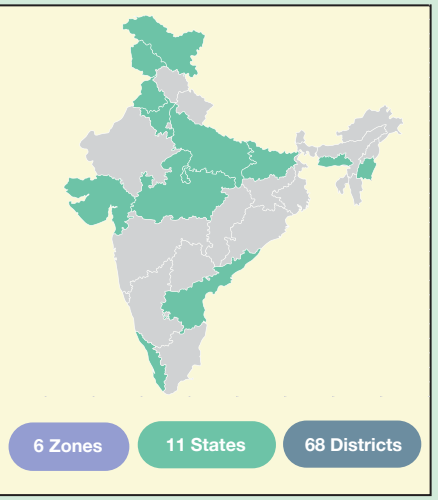


Table 1: Total Sample Collected

S.no	Tool	Sample Collected
1	Knowledge, Attitude and Perception (KAP) Survey	3400
2	State Level Key Informants Interviews (KII)	20
3	District Level Key Informants Interviews (KII)	287
4	Facility Survey (IRCA and ODIC)	53
5	In-depth Interview with Patients	106

2.1.1 Knowledge Attitude Practice Survey

In total, 3400 survey respondents were identified from 68 districts for KAP survey. In each of the selected district, in consultation with the district authority, the assessment team mapped and listed the Abhiyaan focus areas as primary sampling units (PSU). Five PSUs were drawn following the simple random sampling methodology.

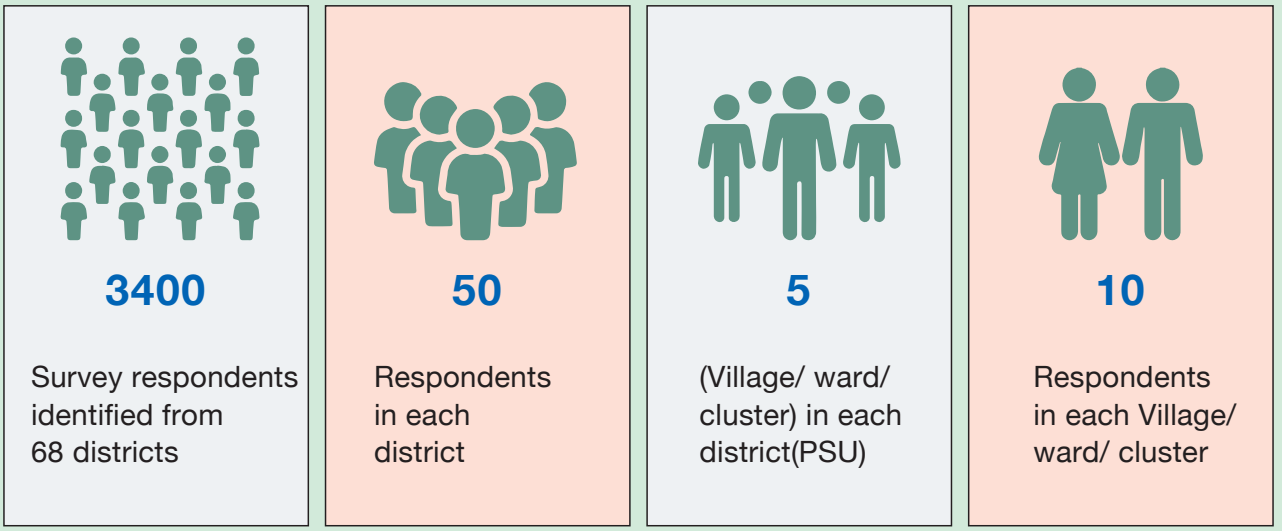


Figure 6: KAP survey Sample size

A sampling frame was developed in each of the selected PSU based on the list of households from ASHA register. From this sampling frame, households were selected by following systematic random sampling technique. In each selected household (HH), only one eligible respondent was interviewed. In case an eligible respondent was not identified in a HH, the immediate next HH was approached. This process continue till all the required HH were identified with an eligible respondent and while maintaining the heterogeneity of the sample. Selection of household was calculated using below formula.

Calculation

Total household in each/ village/ ward/ cluster

..... = (nth) household

No of household to be interviewed in each ward/ cluster

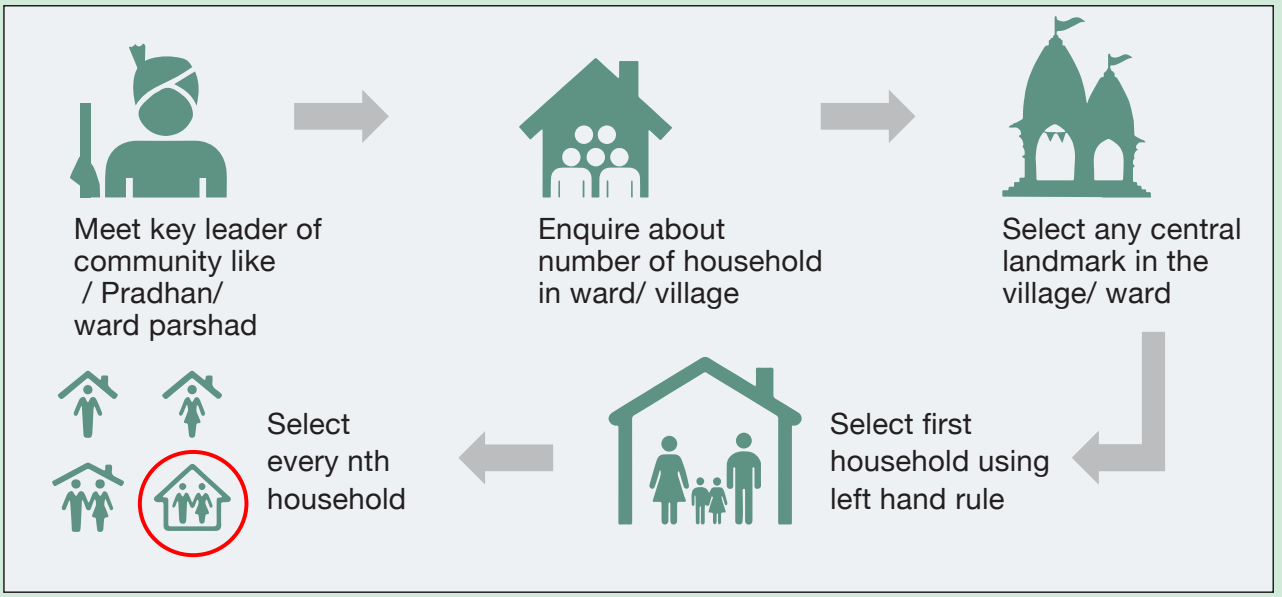


Figure 7: Household Selection Criteria

The respondents were selected keeping in mind inclusion of at least 50% representation from youth and women i.e., 3 adult male, 3 adult female, 2 youth women and 2 youth men were selected. The total sample size for survey were 3400 respondents across 68 districts in identified 11 states.

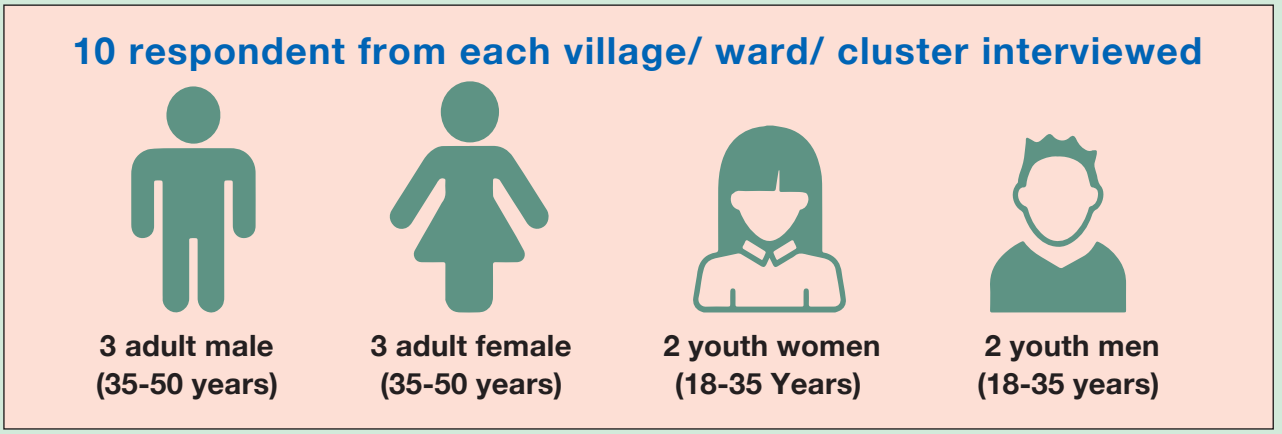


Figure 8: Respondent Profile

2.1.2 Key Informant Interviews

In each of the 11 assessment states, Key-Informant Interviews were conducted to assess the impact of program with two key state level government officials responsible for implementation and roll out of Nasha Mukt Bharat Abhiyaan, one member of District Monitoring Committee and one master volunteer. During qualitative assessment, key strategies were identified which created impact under Nasha Mukt Bharat Abhiyaan. The information was collected from interviews conducted with State and district level officials, district committee members and master volunteers

Out of the total 294 estimated sample size, 287 interviews were conducted, as there were some challenges which were faced by state teams in getting appointment from state and district level official in few states.

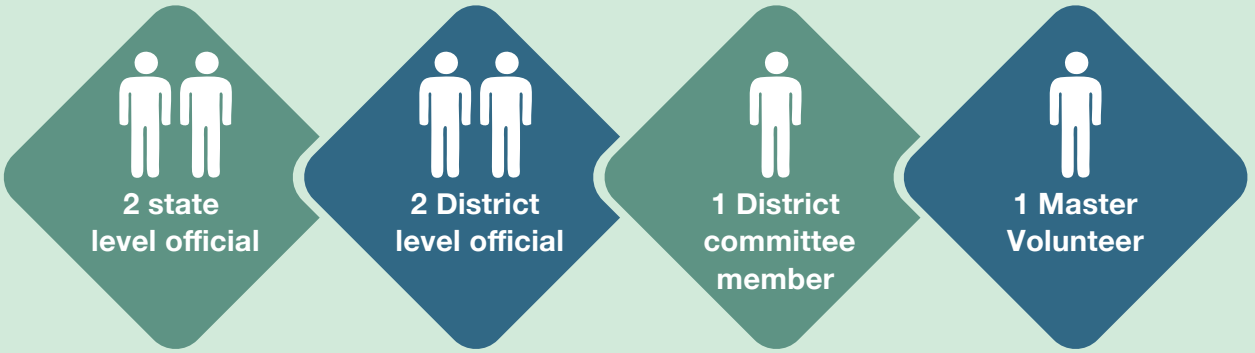


Figure 9: Key Informant Interview Respondents

Zones	Assessment States	Assessment Districts	Key Informant Interviews				
			State Level Officials	District Level Officials	District Monitoring Committee Member	Master Volunteers	Total
South	Andhra Pradesh	2	2	4	2	2	10
	Kerala	3	2	4	3	3	14
West	Gujarat	4	0	8	4	4	18
Northeast	Meghalaya	3	2	6	3	3	14
	Manipur	8	2	16	6	8	34
Central	Madhya Pradesh	12	2	24	12	12	50
East	Bihar	6	2	12	5	6	26
North	Jammu & Kashmir	8	2	16	8	8	34
	Punjab	6	2	12	6	6	26
	Haryana	5	2	10	5	5	22
	Uttar Pradesh	11	2	221	11	11	46
6 Zones	**11 States**	**68**	**20**	**134**	**64**	**68**	**287 KII**

Table 2. Key informant interview sample distribution

2.1.3 Facility Survey of Outreach / Drop-in Centers (ODIC) / IRCA and In-Depth Interviews

Two Outreach and Drop-in Centers (ODIC) /IRCA were selected from each of the assessment district following a simple random sampling. The purpose to conduct the facility assessment was focused to capture the reach and recall of Nasha Mukt Bharat Abhiyaan. Due to unavailability of Ministry of Social Justice and empowerment (MOSJE) funded IRCA and ODIC in all selected 68 districts, only 53 facilities were covered for assessment.

At these facilities, two in-depth interviews (IDI's) were conducted with respondents (including youth/ women) who have either undergone treatment in the last three months or are undergoing treatment currently. Total 106 in-depth interviews were conducted with respondents.

State	IRCA	ODIC	Total Sample	IDI With Patients
Andhra Pradesh	4	1	5	10
Bihar	1	0	1	2
Gujarat	3	1	4	8
Haryana	1	3	4	8
Jammu & Kashmir	1	2	3	6
Kerala	1	1	2	4
Manipur	7	7	14	28
Madhya Pradesh	9	0	9	18
Punjab	2	1	3	6
Uttar Pradesh	7	1	8	16
Total	**37**	**16**	**53**	**106**

Table 3: Sample Size for Facility Survey & IDI

2.2. Data Collection Tools

A mixed methodology approach was implemented where quantitative and qualitative tools were used for data collection. The data collection tools were developed in English and after finalization, all tools were translated into Hindi, Telugu, and Malayalam. Five data collection tools were prepared in consultation with MoSJE and UNDP for conducting field assessment of Nasha Mukt Bharat Abhiyaan.

S. No	Data collection Tool	Target Audience
1	KAP Survey Tool	Community members including youth and women.
2	Key Informant Interview 1	National, State & district level officials
3	Key Informant Interview 2	Member of district monitoring committee Master volunteers
4	Facility Survey tool for Outreach/ Drop-In Centers (ODIC) / IRCA	Facility in charge
5	In- depth Interviews	Patient who has undergone treatment at ODIC/IRCA in the last three months or undergoing treatment currently

Table 4: Types of Data Collection Tools

Questionnaire were coded in the mobile/tablet-based Survey CTO software for primary interviews. Data collection tools have been attached in Annexure- II

2.2.1 Pre-testing of Data Collection Tools

On the finalized tools, Pre-Test was conducted at Rohtak district in Haryana on 23rd June 2021. Pretesting of questionnaires was done keeping in view the following objectives:

- Adapt the questionnaires/ interview guide to reflect the field conditions.
- Test the clarity of the questionnaires.
- Estimate the time needed to finish interview with respondent.
- Test for the additional information needed to be added in the questionnaire/interview guide.

All the questionnaires were updated and finalized as per feedback and findings of pretest.

2.3 Training and Capacity Building

To facilitate training for the field team and smooth operation of field plan, training content including presentations were developed. Field SOP was developed which acted as a reference for facilitating day-to-day management and administration, instructions to fill questionnaires on Tablet/Web based application, managing critical situations while project implementation, escalation matrix for on-field challenges: refusals from facility/ respondents, network and connectivity issues, and behavior research.

2.3.1 Training of State Coordinators

Two-day virtual training of all 11 state coordinators was conducted on 12th July 2021 to give the brief idea about the project intervention, methodology and overall process.

2.3.2 Training of Field Investigators

A comprehensive 2-day training (including mock interviews) was imparted to the field investigators regarding purpose of the study, objectives, methods, interviewing techniques and on the process of interviewing the study participants.
Training of field investigators was conducted in six phases dividing 11 states across India. Trainings was conducted by team of experienced trainers/ state coordinators with experience of executing previous quantitative and qualitative assignments.

State	No. of Districts	No of Field Investigators	Training Date (2 days)
Training 1			
Gujarat	4	3	13-14 September 2021
Punjab	6	4	
Haryana	5	4	
Madhya Pradesh	12	9	
Training 2			
Jammu & Kashmir	8	6	16-17 September 2021
Training 3			
Bihar	6	4	16-17 September 2021
Uttar Pradesh	11	8	
Training 4			
Andhra Pradesh	2	2	30th September- 1st October 2021
Training 5			
Meghalaya	3	3	28-29 September 2021
Manipur	8	8	
Training 6			
Kerala	3	2	7-8 October 2021
Total	**68**	**53**	

Table 5: State wise Training Details

Training of field investigators from Punjab, Haryana, Gujarat, and Madhya Pradesh was done at New Delhi; Investigators of, Bihar and UP were trained at Lucknow; J&K field investigators were trained at Srinagar; and Manipur and Meghalaya field investigators were trained at Imphal, and virtual training was conducted for Kerala Field investigators due to local lockdown.

2.3.3 Training Methodology

IQVIA adopted participatory and adult learning techniques to deliver the two-day training. The methodologies included presentations, roleplays, live demonstrations of Survey CTO application, practice on the offline and online version of the application and doubt clearing sessions.

The training covered project objectives, sampling, methodology, program intervention and approach, how to conduct in-depth interviews, survey tools (questionnaire) and types of interview techniques to be adopted for information collection prior to the survey.
Further, quality check processes were clearly explained to the investigators along with mapping with the Quality Check team, to ensure that they collect the required information, and the error possibility is minimized.

Training programs were also attended by UNDP National and State team members and guided field investigators on the importance of the assessment and maintaining high quality standards for data collection.

Training snapshots

State: Punjab, Haryana, Gujrat, M.P

State: U.P, Bihar

State: Manipur, Meghalaya

State: Jammu & Kashmir

Figure 10: Training Snap Shots

2.4 Data Analysis and Processing

The data processing for this assessment was done in survey CTO and in MS Excel, which involved data entry, data cleaning, and cross-checking of entries. In addition, a random check of 5% of electronic data was matched with the photos of facility visited and GPS location of village/ ward visited.

2.4.1 Key Parameters of Impact Assessment

Eight parameters were identified for impact assessment of Nasha Mukt Bharat Abhiyaan. Program Awareness was known through Knowledge attitude survey. Major activities, under program, barriers in implementation of program, different media strategies were identified through state and district level interviews. Information regarding district level committee formation and key hotspot or special groups were extracted from district level official interviews. Feedback on use of NMBA application and need of training was shared by Master volunteers.

1. Program Awareness
2. Use of NMBA application
3. Major Activities under Program
4. Barriers in implementation of program
5. District level committee formation
6. Training Assessment
7. Different media strategies in state
8. Key Hotspot/ special group in states

Figure 11: Parameters of Impact assessment

2.4.2 Qualitative and Quantitative Data Analysis

For quantitative data, SPSS was used for data visualization and analysis. During qualitative data analysis, the interview data was first transcribed into verbatim in English, Hindi, Malayalam and Telegu, languages in which the interviews were conducted. Next, the data was translated into English by language experts. The team conducted qualitative data analysis using inductive thematic analysis, which aimed to identify a set of main themes which captured the diverse views and feelings expressed by participants.

Thematic analysis is useful for summarizing key features of a large data set, as it forces the researcher to take a well-structured approach to handling data, helping to produce a clear and organized final report. The transcripts were read by the research team before the actual coding began to identify important topics and create a code sheet. The coded transcripts were further analyzed and summarized in narratives for each theme and categories.

2.5 Study Limitations

Selection of Respondents

Nasha Mukt Bharat Abhiyaan interventions have been planned in 272 intervention districts in its first phase. As per sampling, 25% of the sample size of districts i.e., 68 districts were selected. These 68 districts were identified from intervention districts under the guidance of MoSJE where Nasha Mukt Bharat Abhiyaan has been rolled out and currently being implemented. This selection of districts could have been more scientific but given the interventions fully rolled out in limited priority districts because of the pandemic conditions, preference was given to districts where NMBA activities have been rolled out.

Primary Sampling Units were also selected with due consultations with districts officials, giving priority to villages or wards where NMBA activities were rolled out. In the PSU, proper sampling methodology was followed to select the respondents.
Additionally, given the specific profile of respondents of the study, selection of respondents at IRCA and ODIC was limited to the patients who were admitted at the time of visit of field team or who were available for interview.

Availability of State and District Level Officials

Getting appointment for state level interviews was challenging in some states. In Gujarat, state level interviews could not be conducted due to unavailability of state officials owing to official visits, prior engagements, and other reasons. Even at district level, in few districts there was unavailability of district level officials either due to prior engagements or acting in-charge of other districts as well.

Availability of IRCA and ODIC in Every District

As per proposed sample, two MoSJE funded IRCA/ODIC were to be covered in all 68 districts and from each facility two in-depth interviews were to be done of patient admitted in center or seeking treatment. The total sample proposed was 136 IRCAs and 272 in-depth interviews but due to unavailability of Ministry of Social Justice and empowerment (MOSJE) funded IRCA and ODIC in each district, sample of only 53 IRCA/ODIC's and 106 patients were completed during facility visit. It was reported by officials that where IRCA/ ODIC are not available, they seek services from alternate centers like state run centers, state funded centers and NGO operated centers.

Restricted Field Movement Due to Covid 19

Field work was challenging and delayed in few states likes Kerala where COVID-19 cases were at their peak during the data collection period in September- November 2021. Most of the state and district officials of Kerala preferred talking virtually.

CHAPTER 3

Results and Findings

Chapter 3: Results and Findings

3.1 Secondary Data Analysis

This secondary data analysis showcases Implementation of Nasha Mukt Bharat Abhiyaan across various states including mapping and geographical coverage of Abhiyaan, district wise performance of Nasha Mukt Bharat Abhiyaan and top 5 states with high prevalence of Substance Abuse.

Figure 12: Geographical coverage of NMBA

3.1.1 Geographical Coverage of Nasha Mukt Abhiyaan

Nasha Mukt Bharat Abhiyaan is being implemented in 272 most affected districts of the country. These 272 districts were identified based on the finding of the National Level Survey on Extent and Pattern of Substance Use in India and inputs provided by Narcotics Control Bureau. Ministry of Social Justice and Empowerment undertook intervention program 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 De- addiction centers in addition to existing ministry Supported De-addiction Centers (IRCAs).
- Conducting training program for participants.

State Wise Geographical Presence

Nasha Mukt Bharat Abhiyaan has been rolled out in 272 districts across 32 states/UT and six zones of India. South zone consists of five states and 24 districts, west zone contains 5 states and 41 districts, Northeast zone contains 8 states and 48 districts, North zone consist of 8 states and 97 districts, East zone has 4 states, and 36 districts and Central zone has 2 states and 18 districts

Coverage Mapping

Zone	No. of State/ UT	States
South	5	Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Telangana
West	5	Daman & Diu, Goa, Maharashtra, Rajasthan, Gujarat
Northeast	8	Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland , Sikkim, Tripura
North	8	Chandigarh, Haryana, Himachal Pradesh, Jammu & Kashmir, Delhi, Punjab, Uttar Pradesh, Uttarakhand
East	4	Bihar, Jharkhand, Odisha, West Bengal
Central	2	Chhattisgarh, Madhya Pradesh
Total	32	

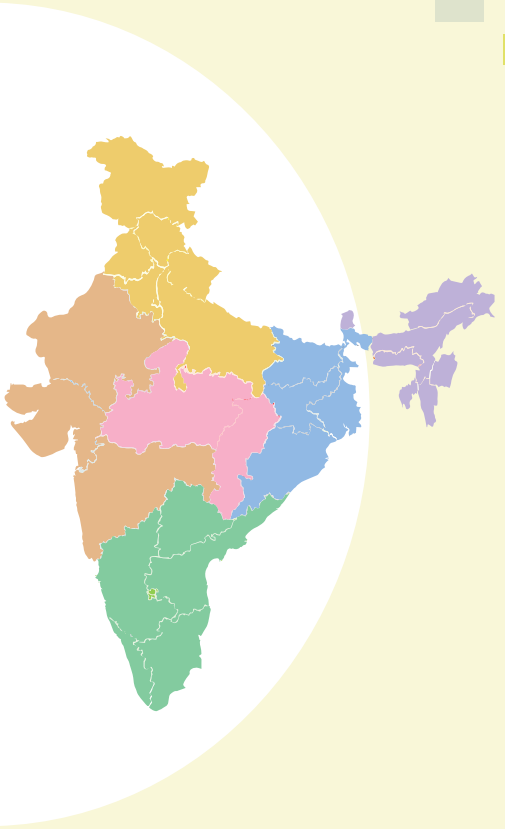


Figure 13:State wise geographical coverage

Zone	No. of State/ UT	States	No. of State/ UT
South	5	Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Telangana	24
West	5	Daman & Diu, Goa, Maharashtra, Rajasthan, Gujarat	41
Northeast	8	Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland , Sikkim, Tripura	48
North	8	Chandigarh, Haryana, Himachal Pradesh, Jammu & Kashmir, Delhi, Punjab, Uttar Pradesh, Uttarakhand	97
East	4	Bihar, Jharkhand, Odisha, West Bengal	36
Central	2	Chhattisgarh, Madhya Pradesh	18
Total	**32**		**272**

Table 6: State wise geographical presence

District wise Presence of Nasha Mukt Bharat Abhiyaan

Zone	States	No of District	District
South	Andhra Pradesh	4	East Godavari, Krishna, Visakhapatnam, West Godavari
	Karnataka	6	Bengaluru, Kodagu, Kolar, Mysuru, Ramanagaram, Udupi
	Kerala	6	Ernakulam, Idukki, Kollam, Kozhikode, Malappuram, Trivandrum
	Tamil Nadu	4	Kanyakumari, Namakkal, Theni, Tirunelveli
	Telangana	4	Adilabad, Hyderabad, Khammam, Mahabubnagar
West	Daman & Diu	2	Daman, Diu
	Goa	2	North Goa, South Goa
	Maharashtra	4	Mumbai, Nagpur, Nashik, Pune
	Rajasthan	33	Ajmer, Alwar, Banswara, Baran, Barmer, Beawer (City in Ajmer District), Bharatpur, Bhilwara, Bikaner, Bundi, Chittorgarh, Churu, Dausa, Dungarpur, Hanumangarh, Jaipur, Jaisalmer, Jalore, Jhalawar, Jhunjhunu, Jodhpur, Karauli, Kota, Nagaur, Pali, Pratapgarh, Rajsamand, SawaiMadhopur, Sikar, Sirohi, Sriganganagar, Tonk, Udaipur
	Gujarat	8	Ahmedabad, Bharuch, Jamnagar, Mehsana, Porbandar, Rajkot, Surat, Vadodara
North-East	Arunachal Pradesh	8	Anjaw, Changlang, Dibang Valley, Lohit, Namsai, Tirap, Upper Siang, West Kameng
	Assam	9	Cachar, Dhubri, Goalpara, Hailakandi, Kamrup (Metro), Kamrup (rural), karimganj, Nagaon, Udalguri
	Manipur	9	Bishnupur, Chandel, Churachandpur, Imphal East, Imphal West, Kangpokpi, Senapati, Thoubal, Ukhrul
	Meghalaya	4	Baghmara (HQ of South Garo Hills), Shillong, Tura (Town in West garo Hills), West Jantia Hills/Dawki
	Mizoram	4	Aizawl, Champhai, Kolasib
	Nagaland	3	Dimapur, Kohima, Mon
	Sikkim	4	East Sikkim, North Sikkim, South Sikkim, West Sikkim
	Tripura	7	Dhalai, Kamlasagar (West Tripura), Khowai, North Tripura, Sipahijala, South Tripura, Unakoti, West Tripura

Coverage Mapping

Zone	States	No of District	District
North	Chandigarh	4	Chandigarh
	Haryana	10	Ambala, Fatehabad, Hisar, Karnal, Kurukshetra, Nuh (Mewat), Panipat (Eidgah Road), Rohtak, Sirsa, Sonipat (Asand Gaon, Industrial Belt)
	Himachal Pradesh	4	Chamba, Kullu, Mandi, Shimla
	Jammu & Kashmir	10	Anantnag, Bandipora, Budgam, Doda, Kishtwar, Kiulgam, Poonch, Pulwama, Rajouri, Shopian
	Delhi	11	Central Delhi, East Delhi, New Delhi, North Delhi, Northeast Delhi, Northwest Delhi, Shahdara, South Delhi, Southeast Delhi, Southwest Delhi, West Delhi
	Punjab	18	Amritsar, Bathinda, Faridkot, Fazilka, Firozpur, Gurdaspur, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Mansa, Moga, Nawashahar (Shahid Bhagat Singh Nagar), Pathankot, Patiala, Sangrur, Sri Muktsar Sahib, TaranTaran
	Uttar Pradesh	33	Agra, Allahabad, Auraiya, Azamgarh, Bahraich, Barabanki, Bareilly, Budaun, Deoria, Etawah, Faizabad, Ghaziabad, Ghazipur, Gonda, Gorakhpur Greater Noida, Jhansi, Kanpur Nagar, Kushinagar (Padrauna), Lakhimpur – Kheri, Lucknow, Maharajganj, Mau, Moradabad, Noida, RaeBareli, Saharanpur, Sambhal (Bhim Nagar), Shahjahanpur, Shamali (Prabuddh Nagar), Shravasti, Siddharth Nagar, Varanasi
	Uttarakhand	10	Almora, Chamoli, Champawat, Dehradun, Haldwani, Haridwar, Nainital, Pithoragarh, Srinagar, Uttarkashi
East	Bihar	8	Araria, Aurangabad, Bhojpur, East Champaran, Gaya, Gopalganj, Vaishali, West Champaran
	Jharkhand	12	Bokaro, Chatra, East Singbhum, Garhwa, Gumla, Hazaribagh, Jamtara, Khunti, Latehar, Ranchi, Saraikela, Simdega
	Odisha	10	Angul, Boudh, Cuttack, Deogarh, Gajapati, Kandhamal, Malkangiri, Puri, Rayagada, Sambalpur
	West Bengal	6	Coochebar, Kolkata, Malda, Murshidabad, Siliguri (Darjeeling and Jalpaiguri District), Uttar Dinajpur
Central	Chhattisgarh	3	Bhopal, Chhindwara, Datia, Gwalior, Hoshangabad, Indore,
	Madhya Pradesh	15	Bhopal, Chhindwara, Datia, Gwalior, Hoshangabad, Indore, Jabalpur, Mandsaur, Narsinghpur, Neemuch, Ratlam, Rewa, Sagar, Satna, Ujjain

Table 7: District wise presence of NMBA

3.1.2 State wise substance use prevalence across India

As per National Survey on Extent and Pattern of Substance Use in India, 2019 report significant number of people among all population groups use psychoactive substances in India. Alcohol is the most common psychoactive substance used by Indians.

After Alcohol, Cannabis and Opioids are the next commonly used substances in India. The survey indicates that a sizeable number of individuals use sedatives and inhalants. Inhalants were the only category of substances for which the prevalence of current use among children and adolescents is higher than adults.

Other categories of drugs such as Cocaine, Amphetamine type Stimulants and Hallucinogens are used by a small proportion of country's population. This survey also indicates that there are wide variations in the extent and prevalence of use across different states and between various substances

Current Alcohol Use

States with the high prevalence of alcohol use are Chhattisgarh (35.6%), Tripura (34.7%), Punjab (28.5%) Arunachal Pradesh (28%) and Goa (28%).

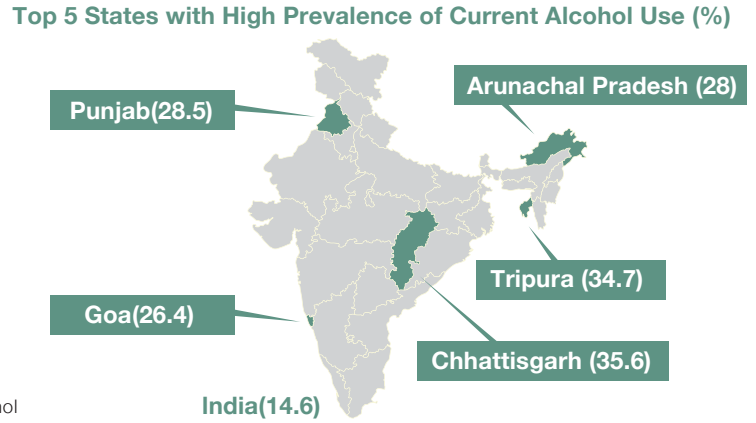


Figure 14: Top 5 states with High Prevalence of Alcohol

Key Facts (Alcohol Use)

Alcohol Dependence	One in five alcohol using men suffer from alcohol dependence, while only one in sixteen alcohol using women are dependent on it.
Male alcohol Usage	More than half the male population of Chhattisgarh, Tripura and Punjab uses alcohol.
Female alcohol Usage	Women alcohol use is highest in Arunachal Pradesh and Chhattisgarh.
Children using Alcohol	Proportion of children reporting alcohol use highest in Punjab, West Bengal and Maharashtra.
People who need help	Andhra Pradesh, Punjab, Chhattisgarh, Andaman and Nicobar Islands, and Arunachal Pradesh.

Source: National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

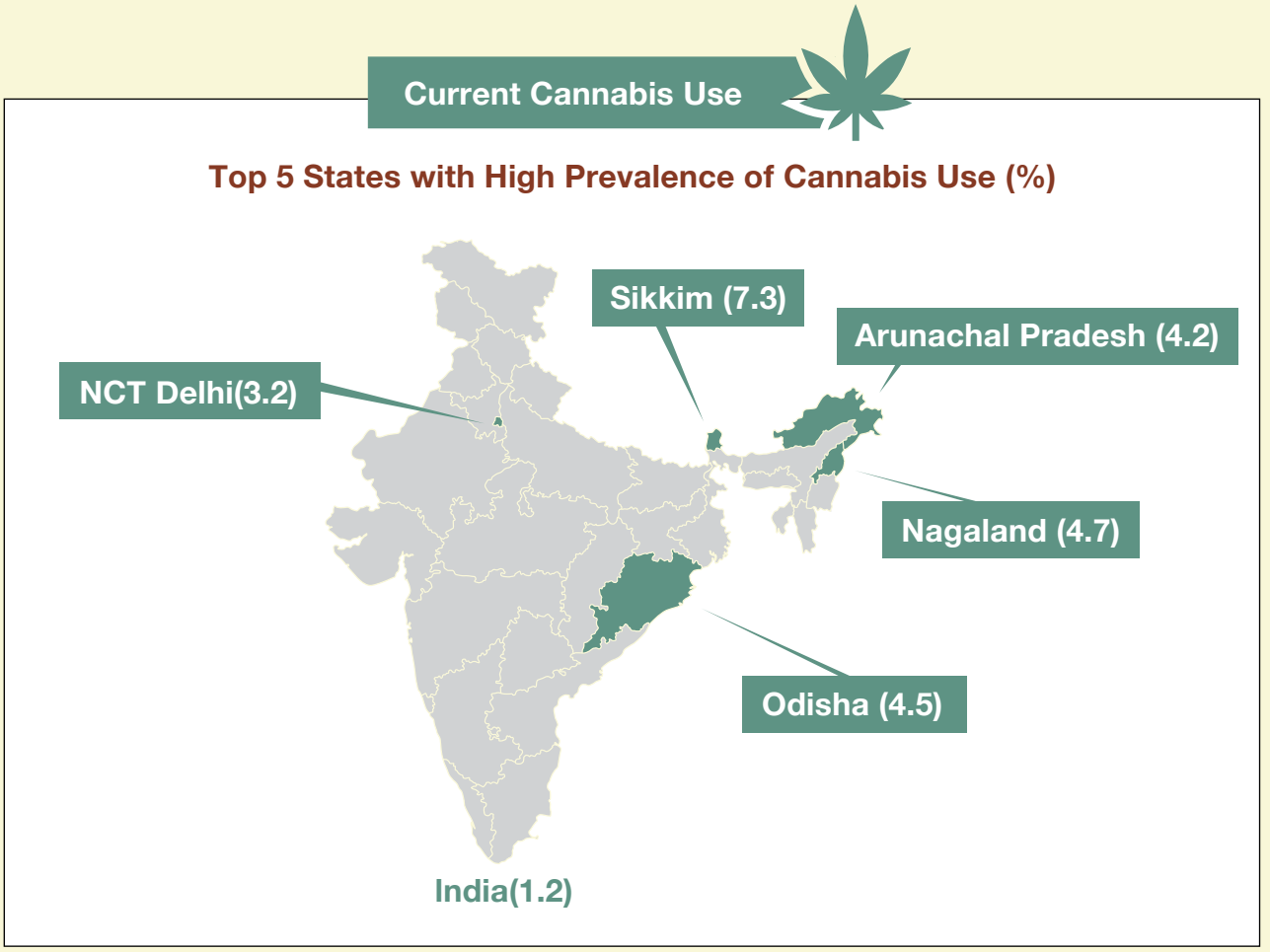


Figure 15:Top 5 states with high cannabis use in India

Key Facts (Cannabis Use)

Cannabis Dependence	2.8% of Indians aged 10-75 years are current users of any cannabis product.
Charas vs Bhang usage	More number of people use bhag as compared to charas
Male cannabis usage	Male domniate the usgae of cannabis comapared to female
Dependent pattern	One in sixteen users of bhang were dependent on cannabis, as compared to one in seven users of ganja/charas
People who need help	Highest number of people in Sikkim and Punjab need help which is more than national average

Source: National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

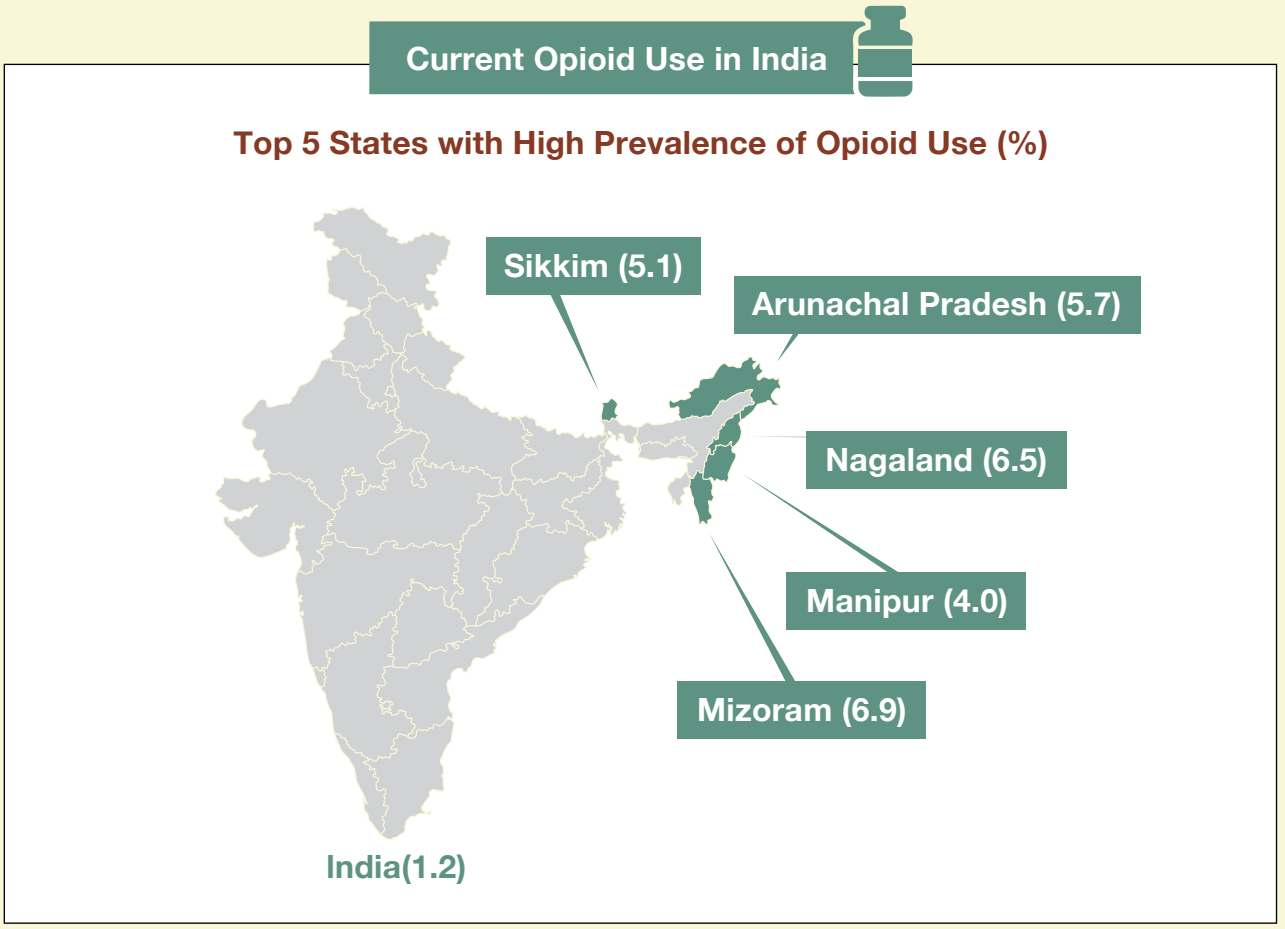


Figure 16: Top 5 states with high opioid use in India

Key Facts (Opioid Use in India)

Most population afftected %	Percentage of population is affected in northeast states (Mizoram, Nagaland, Manipur, Arunachal Pradesh & Sikkim) along with Punjab Haryana and Delhi .
Most commonly used	Heroin is the most commonly used followed by pharaceutical opiod and opium
Opoid Use Problem	Uttar Pradesh, Punjab, Haryana, Maharashtra, Madhya Pradesh, Delhi and Andhra Pradesh are the states which house the highest number of people with opioid use problems.
Least commonly used opioid	Opium is the least commonly used opioid sub-category and also has the lowest proportion of harmful / dependent users.
Dependent pattern	Harmful or dependent pattern was observed in half of all heroin users

Source: National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

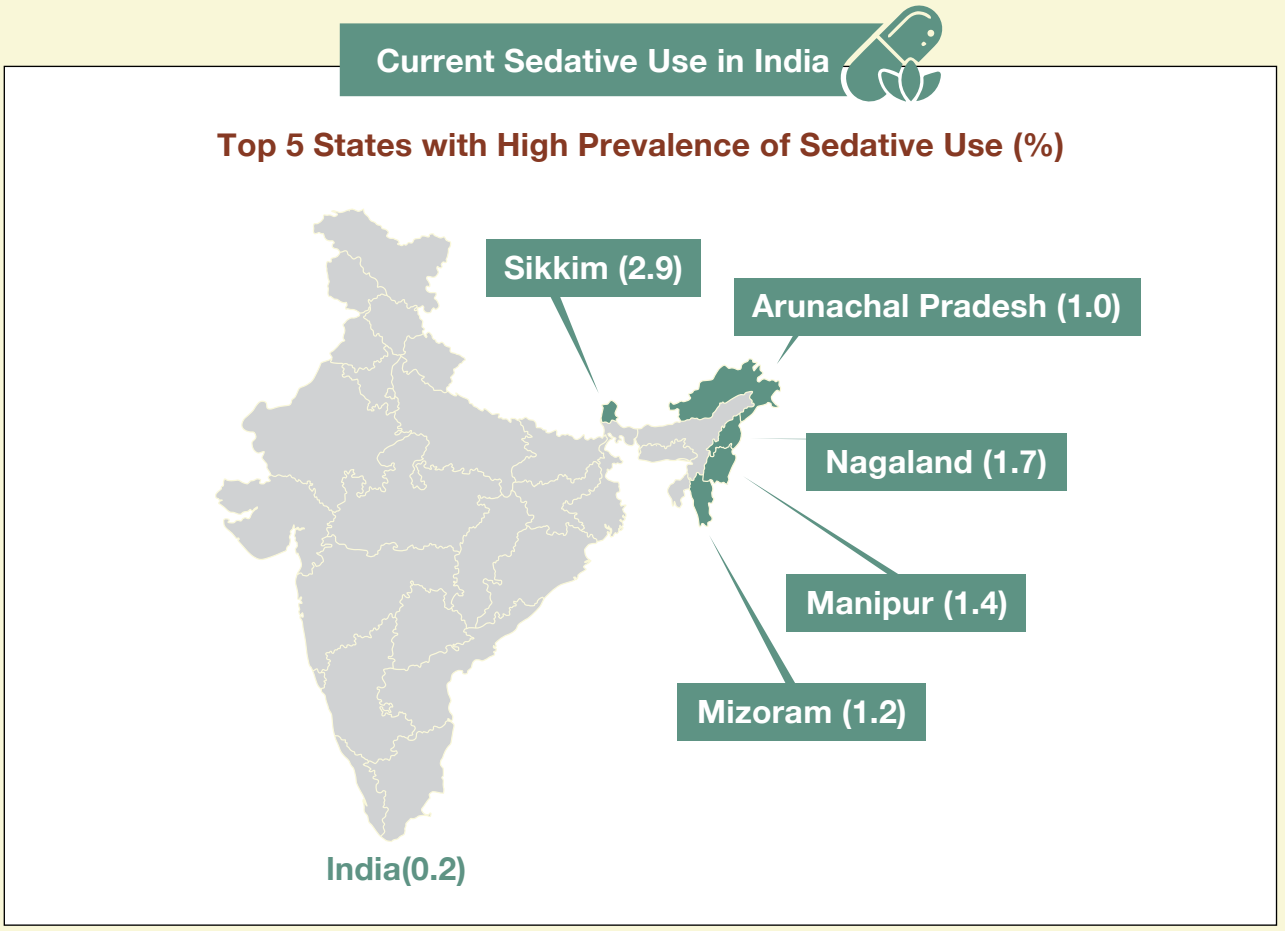


Figure 17: Top states with high sedative use in India

Key Facts (Sedative Use)

Most population afftected %	Uttar Pradesh, Maharashtra, Punjab, Andhra Pradesh and Gujarat house the largest populations of people using sedatives.
High prevalence States	Sikkim, Nagaland, Manipur and Mizoram
Dependent pattern	Almost 11.8 lakh individuals are using sedatives in dependent pattern.

Source: National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

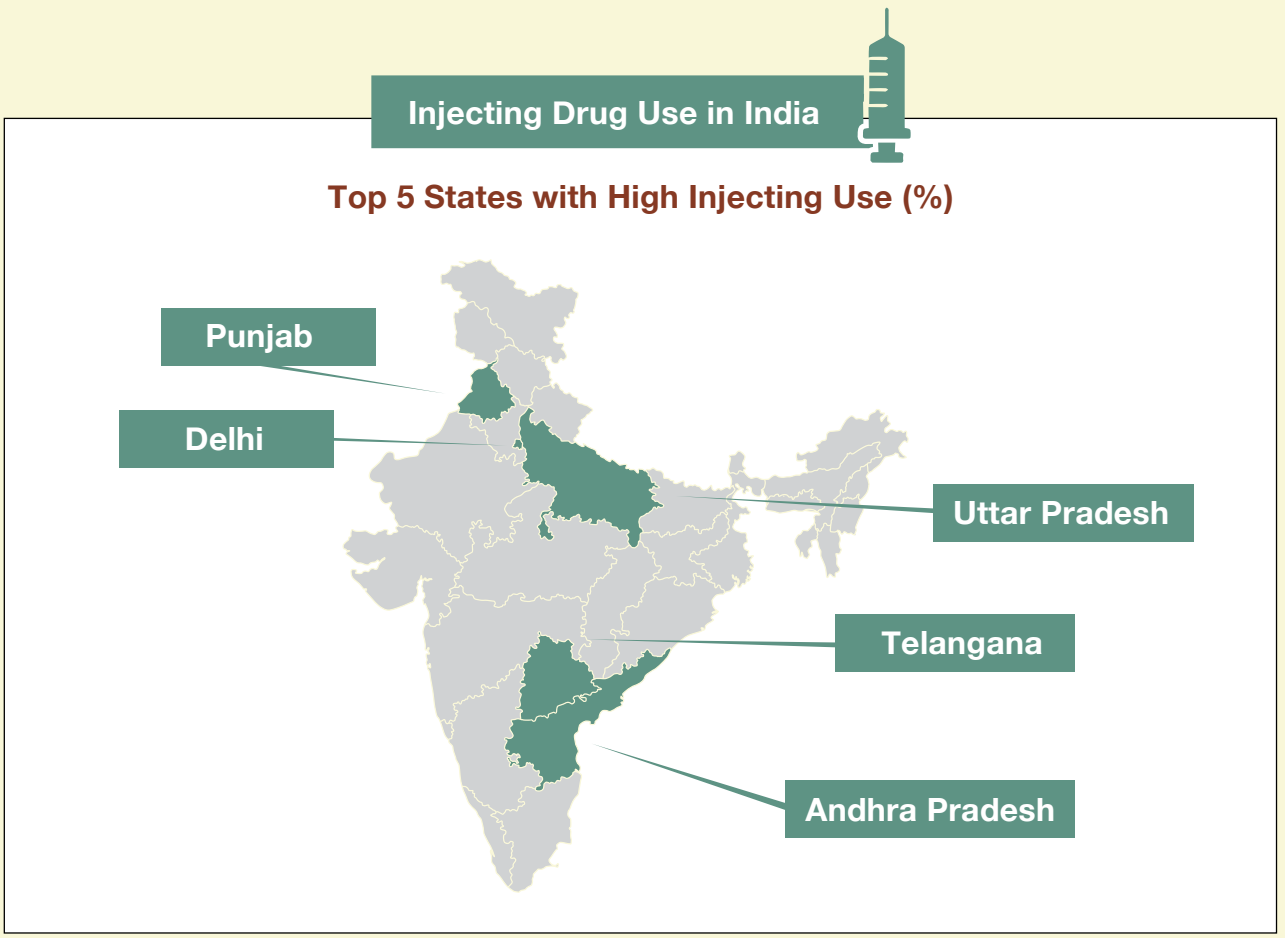


Figure 18: Top 5 states with high injecting drug use in India

Key Facts (Injecting Drug Use)

India Statistics	8.5 Lakh people inject drugs (PWID) in India.
High prevalence States	Uttar Pradesh, Punjab, Delhi, Andhra Pradesh and Telangana are having highest PWID users.
Predominant drug injected in past three months	Heroine, pharmaceutical opiods.
Injecting Frequency	49% injecting daily, 18% 4-6 times per week).
Risky injecting practices	Half of them report reusing their needles and syringes and about 27% report sharing their needles and syringes with their peers.
Injecting Frequency	About a third report experiencing vein related complications and 28% experienced ulcer or abscess at the injecting sites.

Source: National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

Inhalant Use in India

Top 5 States with Inhalant Use among Children 10-17 years

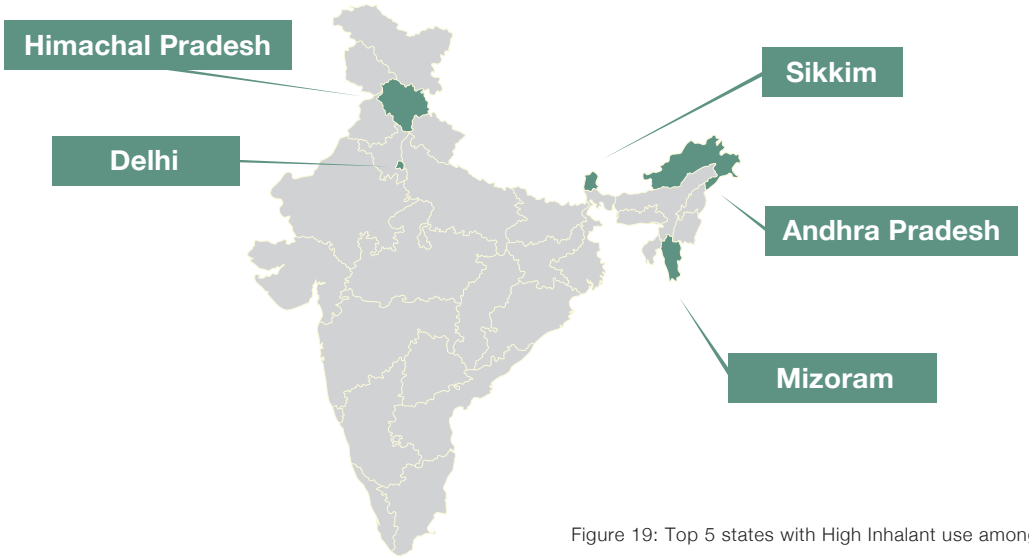


Figure 19: Top 5 states with High Inhalant use among children

Key Facts (Inhalant Use)

High Prevalence	Children and adolescent population high prevalence as compared to adults
Gender	Males greatly outnumber females using inhalants.
Children needing help	Uttar Pradesh, Madhya Pradesh, Maharashtra, Delhi and Haryana have highest children inhalant users
Adults need help	18 lakh adults need help for their problematic inhalant use

Source: National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

3.1.3 Geographical Mapping of Rehabilitation and Treatment Centers

Intervention program under Nasha Mukt Abhiyaan is being implemented in 272 districts to increase community participation and public cooperation in the reduction of demand for dependence-producing substances and promote collective initiatives and self-help endeavor among individuals and groups vulnerable to addiction or found at risk including persons who have undergone treatment at IRCAs as a follow up measure.

Community based Peer led Intervention for Early Drug Use Prevention among Adolescents (CPLI)

Youth are trained as Peer Educators to lead peer led community intervention and implement early prevention education especially for vulnerable adolescents and youth in the community. It provides referral and linkage to counseling, treatment and rehabilitation services for drug dependents identified in the community. CPLI are spread across all over India across various states.

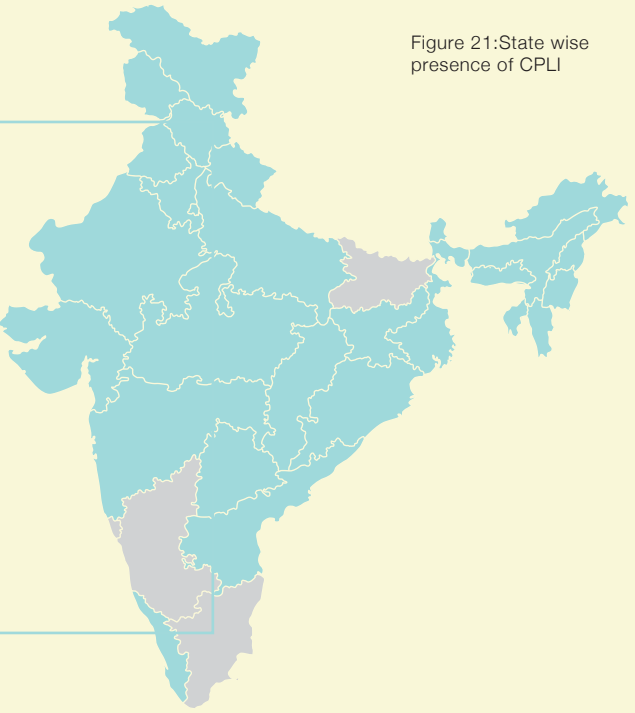


Figure 21:State wise presence of CPLI

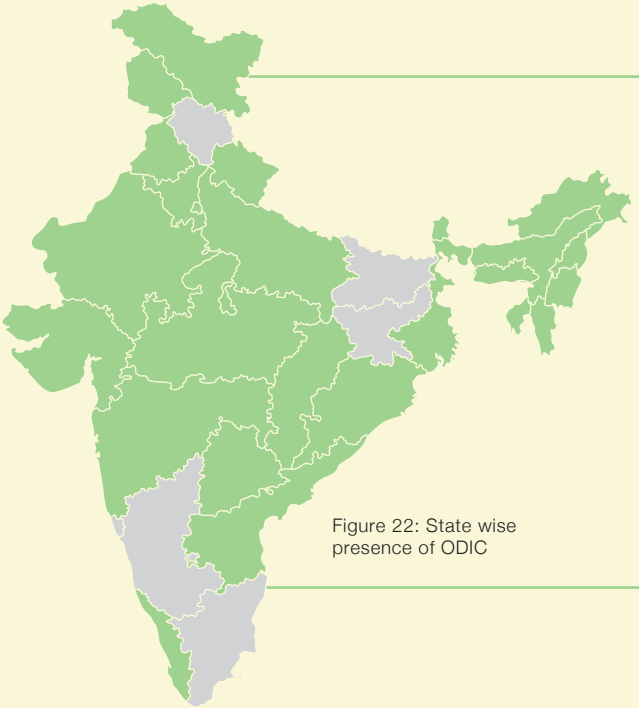


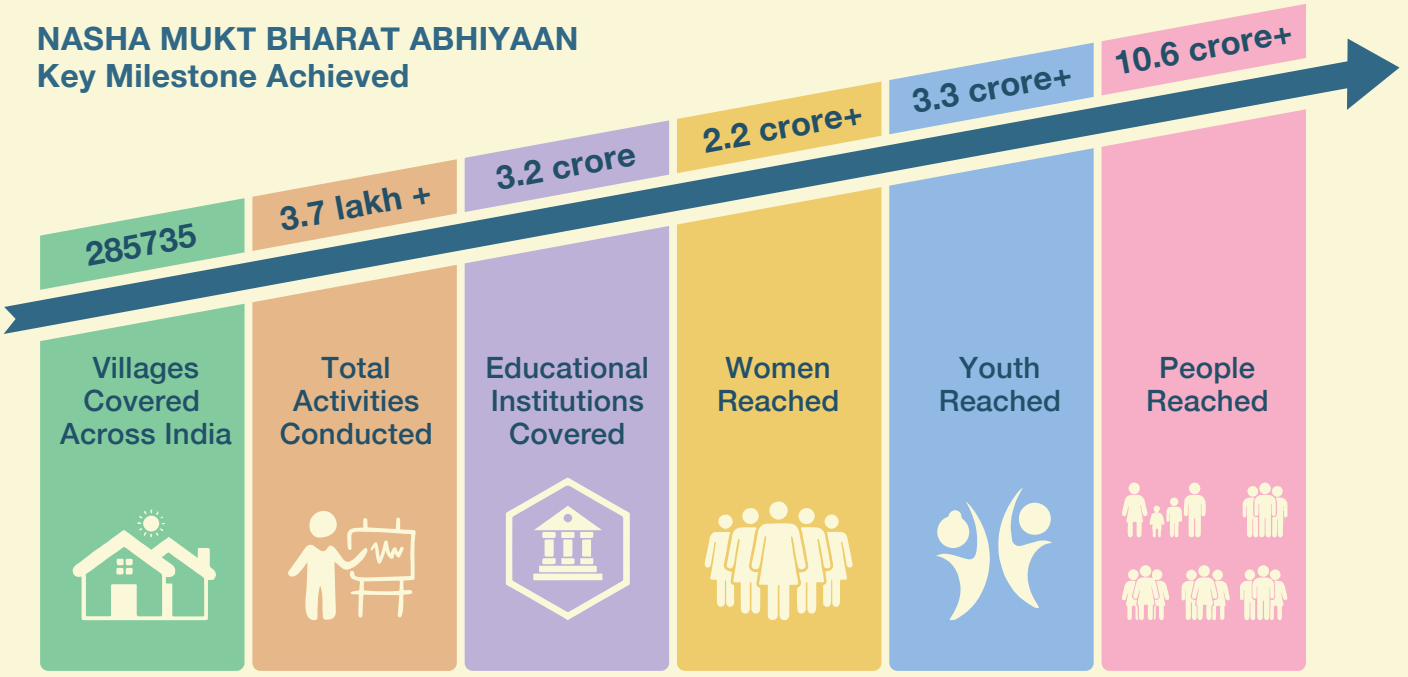
Figure 22: State wise presence of ODIC

Outreach and Drop-in Centers (ODIC)

The ODICs provide safe and secure drop-in space for drug users in the community. These Centers have the provision of screening, assessment and counseling and provide referral and linkage to treatment and rehabilitation services for drug dependents.

3.1.4 Key Milestone Achieved under Nasha Mukt Bharat Abhiyaan

Since the inception of Nasha Mukt Bharat Abhiyaan, major improvements have been felt across different stakeholders who have been envisioned under NMBA and are directly or indirectly affected by substance use. The major objective of the Abhiyaan is to create community wide awareness and educate people on substance use. Children, Youth, women, educational institutions, and the community at large are the key stakeholders of the Abhiyaan, and their active participation has been vital in the success of NMBA.



Source: Nasha Mukt Bharat Abhiyaan website, (dosje.gov.in), last accessed on 1st Oct 2023

- More than 10 crore people have been reached through Nasha Mukt Bharat Abhiyaan across India.
- Around 3.3 crores+ youth have actively participated in the activities of the Abhiyaan and spreading on-ground the message against substance use. Around 4,000+ youth organizations like Yuva Mandals, NYKS & NSS Volunteers, Youth Clubs are actively working to spread message on-ground among peers and young adults.
- Due to more than 3.7 lakh activities conducted across various platform major change has been seen is the shedding of stigma related to drug abuse and its negative perception, which earlier stopped those in need and their families from reaching out for help.
- Discussions have started taking place on substance use in public spheres like educational institutions, community areas and virtual spaces like social media which have prompted those who need help to seek counselling, treatment & rehabilitation services. There has been a shift of focus from organizational involvement to community involvement in the issue of substance abuse.
- The contribution of 2.2+ Crore women have been vital in reaching out to a larger community through the Anganwadi & ASHA Workers, ANMs, Mahila Mandals & Women SHGs
- Community dialogue and discussion have resulted in local action to tackle issue of illicit substance use at their micro level rather than sweeping it under the rug. Many villages, educational institutions

Various interventions and innovations have taken place under the umbrella of Nasha Mukt Bharat Abhiyaan. A glimpse of some of these is depicted below:

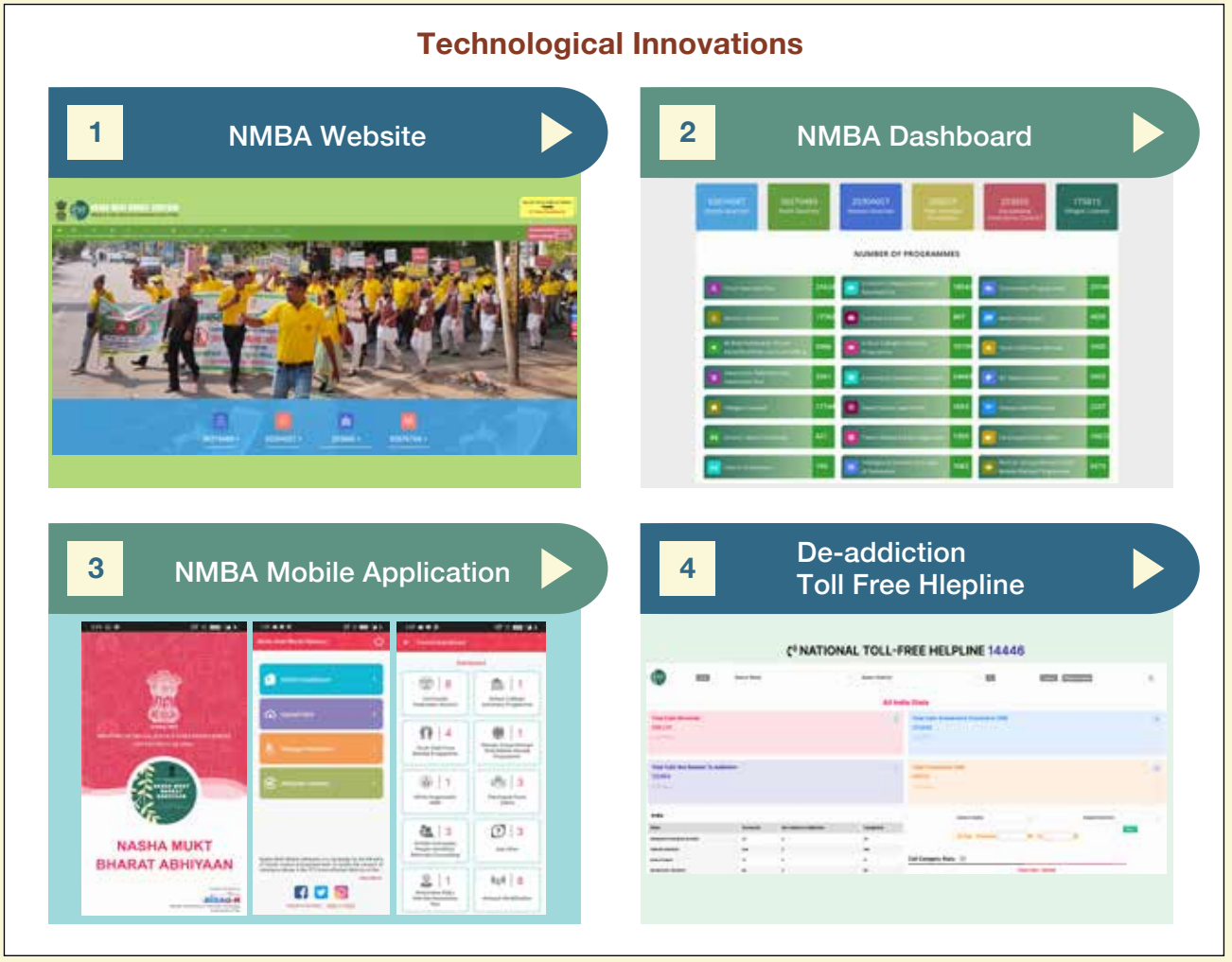


Figure 23: Technological innovation under Nasha Mukt Bharat Abhiyaan

- **NMBA Website:** Nasha Mukt Bharat Abhiyaan website (https://nmba.dosje.gov.in/) was developed featuring resources for the users to access IEC Material Toolkit, Best Practices, FAQs. Website has a separate dashboard for showcasing state wise achievements and an e-Pledge for citizens as well as recovered users.
- **NMBA Mobile Application:** Application was developed to gather and collect the data and the information of the activities at ground level. The information is fed by stakeholders on a real time basis. All this collected information is represented in the NMBA Dashboard (https://nmba.dosje.gov.in/photo-gallery-dashboard.php) where detailed achievement of Abhiyaan could be seen at district, state, and national level.
- **De-Addiction Helpline:** The national De-addiction Toll Free Helpline '14446' receives an average 200 calls/day. Helpline dashboard available on NMBA website presents detailed information regarding the callers, types of issues faced, and the solutions provided on a district, state & national level.

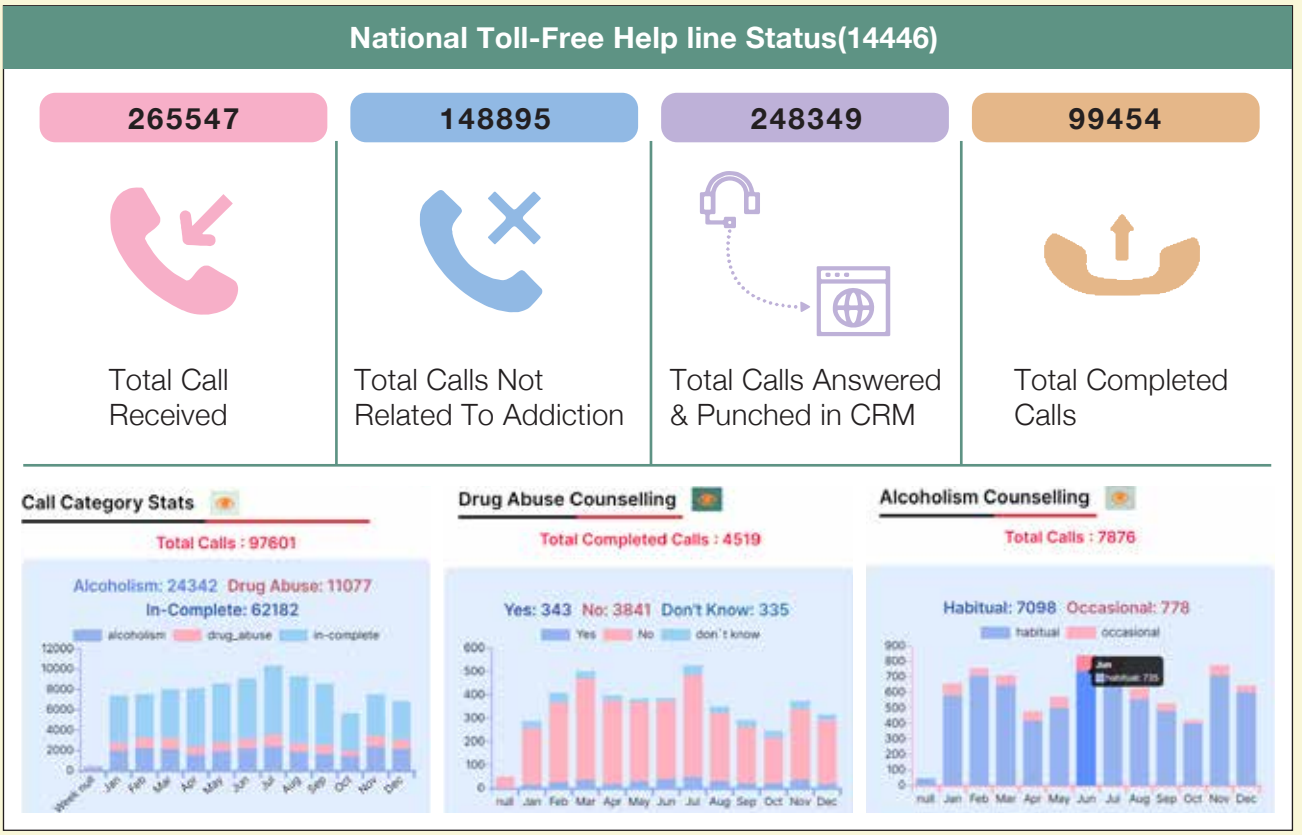
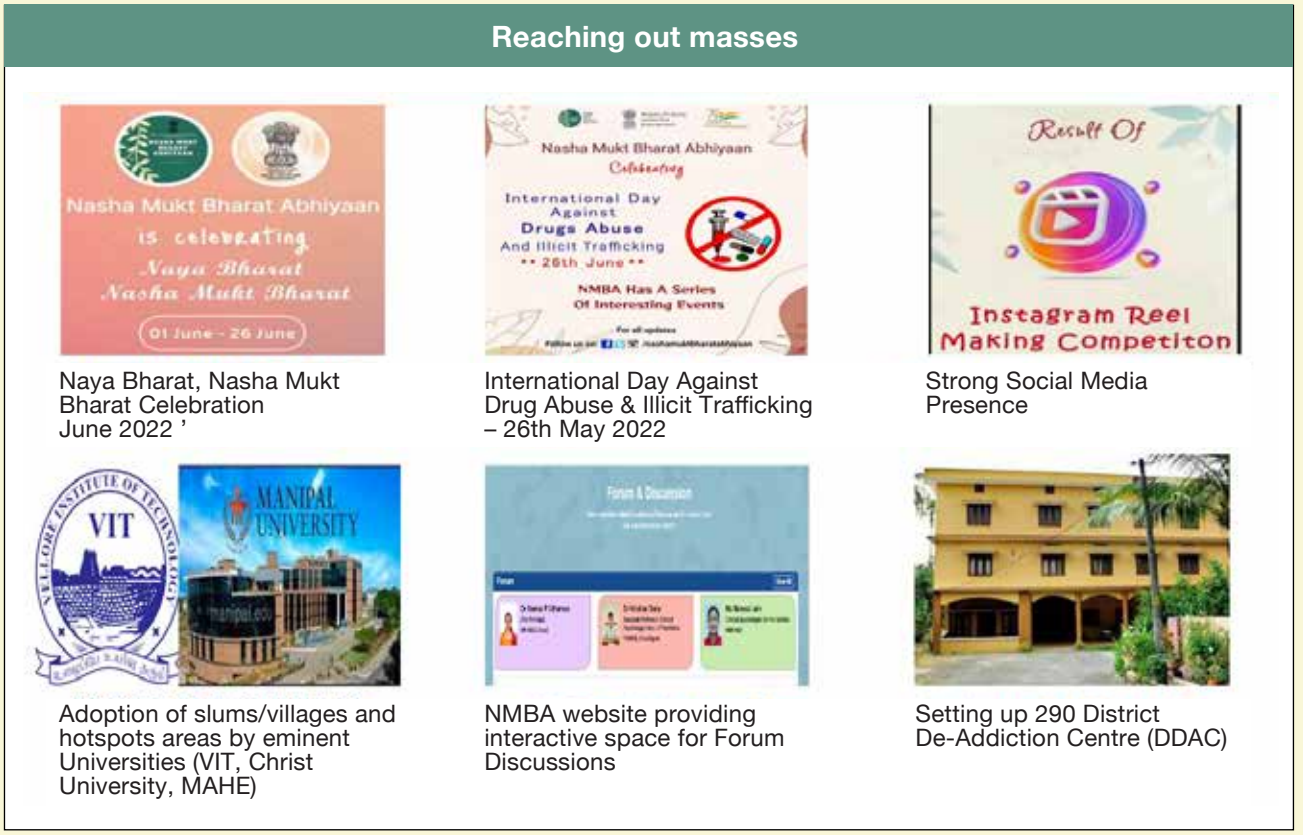


Figure 24: Glimpse of Toll-Free Helpline dashboard



Naya Bharat, Nasha Mukt Bharat Celebration June 2022 '

International Day Against Drug Abuse & Illicit Trafficking – 26th May 2022

Strong Social Media Presence

Adoption of slums/villages and hotspots areas by eminent Universities (VIT, Christ University, MAHE)

NMBA website providing interactive space for Forum Discussions

Setting up 290 District De-Addiction Centre (DDAC)

Figure 25: Activities conducted to reach masses under Nasha Mukt Bharat Abhiyaan

Coverage Mapping

Nasha Mukt Bharat Abhiyaan has been instrumental in reaching masses through its innovative approaches and field activities across India. More than the 70,000+ activities have been conducted under the Abhiyaan since its launch, lively discussions have started taking place on substance use in public spheres like educational institutions, community areas and virtual spaces like social media which have prompted those who need help to seek counselling, treatment & rehabilitation services. Nationwide presence of Abhiyaan created awareness among people and made them more aware on substance use and in the shedding of stigma related to drug abuse.

- **Adoption of Slums/Villages and hotspot areas by eminent universities:** Universities/Colleges like Vellore Institute of Technology (VIT), Christ University, Manipal Institute of Higher Education (MAHE), Bhopal School of Social Sciences (BSSS) etc. have adopted slums/ villages/ hotspots and vulnerable areas under NMBA through active involvement of their students & faculty. Faculty and students would be conducting regular activities to create mass awareness on substance use and its prevention, counselling & treatment.

- **NMBA website providing interactive space for Forum discussion:** NMBA website acts as a platform for communicating space for Forum & Discussion for asking questions anonymously on any information related to substance abuse. Queries received on portal are answered within the next 24 hours by subject matter and domain experts who are affiliated to eminent institutions like NIMHANS & PGIMER.

- **Setting up 290 District De- Addiction Centre (DDAC):** In next 5 years, Ministry of Social Justice and Empowerment will be setting up 290 DDAC in identified gap districts. District with no IRCA, CPLI, or ODIC facility supported by MoSJE will be given preference. Facility will be capable of providing comprehensive services provided by IRCA, ODIC and CPLI under one roof.

- **Celebration of 'Naya Bharat Nasha Mukt Bharat'** has created a buzz across the country through its month-long celebration to mark the International Day Against Drug Abuse in June 2022. Wide social media presence through events like webinars, online expert panel discussion, cultural programmes with in-recovery & recovered persons, online competitions, stories of recovery, video podcasts etc. were live streamed online on the social media pages (Twitter, Facebook & Instagram) of NMBA helped in reaching masses.

3.2 Nasha Mukt Bharat Abhiyaan Impact Assessment

To observe most significant changes across the program intervention states, few selected parameters were identified for impact assessment of Nasha Mukt Bharat Abhiyaan. Program Awareness was discovered through Knowledge Attitude Practice survey. Major activities under Nasha Mukt Bharat Abhiyaan, barriers in implementation of Abhiyaan and different media strategies were identified through national, state and district level interviews. Information regarding district level committee formation and key hotspots or special groups were extracted from district level official interviews. Feedback on use of NMBA application and need of training was shared by Master volunteers.

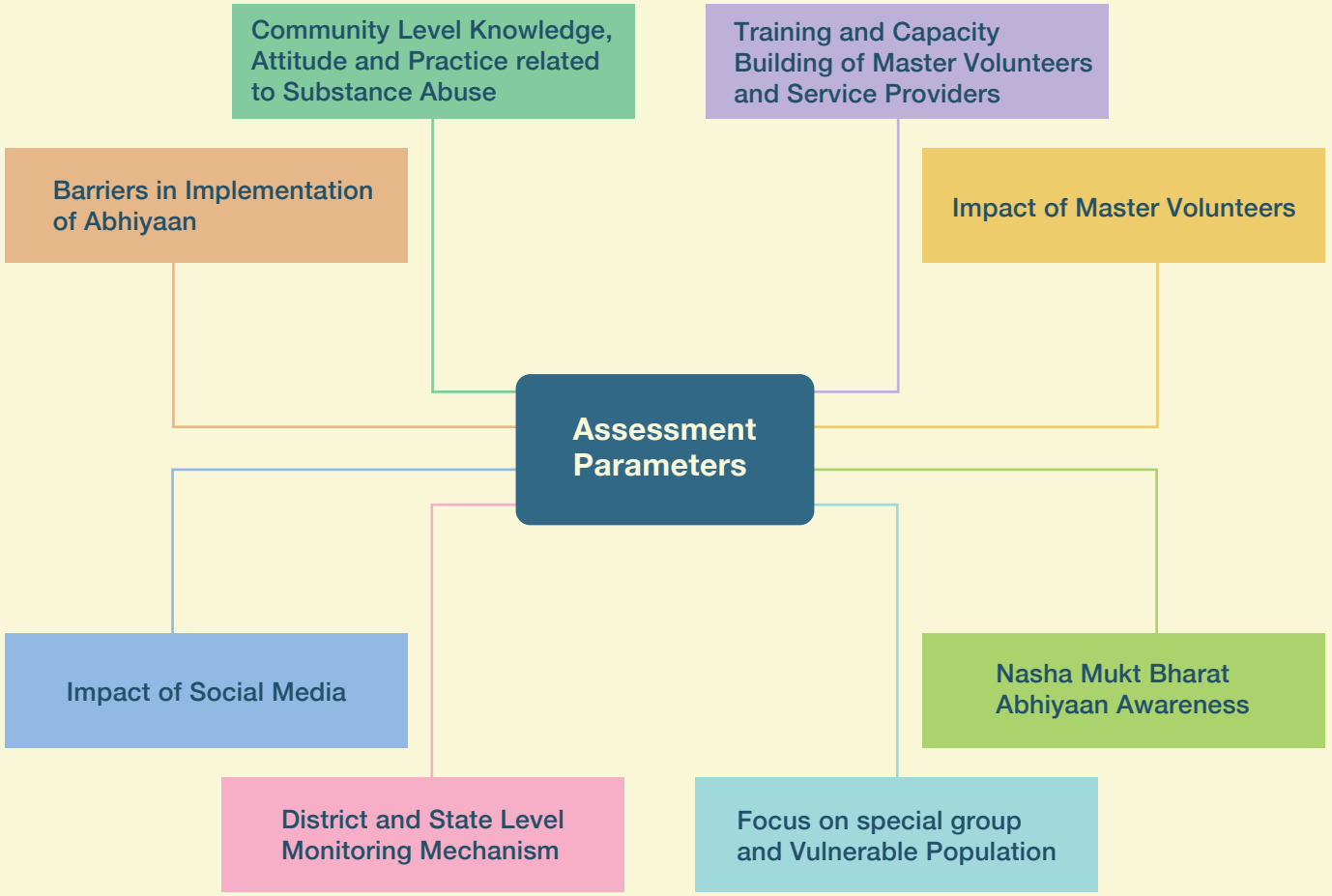


Figure 26: Parameters of assessment

3.2.1 Community Level Knowledge, Attitude and Practice related to Substance Abuse

Under the Nasha Mukt Abhiyaan Assessment, a total of 3424 respondents were covered in the 68 districts across the selected 11 states in India. The entire sample of the Knowledge, Attitude and Practice assessment entails two groups of the population i.e., youth comprising young boys and girls aged between 18-35 years which are total 1374 in numbers and another section of individuals are adults which are total 2050 men and women aged 35-50 years. The mean age of covered population of youth is 25.6 and for adults it is 42.7.

Assessment Parameter 1: Community Level Knowledge, Attitude and Practice related to Substance Abuse.

Socio-demographic profile of the respondents under the assessment NMBA, 2021		
Background Variable	**Youth (18-35) N**	**Adult (35-50) N**
Mean Age	25.6	42.7
Age distribution		
18-25 years	699	
26-30 years	424	
31-35 years	251	
36-40 years		612
41-45 years		610
46-50 years		628
Sex Distribution		
Male	688	1,027
Female	686	1,023
Education		
Illiterate	81	525
Primary	95	350
Middle	284	406
High	480	436
Diploma/Grad	367	252
Postgraduate & above	67	81
Marital Status		
Never married	786	180
Currently Married	552	1,569
Widowed	3	121
Separated	5	14
Divorced	1	19
Others	27	147
Employment status (Past 12 months)		
Not Employed	826	911
Employed	548	1,139
Type of employment		
Professional	84	133
Semi professional	67	79

Clerical	28	25
Shop owner	94	178
Farmer	81	333
Skilled worker	81	164
Semi-skilled worker	37	84
Unskilled worker	74	135
Unemployed	826	911
Unspecified	2	8
Total	**1374**	**2050**

Table 8: Socio-demographic profile

Most of the respondents belonging to the youth category were educated till high school, diploma/graduation but the majority number of adults were either illiterate or attended primary and middle school. Majority of the youth (786) respondents were never married, and majority of adults (1569) were currently married. As per the employment status, more than 50% of the respondents in the youth category were unemployed as they were pursuing education but majority of the respondents under adult category were employed.

3.2.1.1 Community's Knowledge Pertaining to Substance Abuse

The respondent's knowledge pertaining to substance abuse has been elucidated in detail in the table 9. The data collected from the respondents across the 11 states shows that most respondents under every age group possess knowledge about alcohol. The knowledge pertaining to the successive higher form of substance i.e., cannabis and opioids use were high, and the knowledge of the remaining substances were reported to be low amongst the respondents across males of different age group. It was also noted that the knowledge of the psychotropic and narcotic substances is comparatively higher amongst male compared to females. Almost 83% of men were aware about the cannabis compared to 76% women and similarly 66% male were aware of the opioids and only 48% women knew about its use.

As far as the state wise distribution of the knowledge of substance abuse is concerned, all the respondents from Gujarat, Punjab and Manipur were aware of alcohol use. An overwhelming response on the knowledge about cannabis was also reported from Jammu & Kashmir (98%), Bihar (97%) and Andhra Pradesh (91%). More than 50% of the respondents from Gujarat (56%), Manipur (69%), Madhya Pradesh (73%), Bihar (55%), Jammu & Kashmir (62%), Punjab (69%), and Haryana (75%) had knowledge about the opioids.

Background Variable	Alcohol	Cannabis	Opioids	Cocaine	Sedatives	Inhalans	Hallucinogens
Age distribution							
18-25 years	96.8	78.6	55.5	25.8	12.7	17.3	5.4
26-30 years	96.7	82.3	62.7	29.0	20.1	20.8	7.6
31-35 years	98.0	78.0	59.6	28.6	14.7	16.7	4.0
36-40 years	97.0	77.7	55.1	20.6	12.3	14.4	4.9
41-45 years	96.3	78.6	54.7	19.3	12.6	13.1	5.3
46-50 years	97.9	81.6	57.9	21.3	13.4	14.0	4.5
Sex distribution							
Male	96.9	82.5	66.0	29.8	16.9	20.2	6.5
Female	97.1	76.3	47.7	16.7	10.7	11.0	4.0
State							
Andhra Pradesh	99.1	90.7	8.3	21.3	0.9	0.9	0.0
Kerala	99.3	62.0	12.7	22.7	6.0	3.3	10.0
Gujarat	100.0	84.6	55.7	27.9	13.9	7.0	4.5
Meghalaya	64.9	19.9	5.3	6.0	34.7	35.3	34.7
Manipur	100.0	90.1	69.0	30.5	30.3	43.7	3.2
Madhya Pradesh	98.0	73.4	73.0	18.8	11.2	5.6	1.2
Bihar	98.7	96.7	55.0	26.7	5.0	9.7	2.3
Jammu & Kashmir	99.0	97.8	62.5	31.8	24.3	28.0	6.5
Punjab	100.0	85.7	69.1	38.2	12.3	16.3	10.6
Haryana	99.2	75.2	75.2	7.2	4.4	3.6	3.6
Uttar Pradesh	95.8	71.0	48.6	17.6	5.8	9.8	1.8
Total	**97.1**	**79.4**	**56.9**	**23.3**	**13.8**	**15.7**	**5.3**

Table 9: Percentage distribution of respondents having knowledge regarding the different methods of substance use in the selected states under Nasha Mukt Bharat Abhiyaan Assessment, 2021.

The knowledge of alcohol, cannabis and opioids has been reported highest amongst the respondents. The other higher forms of substances like cocaine (23%), sedatives (14%), inhalants (16%) and hallucinogens (5%) were reported low.

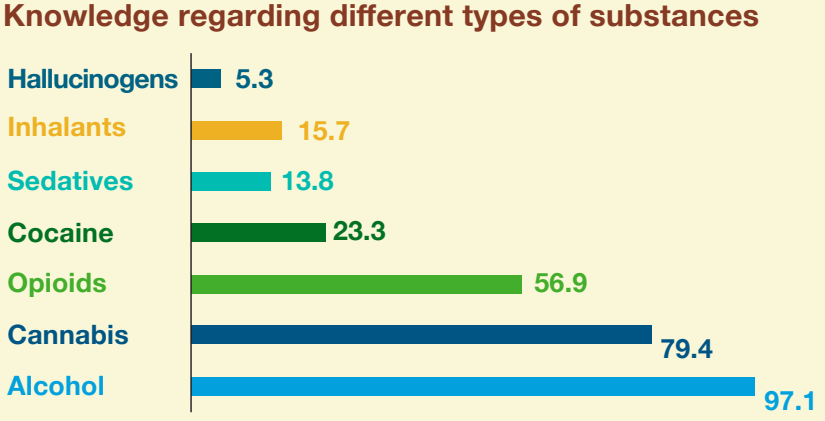


Figure 27: Community's knowledge regarding different types of substances

Assessment Parameter 1: Community Level Knowledge, Attitude and Practice related to Substance Abuse.

During the qualitative discussions with the state level officials of Meghalaya and Manipur, it was revealed that youth and adults are nowadays attracted to the party culture that includes the use of drugs like ecstasy and cocaine. Assessment findings also reveal high knowledge of cocaine and opioids drugs in Meghalaya and Manipur.

Also, during discussion with the state and district level officials in **Gujarat and Bihar**, they reported a common behavior of the population in which people are more susceptible to incline towards other forms of substance use since alcohol is banned. This shift drags youth population towards new form of psychotropic substances like cannabis and opioids. State level officials of Bihar shared that mass campaigns have been organized for stopping alcohol and drug use in the state.

> "In Meghalaya, youth are nowadays attracted to fancy party drugs like ecstasy and cocaine. They want to try new things. Shillong caters to almost 70% drug addicts across Meghalaya. Most popular drug these days in Shillong is WIY' World is yours"
>
> **State level official - Meghalaya**

Community Knowledge on Effects of Using Drugs/ Substance use

As per the responses received, a majority (67%) of respondents reported that the consumption of drugs has a possible effect on the memory of the substance user. Almost 64% respondent reported the use of drugs can affect judgement and 62% reported it could influence the decision making of the drug abuser. Almost 30% respondents whose responses were categorized under others reported the effect of drugs could possibly affect the behavior and socialization, overall body function, disturbance in family, sexual life, and sleep.

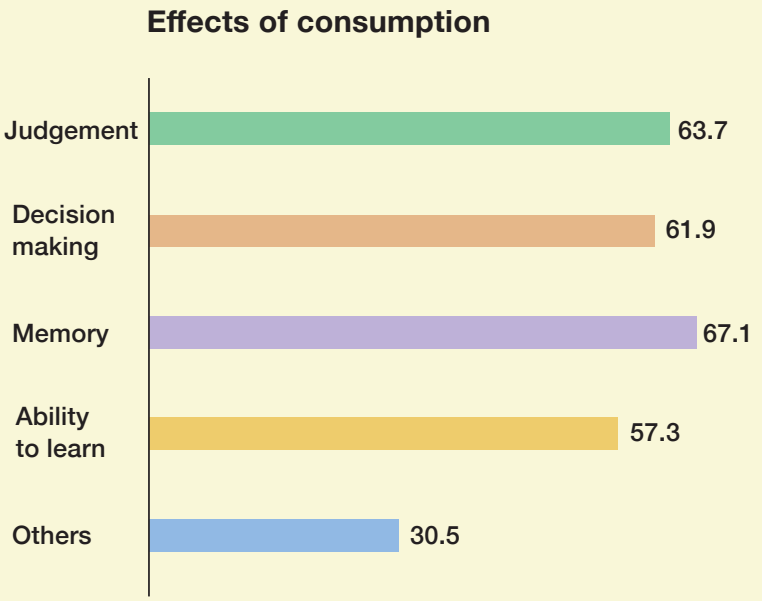


Figure 28: Effects of consuming drugs

Substance use can cause some harmful effects on health such as short-term memory loss, depression, hypertension. State level officials of Kerala, Meghalaya, Manipur, and Andhra

Cocaine or opioids users of Punjab and Jammu & Kashmir shared that they were unable to sleep properly without taking dose before their admission in the rehabilitation center. Patients admitted taking sleeping pills as an alternate source of drugs.

> "Whenever I used Heroine, I felt shivering and then memory loss happened. I needed second dose of heroine after 3-4 hours of taking first shot. It affected my social life, I could not eat, I could not sleep properly."
>
> **Rehabilitation Patient - Punjab**

State and district level officials of Bihar informed that that due to total ban of alcohol in Bihar people have majorly shifted to either cheaper versions of alcohol or they have switched to other forms like Cannabis, Opioids, and sedatives.

suggested that ill effects of taking drugs should be inculcated as a chapter in curriculum of class 4th to 10th. Imparting education on substance use to children at young age will act as a preventive measure to tackle this issue .

In Kurukshetra (Haryana) under Nasha Mukt Bharat Abhiyaan interventions have also been focused with HIV infected people as use of common needles while using injectable drugs increases the chance of spreading HIV. Haryana state officials suggested a **triple diagnosis mechanism** to reduce alcohol and drug menace, it refers to jointly focus on psychiatric problems and drug abuse along with immunocompromised diseases such as HIV, Hepatitis, TB etc.

The sharing of needle amongst the intravenous drug abusers possesses the potential of transmitting HIV and sharing a lot of infections amongst them[8].The figure 29 shows the responses on knowledge of respondents pertaining to the possible disease caused due to sharing a needle. An overwhelming response was reported on the knowledge of respondents about the most possible disease due to sharing of needle was the HIV/AIDS (74%). Almost 50% reported that blood cancer could be the disease caused due to sharing needle.

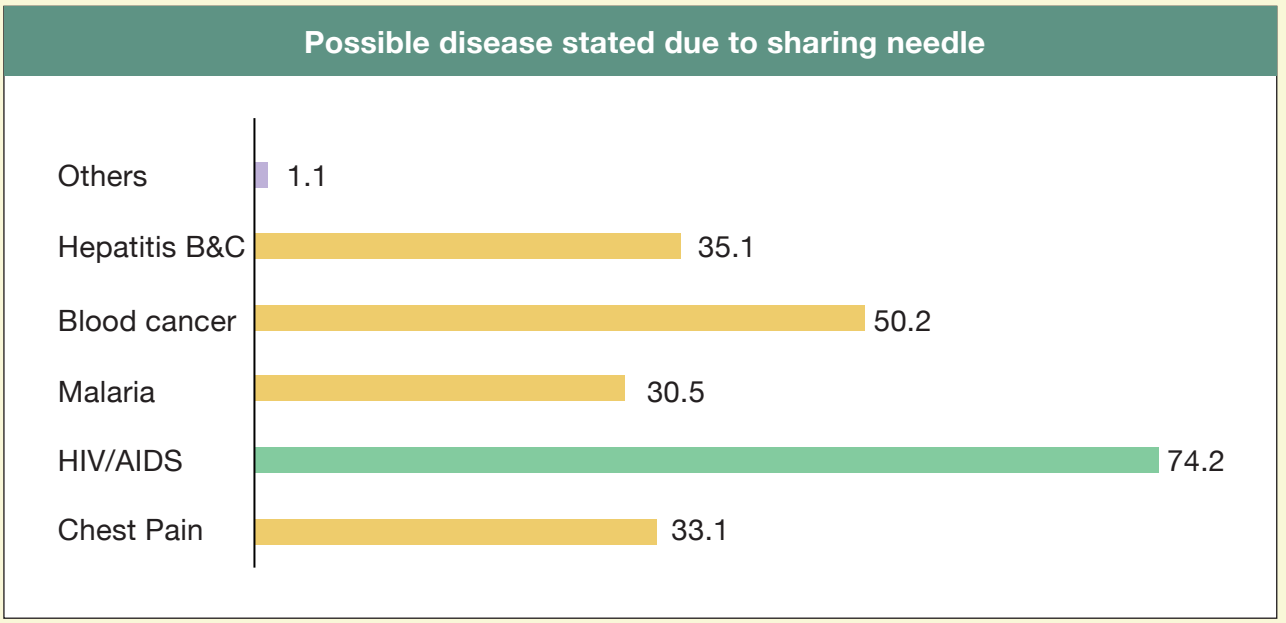


Figure 29: Possible disease caused due to needle sharing

[8]Centre for Disease control and prevention https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html

The figure 30 elucidates the responses of respondents on their knowledge if the substance abuse has any influence on causing any disease. While collecting the data from the respondents, majority of the respondents reported that the substance abuse can cause mental health disorders (73%) and hypertension (64%). Almost 48% respondents reported the most possible disease could be HIV/AIDS.

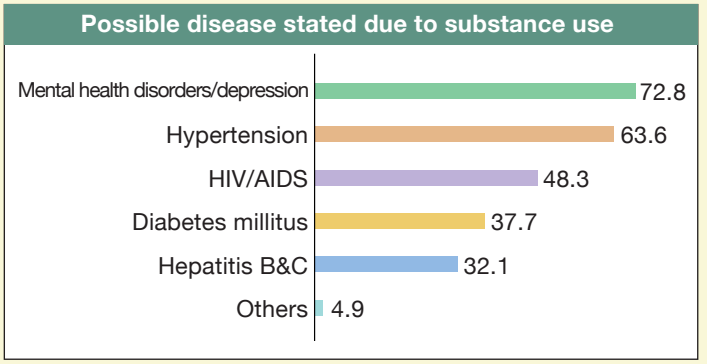


Figure 30: Possible disease states due to substance use

Community Knowledge on the Effects of Cannabis, Cocaine, and Heroin Use

The figure number 31 elucidates the possible effects of using cannabis on the consumer. Majority (72%) of the respondents reported the most possible effect of consuming cannabis is the short-term memory loss. Respondents also reported positive effects of consuming cannabis. Almost 16% respondents reported good concentration and 15% reported better judgement and coordination after consuming cannabis.

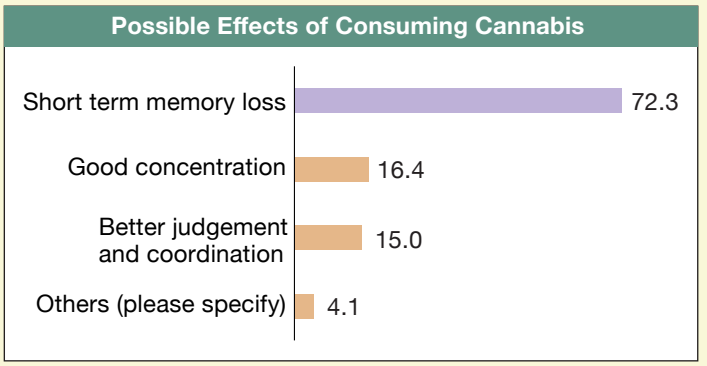


Figure 31: Possible effects of using cannabis

As per the figure 32, most of the respondents reported disease caused due to the consumption of cannabis is the lung cancer (78%). Almost 48% reported stomach ulcers and 46% reported renal failure to be possible disease caused due to the consumption of cannabis.

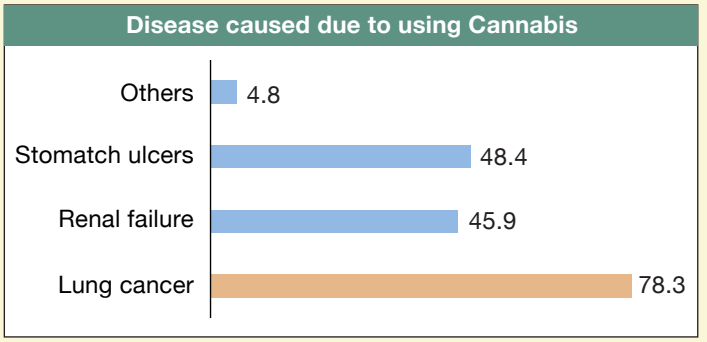


Figure 32: Disease caused due to using cannabis

It has been well documented that the sleep pattern of the chronic cocaine user is severely disrupted which may persist to weeks, months or even longer[9]. Almost 44% respondent reported the knowledge of altered nature of sleep of cocaine user while 36% reported that cocaine user has no sleep at all.

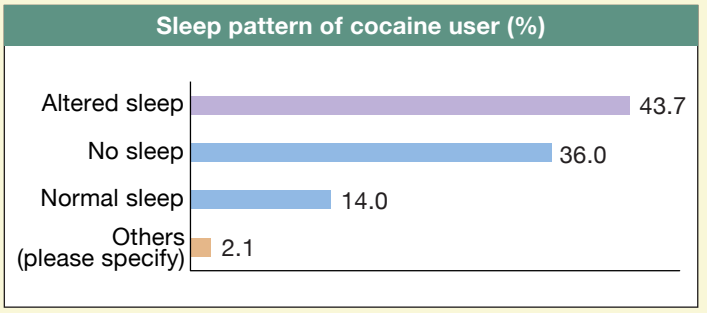


Figure 33: Sleep pattern of cocaine user

[9]https://academic.oup.com/sleep/article/40/3/zsw069/2741263

Assessment Parameter 1: Community Level Knowledge, Attitude and Practice related to Substance Abuse.

Community Knowledge about Person or Group Involved in Substance Use

The respondents perticularly belonging to the age group 35-50 years exibited more knowledge pertaining to the people or groups practicing substance abuse in their community. Almost 60% of the respondents in the age group 35-50 reported they know someone in the community who is consuming alcohol, drugs and 61% knew about some group who is involved in substance use. Almost 40% of youth (18-35) also reported having knowledge of someone involved in consuming alcohol and drugs in the community.

- The master volunteers in Punjab reported that consuming alcohol and tobacco has become an inherent part of the culture and this could be easily seen around in the community specially on different family events or any cultural event.
- The youth get influenced from these observations of elders consuming substances and they could easily be spotted in the shady areas or localities in the community using them. Flavored hukkah and tobacco are new trend setter among the range of different substances available easily.

Background Variable	Youth (18-35) %	Adult (35-50) %	Total (N)
Knowledge about someone consuming alcohol in the community	39.59	60.41	2301
Knowledge about someone consuming drugs in the community	39.78	60.22	1116
Knowledge about any group who is involved in substance abuse in the community	38.67	61.33	905

Table 10: Percentage distribution of respondents having knowledge about if someone/group in the community is involved in the substance abuse reported under the Nasha Mukt Bharat Abhiyaan, 2021.

Punjab and Haryana showcased culture of consuming alcohol and hukkah as a traditional method most used during weddings and family functions. Youth population is generally influenced from their family and friends. Patients in rehabilitation centers of Punjab and Haryana revealed that use of alcohol, tobacco and hukkah in family functions is fashion. Weddings without alcohol and hukkah are not considered good.

3.2.1.2 Community's Practice Pertaining to Substance Abuse

As per National Survey on Extent and Pattern of Substance Use in India Report 2019, significant number of people among all population groups use psychoactive substances in India. After Alcohol, Cannabis and Opioids are the next commonly used substances in India. The survey indicates that a sizeable number of individuals use sedatives and inhalants. Inhalants were the only category of substances for which the prevalence of current use among children and adolescents is higher than adults. Other categories of drugs such as Cocaine, Amphetamine Type Stimulants and Hallucinogens are used by a small proportion of country's population. This survey also indicates that there are wide variations in the extent and prevalence of use across different states and between various substances.

> "Use of drugs in Madhya Pradesh varies across districts due to diverse geography and dialects. Majority of community in Mandsaur is indulged in Afeem cultivation. In Rewa use of inhalants and cough syrups addicts are high, similarly in Ujjain people prefer Bhang. In Neemuch, people are more attracted towards Afeem, Dodha, Chura and lastly in Bhopal smack, heroine and other high end pharma drugs are prevalent."
>
> **State level official- Madhya Pradesh**

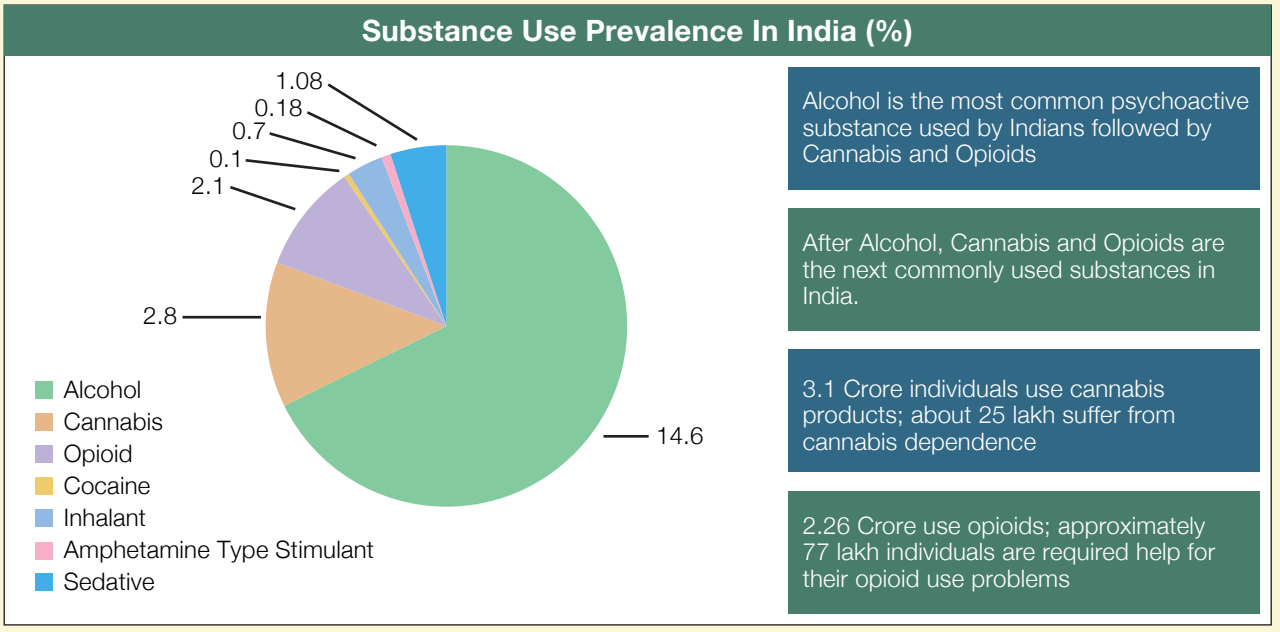


Figure 34: Substance use prevalence in India as per National Survey on Extent and Pattern use, 2019

During Nasha Mukt Bharat Abhiyaan Assessment, information regarding practice of different substance use was also reported. The table 11 illustrates the figures of the practice of different substances reported by the respondents. For all the substances, the prevalence of use of alcohol beverage is higher among the male adults (57%) compared to males (27%) under the age group 18-35. Females under the categories of both the age groups reported the lowest use of any substance use.

Substance used	Substance ever used					Consumed in last one year				
	Male (%)		Female (%)		N	Male (%)		Female (%)		N
	18-35 years	35-50 years	18-35 years	35-50 years		18-35 years	35-50 years	18-35 years	35-50 years	
Tobacco	25.4	51.4	6.7	16.5	795	24.9	54.6	5.0	15.5	702
Alcohol Beverages	27.3	56.6	6.8	9.4	458	28.6	58.7	5.8	6.9	378
Cannabis	28.6	60.2	4.1	7.1	98	34.5	62.1	1.7	1.7	58
Cannabis Others	26.9	63.4	1.1	8.6	93	32.3	61.5		6.2	65
Opioids: Heroin	50.0	35.0	15.0	-	20	50.0	42.9	7.1	-	14
Opioids – opium	55.6	38.9	5.6	-	18	53.3	46.7	-	-	15
Opioids: Pharmaceuticals (Without prescription)	35.5	48.4	6.5	9.7	31	23.5	58.8	5.9	11.8	17
Sedatives or sleeping pills (without prescription)	46.2	46.2	3.8	3.8	26	28.6	42.9	14.3	14.3	7
Cocaine	50.0	-	33.3	16.7	6	100.0	-	-	-	1
Amphetamine type stimulants	50.0	50.0	-	-	2	-	-	-	-	0
Inhalants	52.6	42.1	-	5.3	19	33.3	33.3	-	33.3	3
Hallucinogens	-	-	50.0	50.0	2	-	-	-	100.0	1
Others	-	25.0	-	75.0	4	-	-	-	100.0	1

Table 11: Percentage distribution of respondents practiced substance abuse, reported under Nasha Mukt Bharat Abhiyaan Assessment, 2021

Data from table 11 also elucidates that, amongst the male respondents belonging to 35-50 years of age group, it was reported that across different types of substances used, cannabis was the highest used substance. In contrast, respondents belonging to 18-35 years of age group, the highest used substance were opioids (Heroine and Opium). Even the respondents who reported using any type of substance during last 12 months, the use of cannabis products was high as compared to other types of substances.

Assessment Parameter 1: Community Level Knowledge, Attitude and Practice related to Substance Abuse.

State and district officials of **Manipur, Meghalaya, Punjab, Haryana, Jammu and Kashmir** reported high usage of drugs like opioids and cocaine among youth. District officials of **Manipur** revealed that inhalant was most used among children and adolescent population. **Punjab and Haryana** official emphasized on targeting youth as focused component of the program.

Master volunteers from Punjab and Haryana revealed that students of both states have reported high end use of substances like Cocaine. Most of the rehabilitation patients admitted in centers of Punjab and Haryana reported consumption of these drugs either to relieve stress during exams or for more concentration, relaxation or to tackle with depression.

Alcohol

As per National Survey on Extent and Pattern of Substance Use in India Report 2019, Alcohol is the most common psychoactive substance used by Indian states with the high prevalence of alcohol use are Chhattisgarh (35.6%), Tripura (34.7%), Punjab (28.5%) Arunachal Pradesh (28%) and Goa (28%). The findings resonated with Nasha Mukt Bharat Abhiyaan Assessment as highest frequency of the male respondents under the age group 35-50 years reported consuming alcohol beverage. For all the substances, the prevalence of use of alcohol beverage is higher among the male adults (57%) compared to males (27%) under the age group 18-35. Most of the respondent admitted that they started consuming alcohol after 18 years. It is to be noted that the mean age of consuming alcohol is 21 years. **Manipur, Madhya Pradesh, Uttar Pradesh, and Punjab were few states where alcohol consumption was reported high during Nasha Mukt Bharat Abhiyaan Assessment.**

Cannabis

Majority of the respondents in Manipur reported consuming substance like cannabis and other cannabis products. Findings of Nasha Mukt Bharat Abhiyaan Assessment also align with Substance Use and Pattern Survey. States like Uttar Pradesh, Haryana, and Punjab were found to be major states having high cannabis usage prevalence across substance use survey and NMBA assessment. Sixty six percent (66%) respondents who were consuming cannabis started consuming these substances only after the age of 18 years. More than 60% of the respondents reported that they have consumed tobacco and cannabis in the last three months. **Haryana, Manipur, Jammu & Kashmir, Uttar Pradesh, and Punjab were few states showcasing high cannabis usage during NMBA Assessment.**

Opioids

in Nasha Mukt Bharat Abhiyaan Assessment, prevalence of use of opioids is seen as higher among the male respondents of 18-35 years. Female respondents from both the age groups, reported the lowest use of any substance use. It was also seen that Manipur and Punjab were the two states among with high number of opioid users. Almost 50% of respondents below 18 years age (among ever used category) admitted using opioids in past one year. Less than 50% of the respondents confirmed their use in the last three months. **Haryana, Manipur, Madhya Pradesh, and Punjab were few states showcasing high opioids usage during Nasha Mukt Bharat Assessment.**

Cocaine

All the respondents who accepted ever using cocaine had consumed it in one past year. All cocaine users shared that they started using cocaine before 18 years of age. Cocaine use was majorly prevalent in Manipur, Meghalaya, and Punjab.

Majority of the respondents who were consuming tobacco (54%), alcohol (66%), cannabis (bhang) (68%) and cannabis others (66%), started consuming these substances only after the age of 18 years. It is to be noted that the mean age of consuming tobacco and alcohol is 19 and 21 years. Substances such as opioids (53%) sedatives (54%) and inhalants (88%) were consumed before 18 years of age. Majority of the respondents reported that they have consumed tobacco (83%), alcohol (67%) and cannabis (61%) in the last three months. For the higher form of substance such as heroine (32%), Sedatives (15%), Amphetamine (17%) inhalant (16%), less than 50% of the respondents confirmed their use in the last three months.

Context	Tobacco	Alcohol	Cannabis (Bhang)	Cannabis (Bhang)	Opioids: Heroin	Opioids Opium	Opioids: Pharmaceuticals (Without prescription)	Sedatives	Cocaine	Amphetamine	Inhalants	Hallucinogens	Others
Age at 1st use													
<18 years	46.3	34.4	29.5	34.4	52.6	52.9	55.6	54.2	50.0	50.0	88.2	-	-
>18 years	53.7	65.6	68.4	65.6	47.4	47.1	44.4	45.8	50.0	50.0	11.8	-	-
Total (N)	**771**	**448**	**95**	**90**	**19**	**17**	**27**	**24**	**2**	**2**	**17**	**-**	**-**
Mean age of 1st use	19.5	21.1	23.0	20.9	18.5	19.1	19.9	19.8	44.7	18.5	15.8	-	-
Used in last three months	83	66.74	60.64	56.38	31.82	61.11	27.27	15.38	100	16.67	15.79	33.33	25
Reason of use													
Enjoy the effect	39.87	28.23	36.56	35.11	4.55	44.44	18.18	11.54	25	16.67	47.37	-	100
Recreation	19.25	26.7	29.03	24.47	31.82	16.67	9.09	15.38	25	66.67	10.53	66.67	-
Relaxation	25.79	25.38	18.28	23.4	27.27	11.11	30.3	34.62	25	-	-	-	-
Peer pressure	8.43	16.41	12.9	15.96	36.36	16.67	27.27	23.08	25	16.67	31.58	33.33	-
Other	6.67	3.28	3.23	1.06	-	11.11	15.15	15.38	-	-	10.53	-	-
Total (N)	**794**	**457**	**93**	**94**	**22**	**18**	**33**	**26**	**4**	**6**	**19**	**3**	**3**

Table 12: Percentage distribution of respondents practicing substance abuse and their reason for onset of consumption under Nasha Mukt Bharat Abhiyaan, 2021

The percentage consumption of substance abuse across the selected states has been shown in the table 13. As per the figures, majority of the respondents in Manipur reported consuming the different substance like tobacco (34%), alcohol (37%) and cannabis others (37%). The reported consumption amongst the other respondents across other states has been very low.

State	Tobacco	Alcohol	Cannabis (Bhang)	Cannabis (Others)	Opioids: Heroin	Opioids Opium	Opioids: Pharmaceuticals (Without prescription)	Sedatives	Cocaine	Amphetamine	Inhalants	Hallucinogens	Others
Andhra Pradesh	2.39	3.93	4.08	3.23	0	0	0	0	0	0	0	0	0
Bihar	3.52	1.75	2.04	1.08	0	0	3.23	3.85	0	0	0	0	50
Gujarat	8.81	5.9	2.04	3.23	0	0	0	0	0	0	0	0	0
Haryana	0.38	0.22	22.45	0	5	5.56	0	0	0	0	0	0	0
Jammu & Kashmir	17.74	5.68	0	19.35	5	0	9.68	7.69	0	0	0	0	0
Kerala	2.64	3.93	1.02	3.23	0	0	0	0	0	0	0	0	0
Madhya Pradesh	15.09	13.54	17.35	10.75	15	16.67	9.68	11.54	0	0	10.53	0	0
Manipur	34.47	37.55	19.39	37.63	50	61.11	64.52	69.23	16.67	66.67	78.95	0	0
Meghalaya	1.01	1.75	7.14	1.08	10	0	0	0	16.67	0	0	0	0
Punjab	6.04	13.76	8.16	5.38	15	16.67	12.9	7.69	66.67	0	5.26	50	25
Uttar Pradesh	7.92	12.01	16.33	15.05	0	0	0	0	0	33.33	5.26	50	25
Total (N)	**795**	**458**	**98**	**93**	**20**	**18**	**31**	**26**	**6**	**3**	**19**	**2**	**4**

Table 13: Percentage distribution of respondents practiced substance abuse in selected states under Nasha Mukt Bharat Abhiyaan Assessment, 2021

It could be observed under the results that while asking, 'if the use of illegal drugs has increased', majority (47%) reported it to be very much true. Also, majority (52.6) of the respondents stated the statement to be very much true stating the drug abusers are dangerous people and can assault you anytime. Only 8% of the respondents denied and reported to be not true at all. More than 60% respondents agreed and reported that drugs are more harmful than alcohol and tobacco. Majority (40%) also mentioned that the drug use is the phenomena of western culture.

Attitude	Not at all true		Maybe		Very much true		Do not know/ no response	
	%	N	%	N	%	N	%	N
More people are using illegal drugs compared to before	8.5	289	21.1	720	47.1	1607	23.3	794
Drug users are dangerous people; they can assault you anytime	7.7	262	22.2	756	52.6	1794	17.5	596
It is not possible to come out of drug use, once you become addicted to it	33.5	1143	24.1	822	26.3	895	16.1	548
Drugs are more harmful compared to alcohol and tobacco	5.4	183	15.4	526	62.7	2137	16.6	565
Drug use is a phenomenon of western culture	11	375	20.8	710	40	1366	28.2	961
Only people with weak will power become addicts	17	578	25.5	869	33.7	1148	23.8	812

Table 14: Attitude of respondents pertaining to the consumption of drugs reported under Nasha Mukt Bharat Abhiyaan Assessment 2021

To understand the attitude of the respondents related to the drug users, almost 35% respondents reported the statement to be true that drug users have more friends than non-drug users. More than 50% of the respondents denied that drugs are necessary for hard work. Majority of the respondents also denied (not true at all) the positive significance of drugs in fighting anxiety and depression (38%), energizing product (37%) and decision making (48%).

"People wish to quit drinking or taking drugs but most of the times friends take us back to the drinking. With friends it is very hard to control. Generally, people start consuming alcohol or drugs not to feel left out from the surrounding society"

Rehabilitation patient – Gujarat

The qualitative interviews were also conducted with the patients admitted in rehabilitation centers of the selected states. The respondents from **Madhya Pradesh, Uttar Pradesh** and **Haryana shared** that peer pressure was main cause of initiating the drug usage. Some patients from **Manipur** shared that they started taking drugs in fear of being isolated from peers as all their friends were taking it.

The attitude of respondents regarding the possible role of drug user involved in domestic violence is elucidated in table 16. More than 50% of the respondent agreed with the statement to be very much true stating the drug user has a role in abusing their partner. Only 7% disagreed (not true at all) with the statement. Almost 47% respondents agreed with the statement to be very much true that the drugs like cocaine/ amphetamine increases aggressive or violent behavior.

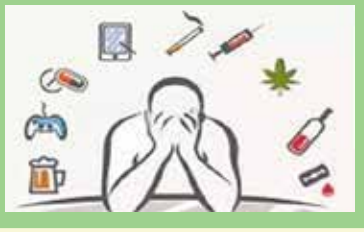
Attitude	Not at all true		Maybe		Very much true		Do not know/ no response	
	%	N	%	N	%	N	%	N
Drug abusers have more friends than non-drug abusers.	17.2	585	24	818	34.6	1178	24.3	828
Drugs are necessary for hard working people.	53.4	1821	13.9	475	10.5	359	22.1	755
Using drug helps in fighting anxiety and depression,	37.9	1289	21.8	742	10.2	346	30.2	1027
Drugs act as energizer when a person is tired?	36.8	1255	21.2	723	10.8	368	31.2	1063
Drug usage helps in decision making	48.2	1644	15.1	515	9.7	332	26.9	918
Drug users help to impress others?	26	886	21.5	730	27.6	939	24.9	858
Drug abusers feel always alone, and nobody understand them	19.5	665	26.2	893	29.1	993	25.2	858
Drug abusers can perform their day-to-day activities effectively	41.4	1410	19.4	660	11.7	398	27.6	941
Drug dependence will help to involve in social activities	34.6	1181	23.6	805	12.1	411	29.7	1012

Table 15: Attitude of respondents pertaining to the drug abusers reported under Nasha Mukt Bharat Abhiyaan Assessment 2021

Attitude	Not at all true		Maybe		Very much true		Do not know/ no response	
	%	N	%	N	%	N	%	N
Partners who use drugs abuse their spouses physically and sexually	7	239	20.5	700	52.4	1786	20.1	684
Use of drugs like cocaine/ amphetamine increases aggressive or violent behavior	5.9	201	17.4	593	47.8	1629	28.9	984

Table 16: Attitude of respondents pertaining to drug abusers and domestic violence reported under Nasha Mukt Bharat Abhiyaan Assessment 2021

Patients admitted in Manipur and Punjab rehabilitation centers shared that the use of alcohol and drugs affected their brain consciousness. They became more violent and sometimes harmed family members after consuming drugs. Few of them reported abusing their wife after consumption of alcohol.



> "Drugs brought negative changes in my life. I became very egotistic and lost my senses completely during my alcoholic fits. Sometimes I got violent and there was severe lack of communication with others around me."

Rehabilitation Patient - Manipur

3.2.2 Awareness about the Nasha Mukt Bharat Abhiyaan

The Nasha Mukt Bharat Abhiyaan was launched on 15 August 2020 across 272 vulnerable districts across India. The campaign was started during COVID-19 pandemic which tremendously influenced almost every sector of the economy and on the existing running health programs in the country. Despite the ongoing pandemic conditions, the Abhiyaan was able to connect to people on-ground through the efforts made by the districts and states to spread awareness on substance use.

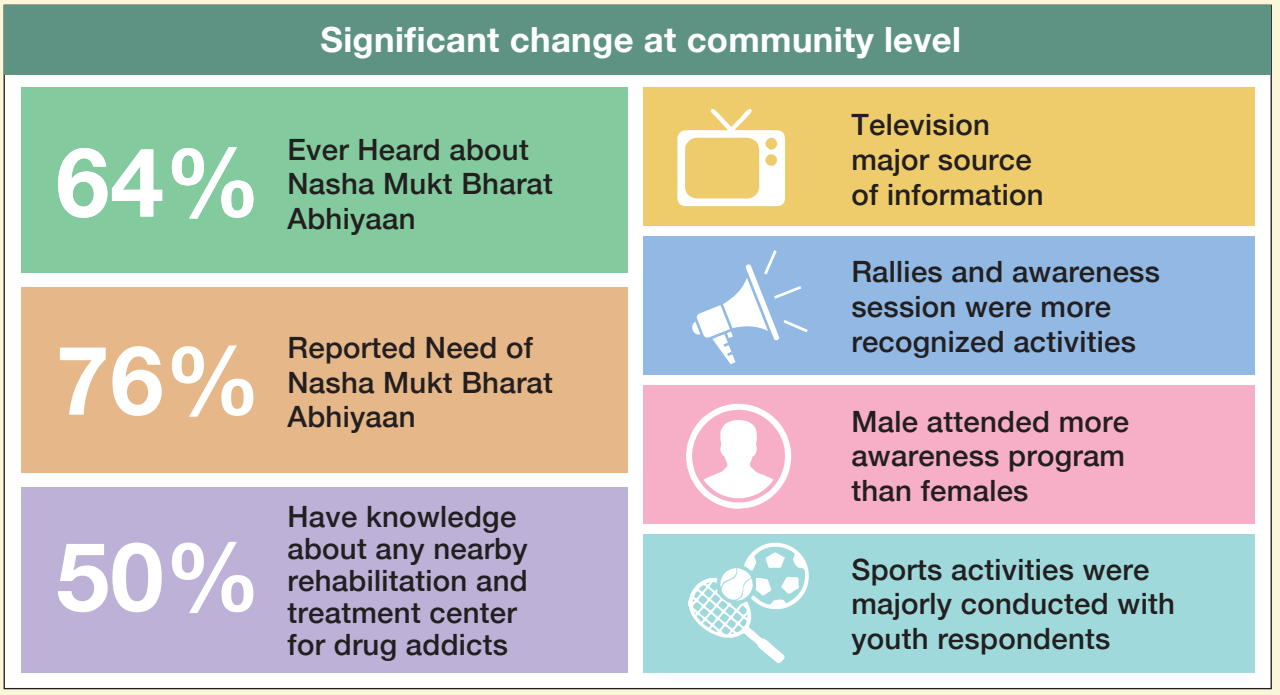


Figure 35. Facts and Figures: Nasha Mukt Bharat Abhiyaan awareness impact at community level

Nasha Mukt Bharat Abhiyaan has created significant impact across communities. Majority (64%) of the respondents under the assessment reported that they have heard about the Nasha Mukt Bharat Abhiyaan and its objectives. As far as the source of information pertaining to the Nasha Mukt Bharat Abhiyaan is concerned, most of the respondents (56%) reported television (TV) to be primary source of information. Newspaper (46%), Community volunteer (45%) and the NGO worker were reported the most important source of information about the Abhiyaan after television.

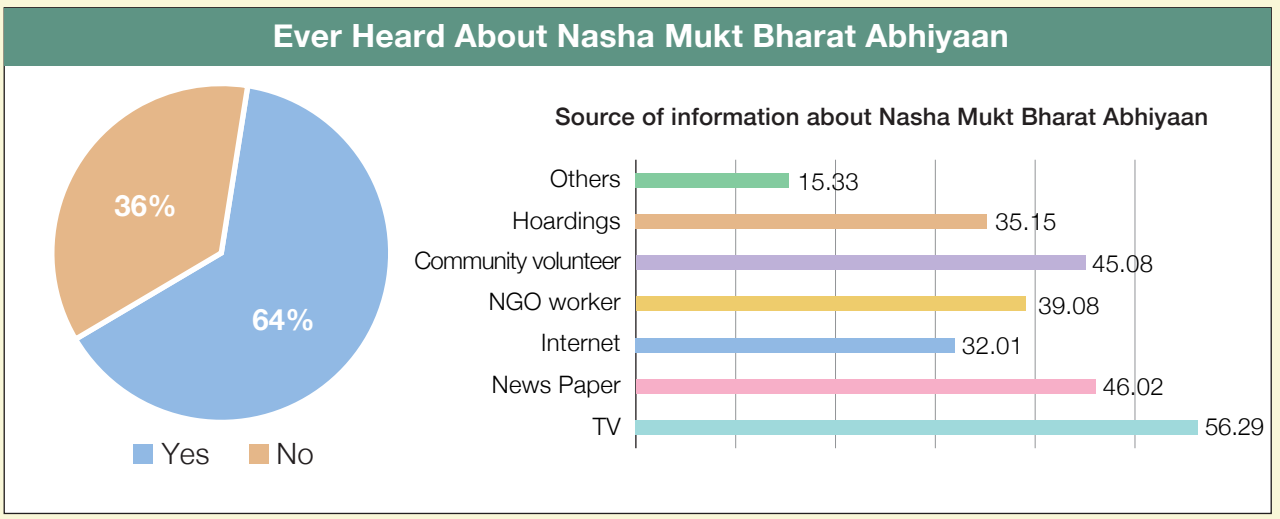


Figure 36: Percentage of people heard about Nasha Mukt Bharat Abhiyaan

Although 76% of the respondents reported there is need of NMBA in community, however, when enquired about attending any programs, only 23% responded in positive of attending any program on substance use prevention.

The table number 17 below presents the percentage of the respondents who have ever attended any program on substance use prevention. It is important to note that percentage of respondents attending any program on substance use prevention is higher among the male than females amongst either of the age groups. The highest number of respondents reported that awareness session, rallies and group discussions were some of the activities they participated in under the organized programs.

Nasha Mukt Bharat Abhiyaan Awareness Impact

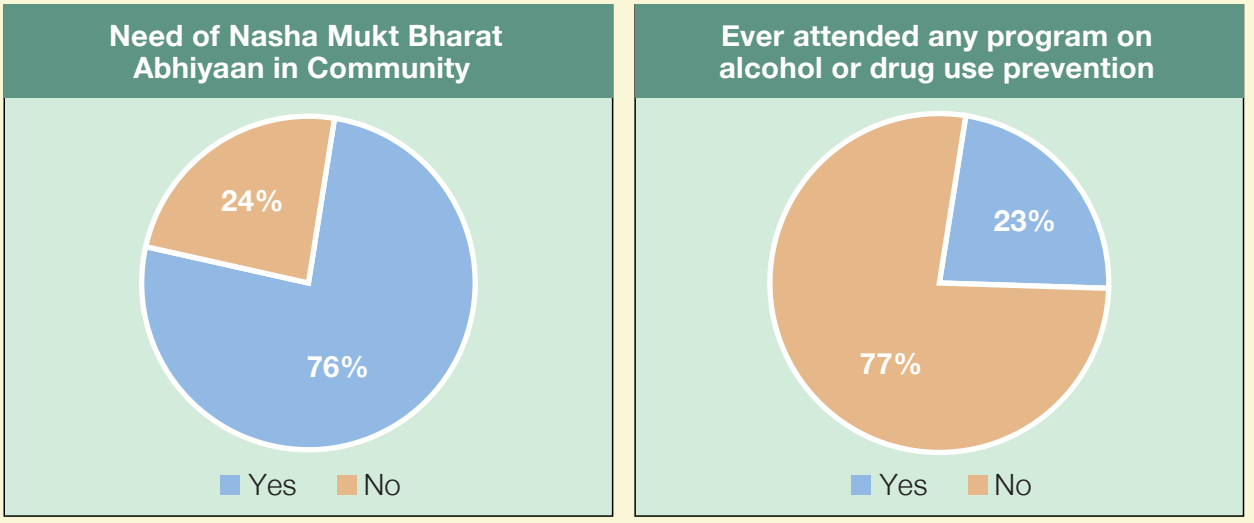


Figure 37: Awareness about Nasha Mukt Bharat Abhiyaan

Activities under Nasha Mukt Bharat Abhivaan	Youth (18-35)		Adult (35-50)	
	N	%	N	%
Ever attended any program on alcohol and drug use prevention	355	15.96	428	15.5
Committee/person who organized the program				
School/College/ University	207	9.31	161	5.8
NGO	153	6.88	219	7.9
District administration	82	3.69	118	4.3
Social Welfare Department	121	5.44	153	5.5
Community Leader	80	3.60	132	4.8
Government Organized	51	2.29	80	2.9
Volunteers	135	6.07	211	7.6
Other	14	0.63	22	0.8

Type of activity under the program				
Nukkad Natak/ Sabha	136	6.12	179	6.5
Rally	193	8.68	238	8.6
Awareness Session	238	10.70	290	10.5
Rangoli Competition	30	1.35	30	1.1
Wall Painting	47	2.11	53	1.9
Painting Competition	46	2.07	38	1.4
Sports event	41	1.84	42	1.5
Signature Campaign	76	3.42	77	2.8
Group discussion	126	5.67	178	6.4
Counselling	83	3.73	103	3.7
Other Activities	10	0.45	12	0.4
Total	**2224**		**2764**	

Table 17: Percentage distribution of respondents who ever attended any program on alcohol and drug use prevention and the related activities.

Regarding knowledge of respondents about the IRCA / ODIC, almost 36% reported that they've heard of the Centers, or the rehabilitation services provided by them. Majority of the respondents from Andhra Pradesh (49%) and Manipur (50%) reported having knowledge pertaining to the same. Almost 50% of the respondent reported that they have knowledge about any nearby center

State	Ever heard about IRCA/ODIC		Knowledge about nearby Centre	
	Yes	*N*	Yes	*N*
Andhra Pradesh	49.06	106	96.15	52
Bihar	22.15	298	24.24	66
Gujarat	41.79	201	61.9	84
Haryana	66.4	250	25.9	166
Jammu & Kashmir	35.25	400	24.11	141
Kerala	32.67	150	91.84	49
Madhya Pradesh	37.91	604	54.59	229
Manipur	50.12	401	63.68	201
Meghalaya	19.8	101	21.74	23
Punjab	36.88	301	76.58	111
Uttar Pradesh	15.15	548	24.39	82
Total	**35.77**	**3360**	**50.08**	**1204**

Table 18: Percentage distribution of respondents having awareness about the facility (IRCA/ODIC) reported under Nasha Mukt Bharat Abhiyaan Assessment 2021

3.2.2.1 State Specific Efforts Under Nasha Mukt Bharat Abhiyaan

Under the qualitative insights received from the state and district level stakeholders, the program created awareness through different mediums including media activities, community and village participation, involvement of youth, formation of youth clubs, awareness activities in schools, colleges and institutions, rally, road shows, gram sabhas, concerts etc. A snapshot of various activities conducted under Abhiyaan are mentioned in the figure below:

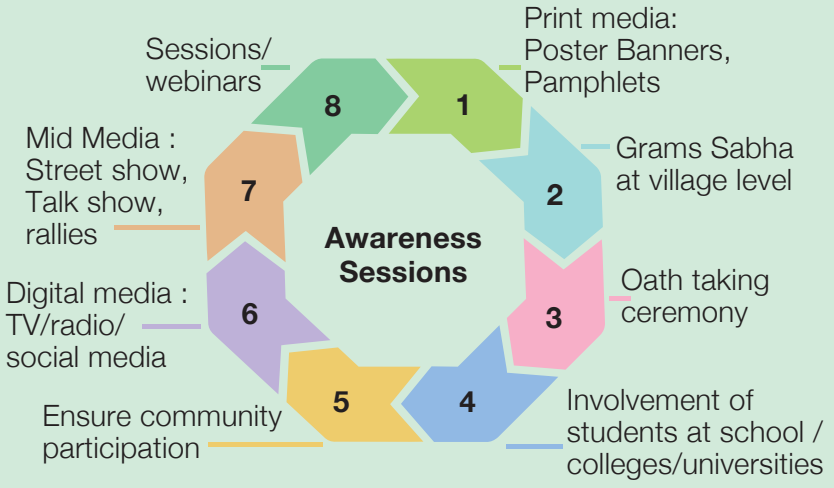


Figure 38: Awareness Activities conducted in assessment states

Highlights of Activities conducted under Abhiyaan

- Musical Concert
- You tube videos (>65000 views)
- Women Marathon
- Nasha Mukt Holi
- Kite Festival
- T20 Cricket Match
- TV and radio program with film stars
- Bhajan Mandlis
- Boat Rally
- Jagrukta Cycle rally
- Awareness through Self Help Group: Jeevika
- Youth campaign clubs
- Radio Jingles

a) School / Colleges and Education Institutions

All state and district officials admitted using school and college as medium of spreading awareness to young population. Districts like West Champaran in Bihar, Budgam and Anantnag in Jammu and Kashmir, Krishna district in Andhra Pradesh, Datia in Madhya Pradesh were actively contributing to the cause through varied activities involving like oath taking ceremony, essay competition, painting, slogan writing competition etc. The district committee of Imphal East have formed "Anti-Drug Action Committees" in schools to ensure that the goal of Abhiyaan is achieved effectively. Active youth clubs were formed in Ghaziabad, Uttar Pradesh; Fazilka, Punjab; Gaya, Bihar; and Hissar, Haryana. Involvement of National Cadet Corps (NCC), NSS and Nehru Yuva Kendras (NYK) was also done under Nasha Mukt Bharat Abhiyaan.

b) Community Participation

Under Nasha Mukt Bharat Abhiyaan, states have involved communities using innovative approaches. Shahid Bhagat Singh Nagar in Punjab has reached various villages involving women and youth. Anantnag district in Jammu and Kashmir organized various Gram Sabhas at every Panchayat level under Nasha Mukt Bharat Abhiyaan. Special programs were conducted in Jammu and Kashmir with integration of programs like Back to village and My town My pride programs. Folk songs were used as a medium to involve communities in Kerala.

c) Rallies/ Morchas and Runs

Rallies were used as medium to create awareness generation rally which generally attract a huge turnout. Bike rally and Cyclothon were organized in Budgam district of Jammu and Kashmir. In Bihar, media vehicle was used as medium for conducting rally in Gaya. Marathon race and motorcycle rallies were organized in Manipur state. Ghaziabad organized a cycle rally of youngsters and adolescents with the theme of "Nasha Mukt Holi".

d) Print and Digital Media

Use of banners, posters, awareness advertisements in newspaper, radio jingles, local TV channels were different medium used for creating awareness. Visual aids and informative posters were used to spread the message of the Abhiyaan and encourage masses to stay away from drugs. In Meghalaya and Manipur each, a movie was uploaded on You Tube for creating awareness among youth showcasing ill effects of taking drugs. Meghalaya video was highly popular among youth with more than 65000 views on YouTube. TV ad on local television and radio jingles were most popular medium used by states. Involvement of TV stars and politicians was done in Kerala for creating impact of Nasha Mukt Bharat Abhiyaan in Kerala.

e) Women Reach Out

Women participation in Abhiyaan was done by including ANM, AWW, Self Help Groups, Mahila Mandals and Teachers. Rewa and Datia in Madhya Pradesh, Kishtwar in Jammu and Kashmir, Lucknow in Uttar Pradesh; Thoubal and Imphal East, Shahid Bhagat Singh Nagar in Punjab; Tura and Baghmara in Meghalaya and West Champaran in Bihar has conducted various session involving women workforce in the community.

f) Best Practices or Special Events

In Manipur, musical concert was organized targeting youth population. Musical concert had questions answer round after each song. Kite festival was organized in Jamnagar Gujarat for creating awareness under Nasha Mukt Bharat Abhiyaan. Women's day was organized in March 2021 in Rajouri for involving women participation in Abhiyaan. A football match, T20 match and road shows were conducted in Jammu and Kashmir. Radio session with recovered users was conducted in Meghalaya to reduce stigma and discrimination among society.

States	Reported Best Practices for Spreading Awareness
Andhra Pradesh	Street shows in hot spot areas
Bihar	Signature campaign in prision, participation of Jeevika Didi's to spread message door to door, involvement of positive influencers like Jyoti.
Gujarat	Kite festival
Haryana	Sports activities with youth, Jagrukta cycle race, Awareness through Bhajan Mandlees
Jammu & Kashmir	International Cyclothon, T20 cricket match with sports persons, Shopian Fest.
Kerala	Involvement of famous Television and film stars to promote deaddiction through TV and radio programs
Manipur	Sensitization of students on Psychoactive Substances use with Musical Concert, Special deaddiction center for homeless, Residential programs in educational institutes for spreading awareness.
Meghalaya	Launch of video on You Tube for creating awareness, Radio sessions with recovered patients, Launch of deaddiction center for Juvenile, Boat rally
Uttar Pradesh	Cycle Rally and Dandi March, Jan Jagran Abhiyaan
Punjab	All women marathon, sports activities, wall and street paintings

Real Changemakers

26-year-old Rahul Sharma of Hissar, Haryana is doing exemplary work for 5 years creating awareness across district on preventing drug abuse. He is associated as master volunteer with Nasha Mukt Bharat Abhiyaan since 2020. He has conducted awareness sessions, rallies, gram sabhas with school, college and university students. His efforts has helped more than 25 young drug addicts to leave the path of drug toxification. More than 14000 youth have been reached through his initiative across district.

Best Practices

Jeevika didi tackling issue of alcoholism and drug use in Bihar

In Bihar people are made aware about deaddiction through network of more than 20 lakh women self help groups named 'JEEVIKA'. Jeevika didis are made aware about prohibition of alcohol and drugs in the state by organizing programs like bra like Prabhat Pheri, Rangoli and Rallies. The oath is administered to Jeevika Didi by holding meetings in self-help groups. Jeevika Didi says in oath 'Me and my family will make alcohol and drug free by fully implementing prohibition in our village.'

Musical Concert for Engaging Millennials in Manipur

In February 2021 musical concert was organized by Department of Social Justice and Empowerment (MoSJE) under Nasha Mukt Bharat Abhiyaan to create sensitization among students on psychoactive substance use in Manipur. Program witnessed huge participation from students across district. In order to encourage youth participation, short questions were asked in between musical performances.

Shopian Fest : Jammu and Kashmir

In Shopian district of Jammu and Kashmir grand event named Shopian Fest was organized under Nasha Mukt Bharat Abhiyan event witnessed active participation of youth participants. Musical sessions, sports activities and lectures were conducted to create awareness on themes related to Substance abuse, Say No to Drugs and Drugs free India.

Snapshot of Awareness Activities Conducted Under Nasha Mukt Bharat Abhiyaan

मजदूरों को दी नशे के दुष्परिणामों की जानकारी

हांसी। नशा मुक्त भारत अभियान के तहत मनरेगा में कार्यरत मजदूरों को नशे के दुष्प्रभावों के प्रति जागरूक किया गया। युवा सामाजिक कार्यकर्ता राहुल शर्मा ने बताया कि नशे से स्वास्थ्य पर गलत प्रभाव पड़ता है पंचायत सचिव हरिकेश ने सभी मजदूरों को वैक्सीन लगवाने के साथ- साथ कोरोना संक्रमण से बचाव के लिए जरूरी उपायों की जानकारी दी। इस दौरान मेट जयपाल कसाना समेत मजदूर उपस्थित रहे। संवाद

NEXT CITY FOCUS

'सफेद धुएं' से बर्बाद हो रही यंग पीढ़ी

SHOCKING

3.2.3 Impact of Master Volunteers in Creating Awareness in States

Master volunteers have been playing a pivotal role in conducting awareness activities on ground and have acted as a catalyst between community and implementation agencies of NMBA. They are the key agents who are selected from various backgrounds and fields. They extensively work with the community for identifying hotspots, disseminating information, referring patient to nearby rehabilitation center and maintain close liaison with district administration

Duration of Association:
Most of the master volunteers were associated with program since initiation of Abhiyaan in 2020 but in few districts, they were engaged in program in 2021. It was observed that few Master volunteers in some districts were working on deaddiction program before associating with Nasha Mukt Bharat Abhiyaan, some were associated with NGOs, and some were engaged voluntarily.

> "I was working on this topic before launch of Abhiyaan too. I am a master trainer in the program at district level. We have been trained to include all the department to work towards this. We also include recovered patients into the program to showcase them as a role model in the Abhiyaan."
>
> **Master Volunteer, Narsinghpur, Madhya Pradesh**

Contribution of Master Volunteers:
Awareness generation among community was found to be a major role taken on by Master Volunteers across all states. Master volunteers have been proactively participating in door-to-door visits to spread awareness on substance use. It was observed that Master Volunteers who had been working on this issue prior to the launch of Abhiyaan were more active and were involved in various platforms and activities conducted across districts. Master volunteers were found to be more active in states like Kerala, Haryana, and Manipur.

> "My role is to spread awareness in village. We form committees at village level. We also conducted various activities with adolescent youth and involve local leaders in our activities."
>
> **Master Volunteer, Manipur**

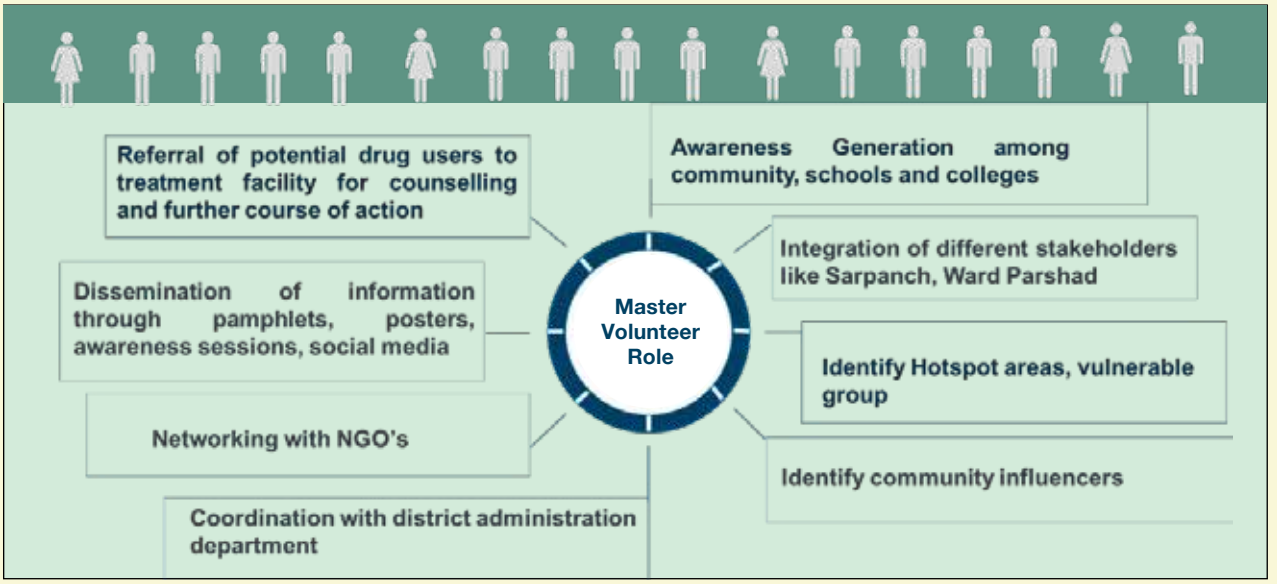


Figure 39: Various activities conducted by Master Volunteer

Use of Nasha Mukt Bharat Abhiyaan Application

A Mobile Application for NMBA was launched by the Ministry to gather and collect the data and the information of the various activities. This App enables capturing the data of the various events and awareness activities that are happening on-ground and to monitor the progress of the Nasha Mukt Bharat Abhiyaan. The information is updated in the App on a real time basis. All this collected information is represented in the NMBA Dashboard where detailed information can be viewed on a district, state, and national level.

Use of Nasha Mukt Bharat Abhiyaan Application was done by Master Volunteers across all states. 63% of the Master Volunteers assessed were using the NMBA Mobile App to fill in data of activities conducted by them for NMBA. Application was majorly used by those master volunteers who were associated with this cause prior to the Abhiyaan launch or who are associated with some NGO's

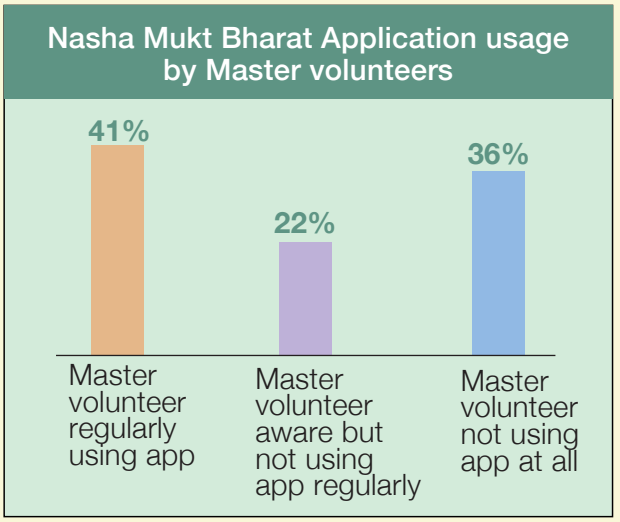


Figure 41: Nasha Mukt Bharat Application Usage by Volunteers

Figure 40: Master Volunteer Feedback on Nasha Mukt Bharat Abhiyaan Application

Majority of Master volunteers who used this application found it easy to use, some of them complained about issue in uploading the picture, some of them said that activities uploaded by them are not visible and, they should also be able to see the points gained by each master volunteer.

> "Yes, I was informed about this app by District Social Welfare Officer. Application is easy to use but I can't see how many programs I have conducted so far."
>
> **Master Volunteer, Hissar, Haryana**

Training and Capacity Building

Training and capacity building of service providers and Master volunteers is integral part of Nasha Mukt Bharat Abhiyaan campaign. Training of master volunteers focused on preparing volunteers with essential skills and knowledge about substance use and their roles and duties in the Abhiyaan. Nasha Mukt Bharat Abhiyaan also focused on training of service providers like Women, Police, Mahila Panchayat Members, Healthcare Workers, Teachers, Anganwadi Workers, and other Key Stakeholders which play pivotal role in implementation of Nasha Mukt Abhiyaan at ground level.

Training of Master Volunteers

During assessment in 11 states, it was observed that training of master volunteers was not being conducted at regular time intervals. Master volunteer of only 20 districts (less than 30%) were trained for at least once since program launch. **States like Punjab and Uttar Pradesh also had few trainings conducted for Master volunteer. Meghalaya and Madhya Pradesh were some states in which most of the Master volunteer were trained.**

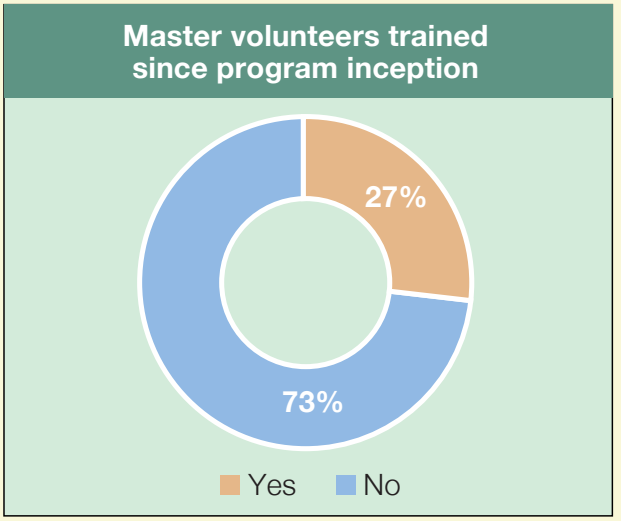


Figure 42: Percentage of Master Volunteers trained

Majority of master volunteer received training for at least a day. Due to COVID 19 restrictions during first and second wave, some states also reported conducting online mode of training. In Ernakulam district of Kerala, master volunteers were trained on substance abuse prevention including sessions on co-occurring disorders, occurring psychiatric disorders, components of treatment, IT Skills like google forms and poster making, social stigma which were major areas of focus for developing a strong knowledge base of participants.

> "We got two days training through district level monitoring committee, and slogan was to make Chandel district Drug Free."
>
> **Master Volunteer, Chandel district, Manipur**

The reason which came out for lack of trainings was Covid-19 pandemic. The state level officials from Meghalaya highlighted that due to the unprecedented pandemic situation the trainings of master volunteer were not possible.

Training Requirement: Almost all master volunteers agreed that there is requirement for regular trainings and major suggested topics for training were:

- identification of hotspot
- best way to create impact through awareness
- identification of symptoms of drug addict
- how to map drug addicts
- identification of vulnerable groups.

During the interactions, majority of master volunteers expressed that there is need of at least 2-3 days training every three months for upgradation on knowledge and awareness of Nasha Mukt Bharat Abhiyaan.

Training of Service Providers

Majority of the information about training of service provider was gathered from district social welfare officers and district committee members. States like **Gujarat, Meghalaya, Manipur, and Madhya Pradesh** had conducted trainings with Health workers, ASHA workers and police department. In **Punjab, Uttar Pradesh,** and **Andhra Pradesh**, no service provider training was reported during the interactions.

> "We also conducted training of teachers on ill effects of drug addiction. CDPO, ASHA workers and Tehsil development officers were also present in the training"
>
> **DSO, Jamnagar, Gujarat**

> "Training should include sessions on information regarding local substance use, identification of vulnerable groups and symptoms of drug addicts."
>
> **Master Volunteer, Kerala**

3.2.4 National, State and District Level Monitoring: Qualitative Discussions

Almost all states focused on formulating the state level committee since the Abhiyaan's inception but very few states conducted regular meetings at state and district level both. Some states informed that meetings were held virtually. Due to COVID majority of states admittied conducting virtual meetings. All the District Social Welfare Officers (DSWO) reported that the District Level Monitoring Committee proposed by the Ministry of Social Justice and Empowerment was formulated in the districts as directed. Majority of the respondents (DSWO) were associated with the implementation of the program since its inception, but a few also reported that they have recently joined on their post and were completely oblivious about the activities under the program. Table 19 below represents the status of committees at state and district levels in various states.

State	No of districts	State Level monitoring committee formed	State level Meetings held once in three months	Name of districts holding regular meetings
Andhra Pradesh	2	Yes	Yes	Krishna
Kerala	3	Yes	Yes	Ernakulam
Gujarat	4	Yes	No	Ahmedabad, Rajkot, Jamnagar
Meghalaya	3	Yes	Yes	West Jantia Hills, Baghmara
Manipur	8	Yes	Yes	Bishnupur, Chur Chandpur and Thoubal.
Madhya Pradesh	12	Yes	Yes	Datiya, Satna, Mandsaur, Rewa, Narsinghpur, Chinddwara
Bihar	6	Yes	No	West Champaran, Gopalganj, Araria
Jammu & Kashmir	8	Yes	No	Rajouri
Punjab	6	Yes	No	Shahid Bhagat Singh Nagar
Uttar Pradesh	11	Yes	No	Lucknow
Haryana	5	Yes	No	Sirsa, Hissar

Table 19: Status of State and Districts Monitoring Committees

Districts like Ernakulam in Kerala; West Jantia Hills and Baghmara in Meghalaya; Narsinghpur, Rewa and Datia in Madhya Pradesh, West Champaran in Bihar and Shahid Bhagat Singh Nagar in Punjab were few districts which were conducting regular district level meetings. States like Andhra Pradesh, Kerala and Madhya Pradesh were regularly conducting state and district level meetings.

> "District level Committees are formed in all Abhiyaan districts of Bihar. State level committee was formed in August 2020, but no meetings were held in Bihar due to more focus on developing district level committees"
>
> **State Level Official, Bihar**

> "We created State level Nasha Mukt Abhiyaan committee in August 2020 involving people from diverse background like District Collector, Ministry of Health and Family Welfare, Ministry of Education, Women and Child Development and Ministry of Social Justice and Empowerment. Three meetings have been conducted till date."
>
> **State Level Official, Andhra Pradesh**

3.2.4.1 Role of Social-Media in Spreading the Message of Abhiyaan

Under Nasha Mukt Bharat Abhiyaan, extensive use of social media was done to create awareness through various mediums like Twitter, Facebook, Instagram, and YouTube. These platforms were used for sharing regular posts, videos and youth friendly content aimed at creating awareness on substance use. A large number of people have been reached out using the official social media pages of NMBA on these platforms. Some of the activities which have been taken up online are:

Facebook
- Sharing State wise Abhiyaan updates
- Competetions and alerts
- Live audience enggement

Instagram
Instagram reel competitions
Engaging audience through social media influencers

You tube
Uploading videos of recoevry patients, case stories

Twitter
National and state level Abhiyaan updates
Poster competitions, poetry competetion
Podcast series

- Online events like Expert Forum & Discussions to educate & inform the viewers, online competitions to connect with youth, and seminars/webinars on themes of recovery through mainstream and alternate therapies were also streamed live on these platforms and have been appreciated by viewers.
- Messages from different social media influencers and celebrities were shared on social media to inspire youth and other viewers to join NMBA.

- A social media internship programme for college students has been successful in creating awareness on substance use on the online space.
- More than 300+ students worked as interns to create buzz around NMBA online through their social media handles and reached 17 lakh people.

> "To create mass awareness and popularize the Abhiyaan among the masses, a correct mix of different types of media is being done at the district, state and national level. Print media is effectively being utilized to spread awareness about the Abhiyaan and the activities and happenings in local and national newspapers in vernacular. Electronic media has also covered the Abhiyaan through reporting of activities, press conferences and meetings conducted by District Magistrates. Extensive use of Social media campaigns has been vital to spread word of the Abhiyaan through the national official pages of NMBA as well as state and district pages of NMBA."
>
> **Ms. Radhika Chakravarthy, Joint Secretary, Ministry of Social Justice and Empowerment, Government of India**

3.2.4.2 Special Focused Groups and Vulnerable Populations

The special identified groups under the programme which require focus were mainly the transgenders, beggars, homeless, sex workers and truck drivers. It was also observed that youth was also found to be the most vulnerable group that needed more attention across the country. In Kerala, it was reported that coastal and tribal communities were more indulged in drugs and needed added attention.

States sharing international border were more prone to drug trafficking and its consequences. States like Manipur and Meghalaya have large population of unchecked migrants across borders involved in use of substance use.

All state officials agreed that youth focused programs, activities and awareness should be emphasized as they are the most vulnerable population prone to substance use.

Various focus group populations and hot spots identified from discussions at state and district level officials of 11 assessment states are mentioned in the table 20 below:

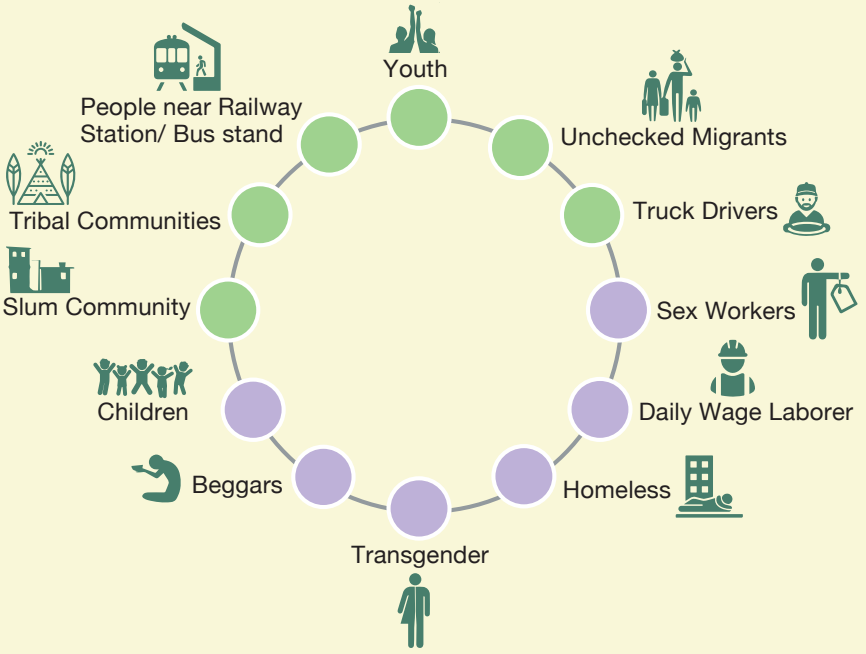


Figure 43: Vulnerable population identified across assessment states

State	Special Focus Groups	Hot Spots Identified
Uttar Pradesh	Slums community, minority population	Bahraich: Aipurva block, Bantaniya Lucknow: Malayabad Block
Madhya Pradesh	Daily wage workers, migrants	Rewa: 45 hotspots, Ratlam: Harti Choki, Gandhinagar, gate, Chandni chowk, Phool Mandi
Meghalaya	Migrants, Sex workers, Transgenders, Truck drivers, homeless	Migrants Tura: Vachakgoli, Tura Bazar Area
Manipur	Unchecked migrants	Thoubal: 3 hotspots
Jammu & Kashmir	Unchecked migrants	Budgam: Badran, Ompora, Gowhar Pora
Kerala	Tribal and coastal communities, Youth, Migrant Labor	Eloor (Ernakulam)
Haryana & Punjab	Youth population	Yes, multiple hotspots have been identified. Badopal, Kajal hedi (Fatehabad), Gaon Ganga (Sirsa), Rawat kheda, Peerwali (Hissar)
Bihar	Daily Wage workers / truck drivers, Unemployed youth	Jogbani (Araria), Aara (Bhojpur), Dali Basti (Gopalganj), Dwitiya Mukhaliya (West Champaran)
Andhra Pradesh	Migrants, industry labor, people near Railway station, bus stand	Yes, multiple hotspots have been identified

Table 20: State wise list of special focus and vulnerable populations

3.2.4.3 Barriers in Implementation of Abhiyaan

Since inception of Abhiyaan in August 2020, COVID 19 outbreak affected the operational implementation of activities across Abhiyaan districts. Pandemic halted the on-ground communication and interaction with different stakeholders required to achieve Abhiyaan objectives, although efforts were made to keep the activities on ground active. During few months of lock down phases, online mode of communication was adopted to create awareness through social media, webinar sessions and interaction through various online platforms.

The limited availability of the de-addiction facilities has been another issue with many states. Due to non-existent public health facilities, many of the people who require help are not able to reach the facility and the various private facilities inflicts additional burden on the out-of-pocket expenditure. Few officials also reported that the increase in crime and suicide is also a bye product of increase in consumption of the substances. Apart from these the other reported major issues were unemployment, and the generation gap which is existent amongst the parents and their children.

There were many barriers which were either reported or perceived by state and district level officials in implementation of Nasha Mukt Bharat Abhiyaan. Some of these barriers are mentioned below:

Unavailability of Sufficient Number of Treatment Facilities

During Nasha Mukt Bharat Abhiyaan Assessment, less than 50% districts had availability of IRCA or ODIC. Community findings suggested that many people were not aware regarding treatment facilities. Ministry of Social Justice and Empowerment (MoSJE) is setting up District De-Addiction Centres (DDAC) in gap districts without any deaddiction centers and these will be providing treatment and awareness services under one roof.

Stigma and Discrimination

Stigma and discrimination of patient is a major barrier to recovery. This affects whether individuals with substance use disorder will seek treatment and social support services. Fear of legal penalties for drug use impact whether family and individuals are willing to openly discuss and seek treatment. Awareness and prevention activities and interventions should address the prejudice and stigma associated with substance addiction and treatment more vigorously.

Substance Use as Normative Behavior in Communities

Race, ethnicity, religion, and community context play important roles in influencing substance use among society. It was observed that use of alcohol, tobacco in different forms like Hukka and smoking was found to be cultural practices and traditions in Punjab and Haryana. In Haryana, display of large size Hukkas have been related to status symbol. During discussion with patients at facilities, some of them revealed they were influenced by their family members who used to smoke Hukka etc. Hence, these cultural influences guide youth towards substance abuse ultimately leading to habit of addiction.

Monitoring and Follow up Mechanism

One of the major barriers in complete treatment of drug users is inadequate follow-up and lack of coordination of services or recovery support necessary to help patients maintain their recovery, leading to relapse. The risk for overdose is particularly high after a period of abstinence, due to reduced tolerance—patients no longer know what a safe dose is for them—and this all too often results in overdose deaths.

3.2.4.4 Suggestions for Demand Reduction

With an aim to understand the Abhiyaan implementation at grassroot level, qualitative information was captured form the responsible officials at the selected districts across the 11 states covered under the Nasha Mukt Bharat Abhiyaan Assessment. The District Social Welfare Officers (DSWO) at the District Social Welfare Department and state officials were interviewed, and they provided some intriguing insights pertinent to the existing situation and possible demand reduction related to alcohol and drug use.

Many respondents reported that there is need to investigate the system which looks after the intrusion of drugs in the states which ultimately leads to more availability of the substances and increased consumption.

> “We need to have effective communication strategy for Migrant Labors as substance usage among them is very common. Youth, Children and Sex Workers also need to be focused. The availability of substance use among Tribal and Coastal community is very much higher, the geographical specialties may be a major fact on this.”
>
> **State Level Official, Kerala**

The following suggestions were provided by all the district and state Social Welfare Officers:

Increase Awareness on the ill Effects of Substance Use:

All the DSWOs shared that there is a need of conducting awareness regarding Abhiyaan and ill effects of substance use amongst the population and specially amongst the youth. Majority of District Officials reported that though the programme has been launched and they have proactively been working on its implementation, the awareness part needs to be strengthened up. The states like Bihar are known as a dry state but still it was reported that there has been illegal production of alcohol and other substances. Majority of DSWOs marked serious impetus on the point that the youth is a vulnerable section of the population which easily gets influenced from the different sources. To strengthen the state, it is a vital need to protect its children and youth from the various sources of influence reaching them and creating a need to consume substances amongst them.

> "Bihar is a dry state but still people consume alcohol and other substances are also available in the state. To reduce demand of drug and alcohol, continuous and rigorous awareness is required"

DSWO, Arariya, Bihar

> "Police needs to be involved more for demand reduction and number of awareness drives should be increased to reach larger population. Vicinity of schools and colleges should be made free from availability of these substances."

DSWO, Gorakhpur, Uttar Pradesh

> "Awareness is very important they need to understand their motive in life. They need to understand that how these substances use is affecting their lives"

DSWO, Narsinghpur, Madhya Pradesh

> "Demand can be reduced by putting check post at the entry points. Awareness can help in reducing the demand."

DSWO, Manipur

> "Parents should take much care of their children, and the strategies of drug peddlers is much typical, and parents and teachers need to be educated."

DSWO, Jammu and Kashmir

> "District is next to Jharkhand, so people get the alcohol from there. So, to stop that border need more checks to avoid the transfer of these substances."

DSWO, Bihar, Aurangabad

Proactive Contribution of Motivation from Parents and Teachers:

The DSWOs also pointed out that it is also a moral duty of the parents to look after their children and constantly motivate them to refrain from using such substances. It is also important that even during the school, the teacher guide the students about the ill effects of consuming alcohol and the drugs. The DSWOs reported that teachers and the parents are the vital links to the children and their proactive participation in guiding the children to never use the drugs and alcohol can work far better.

Ministry has launched the Navchetna modules in July 2022 especially for interventions in schools with the active involvement of teachers, students and parents.

Increase the Number of Master Volunteers:

The master volunteers are the potential means of propagation of awareness in masses. It was reported that there are a limited number of master volunteers working in the community and a greater number of master volunteers are required to boost the programme. MoSJE has prescribed a minimum number of Master Volunteers to be 50 and districts can engage more volunteers than this number as there is no maximum limit fixed.

Promotion of Yoga and Sports:

Under the suggested measures, some of the DSWOs from different states reported that the sports and yoga could be valuable intervention amongst youth to curb the demand of substances in the community. It has been proven that the youth which is highly involved in the sports activities hardly incline towards the substance use.

> “Harm Reduction strategies and services supported by the Ministry like IRCA, ODIC, CPLI, ATF are functioning throughout the country. To ensure that services provided by them are known and availed by those in need, community awareness through various media platforms are being undertaken as part of NMBA. Each of these centers have community outreach workers/social workers who disseminate information regarding the counselling, treatment & rehabilitation services being provided at these centers. All these centers have also been geotagged, so that those in need can contact and access these centers with ease. The geo-tagged locations along with other IEC Material and resources is available on the Nasha Mukt Bharat Abhiyaan Website.”

Ms. Radhika Chakravarthy, Joint Secretary,
Ministry of Social Justice and Empowerment, Government of India

3.3 Treatment and Rehabilitation

The persistent substance use is a serious public health problem and require immediate attention. To cater the challenge, Ministry of Social Justice and Empowerment (MoSJE) took immediate steps and implemented programmes like Integrated Rehabilitation Centre for Addicts (IRCA), Out-reach and drop-in Centre (ODIC), Community Peer Led Intervention (CPLI) and Addiction Treatment Facilities (ATFs) under National Action Plan for Drug Demand Reduction (NAPDDR). The assessment of Nasha Mukt Bharat Abhiyaan entailed the assessment of the facilities (IRCA & ODIC) funded by Ministry of Social Justice and Empowerment (MoSJE) for managing the substance abuse.

Nasha Mukt Abhiyaan is being implemented in 272 districts to increase community participation and public cooperation in the reduction of demand for dependence-producing substances and promote collective initiatives and self-help endeavor among individuals and groups vulnerable to addiction or found at risk including persons who have undergone treatment at IRCAs as a follow up measure.

During Nasha Mukt Bharat Assessment, total of 53 facilities (36 IRCA and 17 ODIC) were visited under the selected districts. visited under the selected districts. In the states assessed, maximum number of IRCA (9) were present in Madhya Pradesh. The state of Manipur has the maximum number of facilities (14) i.e., 7 IRCA and 7 ODIC. The state of Uttar Pradesh which is one of the highest consumers of alcohol and tobacco has only 1 ODIC in the assessment districts. It is to be noted that the state of Meghalaya does not have any IRCA or ODIC in the three selected districts. At these facilities, two in-depth interviews (IDI's) were conducted with respondents (preferably youth/ women) who have either undergone treatment in the last three months or undergoing treatment currently. Hence, total of 106 in-depth interviews were completed across 11 states during assessment period.

State	IRCA	ODIC	Total Sample	IDI With Patients
Andhra Pradesh	4	1	5	10
Bihar	1		1	2
Gujarat	3	1	4	8
Haryana	2	2	4	8
Jammu & Kashmir	1	2	3	6
Kerala	1	1	2	4
Manipur	7	7	14	28
Madhya Pradesh	9		9	18
Punjab	2	1	3	6
Uttar Pradesh	7	1	8	16
Total	**37**	**16**	**53**	**106**

Table 21: State wise list of IRCA and ODIC covered during the assessment

3.3.1 State Wise Distribution of Patients Treated in Last One Year

Considering the highest number of IRCA (9) in the Madhya Pradesh the patients treated in these facilities is also very high. A total 12560 patients who needed help with substance use dependence were treated in the last one year in Madhya Pradesh and 6892 patients were treated in Andhra Pradesh. The patients treated for the opioids (3005) and cocaine (268) use were highest in the Manipur. As far as the dependence on cannabis is concerned, the highest number of patients treated in the last year were in the IRCAs of Andhra Pradesh (2970).

States	Alcohol			Opioids			Cannabis			Cocaine		
	IRCA	ODIC	Total	IRCA	ODIC	Total	IRCA	ODIC	Total	IRCA	ODIC	Total
Andhra Pradesh	6285	607	6892	217	12	229	2970	8	2978	5	0	5
Bihar	67	0	67	31	0	31	131	0	131	0	0	0
Gujarat	520	251	771	27	0	27	34	0	34	62	0	62
Haryana	22	1539	1561	198	534	732	0	190	190	0	5	5
Jammu & Kashmir	8	1	9	79	20	99	37	4	41	0	0	0
Kerala	137	250	387	0	0	0	24	200	224	0	20	20
Madhya Pradesh	12560	0	12560	560	0	560	919	0	919	247	0	247
MANIPUR	492	607	1099	944	2061	3005	231	169	400	180	88	268
Punjab	257	980	1237	389	0	389	1	140	141	0	0	0
Uttar Pradesh	887	909	1796	578	4	582	690	1	691	4	0	4
Total	**21235**	**5144**	**26379**	**3023**	**2631**	**5654**	**5037**	**712**	**5749**	**498**	**113**	**611**

Table 22: Distribution of patients treated in IRCA and ODIC in last 1 year across 11 selected states under Nasha Mukt Bharat Abhiyaan Assessment 2021

For the substances other than cocaine, 238 patients were treated in IRCA in Madhya Pradesh and 282 were treated in Manipur. Considering the most addictive higher form of addiction of Hallucinogen and dissociative, most patients treated in the last year were from Manipur (1056).

States	Stimulants other than cocaine			Hypnotics and Sedatives			Hallucinogens and Dissociative			Volatile inhalants (solvents)		
	IRCA	ODIC	Total	IRCA	ODIC	Total	IRCA	ODIC	Total	IRCA	ODIC	Total
Andhra Pradesh	0	0	0	30	0	30	0	0	0	116	103	219
Bihar	0	0	0	0	0	0	0	0	0	0	0	0
Gujarat	0	0	0	0	0	0	0	0	0	19	0	19
Haryana	0	5	5	0	5	5	0	5	5	0	75	75
Jammu & Kashmir	4	0	4	10	0	10	3	0	3	17	18	35
Kerala	0	8	8	0	0	0	0	40	40	19	250	269
Madhya Pradesh	328	0	328	233	0	233	233	0	233	584	0	584
MANIPUR	188	94	282	180	92	272	792	264	1056	382	176	558
Punjab	0	0	0	0	0	0	0	0	0	62	150	212
Uttar Pradesh	0	0	0	2	0	2	0	0	0	341	0	341
Total	**520**	**107**	**627**	**455**	**97**	**552**	**1028**	**309**	**1337**	**1540**	**772**	**2312**

The figure number 44 depicts the type of rehabilitation services provided at the various IRCA and ODIC Centers in the assessment states. The provision of maximum services ensures the proper recovery and rehabilitation of the patients. It is to be noted that against the total number of the IRCAs (36) and ODICs (17), 30 IRCAs and 15 ODICs facilities were providing the outreach services. A total of 21 IRCAs were providing the educational support and 15 IRCA were providing the vocational training services with future employment perspective. Only 6 ODIC were providing the workplace support and 7 were providing the educational support to the patients.

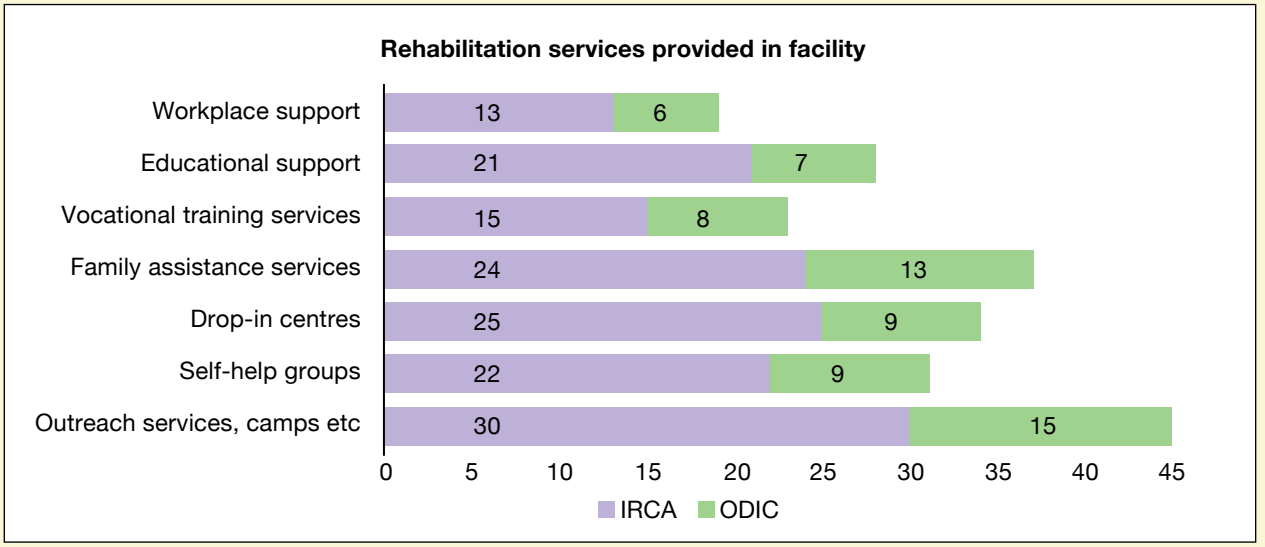


Figure 44: Rehabilitation services at IRCA and ODIC

Background of Patients at Facilities

Age Group: Majority of the respondents were aged between 25-55 years, only few of them were aged below 25 and above 18 years. Most of the younger participants belonged to the states of Manipur, MP & UP. Only one senior patient was interviewed.

Education: Only 10% of the respondent were uneducated or received below primary education. Around 30% of them were graduates and more than 60% had education up to senior secondary

Marital Status: More than half of the respondents were married with 2-3 children. Respondent sample also included a divorced and a widowed.

Employment Status: Around 80% of the respondents were employed. Most of them were farmers, factory workers, laborer's, tailors, vendors, or painters. Some graduate participants worked in private companies. Few participants were self-employed having their own small shops or business.

Duration of Admission: More than half of the de-addiction patients were admitted in IRCA within last 6 months of the interview. Few of them reported to be admitted more than a year ago. Patient interviewed in ODIC were either called for interview or visited the Centre for counseling.

Source of Referral to Centre: Almost all patients present there were referred and admitted primarily by their family members followed by their friends. Only few of them reported admitting themselves.

History of Treatment before Admission

Around 60% of patients were never admitted in any rehabilitation Centre before. Rest reported to have been admitted in the same or other Centers before but after discharging from Centre their addiction relapsed after some time.

History of Substance Use

Most common psychotropic substance used by dependents was reported to be alcohol. Other substances used were tobacco, heroin, smack, brown sugar, cigarettes, charas, ganja etc. Heroin was most used in Haryana, Manipur, and Uttar Pradesh. Use of brown sugar was predominantly observed in Madhya Pradesh.

> "I was admitted here because I was taking brown sugar and injection. This all started with alcohol then I shifted to ganja and later I started taking powder."
>
> **29-Year-Old Rehab Patient, MP**

> "I started drinking alcohol in school and in college I was addicted to cigarette and ganja. I used to take alcohol in morning and smack and ganja at night."
>
> **35-Year-Old Rehab Patient, Haryana**

Reasons for Starting Substance Use

Most common cause behind starting substance abuse was found to be peer pressure or under influence of friends. Other frequently observed cause was stress due to financial /personal/family issues. Depression was also considered reason for using substance as most of them considered it to be a means of relaxation.

> "My mother died when I was small. I faced difficulties in getting job. This all ended up in addiction of drugs. My friends also influenced me to take these things."
>
> **30-Year-Old Daily Wage Earner, Gujarat**

> "I had influence of friends and family members during some events and celebrations. I started drinking occasionally first and could not realize when I got addicted."
>
> **22-Year-Old Rehabilitation patient, Punjab**

Frequency of Substance Use

Duration as well as frequency of use varied among individuals. Around 60% of dependents had history of more than ten years of substance use and remaining 40% with a history of less than ten years with an average of 4-5 years of substance use. Most of them started with low quantities occasionally but gradually became addicted. Now most of them were consuming these substances on daily basis with majority using twice or thrice in a day.

> "Before admitting here, I used to take 'Chitta' around 20 times in a day. I started with small quantity then I started taking it day and night. After that I got addicted to smack and injection."
>
> **33-Year-Old Farmer, Punjab**

Effect of Substance Use on Life

Substance use primarily affected the personal life of almost all the users. Most of them reported to have lost their money, health, reputation in the society as well as family, and trust of their family members with increasing addiction. Some even lost their jobs due to the same. Their relationships suffered and most of them were living an isolated life. Depression, anxiety, detachment from reality, diminished senses, and increased aggressive and violent behavior were also reported to be the aftereffects of addiction by some of the participants.

Provision of Services in the Facility

The information pertaining to the type of services offered in the facilities (IRCA & ODIC) were also inquired from the facility in charge and drug dependents undergoing treatment at the facility. Figure 45 depicts different services rendered by the IRCA and ODIC facilities. Out of 36 existing IRCAs, almost 30 are providing psychological support and 24 are providing management of withdrawal (detoxification). Whereas only 10 ODICs provided the psychological support. Only a few ODICs, supported in the educational/vocational training (4) and employment/income generating support (2).

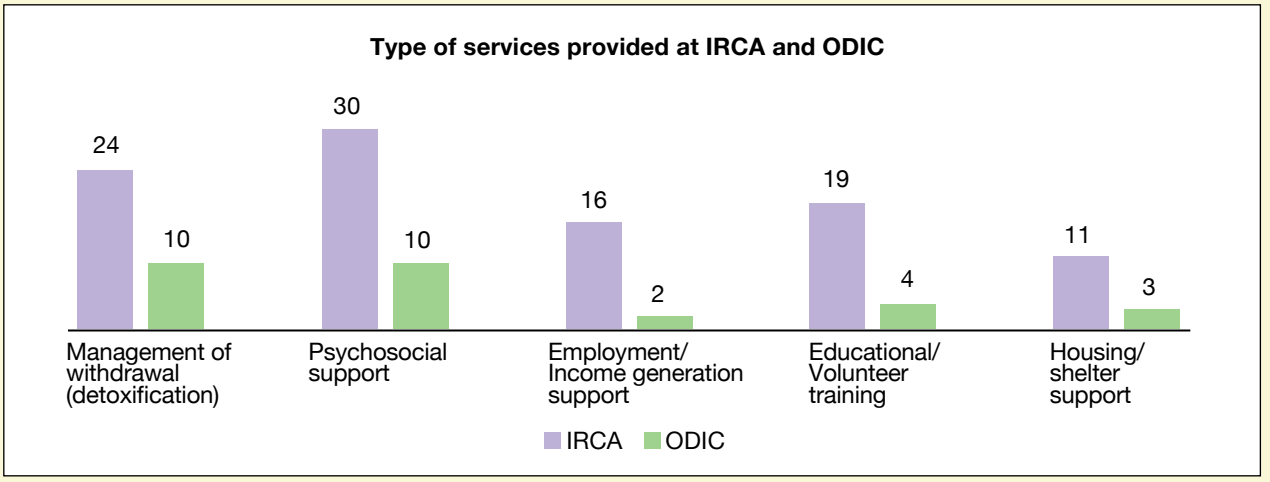


Figure 45: Services provided at IRCA and ODIC

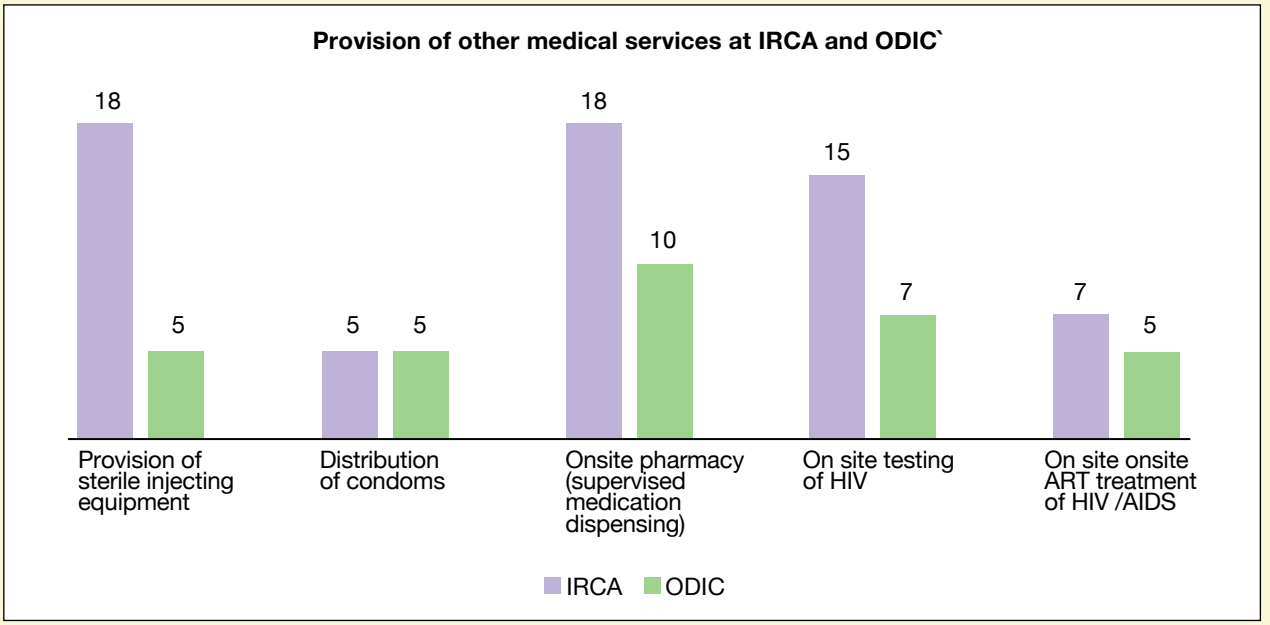


Figure 46: Medical Services provided at IRCA and ODIC

Figure 46 elucidates the medical services being provided at the IRCAs and ODICs. It was reported that, 18 IRCAs were providing sterile injecting equipment and the onsite pharmacy to the substance users. Only 15 IRCAs were providing onsite testing for HIV. It is to be noted that only 5 ODICs had the provision of sterile injecting equipment and distribution of condoms.

The facilities also reported about the provision of services to the vulnerable population. The figure 47 shows that majority (28) of the IRCA facilities were providing services to the patients with mental and substance use disorders. The section of population belonging to senior citizen and the adolescent were catered by 14 IRCA across 11 states, also the homeless (10) and prisoners (9) were also treated in the IRCAs. Very few ODICs reported catering the services to the vulnerable section of population(examples).

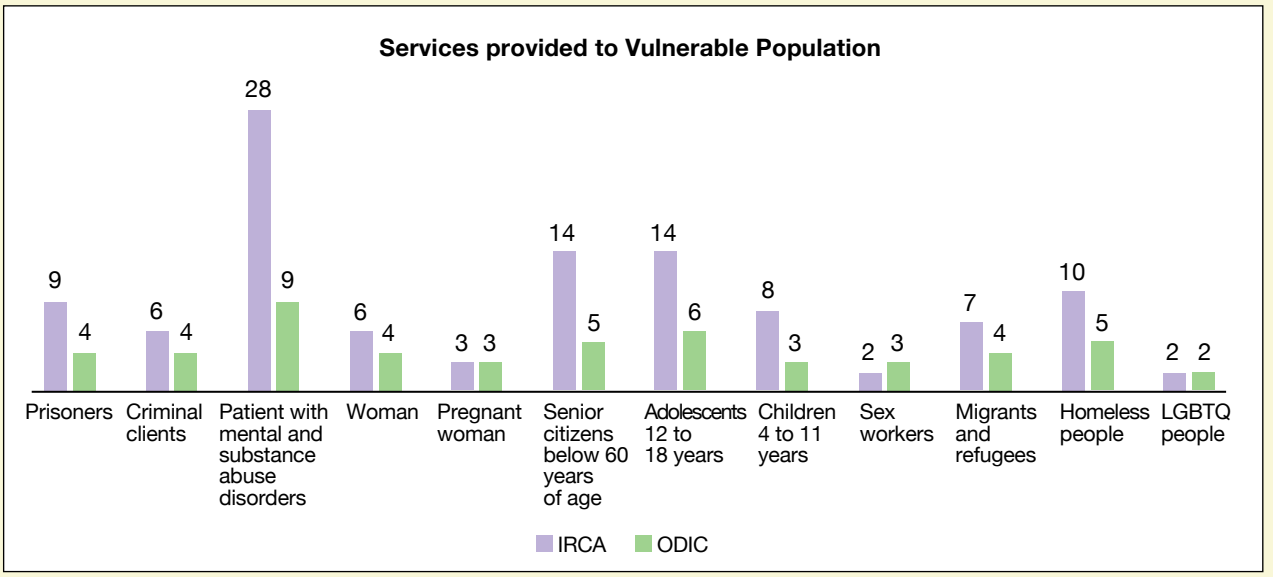


Figure 47: Services provided to vulnerable population at IRCA and ODIC

During discussions, it was shared by majority of respondents that they all were examined by the facility members after admission. They were asked about the history of their addiction, substances used, frequency of intake, any symptoms of illness, and any previous medications taken. Physical examination was done while taking the vital signs. Routine tests like Covid-19, blood sugar & urine analysis were also done. Centers in Gujarat lacked a pathology laboratory, so they asked their inmates to get the tests done from outside.

> "They examined us, but they didn't do any test here. I got blood and urine test done from another place. They asked details about my addiction and consumption of alcohol."
>
> **Rehabilitation patient, Gujarat**

> "I was asked every detail of my addiction like, since when I am consuming alcohol, which brand I use, how much I drink, etc. They also checked my blood pressure and took covid test as well. They asked if I have any other health issue or if I am on any medication."
>
> **Rehabilitation patient, Andhra Pradesh**

Counselling Session Feedback

All participants were found to be satisfied and happy with the counselling sessions and gave positive feedback for the same. According to them the counsellors were friendly, well-behaved, and supportive towards them. They motivated the drug dependents a lot while working towards de-addiction. A single participant from Manipur stressed upon increasing the frequency of counselling sessions.

> "Weekly individual and group counselling's are conducted. Counseling sessions are motivating. They share success stories which helps to build our confidence. Counseling sessions have improved me a lot."
>
> **26-year-old patient, Haryana**

Availability of Individual Treatment Plan

Majority of the participants agreed upon being given personalized treatments. Only a handful of them told that a generalized treatment plan was followed for all individuals admitted there. Individualized treatment plans included prescribing medicines according to the type of addiction, symptoms observed & condition of the patient. They were examined thoroughly by the competent staff and treatment plan was devised accordingly. As per that plan they were given proper medications and supplements on fixed intervals. Counselling was also provided along with the medical treatment. Proper follow up for each patient was taken care of.

> "Individual counselling is also given to patient. Follow up is also done by the staff on regular basis. Medication is given as per the addiction of patient. Some medications are same."
>
> **40-year-old rehab patient, Bihar**

Recreational Activities at Centre

At almost all the centers some or the other forms of recreational activities were available for the inhabitants. Most common sources of entertainment were - carrom board, TV, chess, board games like ludo etc., sports like cricket, badminton, table tennis, group singing and dancing sessions, music, yoga, and meditation. At many places, group talk sessions were also held. At some centers, library was also present. At most of the centers, if not all, at least some of the other recreational activities were conducted on daily basis.

> "On Sunday and Saturdays, we are shown movies. Friday and Wednesday class are taken by fellowship member. We also play volleyball, football, and basketball."
>
> **30-Years Old Daily Wage Earner, Manipur**

Daily Routine

Daily routines of nearly all the participants included - waking up early in the morning, doing yoga, meditation, exercise, three meals, tea breaks, group discussions, individual and group counselling sessions, entertainment activities, prayer sessions, and sleeping on time at night.

The daily routine was usually displayed on board in most of the centers. Display board also depicted medications timing and breakfast, lunch and dinner schedule. Some centers have weekly schedule for different recreational and entertainment activities.

> "We get up at 6 and get ready by 8 am. We are given medicines at 8 am and we do various activities from 8 – 10 am. Staff arrives at around 10:15, then we do prayers and some more yoga. We eat lunch at 12. We walk for 30-45 minutes and then take rest for a while. We are given medicines at 3 pm. We do activities from 3 - 4:30. On 4:30 onwards counselling sessions are there."
>
> **54-year-old B.com Pass, Gujarat**

Quality of Food and Living Arrangements

Most of the participants were completely satisfied with the quality of food. They said that enough quantity of food was provided under hygienic conditions. Sometimes food was even prepared on demand. At most places, both vegetarian and non-vegetarian food was available. Few participants from Madhya Pradesh informed about availability of food via tiffin system. A participant from Punjab said that their center follow different diet plans and menu were displayed on board every day. Few people from Kerala suggested about provision of non-veg food at their center. Few participants from MP also suggested for provision of fruits in the meals.

At most of the Centers, almost all basic living facilities were provided to the inmates and participants were found to be satisfied with all arrangements. Only one participant from Uttar Pradesh reported about problem of drinking water supply. In some centers in Manipur, shortage of towels, blankets & bedsheets were reported.

> "Food is good here. We get both veg and non-veg meals. Staff sometimes ask us if we want to eat anything special. Regular feedbacks are taken for all the services provided."
>
> **25-year-old rehab patient, J&K**

> "We play game like Carrom board, Chess Board, Badminton. Library is also available, and we are engaged in farming also."
>
> **40-year-old engineer, Kerala**

Availability of Infrastructure at the Facility

In the table number 24 below is presented the available infrastructure at the reported IRCA and ODIC Centres. The facility infrastructure was majorly found to be present at the facility. The availability of the doctor's chamber was not available only in two IRCA facilities. Only one IRCA facility did not have the provision of counsellor chamber.

Infrastructure availability	IRCA(N=36)	ODIC(N=17)
Doctors' chamber	34	16
Counsellor's chamber	35	16
Registration / record room	36	15
Computer with internet connectivity	34	16

Table 24: Distribution of number of infrastructure facilities available at the IRCA and ODIC reported under Nasha Mukt Bharat Abhiyaan Assessment 2021

> "Yes, IRCAs need to be empowered to deal with all types of substance abusers. Currently they are more focused to treat majorly alcohol addiction. Other substance users need to be more focused as they are more dangerous than the alcohol users. We need to have separate facilities for Women and Children. Scientific awareness and proper treatment are essential on reducing the demand. We need to consider three level treatment facilities, Counselors/ODIC as first level point of contact and if any further support and action required such cases to be forwarded to IRCA/ De Addiction Centers and those cases cannot be handle with IRCAs to be directed to ATFs."

Assistant Director, Social Justice Department, Vikas Bhavan, Thiruvananthapuram, Kerala

Role of Rehabilitation Centers in Improving Life of Substance Dependents

All the participants from all the states reported to experience some or the other positive change in their lives after starting the treatment at the Centre. They felt rejuvenated and happier than before. Most common changes observed by them were- increased control over anger and aggression, improvement in physical and mental health, increase in self-esteem, improved family life, and enhanced quality of living.

Majority of the respondents reported that the centers mostly helped them in improving their relationships with their family members and in working on personal skills like self-discipline and time management. Not much was done in relation to employment generation according to the participants.

> "My anger is in control, mind is light, my physical health also improved, I have started getting up early in morning but earlier due to drugs I was unable to get up early."

18-Year-Old Rehab Patient, UP

CONCLUSION AND RECOMMENDATIONS

Conclusion

Nasha Mukt Bharat Abhiyaan has created significant impact across communities to address substance use. Incredible awareness activities have been conducted across India under Nasha Mukt Bharat Abhiyaan ranging from various community participation programs, events in school and educational institutions, print and social media campaigns, special programs focusing on participation of women, prisoners, police personnel's, ASHA workers, school teachers etc. Substantial number of respondents in the community reported that they have heard about Nasha Mukt Bharat Abhiyaan showcasing reach and influence of program within the community within just a year of the Abhiyaan's launch. This is in line with the vision, to involve Children, Youth, women, educational institutions, and the community at large as the key stakeholders of the Abhiyaan and seek their active participation which has been vital in the success of NMBA.

Master volunteers have also played a pivotal role in conducting awareness activities and have very effectively played a catalyst between community and implementation authorities. Awareness generation, organizing activities among community and taking on-spot counselling and referrals of substance users were found to be major roles played by Master Volunteers across all states. At the time of assessment, It was reported that Master Volunteers were using Nasha Mukt Bharat Abhiyaan Mobile Application to a limited extent and training activities were also not very much comprehensive for the volunteers. All the District Social Welfare Officers (DSWO) reported that the District Level Monitoring Committees proposed by the Ministry of Social Justice and Empowerment was formulated in all the districts

Youth was found to be the primary target group who are vulnerable to substance use. KAP survey results reported that mean age of consuming tobacco and alcohol is 19 and 21 years. The higher form of substances such as opioids (53%) sedatives (54%) and inhalants (88%) were consumed before 18 years of age. It clearly depicts need for focused approach for targeting youth through awareness programs. During In-depth interviews with patients, it was reported that most common substance used was found to be alcohol. Other substances used were tobacco, heroin, smack, brown sugar, cigarettes, charas, ganja etc.

The services offered at treatment and rehabilitation centers were adequate as per minimum required standards with the exception of a few centers. Awareness regarding availability of treatment facility within district was found to be on the lower spectrum of scale. A few facilities provided and supported the educational/vocational training and employment/income generating support. Rehabilitation centers have proved to be helping in improving life of drug addicts by enhancing their quality of life, showcasing significant development in patients physical and mental health. All the participants from all the states reported to experience some or the other positive change in their lives after starting the treatment at the centers.

Recommendations

Increase awareness through comprehensive behaviour change programmes

Launch a SBCC intervention programme

There is a need for implementing a more comprehensive social and behaviour change communication (SBCC) intervention programme across Abhiyaan districts to bring effective change. SBCC interventions must be designed to bring about a change at four levels:

- **Individual -** focus on interventions that increase risk perception and encourage and sustain changes towards healthy behaviour, awareness of legal penalties for drug use, and availability of prevention and treatment
- **Interpersonal -** focus on the relationships between self and other persons in the social network of the drug user, norms of the sub-group
- **Community –** focus on peer opinion, social norms, prejudice and stigma associated with substance addiction and treatment
- **Socio-political -** focus on drug demand reduction policy, law enforcement policy etc

There is a need to popularise the Abhiyaan among the masses through a correct mix of different types of media, popular among varied age groups, geographies, and social-cultural groups. This could help in achieving the objective of the program.

Develop an Awareness Impact Framework

Develop a monitoring and evaluation framework to systematically plan, implement and quantify the impact of awareness conducted at different levels across geographies and communities.

Strengthen the Quality of Treatment and Rehabilitation

Increase the Number of Treatment Facilities

Less than 50% of Abhiyaan districts have the availability of IRCAs or ODICs. Community findings suggested that many people were not aware of any nearby treatment facilities. The large travel distances and costs associated with living in a rural community are considerable barriers to accessing treatment in other districts. There is a need to establish more IRCAs or ODICs.

Strengthen the capacities of service providers at IRCAs or ODICs

The majority of IRCA & ODIC are found to lack Abhiyaan trained human resources. There is a need for routine refresher training of these service providers and ensure providing supportive supervision and handholding.

Develop Accreditation Mechanisms for all Public and Private Rehabilitation Centers

Accreditation mechanisms should be developed for all public and private treatment and rehabilitation facilities. Currently, NABH accreditation has been initiated only for a few MoSJE-funded IRCAs, however, most patients are being catered for by private treatment facilities.

The exercise of accreditation would give these facilities areas for scope of improvement and further action.

Improve the Funds Flow Mechanism

The mechanism for fund flow to districts and facilities should be strengthened further to ensure the timely availability of funds. Some instances of funds shortage within districts were reported. Unutilized funds may be diverted to districts with higher usage activities. This will motivate facilities and districts to increase activities under the Abhiyaan and help in the smooth functioning of all treatment and rehabilitation facilities and effective implementation of NMB Abhiyaan activities

Introduce a Triple Diagnosis Treatment Plan

Rehabilitation and treatment facilities like IRCA/ ODIC were majorly focusing on only pharmacological interventions like detoxification and maintenance. Introduce a Triple Diagnosis Treatment Plan, which includes mechanisms to reduce the alcohol and drug menace, focusing on psychiatric problems and drug abuse along with immunocompromised diseases such as HIV, Hepatitis, TB etc.

Strengthen of Post-treatment Follow-up Mechanism

A strong follow-up mechanism is needed after patient discharge. Follow-ups are necessary to help patients maintain their recovery, prevent relapse and help patients being in a controlled environment. The aftercare mechanism needs to be strengthened and an appropriate follow-up mechanism should be developed. Additionally, there may be the provision of conducting regular verification to know the status.

Strengthen Master Volunteers, their Capacity Building and Supportive Supervision

Increase the Number of Master Volunteers

Master volunteers are the potential means of propagation of awareness to the masses, however, there are a limited number of master volunteers working in the community. There is a need to identify additional master volunteers to boost the programme. MoSJE has only prescribed a minimum number of Master Volunteers as 50 and there is no maximum limit fixed, so districts can engage more volunteers as per their need.

Strengthen the Capacity of Master Volunteers

It is critical to continuously build the capacity of Master Volunteers and provide them with in-depth knowledge on early prevention, screening of clients and referral, to complement the impactful Abhiyaan activities. MoSJE is developing various standard training packages on multiple topics like identification of vulnerable groups and hotspots, screening of drug users, and identification of symptoms of drug addicts. Systematic efforts should be made to organize training on these topics. Besides, online training modules could be developed with pre-recorded sessions of standard content for master volunteers. Intensive supportive supervision and handholding activities should be scheduled to maintain the quality of Master Volunteers.

Don't be a Slave to Drugs
Break the Chain

CHAPTER 4

Annexure

Chapter 4 Annexure

Annexure 1: Training Agenda

Two Day Training Agenda for Assessment of Nasha Mukt Abhiyaan Study:

Time	Topic
	Day 1:
09:30 – 10:00	Registration of participants
10:00 – 10:45	Welcome and Introduction Expected Outcomes
10:45 - 11:30	Introduction to Nasha Mukt Bharat Abhiyaan and State Profiles
11:30 – 11:45	**Tea**
11:45 – 12:30	Understanding of Program and Overview of Interventions
12:30 – 13:15	Background, Objectives and Sampling of Study
13:15 – 14:00	**Lunch**
14:00 – 14:30	Introduction to Survey CTO
14:30 – 15:15	Understanding the Questionnaire – Key Informant Interviews
15:15 – 15:30	**Tea**
15:30 – 17:30	Understanding the Questionnaire – KAP Survey for Community Members
17:30 – 18:00	Summary and Q & A session
	Day 2:
10:00 – 10:15	Recap of Day 1 session
10:15 – 11:15	Understanding the Questionnaire – In Depth Interviews
11:15 – 11:30	**Tea**
11:30 – 13:00	Understanding the Questionnaire – Facility Survey
13:00 – 14:00	**Lunch**
14:00 – 16:00	Situation based mock interviews and practice on the Survey CTO
16:00 – 16:15	**Tea**
16:15 – 17:00	Discussion on Challenges and Issues Faced while Using Survey CTO
17:00 - 17:30	Field SoPs and Do/ Don'ts
17:30- 18:00	De-briefing and Q & A Session

Annexure 2: Data Collection Tools

Data Collection Tool 1
Assessment of Nasha Mukt Bharat Abhiyaan
Facility Survey Tool for IRCA/ ODIC

Consent Form

Greetings from IQVIA Consulting and Information Services India Pvt. Ltd. My name is _____ and I am working with IQVIA Consulting and Information Services India Pvt. Ltd.
Thank you for taking the time to meet me.

We are working with UNDP in conducting Assessment of Nasha Mukt Bharat Abhiyaan Campaign in 11 states and 68 districts across India. There are no direct benefits for you to be a part of this research, however your contribution will help in better implementation of the Nasha Mukt Bharat campaign. This information will help the Ministry and the State Governments in developing appropriate policies and strategies to deal with the drug use epidemic in the country. The interview should take about 15 minutes.

Your responses to the questions asked will be kept confidential. This means that the interview responses will be shared only with the research team, and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to, and you can end the interview at any time.

Do you have any questions about what I just explained? (Yes _____ / No _____)
Are you willing to participate in the interview? (Yes _____ / No _____)

…… Signature

1. Identification Details				
1.1	**Date of survey**	**Day**	**Month**	**Year**
1.2	State code			
1.3	District Code			
1.4	Facility Name			
1.5	Facility Address			
1.6	Name of hospital (in which ODIC/IRCA is functional)			
1.7	Respondent Name			
1.8	Respondent Designation			
1.9	Phone number of the facility			
1.10	Name of facility in charge			
1.11	Designation of facility in charge			
2.	**Service Availability**			
2.1	Type of service provided	1. OPD 2. IPD 3. Both		
2.1.1	No of beds in position	.....		
2.1.2	Type of patient facility treats	1. Alcohol 2. Drugs 3. Both alcohol and drugs		
2.1.3	Number of beds	.....		
2.2	Please state number of clients registered in Centre last year			

2.2.1	New clients (1st time registered)			
2.2.2	Old clients (2nd time or more)			
2.2.3	Total			
2.3	List of services provided			
	Type of Service	**Yes/No**		
2.3.1	Management of withdrawal (detoxification)			
2.3.2	Psychosocial support			
2.3.3	Employment/income generation support			
2.3.4	Educational/vocational training			
2.3.5	Housing/shelter support			
2.3.6	Other services (please specify)			
2.4	Does this facility have an established collaboration with the following institutions to which it can refer clients?	Yes /No	If yes, 1. Health institutions (e.g., DAC) 2. NGO 3. Prison and probation services 4. Other specialized drug and alcohol treatment services	
2.5	**Provision of Other Medical Services**			
	Type of Service	**Yes/No**		
2.5.1	Provision of sterile injecting equipment to injecting drug users	**Yes/No**		
2.5.2	Distribution of condoms	**Yes/No**		
2.5.3	On-site pharmacy (supervised medication dispensing)	**Yes/No**		
2.5.4	On-site testing for HIV	**Yes/No**		
2.5.5	On-site ART treatment of HIV/AIDS	**Yes/No**		
2.5.6	Other services (please specify)			
2.6	**Services Provided to Vulnerable Populations**			
2.6.1	Provision of drug-related services to prisoners	**Yes/No**		
2.6.2	Services specifically for criminal clients			
2.6.3	Integrated service for clients with co-occurring mental and substance use disorders (alcohol and/or drugs)			
2.6.4	Services specifically for women			
2.6.5	Services specifically for pregnant women			
2.6.6	Services specifically for senior citizens (>60)			
2.6.7	Services specifically for adolescents with (12-18 years)			
2.6.8	Services specifically for children with (4-11 years)			
2.6.09	Services specifically for sex workers			
2.6.10	Services specifically for migrants and refugees			
2.6.11	Services specifically for homeless people			
2.6.12	Services specifically for LGBTQI people			
2.6.13	Other services (please specify)			
2.7	Total number of individual patients treated over the last calendar year			
2.8	Number of patients referred in the last calendar year			

2.9	Substance Use Disorder Treatment	Specific Substance	Number of Individual Clients/Patients Treated over the Last Calendar Year
2.9.1	Alcohol	Total	
2.9.2	Opioids	Heroin	
		Opium	
		Prescription opioids	
		Other	
		Total	
2.9.3	Cannabis (including synthetic)	Cannabis	
		Synthetic cannabinoids	
		Other	
		Total	
2.9.4	Cocaine type	Crack cocaine	
		Cocaine	
		Hydrochloride	
		Other	
		Total	
2.9.5	Stimulants other than cocaine	Amphetamines	
		Meth- amphetamines	
		Ecstasy	
		Synthetic cathinone's	
		Other	
		Total	
2.9.6	Hypnotics and Sedatives	Benzodiazepines	
		Barbiturates	
		Other	
		Total	
2.9.7	Hallucinogens and Dissociative	LSD	
		Ketamine	
		Other	
2.9.8	Volatile inhalants(solvents)		
	Nicotine		
	others (specify)		

2.10	Type of rehabilitation services given by the Centre	Yes/No
2.10.1	Outreach services, camps etc.	
2.10.2	Self-help groups	
2.10.3	Drop-in Centers	
2.10.4	Family assistance services	
2.10.5	Vocational training services	
2.10.6	Educational support	
2.10.7	Workplace support	

2.11	Follow up services		
	What is the mode of follow up services	Yes/No	No. of follow up done in last calendar year

2.11.1	Telephone calls						
2.11.2	Home visit						
2.11.3	Text message						
2.11.4	Letters						
2.11.5	Any other method please specify						
2.11.6	Total number of follow up done in last calendar year						
2.12	**Duration of stay at Centre**						
	1-10 days	11-20 days	21-30 days	31-60 days	Total		
2.13	**Patient Details**						
2.13.1	Source of referral						
	Self	Friends	Family Social Worker	Private/ Doctor Hospital	Govt Hospital	NGO's	Others
2.13.2	Marital Status						
	Never married	Divorced	Widow/Widower	Married	Separated	Not known	Total
2.13.3	Education						
	Illiterate	Literate	Primary Education	Middle	Hr. Sec	Graduate	Postgraduate and above
2.13.4	Employment status						
	Currently unemployed	Never employed	Part time employed	Full time employed	Self employed	Student	Total
2.14	Counseling						
	Group counseling	Individual Counseling	Family Counselling	Total			

3.	**Availability of Infrastructure**		**Yes/No**		
3.1	Doctors' chamber				
3.2	Counsellor's chamber				
3.3	Registration / record room				
3.4	Computer with internet connectivity				
3.5	Medicine availability		Yes/ No If yes 1. Free of cost 2. Chargeable		
4.	**Human Resources**	**Please specify the number of staff members of each type**	**Trained by NTDDC in last one year (Yes/No)**	**Training duration**	**Any Other Training received**
4.1	Nodal Officer (M.O)				
4.2	General Duty Medical Officer				
4.3	Counsellor				
4.4	Nurse				
4.5	Other Please Specify				
4.6	Total number of staff trained in last calendar year				

5.	Monitoring and Supervision	Yes/No
5.1	Manual reporting formats	
5.2	Online reporting tool	
5.3	Frequency of reporting	1. Weekly 2. Monthly
5.4	Quality assurances visit by regional Centre in last calendar year	Yes/No
5.4.1	If yes, when was last visit done	Month | Year

Data Collection Tool 2
Assessment of Nasha Mukt Bharat Abhiyaan
KAP Survey Tool for Community

Consent Form

Greetings from IQVIA Consulting and Information Services India Pvt. Ltd. My name is _____and I am working with IQVIA Consulting and Information Services India Pvt. Ltd.
Thank you for taking the time to meet me.

We are working with UNDP in conducting Assessment of Nasha Mukt Bharat Abhiyaan Campaign in 11 states and 68 districts across India. There are no direct benefits for you to be a part of this research, however your contribution will help in better implementation of the Nasha Mukt Bharat campaign. This information will help the Ministry and the State Governments in developing appropriate policies and strategies to deal with the drug use epidemic in the country. The interview should take about 15 minutes.

Your responses to the questions asked will be kept confidential. This means that the interview responses will be shared only with the research team, and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to, and you can end the interview at any time.

Do you have any questions about what I just explained? (Yes _____ / No _____)
Are you willing to participate in the interview? (Yes _____ / No _____)

…… Signature

1. Respondent Profile		
1.1	Age in completed year	
1.2	Gender	1. Male 2. Female 3. Transgender
1.3	Education Attainment (Highest Level) (Young adult – 18-35)	1. Illiterate 2. Primary 3. Middle school 4. High school 5. Diploma/graduate 6. Postgraduate & above
1.3.1	Number of years of completed formal education	(Autogenerated)
1.4	Marital status	1. Never married 2. Currently Married 3. Widowed 4. Separated 5. Divorced 6. Others 7. Unspecified
1.5	In the past twelve months (largely), were you engaged in any income generating activity? If no skip to 1.7	1 Yes. 2. No
1.6	Considering past twelve months, which sector(s) where you employed most recently?	1. Professional 2. Semi-Professional 3. Clerical 4. Shop owner 5. Farmer 6. Skilled worker 7. Semi-skilled worker 8. Unskilled worker 9. Unemployed
1.7	Which of the following devices do you own / have access to?	1. Ordinary Mobile Phone (Qwerty Keypad) 2. Smart Phone 3. Desktop/PC 4. Tablet 5. None of the Above
	Knowledge Regarding Substance Abuse Next 10 questions will focus on your current knowledge regarding substance use	
1.8	Have you heard about any of the following methods of Substance use? (Multiple choice)	a) Alcohol b) Cannabis c) Opioids d) Cocaine e) Sedatives f) Inhalants g) Hallucinogens
1.9	Consumption of drugs may cause alter in which of the following functions (Multiple choice)	a) Judgement b) Decision making c) Memory d) Ability to learn e) Don't Know f) Others ..... (Please specify)
1.10	Drug abusers are prone to get which disease (Multiple choice)	a) Hepatitis B&C b) Hypertension c) Diabetes mellitus d) HIV/AIDS e) Mental health disorders/ depression f) Don't Know g) Others ..... (Please Specify)

1.11	Sharing needle for drug injection may cause which disease?	a) Chest pain b) HIV/AIDS c) Malaria d) Blood cancer e) Hepatitis B&C f) Don't Know g) Others ..... (Please specify)
1.12	Use of Cannabis can cause	a) short term memory loss b) good concentration c) better judgment and coordination d) Don't Know e) Others ..... (Please specify)
1.13	Cannabis smoker will have chance to get	a) lung cancer b) renal failure c) stomach ulcers d) Don't Know e) Others..... (Please Specify)
1.14	The sleep pattern of cocaine abusers is	a) altered sleep b) no sleep c) normal sleep d) Don't Know e) Others ..... (Please Specify)
1.15	Heroin overdose may cause death	a) True b) False c) Don't know
2	**PERCEPTION, ATTITUDE AND BELIEFS:** In this section we will be reading few sentences regarding about your Perception, Attitudes and Beliefs about using Alcohol and Drugs. You may need to rate the following statements as 1. Not at All True; 2 Maybe; 3 Very Much True; 4 Do Not Know/No Response	
	Statement	**Rating**
2.1	Drinking a small amount of alcohol daily is good for health	
2.2	The best way to tackle alcohol problem is total ban on alcohol.	
2.3	More people are using illegal drugs compared to before	
2.4	Drug users are dangerous people; they can assault you anytime	
2.5	It is not possible to come out of drug use, once you become addicted to it	
2.6	Drugs are more harmful compared to alcohol and tobacco	
2.7	Drug use is a phenomenon of western culture	
2.8	Only people with weak will power become addicts	
2.9	Drug abusers cannot solve their problems easily	
2.10	Drug abuse is harmful to the body?	
2.11	Drug abusers hate themselves.	
2.12	Drug abusers try to escape from facing a crisis	
2.13	Drug abusers live in their own fantasy world	
2.14	Drug abusers are not adjusted to life situations	
2.15	Drug addiction can be eradicated by education and awareness program	
2.16	Drug addiction can be controlled by law.	
2.17	Drug abusers have more friends than non-drug abusers.	
2.18	Drugs are necessary for hard working people.	

2.19	Using drug helps in fighting anxiety and depression,	
2.20	Drug act as an energizer when a person is tired?	
2.21	Drug addictions help in decision making	
2.22	Drug users help to impress others?	
2.23	Drug abusers feel always alone, and nobody understand them	
2.24	Drug abusers can perform their day-to-day activities effectively	
2.25	Recovery from drug dependence is impossible	
2.26	Drug dependence will help to involve in social activities	
2.27	Partners who use drugs abuse their spouses physically and sexually	
2.28	Use of drugs like cocaine/ amphetamine increases aggressive or violent behavior	
3.	**Practice related to Substance Use** In this section we will be asking questions about practice related to substance use like alcohol/ cannabis/opioid/ heroine etc.	
3.1	DO you know someone who has taken alcohol within your community	Yes/No
3.2	Do you know someone who takes drugs within your community	Yes/ No
3.3	Are you aware of any groups who are involved in substance abuse within your community/district?	Yes/No
3.3.1	If yes, please specify	
3.4	Have you participated in any event or being to any place where alcohol was served?	Yes/No
3.5	Have you participated in any event or being to any place where drugs was served?	Yes/No
3.6	Now let me read you names of some of the substances which are commonly used: Please tell me if you have used them ever or in past one year. (YES: 1; NO: 2)	

	Class of Substance	Types and Names	Ever	Past One Year
3.6.1	Tobacco Products	Cigarettes, Cigars, Bidis, Khaini, Gutkha, mawa, zarda, tobacco water, gul, hookah, etc.		
3.6.2	Alcohol Beverages	Beer, Whisky, Gin, Vodka, Rum, Spirit, Tequila, Brandy, Toddy, country liquor, desi, tharra, rice beer		
3.6.3	Cannabis	Bhaang		
3.6.4	Cannabis: others	Ganja, Charas, Hashish, Sulfa		
3.6.5	Opioids: heroin	Heroin, Brown Sugar, Piece, No. 4, Chitta, smack		
3.6.6	Opioids: Pharmaceuticals (without prescription)	# Cough syrups: Corex-d, Phensydyl, # Proxyvon. Spasmoproxyvon, d-propoxyphene, loperamide, diphenoxylate, lomotil, tramadol, tapendol, # Fortwin, (pentazocine), Buprenorphine, Tramadol, Methadone		
3.6.7	Cocaine	Coke, Crack, Rock		
3.6.8	Amphetamine Type Stimulants	Speed, crystal, Ecstasy, crystal meth, ice, Yaba		
3.6.9	Inhalants	Glue, correction fluid, 'Erasex', nail polish remover, sulochan, tyre patch, iodex, petroleum products etc., 'Dunlop glue', Gasoline, Paint thinners, Spray paints		
3.6.10	Hallucinogens	LSD, Magic mushroom, Ketamine		
3.6.11	Others	Meow-meow, Mephedrone, etc.		

4	**Pattern of Substance Use** Fill details for only those for which EVER Use was recorded as YES in 3						
	Substance	**Ever use (Y/N)**	**Age at First use**	**Use in last one year (Y/N)**	**Use in last 3 months (Y/N)**	**Usual route of Administration in last three months* 1: Oral; 2: Inhalational; 3: Injecting; 4: Others**	**Reason for use of drugs a) Enjoying the effect b) For recreation c) For relaxation d) Under peer pressure (for socializing) e) Others (Please specify)**
4.1	Tobacco products						
4.2	Alcohol beverages						
4.3	Cannabis – Bhang						
4.4	Cannabis –Ganja / Charas / Hashish / Sulpha						
4.5	Opioids – heroin						
4.6	Opioids – opium						
4.7	Opioid's pharmaceuticals (without prescriptions)						
4.8	Sedatives or sleeping pills (without prescription)						
4.9	Cocaine						
4.10	Amphetamine Type Stimulants						
4.11	Inhalants						
4.12	Hallucinogens						
4.13	Others						

5.Awareness on Nasha Mukt Bharat Campaign

This section is related to recall of media campaigns and activities related Nasha Mukt Bharat Abhiyaan launched by Ministry of Social Justice and Empowerment (MoSJE)

5.1	Have you heard about Nasha Mukt Bharat Abhiyaan Program?	Yes/No (If no skip to 5.3)
5.2	If yes, from where do you know about this Abhiyaan	1. TV 2. News Paper 3. Internet 4. NGO worker 5. Community volunteer 6. Hoardings 7. Any other medium _____
5.3	What is the first thing that comes in your mind when hearing about Nasha Mukt Bharat Abhiyaan	.....
5.4	Is there any need for campaigns like Nasha Mukt Bharat Abhiyaan in your area/district?	
5.5	Have you ever attended any program on Alcohol and Drug use prevention?	Yes/No (If no skip to 5.6)
5.5.1	If yes, who organized the above program	1. School/College/ University 2. NGO 3. District administration 4. Social Welfare Department 5. Community leader 6. Government organized 7. Volunteers 8. Any other please specify

5.5.2	What was the medium used?	1. Nukkad natak/ sabha 2. Rally 3. Awareness session 4. Rangoli Competition 5. Wall Painting 6. Painting competition 7. Sports event 8. Signature campaign 9. Group discussion 10. Counselling 11. Other activities
5.5.3	Can you recall what was the main message given during that event?	Specify .....
5.6	Have you heard of any drop-in Centers or Rehabilitation Centres where services like screening, assessment, counseling, and rehabilitation services for addicts can be accessed?	Yes /No (If no, end interview)
5.6.1	If yes, do you know any drop-in Centre/facility offering services related to substance abuse prevention near you?	Yes /No (If no, end interview)
5.6.2	If yes, please specify the area where drop-in Centre or facility is present	.....

Data Collection Tool
Assessment of Nasha Mukt Bharat Abhiyaan
Key Informant Interviews with Master Volunteer/ Head of District Level Committee

Consent Form

Greetings from IQVIA Consulting and Information Services India Pvt. Ltd. My name is _____ and I am working with IQVIA Consulting and Information Services India Pvt. Ltd. Thank you for taking the time to meet me.

We are working with UNDP in conducting Assessment of Nasha Mukt Bharat Abhiyaan Campaign in 11 states and 68 districts across India. There are no direct benefits for you to be a part of this research, however your contribution will help in better implementation of the Nasha Mukt Bharat campaign. This information will help the Ministry and the State Governments in developing appropriate policies and strategies to deal with the drug use epidemic in the country. The interview should take about 15 minutes.

Your responses to the questions asked will be kept confidential. This means that the interview responses will be shared only with the research team, and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to, and you can end the interview at any time.

Do you have any questions about what I just explained? (Yes _____ / No _____)
Are you willing to participate in the interview? (Yes _____ / No _____)

..... Signature

State Code	
District Code	

Name:

Designation:

Q.no	Question
Understanding about the Abhiyaan	
1.	Since How long have you have been associated with Nasha Mukt Bharat Abhiyaan? Probe: when was program launch, are they associated since program launch?
2.	What is the major aim of Nasha Mukt Bharat Abhiyaan?
3.	What are the major components of Nasha Mukt Bharat Abhiyaan? (Probe: Awareness generation, capacity building, counselling, and treatment)
4.	How did you get associated with this Abhiyaan? (Probe: if anybody refereed/ self-volunteered)
5.	What is your contribution as a ..... (master volunteer/ designation of person) in Nasha Mukt Bharat Abhiyaan
6.	What is the most common issue within your community related to drug and alcohol use? (Probe: number facilities compared to load of drug addicts per district, accessibility, and availability of services)
7.	What is your view on the reducing demand of drug users? (Probe: supply of substance use within community, how demand can be reduced?)
8.	Are the mechanisms in place in the system to deal with a wide range of circumstances and problems presented by drug users? (Probe: Circumstances like integration with different department, curbing demand of drugs, total ban of alcohol within district)
Key activities organized under Abhiyaan	
9.	What are the major activities or special programs conducted under Nasha Mukt Bharat Abhiyaan in this community / area since inception of the Abhiyaan?
10.	As per your understanding, are there any special groups and vulnerable groups (migrants, ethnic minorities etc.) who need more care and attention in this program in your district? Please explain why. (Probe: Vulnerable group include Sex workers, truck drivers, homeless people, youth, hot spot areas within district)
11.	What are the special services organized for demand reduction for drug and alcohol use within your community? (Probe: special services like identification of positive influencers, awareness program with integration with police department)
Barriers in implementing the Abhiyaan	
12.	According to you, what are the main barriers in implementing Nasha Mukt Bharat Abhiyaan in your concerned area?
13.	What could be done differently to make this program more effective in your district? (Probe: How can clean and recovered patients be involved in program, how youths could be
	engaged in this program, which departments need to be integrated for robust approach)
Training and Capacity Building	
14.	Have you undergone any training under NMBA on any topic related to drug use prevention? if No (Skip to 16)
15.	Please share what was major content of the training and duration of training? __ (Probe: Number of days of training)
16.	According to you, is there need for further training? If yes, what additional topic you would like to be covered in this training? (Probe: importance of refresher training/ how many days training required)
17.	What should be the content of future training that would be useful; and what could be possible length of such training? (Probe: Training content: Identification of hotspots, identification of vulnerable group) Duration should be annually, half yearly or quarterly?)
18.	Master Volunteer: Are you using any NMBA mobile application for capturing data. Please share details of data captured. Is mobile application easy to use? Is there anything that can be added/ removed in the application? (Probe: If not using any mobile application probe for reason of not using?)
19.	Any other suggestions or feedback related Nasha Mukt Bharat Abhiyaan?

Data Collection Tool 4
Assessment of Nasha Mukt Bharat Abhiyaan
In-depth interviews with persons who have undergone treatment at IRCAs/ODIC

Consent Form

Greetings from IQVIA Consulting and Information Services India Pvt. Ltd. My name is _____ and I am working with IQVIA Consulting and Information Services India Pvt. Ltd. Thank you for taking the time to meet me.

We are working with UNDP in conducting Assessment of Nasha Mukt Bharat Abhiyaan Campaign in 11 states and 68 districts across India. There are no direct benefits for you to be a part of this research, however your contribution will help in better implementation of the Nasha Mukt Bharat campaign. This information will help the Ministry and the State Governments in developing appropriate policies and strategies to deal with the drug use epidemic in the country. The interview should take about 15 minutes.

Your responses to the questions asked will be kept confidential. This means that the interview responses will be shared only with the research team, and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to, and you can end the interview at any time.

Do you have any questions about what I just explained? (Yes _____ / No _____)
Are you willing to participate in the interview? (Yes _____ / No _____)

…… Signature

State Code	
District Code	
Block Code	
Village Code	

Respondent Profile

1. What is your age in completed years?
2. What is your highest Education Attainment?
3. Are you married? If yes, ask about number of children?
4. In the past twelve months (largely), were you engaged in any income generating activity? If yes, what was your major source of income?

History of Substance use

5. When were you admitted to this Centre? (Probe: Month/ year)
6. Who admitted you to this Centre? (Probe: Self/others)
7. Did anybody refer you to this Centre?
   (Probe: How did you get to know about this Centre)
8. Have you been treated and admitted in any other rehabilitation Centre before? (If yes, prompt for reason for leaving treatment, duration of stay)
9. What was main primary substance you used? What were other substances you preferred to take? (Probe: local name/ market name of substance used)
10. What was the main reason for starting to use …… (name primary substance use)? (Probe for peer influence, family issue/conflict, unemployment, curiosity, tension release, personal problems)
11. Since when you were using it? What was frequency of using it? Probe: At what age you started using it first time?)
12. How the use of (name primary substance use) affected your life? (Probe: Relationship with family members and peers before admission into the Centre)
13. Did anybody motivated you to recover? How did you decided to recover and seek treatment? (Probe: Counsellor/ master volunteer/ parents/ friends)
14. How did you get to know about this facility? Did anybody refer you? (Probe: Counsellor/ master volunteer/ parents/ friends)

Service availability at Centre

15. Can you please share your daily routine in the Centre? (Probe for activities conducted during entire day)
16. Were you assessed and examined by the facility members after admission? Please explain what were you asked?
17. Have you been given Individualized treatment plan? What does it include? Share about the medical care services provided to you in the facility (Probe about different therapies i.e., Pharmacotherapy (medicines), counselling, follow up sessions)
18. What is their overall experience during counselling sessions? (Probe: frequency of counselling session received; group counselling)
19. Do you think there are adequate staff members in the Centre for taking care of rehabilitees? (Probe for shortage of staff, any other human resource requirement)
20. Do you feel that staff members in the rehabilitation Centers are qualified enough to take care of rehabilitees?
21. Share about the quality of food given in the facility? Are you satisfied by the meals given? Please share anything need to be improved or added?
22. Share about the living arrangements and other facilities provided in the Centre? (Probe regarding availability of beds, almirah, blankets, towels, curtains, water supply, electricity etc.)
23. Which recreational activities are organized in the Centre and what was the frequency of these activities conducted? (Probe: sports, dance, music, and other recreation activities; library / reading space available in the Centre? Preference to read books)
24. Does this Centre help rehabilitees with life management issues such as living arrangements, employment generation, improving relationships etc.?
25. What are challenges faced while living in this rehabilitation Centre?
26. How can you improve the effectiveness of this rehabilitation Centre?
27. Please tell, is this treatment and rehabilitation process impacted your life? How has this intervention changed your life?

Impact of Nasha Mukt Bharat Abhiyaan

28. Have you heard about Nasha Mukt Bharat Abhiyaan?
29. What is the first thing that comes to your mind when you hear about the word Nasha Mukt Bharat Abhiyaan?
30. Where did you hear about this campaign?
    (Probe for TV, MANGAZINE, newspaper, internet, within facility/ Community members, friends & family, awareness session)
31. Have you seen any pamphlet, poster, hoarding, advertisement of Nasha Mukt Bharat Abhiyaan in past six months? If yes, where have you seen?
32. What is the key message being delivered during the Abhiyaan?
    (Probe: One message that this Nasha Mukt Bharat Abhiyaan aims at?)

Data Collection Tool 5
Assessment of Nasha Mukt Bharat Abhiyaan
Key Informant Interviews with State/District Level Official

Consent Form

Greetings from IQVIA Consulting and Information Services India Pvt. Ltd. My name is _____ and I am working with IQVIA Consulting and Information Services India Pvt. Ltd. Thank you for taking the time to meet me.

We are working with UNDP in conducting Assessment of Nasha Mukt Bharat Abhiyaan Campaign in 11 states and 68 districts across India. There are no direct benefits for you to be a part of this research, however your contribution will help in better implementation of the Nasha Mukt Bharat campaign. This information will help the Ministry and the State Governments in developing appropriate policies and strategies to deal with the drug use epidemic in the country. The interview should take about 15 minutes.

Your responses to the questions asked will be kept confidential. This means that the interview responses will be shared only with the research team, and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to, and you can end the interview at any time.

Do you have any questions about what I just explained? (Yes _____ / No _____)
Are you willing to participate in the interview? (Yes _____ / No _____)

..... Signature

State Code	
District Code	

Name:

Designation:

Q.no	Question
Understanding about the Abhiyaan	
1.	Since How long have you have been associated with Nasha Mukt Bharat Abhiyaan? (Probe: when was program launch, are they associated since program launch)
2.	When was Nasha Mukt Bharat Abhiyaan launched in your district? What were the main activities conducted during launch ceremony?
3.	What is your main role in implementation of Nasha Mukt Bharat Abhiyaan at State/district level
4.	Is district level monitoring committee formed in your district? If yes who are members in this committee? When was last meeting held? How many meetings have been conducted till date? (Probe: Role of monitoring committee, agenda of the meeting held, what actions have been taken till date)
5.	What is the most common issue within your state/district related to drug and alcohol use? (Probe: number facilities compared to load of drug addicts per district, accessibility and availability of services, law and order, support of police department)
6.	What is your view on the reducing demand of drug users? (Probe: supply of substance use within community, how demand can be reduced?)
7.	Are the mechanisms in place in the system to deal with a wide range of circumstances and problems presented by drug users? (Probe: Circumstances like integration with different department, curbing demand of drugs, total ban of alcohol within district)
Key activities organized under Abhiyaan	
8.	What are the major activities / outreach programs conducted under Nasha Mukt Bharat Abhiyaan in your district/state since inception of the Abhiyaan? (Probe: Awareness camps/ sessions in hot spot areas, rally, Nukkad Natak, awareness in schools and colleges, webinars, painting competition, slogan writing etc.)
9.	As per your understanding, are there any special groups (migrants, ethnic minorities etc.) who need more care and attention in this program in your State/district? Please explain why? Which are hot spot areas within the district. (Probe: Vulnerable group include Sex workers, truck drivers, homeless people, youth)
10.	What are the special services organized for demand reduction for drug and alcohol use within your state/district? (Probe: Special services like identification of positive influencers, awareness program with integration with police department)
11.	What are the different media strategies/ approaches used in your state/district under Nasha Mukt Bharat Abhiyaan? (Probe: Banners, pamphlets distribution, street plays, radio jingles, radio program, TV, newspaper social media presence of State/ district level Abhiyaan at Facebook, Instagram, twitter)
12.	What is the major role of master volunteer? What is the selection process of master volunteer in your state/district? How many master volunteers have been trained in your district/state till date?
Barriers in implementing the Abhiyaan	
13.	What are your thoughts about Nasha Mukt Bharat Abhiyaan components and interventions? (Probe: Awareness generation, capacity building, counselling, and treatment)
14.	According to you, what are the main barriers in implementing Nasha Mukt Bharat Abhiyaan in your district/state?
15.	What could be done differently to make this program more effective in your district/state? (Probe: How can clean and recovered patients be involved in program, how youths could be engaged in this program, which departments need to be integrated for robust approach)
16.	Any other suggestions?

Data Collection Tool 6
Assessment of Nasha Mukt Bharat Abhiyaan
Key Informant Interviews with National Level Officials

Consent Form

Greetings from IQVIA Consulting and Information Services India Pvt. Ltd. My name is _____ and I am working with IQVIA Consulting and Information Services India Pvt. Ltd. Thank you for taking the time to meet me.

We are working with UNDP in conducting Assessment of Nasha Mukt Bharat Abhiyaan Campaign in 11 states and 68 districts across India. There are no direct benefits for you to be a part of this research, however your contribution will help in better implementation of the Nasha Mukt Bharat campaign. This information will help the Ministry and the State Governments in developing appropriate policies and strategies to deal with the drug use epidemic in the country. The interview should take about 15 minutes.

Your responses to the questions asked will be kept confidential. This means that the interview responses will be shared only with the research team, and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to, and you can end the interview at any time.

Do you have any questions about what I just explained? (Yes _____ / No _____)
Are you willing to participate in the interview? (Yes _____ / No _____)

..... Signature

Name:

Designation:

Q.no	Question
Understanding about the Abhiyaan	
1.	Since How long have you have been associated with Nasha Mukt Bharat Abhiyaan ? (Probe: when was program launch, are they associated since program launch)
2.	When was Nasha Mukt Bharat Abhiyaan launched in India at National level? What were the main activities conducted during launch ceremony?
3.	What is your main role in implementation of Nasha Mukt Bharat Abhiyaan at National level
4.	
5.	Which are the key stakeholders involved under Nasha Mukt Bharat Abhiyaan who may be directly or indirectly affected by substance use?
6.	How are drug/harm reduction strategies disseminated? Main problems in implementing these strategies.
7.	How integration of different department is necessary to make this program a success. Which are different department working in integration.
8.	Are the mechanisms in place in the system to deal with a wide range of circumstances and problems presented by drug users?
9.	What is the role of National Consultative Committee on De-addiction and Rehabilitation (NCCDR)?
Key activities organized under Abhiyaan	
10.	What major changes have been observed in the selected 272 districts in terms of drug usage.
11.	What are the unique and innovative approach and activities undertaken under the Abhiyaan by the states & districts
12.	As per your understanding, are there any special groups (migrants, ethnic minorities etc.) who need more care and attention in this program.
13.	NMBA is currently celebrating Naya Bharat, Nasha Mukt Bharat campaign. Can please elaborate what is the major objective of the campaign and what all activities are planned.
14.	What are the different media strategies/ approaches used under Nasha Mukt Bharat Abhiyaan?
15.	How social media has been utilized to spread the message of the Abhiyaan? What are the key strategies used?
16.	What is the major role of master volunteer? What is the selection process of master volunteer? How many volunteers have been trained so far?
17.	What are the parameters under which 100 districts would be declared drug free on Aug 2022?
Barriers in implementing the Abhiyaan	
18.	According to you, what are the main barriers in implementing Nasha Mukt Bharat Abhiyaan?
19.	How funds are being distributed to IRCA/ ODIC and CPLI's. What steps are being taken to streamline funding system at state and district level.
20.	What could be done differently to make this program more effective?
21.	Any other suggestions?

सत्यमेव जयते

Ministry of Social Justice and Empowerment
Government of India