‘THE PROBLEM OF REHABILITATION AND SOCIAL RE-INTEGRATION OF DRUG ADDICTS’
(With Special reference to Drug De-addiction and Rehabilitation Centres in Kolhapur district)

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ABSTRACT:
Drug abuse is very complex phenomenon which has social, economical, cultural, geographical and historical aspects. The disintegration of the old joint family system, industrial development and rise in the bourgeoisie class, absence of parental love and care in modern families, decline of old religious and moral values etc led towards the rise in the number of drug addicts who take drug to escape the hard realities of life; but leading to detrimental impact on society as well as increase in crime rate. Adolescent drug abuse is one of the major areas of concern. Women face greater from drug abuse such as domestic violence, financial burden and infection of HIV etc.

That is why India braced itself to face the menace of the drug abuse, its trafficking and devastation of the culture and ethical values. Several measures involving judicial and legal provisions, enacted laws besides comprehensive strategies involving specific programmes to bring about an overall reduction in use of drugs have been taken and further supported by measures of education, counselling treatment and rehabilitation programmes. That is why an Act named ‘Narcotics Drug and Psychotropic substances Act 1985’ was passed. Section 7-A-2 and 71-1 provides respectively for setting of a fund to support interalia rehabilitation while latter proposes for establishing centres for drug dependent persons. However there is no specific commitment towards employment or provides economic opportunities for recovering drug addicts through the vocational education.


INTRODUCTION:
It is now a commonly accepted fact that education is a crucial factor in the achievement of development goals. We all know that education is a highly effective, contributing factor for social inclusion and creation of sustainable livelihood. There are many people still in India who are illiterate and because of this, they are far from the concept of development whether it is personal development or socio-economic development. Besides these vulnerable class people, there are drug addicts who also need basic education, vocational education and complete rehabilitation through drug treatment and rehabilitation centres for their personal and socio-economic development.

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rise in the bourgeoisie class, absence of parental love and care in modern families, decline of old religious and moral values etc led towards the rise in the number of drug addicts who take drug to escape the hard realities of life; but leading to detrimental impact on society as well as increase in crime rate. Adolescent drug abuse is one of the major areas of concern. Women face greater from drug abuse such as domestic violence, financial burden and infection of HIV etc.

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Thus present study entitled, ‘The Problem Of Rehabilitation And Social Re-Integration Of Drug Addicts’ is specifically focused on the drug users, ex-drug users who couldn’t get facilities such as education, vocational education and chance to sustainable development in the drug De-addiction and Rehabilitation centres in Kolhapur district. Thus a key focus is on the ‘Vocational Education and Development of Sustainable Livelihood’ in the drug treatment and rehabilitation centres in and around Kolhapur.

SELECTION OF THE TOPIC WITH REASONING:
In India, a widespread misuse of alcohol was found. There were millions of opiates, cannabis users and up to 164,000 drug injectors. To curb this menace of drug and alcohol addiction among the youths and bring them into the main stream by letting them to live as a common man’s life, let them to make sustainable development and find re-integration into the family as well as into the society, the Government of India came up with an Act, ‘Narcotics Drugs and Psychotropic Substance Act (NDPS) 1985, which mentions rehabilitation and social re-integration of the ‘addicts’ twice in the Sections 7 – A(2) and 71 (1), but does not provide any specifics of rehabilitation per se.

The importance of this research is that it will help in the improvement of public knowledge, awareness and understanding of broad ranging educational activities within the government, non-government and private sector, with a key focus on the development of vocational education and the fostering of the livelihood skills by providing employment or economic opportunities with drug awareness running as transversal theme amongst the drug users, ex-drug users, and people vulnerable to drug use in drug rehabilitation centres in Pune division.

STATEMENT OF THE PROBLEM:
Drug/alcohol abuse is very complex phenomenon which has social, economical, cultural, geographical and historical aspects, leading to detrimental impact on family & society as well as increase in crime rate. Adolescent drug abuse is one of the major areas of concern. Women face greater from drug abuse.

That is why the question is that whether by providing treatment, after care, education, vocational education and special vocational training, drug users, ex-drug users be provided and benefited of rehabilitation, complete social re-integration & chance to sustainable development through the drug De-addiction and Rehabilitation centres established by the Government

LITERATURE REVIEW:
Prasnat Saroj, in his book entitled ‘Drug Abuse and society’ has given the root causes behind drug addiction & assessed the psychological effects on addicts & studied the overall effect on society. (Prasnat Saroj, ‘Drug Abuse and society’, Ashish Publications, 1993.)


Prajapati Vijay, ‘Alcohol- Journey Towards The Truth’, Educreation Publishing Delhi, 2011. In this book writer depicted his story in the form of journey of his alcohol addiction to the truth of self enlightenment. He finds that only law and order is not enough to remove such kinds of abuse. But if all understand the value of one’s life then and ther only we can stop these disasters of life. Finally in his conclusion he remarks that, “Self enlightenment is more effective than any law and order”

OBJECTIVES OF THE RESEARCH STUDY:

The objectives of this research study are as following -

1. To state socio-economic background of drug users and point out causes and effects of drug abuse.
2. To increase knowledge, awareness and understanding of various broad ranging education approaches for the drug user, ex-drug users and people vulnerable to drug use in India among the various sectors including government, non-government organizations, private sector and the broader community.
3. To highlight and advocate for the prioritization of the development and fostering of broad ranging education opportunities for drug users as part of their ongoing treatment and rehabilitation towards social integration.
4. To increase government support for broad based education, vocational education and development of sustainable livelihood among drug users as well as to promote a multispectral response to the joint issues of drug abuse, broad ranging vocational education through greater co-ordination and collaboration between the education, health and social other sectors of the government.
5. To study the instances of complete rehabilitation of the drug addicts and ex-drug addicts in a broad ranging educational and vocational framework in Pune division.

HYPOTHESES:

For every research, it is important to have certain hypotheses beforehand. It ascertains direction of research and aids in analyzing the data collected. The specific hypotheses have been formulated for the present study which are as follows:-

1. There is relation between vocational education and training and rehabilitation of drug addicts and the same is not being properly imparted in the Drug De-addiction and Rehabilitation centres.
2. No sufficient fund available to the Drug De-addiction and Rehabilitation centres by Government.
3. Drug de-addiction and Rehabilitation Centres are insufficient and hence its not possible reach each every addicts.

METHODOLOGY:

DOCTRINAL RESEARCH:

The required data will be collected through the method of doctrinal research which will be used to analyses the constitutional provisions, national statutes as well as international conventions relating to narcotics, drug de-addiction and rehabilitation centers. Doctrinal research method will be used to analyze the case laws, books, legal rules and national and international conventions.

NON-DOCTRINAL RESEARCH:
The required data will also be collected through empirical research method whereby group discussions, interviews of drug users and staff of the rehabilitation centers and questionnaire will be used.

METHODS OF DATA COLLECTION:
Primary Data:
The required primary data will be collected through the group discussions, interviews of drug users and staff of the rehabilitation centers and questionnaire will be used.

Secondary Data:
The required secondary data will also be collected through different books, & and international conventions, research articles, M.Phil dissertation, Ph.D thesis, government reports etc.

Sampling:
All the Drug De-addiction and Rehabilitation centres in Kolhapur district will be selected for the present study. It is proposed to conveniently be selected 50 drug/alcohol addicts (respondents) for the present study. As mentioned above researcher for this study, intends to collect data from the drug users, ex-drug users, staff of the rehabilitation centers & Government officers by using non random sampling method i.e. purposive sampling and providing structured questionnaire and by face to face interviews.

Methods of data Analysis:
Collected data will be analyzed by using different statistical tools & techniques such as percentage, mean, medium, mode, standard deviations, & C.V. and correlation. Finally, thus, the data collected, will be encoded by the use of computers and entered into excel sheets/ Microsoft word documents or SPSS.

Limitations:
The research study has been confined to the study of the socio-legal aspects & complete rehabilitation of the drug addicts. Present study has been made in the Kolhapur district.

Legal Regime
Constitution of India:
Well before the introduction of the Narcotics Drugs and psychotropic Substances act (NDPS) 1985 and its following amendments, the Constitution of India incorporates broad public policy directives in Chapter IV. These include commitments towards attaining just working conditions, improving standards of living, and providing livelihood security for everyone. Nothing specific to drug users or about rehabilitation can be found. By contrast alcohol and drug prohibition are explicit objectives under Article 47.

Article 41 says that,
The state shall within the limits of its economic capacity and development, make effective provisions for securing the right to work, right to education and right to public assistance in cases of unemployment, old age, sickness, disability and in other cases of undeserved wants.

Article 47 says that,
‘The State shall regard the raising of the level of nutrition and the living of its people and the improvement of public health as among its primary duties and in particular, the State shall endeavour to bring about prohibition, except for medical purposes, of the intoxicating drinks and drugs which are injurious to health’ (Ministry of Law and Justice 2008).
**Narcotics Drugs & psychotropic Substances Act 1985**

Section 7-A provides for establishment of National fund for control of drug abuse and applied through the measures taken for combating, controlling & preventing abuse and illicit trafficking in narcotics drugs & identifying, treating & rehabilitating addicts,

Section 71- 1 provides for the Power of the Government to establish centres for identification, treatment, etc. of addicts and for supply of narcotics drugs and psychotropic substances where such supply is a medical necessity.

Section 70 says that The Central Government and State Government have to give due regard to international conventions while making rules.

**Drug Abuse and Problem of Rehabilitation**

Out of 4 organizations responding 2 were NGOs (Navjeevan and Navchaitanty de-addiction and rehabilitation centres) affiliated to MSJE and other 2 was hospitals one was government and other was private hospital treating only drug de-addiction and treatment.

<table>
<thead>
<tr>
<th>Type of organization</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>NGO- affiliated with MSJE/NISD</td>
<td>02</td>
</tr>
<tr>
<td>NGO- not affiliated with MSJE/NISD</td>
<td>00</td>
</tr>
<tr>
<td>Government Hospital affiliated Ministry of Health</td>
<td>01</td>
</tr>
<tr>
<td>Private Hospitals</td>
<td>01</td>
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<tr>
<td>Total</td>
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**CONCLUSION AND SUGGESTIONS**

It is now a commonly accepted fact that education is a crucial factor in the achievement of development goals. We all know that education is a highly effective, contributing factor for social inclusion and creation of sustainable livelihood. There are many peoples still in India who are illiterate and because of this, they are far from the concept of development whether it is personal development or socio-economic development. Besides these vulnerable class people, there are drug addicts who also need basic education, vocational education and complete rehabilitation through drug treatment and rehabilitation centres for their personal and socio-economic development.

**Provide basic or vocational education for drug users.**

Over 67% of the facilities did not provide vocational education for drug users. It can be suggested that mostly drug users were employed or doing any work and they were found mostly literate.

**Provide HIV/drug education for drug users.**

A total 1 of 4 agencies responded that HIV/ drug education was offered to drug users. Those that did not offer this service were evenly distributed among private and others.

**The delivery formats or mediums for HIV/Drug education provided.**

2 out of 4 organizations responded to this question and usually indicated more than one format or medium for education delivery. Verbal and group discussion rated highly with brochures, posters, films shown to be utilized widely.
Age group of beneficiaries of HIV/ drug education.
Agencies were asked to select only one group. Majority (90%) of the clients were aged 31 – 45 years old. This finding indicates that most fell within the adult category.

Most common drug that are being consumed among the beneficiaries.
Organizations were allowed to select from a choice of drugs consumed, the two most common drugs used were alcohol (75%) and tobacco (65%).

Main mode of administration of drugs that is most prevalent among the beneficiaries.
The only one mode of administration and that is swallowing (drinking) (100%). The type of injecting drug and intravenously are not used.

Sources of information about HIV and drug use.
Information about HIV and drug use accessed from the government agencies such as MSJE, NISD, MoH and also from united Nations agencies such as UNAIDS, UNODC, WHO etc.

Education materials / approaches suitable for those who can not read.
Out 3 facilities 3 NGOs stated that they had education materials suited for literate as well as illiterate.

Delivery of information for those who cannot read.
3 NGO established under MSJE stated that verbal and group discussion was used for those who cannot read. Picture books, films are shown to the illiterates.

Focus group discussion/ testing of education materials.
All the respondents stated that education materials developed was not tested.

Provide HIV and drug education for alcohol dependents.
50% of the agencies provided drug and HIV education to alcohol dependents.

Conduct monitoring and evaluation
Two of the four agencies stated that it had conducted monitoring and evaluation to assess the success of its education programmes. Monitoring and evaluation process.
For that which undertook monitoring and evaluation respondent is required to describe the process. It stated that follow up visits, feedback sheets and observation of behavioural change amongst the drug users is to be made.

Employment status of persons attending the centre.
In the past 12 months only major number of clients in treatment was reported to have a regular job and a little substantial number were unemployed.

Provide vocational; education and livelihood skills for drug users inside your centre.
Majority of the facilities did not provide any vocational education and livelihood skills for drug users. 2 out 4 agencies provided vocational education and livelihood skills. It was found among nearly half of the organizations associated with MSJE/ NISD facilities.

Describe different types of vocational education and livelihood skill courses offered.
Only two facilities provided vocational education and others did not provide. It can be suggested that a large number of such programmes were unlikely to match the skill set or provide employment.
opportunities required by the overall employment market. The response list was extensive and included the following: soap, candle making, paper bag making, crafts, chalks making and computer training etc.

**Provide regular referrals or linkages with other organizations for vocational education and livelihood skills.**

Majority of agencies (75%) do not provide regular referrals or linkages with other organizations. Only one facility has regular referrals or linkages with other organization.

**Main type of agencies / organizations with a partnership**

Only one facility has partnership with one institute. It provides for vocational education, training, consultation services.

**Alternate employment approaches for drug users.**

Almost half of the facilities mentioned ‘self help group’ and self employment as alternate employment approach.

**The academic educational achievement of most drug users served by your organization.**

02% of drug users were described in treatment facilities as illiterate and 18% of drug addicts achieved primary school only. 80% of the drug users were from college/university level within age group of 30 – 50 years.

**Capacity to undertake basic combined with vocational education.**

Half of the treatment agencies answered ‘yes’ to this question and claimed to have the capacity to undertake basic education combined with vocational education and development of livelihood skills for drug users.

**Overall contribution by the civil society towards drug use and demand reduction response.**

Majority of respondents agencies believed that civil society’s contribution towards drug use and demand reduction response is vital.

**Overall contribution by the civil society towards the drug use and harm reduction response.**

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**Overall contribution by the government towards the drug use and demand reduction response.**

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**Name the laws, regulations and policies or schemes.**

Almost 100% of the respondents when requested to provide the name of law. Regulation, policy and schemes referred to the NDPS Act and international conventions etc.

**Need for government improvement for policies and practices in the area of broad based education and /or vocational and livelihood skills for drug users.**

There was overwhelming support among respondents for government improvement for policies and practices with basic and vocational education and livelihood skills for drug users, ex-drug users and people
vulnerable to drugs. All the facilities stated for mainstreaming the drug users and drug use prevention in educational programmes.

Some suggestions
To promote the aspect that the drug abuse is a desease;
Treatment, education, adherence support dissemination of information must be provided.
Supply reduction, strengthening of community based organizations like ‘ Mahila mandals’ (womens’ organization);
Generate policy to facilitate treatment and rehabilitation;
PROMOTING PEER EDUCATION MODEL AMONG DRUG USERS;
All educational programmes should be oriented towards personality development;
Life skill development from middle school level;
Generate policy to increase centres fund by Ministry of Social of Justice and Emowerment.
Vocational training and employment opportunities shall be provided

Responsible Agencies:
MSJE, NISD, and Ministry of Health in collaboration with MHRD, Ministry of Education. Drug treatment and rehabilitation centres in collaboration with communities and local authorities, including law enforcement.
a. Advocate and encourage at a national and state and district level for drug prevention, treatment and rehabilitation facilities to examine mechanism already in place to enhance and develop partnership, or memoranda of understanding with other agencies, services and schemes (government, non-government and private) that offer basic and vocational education and livelihood skill training.
b. Advocate and encourage at a national and state and district level for drug prevention, treatment and rehabilitation facilities to actively pursue the need for referrals for their clients towards agencies, services and schemes (government, non-government and private) that offer basic and vocational education and livelihood skill training.
2. Improve and provide training opportunities and skill building for appropriate staff working at all drug treatment and rehabilitation facilities.
c. Advocate and encourage at a national and state level for RRTCs and other suitably identified training centres, to be further empowered, acquire increased capacity and be appropriately resourced to undertake the lead on providing a comprehensive package of education awareness on the therapeutic benefits of basic, vocational education and skill development through training of all appropriate staff (primarily counselors) to serve the need of recovering drug users, ex-drug users or people vulnerable to drug use.
d. Conduct training at a state level in skill development in how to network with the other agencies for vocational education and livelihood skills for recovering drug users, ex-drug users or people vulnerable to drug use.
e. Conduct training at a state level as to how to preparing drug users, ex-drug users or people vulnerable to drug use for attending job interviews and reorientation skills for a return to a more structured lifestyle.
f. Conduct training at a state level in preparation and assisting of recovering drug users, ex-drug users or people vulnerable to drug use to write a resume and application forms as well as facilitate the process of employment placement.
g. Conduct training at a state level as to how to empower family members to also be involved in accessing opportunities for vocational education and livelihood skill development.
h. Conduct training at a state level in understanding the fundamentals of monitoring and evaluation skills in a period of time going beyond the time when beneficiaries attend a programme.
3. Encourage drug treatment and rehabilitation facilities to explore more widely the benefits of alternative employment opportunities suited for social and economic re-integration of drug users and ensuring that human and funding resources are made available.
   i. Explore the positive outcomes of microcredit programmes linked to small business ventures that may not require extensive training and prove more appropriate to the capabilities of recovering drug users and their needs.
   j. Advocate and encourage collaboration between drug prevention, treatment and rehabilitation facilities and NGOs or Government schemes focused on development and assistance to marginalized and socially disadvantaged groups to seek appropriate funding.
4. Improve the co-ordination and harmonizing of all the different stake holders directly or indirectly associated with education, vocational education and livelihood skill development, with those service providing drug treatment to improve the lives of recovering drug users.
5. Undertake further research to address some limitations and gaps identified in this research study.
6. Improve the lives of all drug users that may be isolated from supportive networks to gain social and economic re-integration.
   k. Fund a pilot project of a series of halfway homes/shelters in the community at metropolis as well as district level and that would be associated with NGOs and other agencies that provide basic, vocational education and livelihood skills.

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Report
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