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Azadi Ka
Amrit Mahotsav



**National Level Review
on
Roll out of Joint Action Plan**

“एक युद्ध नशे के विरुद्ध”

**Prevention of Drugs and Substance Abuse
among Children and Illicit Trafficking**

2nd March, 2022

VIGYAN BHAWAN , NEW DELHI

A Report on day-long proceedings covering inaugural address, presentations, discussions and summing up of the first in person review programme on rollout of Inter-Departmental Joint Action Plan on prevention of drugs and substance abuse among children and illicit trafficking organized by NCPCR in collaboration with Narcotics Control Bureau

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स्वापक नियंत्रण ब्यूरो

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MESSAGE

Narcotics Control Bureau, as the premier Drug Law Enforcement Agency of India is committed to keep its citizens, especially the children and youngsters safe from the hazards of the drug menace. In this fight against drugs, we are fortunate enough to receive the support of many stakeholders, and National Commission for Protection of Child Rights (NCPCR) has been one of our most significant allies on the front where the battle against drugs is being fought on behalf of our children and youngsters.

The "Joint Action Plan (JAP) on Prevention of Drugs and Substance Abuse among Children and Illicit Trafficking" was rolled out on 09.02.2021, which has been formulated to streamline and synergize the measures taken by various authorities, institutions and agencies in India to bring about a paradigm shift in the approach towards tackling drug and substance abuse among children in the country.

The next challenge was to implement the actions prescribed in the Joint Action Plan at the ground level which involved active coordination with numerous stakeholders. At this stage, I would like to appreciate the efforts made by NCPCR, especially, Sh. Priyank Kanoongo, Chairperson, NCPCR for not only organizing individual meetings with the representatives of 272 vulnerable districts to review the JAP, but also for bringing them under one roof during the National Review cum Consultation of the Joint Action Plan, where the progress made by the districts were discussed in details.

This report on the Review cum Consultation on roll out of the "Joint Action Plan" is a comprehensive document showcasing the progress made by the districts on implementing the actions prescribed in the Joint Action Plan. I would also like to congratulate the top performing districts felicitated during the meeting and hope that their achievement will motivate others to follow suit.

Although we have a long way to go before we can completely eradicate the drug menace from our society, initiatives like the Joint Action Plan will enable us to pursue our goal in the right earnest. NCB will extend all possible cooperation in this regard and do its best to implement this plan in letter and spirit.

(Satya Narayan Pradhan)

"Say 'No' to Drugs, 'Yes' to Life"
"ड्रग्स को 'ना' जीवन को 'हाँ'"



प्रियंक कानूनगो
Priyank Kanoongo
अध्यक्ष
Chairperson

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GOVERNMENT OF INDIA
राष्ट्रीय बाल अधिकार संरक्षण आयोग
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FOREWORD

Father of the Nation- Mahatma Gandhi while leading the Champaran Satyagrah in 1917 had said “Wine destroys the “Soul” as well as the “body”. This statement is still relevant today as we see the menace of drugs and substance abuse all over the country gripping people belonging to all sections and age groups including children. Our Hon’ble Prime Minister Shri Narendra Modi has also expressed his concerns and has appealed to take appropriate actions to achieve the goal of Drugs-free India.

Protecting children from the drugs and substance abuse has been one of the core areas of work in National Commission for Protection of Child Rights (NCPCR). Joint Action Plan prepared by the NCPCR in collaboration with Narcotics Control Bureau (NCB) is a public policy document to wean away children from drug abuse and to stop selling of drugs in surrounding areas of school/educational and child care institutions through convergent actions in a time bound manner. Moreover, the Joint Action Plan (JAP) adopts a holistic approach to address the issue of use of drugs and substances amongst children in the country.

This JAP and its implementation witness the true spirit of India. It achieves a remarkable feat in terms of cooperation and collaboration that is received from all quarters due to a cohesive and enabling environment created in the entire country under the leadership of our Hon’ble Prime Minister. This action plan involves various Ministries, Departments, Authorities, Institutions, Enforcement Agencies at Central Government; SCPCRs, various Departments of State Governments; District Administrations, District Child Protection Mechanism, Local Bodies, schools, parents, students etc. It is overwhelming to see their responses and ownership in this campaign of “Ek Yuddhh Nashe Ke Virudh”. This is an encouragement to strengthen our commitment and further excel in our work towards child protection.

The National Review cum Consultation Programme was envisaged to energise and expedite the initiatives being undertaken by various District and State Authorities/Departments. It was also an opportunity to discuss about the

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crucial interventions to achieve the objectives of the JAP and to decide upon a way forward. The overall goal of the national review was achieved successfully during the day-long deliberation.

I take this opportunity to express my heartfelt regards to Shri Satya Narayan Pradhan, Director General- Narcotics Control Bureau (NCB) for the collaboration and cooperation extended in the event and steering the day long review exercise. I would also like to thank his team from the NCB, including Shri Sachin Jain DDG, Head Quarters, Shri Ritesh Ranjan, Dy. Director (P&C) and Shri Vikas Kumar Asst. Director (P&C) for their inputs and support in organizing the event.

I would extend my special thanks to officers and representatives from the Ministry of Health & Family Welfare, Ministry of Education, Ministry of WCD, Ministry of Social Justice & Empowerment, NDDTC- All India Institute of Medical Sciences (AIIMS), United Nations Organization for Drugs Control (UNODC) and Gandhi Smriti & Darshan Samiti (GSDS) for their participation.

It is always a pleasure to see the cooperation and participation of all the SCPCRs that has been strengthening our bond and synergy to take various initiatives towards child protection. Therefore, I would like to thank all the Chairpersons and Members of SCPCRS from all over the country. The event also witnessed the participation of officers from various stakeholder Departments from the States/UTs. I express my gratitude for their commitment to protect children from drug & substance abuse. I would also like to acknowledge the sincerity and commitment shown by the Collectors/District Magistrates of 20 best performing districts. It was an honour facilitating them in the review programme.

My thanks to Ms. Rupali Banerjee Singh, Member Secretary, NCPCR, Shri G. Suresh, Asst. Director, NCPCR; and the team of Consultants who have worked tirelessly in making the event a success. I would also like to acknowledge the special role being played by Ms. Shaista K Shah, STE – Health & Psychology in organising the event. I would also like to put on record the commitment shown by Shri Rakesh Prajapati, PRO and Shri Baldev Raj Kukreja, Sr.Consultant in organising the event. My thanks also goes to Shri Dushyant Meher, Consultant- Programme Planning & Research Cell for compiling and finalising this report. I expect the same spirit of commitment from all officials of the Commission in all our endeavours toward making a better future for the children of our nation.

Jai Hind



(Priyank Kanoongo)

ABBREVIATION

AIIMS	All India Institute of Medical Sciences
CDSCO	Central Drugs Standard Control Organization
CMO	Chief Medical Officer
CPCR	Commission for Protection of Child Rights
CRPC	Code of Criminal Procedure
CWC	Child Welfare Committee
CWPO	Child Welfare Police Officer
DCPO	District Child Protection Officer
DEO	District Excise officer & District Education Officer
DGCA	District Drugs Control Authority
DM/DC	District Magistrate /Deputy Commissioner
DSWO	District Social Welfare Officer (DSWO)
JAP	Joint Action Plan
JJACT	Juvenile Justice Act , 2015
MoH&FW	Ministry of Health & Family Welfare
MoSJ&E	Ministry of Social Justice & Empowerment
NCB	Narcotics Control Bureau
NCC	National Cadet Corps
NCPCR	National Commission for Protection of Child Rights
NDDTC	National Drugs Dependence Treatment Centre
SJPU	Special Juvenile Police Unit
SP	Superintendent of Police
UNCRC	United Nations Convention on Rights of Children
ZP	Zila Panchayat

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EXECUTIVE SUMMARY

National Commission for Protection of Child Rights (NCPCR) in collaboration with Narcotics Control Bureau (NCB) conducted a National review cum Consultation on “Roll out of Joint Action Plan” in the States on 2nd March, 2022 at Vigyan Bhavan, New Delhi. The event was co-hosted by NCPCR & NCB. Representatives from the Ministry of Home Affairs, Ministry of Health & Family Welfare, Ministry of Education, NDDTC- All India Institute of Medical Sciences (AIIMS), United Nations Organization for Drugs Control (UNODC) and Gandhi Smriti & Darshan Samiti (GSDS). From the States, Chairpersons and Members of SCPCR’s, Officers from the Deptt. of Home, WCD, Social Justice, Health, Education, Excise, State Drugs Controller, State AIDS Control Society and Police participated in the programme.

In this review cum consultation programme, Collector/District Magistrate of 20 best performing Districts on roll out of Joint Action Plan (from July to December, 2021) were facilitated. These districts are Namsai, Udalguri, Chandigarh, Daman, South Goa, Sirsa, Shimla, Udupi, Thiruvananthapuram, Shillong, Jabalpur, Narsinghpur, Champhai, Mehsana, Gajapati, Patiala, Bundi, Thiruvenlveli, Etawah & Uttarkashi .

Video Messages from Bollywood Actors including Shri Shekhar Suman , Shri Sunil Shetty , Ms. Shilpa Shetty & Mr. Ali Fazal on '*Ek Yudh Nashe ke Virudh*' were released in the programme. In their video messages, actors have shared their concerns of drug abuse and appealed to people to participate in the campaign - “ Drug-Free India”

In this review meeting, States made their presentations on the progress made on different indicators provisioned under the JAP. During the review, focus was laid on the strict implementation of the provision of installing CCTV cameras in the chemist shops selling Scheduled X & H drugs, tobacco free zone of the school areas, awareness, and roles to be played by all the stakeholders. In conclusion all the participants agreed to implement all important provisions and actions indicated under the Joint Action Plan. Decision was also taken to take the JAP beyond 272 vulnerable Districts and implement in all Districts of the Country.

The review meeting was attended by SCPCRs and Officers from stake -holder Departments from 31 States/UTs. In addition District Magistrates /designated officers from 20 best performing States also attended for the review.

Genesis & Progress of Joint Action Plan (JAP)

The Joint Action Plan has been envisaged on the basis of a meeting called by the Hon'ble Prime Minister with the DG- NCB, wherein, NCB had made a presentation on drugs abuse situation in the country. In this meeting Hon'ble Prime Minister had given direction to have a Joint Action Plan or a mechanism to wean away children from using drugs in surrounding areas of school, high school and colleges. Subsequently, NCB and NCPCR jointly formulated the action plan on the basis of deliberations and inputs received from Narcotics Control Bureau, MoH&FW, MoSJ&E, Ministry of Education, NDDTC-AIIMS, Sainik Schools-Ministry of Defence, NCC & CDSCO-Directorate General of Health Services during a virtual meeting organized on 15th October, 2020 as well provisions provided under various legislations, schemes and programmes.

It is a public policy document to wean away children from drug abuse and to stop selling of drugs in surrounding areas of school/educational and child care institutions through convergent actions in a time bound manner. Moreover, the Plan adopts a holistic approach to address the issue of use of drugs and substances amongst children in the country. The core approach adopted is to streamline and strategies the efforts made by various authorities, institutions, agencies to bring paradigm shifts in the direction of drugs and substance abuse prevention amongst the children in the country.



This is first of its kind comprehensive Inter-Departmental Joint Action Plan on the issue of drugs and substance abuse among children, wherein, all the stakeholders, agencies, duty bearers, authorities, media and parents are to perform their designated roles indicated in the document. It is hoped that this Action Plan- “एक युद्ध नशे के विरुद्ध” ushers a journey to realize the goal of “नशा मुक्त भारत”- Drugs free India.

Core objectives of the Joint Action Plan are to:

1. Wean away children from using drugs and substances.

2. Stop selling drugs and substances in surroundings areas of schools and other educational institutions through enforcement of existing laws.
3. Provide coverage of various existing schemes, programmes and policies for treatment and rehabilitation of children using drugs and substances.
4. Highlight the roles and responsibilities as well as strengthen the capacity of various stakeholders in prevention of drugs and substance use among children and its illicit trafficking.
5. Increase awareness and replicate best practices.
6. Increase surveillance in areas around schools, educational institutions and pharmacies to ensure the drugs and substances are not reaching the children.
7. Strengthen and ensure enforcement of legal provisions provided under different laws in respect to selling drugs and substances to the children, use of children in trafficking drugs and other matters.
8. Adopt zero tolerance policy on drug and substance abuse among children through integrated efforts of all stakeholders in a convergent manner.

Release of Joint Action Plan :

The release event of Joint Action Plan held on 9th February , 2021 was chaired by the Chairperson, NCPCR Shri Priyank Kanoongo and attended by the Deputy Director Generals from NCB , Chairpersons of some of the State Commissions for Protection of Child Rights (SCPCRs) i.e. Punjab, Odisha, Himachal Pradesh, Manipur, Assam, representatives from SCPCRs; representatives from the Ministry of Social Justice & Empowerment , Ministry of Education , Ministry of Health, All India Institute of Medical Sciences (AIIMS). It was organized in hybrid mode wherein , the event was also attended virtually by all SCPCRs, concerned Ministries and Departments, officials from regional offices of NCB.

Rollout and Monitoring of Joint Action Plan

In first phase, the Joint Action Plan was rolled out in 272 vulnerable districts identified by the NCB and Ministry of Social Justice & Empowerment. NCPCR had started monitoring the implementation from April, 2021 and the first District-wise review meeting was held virtually in the period of July-August, 2021.

The agenda of review meeting was to orient the concerned authorities and stakeholders on Joint Action Plan (JAP), discuss the status of implementation of Joint Action Plan in 272 vulnerable districts and action taken by the State/District authorities on the Joint Action Plan.

The Departments & Authorities invited for Review Meetings were given as under:

District Level

1. District Magistrate (DM)/Deputy Commissioner (DC) 2. Superintendent of Police (SP) 3. District Excise officer (DEO) 4. District Education Officer (DEO) 5. Child Welfare Police Officer (CWPO) 6. District Child Protection Officer (DCPO) 7. Special Juvenile Police Unit (SJPU) 8. Child Welfare Committee (CWC) 9. District Social Welfare Officer (DSWO) 10. Chief Medical Officer (CMO) 11. District Drugs Control Authority (DDCA) 12. CEO- Zila Panchayat (ZP)

State Level

1. State Commission for Protection of Child Rights (SCPCR) 2. Department of Women & Child Development / Social Welfare (DWCD) 3. State Department of Education 4. State Department of Health 5. State Pharmacy Council 6. State AIDS Control Society 7. State Excise Department 8. State /Regional Officer of NCB 9. State Drugs Controller Authority

Parameters for Review

1. Districts implemented the Joint Action Plan and attended the review meetings.
2. Orders issued by District Magistrate u/s 133 Code of Criminal Procedure (CrPc) to install CCTV cameras at medical stores selling scheduled H & X drugs.
3. Districts conducted meeting with Traders Association in respect to the sales of inhalants
4. CCTV installed at liquor shops u/s 77 & 78 of the Juvenile Justice (Care & Protection of children) Act, 2015.
5. CCTV installed by the schools.
6. Hoardings placed in appropriate places regarding the prohibition of sale of tobacco/alcohol to children below the age of 18 years.
7. Liquor shops relocated away from the schools as per the norms.
8. Cases registered u/s 77 & 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015.
9. Digitization of register for Schedule 'X' and 'H' Drugs.
10. Training programmes for Child Welfare Police Officers under section 77 and 78 of the Juvenile Justice (Care and Protection of Children) Act, 2015.
11. Awareness programmes.

12. Exclusive De addiction facilities for children in the districts, if not, than any separate portion in the existing facility identified and partitioned for the children.









NATIONAL REVIEW MEETING

Opening remarks & Inaugural Address by Shri Priyank Kanoongo, Chairperson, NCPCR

In the inaugural session **Shri Priyank Kanoongo**, Chairperson, NCPCR in his welcome address highlighted about the background of preparing the Joint Action Plan. He mentioned that Hon'ble Prime Minister took a keen interest on the issues of children and personally monitored the programmes and activities meant for children. Hon'ble Prime Minister expressed his concerns about the drugs & substance abuse amongst children and directed NCB and NCPCR to undertake a joint initiative involving all the authorities and stakeholders.

Chairperson, NCPCR in his address gave the example of father of the nation Mahatma Gandhiji. He had a vision of drugs free India. However, he himself had to go through a tough test. Despite a conservative and traditional upbringing, he could not resist his feeling of experimentation of smoking during his childhood time. Childhood period is an experimental one. Whatever the children see, they try to emulate or experiment.

That is why preventing children from the very beginning is important and awareness and sensitization is crucial for preventing drugs abuse. Hon'ble Prime Minister in the matter of importance for children- does strike conversations with the children but also stays in touch with all Agencies, Institutions, Departments, Commissions and Law-enforcement and monitor their initiatives.

Chairperson, NCPCR expressed his gratitude to RBSK and its Physicians who go to schools in all over the country for screening . It was requested to

This Joint Action Plan is a public policy document prepared based on various laws, regulations, policies and programmes that are already in place. It is an initiative to prepare a convergent platform for action at various levels starting from School, District to State wherein actions are indicated for various departments and authorities to implement.



Shri Priyank Kanoongo
Chairperson, NCPCR

them also to include the indicator on drugs/substance abuse in the screening so that School Management Committee (SMC) and parents can be informed and link them with District Counselling Services. For this RBSK has agreed. Subsequently, the NDDT, AIIMS has also shown their willingness and have assured to come-out with a training protocol.

He mentioned about several significant provisions provided under the JAP including ways to stop the sales of psychotropic substances to the children, installation of CCTV cameras in Chemist shops selling Schedule H, X drugs and progress made on them. Child Welfare Police Officer (CWPO) to check the data/information and functioning of the CCTV camera. 47 Districts have reported the matter wherein DCs have issued the notification and the Chemist shops selling Schedule H, X drugs have started installing CCTVs and the number is increasing with time. Stricter actions are being initiated to prevent selling of tobacco products around the schools through convergent mode, provisions of JJ Act are also being implemented to punish the persons selling tobacco and drugs to the children. It was mentioned that, still, there is a need for strong convergent actions and synergy for better implementation. Regarding “Prahari Club”, he mentioned that it is being formed under Ministry of Culture in numerous schools and GSDS is



handholding this initiative. Apart from prevention and awareness the club would also inform about students getting hooked to tobacco/drugs so that issue can be sorted out at the early stage. The JAP has been linked with the SOP 2.0 on Care & Protection of Children in Street Situations (CISS). He informed the audience about Hon'ble Supreme Court taking cognizance of SOP 2.0 and passing the judgement to implement the document in the entire country. He informed that linking of JAP with SOP is important

because of a large number of Children in Street Situations are also involved in substance abuse.

It was highlighted that, in the review on various indicators of JAP in the period of July-December 2021; 20 districts have performed way above the average. It cannot be said that there is no problem of drugs/substances in these Districts but they are performing well in the parameters given in the JAP.

He concluded his address by saying , this Joint Action Plan is a policy document prepared based on various laws, regulations, policies and programmes that are already in place. It is an initiative to prepare a convergent platform for action at various levels starting from School, District to State wherein actions are indicated for various departments and authorities to implement.



Inaugural Address by Shri Satya Narayan Pradhan, DG, Narcotics Control Bureau (NCB) and Shri Priyank Kanoongo, Chairperson, NCPCR

Shri Satya Narayan Pradhan, DG, Narcotics Control Bureau (NCB) in his inaugural address mentioned about some of the special initiatives of NCB i.e., running an online e-pledge through mygov.in to spread awareness against drugs especially among the youth of the nation. Till date more than 14 lakh people have taken this virtual pledge against drugs. We believe that till 15th August, 2022, i.e., the 75th anniversary of India's independence at least 75 lakh people would have taken the e-pledge. He requested all the participants to take this e-pledge and also make others aware of the same. NCB along with NCPCR, through social media platforms, has undertaken the task of streaming celebrity video messages on JAP – '*Ek Yudh Nashe ke Virudh*'. Children and adolescents in our country, are especially vulnerable to this menace of drugs and substance abuse. Drug and alcohol abuse, coupled with smoking of tobacco products is taking a heavy toll on the health of the youth. As such, it entails health, economic and social costs. He noted a high concern that the spread of drug usage among children and adolescents has begun to shake the very foundations of our society.

Adopt the approach of “Love, Support & Deeper Understanding” with empathy and care in controlling the menace of hallucinogens



**Shri Satya Narayan Pradhan ,
Director General- Narcotics Control Bureau**

The rising use of various licit and illicit substances among school students, out-of-school children and street or homeless population seem to compound the problem. Early initiation of drug use is generally deemed with a poor prognosis and has a more serious impact on health, education, familial or social relationships.

The National Policy on Narcotic Drugs and Psychotropic Substances in India is based on the Directive Principles contained in Article 47 of the Indian

Constitution which in turn is guided by International Conventions on the subject, wherein it directs the State to endeavour to bring about prohibition of consumption of intoxicating drugs injurious to health, except for medicinal purposes. He congratulated NCPCR for taking the lead in formulating a Joint Action Plan on "**Prevention of Drugs and Substance Abuse Among Children and Illicit Trafficking**".

The long term purpose of this Joint Action Plan is to **wean away children from the clutches of drugs** and to **clearly delineate the role of different agencies** in our collective fight against drug and substance abuse among children. He expressed his happiness that Narcotics Control Bureau has played a key role in the development of this JAP and assured that NCB will continue to play a pivotal role in the effective roll-out, implementation and review of this Action Plan.

As part of interventions aimed at early detection of substance abuse among children in India, NCB, in conjunction with MoSJ&E, had undertaken efforts at identifying districts vulnerable to drug abuse across India. Analysing and utilizing drug seizure data and other parameters, NCB had forwarded a list of 272 vulnerable districts to MoSJ&E for taking remedial measures under their campaign - "**Nasha Mukh Bharat**", a social sector initiative for preventive education and awareness generation on substance abuse, capacity building, treatment and rehabilitation.



To address the issues like drugs and substance abuse, he mentioned that it is a practice which starts during the childhood/adolescent stage and for us it is better to catch them young at the initial stage itself. Further to this, DG, NCB also encouraged to adopt the approach of Love, Support & Deeper Understanding with empathy and care in controlling the menace of hallucinogens. He also requested to say "No to Drugs & Yes to life". Further, he stressed upon the importance of the role of every citizen of the country in

the fight against drugs. He also suggested for the creation of a mechanism for co-ordinated action between 8,000 Nasha Mukta Bharat volunteers, who are presently working in these 272 vulnerable districts alongside NCB and State Police officers in performing the stated objectives of the campaign.

This campaign (JAP) has been an unmitigated success thus far; with regular, nation-wide review meetings attended by all relevant stakeholders and is fast proving to be a bulwark in the war against drugs in the country. NCPCR, SCPCRs and NCB have been undertaking regular review meetings, evaluating the country-wide implementation of the Joint Action Plan on Prevention of Drugs and Substance Abuse among Children and Illicit Trafficking, wherein Zonal Directors and other officials of all NCB field formations have been a constant presence. It is of note that, **till date, review meetings on the implementation of the JAP have successfully been concluded in as many as 260 out of the initially shortlisted 272 districts for implementation** and invaluable data collected and collated in the process.

A special shout-out is called for here to the District Administrators for enabling and energizing this process. He congratulated the District Collectors of 20 Best Performing Districts on roll-out of JAP in 1st phase and hoped that other districts will be inspired to replicate this good work in their own districts.

Further, he highlighted some of the exceptional achievements made by the Joint Action Plan thus far:

- District Magistrates have issued orders to install CCTV cameras at medical stores selling Schedule 'X' & 'H' drugs, liquor shops and in the vicinity of schools.
- Concerted efforts at relocated liquor stores away from schools, as per laid down norms
- Digitized registers for Schedule 'X' and 'H' drugs
- Initiation of regular training and awareness programmes for Child Welfare Police Officers
- Provisions made for de-addiction facilities in the most adversely affected districts; with special arrangements made for children.

Having said that, he also mentioned that the roll-out of the JAP has hardly been uniform or smooth across the country and there is much that remains to be done. However, he expressed his optimism that both NCPCR and NCB would redouble their efforts at implementing every facet of the JAP along the

length and breadth of this country as it would ensure the safety and security of the young population in India. This would assuredly go a long way in India realising India's demographic dividend.

He concluded his remarks with the hope that the noble initiatives propounded by, and implemented through the JAP, would prove to be invaluable in the quest to secure security and purpose for our children, and the society as a whole. He wished this programme organised by NCPCR a great success.



**Vote of thanks : By Ms.Rupali Banerjee Singh, Member Secretary ,
NCPCR**

While proposing a vote of thanks, Member Secretary, NCPCR expressed that “It’s my privilege to propose a vote of thanks on this occasion. On behalf of National Commission for Protection of Child Rights, I sincerely thanks Hon’ble Director General, Narcotics control Bureau Shri Satya Narayan Pradhan, for his commitment and for taking lead for implementation of Joint Action Plan for Preventing children of our country from the menace of drugs and substance.”

She also expressed her gratitude to Hon’ble chairperson, NCPCR Shri. Priyank Kanoongo, for his guidance and hard work in developing and driving this Joint Action Plan. Without the guidance and support this would have not been possible. She also sincerely thanked all the delegates present today from the concerned Ministries, UN organisations and other institutions.



She thanked the Chairperson and Members of SCPCRs for their presence and efforts in monitoring the Joint Action Plan in their respective States/UTs. She hoped that in next Session State wise presentations will be giving us clear picture of their respective states/UTs on such an important subject. It was also mentioned that this subject cannot be dealt alone working in silos and active involvement of all the Departments is required, therefore, I extend a very hearty vote of thanks to the senior officials and representatives of State Departments, Officers from NCB State and Regional present here today from the States/UTs.

She also appreciated and thanked the team of Consultants for their motivation, dedication and expertise who know their job and are result oriented. She offered a special thanks to the organising team, especially Assistant Director, NCPCR Shri. G.Suresh and his team, Ms. Shaista K Shah, Sr. Technical Expert, NCPCR and the team for all the hard work.

FELICITATION

Based on the review parameters, 20 Best Performing Districts out of 260 Districts were selected for acknowledgement for the second quarter in the National Review meeting being organized in March, 2022. These District Authorities were felicitated in the Review Meeting.

The infographic features four logos at the top: the 75th Independence Anniversary logo, the State Emblem of India, the Police emblem, and the NCPCR logo. Below these is the title in Hindi: "एक युद्ध नशे के विरुद्ध" (A war against drugs). The main heading is "20 BEST PERFORMING DISTRICTS" followed by the subtitle "ON ROLL OUT (JULY -DECEMBER, 2021) ON JOINT ACTION PLAN ON PREVENTION OF DRUGS AND SUBSTANCE ABUSE AMONG CHILDREN AND ILLICIT TRAFFICKING". The 20 districts are listed in colored circles, each with the name of the district and the name and title of the district authority.

District	Authority
Namsai	Shri R. K Sharma, APCS Deputy Commissioner
Udalguri	Dr. P. Uday Praveen, IAS Deputy Commissioner
Chandigarh	Shri Vinay Pratap Singh, IAS Deputy Commissioner
Daman	Ms. Tapasya Raghav, IAS Collector
South Goa	Smt Ruchika Katyal Collector & District Magistrate
Sirsa	Shri Ajay Singh Tomer, IAS Deputy Commissioner
Shimla	Shri Aditya Negi, IAS, Deputy Commissioner
Udupi	Shri Kurma Rao M, IAS Deputy Commissioner & District Magistrate
Thiruvananthapuram	Smt Navjot Khosa, IAS District Collector
Shillong	Miss Isawanda Laloo, IAS Deputy Commissioner
Jabalpur	Dr. Ilayaraja T, IAS District Magistrate & Collector
Narshighpur	Shri Rohit Singh, IAS Collector & District Magistrate
Champhai	Pi Maria C.T Zuali, MCS Deputy Commissioner
Mehsana	Shri Udit Agrawal, IAS Collector & District Magistrate
Gajapati	Shri Lingraj Panda, IAS Collector & District Magistrate
Patiala	Shri Sandeep Hans, IAS Deputy Commissioner
Bundi	Kumari Renu Jaipal, IAS District Collector
Thirunelveli	Thiru V. Vishnu, IAS District Collector
Etawah	Mrs. Shruti Singh, IAS District Magistrate
Uttarkashi	Shri Mayur Dixit, IAS District Magistrate

20 BEST PERFORMING DISTRICTS					
(For the period July to December, 2021)					
S.N	DISTRICT	STATE	S.N	DISTRICT	STATE
1	Namsai	Arunachal Pradesh	11	Jabalpur	Madhya Pradesh
2	Udalguri	Assam	12	Narsinghpur	Madhya Pradesh
3	Chandigarh	UT of Chandigarh	13	Champhai	Mizoram
4	Daman	UT of D & D	14	Mehsana	Gujarat
5	South Goa	Goa	15	Gajapati	Odisha
6	Sirsa	Haryana	16	Patiala	Punjab
7	Shimla	Himachal Pradesh	17	Bundi	Rajasthan
8	Udupi	Karnataka	18	Thiruvellur	Tamilnadu
9	Thiruvananthapuram	Kerala	19	Etawah	Uttar Pradesh
10	Shillong	Meghalaya	20	Uttarkashi	Uttarakhand





PRESENTATION BY THE STATES



S.No	State	Report
1.	Assam	<p>As per the information furnished by the state, there are 10737 medical shops selling Schedule H drugs and 31 medical shops selling Schedule X drugs. Order regarding installation of cameras at medical stores selling Schedule H and X drugs has been issued by the District Magistrate in all the 34 districts of the state. Most of the urban districts in the state acted in accordance with the order. No exact number of digital register maintained by the medical shops has been provided. Prahari clubs to be constituted in schools have been clubbed with Poshan and Eco clubs. Information regarding removal of KIOSK near schools and number of cases registered under JJ Act and COTPA Act has not been provided by the concerned department.</p> <p>There are 14 De-addiction and Rehabilitation centres in the state. 8 districts have de addiction centres exclusively for children. 25 districts do not have</p>

		<p>access to De-addiction and Rehabilitation centres. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>No district administration has organized the meeting to roll out the Joint Action Plan in the last quarter. 8 districts have organized orientation programmes on Joint Action Plan.</p>
2.	Chandigarh	<p>As per the data provided by the union territory, there are 970 retail medical stores and 3410 whole sale medical stores selling Schedule H and X drugs. Order regarding installation of cameras at medical stores selling Schedule H and X drugs has been issued and more than 85 percent of the stores have installed the camera. No digital register has been maintained in the district. 104 Prahari clubs have been constituted in the schools.</p> <p>Only 1 case has been registered u/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. No COTPA case has been registered so far. 3 KIOSK have been removed near educational premises.</p> <p>There are 6 De-addiction and Rehabilitation centres in the state. 4 districts have de addiction centres exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>Meetings and orientation programmes on the roll out of Joint Action Plan has been conducted in the last quarter. 26 awareness programmes have been conducted.</p>
3.	Chhattisgarh	<p>There are 13112 medical shops selling Schedule H and X drugs. Out of these, 3846 stores have installed cameras and 2878 stores have maintained digital register. 708 Prahari clubs have been formed in schools.</p> <p>No case has been registered u/s 77 of the JJ Act and 6 of COTPA Act in last two years. 8 cases have been registered u/s 78 of the JJ Act. No KIOSK has been removed near schools.</p> <p>There are 4 De-addiction and Rehabilitation centres in the state. None of the district has centre exclusively for children. 24 districts do not have De-addiction and Rehabilitation centres. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p>

		5 meetings have been conducted by the District Magistrate on the roll out of JAP. 67 orientation programmes have been conducted on JAP.
4.	Goa	<p>Based on the data received by NCPCR, there are 929 medical shops selling Schedule H and X drugs. Out of these, 112 stores have installed cameras and all 929 stores have maintained digital register. Only 1 district has issued order for installation of cameras. No Prahari club has been formed.</p> <p>Only 1 case has been registered u/s 77 of the JJ Act. No case has been registered u/s 78 of JJ Act and COTPA Act in last two years. No KIOSK has been removed near schools.</p> <p>There are 2 De-addiction and Rehabilitation centres in the state. There exists no de addiction centre exclusively for children in the state. All the districts of the state have access to De-addiction and Rehabilitation centres. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>No meeting has been conducted by the District Magistrate on the roll out of JAP. Only 1 orientation programme has been conducted on JAP.</p>
5.	Manipur	<p>According to the data provided by the state, there are 1951 medical shops selling Schedule H and X drugs. No information has been furnished on issuance of order regarding installation of cameras in medical stores selling Schdeule H and X drugs, installation of cameras, and maintenance of digital register. 8 Prahari club have been formed in schools.</p> <p>No case has been registered under JJ Act and COTPA Act. No KIOSK has been removed near educational institutions.</p> <p>There are 27 De-addiction and Rehabilitation centres in the state. Only 1 district has de addiction centre exclusively for children in the state. 2 districts of the state do not have access to De-addiction and Rehabilitation centres. There are 15 districts not having De-addiction and Rehabilitation centres exclusively for children in the state. Special Unit for De-Addiction at the existing Government run Observation Homes (one for boys and one for girls) is under process.</p> <p>5 meetings and 5 orientation programmes on the roll out of JAP have been organised so far.</p>

6.	Mizoram	<p>As per the data provided by Mizoram state, there are 624 medical shops selling Schedule H and X drugs. Order regarding installation of cameras at medical stores selling Schedule X and H drugs has been issued by the State Food & Drugs Administration. Of the above mentioned number of medical stores, 69 have installed cameras. Digital register is not being maintained by the pharmacies. Prahari club has not been formed so far.</p> <p>Only 1 case was registered u/s 78 of JJ Act. No case has been registered u/s 77 and 6 of JJ Act and COTPA respectively. No KIOSK has been removed near educational institutions.</p> <p>There are 43 De-addiction and Rehabilitation centres in the state. Only 1 district has centre exclusively for children in the state. 4 districts of the state do not have access to De-addiction and Rehabilitation centres. There are 10 districts not having De-addiction and Rehabilitation centres exclusively for children in the state. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>Meeting on roll out of JAP have been conducted in 3 districts. 13 orientation programmes have been conducted on JAP.</p>
7.	Sikkim	<p>271 medical stores in the state are selling Schedule H and X drugs. Of these, 78 stores have installed cameras and 50 stores have maintained digital registers. Only 1 district has passed order regarding installation of cameras. 5 Prahari clubs have been formed in the schools of the state.</p> <p>No case has been registered under the JJ Act. 66 cases have been registered under section 6 of COTPA in the last 2 years. No KIOSK has been removed near schools.</p> <p>There are 11 de addiction centres in the state. None of the district of the state has an exclusive centre for children. 2 districts do not have access to De-addiction and Rehabilitation centres. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>4 meetings o roll out of Jap have been conducted. No orientation programme on JAP has been organised.</p>
8.	Tamil Nadu	<p>Tamil Nadu state has 1100 pharmacies selling Schedule H and X drugs. Of these, 6690 stores have installed cameras. No information on digitalisation of</p>

		<p>registers is provided. 2 districts have passed order regarding installation of cameras. 39391 government schools and many private schools have constituted Prahari clubs.</p> <p>In the last two years, 264 cases have been registered under the JJ Act. 2132 cases have been registered under the COTPA act in the last two years. No KIOSK has been removed near the school.</p> <p>There are 126 de addiction centres in the state. 2 districts of the state has rehabilitation centre exclusively for children. All the districts of the state have access to De-addiction and Rehabilitation centres. 36 districts of the state do not have rehabilitation centre exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>4 meetings and 15 orientation programmes on the roll out of JAP has been conducted by the state.</p>
9.	Tripura	<p>Based on the data provided by the state, there are 3460 pharmacies selling Schedule H and X drugs. Of these, 549 have installed cameras and 1500 have maintained digital registers at pharmacy. Only 1 district of the state has passed order regarding installation of cameras. 421 Prahari Clubs have been formed by the schools of the state.</p> <p>In the last two years 40 cases, 62 cases, and 223 cases have been registered u/s 77 of JJ Act, 78 of JJ Act, and 6 of COTPA respectively. No KIOSK has been removed near the school.</p> <p>The state has only one De-addiction and Rehabilitation centre. There is no De-addiction and Rehabilitation centre exclusively for children. 7 districts of the state require De-addiction and Rehabilitation centre. 1 separate set up/Enclosure for children has been created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>8 meetings and 2 orientation programmes on the roll out of JAP has been conducted by the state.</p>
10.	Uttarakhand	<p>The state has 10725 pharmacies selling Schedule H and X drugs. Orders have been issued in all the districts to install CCTV cameras at medical stores selling Schedule H and X drugs. Of these, 70 percent of the pharmacies have installed cameras. 3864 medical stores have digitalised their registers. 2200 Prahari clubs for children have been formed in the schools of the state.</p>

		<p>In the last two years nil cases, 24 and 10 cases have been registered u/s 77 and 78 of JJ Act respectively. 9 districts have reported cases related to section 6 of COTPA Act. 556 KIOSK have been removed near the schools.</p> <p>The state has 55 De-addiction and Rehabilitation centres. 4 districts of the state do not have De-addiction and Rehabilitation centre. 2 districts of the state have De-addiction and Rehabilitation centre exclusively for children. 11 districts of the state do not have De-addiction and Rehabilitation centre exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>Meeting on roll out of JAP has been organised in 13 districts of the state. 2569 orientation programmes on JAP have been conducted by the state.</p>
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11	BIHAR	Presentation not in Format
12	HARYANA	<p>As per the data provided by the State, there are 22179 medical stores selling Schedule H and X drugs. No information has been provided regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. 5710 medical/pharmacy shops selling Scheduled H and X drugs in State/UT have installed CCTV cameras. A Mobile app for digitalization and real time monitoring of registers is under process. Prahari clubs to be formed by the end of March 2022.</p> <p>Total 3 cases have been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. No COTPA case has been registered so far. No KIOSK has been removed near educational premises.</p> <p>There are 122 De-addiction and Rehabilitation centres in the state. 3 districts do not have de addiction and rehabilitation facilities. No de-addiction centre is available exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p>

		No meetings and orientation programmes on the roll out of Joint Action Plan has been conducted in the last quarter.
13	Himachal Pradesh	<p>As per the data provided by the State, there are 7373 medical stores selling Schedule H and X drugs. 6 districts have issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. 901 medical shops selling Schedule H and X drugs have installed CCTV cameras. 775 medical stores selling Schedule H and X drugs have digitalized the registers. No Prahari clubs has been formed so far.</p> <p>No case has been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. 12 COTPA cases have been registered so far. No KIOSK has been removed near educational premises.</p> <p>There are 14 De-addiction and Rehabilitation centres in the state. 02 districts do not have de addiction and rehabilitation facilities. 10 districts have de-addiction centre is available exclusively for children. 02 districts do not have de-addiction centre exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>06 meetings on the roll out of Joint Action Plan have been conducted in the last quarter. No orientation programmes have been conducted so far.</p>
14	Jharkhand	<p>As per the data provided by the State, there are 9064 medical stores selling Schedule H and X drugs. All the districts of the state excluding 03 districts have issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. No information has been provided by the state regarding the number of CCTV cameras installed in medical shops selling Schedule H and X drugs. Only one district has digitalized the register of store selling Schedule H and X drugs. 6734 Prahari clubs have been formed so far.</p> <p>No case has been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. No COTPA case has been</p>

		<p>registered so far. 626 KIOSK have been removed near educational premises.</p> <p>There are 03 De-addiction and Rehabilitation centres in the state. 10 districts do not have de addiction and rehabilitation facilities. No district has de-addiction centre exclusively for children in the state. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>06 meetings on the roll out of Joint Action Plan have been conducted in the last quarter. Various orientation programmes have been conducted so far.</p>
15	Karnataka	<p>As per the data provided by the State, there are 32,369 medical stores selling Schedule H and X drugs. 6 districts have issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. No medical shop has installed CCTV cameras selling Schedule H and X drugs due to covid pandemic. No medical store selling Schedule H and X drugs has digitalized the registers. No Prahari clubs has been formed so far.</p> <p>12 & 06 cases have been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 respectively in last two years. 48 COTPA cases have been registered so far. No KIOSK has been removed near educational premises.</p> <p>There are 38 De-addiction and Rehabilitation centres in the state. 04 districts do not have de addiction and rehabilitation facilities. 38 districts have de-addiction centre is available exclusively for children. 04 districts do not have de-addiction centre exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>31 meetings on the roll out of Joint Action Plan have been conducted in the last quarter. 01 orientation programme has been conducted so far.</p>
16	Ladakh	<p>As per the data provided by the State, there are 102 medical stores selling Schedule H and X drugs. No district has issued the order regarding the order of installation of cameras at medical stores selling</p>

		<p>Schedule H and X drugs because no official order regarding this has been received by the UT. 18 medical shops selling Schedule H and X drugs have installed CCTV cameras. 06 medical stores selling Schedule H and X drugs have digitalized the registers. No Prahari clubs has been formed so far.</p> <p>No case has been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. 03 COTPA cases have been registered so far in one district. No KIOSK has been removed near educational premises.</p> <p>There are no De-addiction and Rehabilitation centre in the state. 02 districts do not have de addiction and rehabilitation facilities. No district has de-addiction centre exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>01 meeting has been conducted on the roll out of Joint Action Plan in the last quarter. 01 orientation programme has been conducted so far.</p>
17	Lakshadweep	<p>As per the data provided by the State, there are 18 medical stores selling Schedule H and X drugs. No district has issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. No medical shops selling Schedule H and X drug has installed CCTV cameras. 04 medical stores selling Schedule H and X drugs have digitalized the registers. Anti Tobacco clubs are functional in all schools.</p> <p>No case has been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. 01 COTPA case has been registered so far. No KIOSK has been removed near educational premises.</p> <p>There are no De-addiction and Rehabilitation centre in the state. No district has de-addiction centre exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p>

		No information has been provided regarding the meeting and orientation programme on the roll out of Joint Action Plan.
18	Madhya Pradesh	<p>As per the data provided by the State, there are 369 medical stores selling Schedule H and X drugs. 12 districts have issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. 741 medical shops have installed CCTV cameras selling Schedule H and X drugs. Separate registers are being maintained by medical stores selling Schedule H and X drugs. Orders have been passed regarding constitution of Prahari clubs in all the districts of the state.</p> <p>09 & 13 cases have been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 respectively in last two years. 217 COTPA cases have been registered so far. 629 KIOSK have been removed near educational premises.</p> <p>There are 17 De-addiction and Rehabilitation centres in the state. 38 districts do not have de addiction and rehabilitation facilities. Only 01 district has de-addiction centre exclusively available for children. 51 districts do not have de-addiction centre exclusively for children. There are 06 separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>15 meetings on the roll out of Joint Action Plan have been conducted in the last quarter. Orientation programmes have been conducted in 15 districts so far.</p>
19	Meghalaya	<p>As per the data provided by the State, there are 516 medical stores selling Schedule H and X drugs. 07 districts have issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. 58 medical shops have installed CCTV cameras selling Schedule H and X drugs. There are total 18 medical stores selling H and X drugs in the State which have digitalized their registers. No Prahari club has been constituted in the district of the state.</p> <p>03 cases have been registered U/s 77 of the Juvenile Justice (Care & Protection of Children) Act, 2015. No</p>

		<p>such cases have been registered U/s 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015. 1142 COTPA cases have been registered so far. No KIOSK has been removed near educational premises.</p> <p>There are 10 De-addiction and Rehabilitation centres in the state. 06 districts do not have de addiction and rehabilitation facilities. Only 01 district has de-addiction centre exclusively available for children. 10 districts do not have de-addiction centre exclusively for children. There are 02 separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>05 meetings on the roll out of Joint Action Plan have been conducted in the last quarter. 96 Orientation programmes have been conducted in the districts so far.</p>
20	Odisha	<p>As per the data provided by the State, there are 16003 medical stores selling Schedule H and X drugs. 03 districts have issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. 1056 medical shops have installed CCTV cameras selling Schedule H and X drugs. No district has digitalized the register. 21 Prahari clubs have been constituted in the districts of the state.</p> <p>No case has been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 respectively in last two years. 21 districts have registered cases U/s 6 of COTPA in the past 2 years. 55 KIOSK have been removed near educational premises.</p> <p>There are 12 De-addiction and Rehabilitation centres in the state. 18 districts do not have de addiction and rehabilitation facilities. No district in the state has de-addiction centre exclusively available for children. 30 districts do not have de-addiction centre exclusively for children. There is no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>No information has been furnished regarding conduction of meetings and orientation programmes on the roll out of Joint Action Plan in the districts of the state.</p>

21	Punjab	<p>As per the data provided by the State, there are 19147 medical stores selling Schedule H and X drugs. No district has issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. Total 11,000 medical stores selling Schedule H and X drugs have installed CCTV cameras. No medical store in the district has digitalized their register in the state. No information has been provided regarding the formation of Prahari clubs constituted in the schools.</p> <p>There are total 02 cases have been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. 15552 COTPA case has been registered so far. No information has been provided regarding KIOSK removed near schools and educational institutions.</p> <p>There are 312 De-addiction and Rehabilitation centres in the state. All the districts of the state have access to de addiction and rehabilitation facilities. None of the districts of the state have exclusive de-addiction and rehabilitation centre for children. No information has been provided regarding separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>No information has been furnished regarding conduction of meetings and orientation programmes on the roll out of Joint Action Plan in the districts of the state.</p>
22	West Bengal	<p>As per the data provided by the State, there are 32266 medical stores selling Schedule H and X drugs. No district of the state has issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. 5631 medical stores selling Schedule H and X drugs have installed CCTV cameras in the districts. 9993 medical stores selling Schedule H and X drugs have digitalized their register. 325 Prahari clubs have been formed so far.</p> <p>02 & 35 cases have been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 respectively in last two years. 03 COTPA case have</p>

		<p>been registered so far. 35 KIOSK have been removed near educational premises.</p> <p>There are 11 De-addiction and Rehabilitation centres in the state. 18 districts do not have de addiction and rehabilitation facilities. Only 01 district has de-addiction centre exclusively for children in the state. There are 18 districts which do not have exclusive de-addiction and rehabilitation facilities. 01 separate set up/Enclosure for children has been created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>04 meetings on the roll out of Joint Action Plan have been conducted in the last quarter. 09 orientation programmes have been conducted so far.</p>
23	Uttar Pradesh	<p>As per the data provided by the State, there are 70778 medical stores selling Schedule H and X drugs. 32 districts have issued the order regarding the order of installation of cameras at medical stores selling Schedule H and X drugs. 37902 medical shops have installed CCTV cameras selling Schedule H and X drugs. 17556 medical stores selling Schedule H and X drugs have digitalized the registers. 9517 Prahari clubs have been formed so far.</p> <p>09 & 02 cases have been registered U/s 77 and 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 respectively in last two years. 66 COTPA cases have been registered so far. 334 KIOSKs have been removed near educational premises.</p> <p>There are 47 De-addiction and Rehabilitation centres in the state. 19 districts do not have de addiction and rehabilitation facilities. 02 districts have de-addiction centre is available exclusively for children. No districts has de-addiction centre exclusively for children. There is only 01 district having no separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>32 meetings on the roll out of Joint Action Plan have been conducted in the last quarter. 171 orientation programmes have been conducted so far.</p>

24	Delhi	<p>Delhi has 16042 pharmacies selling Schedule H and X drugs. Of these, 37 stores have installed cameras. No information on digitalisation of registers is provided. 01 district has passed order regarding installation of cameras. Information has not been provided regarding constitution of Prahari clubs.</p> <p>In the last two years, 105 cases have been registered under the section 77 and 78 of the JJ Act respectively. 5,116 challans have been issued under the COTPA act in the last two years. No information has been provided regarding removal of KIOSK.</p> <p>There are 141 de-addiction centres in the state. All the districts of the state have access to De-addiction and Rehabilitation centres. 02 districts of the state has rehabilitation centre exclusively for children. 09 districts of the state do not have rehabilitation centre exclusively for children. There are 02 separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>4 meetings and 494 training programmes on the roll out of JAP has been conducted by the state in the last two years.</p>
25	Gujarat	<p>No information has been furnished regarding number of medical stores selling Schedule H and X drugs, installation of cameras, digitalisation of registers, and constitution of Prahari clubs.</p> <p>In the last two years, 0 and 1 case has been registered under the section 77 and 78 of the JJ Act respectively. No information has been provided regarding COTPA cases and number of KIOSK removed.</p> <p>There are 02 de-addiction and rehabilitation centres in the state. No information has been provided regarding districts not having de-addiction and rehabilitation centres, and De-addiction and Rehabilitation centres exclusively for children. No information has been given regarding separate set up/Enclosure for children created in ATFs by NAPDDR or at De-Addiction Centres. No meetings or orientation programmes on the roll out of JAP has been conducted by the state.</p>
26	Andaman and Nicobar Island	<p>As per the report, the number of medical/pharmacy shops selling schedule H and X drugs in Andaman and Nicobar Island is not available . Also no orders were issued by the Administrator/District Magistrate/Collector u/s 133 of CrPc for installation of</p>

		<p>CCTV cameras at medical stores selling Scheduled H and X drugs.</p> <p>There were no medical/pharmacy shops selling Scheduled H and X drugs in UT and have installed CCTV cameras. The number of medical stores selling Scheduled H and X drugs in the UT and digitalized the registers were 0. Regarding Prahari Clubs, they were constituted in all schools under South Andaman District.</p> <p>Only 1 case was registered u/s 77 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. And no case was registered u/s 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. No matters were reported u/s (6) of COTPA Act 2003 in last 2 years. There was no KIOSK/Shops removed near schools and Educational Institutions (in last 2 years).</p> <p>Number of De-Addiction and Rehabilitation facilities available in the UT was 0. None of the Districts were having De-Addiction and Rehabilitation facilities. No Districts were found having Exclusive De-Addiction and Rehabilitation facilities for children. No separate set up/Enclosures for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>Only 1 meeting have been taken by District Magistrate/Collector on roll out of Joint Action Plan in last quarter in South District . No orientation programmes were conducted on Joint Action Plan in the State.</p>
27	Arunachal Pradesh	<p>As per the report, the number of medical/pharmacy shops selling schedule H and X drugs in State is 0. Also no orders were issued by the District Magistrate/Collector u/s 133 of CrPc for installation of CCTV cameras at medical stores selling Scheduled H and X drugs. There were no medical/pharmacy shops selling Scheduled H and X drugs in State and have installed CCTV cameras.</p> <p>No medical stores selling Scheduled H and X drugs were found in the State that has digitalized the registers. Regarding Prahari Clubs, letter is being issued to the Education Department. 3 cases were registered u/s 77 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. And no cases were registered u/s 78 of the Juvenile Justice (Care &</p>

		<p>Protection of Children) Act, 2015 in last two years.</p> <p>A letter is being issued to the District Administration regarding reports u/s (6) of COTPA Act 2003 in last 2 years. A letter is being issued to the District Administration regarding removal of KIOSK/Shops near schools and Educational Institutions (in last 2 years). Number of De-Addiction and Rehabilitation facilities available in the State was 9 . No Districts were found having Exclusive De-Addiction and Rehabilitation facilities for children. No separate set up/Enclosures for children created in ATFs by NAPDDR or at De-Addiction Centres.</p> <p>No meeting have been taken by District Magistrate/Collector on roll out of Joint Action Plan in last quarter. 6 orientation programmes were conducted on Joint Action Plan in the State.</p>
28	Daman and Diu	<p>As per the report, the number of medical/pharmacy shops selling schedule H & X drugs in Daman is 208 and 97 respectively and Schedule H drug in Diu is 15. Also Order has been issued by the District Magistrate/Collector u/s 133 of CrPc for installation of CCTV cameras at medical stores selling Scheduled H and X drugs.</p> <p>Regarding installation of CCTV in medical/pharmacy shops selling Scheduled H and X drugs in Dadra and Nagar Haveli is 104, Daman is 39 and Diu is 05. In Dadra and Haveli 89, Daman 47 and Diu 05 medical stores selling Scheduled H and X drugs were found in the UT that has digitalized the registers. Regarding Prahari Clubs, no information was provided.</p> <p>None cases were registered u/s 77 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. And no cases were registered u/s 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. No cases were reported u/s (6) of COTPA Act 2003 in last 2 years. The UT Administration has already taken the steps to close the Tobacco selling shop nearby Schools.</p> <p>The UT has taken the step towards removing the KIOSKS nearby schools .</p>

		<p>Time to time campaign has been organized by schools students nearby area. Banner & Sticker of Non Smoking and Tobaccos consume is already displayed in school premises. Number of De-Addiction and Rehabilitation facilities available in the Daman is none but in Diu is 1. No information was provided regarding Daman but Diu is having 01 De-Addiction and Rehabilitation facility. No Districts were found having Exclusive De-Addiction and Rehabilitation facilities for children. None separate set up/Enclosures for children created in ATFs by NAPDDR or at De-Addiction Centres not available. No meeting have been taken by District Magistrate/Collector on roll out of Joint Action Plan in last quarter.</p> <p>In Daman 18 orientation programmes were conducted and in Diu 05 orientation programmes were conducted on Joint Action Plan in the State</p>
29	Dadra & Nagar Haveli (DNH)	<p>As per the report, the number of medical/pharmacy shops selling schedule H drugs is 112 & no scheduled X drugs is being sold . Order has been issued by the District Magistrate/Collector u/s 133 of CrPc for installation of CCTV cameras at medical stores selling Scheduled H and X drugs.</p> <p>Regarding installation of CCTV in medical/pharmacy shops selling Scheduled H and X drugs in Dadra and Nagar Haveli is 104 . In DNH 89 medical stores selling Scheduled H drugs were found in the UT that has digitalized the registers. Regarding Prahari Clubs, no information was provided.</p> <p>No case was registered u/s 77 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. Similarly, no cases was registered u/s 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years. No cases were reported u/s (6) of COTPA Act 2003 in last 2 years. As reported no KIOSKS has been removed.</p> <p>Time to time campaign has been organized by schools students nearby area. Banner & Sticker of Non Smoking and Tobaccos consume is already displayed in school premises.</p>

		<p>Number of De-Addiction and Rehabilitation facilities available in the DNH is none. No information was provided regarding DNH having De-Addiction and Rehabilitation facility. No Districts were found having Exclusive De-Addiction and Rehabilitation facilities for children. No separate set up/Enclosures for children treated in ATFs by NAPDDR or at De-Addiction Centres . No meeting have been taken by District Magistrate/Collector on roll out of Joint Action Plan in last quarter.</p> <p>In DNH , no orientation programmes were conducted on Joint Action Plan in the State</p>
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Note: The information provided is based on presentations made/submitted by the States/UTs. In case any doubt or contradiction, the source may be referred to.



States	Total number of medical/pharmacy shops selling schedule H and X drugs in State/UT	Number of Districts where orders have been issued by the District Magistrate/Collector or u/s 133 of CrPc for installation of CCTV cameras at medical stores selling Schedule H and X	Total number of medical/pharmacy shops selling Scheduled H and X drugs in State/UT have installed CCTV cameras	Total number of medical stores selling Scheduled H and X drugs in the State/UT digitalized the registers	Total number of PRAHARI CLUBS constituted in the schools/Education Institutions	No of cases registered u/s 77 of the Juvenile Justice (Care & Protection of Children) Act, 2015 in last two years.	No of cases registered u/s 78 of the Juvenile Justice (Care & Protection of Children) Act, 2015	Number of Districts reported matters u/s (6) of COTPA Act 2003 in last 2 years	No of KIOSK/Shops removed near schools and Educational Institutions (in last 2 years)	Total Number of De-Addiction and Rehabilitation facilities available in the State/UT	Total Number of Districts not having De-Addiction and Rehabilitation facilities in the state (Provide District wise list)	Number of Districts having Exclusive De-Addiction and Rehabilitation facilities for children in the state (Provide District wise list)	Number of Districts not having Exclusive De-Addiction and Rehabilitation facilities for children in the state (Provide list of Districts)	Whether Separate set up/Enclosures for children created in ATFs by NAPDDR or at De-Addiction Centres. (If Yes, Provide District wise list)	Number of Districts where meetings have been taken by District Magistrate/Collector on roll out of Joint Action Plan in last quarter (Provide District wise list)	Number of Orientation programmes conducted on Joint Action Plan in State/UT
Andaman & Nicobar	NIL	NIL	NIL	NIL	Prahari Clubs were constituted in all schools under South Andaman	1	Nil	Nil	Nil	Nil	Nil	Nil	3	Nil	1	Nil
Andhra Pradesh	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format
Arunachal Pradesh	Not Provided	Not Provided	Not Provided	Not Provided	Letter is being issued to Education Authority	3	Nil	Letter is being issued to District Administration	Letter is being issued to District Administration	9	Not provide	Nil	Nil	Nil	Not Provide	6
Assam	10768	34	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	Information not available	14	25	8	25	0	0	8
Bihar	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format	Data Not Provided in the prescribed Format
Chandigarh	4380	1	85%	0	104	1	0	3	6	0	4	0	0	0	1	26
Chhattisgarh	13112	0	3846	2878	708	0	8	0	4	24	0	0	0	0	5	67
Dadra & Nagar Haveli and Daman and Diu	320	Order has been issued	148	141	Nil	Nil	Nil	Nil	Daman & Diu 1.The UT Administration has already taken the steps to close the Tobacco selling shop near by Schools. 2.Time to time campaign has been organized by schools students near by area. 3.Banner & Sticker of Non Smoking and Tobaccos consume is already displayed in school premises.	1	1	Nil	Nil	Nil	Nil	23

Delhi	16042	1	37	Compilation of data has been initiated	100%: Delhi Govt Schools process Initiated for Private & Local Body Schools	105 [in 2020 and 2021]	105 [in 2020 and 2021]	5116	Compilation of data has been initiated	141	0	2	9	2	4	494
Goa	929	1	112	929	0	1	0	0	0	1	0	0	1	0	0	1
Gujarat	Not Provided	Not Provided	No Provided	Not Provided	Not Provided	Nil	1	Not Provided	Not Provided	2	Not provide	Not provide	Not provide	Not provide	Nil	510
Haryana	22179	Information not available	5710	0	0	3		Information not available	Information not available	122	3	0	0	0	Information not available	Information not available
Himachal Pradesh	7373	6	901	775	0	0	0	12	0	14	2	10	2	0	6	0
Jammu & Kashmir																
Jharkhand	9064	21	Information not available	In East Singbhum, all the medical stores have digitized the registers. Rest districts have been directed for the same	6734	0	0	0	626	3	10	0	0	0	6	Information not available
Karnataka	32369	6	Information not available	Information not available	Information not available	12	6	48	Information not available	38	4	38	4	0	31	1
Kerala																
Ladakh	102	0	18	6	0	0	0	1	0	0	2	0	2	0	1	1
Lakshadweep	18	0	0	4	Information not available	0	0	1	0	0	0	0	0	0	Information not available	Information not available
Madhya Pradesh	56477	12	741	Separate registers are maintained.	316	9	13	306	629	17	38	1	51	6	15	In all fifteen districts orientation programs were organized.
Maharashtra	Information not received															
Manipur	1951	Information not available	Information not available	Information not available	8	0	0	0	0	27	2	1	15	Information not available	5	5
Meghalaya	516	7	58	18	0	3	0	1142	0	10	6	1	10	2	5	96
Mizoram	624	Information not available	69	Information not available	Information not available	0	1	0	0	43	4	1	10	0	3	13
Nagaland																
Odisha	16003	3	1056	0	21	0	0	21	55	12	18	0	30	0	Information not available	Information not available
Puducherry																
Punjab	19025	Information not available	11000	0	Information not available	1	1	23	Information not available	312	0	0	23	Information not available	Information not available	Information not available
Rajasthan																
Sikkim	271	1	78	50	5	0	0	66	0	11	2	0	6	0	4	0
Tamil Nadu	1100	2	6690	Information not available	39391	264		2132	0	126	0	2	36	0	4	15
Telangana	Data not in the prescribed format															
Tripura	3460	1	549	1500	421	40	62	223	0	1	7	0	0	1	8	2
Uttar Pradesh	70778	32	37902	17556	9517	9	2	66	334	47	19	2	0	1	32	171
Uttarakhand	10725	13	70%	3864	2200	24	10	9	556	55	4	2	11	0	13	2569
West Bengal	32266	Information not available	5631	9993	325	2	35	3	35	11	18	1	18	1	4	9









DISCUSSIONS ON EMERGING ISSUES

Given the demographic dividend of the population in which 40% are children, and the momentum of this dividend can be compromised, if these very children are exposed to drugs.

For a country and economy which is poised to achieve bigger milestones would not accomplish those results unless the children and the youth are also the part of that process. The wellbeing of children is a universal aspiration, and with the help of all stakeholders it can be realised.

The Joint Action Plan was planned in such a way that it can take all stakeholders like; Department of Social Justice, SCPCRs, Health Departments, NGOs and other Child Care Institutions, Schools and every other concerned institutions are on board to support children. All the government stakeholders need to deliver as one and every effort should be in favour of children.

A Psycho-social effort is being initiated through a campaign MYGOV platform for every individual, that he or she will support the Nasha Mukta Bharat Abhiyan, and will not indulge in any activity relating to drugs, and will support the society to be drug free.

NCB is under active consideration on the possibility of amendment law to extend the Section 32B of The Narcotic Drugs and Psychotropic Substances Act 1985. It is to be made more stringent and impose punishment for selling in the area of educational institutions.

One of the concerns discussed was regarding the survey being conducted by the Ministry of Social Justice & Empowerment in 2019 on substance abuse including casual addicts. As per the findings, there are 8 Crores addicts which indicates that the addicts are almost everywhere in the society. Therefore, it is necessary to ensure that the objectives of this Joint Action Plan should be rolled out in the most effective manner.





MESSAGE FROM BOLLYWOOD ACTORS

The campaign of '*Ek Yudh Nashe ke Virudh*' has reached out to the Bollywood in an initiative of popularising the campaign to attract mass audience. Some of the noted Bollywood actors have come forward in sharing message to create awareness . some of their messages are given as under:

“If children gets into the clutch of drugs – the impact would not only be limited to their lives but also can have serious consequences in society and nation. Our Hon’ble Prime Minister Shri Narendra Modiji understands the problem and taking keen interest to make this country free of drug abuse (Nasha Mukh Bharat). On his appeal , NCPCR & Narcotics Control Bureau (NCB) have taken a very special initiative. In this initiative various Departments of States and Centre have extended their support. Our Prime Minister has dreamed of a nation free of drug abuse. To fulfil this dream NCB & NCPCR and other Departments are collaborating to wage a war against drug abuse. But we have to think- is the responsibility lies only with the Government Departments ? No..all of us here have to come forward to fight against the drug abuse- **Ek Yudhh Nashe Ke Virudh.**”

“Drug abuse is concern for all of us in the country. Children – who are the future of our country gets into the grip of this menace, it can be dangerous and tragic. If families and societies are destroyed, how can we think of a nation? Our Prime Minister understands the gravity of the situation. That is why he talks about a nation free of drug abuse. He has spoken about it in

his special programme “Mann Ki Baat” and he appeals for awareness campaign. Consequently, NCPCR has taken a big initiative to fight against drug abuse. Narcotics Control Bureau (NCB) and various other Departments of Central Government and States are extending their cooperation. They all have come to one stage. Congratulations and appreciation to NCPCR and NCB.”

“ Today drug abuse is not only a problem with India but also for the world. Father of our Nation-Mahatma Gandhiji had started the campaign against drug abuse at Champaran a 100 years back . He had told that wine destroys not only the body but also destroys the soul. Campaign of Gandhiji had impact on people and it is time to remember the philosophy of Gandhiji. We can protect children from the clutch of drugs through the path shown by Gandhiji. So it is time to **Say No to Drugs & Yes to Life**”

“Children are future of the nation. If children are struck in the clutch of drugs, can you imagine what could be the outcome of it? Not only the family; but also the society and nation will face the consequences. That is why our Hon’ble Prime Minister Shri Narendra Modiji has appealed to the people of the nation to participate in the campaign of war against drug abuse. In this direction, NCPCR & NCB have taken a very good initiative and they deserve our appreciation and congratulations. However, the responsibility doesn’t lies only with them or other Government Departments, but all of us have a role to play.”

CONCLUDING SESSION & WAY FORWARD

Concluding remarks by Hon'ble Chairperson, NCPCR, in which he discussed the future plans and mentioned the following steps regarding the welfare and protection of children.

Chairperson, NCPCR started his concluding remarks by emphasising the purpose of this consultation which is to review and introduce a national report that clarifies the work done by each State towards implementation of Joint Action Plan (JAP). He mentioned that almost every States/UTs have started installing CCTV cameras near medical stores in order to ensure the right supply of drugs and their monitoring. In addition, Digitization of registers and stores definitely ensure the first step toward success against the drugs menace. He further mentioned about the future plan which is NCB would try to bring all data collected through digitization of these medical stores under a single platform/domain. This will capture information starting from manufacturers to the retailers, quantity of substance used in medicine, number of strips and bottles prepared and where it all got delivered. If the said details were digitally tracked through Artificial Intelligence (AI), it will be easy to trace the right quantity of drugs that are being used in actual manufacturing of the medicines or the substances are pushed into black marketing, or being trafficked. Commission seeks assistance and guidance from the concerned stakeholders, to liaison this plan with Ministry of Home Affairs (MHA), and move towards digitization of information and report generation.

Regarding implementation of JAP , as per the discussions and suggestions made by the stakeholders, the Commission is in the view that together we can move beyond 272 districts and implement this JAP in all districts of the country. He appreciated the efforts of all the States, where Prahari Clubs were formulated and it has been a push on awareness on bad effect of drugs and substance and further mentioned about Delhi, where more number of Prahari clubs are being formulated in the schools as compared to other States. It was also suggested it is necessary that Prahari Clubs should be formulated in every other school in each State before the next review meeting. In addition , on behalf of every stakeholders, he assured the Hon'ble DG of NCB, that the pledge on mygov.in, should be the first task given to every child through the help of Prahari Clubs, and will decide in the next quarter that schools where Prahari Clubs have been formed should also take the pledge, and will raise the bar from 75 lakhs to 1 Crore.

Further, it was highlighted by the Chairperson that during the next review, the stakeholders will work on rehabilitation of children and provide them exclusive facilities. He drew the attention of participants towards Corporate Social Responsibility (CSR) and mentioned that those States, who are in need to create facilities for children and mentioned that if necessary the Commission would facilitate the platform to this responsibility. He suggested the States to start preparing and furnishing the proposals to Corporates regarding the CSR.

He highlighted that the issue of children being pushed into drugs and substance through internet will be discussed in the upcoming meeting with SCPCRs in Bhopal. It is envisaged to conduct a vigilant inquiry and create a mechanism in order to monitor these kinds of crimes.

It was informed that Rashtriya Kishor Swasthya Karyakram (RKSK) has already groomed almost 1000 Counselors, and their services should be availed by each and every school. NCPCR and SCPCRs will discuss the proper implementation of New Education Policy with NCERT and SCERTS, and will ensure that the National Conclave framework will be done by covering all aspects contents to be provided to children.

Key points made by Mr. S.N Pradhan, Director General, NCB in his concluding speech of the meeting:

Shri S.N Pradhan, Director General, NCB in his remarks highlighted that the NCB will consolidate the state reports including their performance and best practices and share with all so that mutual learning can take place. He cited various examples like survey on magnitude of drug abuse, and stated that unless one can measure the problem, one cannot address the problem. Therefore, in order to overcome this issue, one must have the data of each problem. It was further mentioned that in overall data of pledge taken by the people, approximately, 60% are children. He suggested that with the help of Prahri Clubs, we can reach out the number of pledge taken by the children, and can also endorsed by the celebrities which will create a great impact on children and it will also maximize its reach.

It was further stated that with the help of technological reach we can monitor and identify those people, who are using fake prescriptions in medical stores and connect it to its abuse.

DG, NCB cited the example of US, where no drug was sold without prescription and copy of every prescription are uploaded on their domain, and are always readily available to Drug Enforcement Agency. Therefore, it was suggested that the method and procedure must be adopted by our

administration, so that a digitized backbone can be formed. Further, it was stated that the supply and demand pillars can all be joined together by a digital backbone.

It was pointed out that most of the software giants in all across the countries were developed by the Indian software developers, which will definitely make less difficult to introduce the concept of digitization in the purview of drug control. It was further suggested that the government and large corporate ventures should invest more in the welfare of children, as they will be the future of India.

WAY FORWARD

- NCPCR as mandated under CPCRA Act, 2005 would continue to monitor the implementation and progress made by the States and Districts on important indicators laid down in Joint Action Plan.
- State Commission (s) for Protection of Child Rights (SCPCRs) would play the role of monitoring the progress on implementation of JAP in States/UTs. SCPCRs may conduct regular review meeting with all the concerned officials of their respective States & Districts.
- It was discussed that the JAP has already been rolled out in 272 vulnerable Districts of the country. Given the importance and need to act upon the issue of drugs and substance abuse amongst children; it was decided to implement the Joint Action Plan in all the Districts of the country.
- Since, Civil Society Organizations are also involved in the areas of drugs prevention, de-addiction and treatment etc. The campaign should also seek their collaboration. Therefore, a consultation with Civil Society Organizations should also be organized.
- Education Department shall issue circular for constitution of Prahari Clubs in the schools to spread awareness and sensitize the children about the effects of substance abuse.
- Police Departments shall register cases under section 77 (penalty for giving intoxicating liquor or narcotics drugs or psychotropic substance to the child) & 78 (Using a child for vending, peddling, carrying, supplying or smuggling any intoxicating liquor or narcotics drugs or psychotropic substance) of JJ Act, 2015.

- A training need assessment and training plan to orient and train the officials need to be developed by concerned Departments.
- Strict implementation of the provision of installing CCTV cameras in the chemist shops selling Scheduled X & H drugs.
- Making the school areas tobacco free zone.
- Preparation of IEC material and awareness generation.
- Focus of the next review : (i) To ensure Exclusive De-addiction centres for children with Drugs and Substance abuse, where children should be kept separated from adults in de-addiction centers. (ii) Digitization of registers of medical stores in every State by installing cameras in every store, so that selling of Schedule H, H1 Drugs can be monitored. It was stated that the entire procedure related to drugs should be digitized, starting from manufacturing to selling it to the ultimate consumer for complete transparency. Every drugs along with its usages should be traced or monitored and it will become easy to find out the amount of drugs being sold and the amount that are used for black marketing or trafficking, if such digitization should be executed.
- NCERT and SCERT should review National Curriculum Framework and include awareness on Drug Abuse in their curriculum.
- Training should be provided to Child Welfare Police Officer of every Districts and their training module will be formulated by the National Drug Dependence Treatment centre-AIIMS.
- Companies to be sensitised and mechanism to be developed to send CSR fund to work on the issues like drugs and substance abuse amongst children and other welfare matters.
- NCPCR and SCPCRs together will develop a mechanism to monitor the dark-deep cyber world where children are not being used.

ANNEXURE



NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

5th Floor, Chanderlok Building, 36 Janpath, New Delhi-110001

Dated: 22.02.2022

Office Order

Subject: National Level Review cum Consultation on Roll Out of Joint Action Plan on Drugs and Substance Abuse among children and Illicit Trafficking –2nd March, 2022 at Hall No -6, Vigyan Bhawan, New Delhi

NCPCR with Narcotics Control Bureau is organising a National level Review cum Consultation on “Roll out of Joint Action Plan on Drugs and Substance Abuse among children and Illicit Trafficking” on 2nd March, 2022 at Hall No-6, Vigyan Bhawan, New Delhi- The following officers/officials/staff have been assigned the duties/responsibilities as mentioned against their names-

S. No.	Duties/ Responsibilities	Name of Officer/Staff
1.	Overall Coordination	Ms. Rupali Banerjee Singh, Member Secretary, NCPCR
2.	Drafting letters, Minute to Minute Programme and coordination of the programme	Ms. Shaista K Shah, STE, Child Health & Psychology
3.	Preparing List of invitees	1. Shri. Sushil Kumar, DEO, Child Health Division 2. Shri. Shivam Tyagi, DEO, Child Psychology Division 3. Shri. Kapil Nagar, DEO, Child Psychology Division
4.	Invitation Card, Banner/Backdrop, Certificate and memento designing at NCPCR	Ms. Asha Godiyal, DEO, PP&R Division
5.	Confirmations of participants	1. Shri. Baldev Raj Kukreja, Sr. Consultant, Coordination 2. Shri. Uttam Chand, PPS 3. Shri. Iqbal Chaudhary, PPS 4. Ms. Pragya Priyambda, Consultant, Health Division 5. Ms. Shaifali Awasthi, Consultant, Health Division
6.	Press Release/Social Media updates	1. Shri. Rakesh Prajapati, PRO 2. Shri. Kalpendra Parmar, Consultant, Media Division
7.	Logistic Arrangements (Venue, Photography & Videography, Printing of IEC, Folders and other arrangements at Vigyan Bhawan)	1. Shri. G.Suresh, Assistant Director 2. Sh. Dhara, Admin Assistant 3. Sh. Govind, MTS 4. Sh. Avesh, MTS
8.	Registration	<p>1- Registration counter at entry gate No-2-</p> <p>1. Ms. Anita, Admin Section 2. Sh. Sushil Kumar, DEO, Child Health Division 3. Ms. Rajni Singh, DEO, Child Health Division</p> <p>2- Baggage counter at entry gate No-2-</p> <p>1. Sh. Rajesh, MTS 2. Shri. Vinay, MTS</p> <p>2-Registration Desk (inside)</p> <p>1. Ms. Shaifali Awasthi, Consultant, Health Division</p>

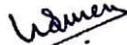
(Handwritten Signature)

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		<ul style="list-style-type: none"> 2. Shri. Rajesh Kanojia, PP&R Division 3. Shri. Kapil Nagar, DEO, Psychology Division 4. Shri. Brajesh Kumar, DEO, Education Division 5. Shri. Nikhil Kumar, DEO, Education Division
9.	Lighting of the lamp/mementos	<ul style="list-style-type: none"> 1. Ms. Pragya Priyambda, Consultant, Health Division 2. Ms. Karishma Buragohain, Consultant, Education Division
10.	Hall duties	<ul style="list-style-type: none"> 1. Shri. Baldev Raj Kukreja, Sr. Consultant, Coordination 2. Shri. Paresh Shah, STE, Education Division, NER/J&K 3. Shri. Iqbal Kishan Chaudhary, PPS 4. Ms. Deepti Behl, Consultant, Education Division 5. Shri. Shivam Tyagi, DEO, Child Psychology Division
11.	IT related work	Shri. Parminder, Consultant, IT Cell
12.	Reimbursement of TA to SCPCRs	<ul style="list-style-type: none"> Shri. Rajat Vigmal, Consultant, Accounts Section Ms. Manisha , Consultant, Accounts Section
13.	Minutes/Report Writing	<ul style="list-style-type: none"> 1. Shri. Dushyant Mehar (Compilation) 2. Sh. Shivam, Consultant, Legal Cell 3. Ms. Pragya Priyambda, Consultant, Child Health 4. Ms. Karishma Buragohain, Consultant, Education Division
14.	Anchoring	Ms. Shaista K Shah, STE, Child Health & Psychology Division
15.	Transport	<ul style="list-style-type: none"> 1. Shri. G.Suresh, Assistant Director 2. Sh. Dhara, Admin Assistant

2. All Consultants/Staff who have assigned duties for 2nd March, 2022 are requested to reach at the venue latest by 8.30 am.

3. This issues with the approval of competent authority.


G.Suresh
 (Assistant Director)

To,

All concerned staff of NCPCR

Copy to-

- 1. PPS to Chairperson
- 2. PPS to Member Secretary

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National Commission for Protection of Child Rights

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