

NALSA (DAWN) - SCHEME, 2025

Drug Awareness and Wellness Navigation for a

DRUG FREE INDIA



**RISE ABOVE
THE DARKNESS**



**Say
NO TO DRUGS**



NALSA (DAWN- DRUG AWARENESS AND WELLNESS NAVIGATION - FOR A DRUG FREE INDIA) SCHEME, 2025

Rise Beyond Drugs, Build a Drug-Free India

The NALSA (DAWN - Drug Awareness and Wellness Navigation - For a Drug Free India) Scheme, 2025, adopts a comprehensive approach by establishing of units at district level to ensure access to justice, spread legal awareness and support victims of drug abuse, thereby paving the way for a healthier, safer and drug-free India.

NATIONAL LEGAL SERVICES AUTHORITY

NATIONAL LEGAL SERVICES AUTHORITY



MOTTO

Access to Justice for all.

VISION

To promote an inclusive legal system, in order to ensure meaningful justice to the marginalised and disadvantaged sector.

MISSION

To legally empower the marginalised and excluded groups of society by providing effective legal representation, legal literacy and awareness and bridge the gap between legally available benefits and the entitled beneficiaries.



FOREWORD

Drug abuse is not just a public health crisis— but a complex legal and social challenge that undermines the fabric of families and communities. The impact of drug abuse extends beyond individual health, often affecting families, livelihoods, and community well-being. It can lead to increased vulnerability and social marginalization, particularly among those already at risk.

This runs counter to the ideal of justice — particularly social justice — as envisaged under the Constitution. The term 'Justice,' as outlined in the Preamble, is intended to harmonize individual rights with the broader welfare of society. Moreover, drug abuse is an affront to Article 47 of the Constitution which mandates prohibition of the consumption of drugs which are injurious to health.

Yet, drug abuse, along with the illegal activities it fosters, undermines this vision. It is a battle being fought worldwide, including in India. The Ministry of Social Justice and Empowerment's 2019 Report on the Magnitude of Substance Use in India revealed that substance abuse cuts across all population groups.

In response to this aggravating issue, NALSA (DAWN – Drug Awareness and Wellness Navigation – For a Drug-Free India) Scheme, 2025 has been finalized. The Scheme sets out a focused and structured approach to addressing drug abuse by strengthening the legal services framework, fostering greater awareness, and facilitating the legal empowerment and rehabilitation of affected individuals. This Scheme stands as a testament to the crucial role Legal Services Authorities play in tackling this problem.

I extend my heartfelt congratulations to the NALSA team who have contributed to this vital initiative. Let us commit to taking this scheme to every corner of the country and strive towards the objective of a drug-free India.

(B. R. Gavai)



राष्ट्रीय विधिक सेवा प्राधिकरण
NATIONAL LEGAL SERVICES AUTHORITY
(Constituted under the Legal Services Authorities Act, 1987)

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MESSAGE

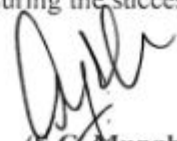
As the Member Secretary, NALSA, I am pleased to announce the finalization of the *NALSA (DAWN – Drug Awareness and Wellness Navigation – For a Drug-Free India) Scheme, 2025*.

The ripple effects of Illicit Drug Trade and Drug Abuse has been underscored by the Hon'ble Supreme Court of India in case of *Ankush Vipran Kapoor v. National Investigation Agency* (2024 INSC 986). The Court also emphasized the vital role of awareness in addressing this issue and directed NALSA, along with SLSAs, to devise and implement awareness programs to tackle drug abuse effectively.

In compliance with this directive, NALSA has undertaken steps to strengthen its response to the issue of drug abuse. Recognizing the evolving challenges—such as the emergence of synthetic drugs, online trafficking, and increasing social vulnerabilities—this new Scheme updates and revises the earlier *NALSA (Legal Services to the Victims of Drug Abuse and Eradication of Drug Menace) Scheme, 2015*.

At its core, the new Scheme establishes Drug Awareness and Wellness Navigation (DAWN)-Unit, comprising various stakeholders who will work collaboratively to deliver a concentrated and coordinated response to drug-related issues. This Scheme adopts a three-pronged approach: first, to build awareness and destigmatize drug abuse through community-driven education; second, to ensure focused legal services to entitled beneficiaries; and third, to act as a facilitator, enabling victims to access available rehabilitation and social reintegration services.

We seek the active participation and cooperation of all stakeholders in ensuring the success of this Scheme.


(S.C. Munghate)

LIST OF ABBREVIATIONS

Abbreviation	Full Form
AIDS	Acquired Immuno Deficiency Syndrome
AIR	All India Reporter
ASHA	Accredited Social Health Activist
CiSS	Children in Street Situation
CWC	Child Welfare Committee
DAWN	Drug Awareness and Wellness Navigation
DLSA	District Legal Services Authority
HIV	Human Immunodeficiency Virus
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act, 2005
NALSA	National Legal Services Authority
NCB	Narcotics Control Bureau
NCC	National Cadet Corps
NDPS Act	The Narcotic Drugs and Psychotropic Substances Act, 1985
NGO	Non-Governmental Organisation
NSS	National Service Scheme
PLV	Para Legal Volunteer
PRI	Panchayati Raj Institutions
SLSA	State Legal Services Authority
STIs	Sexually Transmitted Infections
TLSC	Taluk Legal Services Committee

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PART A

FRAMEWORK AND LEGAL PROVISIONS

1. INTRODUCTION

- 1.1 The escalating prevalence of drug trafficking and substance abuse amongst the general population poses severe socio-economic and public health challenges. The repercussions of this menace extend beyond individual health concerns, affecting national security, economic stability and social cohesion. Substance abuse, particularly among vulnerable demographics, such as children and youth, has reached alarming proportions. Given its far-reaching consequences, the eradication of drug abuse and trafficking remains a paramount objective for both the State and society.
- 1.2 The Hon'ble Supreme Court of India has captured the effects of drug abuse in case of *State of Punjab v. Baldev Singh (AIR 1999 SC 2378)* in the following words:

"Drug abuse is a social malady. While drug addiction eats into the vitals of the society, drug trafficking not only eats into the vitals of the economy of a country, but illicit money generated by drug trafficking is often used for illicit activities including encouragement of terrorism. There is no doubt that drug trafficking, trading and its use, which is a global phenomena and has acquired the dimensions of an epidemic, affects the economic policies of the State, corrupts the system and is detrimental to the future of a country. It has the effect of producing a sick society and harmful culture. Anti-drug justice is a criminal dimension of social justice."
- 1.3 The **2019 National Survey on the Extent and Pattern of Substance Use in India**, conducted by the Ministry of Social Justice and Empowerment, highlights the widespread prevalence of psychoactive substance use across all demographic groups in the country. The report estimates that approximately 3.1 crore individuals (2.8%) have used cannabis in the previous year, with 72 lakh (0.66%) experiencing cannabis related disorders. The Report further states that the use of cannabis products was observed to be 2% (approx. 2.2 crore persons) for bhang and about 1.2% (approx. 1.3 crore persons) for ganja and charas. Opioid consumption stands at 2.06%, while 1.18 crore (1.08%) individuals engage in the non-medical use of sedatives. Additionally, an estimated 8.5 lakh people are classified as People Who Inject Drugs (PWID), underscoring the critical need for comprehensive intervention strategies, including prevention, treatment and rehabilitation.
- 1.4 In recent years, the challenges posed by drug abuse have evolved significantly, marked by the emergence of synthetic drugs and a notable increase in online drug trafficking. Synthetic substances, often more potent and easily accessible compared to traditional narcotics, have become increasingly prevalent among youth, posing unprecedented health risks. Moreover, in the current scenario, digital platforms and social media have become tools for traffickers to expand their illicit networks, targeting younger generation and circumventing conventional detection methods.
- 1.5 A significant percentage of children across India are now engaging in drug and substance use, with many requiring immediate medical and mental health interventions due to dependency issues. Despite existing legislative measures, lax enforcement allows easy access to both licensed and banned substances. Children and adolescents are frequently exposed not only

to easily accessible substances such as tobacco products (cigarettes, beedis, etc.) and liquor but also increasingly to banned substances—including narcotics listed under the Narcotic Drugs and Psychotropic Substances Act, 1985 and even prohibited products like e-cigarettes. Additionally, the unchecked sale of prescription drugs at chemist shops has amplified the misuse of potent substances among young people. These challenges underscore the urgent need for stringent law enforcement, robust preventive strategies and comprehensive intervention programmes specifically designed to safeguard children from substance abuse.

- 1.6 Furthermore, the illicit cultivation of narcotic plants continues to fuel drug trafficking networks, representing a grave concern. Public awareness about the legal consequences and harmful impacts of cultivation and procurement of narcotic plants/substances remains insufficient. Thus, the active participation of all stakeholders is crucial for effectively curbing the same, including, Panchayati Raj Institutions (PRIs), local governing bodies and community-based organizations.
- 1.7 Addressing these evolving threats demands an adaptive, multi-dimensional strategy involving enhanced legal interventions, extensive awareness campaigns and comprehensive rehabilitation programmes. The present Scheme is designed to meet these multifaceted challenges by ensuring a holistic approach to access to justice, enhancing legal awareness, fostering community engagement and ultimately paving the way towards a healthier, safer and drug-free India.

2. NAME OF THE SCHEME

The Scheme shall be called “NALSA (DAWN - Drug Awareness and Wellness Navigation - For a Drug Free India) Scheme, 2025” (hereinafter referred to as “the Scheme”).

3. OBJECTIVES

3.1. STRENGTHENING INSTITUTIONAL & LEGAL SERVICE FRAMEWORKS

- 3.1.1. Establish Drug Awareness and Wellness Navigation (DAWN) Units at the district level to:
 - Identify vulnerable regions/areas and populations prone to drug abuse.
 - Devise a structured mechanism under this Scheme for legal aid and intervention.
 - Conduct legal awareness and assistance programmes to support victims and prevent drug abuse.
 - Provide legal and social support to individuals and families affected by drugs.
- 3.1.2. Ensure compliance with the Supreme Court’s directives in *Ankush Vipan Kapoor v. National Investigation Agency (2024 INSC 986)*, particularly in implementing awareness campaigns in vulnerable regions of the states.
- 3.1.3. Utilize the multi-faceted role of the SLSAs for effective functioning of DAWN Units and broader drug abuse prevention initiatives encompassing coordination, curriculum integration, media strategy, training, monitoring and essential legal services.

- 3.1.4. Strengthen interagency collaboration between NALSA, SLSAs, DLSAs, law enforcement agencies, educational institutions, healthcare sector and other stakeholders to enhance legal aid and rehabilitation efforts.

3.2. LEGAL EMPOWERMENT AND ACCESS TO JUSTICE

- 3.2.1. Ensure effective access to justice for victims of drug abuse by providing free, competent and timely legal services to entitled beneficiaries as envisaged under the Legal Services Authorities Act, 1987.

3.3. AWARENESS AND PREVENTION STRATEGIES

- 3.3.1. Implement targeted awareness programmes in schools, colleges and vulnerable regions to:
 - Educate students, parents, teachers, youth and community workers about the ill effects of drug abuse and stigmatization.
 - Motivate children and youth to resist (i) peer pressure that promotes drug abuse as 'cool' or a fashionable display of camaraderie; (ii) escapism from emotional distress and academic pressures through modes of drug abuse.
 - Spread awareness of (i) MANAS- National Narcotics Helpline number 1933 and portal www.ncbmanas.gov.in for reporting drug related crimes - drug trafficking, illicit cultivation, or other related drug issues; (ii) Helpline number 14446 for rehabilitation and counselling to overcome drug addiction; and (iii) NALSA's Helpline Number 15100 for legal services assistance.
 - Imbibe the Framework of the NAPDDR (National Action Plan for Drug Demand Reduction), Scheme 2018-2025 of the Ministry of Social Justice & Empowerment in drug education programmes.
 - Synergize "Joint Action Plan on Prevention of Drugs and Substance Abuse among Children and Illicit Trafficking" developed by the National Commission for Protection of Child Rights (NCPCR) in collaboration with Narcotic Control Bureau (NCB).
 - Join Online E-pledge launched by NCB against drugs "Say Yes to Life, No to Drugs Pledge" at <http://pledge.mygov.in/fightagainstdrugabuse/>.
- 3.3.2. Sensitize police, judiciary and legal aid providers through training and collaborative initiatives on the legal and rehabilitative aspects of drug abuse to ensure proper intervention and victim support.
- 3.3.3. Leverage mass media and digital platforms to disseminate factual, evidence-based information on:

- Drug abuse prevention and its consequences,
 - Treatment and rehabilitation options,
 - Legal rights of victims and available legal services.
- 3.3.4. Encourage community participation by actively involving Panchayati Raj Institutions (PRIs) and municipal bodies in combating the drug menace at the grassroots level.

3.4. REHABILITATION AND SOCIAL REINTEGRATION

- 3.4.1. Maintain effective coordination with drug de-addiction centres and rehabilitation institutions to:
- Ensure better facilities and adherence to the rights of the victims of drug abuse;
 - Provide assistance in case of any reported breach of human rights or rehabilitation standards.
- 3.4.2. Enable the economic reintegration of rehabilitated individuals by providing them access to:
- Skill development programmes for workforce integration;
 - Job opportunities and entrepreneurship initiatives to support self-reliance.
- 3.4.3. Create support systems for families of drug abuse victims, including:
- Legal guidance on rehabilitation rights and social welfare schemes;
 - Counselling services to help families to cope and support their loved ones.
- 3.4.4. Coordinate efforts among all stakeholders, including legal services institutions, social welfare departments and community organizations, to ensure a holistic approach to drug abuse prevention and recovery.

3.5. MONITORING AND RECOGNITION

- 3.5.1. Introduce structured monitoring and reporting mechanisms, as per prescribed format, at all levels wherein:
- Monthly report is sent by DAWN Units to SLSAs, and
 - Quarterly reports sent by SLSAs to NALSA, for tracking progress and challenges at different levels.
- 3.5.2. Recognize and reward outstanding contributions by DAWN Units, Secretaries of DLSAs/SLSAs, PLVs and Panel Lawyers, etc. at the district, state and national levels for their efforts under the Scheme.

4. DEFINITIONS

In this scheme unless the context otherwise requires,

- a) **“District Legal Services Authority”** shall mean an Authority as defined in Section 2 (c) of The Legal Services Authority Act, 1987 and constituted under Section 9 of the Legal Services Authority Act, 1987.
- b) **“Legal Services Clinics”** shall mean and include the facility established by the District Legal Services Authority to provide basic legal services to the people with the assistance of para legal volunteers or panel lawyers, as the point of first contact for help and advice and includes Legal Services Clinics set up under Regulation 3 and Regulation 4 of the NALSA (Legal Services Clinics) Regulations, 2011.
- c) **“Legal Service”** means as defined under Section 2(c) of the Legal Services Authorities Act 1987.
- d) **“Legal Services Institution”** means Supreme Court Legal Services Committee, State Legal Services Authority, High Court Legal Services Committee, District Legal Services Authority or Taluk Legal Services committee, as the case may be.
- e) **“National Legal Services Authority”** shall mean Central Authority constituted under Section 3 of the Legal Services Authorities Act, 1987.
- f) **“Panel Lawyer”** shall mean a lawyer selected under Regulation 8 of the National Legal Services Authority (Free and Competent Legal Services) Regulations 2010.
- g) **“Para Legal Volunteer”** shall mean a Para Legal Volunteer defined and trained under the revised NALSA Scheme for Para Legal Volunteers and the Module of Orientation, Induction and Refresher Course for Para Legal Volunteers training and engaged as such by the legal services institution.
- h) **“State Legal Services Authority”** shall mean a State Legal Services Authority constituted under Section 6 of the Legal Services Authorities Act, 1987.
- i) **“Taluka Legal Services Committee”** means a Taluka Legal Services Committee constituted under Section 11A of the Legal Services Authorities Act, 1987 and also means the Sub Divisional Legal Services Committee, where so named.
- j) All other words and expressions used but not defined in this scheme and defined in the Narcotic Drugs and Psychotropic Substances Act, 1985, the Legal Services Authorities Act, 1987 or the National Legal Services Authorities Rules, 1995 or National Legal Services Authority (Free and Competent Legal Services) Regulations, 2010 shall have the same meaning respectively assigned to them in the said Act or Rules or Regulations.

5. ROLE OF LEGAL SERVICES AUTHORITIES

- 5.1. While multiple State agencies and Non-Governmental Organizations (NGOs) are engaged in combating drug abuse and trafficking, greater coordination and enhanced efforts are required to achieve more effective and sustainable outcomes. It has been observed that victims of substance abuse often lack access to essential legal aid, rehabilitation mechanisms and awareness regarding their rights and entitlements.

- 5.2. Recognizing the crucial role of Legal Services Institutions in addressing this issue, a resolution was adopted at the **13th All India Meet of the State Legal Services Authorities (2015)** held in Ranchi, Jharkhand. The resolution underscored the necessity of prioritizing drug de-addiction and abuse within the framework of legal aid and access to justice.
- 5.3. Consequently, NALSA recognized the need of Legal Services Institutions to play a significant role in demand reduction and de-addiction and rehabilitation. A Committee was constituted for the purpose of understanding the dimensions of the problem and defining the role of the Legal Services Institutions to effectively address the problem.
- 5.4. Thus, the **“NALSA (Legal Services to the Victims of Drug Abuse and Eradication of Drug Menace) Scheme, 2015”** was framed. It was based on the deliberations of the Committee and on the inputs received at the Regional Conference on the ‘Drug Menace in India – Overview, Challenges and Solutions’ at Manali, Himachal Pradesh, 2015.
- 5.5. The above-mentioned scheme aimed to mobilize legal resources and enhance inter-agency coordination by leveraging legal mechanisms and community-based interventions. It sought to mitigate the adverse effects of drug abuse and reinforce the rule of law in combating this issue.
- 5.6. The issue of drug de-addiction continues to be a central component of the sustained efforts of NALSA and other Legal Services Authorities. For instance, at the recent **Regional Conference of the SLSAs of Punjab, Haryana and Chandigarh**, held in Chandigarh on November 17, 2024, a mass campaign titled *‘Drug Addiction – A Harm to Humanity’* was launched. This initiative aims to implement a series of strategic measures focusing on drug de-addiction, underscoring the collective commitment to address this critical social issue.
- 5.7. The consumption of drugs has penetrated deep into our society. It requires sustained and coordinated efforts to create greater awareness on the issue of drug menace within the society. Recognising this, the Hon’ble Supreme Court in case of **Ankush Vipan Kapoor v. National Investigation Agency (2024 INSC 986)** inter-alia passed following direction:

“The National Legal Services Authority and State Legal Services Authority must devise awareness programs and implement them particularly in vulnerable regions of the States and territories more exposed to drug menace.”

- 5.8. Nearly a decade after the scheme’s inception, emerging challenges, changing trafficking patterns and advancements in rehabilitation, the earlier Scheme required a revision. Accordingly, the NALSA (DAWN - Drug Awareness and Wellness Navigation - For a Drug Free India) Scheme, 2025 updates and revises the previous scheme, viz. NALSA (Legal Services to the Victims of Drug Abuse and Eradication of Drug Menace) Scheme, 2015. To remain effective and to spread awareness relating to drug menace in compliance with the above-stated judgment, this revised scheme incorporates necessary changes to match the demands of time. This scheme, like the previous one, prioritizes demand-reduction initiatives, including awareness campaigns, legal assistance and support for the rehabilitation of individuals affected by drug abuse.

PART B - OPERATIONAL FRAMEWORK

6. ESTABLISHMENT OF SPECIAL UNITS

- 6.1. The Chairman, DLSA, shall within one month of the implementation of this Scheme, constitute a Special Unit to be called Drug Awareness and Wellness Navigation (DAWN)-Unit, which shall include:
 - a. Principal District & Sessions Judge/ Chairman, DLSA - Chairperson,
 - b. Secretary DLSA - Nodal Officer,
 - c. Chairman, TLSC - Member,
 - d. Any Judicial Officer in charge of matters pertaining to NDPS Act - Member,
 - e. Two panel lawyers to be nominated by the Chairman, DLSA - Members,
 - f. Four para legal volunteers to be nominated by the Chairman, DLSA - Members.
- 6.2. The DAWN-Unit may further consist of following members to be nominated by Principal District & Sessions Judge/ Chairman, DLSA, including:
 - a. District Magistrate or any other officer nominated by him/her not below the rank of Sub-Divisional Magistrate (SDM),
 - b. The Head of the Police Department of the that District/City or any other officer nominated by him/her not below the rank of Assistant Commissioner of Police (ACP) or Sub Divisional Police Officer (SDPO),
 - c. The Chief Executive Officer (CEO) of Municipal Corporation or any other officer nominated by him/her,
 - d. Chief Executive Officer of Zila Panchayat or any officer from Panchayati Raj Institution (PRI) to be nominated by the Chief Executive Officer (CEO),
 - e. District Education Officer (DEO),
 - f. Gazetted Officer of District Child Protection Unit (DCPU),
 - g. Gazetted Officer Special Juvenile Police Unit (SJPU),
 - h. District Social Welfare Officer (DSWO),
 - i. Chief District Medical Officer (CDMO),
 - j. Gazetted Officer of District Drugs Control Authority,
 - k. Village Sarpanch(s), as required,

1. Psychiatrist and/or Psychologist and/or Counsellor,

6.3. If, due to exceptional circumstances, the Chairman, DLSA is unable to constitute the DAWN-Unit with the prescribed members in accordance with the specified criteria, the Chairman may, with prior intimation to the Member Secretary, SLSA, appoint an alternative member deemed suitable.

6.4. The DAWN Units shall be headed by the Secretary, DLSA, under the overall supervision of the Chairman, DLSA.

7. IDENTIFICATION, MECHANISM & STRATEGY FOR VULNERABLE REGIONS IN THE DISTRICT:

7.1. DAWN Units shall systematically identify and document vulnerable regions within their jurisdictions to facilitate targeted interventions.

7.2. DAWN Units shall devise a structured mechanism for the vulnerable regions/ area in the district and devise the strategy under the Scheme as per the grades of vulnerability. DAWN Units may seek relevant data through:

- (a) Community outreach initiatives including door-to-door awareness, public engagement campaigns.
- (b) Referral systems to be established with hospitals, de-addiction centres and mental health institutions.
- (c) Collaboration with local administrative authorities, including district magistrates, law enforcement agencies and social welfare departments to further the objectives of the Scheme.
- (d) Retrieving the relevant electronic data (e-data) of affected person/ victims from various Governmental and law enforcement agency portals and electronic records. In event the access of the e-records is denied by the concerned agencies, DAWN-Unit may have consultation with the concerned SLSAs.

7.3. All identified individuals shall be treated with dignity and their right to privacy shall be upheld in accordance with Article 21 of the Constitution of India and relevant legal provisions.

8. ACTIONS AND INTERVENTIONS UNDER THE SCHEME

8.1. AWARENESS OUTREACH

The DAWN Units shall conduct necessary outreach programmes in vulnerable regions and population, ensuring wide community engagement. The number of such programmes may be determined by the unit as per the grades of vulnerability in the district and talukas, from time to time.

Each DAWN-Unit shall organize at least one sensitization programme per month in every taluka, focusing on awareness, education, prevention and rehabilitation measures. These programmes may involve local authorities, educational institutions and community leaders.

8.1.1. Awareness of National Helpline Numbers:

Awareness of (i) MANAS- National Narcotics Helpline 1933 and portal www.ncbmanas.gov.in for reporting drug related crimes - drug trafficking, illicit cultivation, or other related drug issues; (ii) Helpline number 14446 for rehabilitation and counselling to overcome drug addiction; and (iii) NALSA Helpline number 15100 for legal services assistance.

8.1.2. Awareness on the Online e-Pledge Initiative by NCB:

Efforts be made to join the nationwide movement by taking the “Say Yes to Life, No to Drugs” online e-pledge launched by the Narcotics Control Bureau (NCB) via the MyGov platform at <https://pledge.mygov.in/fightagainstdrug-abuse>. Mass participation, including children, youth, parents, professionals and communities, etc. be done for effectively supporting the prevention, reporting and eradication of drug abuse, contributing towards a healthier, safer and drug-free India.

8.1.3. Awareness in Schools/Colleges

- i) DAWN Units shall endeavour to work with existing student clubs and to integrate anti-drug awareness and sensitization into annual programmes of schools/ colleges. These existing student clubs may include Prahari Clubs, Eco Clubs, Cultural Clubs, NCC, NSS, Red Ribbon Clubs and Bharat Scouts & Guides. The clubs shall encourage students to take a stand against drugs and create a support network for those at risk.
- ii) The DAWN Units shall coordinate with schools/colleges or the above-mentioned clubs to conduct awareness and sensitization programmes on the ill-effects of drug abuse. For this purpose, DAWN Units may:
 - a) Organize campaigns, including marathon, counselling session by experts and awareness rallies involving local Icons and prominent personalities.
 - b) Conduct awareness camps, wherein teachers are actively involved, to educate students.
 - c) Integrate comprehensive learning activities that may include curricular, co-curricular and extracurricular elements.
 - d) Participate through help-desks in Parent-Teacher meetings to sensitize parents for creating a conducive home environment.
 - e) Run online and physical mass literacy campaigns: “#SayNotoDrugs;YestoLife”, “#DrugsFreeIndia,” “#NashaMukhtBharat,” “#YuddhNasheKeVirudh.”
 - f) Host symposiums, seminars and debates.
 - g) Organize quiz and essay writing competitions.
 - h) Conduct street plays (Nukkad Nataks) and graffiti art.

- i) Circulate pamphlets and booklets prepared by NALSA/ SLSAs/ DLSAs.

8.1.4. Awareness to Parental and Family Engagement

Parents play a crucial role in the prevention of drug abuse among adolescents. Parental awareness, effective communication and consistent emotional support are key factors in reducing the risk of drug addiction. The first step in preventive action should begin within the household itself. Children are known to fundamentally seek love, affection and a sense of security from their parents and family. Factors such as domestic violence, parental discord, lack of quality time spent with children, etc. contribute significantly to young adolescents turning towards escapism and substance abuse.

Drug abuse must no longer remain a taboo topic; rather, open discussions about drug use and its harmful consequences must become normalized within families. Such dialogues provide a safe space for both parents and children, empowering children with the knowledge and confidence to resist peer pressure and make healthier life choices.

Structured family engagement programmes, including workshops and counselling sessions through schools at parent-teacher meetings, shall be regularly organized by DAWN Units to educate parents on recognizing early signs of drug use, enhancing communication with children and building resilient family environments.

8.1.5. Awareness amongst Children who live on the Street

Large number of victims of drug abuse are children who live on the street. They are the most neglected and vulnerable class, generally abandoned and left out by their families. Hence, there is a greater need to ensure their safety along with the NGOs working with the children who live on the street.

- i. Addicted children who live on the street and urban slum youth shall be identified by DAWN Units and enrolled in De-Addiction or Rehabilitation Centres.
- ii. DAWN Units shall work with District Child Protection Unit (DCPU) and Legal Services Unit for Children (LSUC) under NALSA (Child-Friendly Legal Services for Children) Scheme, 2024 and government accredited NGOs to ensure safety and rehabilitation of children who live on the street.

8.1.6. Awareness Programmes for Sex Workers

- i. Targeted awareness and sensitization programmes be conducted in red-light areas to educate sex workers and their children on the dangers of drug abuse.
- ii. DAWN Units shall highlight the risk of HIV/AIDS and other STIs due to injectable drug use; and disseminate information on counselling, rehabilitation and legal rights.

8.1.7. Awareness Programmes in Prisons and Juvenile Homes**a) Prisons:**

The DAWN Units shall organize periodic awareness and sensitization programmes through Prison Legal Aid Clinics for prison inmates and jail staff on the dangers of drug abuse. These programmes shall provide basic training on substance abuse, associated health risks, dependency issues and various treatment approaches.

b) Juvenile Home:

The DAWN Units shall collaborate with Juvenile Justice Boards (JJBs) to conduct targeted awareness and preventive programmes addressing substance abuse among juveniles. These programmes shall emphasize early intervention, counselling, rehabilitation and reintegration support, ensuring that juveniles receive age-appropriate education on the harmful effects of drugs, as well as available treatment and rehabilitation resources.

8.1.8. Awareness Among Chemists

- i. The DAWN Units shall sensitize chemists on the misuse of prescription drugs, and to refrain from selling drugs without prescription.
- ii. Chemists shall be trained to identify individuals, particularly youth, attempting to purchase restricted drugs without prescriptions.

8.1.9. Awareness Among Drug Abuse Victims

- i. DAWN Units shall conduct regular awareness and sensitization programmes for drug abuse victims in collaboration with psychologists and doctors.
- ii. Role models, including individuals from sports, cinema, literature and rehabilitated drug abusers, shall be engaged by the Units to share success stories and motivate victims toward recovery.

8.1.10. Awareness to the families of the victims of Drug Abuse Victims

Generally, children become victims of drug abuse in those families where the affectionate bond between children and parents is loosened, or where parents/ family members habitually consume drugs.

- i. DAWN Units shall identify families of drug abuse victims and those with a history of substance addiction.
- ii. Families shall be sensitized to build stronger parental bonds, monitor their children's activities and engage with schools.
- iii. Open conversations in the family about addiction shall be encouraged, along with support for de-addiction programmes.

- iv. Efforts shall be made to destigmatize addiction and associated mental health issues, recognizing addiction as a treatable medical condition.

8.1.11. Awareness Among the General Public

DAWN-Unit shall periodically organize Legal Literacy Camps for the general public, qua:

- i. Information of (i) MANAS- National Narcotics Helpline 1933 and portal www.ncbmanas.gov.in for reporting drug related crimes, drug trafficking, illicit cultivation, or other related drug issues; (ii) Helpline number 14446 for rehabilitation and counselling to overcome drug addiction; and (iii) NALSA Helpline number 15100 for legal services assistance, be circulated amongst the masses.
- ii. The public shall be informed of the E-pledge 'Say No to Drugs; Yes to Life' and that they can anonymously report illegal drug activities to law enforcement, ensuring their identity remains confidential.
- iii. Legal Literacy Camps on the NDPS Act shall be held in areas where opium and other narcotic plants are legally cultivated, focusing on preventing illegal sale and misuse.

8.1.12. Awareness Through Media

The DAWN Units shall collaborate with electronic and print media to spread awareness, under the banner "*#SayNoToDrugs;YestoLife*", "*#DrugsFreeIndia*," "*#NashaMukhtBharat*," "*#YuddhNasheKeVirudh*" through:

- i. Radio talks and television programmes, featuring judicial officers, lawyers, psychologists, police officers and influencers, etc.
- ii. Short films, reels, videos, documentaries and interviews with former addicts and their families.
- iii. Various competitions that may be organised for wider publicity.

8.2. ACCESS TO JUSTICE FOR VICTIMS OF DRUG ABUSE

- 8.1. DAWN Units shall identify victims of drug abuse and assess their need for legal assistance promptly.
- 8.2. Victims identified as requiring legal assistance and eligible under the Legal Services Authorities Act, 1987, shall be provided free and competent legal services, and advise on other matters relating to rehabilitation and social reintegration.
- 8.3. DAWN Units shall ensure coordination and active engagement of panel lawyers, para-legal volunteers and legal services clinics in delivering immediate legal support and representation.

8.3. MEASURES TO SUPPORT DRUG ABUSE VICTIMS

8.3.1. Access to Social Welfare and Rehabilitation Services

- a) DAWN Units shall identify and facilitate the access of drug abuse victims to social welfare schemes, de-addiction centres and rehabilitation programmes, ensuring a comprehensive and victim centric approach to recovery and reintegration.
- b) DAWN Units shall coordinate with government agencies, government accredited NGOs and healthcare providers to ensure the availability of necessary support services, including medical treatment, psycho-social counselling and community-based rehabilitation programmes.
- c) DAWN Units shall visit the rehabilitation and de-addiction centres situated within their jurisdiction at least once a month.
- d) The concerned DLSA may establish Legal Aid Clinics at De-addiction/ Rehabilitation centres, in accordance with The National Legal Services Authority (Legal Services Clinics) Regulations, 2011. These clinics will ensure that beneficiaries entitled under Section 12 of the Legal Services Authorities Act, 1987, receive necessary legal assistance, including guidance on access to social welfare/ rehabilitation schemes and legal representation when required.

8.3.2. Employment Facilitation through Job Melas

DAWN Units may organize job melas (employment fairs) for drug abuse victims who, in their assessment, have remained sober for a minimum of two months and have demonstrated a commitment to rehabilitation and reintegration into society. The job melas shall be conducted in collaboration with government skill development programmes, private sector employers, self-employment and entrepreneurial initiatives.

8.3.3. Assistance in Documentation and Vocational Training

- a) DAWN Units shall assist eligible candidates in obtaining and updating essential identification documents, including Aadhaar, PAN card and other government-issued IDs, to facilitate access to employment and social security benefits.
- b) DAWN Units shall also ensure that drug abuse victims are provided with vocational training opportunities, providing them with access to skill development centres, apprenticeship programmes and government-backed employment schemes.
- c) The SLSA/DLSA shall endeavour to get connected with Integrated Rehabilitation Centre for Addicts (IRCA's), with Pradhan Mantri Kaushal Vikas Yojana Training Centres of the Ministry of Skill Development & Entrepreneurship for providing industry relevant training to the rehabilitated persons and victims of drug abuse, so that they can be reintegrated in mainstream society.

9. TRAINING AND CAPACITY BUILDING

- 9.1. An orientation training shall be organised by the Chairman, DLSA within two weeks of the constitution of DAWN-Unit.
- 9.2. The Chairman, DLSA, shall conduct a monthly Capacity Building Programme for the members of the DAWN-Unit, ensuring continuous training on the latest legal developments, intervention strategies and emerging issues related to drug abuse prevention and rehabilitation.
- 9.3. The Chairman DLSA, may contact the resource persons and trainers of other governmental and non-governmental institutions in this regard, for conducting the training and capacity building.

10. AWARENESS THROUGH LOCAL BODIES/ PANCHAYATI RAJ INSTITUTIONS (PRIs) AT THE GRASSROOTS LEVEL

- 10.1. DAWN Units, in collaboration with Mahila Mandals, Yuvak Mandals and self-help groups, shall organize sports and cultural events to encourage a drug-free lifestyle.
- 10.2. DAWN Units, in coordination with PRIs, shall help identify individuals suffering from substance abuse and facilitate their access to de-addiction centres, mental health support and vocational training programmes.
- 10.3. DAWN Units, in coordination with PRIs, shall participate in Legal Literacy Camps, disseminate information on the ill effects of drugs and promote government de-addiction schemes through public outreach initiatives.
- 10.4. DAWN Units, in coordination with PRIs, shall ensure rehabilitated drug users are linked to employment schemes like MNREGA and skill development programmes, facilitating their reintegration into the society.

11. DESTRUCTION OF SELF-GROWING PROPAGATIVE VEGETATION

- 11.1. If a Panel Lawyer, PLV or any other member engaged in legal services institution identifies self-growing propagative vegetation, including cannabis, opium, or any other vegetation used for deriving narcotic drugs and psychotropic substances, they shall intimate any member of DAWN-Unit about the discovery along with the exact location and other relevant details.
- 11.2. The concerned member upon receiving such information shall put the details before the district DAWN-Unit.
- 11.3. The DAWN-Unit upon receiving such information shall prepare a detailed report of the same and send to the concerned SLSA of the State.
- 11.4. DAWN Units and SLSAs, upon receiving such reports, may take the following actions:
 - a) The district administration may be advised to undertake necessary steps as per the applicable laws.
 - b) Organize awareness camps in areas affected by abundant growth of self-growing propagative vegetation regarding the legal and social consequences of narcotic plant growth.

12. CO-ORDINATION WITH DE-ADDICTION/REHABILITATION CENTRES

- 12.1. DAWN-Unit shall nominate any member for the visit to the Rehabilitation and De-addiction Centre(s) situated within their jurisdiction at least once in a month. DAWN-Unit shall draw up a list of rehabilitation and de-addiction centres in the district and taluk and shall continuously update this information. The nominated member shall also place the list before DAWN Unit and forward the list to the SLISA along with the details of the concerned person/ Superintendent of the rehabilitation and de-addiction centres.
- 12.2. The nominated member of DAWN-Unit will inspect the facilities at the rehabilitation/ de-addiction centre(s) to assess its adequacy.
- 12.3. The nominated member of DAWN-Unit shall inspect the record regarding visits of the counsellor, psychologist and doctors.
- 12.4. The nominated member of DAWN-Unit shall ensure during the visit that applicable rules and norms are being followed.
- 12.5. In case of identifying any inadequacy in staff, infrastructure or facilities, the nominated member of DAWN-Unit shall make a report in this regard to DAWN-Unit which shall take up the matter with the concerned authorities for removal of deficiencies.
- 12.6. If any human rights violations against victims are identified, the nominated member of DAWN-Unit shall promptly file a report with DAWN-Unit so as to grant legal assistance where such proceedings are to be initiated on behalf of the victim.
- 12.7. DAWN Units shall arrange and organize periodical awareness camps for the victims of drug abuse.

13. FUNCTIONS OF SLISA

The SLISA plays a critical role in ensuring the effective functioning of DAWN Units and broader drug abuse prevention initiatives in line with the objectives of the Scheme. The functions of the SLISA are multifaceted, encompassing coordination, curriculum integration, media strategy, training, monitoring and essential legal services.

13.1. Coordination and Oversight

The Member Secretary, SLISA to ensure a coordinated approach among all stakeholders under the Scheme and oversee the collection of the electronic data of the affected persons/victims of drug abuse. This includes close collaboration with key stakeholders such as the State Commission for Protection of Child Rights, State Pharmacy Council, State Department of Education, State Education Board, National and State Bal Bhawan and the Narcotics Control Bureau. This unified effort is essential for addressing drug abuse comprehensively at the district, state and national levels. The efforts made by the SLISA vis-à-vis challenges being faced or addressed be informed to NALSA.

13.2. Curriculum Integration and Awareness

In consultation with the relevant Education Boards, the SLISA shall endeavour for integrating mandatory drug awareness and prevention content into the school curriculum for classes 6 to 11. The chapters may include—

- a) Identification of plants and substances in their raw, manufactured, synthetic and hybrid forms;

- b) Their legitimate medicinal uses and potential for misuse;
- c) An overview of the drug industry and modes of substance abuse, including voluntary use, recreational use, and deceitful administration;
- d) The physiological, psychological and social consequences of drug abuse;
- e) Measures for prevention, intervention and combating drug abuse;
- f) Implementing any other innovative methods to engage effectively.

13.3. Media and Communication Strategy

Recognizing the power of media in spreading awareness, the SLSA spearheads both traditional and social media campaigns. The SLSA shall collaborate with media service providers to develop a sustained campaign.

DAWN-Unit shall emphasize on the print and digital materials produced by NALSA/ SLSA and also on the tagline/hashtags:

“#SayNotoDrugs:YestoLife”, “#DrugsFreeIndia,” “#NashaMukhtBharat,”
 “#YuddhNasheKeVirudh” “#NopeToDope”

This will be to ensure a consistent and impactful message across digital platforms through:

- Radio talks, television programmes, TED talks, podcasts, commemoration of Anti-Drug Day (26 June) featuring Judicial Officers with permission of competent authority, lawyers, psychiatrist, psychologists, police officers, influencers and stakeholders.
- Short films, videos, documentaries, reels and interviews with former addicts and their families.
- Competitions on the subject of drug de-addiction and rehabilitation, to further engage and educate the public.

13.4. Training and Capacity Building

13.4.1. The SLSA is tasked with developing and implementing comprehensive training programmes to enhance the skills of various stakeholders involved in drug abuse prevention and legal support. This initiative is designed to build capacity across multiple levels and ensure that everyone from law enforcement and Judicial Officers to community volunteers are well-equipped to address substance abuse challenges effectively.

13.4.2. At the state level, the SLSA will roll out a structured training plan, ensuring that sessions are scheduled regularly and cover all necessary topics. Collaboration with institutions such as the Judicial Academy will facilitate the sharing of standardized training materials, creating a cohesive approach across the board.

13.4.3. Key training initiatives include:

a) *Targeted Training for Key Stakeholders:*

Training sessions will be organized for representatives of Panchayati

Raj Institutions (PRIs) and Urban Local Bodies (ULBs), police functionaries, paramilitary forces, Judicial Officers and members of the Bar Associations/ Bar Councils. These programmes will focus on substance use prevention, equipping participants with the necessary knowledge and skills.

b) Capacity Building in Institutional Settings:

Specialized programmes will be conducted for staff in prisons and juvenile homes and Integrated Child Protection Services (ICPS) functionaries such as Child Welfare Committees (CWC) and Juvenile Justice Boards (JJB). The goal is to foster respectful, non-judgmental and non-stigmatizing attitudes, ensuring that appropriate referrals and treatment mechanisms are in place.

c) Educational and Community Outreach:

Identify and train selected teachers/ peer educators in the schools/ community along with implementation of early prevention education through life skill training led by trained teachers/ peer educators. Teachers and counsellors will receive training on various assessment tools designed for the early identification of substance abuse and related risk factors.

d) Mandatory Orientation and Training:

Within two months of the implementation of this Scheme, the Member Secretary, SLSA, will initiate mandatory orientation and training to ensure that members of the DAWN-Unit or other concerned stakeholders are fully equipped with the necessary knowledge and skills to implement the scheme effectively. This orientation is designed to familiarize the designated functionaries with the scheme's objectives and roles.

Additionally, the SLSA will conduct regular training sessions aimed at enhancing the overall functioning of the DAWN Units. These periodic training initiatives will serve as a platform to update and reinforce best practices, address emerging challenges and ensure that all involved stakeholders remain proficient in their roles.

e) Specialized Training Programme:

A specialized training programme will be implemented to address the specific needs of various stakeholders involved in substance abuse prevention. This programme is focused on building specialized competencies for early detection and intervention, thereby strengthening the network of professionals and community workers who engage directly with vulnerable groups. The specialized training will cover:

- Social workers, psychologists and counsellors: Focusing on advanced intervention techniques, de-addiction counselling and rehabilitation strategies.
- Functionaries from women's groups: Equipping them with skills to support women, including pregnant women, in early detection and effective intervention.

- Anganwadi/ASHA workers and village-level functionaries: Training these grassroots workers to identify early signs of substance abuse and to facilitate appropriate referrals and community support.
- Youth volunteers: Empowering young community members to act as peer educators and frontline identifiers of substance abuse issues.

Through these multifaceted training initiatives, the SLSA aims to create a robust network of well-informed legal service workforce and community workers who can collaboratively prevent substance abuse and provide effective legal support and rehabilitation services.

13.5. Monitoring and Recognition of Excellence

- 13.5.1. The details regarding the constitution of the DAWN-Unit shall be communicated by the DLSA to the SLSA in Format A. The DAWN-Unit shall communicate every subsequent change in the Unit, after induction or omission of any member, to the concerned SLSA. To maintain transparency and effectiveness in implementation, the SLSAs will ensure structured monitoring and reporting mechanisms. This will be ensured by collating regular monthly data from DAWN Units as per prescribed Format B. The SLSA shall submit quarterly reports to NALSA regarding the impact and reach of the scheme, as per Format C.
- 13.5.2. Outstanding contributions by DAWN Units, Secretaries of DLSAs/SLSAs, Panel Lawyers and other key stakeholders to be formally recognized and rewarded at district, state and national level. This recognition serves to motivate all involved and reinforces a commitment to excellence.
- 13.5.3. Through these diverse functions, the NALSA/SLSA ensures a comprehensive, coordinated and effective approach to combating drug abuse and providing legal services, ultimately strengthening community resilience and safeguarding public health.

14. PROVISIONS FOR EXPENDITURE:

- 14.1. All expenditures to be incurred for implementing the Scheme shall be borne from the grants in aid funds, after the approval of the Hon'ble Executive Chairman of the concerned SLSA.
- 14.2. The DAWN-Unit may, with the approval of the Hon'ble Executive Chairman of the concerned SLSA, fix honorarium for the members of the unit.
- 14.3. DAWN-Unit shall also provide for the travel and other miscellaneous expenses to the PLVs and other members as per the specified state government rates, as and when required.
- 14.4. DAWN-Unit shall incur the necessary expenses for making the Scheme functional and other miscellaneous expenses such as convening the meetings, from the grants in aid funds, under intimation to SLSA.

APPENDIX - A

EXISTING LEGAL PROVISIONS AND POLICY FRAMEWORK

The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985

The NDPS Act, 1985 is the primary law in India dealing with narcotic drugs and psychotropic substances. Before its enactment, the statutory control over these subjects was dealt through various Central and State enactments like the Opium Act, 1857, the Opium Act, 1878 and the Dangerous Drugs Act, 1930.

Later, with the developments at national and international level, the Parliament enacted the NDPS Act, 1985. The objective of the Act is to consolidate and amend the law relating to narcotic drugs. It makes stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances. Further, it provides for the forfeiture of property derived from, or used in, illicit traffic in narcotic drugs and psychotropic substances. This is to implement the provisions of the International Conventions on Narcotic Drugs and Psychotropic Substances.

The international drug control system is built upon three key conventions. The **Single Convention on Narcotic Drugs of 1961**, as amended by the **1972 Protocol**, laid the foundation for global drug regulation. The **Convention on Psychotropic Substances of 1971** extended control to psychotropic substances, restricting their use to medical and scientific purposes. Finally, the **United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988** strengthened measures against drug trafficking, with a particular focus on preventing the diversion of precursor chemicals and combating money laundering.

The Drugs and Cosmetics Act, 1940 and Cosmetics Rules, 1945

The Drugs and Cosmetics Act, 1940 regulates the import, manufacture, distribution and sale of drugs and cosmetics. The primary objective of the Act is to ensure that the drugs and cosmetics sold in India are safe, effective and conform to stated quality standards. The Drugs and Cosmetics Rules, 1945 contains provisions for classification of drugs under given schedules and there are provisions prescribed in the said Act & Rules for the manufacture, sale and distribution of Drugs and Cosmetics.

The Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act, 1988 (“PITNDPS”)

The punishment part in drug trafficking is an important one but its preventive part is also essential. Therefore, the Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act, 1988 came to be introduced. The aim was to prevent illicit traffic rather than punish after the offence was committed.

The NDPS Act, 1985, prosecuted illegal trafficking, while the PITNDPS Act, 1988, was introduced to further strengthen control. It is an act to provide for detention in certain cases for the purpose of preventing illicit traffic in narcotic drugs and psychotropic substances and for matters connected therewith.

The Juvenile Justice (Care and Protection of Children) (JJ) Act, 2015:

The Act aims at grant of care, protection and rehabilitation of a juvenile vis-à-vis the adult criminals. Children introduced to drug abuse and affected by substance abuse are considered as children in need of care and protection under the JJ Act, 2015.

In particular, Section 77 and Section 78 of the Act provides punishment qua narcotic drugs and psychotropic substances relating to children. Section 77 provides for penalty for giving intoxicating liquor or narcotic drug or psychotropic substance to a child. Section 78 provides for punishment when using a child for vending, peddling, carrying, supplying or smuggling any intoxicating liquor, narcotic drug or psychotropic substance.

The Constitution of India

Article 15(3): Nothing in this article shall prevent the State from making any special provision for women and children.

Article 21: Protection of life & personal liberty: No person shall be deprived of his life or personal liberty except according to procedure established by law.

Article 39(f): That children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Article 47: The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.

National Health Policy, 2017

The policy articulates to institutionalize inter-sectoral coordination at national and sub-national levels to optimize health outcomes, through constitution of bodies that have representation from relevant non-health ministries. The policy prerequisite is for an empowered public health cadre to address social determinants of health effectively, by enforcing regulatory provisions. The policy identifies coordinated action on seven priority areas for improving the environment for health:

- The Swachh Bharat Abhiyan
- Balanced, healthy diets and regular exercises
- Addressing tobacco, alcohol and substance abuse
- Yatri Suraksha—preventing deaths due to rail and road traffic accidents
- Nirbhaya Nari—action against gender violence
- Reduced stress and improved safety in the work place
- Reducing indoor and outdoor air pollution

Recognizing the seriousness of substance abuse and its far-reaching implications, the Ministry of Health & Family Welfare was operating the national **Drug De-Addiction Programme (DDAP)** with the aim of ensuring affordable, accessible, and evidence-based treatment for all substance abuse disorders through government healthcare facilities, while also enhancing the capacity of healthcare personnel in identifying and managing these disorders. Now, this programme has been renamed and incorporated into a broader scheme called National Program for Tobacco Control and Drug Addiction Treatment (NPTCDAT), which is one of the Tertiary Care Programs for Non-Communicable Diseases and e-Health, initiated by the Government of India.

The **Joint Action Plan on Prevention of Drugs and Substance Abuse among Children and Illicit Trafficking** was developed by the National Commission for Protection of Child Rights (NCPCR) in collaboration with the Narcotics Control Bureau (NCB) in 2021. The plan aims to prevent drug and substance abuse among children, curb their involvement in drug trafficking, and strengthen law enforcement and rehabilitation efforts.

Similarly, the Ministry of Social Justice and Empowerment has been implementing the National Action Plan on Drug Demand Reduction (NAPDDR) (2018-2025). It provides a host of services, including awareness generation, counselling, treatment and rehabilitation of dependents (addicts). As part of this initiative, the Nasha Mukta Bharat Abhiyaan (NMBA) was launched on August 15, 2020, initially targeting 272 high-risk districts and is now being implemented in all the districts of the country since August 15, 2023. The Nasha Mukta Bharat Abhiyaan is a three-pronged attack combining the supply curb by the Narcotics Control Bureau, Outreach and Awareness and Demand Reduction effort by Social Justice and Empowerment and treatment through the Health Department. The Action Plan has the following components:

- Awareness generation programmes.
- Focus on higher educational Institutions, university campuses and schools.
- Reaching out into the Community and identifying dependent populations.
- Focus on counselling and treatment facilities in hospitals and rehabilitation centres.
- Capacity building programmes for service providers.

STANDARD OPERATING PROCEDURE (SOP) FOR CARE AND PROTECTION OF CHILDREN IN STREET SITUATION [NCPCR]

The SOP is an endeavour to streamline the processes and interventions regarding children in street situation. The objective is to address the issue relating to Children in Street Situation (CiSS), and ensure that they are kept with their families.

This SOP is also a step-by-step guideline for all stakeholders dealing with CiSS, and primarily the CWC, upon whom the JJ Act, 2015 places the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of children in need of care and protection.

The current SOP 2.0 deals with the issues and challenges identified in the implementation phase and provides for the holistic treatment, from care to rehabilitation, by linking the identified CiSS and their families, when identified, with several social protection schemes available by the centre and State Governments.

TYPES OF DRUGS AND SUBSTANCES

Under the NDPS Act, 1985

Narcotic Drugs

These are plant-based and traditional drugs. In the Indian context, drugs derived from Cannabis plants and Opium poppy plant are quite commonly seen. Ganja and charas (hashish), derived from the Cannabis (ganja, hemp) plants, are frequently abused drugs and are available in almost all parts of the country. Likewise, opium, morphine and heroin (brown sugar) are well-known derivatives from Opium poppy plant.

Legally, as per Section 2 (xiv), narcotic drug means coca leaf, cannabis (hemp), opium, poppy straw and includes all manufactured goods.

Psychotropic Substances

Section 2 (xxiii) of NDPS Act, 1985 states that “psychotropic substance” means any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material included in the list of psychotropic substances specified in the Schedule (the list of psychotropic substances under the Schedule contains 120 items and their salts and preparations).

Controlled Substances

Section 2 (viid) of NDPS Act, 1985 states that “controlled substance” means any substance which the Central Government may, having regard to the available information as to its possible use in the production or manufacture of narcotic drugs or psychotropic substances or to the provisions of any International Convention, by notification in the Official Gazette, declare to be a controlled substance.

Classification of Drugs

Narcotics	Opium, Morphine, Heroin
Depressants	Barbiturates, Tranquilizers
Stimulants	Amphetamine, Cocaine
Hallucinogens	LSD, Charas, Ganja, Mescaline

FORMAT A**Details of the Constitution of DAWN units**

To be submitted by the DLSAs to the SLSA within one month of the constitution of the DAWN, and upon every subsequent deputation or removal of any person from the Unit

Name of the District						
S. No.	1	2	3	4	5	6
	Mandatory members of the DAWN units [Para 6.1 of the Scheme]			Additional Members of the DAWN units [Para 6.2 of the Scheme]		
	<i>Inclusion of all mandatory members? (<input checked="" type="checkbox"/>/<input checked="" type="checkbox"/>)</i>	<i>Details of the Members</i>		<i>Inclusion of all additional members? (<input checked="" type="checkbox"/>/<input checked="" type="checkbox"/>)</i>	<i>Details of the Members</i>	
		Name	Designation	Name	Designation	

FORMAT B**Monthly Report on Activities Undertaken by DAWN unit***To be submitted by the DAWN Unit to the SLSA at the end of every month*

A. General Information	
Month & Year-	
District	
Total DAWN members involved-	
Name DAWN unit head (Secretary, DLISA)	

B. Summary of Activities Conducted							
	1	2	3	4	5	6	7
S. No.	Date of the Programme	Venue	Subject	Targeted Audience	Total Number of Participants	Total Number of Awareness Activities Conducted	Remarks (if any)

C. Legal Aid & Justice Support Provided									
	1	2	3	4	5	6	7	8	9
S. No.	Name	Age & Gender	Nature of Drug Abuse (Cannabis, Opioids, etc)	Type of Legal Assistance Provided as per Legal Services Authorities Act, 1987 (tick the applicable option)				Status (Ongoing/ Resolved)	Remarks (if any)
				Legal Counselling	Criminal Defence	Rehabilitation & Social Welfare Support	Others (specify)		

D. Rehabilitation and Social Welfare Support						
	1	2	3	4	5	6
S. No.	Name of the Beneficiary	Age & Gender	Type of Support Provided (Deaddiction, Vocational Training, Job Mela, etc.)	Referral Center Name (if applicable)	Status (Admitted, In Progress, Completed)	Remarks (if any)

E. Training and Capacity Building Programme

	1	2	3	4
S. No.	Date of Training/ Capacity Building Programme	Venue of Training/ Capacity Building Programme	Topic/ Focus Area in the Capacity Building Programme	Number of Participants

FORMAT C**Quarterly Report on Activities Undertaken by DAWN unit***To be submitted by the SLSA to NALSA at the end of every quarter.*

A. General Information	
Quarter-Months & Year	
State	
Total number of districts	
Total number of active DAWN units	

B. Summary of Activities Conducted							
	1	2	3	4	5	6	7
S. No.	Name of the District	Number of Awareness Programmes Conducted	Total Number of Beneficiaries Reached	Total Number of Legal Aid Cases Handled	Total Number of Rehabilitations Facilitated	Total Number of Training/ Capacity Building Programmes Conducted	Remarks (if any)

DRUG FREE INDIA



**RISE ABOVE
THE DARKNESS**



Say
NO TO DRUGS





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