One Day Telangana State Level Awareness Programme
On
Drug Abuse Prevention for Transgender Community

Organised By

National Institute of Social Defence (NISD)

Ministry of Social Justice and Empowerment, Govt of India

SOCIAL WELFARE DEPARTMENT, TELANGANA
DOSTANASAFAR, BIHAR
HUMAN RIGHTS LAW NETWORK
TELANGANA HIJRA TRANSGENDER SAMITHI
# Agenda

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Topics</th>
<th>Guest speakers/Resource Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>9.30-10.30 AM</td>
<td>Registration &amp; Inaugural&lt;br&gt;• Introduction about HRLN, Bread for World project and Drug Abuse, prevention</td>
<td>Rachana, HRLN &lt;br&gt;Laila, Founding member of THTS</td>
</tr>
<tr>
<td>II</td>
<td>10.30-11.30 AM</td>
<td>• Basics of Drug Abuse(Drugs and Types of Drugs)&lt;br&gt;• Reasons for taking drugs</td>
<td>Dr. Vashista, Psychiatrist &amp; Dr. Sridhar Raju</td>
</tr>
<tr>
<td>III</td>
<td>11.30-11.45 AM</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>11.45- 1.00 PM</td>
<td>• Progression and ill-effects of drugs&lt;br&gt;• Community response to drugs and its menace&lt;br&gt;• legal perspective</td>
<td>Rachana, HRLN</td>
</tr>
<tr>
<td></td>
<td>1.00 – 2.00 PM</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>2.00 – 3.30 PM</td>
<td>• How to stay away from drugs</td>
<td>Rachana HRLN</td>
</tr>
<tr>
<td>IV</td>
<td>3.30 – 3.45 PM</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>3.45 – 5.15 PM</td>
<td>• Role of stakeholders.&lt;br&gt;• Short film screening on drug abuse in Telugu</td>
<td>Rachana HRLN</td>
</tr>
</tbody>
</table>
Human Rights law Network: Rachana explained about HRLN that is a collective of Indian lawyers and social activists who provide legal support to the vulnerable and disadvantaged sections of society. It works on child rights, disabilities rights, rights of people living with HIV/AIDS, prisoners’ rights, refugee rights, rights of indigenous people, worker rights and rights of the minorities and people who have faced or subject to sexual violence among others.

HRLN is a project of the Socio-Legal Information Centre (SLIC). SLIC is a non-profit legal aid and education organization, which provides free legal assistance to people who lack the capacity to approach courts for redress. SLIC files more than 100 petitions each year to protect the health, dignity, and rights of India’s citizens. SLIC is one of the country’s largest, most active legal human rights programs and reproductive rights unit. SLIC is also an implementing partner of the United Nations High Commissioner for Refugees. As a non-profit non-governmental organization, HRLN started in 1989 as a small group of concerned lawyers and social activists from Bombay. The team was led by Colin Gonsalves, a public interest lawyer. Today, HRLN is considered the country’s leading public interest law group and has a nationwide network of more than 200 lawyers, paralegals, and social activists spread across 26 states/Union Territories.

HRLN is also the parent body of the Indian People’s Tribunal (IPT), also called the Indian People’s Tribunal on Environmental and Human Rights or Independent People’s Tribunal. Set up in June 1993, IPT is an unofficial panel led by retired judges who conduct public inquiries into human rights and environmental abuses. It provides an alternate outlet for the victims faced with official obstruction and delays in the delivery of justice. IPT conducts investigations into cases of relocation of rural people to make way for dams or parks, eviction of slum dwellers, industrial pollution and communal or state-sponsored violence.
In 2003, HRLN was awarded the Mac Arthur Award for Creative and Effective Institutions for its contributions to reproductive rights advocacy in India.

Activities of HRLN

1. Legal aid and public interest litigation
   HRLN offers pro-bono legal services to those with little or no access to the justice system, and runs a helpline for people seeking such help. It also conducts litigation in the public interest. Lawyers of HRLN take up cases in the lower courts as well as the Supreme Court and various state High Courts.

3. Legal education
   HRLN provides training through several avenues and also trains young lawyers. HRLN also periodically publishes 'know your rights' material. The group also provides opportunities for internships and scholarships and organizes country-wide seminars, workshops, and training courses, such as paralegal certificate courses.

4. Advocacy
   HRLN works to increase public awareness through research and dissemination of information on violations and anti-poor policies. HRLN has formulated laws and policies against child sexual abuse, against communal crimes, and for the right to food and work.

5. Investigations, monitoring, and crisis response
   HRLN conducts fact-finding missions to monitor and document cases of violations. It also deploys crisis-intervention teams and makes sure that these cases take the form of petitions in court.

7. Publications
The Bread for the World Project:

The main objective of the project is to bring about changes in the law, public policy and implementation of the law for social and economic rights and entitlements in the 11 States of India, in favor of the poor and marginalised communities in India. The project will indirectly benefit the following groups of people as both direct and indirect beneficiaries:

1. Dalits and other marginalised communities systematically denied access to justice to enforce their socio-economic rights especially their right to education, health, welfare and employment. Additionally who have been subjected to atrocities and extreme forms of exploitation and excluded from welfare and economic schemes.

2. Tribal and nomadic communities who are vulnerable to the violation of their forest rights, depletion of natural resources affecting livelihoods and exclusion from welfare and economic schemes.

3. Religious minorities who are vulnerable to social exclusion and communal violence, lynching, exclusion from welfare and economic schemes.

4. Human Rights Defenders, journalists and activists and community leaders who have worked on defending the rights of marginalised persons and access to justice and have been subject to a concerted effort by the state to silence voices of dissent through their illegal arrests, detention, terminations and in some cases violence.

5. Women, men and children vulnerable to trafficking, distress migration, violence and discrimination.

6. Children who are in the Juvenile Justice System, both children in need of care and protection and children in conflict with the law.

7. Workers and unions who are kept away from accessing their right to reservations, safety standards, adequate working conditions and benefits.

8. Persons with disability who are vulnerable to social exclusion and denial of rights to education, livelihoods, care and shelter in addition to exploitation, abandonment, discrimination and violence.

The second objective of the project involves State Level Consultations, Collaborative meetings with local communities and skill-based training for young lawyers and activists on working with communities that will benefit lawyers, activists, community-based organisations, community leaders, unions, judges, collectives, students and other rights based groups in a three-fold structure.
According to the National Survey on Extent and Pattern of Substance Use in India 2019, Alcohol is the most common psychoactive substance used by Indians (among the substances included in this survey).

Nationally, about 14.6% of the population (between 10 and 75 year of age) uses alcohol. After Alcohol, Cannabis and Opioids are the next commonly used substances in India.

About 1.08% of 10-75 year old Indians (approx. 1.18 crore people) are current users of sedatives (non-medical, non-prescription use).

Inhalants (overall prevalence 0.7%) are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17%) than adults (0.58%).

World Drug Report published by United Nations Office on Drugs and Crime (UNODC) the year 2018, About 275 million people worldwide, which is roughly 5.6 per cent of the global population aged 15–64 years used drugs.
Session 2: Basics of Drug Abuse (Drugs and Types of Drugs)

Reasons for taking drugs

- National Level
  - National Institute of Social Defence (NISD)
  - TOT Programme: Two Day Training Programme for Course Coordinators

- State Level
  - TG organisation & CBO related state Departments
  - Capacity Building Programmes

- District Level
  - TG organisation & CBO related state/District Authorities/Departments
  - Awareness Programmes
Stimulants (uppers)
- Amphetamine
- Cocaine
  - Increase energy, activity, heart rate, blood pressure
Depressants (downers)
- Alcohol
- Heroin
- Solvents
  - Slow down reactions, heart rate, breathing
Hallucinogens
- Cannabis
- LSD
- Magic Mushrooms
  - Cause hallucinations (see, hear and feel things differently)
**All Drugs effect brain**

- Different drugs (including alcohol and tobacco) act on different areas of the brain and alter its chemical balance. It’s these changes that cause the feelings and sensations people get when they take drugs.

- The effect of drugs varies from substance to substance and it is not possible to say exactly how a particular drug will affect someone. Drugs can be more harmful for young people because their bodies and brains are still developing.

- The same drug can also have very different effects at different times, depending on its purity (which can vary a lot) and the person’s mood, health, circumstances and surroundings.

- Some drugs are more addictive than others and some people get addicted more easily. Some drugs can trigger underlying mental health problems and make existing ones worse.

- It’s also very dangerous to take several drugs at once. Many people who have died from a drugs overdose did so because they had taken a combination of drugs, often combined with alcohol.

- From a scientific standpoint, the following six factors have an impact on why many people have an aversion to substance addiction:
  - Genetics
  - Social Environment
  - Age of First Use
  - Mental Illness
  - Early Childhood Trauma
  - Adult Trauma
• **Narcotic Drugs and Psychotropic Substances Act**

  • *Main article: Narcotic Drugs and Psychotropic Substances Act (India)*

  • The Narcotic Drugs and Psychotropic Substances Bill, 1985 was introduced in the Lok Sabha on 23 August 1985. It was passed by both the Houses of Parliament and it was assented by the President on 16 September 1985. It came into force on 14 November 1985 as THE NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1985 (shortened to NDPS Act). Under the NDPS Act, it is illegal for a person to produce/manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance.

  • Under one of the provisions of the act, the Narcotics Control Bureau was set up with effect from March 1986. The Act is designed to fulfill India's treaty obligations under the Single Convention on Narcotic Drugs, Convention on Psychotropic Substances, and United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The Act has been amended three times - in 1988, 2001, and most recently in 2014.

  • The 2014 Amendment recognizes the need for pain relief as an important obligation of the government. It creates a class of medicines called Essential Narcotic Drugs (ENDs). Power for legislation on ENDs has been shifted from the state governments to the central governments so that the whole country now can have a uniform law covering these medicines which are needed for pain relief.

  • Subsequently, NDPS rules which would be applicable to all states and union territories has been announced by the government of India in May 2015. It also has included 6 drugs namely Morphine, Fentanyl, Methadone, Oxycodone, Codeine and Hydrocodone. According to these rules, there is a single agency - the state drug controller - who can approve recognised medical institutions (RMI) for stocking and dispensing ENDs, without the need for any other licenses. The RMIs are obliged to ensure proper documentation and to submit annual consumption statistics to the drug controller of the state.
• The Act extends to the whole of India and it applies also to all Indian citizens outside India and to all persons on ships and aircraft registered in India.

• A proposal to amend the NDPS Act via a Private Member's Bill was announced by Dr. Dharamvira Gandhi MP in November 2016. Dr. Gandhi's bill would legalise marijuana and opium.

• **Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act**

• The Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act is a drug control law passed in 1966 to pharmacognosy app & other relevant by the Parliament of India. It was established to enable the full implementation and enforcement of the Narcotic Drugs and Psychotropic Substances Act of 1985 by chaman chaudhary
Learn to Deal With Life’s Pressures
Don’t Give in to Peer Pressure
Develop Close Family Ties
Develop Healthy Habits

De-Addiction Centres in Telangana

<table>
<thead>
<tr>
<th>No.</th>
<th>Telangana</th>
<th>Address</th>
<th>De-addiction Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>309</td>
<td>Telangana</td>
<td>DOVE, 1-92/2/A, Prabhat Nagar Colony, Chaitanyakapat, Dilsukhnagar, Hyderabad.</td>
<td>De-addiction Centre 3 (at Rangareddy, Meboobnagar &amp; Adilabad) / 15 bedded</td>
</tr>
<tr>
<td>310</td>
<td>Telangana</td>
<td>Sneha Mahila Mandali, Flat No. 103, Satya Apts. Chappal Bazar, Kachiguda, Hyderabad.</td>
<td>De-addiction Centre at Rangareddy / 15 bedded</td>
</tr>
<tr>
<td>311</td>
<td>Telangana</td>
<td>Vision, H.No. 12-156/3, Srinagar Colony, Patancheru, Medak Distt. (Andhra Pradesh)</td>
<td>De-addiction centre at Medak / 15 bedded</td>
</tr>
<tr>
<td>312</td>
<td>Telangana</td>
<td>Sankaip Welfare Society 1-93, Prabhatnagar colony Chaitanyakapat, Dilsukhnagar (New Case)</td>
<td>De-addiction Centre at Meboobnagar / 15 bedded</td>
</tr>
<tr>
<td>313</td>
<td>Telangana</td>
<td>New Hope Association, 16/4/A Salem nagar colony Moosrambahg Hyderabad-500036, (New Case)</td>
<td>De-addiction Centre at Moosrambahg / 15 bedded</td>
</tr>
<tr>
<td>314</td>
<td>Telangana</td>
<td>Society for health Awareness and Rural Enlightenment C1-124, Saisagarnagar, Jilgum ADU(v), Mithra (Mokhamma District, Telangana State)</td>
<td>De-addiction Centre at Khamam / 15 bedded</td>
</tr>
</tbody>
</table>