

CHAPTER X

Role of NGOs in Drug Demand Reduction

R. Ray



ROLE OF NGOs IN DRUG DEMAND REDUCTION

R. Ray

It has been seen in earlier chapters (chapters VI, VIII and IX) that many NGOs are actively involved in drug demand reduction activities in this region. This is in keeping with the role of voluntary organizations in several health and welfare programmes. A number of these organizations are very resourceful, have dedicated workers and have attracted funding from both the government and several international donor agencies.

Gulhati and others (1995) reviewed voluntary action in health, environment and women's development in India. They found that NGOs broadly fell into two categories. The first consisted of organizations that undertook functions for the benefit of their members. The other kind helped grassroot groups who were not necessarily members.

A few received generous funding from the government and were largely governmental in character. Others generated their own resources. Both had some factors in common — high voluntary participation, a lesser degree of institutionalization and usually non-profit making and self-governing. Some NGOs are dedicated organizations and have a great deal of expertise in the area of demand reduction, while others are involved in many activities including drug abuse control. Some are highly vocal and play an important advocacy role to highlight various drug abuse related issues, demanding a national action plan. Gulhati et al. also commented that collaboration between the government and NGOs was crucial for successful implementation of a programme.

Interaction between GOs and NGOs can be of different types: (a) exchange of information only, (b) pilot-testing of government initiatives, (c) innovations achieved by NGOs are replicated by the government on a larger scale and (d) joint delivery of service. However, there can be several instances of friction and often governments may try to change the policy and programme of the NGOs.

NGOs are extremely active in Nepal, India and Sri Lanka. In fact, in Nepal and Sri Lanka most preventive education and treatment rehabilitation measures are carried out almost exclusively by NGOs. India has the highest number of NGOs in the region, most of which complement the government's efforts well.



A Play by the Indian Council of Education in Tihar Jail

This chapter outlines the activities of several NGOs in the region in drug demand reduction, and delineates the contributions from several agencies, both national and international. An attempt has been made to depict the variety and range of activities undertaken by them; case studies have been presented as box items.

In Sri Lanka, a common mandate led to the formation of the Federation of Non-Government Organizations Against Drug Abuse (FONGOADA) in 1986. The Federation is a recognized umbrella organization that works in tandem with local NGOs and international agencies. Currently, FONGOADA has eight full-time members, all non-profit NGOs, supported by 14 other organizations that are engaged in a number of service activities. Major areas of activity are:

- NGO support programme through quality assurance
- WHO seed project
- Counsellor training
- European Economic Commission supported project
- Publications

Campaigns on occasions such as World Temperance Day and World Anti-Drug Day are also carried out. (FONGOADA, 1997; *National Master Plan*, Sri Lanka). In addition, numerous organizations in the country carry out drug control activities while not being members of FONGOADA.

A description of activities by individual organizations has been provided — the range of activities conducted by Sri Lanka Anti-Narcotics Association (SLANA) and Alcohol and Drug Information Centre (ADIC) in Sri Lanka are discussed

in **Box Items 30a and b**. Both organizations are supported by UNDCP.

In Bangladesh, NGOs have become a respectable alternative force working towards socio-economic development. Their activities include non-formal literacy, empowerment and treatment and rehabilitation of drug addicts. Bangladesh Rehabilitation and Assistance Centre for Addicts (BARACA) is approved by the government and is involved in several activities. It was visualized that NGOs could contribute towards prevention, education, and awareness building besides treatment and rehabilitation. As mentioned in chapter VI and the Country Profile (**Annexure 1**), Bangladesh has nine dedicated NGOs working towards drug demand reduction, with a total of 190 beds between them for in-patient treatment. The report from one of these organizations, APON, indicates the kind of activities that have been carried out in recent times (see **Box Item-30c**).

In Nepal, a number of NGOs provide detoxification and treatment centres. Five of the 81 registered NGOs are extremely active. Between them, the NGOs have 102 beds and carry out most demand reduction activities. Several innovative projects have been executed, including a needle exchange programme by LALS (chapter VIII, **Box Item-21**).

In India, the Ministry of Welfare has encouraged NGOs to involve themselves in drug demand reduction. Till March 1997, 341 centres have received assistance from the Ministry; 218 of these are drug awareness centres and 123 are treatment and rehabilitation centres. In 1996-97, 3,05,098 persons were registered for help (Country Profile, India). Several activities including awareness building, prevention and mass awareness programmes besides treatment and rehabilitation have been carried out. Many innovative projects are up and running, including the use of street theatre to create awareness on drug abuse (**Box Item-30d**) and drug abuse prevention and rehabilitation for street children (**Box Item-30e**). The Navjyoti Rehabilitation Project is an example of collaboration between agencies involved in supply reduction (police) and demand reduction activities (**Box Item-30f**). Drug abuse awareness prevention has been carried out among criminal addicts (**Box Item-30g**). All these activities have received assistance from UNDCP. Several other NGO activities have been covered in previous chapters — therapeutic community in prison (chapter VIII, **Box Item-19**), buprenorphine maintenance in an urban slum of Delhi (chapter IX, **Box Item-28**) and prevention and control of drug abuse at the workplace (chapter IX, **Box Item-29**).

Several NGOs have formed an umbrella forum or federation in their respective countries — from

FONGOADA in Sri Lanka, to the National Coordination Council of Anti-Drug NGOs (NCCADN) in Bangladesh (**Box Item-31**), as well as the Bangladesh Anti-Drug Federation of NGOs (BADF, **Box Item-32**) and FINGODAP in India (**Box Item-33**).

Several regional or inter-country federations of NGOs also exist. These include the SAARC NGO Forum, SAFNGO, (**Box Item-34**) and the Asian Harm Reduction Network, AHRN (**Box Item-35**). Their objectives and activities have been described in these boxes as illustrative case studies. In 1990, the SAARC Secretariat convened the first meeting of NGOs in prevention of drug abuse in Kathmandu, and the SAARC NGO Forum was established in April 1995 at a meeting in Dhaka, Bangladesh. A pro-tem committee comprising 15 members was appointed. Various themes such as networking, community mobilization, activities, training needs and partnerships between GOs and NGOs were discussed. Another inter-country group for the region met in Colombo, Sri Lanka, in 1994. The deliberations and consensus statement on standards of service and training needs are available in the Forum Report (1994). The Colombo Plan Drug Advisory Programme and the SAARC Secretariat have both been very active in this regard.

In his address at the SAARC meeting of NGOs in Dhaka (1995), Professor Kodagoda enumerated the several advantages of NGO involvement in drug control measures. He also pointed out several deficiencies among the NGOs — lack of planning, inadequate evaluation, narrow focus and poor coordination with GOs. He was optimistic, however, and felt that NGOs were an essential and integral component of both national and international drug control measures.

The advantages of NGOs are numerous. Organizations with a good community support base have a closer relationship with their local constituencies and their activities tend to be self-sustaining. The significant role played by NGOs was acknowledged in Article 71 of the Charter of the United Nations, which recognized their role in drug demand reduction. In recent years, more emphasis has been placed by United Nations bodies — including UNDCP — on cooperation with NGOs. NGOs in consultative status may attend CND meetings as observers. It is likely that specialist NGOs would be highly active in the future and shape national policy (UNDCP, 1997).

RESOURCE DOCUMENTS

1. Country Profiles — Bangladesh, India, Nepal and Sri Lanka (see Annexures).
2. Forum Report (1994): 'Forum meeting — Colombo, Sri Lanka', September, 1994.
3. Gulhati, R, K Gulhati, A Mehra and J Rajan (1995): *Strengthening Voluntary Action in India*. Konark Publishers Pvt Ltd, Delhi.
4. *National Master Plans*, Bangladesh, India, Nepal and Sri Lanka.
5. FONGOADA (1997): 'Report of the Secretary'.
6. SAARC Forum (1995): 'The Role of NGOs in Drug Demand Reduction: Report of the meeting held at Dhaka, Bangladesh, April 1995'.
7. UNDCP (1997): *World Drug Report*. Oxford University Press, New York.

BOX ITEM - 30a

DEVELOPMENT OF TRAINING GUIDES FOR PERIPHERAL IMPLEMENTATIONS, SLANA

Dharshine Guniyangoda

Founded in 1988, the Sri Lanka Anti-Narcotics Association (SLANA) is a non-governmental resource centre for the promotion of drug abuse prevention in Sri Lanka. SLANA was established in response to the challenges of drug abuse and to carry out the task of drug abuse prevention.

In partnership with individuals, private and public institutions, non-governmental and community based organizations, SLANA seeks to meet today's challenges through education and human resource development and to apply social marketing techniques to education, training, research, technology management and behavioural analysis.

SLANA brings to the field of drug abuse prevention a broad range of programmes and products to raise awareness on the issues, challenges and the benefits that prevention offers to individuals, communities and the country. Its membership forms the organizational backbone and provides a key resource for interpersonal communication against drug abuse as well as a direct link to local communities.

The mission of SLANA is to provide leadership in preventive activities, especially in primary prevention by formulating and initiating effective strategies to develop lifetime skills for the disadvantaged citizens of Sri Lanka, thereby empowering them to participate and contribute towards the development and democratic processes of Sri Lanka.

Backed by its expertise in drug prevention activities, SLANA proposed to provide knowledge to concerned people at the community/grassroot level (change agents), and to impart the necessary skills for drug abuse prevention at a primary level. The latter was done through a resource guide that can be utilized by peripheral implementers with diverse levels of expression and knowledge for creating change.

Change refers to modifications that may take place in people, relationships, organizations, communities or societies. Change can be defined in an endless variety of ways, but in general change refers to modifications that take place within people and relationships. It sets out what should be done by change agents who are about to become involved in a change relationship. By focussing not on what could happen but rather on what should be

done, the model provides some guidance on how to undertake a change effort.

The objectives of this programme are to provide the essential concepts and strategies of drug abuse prevention and to provide skills to plan and implement drug abuse prevention activities and programmes for integrating with other community based responses.

The training has been designed to focus on the needs of diverse community planning teams, rather than on the individuals who make up the teams. The training is highly interactive and participatory.

The development of the module (guide) evolved through:

- assessment of needs of three different communities
- assessment of community resources and levels of information needed
- national assessment of peripheral implementers at a workshop.

The criteria for selecting locations for testing the module were production, prevalence and trafficking of drugs of abuse.

The module (guide) includes handouts, visual material (transparencies) and a manual, with agendas for one-day, two-day and three-day programmes. The content is focussed on primary prevention strategies to be implemented by these peripheral implementers. It includes principles of primary, secondary, tertiary prevention and techniques of planning. The project activities are supported by UNDCP and it is proposed that these should be documented and reported in publication form. We hope that this guide will be useful to other countries in the SAARC region.

BOX ITEM - 30b

DEMYSTIFICATION APPROACH TO DRUG PREVENTION IN SELECTED COMMUNITIES (ADIC)

Kushlani Amarasuriya

This project, Alcohol and Drug Information Centre, supported by UNDCP is being carried out in six communities in Sri Lanka (two schools, two villages, two slums). These communities are situated in Colombo and Galle — two districts with relatively high prevalence of illicit drug use. The main objective of this project is to demystify the use of drugs, on an experimental basis, in the selected communities in order to change the social perception of drug use to a dull, unexciting, and unpleasant activity. Before carrying out any interventions, baseline surveys are carried out. After the survey, various drug prevention activities are implemented in these communities based on four broad themes :

1. Change of social image and value by reversing positive perceptions of alcohol and other drug use.
2. Demystification of alleged alcohol and other drug effects and devaluing socially unacceptable behaviour, including drunken behaviour, especially against women.
3. Drug prevention as an essential component of health and development.
4. Drug prevention as an aspect of general education, enrichment of people's lives and empowerment.

Among the activities carried out are home visits in villages/ slum areas, screening of videos, distribution of leaflets, displays of posters and training programmes. Students, youth, children, women and users have been targeted and mobilized into action. An evaluation survey will be conducted after 10 months of intervention.

BOX ITEM - 30c

APON—ADDICTION REHABILITATION RESIDENCE, DHAKA

Br. Ronald Drahzoal

Bangladesh is a small country with a very dense population. Though largely rural, its cities are growing at unmanageable rates. A large and growing number of the 125 million people in the country are either abusing or addicted to drugs.

APON is located in Mohammadpur, a residential suburb of the capital, Dhaka. This area also includes schools, markets, refugee camps, a sweeper colony and slums. All sorts of drugs are readily available to anyone of any age.

APON was established in 1988 and is one of the two drug rehabilitation centres in Bangladesh. APON has adapted and developed methods of treatment and rehabilitation that will have lasting effects on the recovering addicts. This includes a halfway house for aftercare, and a programme for youngsters in the locality who are addicted to tobacco and other drugs.

The process is based on the Twelve Step Recovery Programme in conjunction with group activities, individual counselling and daily classes. The aim is to treat the whole person — spiritually, mentally, emotionally and physically. Activities at the centre begin early in the morning and continue till late at night. APON's facilities are open to any addict or alcoholic who desires to live free of drugs. Addicts' families are also involved in the recovery process of the addicts. At the weekly Families Anonymous Meeting, about 30 family members attend. Women tend to be the most regular. APON cooperates with others on issues of awareness, treatment, and training of staff in programmes related to drug addiction.

People of all classes of society and religious beliefs will find the staff at APON ready to listen, provide information or counselling and assistance when possible. Those seeking admission for residential treatment pay according to their means, so some pay little or nothing. At present there are 36 residents from all over Bangladesh. After primary treatment, aftercare continues.

A number of high risk youngsters in the area often drop-in to play football or spend some time in a healthy atmosphere. Literacy training is provided to them and skill training has been started recently. Drug awareness and

outreach programmes in the community are also part of APON's work. The staff comprises the Director and four ex-addicts.

Addicts, often distrusted and disowned by society and even their families, are also rehabilitated back into society as useful citizens through the skill training and work programmes within APON. Besides their therapeutic value, these work programmes provide some income for APON to help pay for some of the expenses incurred.

The grant received from UNDCP has enabled APON to concentrate more on its objectives, knowing that there are funds for at least some basic needs. APON has been able to admit 50 per cent more addicts than planned. It has become easier to implement the objectives and develop the children's programme, an offshoot of the regular treatment and outreach programme.

The activities at APON overlap and support each other, using some of the same staff and facilities. The main activities are the following:

- Public education and awareness
- Residential centre providing primary treatment
- Rehabilitation in all its aspects
- Aftercare facilities and assistance
- Halfway house
- Family programmes and counselling
- Community outreach to motivate high risk youngsters and their families
- General counselling services on drug abuse
- Drop-in centre
- Training of staff involved in similar projects or activities
- Collaboration with all agencies, national and international, who are concerned with issues of health in general, including HIV/AIDS, and drug abuse in particular.

BOX ITEM - 30d

ALL INDIA STREET THEATRE WORKSHOP AGAINST DRUG ABUSE, STEP

Rakesh Bhardwaj

STEP, established in May 1993 has been actively working on creating awareness about various problems through theatre. Through this medium STEP has not only promoted creativity but also awareness about present day social issues.

The objectives of the Society for Theatre Education for People are:

- to develop, refine and promote the concept of theatre education in India
- to integrate with other networks and institutions for attaining the objectives
- to provide informative and healthy entertainment to the masses
- to organize seminars, workshops, conferences, exchange visits, symposiums on meaningful theatre
- to promote the use of theatre for social awareness.

Some Steps for Promoting Drug Abuse Awareness

- A theatre workshop, "Theatre as a Medium for Raising Awareness Against Drug Abuse", in April 1995 in Dakshin Puri (resettlement colony of New Delhi).
- A project, "*Mukhota*—Street Plays on Drug Abuse Awareness and Community Support", conducted from May to September 1996, with assistance from UNDCP.
- Two exhibitions of posters against drug abuse made by children.
- "All India Street Theatre Workshop against Drug Abuse", from 18 to 24 September 1997.

RELEVANCE OF STREET THEATRE IN CREATING AWARENESS AGAINST DRUG ABUSE

Since its inception in the 19th century street theatre has been a suitable vehicle for educating and making the masses aware. The relevance of street theatre gains significance in light of the fact that communication becomes interpersonal, wherein the onlookers/audience can pose queries and clarify their doubts. Sometimes a street play is followed by intervention services where



Drug Abuse Awareness through Street Theatre

counsellors provide referral services to drug addicts or those who want further information.

The main objective of the recent undertaking of STEP, “All India Street Theatre Workshop Against Drug Abuse”, was to use the medium of street theatre to build a national campaign against drug abuse. Specific objectives of the workshop were:

- To inculcate the following skills in participants for effective street theatre — body movements, puppetry, script writing, music appreciation, poster making, and other street theatre skills.
- To enable the participants to use these skills in creating awareness against drug abuse.
- To network with other NGOs working against drug abuse in different States of India.

Twenty participants from NGOs from various parts of the country attended the workshop. Most of them were working as counsellors in treatment centres. During the workshop, they shared their experiences and worked hard to acquire skills on street theatre.

The participants, with the help of their resource persons and their own experience from other sessions in the workshop, developed four different plays. During the development of these plays the resource persons introduced various exercises to improve the performance of the participants. All the four plays were based on the concept of creating awareness against drug abuse.

On 24 September, 1997, the last day of the workshop, the plays were performed in Jamuna Pushta slums at various spots. Each play was seen by almost 800-900 people. This was very a exciting moment for the participants.

Feedback from participants was gained through discussions. According to them the workshop was very enjoyable and educative. All the participants were enthusiastic to go back to their areas of work and use the experience gained at the workshop. The workshop remained hectic throughout but nothing could deter the enthusiasm and hard work of the participants. Overall, the workshop was indisputably a success.

BOX ITEM - 30e

DRUG ABUSE PREVENTION AND REHABILITATION FOR STREET CHILDREN IN MADURAI, NANBAN

Br. S. James

Madurai, the temple city in the heartland of Tamil Nadu, in spite of its religious traditions, cultural background and literary excellence, has now turned out to be a hotbed of drug abusers, especially street and working children. A random survey conducted by NANBAN, a centre for street and working children, has revealed the shocking truth that 91 per cent of these children are victims of drug abuse.

The reason for their falling prey to this evil is not difficult to find and is not different from the ones that are found elsewhere in the country, among their peers. But one statement stood out and NANBAN investigators wondered if there could be any parallel anywhere else in the country to this phenomenon: **the users claimed that they took drugs to increase their sexual prowess.** What was more alarming was that they were in the age group of 12 to 16 years.

Our survey also revealed that these addicts were using intravenous injections of brown sugar, *ganja* (cannabis), pethedine, Dormain 10, chloroform as well as country liquor. All these items are freely available and children have unrestricted access, which they claim gives them a feeling of adulthood.

When the development workers of NANBAN approached them, there were not many takers for its de-addiction programme. But we were able to persuade a few to attend the de-addiction camp organized by us. Unfortunately, half of them dropped out as the camp progressed.

NANBAN, with support from UNDCP, adopts a three-pronged strategy to help these children:

- We try to enlist the support of the community, especially the parents of the children and their neighbours in an effort to develop resilience among all concerned, and see reality in its proper perspective. For this purpose we have formed groups at the slum level, from where most of these drug abusers emerge, and this strategy had been found to be very effective in the area of prevention.
- Secondly, NANBAN provides information, counselling and psycho-educational support for the children and their families.
- Rehabilitation and integrated programmes for dependent users are carried out. Monitoring and evaluation are integral parts of our programmes.

The task is hard and daunting with seemingly insurmountable hurdles. We have not given up hope and continue our crusade to meet this challenge for both society and individuals. We are optimistic.

BOX ITEM - 30f

NAVJYOTI REHABILITATION PROJECT

Suneel Vatsyayan

UNDCP, through a DAPC (Drug Abuse Prevention Centre) grant, is currently supporting a novel project in Navjyoti-Delhi Police Foundation, on training recovering addicts and co-dependents as peer support counsellors and community workers. The one year project started on 15 April, 1997 and has 25 trainees.

The project has now entered the second and more crucial phase. During the last five months, regular workshops have been held to equip trainees with counselling skills. The trainees come from different socio-economic and educational backgrounds and have received skill training according to their individual needs. A number of trainees who were interviewed were unanimous in their reaction that the programme has been beneficial to them. Barring a solitary exception, all those interviewed mentioned that they had received ample information on different types of drugs and their ill effects that would enable them to answer their prospective clients. Some trainees expressed great satisfaction, as these examples will show:

- Anuj, drug free for almost three years now, says that he has picked up the necessary terminology and techniques needed for effective counselling. He further says that there has been a change in his personality

because of this training. During a recent workshop organized by UNDCP that he attended elsewhere, his contribution was noticed.

- Yameen supports Anuj's views on the programme and opines that his participation in such a programme would earn him recognition in wider society.
- For Sant Ram and his sister, this programme has been a unique learning experience. It took Sant Ram quite some time to acquire any type of formal learning or training. His sister, Sunita, now attends classes in the Navjyoti School in Yamuna Pushta as a result of this training programme. Sant Ram, like other trainees, feels that he has picked up communication skills, can look at work more systematically and manage his time more productively.
- Rishi Pal, another trainee, feels that the 'role plays' and other practical sessions during the training have helped him to improve his skills as a counsellor. He hopes to become a professional counsellor on completion of this training programme.
- For Hussain Yasdar, a recovering addict, referred by the UNHCR, Delhi unit, despite limitations of language, the training programme has been very beneficial. He dreams of starting a drug de-addiction centre in future, on the strength of this training experience.

All the trainees, except the co-dependents, are members of the Navjyoti therapeutic community.

BOX ITEM - 30g

DRUG ABUSE AWARENESS AND PREVENTIVE EDUCATION CENTRE FOR CRIMINAL ADDICTS IN CENTRAL JAIL

Pramila Srivastava

The relationship between drug abuse and crime has been well established. The Indian Council of Education, an NGO with UN consultative status with ECOSOC (Economic and Social Council), has set up a de-addiction centre for incarcerated addicts in the New Delhi prison. The supply of drugs in the prison is related to the consistent demand from criminal addicts, and could not be brought to a halt despite the strict administration of the prison authorities. It has been felt by the Council that a specialized comprehensive drug abuse preventive education programme is needed for the whole prison community.

This centre functions from the premises of the prison. It provides information and knowledge to the inmates and the staff of the prison through audio-visual campaigns about the ill-effects of alcoholism and drug abuse on the individual, the family and society at large. The centre also helps to identify and refer criminal addicts to the de-addiction centre, provides follow-up programmes, and

helps the prison authorities to finalize their rehabilitation programme with the active participation of the addicts and their families. The centre covers 5000 inmates and 350 staff members of the prison. The overall objective of this DAPC (Drug Abuse Prevention Centre) project is to make the prison drug free in a year.

BOX ITEM - 31

NATIONAL COORDINATION COUNCIL OF ANTI-DRUG NGOS (NCCADN), BANGLADESH

Nasir Uddin

Bangladesh, located between the Golden Triangle and the Golden Crescent, the two major heroin producing areas of the world, is not a drug producing country. However, in recent years, the incidence of drug trafficking has been increasing both in volume and frequency. Abuse of various drugs among its citizens has also been reported.

In an attempt to address the growing drug problem, a number of NGOs throughout the country have commenced various drug demand reduction activities like prevention, treatment and rehabilitation programmes.

To augment these efforts, VHSS, the national apex body of health NGOs, felt it necessary to coordinate various anti-drug activities initiated by the NGOs and the Government of Bangladesh (GOB). The initiative took shape on 1 September 1996 with the formation of the National Coordination Council of Anti-Drug NGOs (NCCADN), with its secretariat at VHSS, Dhaka, Bangladesh.

OBJECTIVES

- To organize a national and regional forum that specializes on issues of drug and substance abuse.
- To build up the capacities of NGOs in community prevention of drug and substance abuse.
- To advocate with professional groups the need to establish drug regulations and ensure that these are implemented.
- To produce IEC (Information, Education and Communication) materials to support ongoing activities of different drug abuse themes.

STRATEGIES, METHOD AND ACTIVITIES

1. Networking

- Linkage with other organizations working against drug and substance abuse.
- Facilitate organization of forum that specializes on drug and substance abuse.
- Monitor effectiveness of forum.

2. Institution building

Capacity building of NGOs on the prevention of drug and substance abuse through:

- Training of trainers.
- Orientation of NGOs at district levels.

3. Advocacy

- Meetings with students, and journalists and other professionals.

4. Support communications

Developing the following materials:

- Directory of NGOs working on the prevention of drug and substance abuse.
- Brochure on the forum against drug and substance abuse.
- IEC materials.

ACHIEVEMENTS

Networking — Formation of Forum

- The national forum of NGOs working against drug abuse was formed in July 1996. VHSS organized the first Anti-Drug Coordination meeting. Held on 1 September 1996 at VHSS, 70 participants from more than 40 NGOs attended the meeting. A 15-member Convening Committee was formed and VHSS was selected as the secretariat. Since then, NCCADN has been working as a leading national coordination body in the field of drug demand reduction. Currently, NCCADN has 175 NGOs as members.
- Four regional coordination committees of NCCADN in four divisions (Chittagong, Pabna of Rajshahi division, Jessore of Khulna division, and Sylhet) were formed. The regional committees comprise representatives from both government organizations

(DNC, DC, Police, Social Welfare, Customs etc.) and NGOs.

- VHSS, as the secretariat of the forum (NCCADN), has arranged nine monthly meetings of the Convening Committee.
- In May, 1997, VHSS organized the first general meeting of the forum where 115 representatives from 100 anti-drug organizations took part. Subsequently, an Executive Committee consisting of 21 elected members was formed. The Executive Director of VHSS was elected the President of the Executive Committee of NCCADN.

Institution Building

Training of Trainers:

A six-day long Training of Trainers (TOT) programme on drug demand reduction was organized by NCCADN/VHSS from 4 to 9 January 1997. Seventeen participants from different NGOs all over the country successfully completed the training.

Advocacy

- VHSS and NCCADN jointly organized a meeting to share experiences with recovered addicts. This meeting was held on 25 June, 1997 at the National Press Club. About 20 journalists from different media, 60 other participants from about 30 NGOs and representatives of UNDCP were present.

- An anti-drug rally, a national seminar against drug abuse and observance of International Day Against Drug Abuse and Illicit Trafficking have been organized.
- An advocacy meeting on drug abuse and its prevention and control was held with the students of Sher-e Bangla Nagar Government High School in Dhaka in June, 1997.

Support Communication

- Brochure: A brochure on the NCCADN forum has been produced which contains the background, genesis, mission, strategies and activities of the forum on drug and substance abuse.
- Second edition of the directory on anti-drug NGOs in Bangladesh has been published and distributed.
- An educative anti-drug poster has been produced and distributed to all members of VHSS and NCCADN.
- As a part of its support services, VHSS has collected the format of project proposal for CAP from UNDCP and distributed it to all NGOs.
- NCCADN/VHSS publishes a quarterly newsletter titled 'Anti-Drug News' highlighting GOB-NGO activities in Bangladesh. It also includes activities in the region and the rest of the world.

BOX ITEM - 32

BANGLADESH ANTI-DRUG FEDERATION OF NGOS, BADF

Salahuddin Ahmed

The Government of Bangladesh and those who are conscious of the problem of drug abuse see the elimination of this problem in the country as a priority. Efforts by the government alone are not sufficient to control the situation and the involvement of NGOs and the public is essential. Thus an initiative was taken to form a federation of NGOs and other organizations that would be involved in anti-drug activities.

Formation of Federation

The first meeting was convened by Advocate Rezaur Rahman on 25 October, 1990 at the Dhaka club. Representatives from 40 organizations came to the meeting and suggested that an apex body or forum should be set up to coordinate the activities of all NGOs. The Bangladesh Anti-Drug Federation of NGOs (BADF) was born, and its office was established in Dhaka.

Legal and International Status

The Federation is registered with the Department of Social Welfare of the Ministry of Social Welfare, and is recognized by the Department of Narcotics Control as the apex body. It is a regular member of the International Federation of Non-Government Organizations for prevention of drug and substance abuse (IFNGO).

AIMS AND OBJECTIVES

- To coordinate the activities of member organizations and get the media to focus on them.
- To help member organizations prepare and implement anti-drug programmes.
- To liaise between the different national and international organizations engaged in anti-drug activities.
- To create awareness among people about the evils of drug abuse through seminars, meetings, training

workshops, publication of magazines, stickers, posters, articles and other relevant materials.

- To involve people of all professions in the anti-drug movement.
- To undertake all other activities which could help combat drug abuse both at home and abroad.

ACTIVITIES

- BADF has carried out several national drug demand reduction activities. These include discussion meetings, seminars, training sessions, production of printed materials and walks. These programmes have helped to create an awareness about the negative effects of drug abuse.
- It observes the International Day Against Drug Abuse and Trafficking on 26 June every year.
- BADF organized an International Seminar on 6 June, 1997 on the prevention of drug abuse that attracted about 450 participants from different NGOs and other organizations.
- Representatives of BADF have participated in a number of international seminars on drug abuse organized by DNC, UNDCP, Colombo Plan Bureau, SAARC and IFNGO.
- Though BADF does not have a treatment centre of its own, some of its member organizations have treatment centres.

Award Recognition

BADF was awarded several times for its excellent performance by the Department of Narcotics Control.

BOX ITEM - 33

FINGODAP, INDIA

Rajesh Kumar

Federation of Indian NGOs for Drug Abuse Prevention (FINGODAP) is a conglomerate of over three hundred NGOs working in the field of drug abuse prevention throughout the length and breadth of the country. FINGODAP was first mooted at the initiating of SPYM at a meeting of the Ministry of Welfare and NGOs at Shastri Bhawan, Delhi, on 11 August, 1991, and this concept was discussed at successive meetings in the following years, until it was finally launched on 12 April, 1995 at New Delhi. FINGODAP has held various meetings designed to develop collaborative efforts and interactions between NGOs and the Ministry of Welfare to prevent and control alcohol and drug abuse.

FINGODAP was formed with an aim to develop collaborative and fruitful interactions among non-governmental organizations regionally and internationally, to identify the need based services, and implement diversified programmes to prevent and control drug abuse with the ultimate aim of achieving a drug free society. It was to aid the development of a shared monitoring and communication system for collection and collation of drug abuse information and research data for efficient analysis and dissemination among members and other concerned organizations. It was also to attain concerted action among member organizations and other people in the fight against drug and substance abuse including the promotion of communication and education for its prevention, reduction and rehabilitation. The organization was to attain its goals through regional and international conferences, seminars,

training workshops, etc. to further the understanding of and to resolve the problem of drug and substance abuse.

FINGODAP has come a long way since its inception and quite a large number of non-governmental organizations have joined hands to strengthen the federation to oversee their development through sharing of experiences. This has helped in fostering the requisite networking of the voluntary organizations in various States and regions, and they have taken effective steps towards building up capacity and resource mobilization.

FINGODAP in association with other NGOs works catalytically to eradicate the drug abuse menace in the country and looks forward to continued growth in membership and to project activities which are of mutual benefit to member NGOs. The secretariat of FINGODAP facilitates exchange and interaction, including prepared and coordinated projects in close liaison with the Ministry of Welfare, Government of India. The secretariat also acts as a conduit through which project programmes and ad-hoc committees are managed. FINGODAP is self-funded for its day-to-day activities through membership fees. Its registered office is located in the SPYM complex, New Delhi.

FINGODAP held its first national conference (15 to 17 November, 1996) at the University of Pune, Pune. This conference served as a platform for nation-wide NGOs to come together and chalk out a concrete programme of action to work towards achieving a drug free society.

BOX ITEM - 34

NGO INVOLVEMENT IN DRUG DEMAND REDUCTION: SAARC NGO FORUM, SAFNGO

Shirley Tissera

The philosophy of most non-governmental organizations (NGOs) is that “service is the rent one pays for the few inches of space one occupies on planet Earth”. Many NGOs have realized that overcoming the problems related to drug and substance abuse in the SAARC region needs to be given the highest priority. It is also well known that the drug abuse problem in the SAARC region is more acute due to general poverty and the consequent lack of both financial and technical resources.

NGOs of the SAARC region have been very actively involved in all aspects of drug demand reduction including activities related to prevention, treatment, rehabilitation, research and counselling. NGOs also realize that true success depends on networking between themselves, as well as working closely with the government, and other organizations at national, regional and international levels.

FORMATION OF SAFNGO

NGOs in countries of the South Asian region — India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan and Maldives — have made a tremendous effort over the years towards the prevention and control of drug and substance abuse. Recognizing that drug and substance abuse transcend not just age, religion and background, but national boundaries as well, a decision to inaugurate the South Asian Federation of NGOs (SAFNGO) was taken at the meeting of NGOs of SAARC Countries held in April, 1995 at Dhaka, Bangladesh. This meeting, organized by Ms. Chung Tsu Tuan, Drug Advisor of the Colombo Plan Bureau, was attended by representatives of NGOs nominated by the national focal points of SAARC member countries.

ACTIVITIES OF SAFNGO

Among the activities identified were the development of collaborative interaction among NGOs regionally and internationally, the establishment of a data base of information and resources available in the SAARC region so that these resources and information could be shared among all NGOs in the region, the organizing of regional and international conferences, seminars and workshops to further understand and resolve problems. We also agreed to work towards solving other related problems — AIDS, poverty and community development, which are

considered contributory factors to the problems of drug dependency.

The members of the newly formed SAFNGO agreed that the formation of national level federations or consortiums of NGOs was necessary. It would facilitate the sharing of information and resources at the national level, allow smaller NGOs to have a say, and would help in the selection of representatives to serve at the regional level. Since only Sri Lanka and Bangladesh had set up federations at the national level, it was decided that the first priority of SAFNGO members was to take steps to set up national level federations of NGOs. In India's case, it was suggested that federations be at the State level and representatives be drawn from these State federations to serve on the national federation. This suggestion was accepted by the NGOs concerned.

It was also agreed to publish a SAFNGO newsletter that would include information from the national apex bodies, and compile a directory of NGOs involved in drug demand reduction that would include a list of experts and consultants in the SAARC region. It was felt that training was very essential since there were many untrained staff in the NGOs who provide service. Thus, it was suggested that a core group of trainers be developed to impart skills on sustaining community involvement and on communication skills.

SAFNGO'S ACTION PLAN

It was decided that for the first two years, SAFNGO would organize workshops on a biannual or annual basis to discuss important and current topics. The next workshop was duly held in Colombo, Sri Lanka, in 1996 and other members were to take turns in organizing similar regional level workshops in their respective countries. It was felt that more NGOs from the host country could participate and that this would enable visiting NGOs to make field visits and learn from others' experience. Another important decision was to locate the SAFNGO secretariat initially in Colombo and to establish the resource centre / data base in Colombo.

THE SAFNGO SECRETARIAT

Presently the SAFNGO secretariat is located in Colombo, Sri Lanka. The National Dangerous Drugs Control Board

and the Federation of NGOs Against Drug Abuse (FONGOADA) in Sri Lanka have very graciously agreed to house this secretariat. SAFNGO has also been allowed the use of FONGOADA staff to carry out some of its tasks. On the negative side, the planned establishment of the SAFNGO secretariat has had a setback due to unavailability of funds.

WORKSHOPS / MEETINGS

SAFNGO has completed two workshops, the first of which was very successfully concluded in Dhaka, Bangladesh, from 10 to 13 April, 1995, titled "The Role of NGOs in Drug Demand Reduction". A total of 33 participants from SAARC countries attended this workshop. This four-day forum was conducted with plenary and workshop sessions, and the programme also included a field visit to the Government of Bangladesh Treatment and Rehabilitation Centre in Dhaka.

The second workshop titled "Training in Developing Sustainable Demand Reduction Strategies Focussing on Student Community", organized by SAFNGO together with the Drug Advisory Programme of the Colombo Plan Bureau, was held in Colombo, Sri Lanka, from 20 to 24 May, 1996. Participants for this programme came from all SAARC member countries and resource persons were drawn from Malaysia, India and Sri Lanka. Here again there were plenary and workshop sessions with special emphasis on schools and university programmes, and alternate lifestyles.

RECOMMENDATIONS

At the inaugural meeting of SAFNGO on 12 April, 1995 the following declaration was unanimously adopted:

"We, the Representatives of Non-Government Organizations from the seven SAARC Countries namely, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, attending the SAARC forum on the role of Non-Government Organizations in Demand Reduction held in Dhaka, Peoples Republic of Bangladesh, from 10th to 13th April 1995, sponsored by the Colombo Plan Bureau, in cooperation with the Department of Narcotics Control, Ministry of Home Affairs, Government of Bangladesh,

- Alarmed at the continued and unabated increase in the number of persons indulging in Drug and Substance Abuse,
- Aware of the need for comprehensive multi-disciplinary approaches that are culturally acceptable for the SAARC region,

- Endorse and support the recommendations of this SAARC NGO forum and we dedicate our efforts towards the implementation of these recommendations,
- Emphasize the importance to form Apex bodies at Provincial/State and National levels in our respective countries as soon as possible and to review the various follow-up mechanisms in order to establish effective linkages at all levels,
- Herald the establishment of the SAARC NGO Federation and further pledge to collaborate with International Federation of NGOs (IFNGO) for the Prevention of Drug and Substance Abuse, ASEAN, and other Regional and Inter-Regional Organizations,
- Encourage regional and inter-regional organizations as well as governments to combine forces to address the Drug and Substance Abuse problem in the region.
- The first objective of the SAARC NGO federation is the attainment of a concerted, harmonious and fruitful relationship among all Non-Government Organizations, Regional and International, pursuing activities needed to prevent and control Drug and Substance Abuse, and thus consolidate even more efforts to achieve a Drug free society."

FUTURE ACTIVITIES

SAFNGO, together with the Colombo Plan Bureau, planned to conduct its third workshop/meeting in Kathmandu, Nepal, from 6 to 10 October 1997, but was compelled to postpone this programme to 1998. The workshop is titled "Developing Sustainable Demand Reduction Strategies by Utilizing Existing Community Resources through Governmental and Non-Governmental efforts".

A very important matter that needs to be looked into is the establishment of national apex bodies for NGOs. Till date Sri Lanka and Bangladesh have been successful in doing so; India and Pakistan are in the process of establishing apex bodies and it is hoped that the other member countries too would follow suit.

One of the greatest drawbacks that a regional body such as SAFNGO has is that of obtaining financial support for its activities on a regular basis. This is mainly because most funding agencies do not have a mandate to fund regional programmes. If we can get over this problem then SAFNGO can truly contribute towards the global fight against substance abuse.

BOX ITEM - 35

THE ASIAN HARM REDUCTION NETWORK (AHRN)

Jimmy Dorabjee

At the Asia satellite workshop following the 7th International Conference on the Reduction of Drug Related Harm, Tasmania, in March, 1996, the need for a network crystallized in the formation of AHRN. The Asian Harm Reduction Network (AHRN) is the first programme of its kind, an information and support network created to link, support and promote the hundreds of people and programmes working in Asia to prevent the spread of HIV among drug injectors. With over 700 members from 48 countries, AHRN has grown to be the voice for HIV issues affecting drug injectors in Asia. AHRN works closely with UNAIDS, WHO and other multilateral agencies targeting HIV and IDU in Asia. AHRN's efforts to support and promote in-country programmes and to identify the areas of enormous need are where the network has its greatest impact.

AHRN's relevance can be measured by the thousands of requests for information and support that the network secretariat has received and responded to in 1996-97. AHRN's value is also evident through the resources and linkages the network provides to programmes throughout Asia. The demand for resources on HIV and IDU in many Asian countries is immense; creating and disseminating printed and electronic information continues to be a high priority for AHRN. This has been possible through the publication and circulation of the AHRN newsletter.

As a network of like-minded people and programmes, AHRN believes that countries can benefit greatly by linking together to share information, experience and support. These are its objectives:

OBJECTIVES OF AHRN

To establish a sustainable harm reduction network, based in Asia.

To develop a more comprehensive understanding of patterns of injecting drug use and associated harms (especially HIV infection) in Asian countries.

To provide a forum that will encourage communication and information exchange between individuals, organizations and countries participating in the network.

To provide training and support for individuals and organizations in Asia, sharing core skills and a coherent philosophy which can underpin their work.

To facilitate policy and programme development at NGO, government, regional and international levels.

To promote national harm reduction networks.

AHRN Mission Statement

To reduce the harms associated with injecting drug use in Asia, especially HIV infection, through a process of networking, information sharing, advocacy and programme and policy development.

FUNCTIONS AND ACTIVITIES

- AHRN Secretariat and Executive
- Network data base and mailing list
- AHRN newsletter
- Regular correspondence with network participants
- A survey of AHRN participants
- Responding to requests for information and referral
- Workshops, conferences and meetings
- Dissemination of articles, information and resource materials
- Development of a resource manual on HIV and IDU in Asia
- Clearing house and referral service
- Internet service
- Liaison support for Asian delegates visiting other programmes and countries
- Coordination of projects and communications

- Development of specific projects and funding opportunities
- Situation assessment of 17 South East Asian countries for UNAIDS-APICT
- Liaison with UNAIDS, WHO and other global agencies