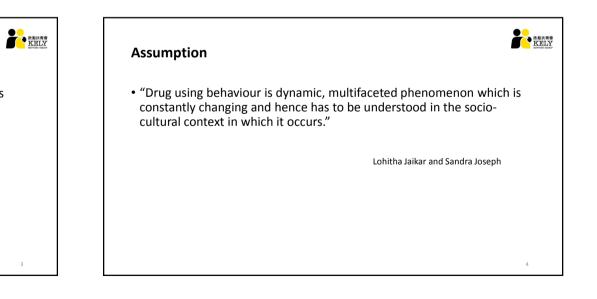


Purpose

• A comprehensive qualitative research on the development and evolution of drug policies and rehabilitation services in India and its implication of modern day drug situation / reality in India.

Approach

• An inclusive and integrated approach which entail a broad understanding of the drug issue through engagement with policy makers, NGOs, civil societies, government, the grass roots and community workers.



India's Drug History

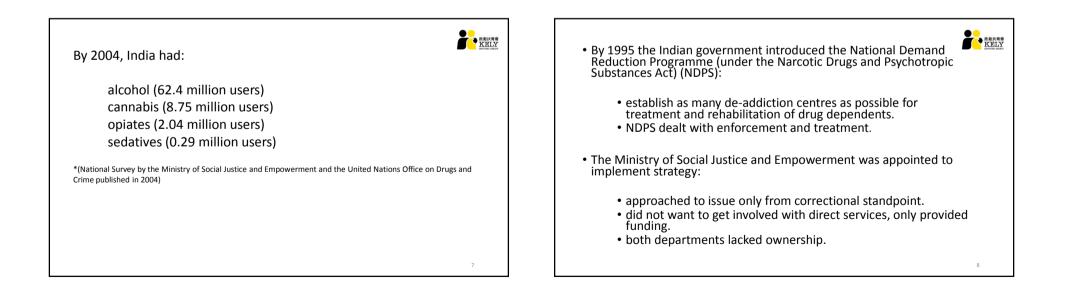


- One of the longest history of drug use in the world.
- Drugs were used primarily for medicinal purposes / no regulation.
- Imposed international intervention resulted in secular use of traditional suppliers by criminal networks.
- Contemporary International drug policies sought to control both the demand and supply of drugs through the criminalization of production, trafficking and consumption.
- Due to its strategic location, India became a major transit country for drug trafficking.
- Newer drugs were being introduced and synthetically made.
- Synthetic and chemicals drugs were being abused at increasing and rampant rates.

The Government's Response:

- In 1985 the Narcotics Drug Psychotropic Substances (NDPS) was introduced to tackle the issue.
- NDPS strategy did not bring down the drug rate, in fact contributed to criminal activity.

- Cannibals and opium loses its traditional value and becomes abused and commoditize.
- According to a 1999 UN Report, India has 1 million heroin dependents, unofficially about 5 million.



Gaps to the Policy



Lack of Accessibility

- There were less deduction centres then dependents.
- Only "clean" dependents were allowed the services.
- No holistic alternatives for addicts.
- Difficult to get to.

Lack of Quality of Services

- Restricted admission for HIV positive and TB patients.
- Most of these centres were not equipped to deal with health problems associated with addictions.
- Professional counselors and social workers did not run the centre.
- Sixty % of patients relapsed after undergoing treatment.

Lack of Human Rights Protection

• Patients were forced to be admitted into the centres with the consent of their family members.

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- Patients were forced to do all sorts of chores and were physically assaulted.
- Discrimination of HIV positive patients through referrals to other hospitals.

