



Introduction

Alcohol and drug related problems are not new in India. Over the years, however, the abuse of synthetic and semi-synthetic opiates and and psychotropic substances has replaced traditional use patterns. While alcohol is still the most widely used intoxicant in the country, heroin, cannabis, volatile solvents and pharmaceutical preparations like buprenorphine, codeine containing cough syrups and benzodiazepines are some of the other most commonly abused drugs. The South Asia Drug Demand Reduction Report (2000) represents the first major attempt to document the problem and responses to substance use (drugs and alcohol) in the region. The report acknowledges the serious resource scarcity for drug demand reduction activities and the need for Non-Governmental Organisation (NGO) involvement and external assistance for developing sustainable programmes in this area.

In India, demand reduction activities have evolved over the years. The initial interventions in the 1950's and 1960's consisted predominantly of treatment of medical complications. The 1970's and 1980's saw the development of more intensive treatment services, initially hospital based, and the emergence of the non-governmental treatment sector. In the 1990's, there emerged multiple treatment approaches to address these complex problems.

Earlier Initiatives

The Ministry of Social Justice and Empowerment (MSJE) earlier known as the Ministry of Welfare, has been sponsoring NGOs working in the area of drug rehabilitation since the mid-1980s. The focus of these MSJE funded interventions was predominantly on counselling and medical treatment of severe addictions. They focused largely on clients during their stay in the rehabilitation centres. The follow-up was poor, and focus on important aspects such as social re-integration, occupational stability, and maintenance of recovery received scant attention. Recovery was thus incomplete and relapse rates were high. The need to develop a comprehensive programme to deal more effectively with addiction related problems, the need to reach the community rather than wait for the addicts to reach the treatment centres, and to improve the quality of recovery was felt.

Intersectoral Partnerships to Tackle Drug and Alcohol Problems – Pilot Projects

The Ministry of Social Justice and Empowerment has long perceived the need for a coherent national strategy to deal with substance abuse. While several agencies (both in government and in the voluntary sector) dealing with welfare, health, education, labour have long been cognisant of the problems related to substance use, it is inter-sectoral partnerships between organisations that have led to a forward movement in the area of treatment and rehabilitation.

Two demonstration projects carried out between 1989 and 1992 involved such inter-sectoral collaboration between the International Labour Organization (ILO), the European Commission (EC), the MSJE and four Delhi based NGOs. The first project titled 'Prevention and Assistance Programmes for Workers with Drug and Alcohol Related Problems' focused on group training and the development of drug rehabilitation and reintegration services through a community-oriented approach. Emphasis was laid on recovering addicts being gainfully employed. This was done by introducing income generating activities that were supported by a revolving loan scheme. Outputs from this project included:

- Formulation of training curricula on addiction rehabilitation
- Training of NGO staff
- Production of a trainer's manual and practitioner's handbook on addiction rehabilitation
- Video presentation of the demonstration project to other NGOs
- Experience with rehabilitation of 1000 recovering addicts

The second project "Asian Regional Programmes for Community Drug Rehabilitation" addressed workers with drug and alcohol related problems in India, Philippines, Sri Lanka and Thailand. In India, this project was implemented by the Ministry of Labour in collaboration with employers' and workers' organisations and a number of enterprises. Six enterprises implemented prevention and assistance programmes. Over 8000 workers were reached and 400 staff members trained to assist in various aspects of workplace

initiatives to prevent and reduce drug problems. Information material was disseminated to these enterprises.

Project 808: Community Based Rehabilitation and Workplace Prevention Programme

The project '808' titled "Developing Community Drug Rehabilitation and Workplace Prevention Programmes" was the joint initiative of the ILO, United Nations Drug Control Programme (UNDCP), MSJE and the EC. It was conceived of in 1994 to last for three years, but was extended by a further two years, until December 1999, because of the overwhelming response to it.

The immediate objectives of the project were:

- To establish the capacity at the national level to mobilise community participation in developing drug rehabilitation services and workplace prevention and assistance programmes throughout India
- To introduce to, and train, key drug rehabilitation professionals and paraprofessionals in a wider spectrum of rehabilitation approaches and techniques
- To introduce, and train professionals (including NGO representatives) in developing prevention and assistance measures at the workplace as well as supportive action in the community.

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Phase 1. Community Rehabilitation

This involved strengthening selected NGOs in various components of addiction rehabilitation under the ILO Reference Model (discussed in Section 2) with a focus on Whole Person Recovery (WPR). WPR seeks to make a person 'drug free, crime free and gainfully employed'. This phase included a rapid situation assessment of substance abuse problems in the identified community, the rehabilitation of identified substance abusers in that community, with an emphasis on vocational rehabilitation and aftercare. A major component included developing income generating activities and supported employment, as well as training of recovering drug users in developing effective work habits.

Phase 2. Workplace Prevention Programme (WPP)

Workplaces mirror the community, and the well being of the community and workplaces are inextricably linked. Therefore, it is imperative that initiatives to rehabilitate and prevent addiction be a joint venture between the community and the workplace.

The existing situation

At the time of initiating the ILO Workplace Prevention Programme, few companies had programmes to deal with alcohol and drug problems. Even those that existed were initiated mainly on a felt need, and focused almost entirely on employees with a serious problem of addiction. Relapse rates were high, leading to a pessimistic and rather negative attitude towards such programmes.

The objectives of the ILO model of Workplace Prevention used in Project 808 were to:

- Create and maintain a drug free environment at the workplace
- Generate an open atmosphere where substance users are able to come forward and seek assistance without risk of recrimination or personal consequences
- Lay down systems and procedures for identification, motivation and referral to treatment, of persons with substance use related problems.

The Results

The project successfully developed and established 18 community based drug rehabilitation programmes in nine cities/towns across India, where it replaced the 'medical' model with the 'community model'. The emphasis was on involving the family and community leaders in treatment. Focus was also on the inclusion of vocational rehabilitation and income-generating activities in rehabilitation, with the emphasis on Whole Person Recovery.

Coverage of the Community Based Drug Rehabilitation and Workplace Prevention Programmes:

- 18 community based drug rehabilitation programmes in nine cities/towns covering 25,000 drug users
- 411 participants trained over 12 training workshops
- 12 enterprises and 110,664 employees covered
- 1420 managers, supervisors, worker's representatives and NGO staff trained in local workshops

Twelve workplace prevention programmes were initiated in 8 cities through a partnership between selected NGOs and enterprises. Treatment and care was extended to employees with drug and alcohol problems. The main emphasis was on prevention of drug and alcohol problems at the workplace.

Several NGO staff and enterprise personnel were trained in both rehabilitation and prevention to create a large pool of resource persons. This was done through seminars, workshops, fellowships and study tours.

Attempt of this Monograph

There is growing work on the extent, patterns and problems associated with drug and alcohol use in India. However, the documentation of efforts to handle such problems in a comprehensive manner is completely lacking. This monograph attempts to capture the results of such interventions across the county. It is not just a report on Project 808. It is an attempt to capture the spirit of the community and workplace programmes and the need for partnerships to address the complex problems of drugs and alcohol in our society. The monograph goes beyond numbers. It provides real life examples of who benefited and how. It narrates the success stories of enterprises that initiated the workplace programme. It describes programme formulation

and the process of setting up of comprehensive community based interventions and workplace programmes. The monograph has been based largely on the reports provided by the participating organisations, project documents, evaluation reports (appendixed as source documents) and site visits by the content providers.

Several lessons learnt from the experiences gained during this project and the limitations of some of the efforts are also shared. These rich experiences provide valuable insights for treatment providers, policy makers, administrators, trainers and researchers working towards

reducing drug and alcohol related problems in the community and at the workplace.

The project “Developing Community Drug Rehabilitation and Workplace Prevention Programmes” is referred to as the Project 808, CBDR (Community Based Drug Rehabilitation) project and WPP (Workplace Prevention Programme), or simply the Project in different sections of the monograph. The term “substance” refers to both drugs and alcohol. In many of the case illustrations provided, names have been changed to protect confidentiality. A list of the main abbreviations used in this monograph is provided at the end.