

मनोवैज्ञानिक मिथक

मिथक

तथ्यः

ड्रग्स सक्रियता को बढ़ाते हैं और उपयोगकर्ता को अधिक कल्पनाशील बनाते हैं।

यह उपयोगकर्ता के परिवेश की धारणा को बदलता है और संवेदी उत्तेजनाओं के एकीकरण को बदल देता है। यह उपयोगकर्ता के कारण और प्रभाव की सराहना करने की क्षमता को भी कम करता है, और "सचेत अनुभव के घटकों को व्यवस्थित, वर्गीकृत और अलग" करता है।

अगर आप कम मात्रा में ड्रग्स लेते हैं तो कुछ नहीं होता है।

सच्चाई यह है कि विभिन्न ड्रग्सएं अलग-अलग काम करती हैं। वे सभी मस्तिष्क को प्रभावित करती हैं - इसीलिए ड्रग्स आपको उच्च, निम्न, तेज़, धीमा, या मतिभ्रम महसूस कराते हैं।

एक व्यक्ति कुछ पेय के बाद भी अच्छी तरह से ड्राइव कर सकता है।

शराब के प्रभाव लोगों को महसूस होने की तुलना में जल्दी ही शुरू हो जाते हैं, हल्की कमजोरी के साथ बोलने, याददास्त, ध्यान, समन्वय और संतुलन प्रभावित होना शुरू हो जाता है।

मारिजुआना नशे की लत नहीं है।

बहुत से लोग नहीं जानते हैं लेकिन विभिन्न प्रकार की ड्रग्सों का मस्तिष्क पर अलग-अलग प्रभाव पड़ता है। हर प्रकार के ड्रग्सों के सेवन का अपना तंत्र है कि मस्तिष्क कैसे कार्य करता है। एक समय आता है जब उपयोगकर्ता ड्रग्सों पर पूरी तरह से निर्भर हो जाता है। वह ड्रग्स के लिए लगभग करने के लिए तैयार हो जाता है।

सामाजिक मिथक

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जो लोग ड्रग्स का उपयोग करते हैं वे बदल नहीं सकते हैं। यह एक निराशाजनक स्थिति है। किसी भी चीज़ से अधिक, नशा एक चरित्र दोष है।

सही उपचार और निरंतर सहायता से परिवर्तन हमेशा संभव है, बशर्ते व्यक्ति मदद लेने के लिए तैयार हो।

ड्रग्सओं की लत को ठीक नहीं किया जा सकता है।

किसी भी नशीले पदार्थ की लत एक पुरानी दिमागी बीमारी है जिसे काउंसलिंग और कभी-कभी दवा के साथ प्रबंधित किया जा सकता है, लेकिन रिलैप्स हमेशा संभव है। अपनी देखभाल, सक्षम चिकित्सकों और प्रियजनों के साथ रहने से लंबे समय तक संयम बनाए रखने में मदद मिल सकती है।

नशीले पदार्थ उपयोगकर्ताओं को पर्याप्त सजा नहीं मिलती है।

नशीले पदार्थ के उपयोग में संभावित अल्पकालीन और दीर्घकालिक परिणामों में रुग्णता, हास्यबोध, सामाजिक अलगाव और कलंक शामिल हैं। पदार्थ निर्भरता वाले लोग समाज के हाशिए पर रहते हैं और उन्हें उपचार और देखभाल की आवश्यकता होती है।

शराब पीना बिल्कुल भी खतरनाक नहीं है।

कॉलेज के छात्रों के बीच, शराब से संबंधित गैर-इरादतन चोटों से होने वाली मौतें होती हैं, साथ ही हमले, यौन हमले या डेट रैप, और खराब शैक्षणिक प्रदर्शन भी होता है।

नशीले पदार्थों से संबंधित आर्थिक मिथक

मिथक

तथ्य:

ड्रग्स का सेवन समाज के केवल निम्न आय वर्ग या सामाजिक-आर्थिक दृष्टि से संपन्न व्यक्तियों के लिए एक समस्या है।

ड्रग्स का सेवन और लत सामाजिक मुद्दे हैं। शहरी केंद्रों से लेकर उपनगरों तक ग्रामीण क्षेत्रों में, किसी को भी ड्रग्स के सेवन से छूट नहीं दी गई है।

नशा करने वाले लोग बेघर, बेरोजगार या मूल रूप से हारे हुए होते हैं।

डॉक्टर, वकील और शिक्षक सहित कोई भी व्यक्ति नशे का आदी हो सकता है।

यह उन लोगों का उपचार करने में निवेश करने के लिए सार्थक नहीं है जो ड्रग्स पर निर्भर होते हैं।

विकासशील देशों में मृत्यु दर, बीमारी और चोट पर एक महत्वपूर्ण प्रभाव के साथ दवा से संबंधित समस्याओं में वृद्धि दर्शाते हुए एक मजबूत सबूत है।

ड्रग और शराब से संबंधित समस्याएं केवल विकसित देशों के व्यक्तियों को प्रभावित करती हैं।

नशीले पदार्थ के उपयोग में संभावित अल्पकालीन और दीर्घकालिक परिणामों में रुग्णता, हास्यबोध, सामाजिक अलगाव और कलंक शामिल हैं। पदार्थ निर्भरता वाले लोग समाज के हाशिए पर रहते हैं और उन्हें उपचार और देखभाल की आवश्यकता होती है।

नशीले पदार्थों से संबंधित आर्थिक मिथक

मिथक

तथ्य:

पुनर्वास हर किसी के लिए काम नहीं करता है। यह समय और धन की बर्बादी है।

यह सच है कि लत से उभरने में समय लगता है, खासकर किसी ऐसे व्यक्ति के लिए जो लंबे समय से ड्रग्स का सेवन कर रहा है। मस्तिष्क को नशीले पदार्थों से बचाने के लिए फिर से समायोजित करने और जीवन शैली में बदलाव लाने में समय लगता है। लेकिन अंततः, संकल्प ही काम करता है और उपचार लोगों को नशे को छोड़ने में मदद करता है - यह उपचार के कई दौर हो सकते हैं, लेकिन बेहतरी के लिए चीजें बेहतर होती हैं।

नशीले पदार्थों और शराब से संबंधित समस्याओं पर नीति-निर्माण के लिए पहले से ही पर्याप्त शोध है, इसके लिए और अधिक की आवश्यकता नहीं है।

नए उपचार और निवारक रणनीतियों, समर्थन सेवाओं को विकसित करने और नशीले पदार्थ निर्भरता और अन्य जोखिम भरे व्यवहारों के बीच संबंधों को समझने के लिए अधिक शोध करने की आवश्यकता है।

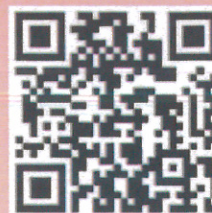
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NASHA MUKT
SHARAT ABHIYAAN

आइये नशामुक्ति उपचार केंद्रों के कुछ विशेषताओं के बारे में जानते हैं

रोगियों के लिए उपचार सेवाएं

ए•टी•एफ• में आंतरिक रोगी को उपचार सेवाएं होने के बावजूद अनावश्यक लंबे समय तक नहीं रखा जाता है। अधिकांश रोगियों को तीन से चार हफ्ते के अंतर्गत ए•टी•एफ• से छुट्टी देदी जाती है एवं आउट पेशेंट क्लिनिक में उन्हें फॉलोअप जारी रखने की सलाह दी जाती है।

इन-पेशेंट (आंतरिक रोगी) उपचार सेवाओं के अंतर्गत रोगियों के लिए रात दिन की देखभाल सुनिश्चित की जा सकती है, क्योंकि ए•टी•एफ• की सेवाएं सरकारी अस्पताल में स्थित होती हैं। यहां 24 घंटे चिकित्सक एवं पैरामेडिकल स्टाफ उपलब्ध रहते हैं। इसके अलावा जरूरत पड़ने पर, ए•टी•एफ• में उपचार करा रहे मरीजों को उसी अस्पताल या किसी अन्य अस्पताल में किसी विशेष सुविधा के लिए भेजा जाता है।

नशा मुक्त भारत अभियान



सत्यमेव जयते

GOVERNMENT OF INDIA
MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT



NASHA MUKT
BHARAT ABHIYAN

नशामुक्ति उपचार केन्द्र की विशेषताएं

नशामुक्ति उपचार केंद्र (ए.टी.एफ.)



नशा मुक्त भारत अभियान

आइये नशामुक्ति उपचार केंद्रों के कुछ विशेषताओं के बारे में जानते हैं



क्रियान्वित किया जाता है

सरकारी अस्पताल (नशामुक्ति संबंधित उपचार सेवाएं अस्पताल द्वारा दी जाने वाली स्वास्थ्य सेवाओं के अंतर्गत आती हैं।)

नेतृत्व और पर्यवेक्षण

ए०टी०एफ० में दैनिक पर्यवेक्षण के लिए नोडल अधिकारी नियुक्त किया जाता है। यह अधिकारी आमतौर पर एक वरिष्ठ चिकित्सक, मुख्यतः मनोचिकित्सक होता है (जो सरकारी अस्पताल में नियमित रूप से कार्यरत हैं)

नशा मुक्त भारत अभियान



आइये नशामुक्ति उपचार केंद्रों के कुछ विशेषताओं के बारे में जानते हैं

रोगियों के लिए उपचार सेवाएं

ए•टी•एफ• में आंतरिक रोगी को उपचार सेवाएं होने के बावजूद अनावश्यक लंबे समय तक नहीं रखा जाता है। अधिकांश रोगियों को तीन से चार हफ्ते के अंतर्गत ए•टी•एफ• से छुट्टी देदी जाती है एवं आउट पेशेंट क्लिनिक में उन्हें फॉलोअप जारी रखने की सलाह दी जाती है।

इन-पेशेंट (आंतरिक रोगी) उपचार सेवाओं के अंतर्गत रोगियों के लिए रात दिन की देखभाल सुनिश्चित की जा सकती है, क्योंकि ए•टी•एफ• की सेवाएं सरकारी अस्पताल में स्थित होती हैं। यहां 24 घंटे चिकित्सक एवं पैरामेडिकल स्टाफ उपलब्ध रहते हैं। इसके अलावा जरूरत पड़ने पर, ए•टी•एफ• में उपचार करा रहे मरीजों को उसी अस्पताल या किसी अन्य अस्पताल में किसी विशेष सुविधा के लिए भेजा जाता है।

नशा मुक्त भारत अभियान

संकेत और लक्षण

यह पहचानने के लिए कि कोई नशे की आदत से पीड़ित है, सभी को संकेतों और लक्षणों के बारे में जागरूक होने की आवश्यकता है उनकी सहायता की जा सके।

शारीरिक लक्षण



सोने में असमर्थता जो चरम मामलों में अनिद्रा की ओर ले जाती है।

सुस्ती का अहसास।



भूख में कमी या वृद्धि।

रक्तपात हुई आँखें।

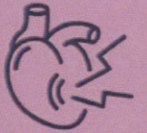


कपड़ों या व्यक्तियों से असामान्य गंध, विशेष रूप से सांस में।

जबड़े में दर्द की शिकायत (लगातार दांत पीसने के दौरान)



अत्यधिक सक्रियता, बढ़ा हुआ / अनियमित दिल की धड़कन।



खराब लोको-मोटर (गामक) समन्वय के कारण धीमी गति से चलना या डगमगाना।

जी घबराना, उल्टी या अत्यधिक पसीना आना।



बहती नाक या खांसी।

बार-बार नाक रगड़ना या जबड़े को आगे-पीछे करना।



स्वच्छता और शारीरिक स्वास्थ्य में गिरावट।



चेहरे पे लाली के साथ सूजन या पीलापन भी देखा जा सकता है।



संकेत और लक्षण व्यवहारिक लक्षण



किसी अन्य कारण के बिना समग्र व्यक्तित्व / दृष्टिकोण में परिवर्तन।

स्कूल/कार्य में कम प्रदर्शन, अनुपस्थिति, या दैनिक कार्यक्रमों में देर से आना।



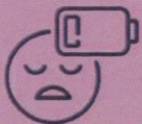
शौक या गतिविधियों में बदलाव

पुनर्वृत बैमानी।



बढ़ा हुआ गुस्सा या चिड़चिड़ापन

ध्यान केंद्रित करने में कठिनाई या भूलने की बीमारी



प्रेरणा, ऊर्जा या आत्म-सम्मान की कमी, सामान्य थकान

उदासीन रवैया



परिवार/दोस्तों के साथ गतिविधियों में गिरावट व अकेलापन

डिप्रेशन



पैसे की आकर्षण जरूरत, चोरी करने की संभावना

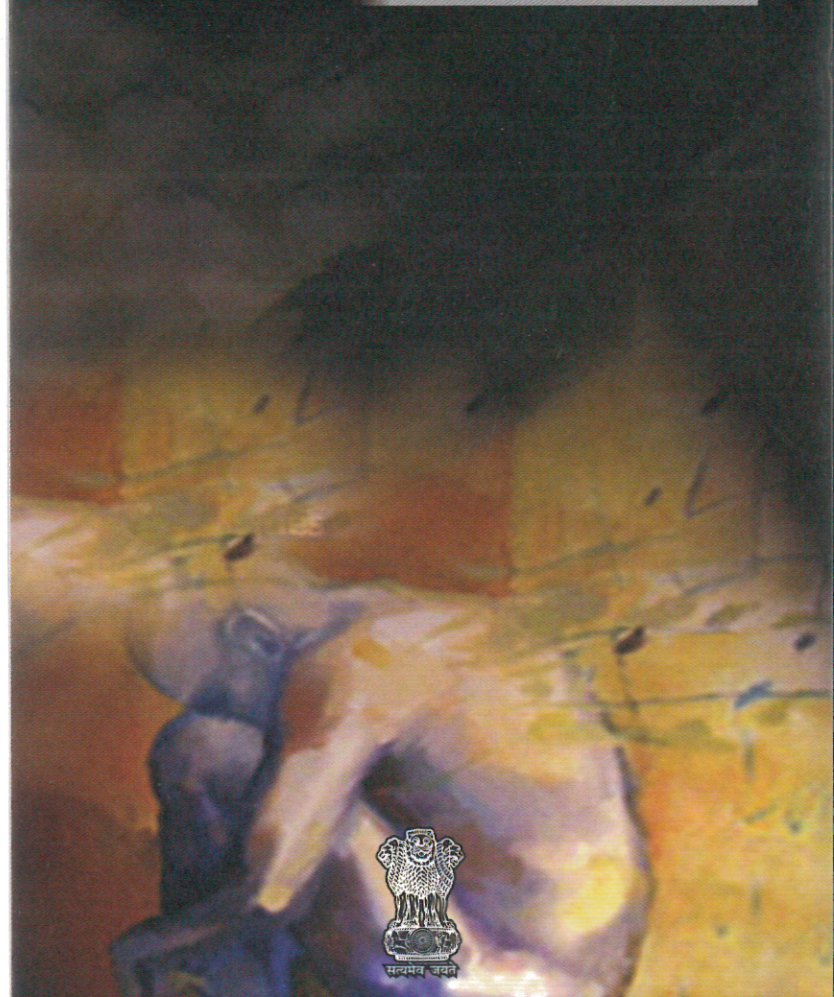
घबराहट



गोपनीयता की अत्यधिक आवश्यकता



नशीली दवाओं का दुरुपयोग संकेत एवं लक्षण



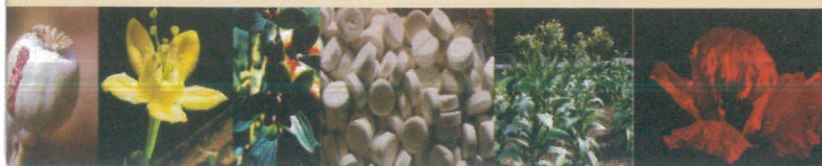
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नशीले पदार्थ

एवं उसके दुष्परिणाम

नशे का प्रकार	परिणाम	उदाहरण
डिप्रेसेंट / नींद लानेवाला नशा	इसकी लत पड़ सकती है। तंत्रिका तंत्र मंद हो सकता है। चिंता का तात्कालिक कम होना और उससे राहत मिलना शारीरिक क्रिया मंद और नींद, बल्कि बेहोशी भी छा सकती है। उदाहरण में दिए गए कई नशीले पदार्थों का एक साथ सेवन घातक हो सकता है क्योंकि दिल की धड़कन भी धीमी पड़ सकती है	शराब बारबिट्युरेट्स ट्रैक्वलाइजर भांग सॉल्वेंट्स अफीम हेरोइन
उत्तेजक (स्टीमुलैण्ट)	शारीरिक क्रिया तेज हो जाती है। सेवन के बाद थकान जाती रहती है और लोग चुस्त-दुरुस्त महसूस करते हैं। अधिक मात्रा में स्टीमुलैण्ट के सेवन मानसिक चिंता (हस्ताशा) हो सकता है। लगता है मानो पूरी दुनिया विरोधी बन गई है।	एम्फीटामाइन तम्बाकू कोकीन कैफीन
भामक (हैल्यूसिनोजेनस)	इर्द-गिर्द की घटनाओं के प्रति लोग कुछ और महसूस करते हैं। इनके प्रभाव में लोग वह देख-सुन और सोच सकते हैं जो सच नहीं है। हालांकि लोगों के अनुभव भिन्न- भिन्न हो सकते हैं, जैसे उनके सपने मीठे या फिर भयावह भी हो सकते हैं।	भांग (गांजा) एल एस डी एक्सटेसी मैजिक मशरूम
दर्द निवारक (पेन किजिलर्स)	दर्द मिटाए (यानी पीड़ाहारी), जैसा कि नाम से ही जाहिर है। लोग शारीरिक दर्द या मानसिक चोट-चिंता भूल जाते हैं। हेरोइन एक सामान्य दर्द निवारक है।	अफीम हेरोइन कोडीन युक्त दवाएं



नशीली दवाओं का दुरुपयोग:

संकेत एवं लक्षण

लोगों में नशीली दवाओं के दुरुपयोग के संकेत एवं लक्षण भिन्न-भिन्न होते हैं। इनमें कुछ की सूची नीचे दी गई है। हालांकि इनमें कुछ लक्षणों का होना कोई खास मायने नहीं रखता पर यदि आप इनमें कई एक साथ देखते हैं तो इसे चेतावनी मानें— संभव है यह नशीली दवाओं के दुरुपयोग का परिणाम हो, और सहायता की नौबत आ गई हो।

1. शारीरिक स्वरूप में परिवर्तन

- लाल आंखें और बहता नाक
- सांस लेने में तकलीफ और बार-बार खांसी
- पीला चेहरा और आंखों के नीचे काला घेरा
- मुंह के इर्द-गिर्द दाग या घाव
- शारीरिक सफाई का अभाव और अजीब हाव-भाव
- सांस/शरीर/कपड़ों से दवा की गंध
- बांह के निचले भाग, पांव या पैर के तलुवे में सुई के जख्म या अन्य घाव के निशान

2. व्यवहार और व्यक्तित्व में परिवर्तन

- अचानक मूड परिवर्तन
- नियम तोड़ने या विरोध करने की प्रवृत्ति
- हताशा, “मेरी बला से” की प्रवृत्ति आना
- जिम्मेदारी का अभाव (जैसे घर के काम काज और होमवर्क न करना, पारिवारिक समारोह के अवसर को भूल जाना)
- दूसरों पर आरोप लगाना, झूठ बोलना, बहानेबाजी
- भूलने की आदत, ध्यान केंद्रित रखने में कठिनाई, सोच का असंगत होना
- परिवार से कटा-कटा, अकेला, गुपचुप रहना।
- नशीली दवा के सेवन के बारे में पूछे जाने पर भड़क उठना

3. पढ़ाई या कार्य क्षमता में परिवर्तन

- स्कूल में बुरे अंक, होमवर्क पर ध्यान नहीं
- आलस्य और जब-तक स्कूल/कार्यालय से गायब
- असमय और गलत स्थान पर सो जाना
- अनुशासनहीनता
- बार-बार नौकरी छोड़ देना या निकाला जाना

4. यार-दोस्तों और अभिरुचियों में परिवर्तन

- नए-नए या भिन्न दोस्त, विशेष कर नशे का सेवन करने वाले दोस्त
- ऐसे दोस्त जिन्हें घर नहीं बुलाया जाताय परिचय नहीं करवाया जाता
- अधिकांश समय कमरे के अंदर या फिर घर से बाहर
- अपने काम एवं सामान के प्रति गोपनीयता
- हॉबी, खेल-कूद या अन्य बहुत-सी गतिविधियों का बहिष्कार, सभी से बोरियत

5. खाने और सोने की आदत में परिवर्तन

- नींद पड़ने में कठिनाई, नींद की कमी
- वजन में स्पष्ट कमी या अधिकता
- भूख का अभाव या अचानक भूख लगना

6. खतरे की घंटी

- चोरियों की वारदात
- घर से बाहर भागना
- हिंसक व्यवहार
- आत्महत्या की धमकी या प्रयास



चेतावनी के संकेत: संभलने की रणनीतियां

आपके लिए कई रणनीतियां कारगर हो सकती हैं। इनमें तनाव कम करने की कई तकनीकियां और मन बहलाने की कई गतिविधियां हो सकती हैं, जैसे:

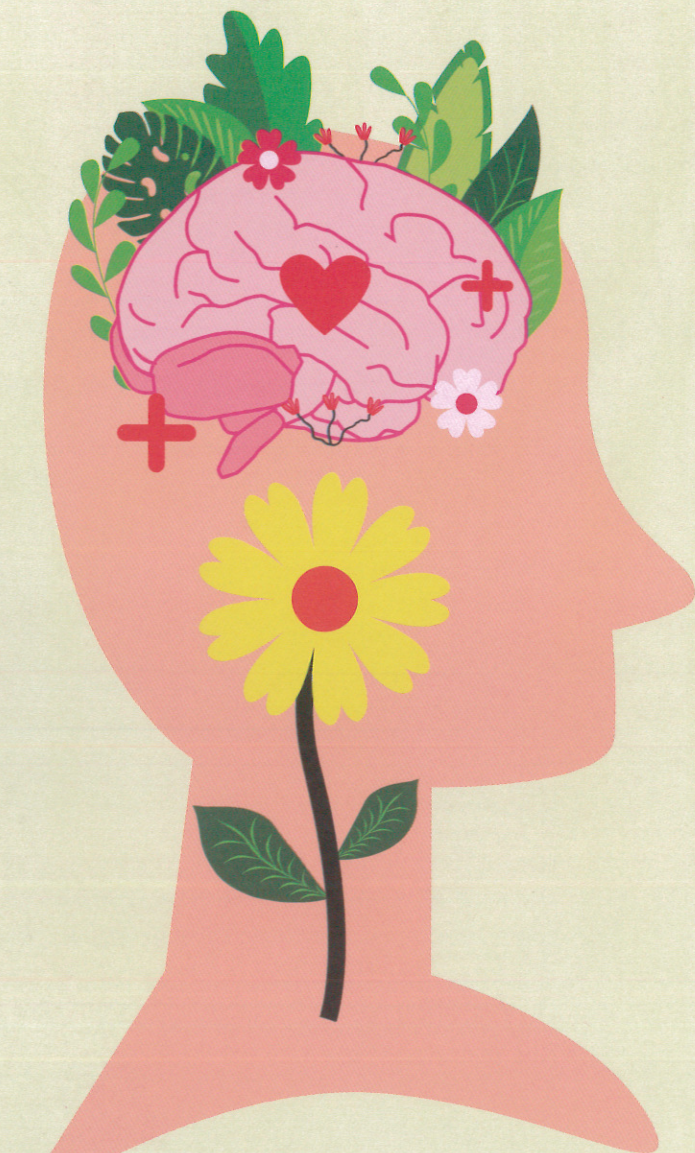
- तनाव और उत्तेजना कम करें।
- तनाव दूर करने (आराम) के उपाय करें जैसे व्यायाम, खेल-कूद या फिर शांत-चित होकर बैठना।
- अपने आप से बातें करें।
- मन बहलाव के लिए संगीत, ध्यान, टी.वी. और बातचीत का आनंद लें।
- सामाजिक संबंध बनाएं
- वस्तुस्थिति का जायजा लें।
- लोगों की सलाह पर गौर करें।
- इच्छा शांत करने की कुछ तकनीकियों का उपयोग करें जैसे कलाई पर रबर बैंड बांध उसे खींचना-छोड़ना।
- सहायता लें-किसी दोस्त, अपने डॉक्टर या आपके मामले की देखभाल करने वाले से इसकी चर्चा करें।
- सोच सकारात्मक रखें।
- दवा नियमित लेते रहें।
- अधिक नींद लें।
- दिन भर की योजना बनाने का प्रयास करें।
- कार्य योजना पर अमल करें।

**मद्यपान और नशीले पदार्थ दुरुपयोग निवारण हेतु
राष्ट्रीय टोल फ्री हेल्पलाइन 1800-11-0031**

राष्ट्रीय समाज रक्षा संस्थान

(सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)
पश्चिम खंड-1, विंग-7, भूतल, रामकृष्ण पुरम, नई दिल्ली- 110066
दूरभाष : 011-26106325, फैक्स : 011-26100058
www.nisd.gov.in

TIPS TO QUIT SMOKING



When you feel a craving to smoke

- CALL OR EMAIL A FRIEND
- GO FOR A BRISK WALK
- TAKE A BATH OR SHOWER
- CHEW ON SOMETHING OR EAT A HEALTHY SNACK
- GO TO THE GYM OR THE POOL

NOW - IT IS YOUR CHOICE

**NATIONAL TOLL FREE
DE-ADDICTION
HELPLINE - 14446**

CUT DOWN ON YOU CIGARETTES FOR A WEEK BY:

- Stop buying cigarettes in packets
- Smoke only half of each cigarettes
- Do not smoke as soon as the craving is felt
- Postpone by 10-15 minutes

PREPARE YOURSELF TO BE NON SMOKER BY:

- List all the reasons as to why you want to quit
- Fix the day and date and stick to it
- Find a friend who will encourage and support you

WHEN YOU ARE ALL SET QUIT:

- For the first two weeks, avoid situation in which you usually smoke
- get rid of the reminders of smoking
- Avoid drinking coffee or tea
- If you get tense, try deep breathing exercise to relax
- Plan for one day at a time
- Put aside the money you save
- Take pride in the fact that you don't smoke

BENEFIT OF QUITTING SMOKING

- Reduction in the risk of cancer, heart attack, stroke and other serious illness
- Increase in stamina for work and play
- Whit Teeth and fresh breath
- Saving money



National Institute of Social Defence
Ministry of Social Justice and Empowerment
Plot No. G-2, Sector-10, Dwarka, New Delhi - 110075
directoroffice.nisd@gmail.com, 011 20893995

HOW TO PREVENT DRUG ABUSE?

Prescription Drug Safety



Prescription Drugs

Medications that need a doctor to authorize and instruct someone to take them.

Types of Prescription Drugs

Opioids

For treating pain

Depressants

For anxiety and sleep disorders

Stimulants

For treating ADHD



DANGERS OF PRESCRIPTION DRUGS



MISUSE

Taking them beyond original prescription

+

ABUSE

Taking them recreationally

=

Drug dependence
Negative health side effects

How to Prevent Drug Abuse and Misuse

- Read and understand medicine labels.
- Use prescription drugs only as directed.
- Don't share prescription drugs.
- Refuse any offers to take them.
- Talk to the doctor about any concerns.



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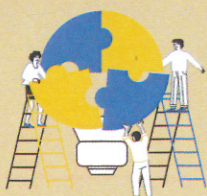
THE ROLE OF LAW ENFORCEMENT IN MINIMIZING THE HARM RESULTING FROM ILLICIT DRUGS

- Police services continue to play an important role in restricting the availability of illicit drugs but increasing emphasis needs to be given to reducing demand, including more available and more effective preventive drug education in schools.
- Police also need to work with harm reduction approaches devised to reduce the negative consequences of drug use for those who continue to use illicit drugs.
- Following a multi-sectoral approach operating at both national and local levels with the objective of reducing drug-related crime, reducing the acceptability and availability of drugs.



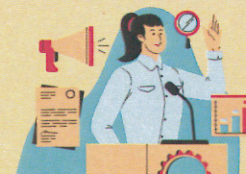
Improving collaboration

Collaboration is critical for the prevention of substance abuse. Sustaining partnerships and creating new ones can allow us to widen the reach of prevention initiatives in the community. For Example, Liaisoning with de-addiction centers and NGOs specializing in rehabilitation support



Effective Leadership

Effective leadership plays an important role to clamp down on the supply side. Short-term courses/training may be offered to the police personnel on effective leadership styles for combating the menace of drug abuse.



Problem Solvers

Problem solvers and liaison to community resources. For example, crime prevention; taking initiative for community justice; being instrumental in changing the environment that can reduce crime in or around schools; supporting school policy development that address crime and their implementation process.



NATIONAL INSTITUTE OF SOCIAL DEFENCE
MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
GOVERNMENT OF INDIA

**UNDERSTANDING THE TERMINOLOGY
ASSOCIATED WITH SUBSTANCE USE!**

DRUG ABUSE PREVENTION

Disorders due to substance use include both drug and alcohol use disorders and certain conditions including acute intoxication, overdose and withdrawal. Let us try to understand the terms along with their meanings.

1) ACUTE INTOXICATION

It is a transient condition following intake of a psychoactive substance resulting in disturbances of consciousness, cognition, perception, affect, or behaviour.



2) OVERDOSE

It is the use of any drug in such an amount that acute adverse physical or mental effects are produced.



3) WITHDRAWAL

It is the experience of a set of unpleasant symptoms following the abrupt cessation or reduction in dose of a psychoactive substance if it has been consumed in high enough doses and for a long enough duration for the person to be physically or mentally dependent on it. Withdrawal symptoms are, essentially, opposite to those that are produced by the psychoactive substance itself.



4) HARMFUL USE

It is a pattern of psychoactive substance use that damages health. This damage may be physical, e.g. liver disease, or mental, e.g. episodes of depressive disorder. It is often associated with social consequences, e.g. family or work problems.

6) DEPENDENCE

It is a cluster of physiological, behavioral, and cognitive phenomena in which the use of a psychoactive substance takes on a much higher priority for a given individual than other behaviors that once had greater value. It is characterized by a strong craving to use the substance and a loss of control over its use. It is often associated with high levels of substance use and the presence of a withdrawal state upon cessation.



Psychological **MYTHS**

Myths

Drugs increase creativity
and make the user more
imaginative

Drugs sharpen one's thinking
and lead to greater
concentration.

Once you're addicted, there
is no hope for you

Marijuana isn't addictive

Nothing happens if you take
drugs in small quantities

Facts

Drugs change the user's perception
of surroundings and alters the
integration of sensory stimuli. They also
decrease the ability of the user to
appreciate cause and effect, and to
organize, categorize and differentiate
the constituents of the conscious
experience

Drugs induce dullness and adversely
affect normal functioning of the body
and mind.

With the help of treatment and
medication, one can distance himself/
herself from substances

Around 1 in 11 people who use marijuana
can become addicted.

The truth is that different drugs do
different things. They all affect the
brain—that's why drugs make you feel
high, low, speeded up, slowed down, or
hallucinate.

Social **MYTHS**

Myths

People who use drugs can't change. More than anything else, drug addiction is a character flaw.

Drug addiction can't be cured.

Most of the addicts get their first drug from a peddler or a pusher. Substance users do not receive sufficient punishment.

Drinking isn't all that dangerous

Facts

Change is always possible with the right treatment and continued support, provided the person is willing to seek help.

Addiction to any substance is a chronic brain disease that can be managed with counseling and medication, but relapse is always possible. Caring, competent clinicians and loved ones can help maintain long-term sobriety.

Most of the addicts get their drug from friends or even at home. People with substance dependence are among the most marginalized in societies and are in need of treatment and care.

Among college students, alcohol contributes to deaths, unintentional injuries, assaults, sexual assaults or date rapes, and poor academic performance

Economic **MYTHS**

Myths

Substance abuse is a problem only in the lower-income or socio-economic layers of society.

Drug addicts are homeless, unemployed, or basically losers.

It's not worthwhile to invest in the treatment of individuals who have drug dependence.

Drug and alcohol-related problems only affect individuals in developed countries.

Facts

Substance abuse and addiction are societal issues. From urban centers to the suburbs to rural areas, no one is exempt from the impact of substance abuse.

Anyone can get addicted to drugs, including doctors, lawyers, and teachers.

Investing in evidence-based treatment for substance dependence decreases negative health consequences and social effects. Treatment has proven to be cost-effective in both developed and developing countries.

There is strong evidence showing an increase in drug-related problems in developing countries with a significant impact on mortality, disease and injury.

Economic **MYTHS**

Myths

Rehabilitation doesn't work for everyone. It is a waste of time and money.

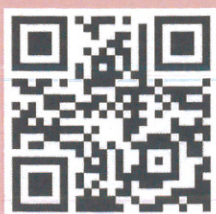
There is already enough research for policy-making on drug and alcohol-related problems, there is no need for more.

Facts

It is true that it takes time to recover from addiction, especially for someone who has been abusing substances for a long time. It takes time for the brain to re-adjust and make lifestyle changes to avoid drugs. But eventually, the perseverance pays off and the treatment helps people in quitting drugs — it might take several rounds of treatment, but things improve for the better

More research is necessary to develop new treatments and preventive strategies, support services and to understand the associations between substance dependence and other risky behaviors.

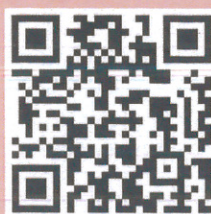
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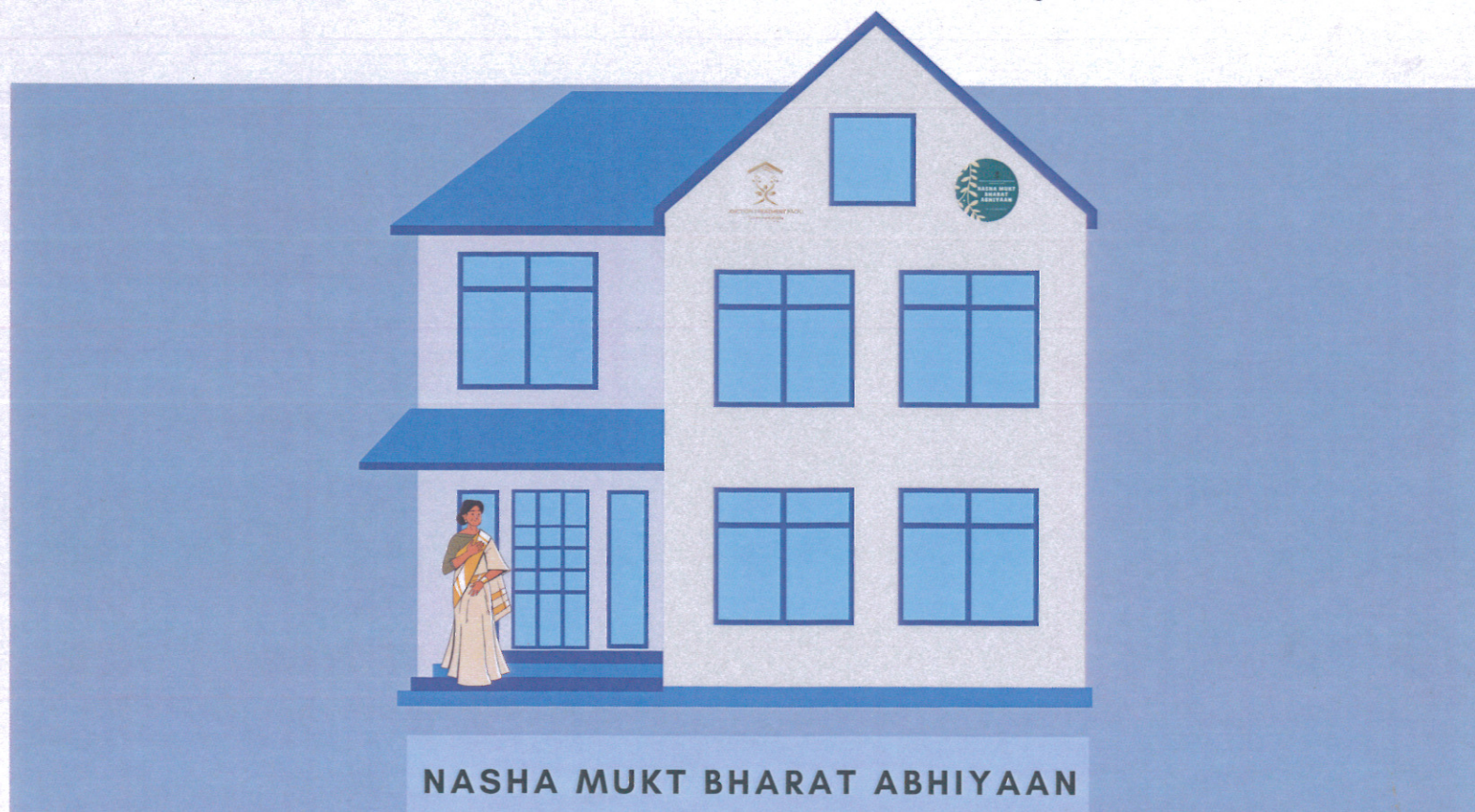
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NASHA MUKT
BHARAT ABHIYAAN

HOW IS ADDICTION TREATMENT FACILITY (ATF) UNIQUE

Addiction Treatment Facility



Let us have a look at some of the unique features of Addiction Treatment Facility (ATF)



Implemented by

Government Hospitals

(Addiction treatment services are available as a part of a basket of health services).

Leadership and supervision

An ATF works under the day-to-day direct supervision of a nodal officer (usually a senior doctor, mostly psychiatrist) who is in the regular job of the government hospital.





Let us have a look at some of the unique features of Addiction Treatment Facility (ATF)



Treatment services for patients

- Since Substance Use Disorders are chronic, relapsing mental health conditions, emphasis in ATFs is largely on the medical treatment.
- The ATF scheme envisages OUTPATIENT treatment as the ESSENTIAL component of the treatment services. The in-patient facility (which is required for a minority of patients with substance use disorders) is an 'add-on' feature, available with some ATFs.
- The outpatient treatment services provided by ATF include a combination of psychosocial and pharmacological (prescribing medicines) treatment approaches based upon the standard treatment guidelines. This includes long-term medicines which are dispensed free of cost.

Let us have a look at some of the unique features of Addiction Treatment Facility (ATF)



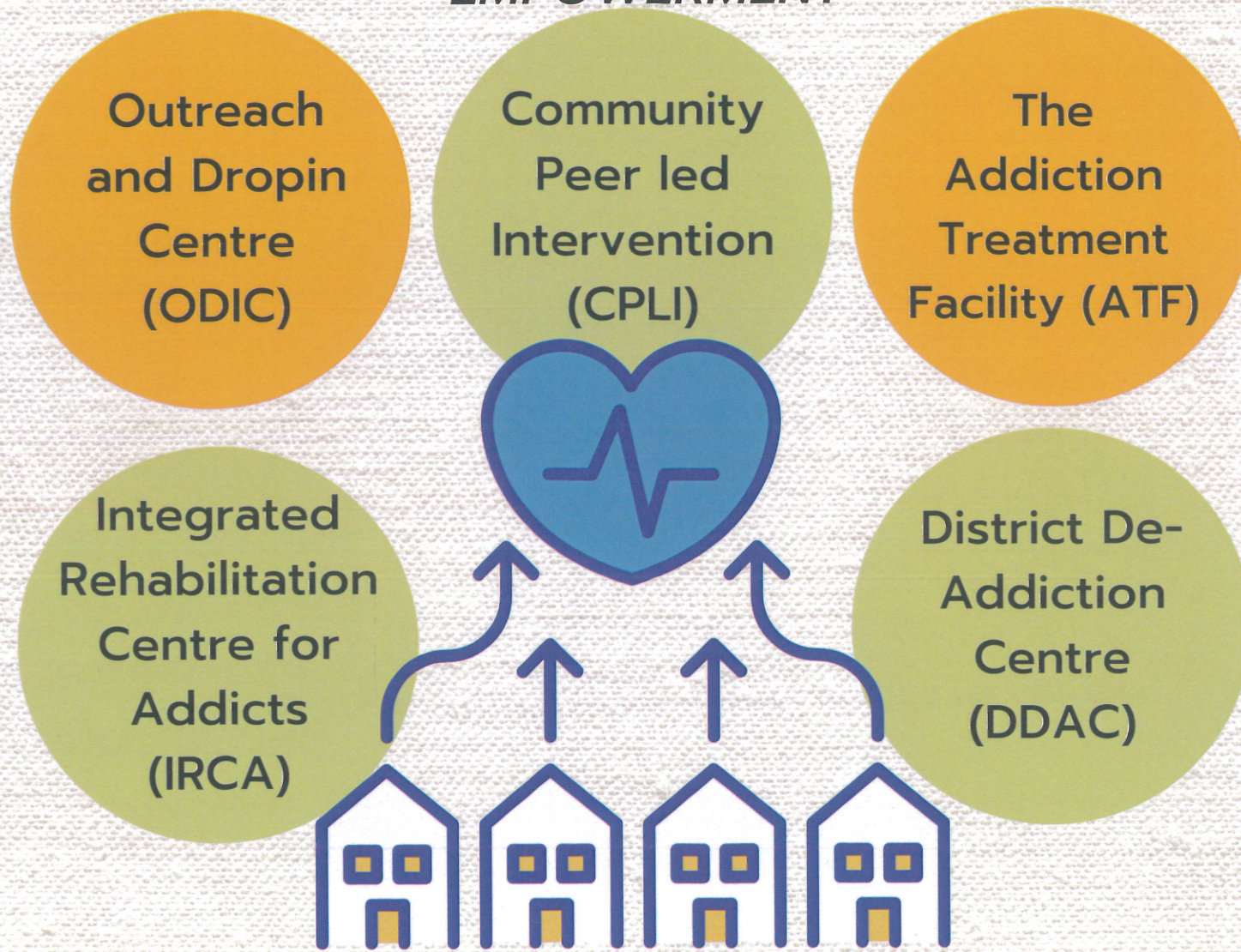
Treatment services for patients

- Even if the inpatient treatment is available, unnecessary long-term stay is avoided. In the inpatient ATFs most patients would be discharged within 3-4 weeks (with the advice to continue their follow-up in the outpatient clinic).
- In case of in-patient services, since ATF are located in government hospitals, there is round the clock availability of medical and paramedical staff ensuring 24-hour care for patients. In addition, patients being treated at ATF can be referred to another specialty with the same hospital or to another hospital in case of such a requirement.



BUILDING A DRUG SENSITISED COUNTRY!

TREATMENT FACILITIES OFFERED BY MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT



How to access the free deaddiction and treatment services offered by Ministry of Social Justice and Empowerment, Government of India

Scan the QR code below to access free deaddiction services:



CONTACT US

Email : nmba-dosje@gov.in

Website : <https://nmba.dosje.gov.in>



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AFTERCARE SUPPORT FOR SUBSTANCE USE TREATMENT

Recovery management, also known as recovery-oriented "aftercare", "continuing care" or social support describes a long-term process of increasing patients' health and wellness, as well as supporting them in recovery from drug use disorders. Recovery management is an evolving approach to the long-term treatment of drug use disorders that goes beyond a single treatment episode or a short-term aftercare programme. It should support patients throughout their treatment process in different treatment settings and modalities. Once patients have stabilized during abstinence achieved through outpatient or residential treatment, recovery management should follow.

Aftercare support focuses on:

1. Reducing the risk of relapse to substance use
2. Comprehensively supporting social functioning, well-being,
3. Social reintegration into the community and society
4. Helps to improve health and wellness
5. Stabilizing and strengthening recovery
6. Enabling patients to build on their strengths and resilience





AFTERCARE SUPPORT FOR SUBSTANCE USE TREATMENT

Recovery management combines a variety of interventions and activities that promote and strengthen internal and external resources to help patients voluntarily and actively manage drug-related problems and their drug use, if it recurs. Some of the activities may already exist in the patient's home, health facilities, neighbourhood and community while others need to be developed.

The following factors and activities increase social reintegration and improve chances of stable remission and recovery:

Strengthening the individual's resilience, self-efficacy and self-confidence to manage daily challenges and stresses while maintaining a commitment to recovery and avoiding relapse to substance use.



A supportive social network (such as partner, caregivers, family members and friends) that can monitor the stability of recovery, abstinence from drugs and compliance with treatment.

Educating patients about different factors that contribute to their drug use and equipping them with the strategies to create and maintain a supportive social environment that promotes health and recovery.



Educating patients about health and social care systems and navigating them through health and social services.

Providing them access to long-term pharmacological treatment if indicated.





AFTERCARE SUPPORT FOR SUBSTANCE USE TREATMENT

Educating patients about, and providing them access to strategies and tools to prevent and manage drug overdose.



Educating patients on ways to identify and manage drug overdose, including the use of naloxone for opioid overdose.

Engagement with individuals and social networks of friends and workmates that can provide support in maintaining abstinence and achieving recovery goals.



Meaningful and appreciated work.

Reduced burden of stigma and discrimination on the basis of health, age, gender, sexuality, class, race, cultural identity and so on.



Freedom from violence and abuse.

Social participation and integration in educational and vocational pursuits, including volunteering or community involvement.



Active involvement in self-help, mutual-help, spiritual or other support groups.

Stable accommodation.





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Nasha Mukta
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AFTERCARE SUPPORT FOR SUBSTANCE USE TREATMENT

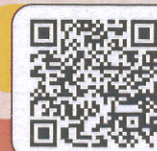
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NASHA Mukta BHARAT ABHIYAAN



PSYCHOACTIVE SUBSTANCES: ACUTE BEHAVIOURAL EFFECTS, WITHDRAWAL FEATURES, AND EFFECTS OF PROLONGED USE





PSYCHOACTIVE SUBSTANCE	ACUTE BEHAVIOURAL EFFECTS	WITHDRAWAL FEATURES	EFFECTS OF PROLONGED USE
Alcohol	Smell of alcohol on breath, slurred, speech, disinhibited behavior, agitation, vomiting, unsteady gait	Tremors, shaking, nausea/vomiting, increased heart rate and blood pressure, seizures, agitation, confusion, hallucinations Can be life-threatening	Loss of brain volume, reduction in cognitive capacity, impaired judgement, loss of balance, liver fibrosis, gastritis, anaemia, increased risk of some cancers and a range of other medical problems
Benzodiazepines	Slurred speech, disinhibited behavior, unsteady gait	Anxiety, insomnia, tremors, shaking, nausea/vomiting, increased heart rate and blood pressure, seizures, agitation, confusion, hallucinations. Can be life-threatening	Memory impairment, increased risk of falls in the elderly, risk of fatal sedative overdose



PSYCHOACTIVE SUBSTANCES: ACUTE BEHAVIOURAL EFFECTS, WITHDRAWAL FEATURES, AND EFFECTS OF PROLONGED USE



PSYCHOACTIVE SUBSTANCE	ACUTE BEHAVIOURAL EFFECTS	WITHDRAWAL FEATURES	EFFECTS OF PROLONGED USE
Opioids 	Pinpoint pupils, drowsiness and falling asleep, decreased awareness, slow speech	Dilated pupils, anxiety, nausea/vomiting/ diarrhea, abdominal cramps, muscle aches and pains, headaches, runny eyes and nose, yawning, hair standing up on arms, increased heart rate and blood pressure	Constipation, risk of fatal sedative overdose, hypogonadism, adaptations in reward, learning and stress responses
Tobacco 	Arousal, increased attention, concentration and memory; decreased anxiety and appetite; stimulant-like effects	Irritability, hostility, anxiety, dysphoria, depressed mood, increased heart rate, increased appetite	Lung disease (in tobacco smokers), cardiovascular disease, risk of cancers and other health effects
Cocaine, Methampheta mines & Amphetamine- type stimulants	Dilated pupils, increased blood pressure and heart rate, excited, euphoric, hyperactivity, rapid speech, racing thoughts, disordered thinking, paranoia, aggressive, erratic, violent	Fatigue, increased appetite, depressed, irritable mood Watch out for suicidal thoughts	Hypertension, increased risk of cerebrovascular accidents (CVAs), arrhythmias, heart disease, anxiety, depression responses



PSYCHOACTIVE SUBSTANCES: ACUTE BEHAVIOURAL EFFECTS, WITHDRAWAL FEATURES, AND EFFECTS OF PROLONGED USE



PSYCHOACTIVE SUBSTANCE

ACUTE BEHAVIOURAL EFFECTS

WITHDRAWAL FEATURES

EFFECTS OF PROLONGED USE

Cannabis



Normal pupils, red conjunctivae, delayed responsiveness, euphoria, relaxation

Depressed or labile mood, anxiety, irritability, sleep disturbance (there may not be any clearly observable features)



Increased risk of mental health problems including anxiety, paranoia and psychosis, lack of motivation, difficulty in concentration, increased risk of vasospasm leading to myocardial infarction and stroke

Volatile solvents

Dizziness, disorientation, euphoria, light-headedness, increased mood, hallucinations, delusions, incoordination, visual disturbances, anxiolysis, sedation

Increased susceptibility to seizures



Decreased cognitive function and dementia, peripheral neuropathy, other neurological sequelae, increased risk of arrhythmias causing sudden death



PSYCHOACTIVE SUBSTANCES: ACUTE BEHAVIOURAL EFFECTS, WITHDRAWAL FEATURES, AND EFFECTS OF PROLONGED USE



PSYCHOACTIVE SUBSTANCE

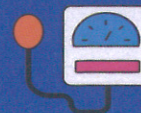
ACUTE BEHAVIOURAL EFFECTS

WITHDRAWAL FEATURES

EFFECTS OF PROLONGED USE

Hallucinogens

Increased heart rate, blood pressure, body temperature, decreased appetite, nausea, vomiting, motor incoordination, pupillary dilatation, hallucinations



No evidence

Acute or chronic psychotic episodes, flashbacks or re-experiencing of drug effects long after termination of use

MDMA

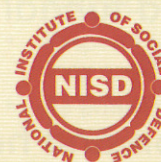
Increased self-confidence, empathy, understanding, sensation of intimacy, communication, euphoria, energy

Nausea, muscle stiffness, headache, loss of appetite, blurred vision, dry mouth, insomnia, depression, anxiety, fatigue, difficulty concentrating



Neurotoxic, leads to behavioral and physiological consequences, depression

What does **Alcohol and Drug Abuse** do to us?



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Ministry of Social Justice & Empowerment
Government of India

What does **Alcohol and Drug Abuse** do to us?

- Reduces inhibition leading to high-risk behaviours/ sexual activity.
- Affects perception and impairs ability to
 - : process negative consequences
 - : use of Condom
- Addiction leads to sex for drugs.
- Sharing needles & syringes put them on high risk.
- Illicit drugs used often carry bacterial and fungal contaminants.
- Poor nutrition and health practices further increase risk of disease & infection.

If someone close has a problem with *alcohol* or *drugs*.....

your support can make a difference.

Who Needs Support

Any person who uses drugs/alcohol has relatively high chances of progressing to drug abuse and even addiction. This can occur so insidiously that sometimes he/she may not realize that their drinking/drugging has become a real problem for themselves and those around them. A drug addict may experience some, or a combination of the following symptoms at one point or another :-

- Craving for drugs/alcohol
- Difficulty in controlling the onset, termination or level of use
- Experiencing a withdrawal on not taking drugs/alcohol
- Increasing in the quantity used
- Neglecting of other activities
- Continuing use of the drug despite clear evidence of harmful consequences
- Not realizing that their drinking/drugging has become a real problem

What type of support

The kind of support may vary between individuals based on their personal behavioral traits and the drug/alcohol of abuse.
The type of support may broadly include:

- Support from family/friends/peers
- Early identification
- Emotional/psychological support
- Motivation for accessing support services.



How do you support

Some points to ponder.....

- Focus on the person not on your feelings.
- Respond to the circumstances as they exist/or may occur.
- Be patient and compassionate
- Be active and get involved
- Stay calm
- Stay friendly, supportive and non threatening
- Communicate: Acknowledge, Reflect and Reassure

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Ministry of Social Justice & Empowerment Government of India
West Block 1, Wing 7, Ground Floor, R.K. Puram, New Delhi - 110066
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Handling peer pressure



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Government of India



Handling peer Pressure

By saying 'No to Drugs'
You will join that crowd of
smart youngsters who intend
on staying smart and full of life,
energy and fun. You will stay
with the crowd that intends
to succeed.

- Say "NO thanks"
- Suggest other things to do instead
- Say "NO" repeatedly
- Mention dangerous side effects
- Change the subject
- Return the challenge (for instance:
"What's wrong? Scared to do it by
yourself"?)
- Reverse peer pressure (for instance: "Drugs
are boring. I can't believe you need to do
that stuff".)
- Base an excuse on an activity (for instance:
"I can't drink; I'm training for football".)
- Talk about your reasons for opting to say
'No' with friends/peers and classmates.
- Hang around with non-users
- Ignore
- If the situation seems too overwhelming,
just walk away.

**"Its easier to prevent bad habits than to
break them."**

.....Benjamin Franklin



ROLE OF PARENTS & TEACHERS

The main reasons youth turn to drugs are :

- Peer pressure
- Boredom
- Wanting of feel like an adult
- To escape problems
- Rebellion
- To feel good

What can be done about all these things ?

Lots!

What Parents can do...

- Make home a positive place to be
- Encourage your child's positive interests
- Let your child start to do adult things
- Monitor and guide their friendships
- Talk with your child about drugs
- Build your child's self esteem

What Teachers can do...

- Talk to students informally and openly
- Keep abreast of the problem of drug/alcohol abuse
- Discuss with students the ill effects of drug/alcohol abuse
- Get involved and keep yourself interested in your students' interests and activities.
- Encourage them to inform/share voluntarily any incidences of drug abuse
- Discuss issues related to adolescence with your students and suggest measures to handle them
- Help and guide students to examine their career options and facilitate to set realistic goals

BE AN INDIVIDUAL

**THINK
FOR
YOURSELF**

**It's ok to
SAY NO!**



CAUTION

**PEER
PRESSURE
IS EVERYWHERE**



**National Toll Free Helpline
For
Prevention of Alcoholism & Drug Abuse**

1800-11-0031

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Ministry of Social Justice & Empowerment, Government of India
West Block 1, Wing 7, Ground Floor, R.K. Puram, New Delhi-110066

Phone : 011-26106325 Fax : 26100058

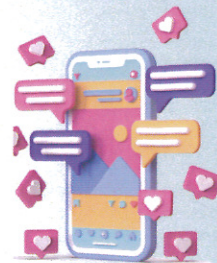
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Digital Interventions

Digital Interventions under Nasha Mukh Bharat Abhiyaan

NMBA Social Media:

- Extensive social media use to maximize reach during pandemic.
- Online events: Panel Discussions with DC/DMs & Experts, Capacity Building Workshops, and National Elocution competitions undertaken.
- Online Nasha Mukh Bharat Summit saw participation of 6,000+ people.



Facebook: NMBA.MSJE

Instagram: @nashamukhbaratabhiyaan

Twitter: NMBA_MSJE

Youtube: Nasha Mukh Bharat Abhiyaan



NMBA e-Newsletter:

A monthly e-Newsletter is prepared by the Ministry to applaud and acknowledge the exceptional task undertaken by the districts and states implementing Nasha Mukh Bharat Abhiyaan.

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BHARAT ABHIYAAN

Digital Interventions

Digital Interventions under Nasha Mukh Bharat Abhiyaan

NMBA Mobile Application:

Development of NMBA Mobile App to capture authentic and real-time data on all NMBA Activities which are presented on NMBA Dashboard on a district, state, and national level.

Link to download app:
shorturl.at/ijlxY



Geo-tagged Institutions:



All Ministry supported institutions for counseling, treatment and rehabilitation have been Geo-Tagged successfully to ensure easy reach and access.

Link:
<https://goo.gl/maps/q9b9t5MrskBLQJAc8>

NMBA portal/ Website:

The NMBA website is an all in one resource for a user to access services like IEC Resource Material, Online Video Library, Forums & Discussions and Dashboard to view status of NMBA & Toll Free Dashboard. Citizens can also pledge to be Drug Free.





Ministry of Social Justice & Empowerment,
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FOR POLICE PROFESSIONALS

Cues to Identify Individuals with SUDs

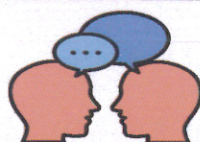
Behavioural Cues

Impaired communication

Slurred Speech, Difficulty Following Instructions, Rapid Speech

Changes in Activity and Engagement

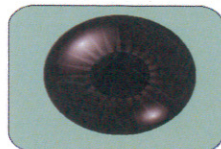
Increased Fidgeting or Restlessness, Lethargy or Fatigue, Social Withdrawal



Emotional Dysregulation

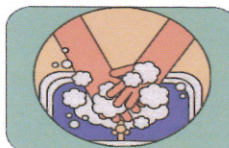
Mood Swings, Anxiety, Aggression, Emotional Outbursts

Physical Cues



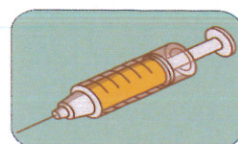
UNUSUAL PHYSICAL MOVEMENTS

Poor coordination, tremors, impaired balance, or dilated pupils



CHANGES IN APPEARANCE

Unkept hygiene, bloodshot eyes, track marks on arms, or changes in sleep patterns



PRESENCE OF DRUG PARAPHERNALIA

Pipes, syringes, needles, or empty drug containers

National Toll Free Helpline- 14446



Ministry of Social Justice & Empowerment,
Government of India

FOR POLICE PROFESSIONALS Strategies for Interacting with Individuals with SUDs

Approach with De-escalation and Empathy

Treat the
person as an
individual,
not a
stereotype

Prioritize
de-
escalation
technique

Be mindful
of potential
triggers

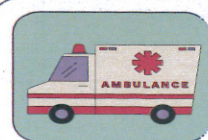
Prioritize Safety and Well-being



**ASSESS THE SITUATION FOR
IMMEDIATE THREAT**



**ADMINISTER FIRST AID IF
NEEDED**



**ENGAGE WITH EMERGENCY
MEDICAL SERVICES**

Other Options

Connect individuals with
treatment options

Informate about local
treatment programs and
support groups, even if arrest
is necessary

Continuous Education and Training

Comprehensive training
programs

For officers to understand
SUDs, de-escalation
techniques, and diversionary
approaches

Implicit bias awareness

To ensure equal and fair
treatment of individuals from
diverse backgrounds,
including those with SUDs

National Toll Free Helpline- 14446



UNDERSTANDING THE TERMINOLOGY ASSOCIATED WITH SUBSTANCE USE!

Disorders due to substance use include both drug and alcohol use disorders and certain conditions including acute intoxication, overdose and withdrawal. Let us try to understand the terms along with their meanings.

ACUTE INTOXICATION is a transient condition following intake of a psychoactive substance resulting in disturbances of consciousness, cognition, perception, affect, or behaviour.

OVERDOSE is the use of any drug in such an amount that acute adverse physical or mental effects are produced.



WITHDRAWAL is the experience of a set of unpleasant symptoms following the abrupt cessation or reduction in dose of a psychoactive substance, if it has been consumed in high enough doses and for a long enough duration for the person to be physically or mentally dependent on it. Withdrawal symptoms are, essentially, opposite to those that are produced by the psychoactive substance itself.

HARMFUL USE is a pattern of psychoactive substance use that damages health. This damage may be physical, e.g. liver disease, or mental, e.g. episodes of depressive disorder. It is often associated with social consequences, e.g. family or work problems.



DEPENDENCE is a cluster of physiological, behavioural, and cognitive phenomena in which the use of a psychoactive substance takes on a much higher priority for a given individual than other behaviours that once had greater value. It is characterized by a strong craving to use the substance and a loss of control over its use. It is often associated with high levels of substance use and the presence of a withdrawal state upon cessation



UNDERSTANDING THE TERMINOLOGY ASSOCIATED WITH SUBSTANCE USE!

FOLLOW US HERE:



Use of NMBA mobile application ?

This App enables capturing the data of the events and awareness activities that are happening on-ground and to monitor the progress of the Nasha Mukh Bharat Abhiyaan. District Authority/Master Volunteers of each district can submit details of the awareness activities conducted by them in their district.

372 districts Identified

Nasha Mukh Bharat Abhiyaan
2,870 Tweets

NMBA NATIONAL HELPLINE NUMBER
14446

6 MUKH ABHIYAAN SOCIAL MEDIA FOR MORE UPDATES.

Nasha Mukh Bharat Abhiyaan
@NMBA_MSJE

A flagship campaign of the Ministry of Social Justice and Empowerment, GoI to fight against drug use

Education New Delhi nmba.dosje.gov.in Joined August 2020
4,423 Following 4,858 Followers



NASHA MUKH BHARAT ABHIYAAN
IN 272 DISTRICTS

Nasha Mukh Bharat Abhiyaan
2.5K Likes · 3.0K Followers

Connect with Nasha Mukh Bharat Abhiyaan on Facebook

भारतीय भाषा समिति
Bharatiya Bhasa Samiti

Announcements

Inviting Proposals for organizing programmes for promotion of Indian languages (Oratorical/Writing/Seminar)

NATIONAL EDUCATION POLICY (NEP) 2020

Important Information: 19-18 September 2020: Two-Day National Seminar on "National Education Policy (NEP) 2020: Shiksha, Samiti aur Bharat ki Samiti" (National Education through the Medium of Indian Languages)

QUIRIES



http://



**NATIONAL INSTITUTE OF SOCIAL
DEFENCE
MINISTRY OF SOCIAL JUSTICE &
EMPOWERMENT
GOVERNMENT OF INDIA**

**TYPES OF PSYCHOACTIVE
SUBSTANCE IN INDIA**

**ALCOHOL
ACUTE EFFECTS**

- CLUMSINESS
- DIFFICULTY IN WALKING
- SLURRED SPEECH
- SLEEPINESS
- POOR JUDGMENT, DISINHIBITION
- DILATED PUPILS
- BLACKING OUT

**CANNABIS
(BHANG, CHARAS, GANJA, HASHISH)
ACUTE EFFECTS**

- NUMBNESS
- ALTERED PERCEPTUAL EXPERIENCES
- RELIEF IN PAIN
- SEDATION
- ANXIETY
- PARANOIA

**SEDATIVES
ACUTE EFFECTS**

- DIFFICULTY CONCENTRATING,
CLUMSINESS
- POOR JUDGMENT
- SLURRED SPEECH
- SLEEPINESS, DROWSINESS
- LACK OF COORDINATION

VOLATILE SUBSTANCES (INHALANTS) ACUTE EFFECTS

- SLOWS DOWN CENTRAL NERVOUS SYSTEM
- FEELING OF NAUSEA.
- EXPERIENCE RESPIRATORY DEPRESSION.
- CAUSES TREMORS AND NUMBNESS

OPIOID ACUTE EFFECTS

- SHORT LIVED INTENSE EXPERIENCE – “RUSH”.
- A STATE OF PROFOUND EUPHORIA.
- A DREAMLIKE STATE LASTING LONGER

STIMULANTS ACUTE EFFECTS

- STIMULATE CENTRAL NERVOUS SYSTEM CAFFEINE MAY PREVENT
- SLEEP.
- DANGEROUS AT HIGH DOSES.
- CAUSES CHEST PAIN AND MUSCLE CONTRACTIONS

HALLUCINOGENS ACUTE EFFECTS

- CAUSE SENSORY AND PERCEPTUAL DISTORTIONS
- ALTERED SENSE OF SPACE AND TIME
- NAUSEA, PARANOIA, ANXIETY
- MOOD SWINGS
- IMPAIRED JUDGMENTS
- JUMBLED THOUGHTS
- LONG TERM PANIC ATTACKS
- GETTING FLASHBACKS OF "BAD TRIPS"



**NATIONAL HELPLINE FOR DRUG
DE-ADDICTION 1800-11-0031 /
14446**



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GOVERNMENT OF INDIA

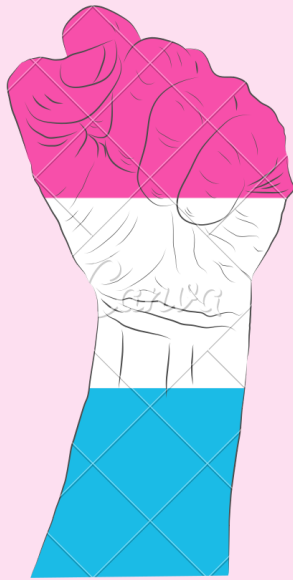


Transgender persons (protection of Rights) Act 2019 and Rules 2020

"transgender person" means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as kinner, hijra, aravani and jogta.

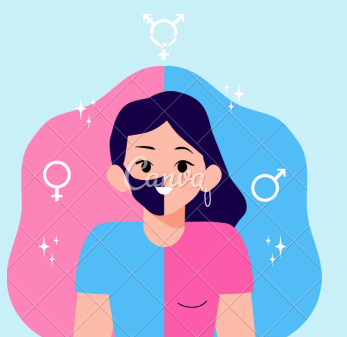
Prohibition Against Discrimination (Section 3)

No person or establishment shall discriminate against a transgender person in sectors such as education, employment and healthcare etc.,



Recognition of identity of transgender person and right to self-perceived gender identity (Section 4)

Recognition of identity of transgender persons by obtaining certificate of identity from the District Magistrate and a revised certificate is to be obtained if sex is changed.



Welfare Measures

Provisions for formulation of welfare schemes and programmes which are transgender sensitive, non-stigmatising and non-discriminatory.



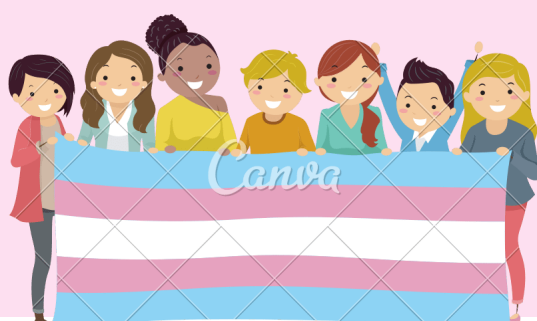
Duties of Government

Obligations of appropriate Governments: Steps to secure full and effective participation of transgender persons and their inclusion in society.



Safety, Rescue and Rehabilitation

- Provision provides transgender the right of residence with parents and immediate family members.
- Provisions for the rescue, protection and rehabilitation of transgender persons to address their needs.



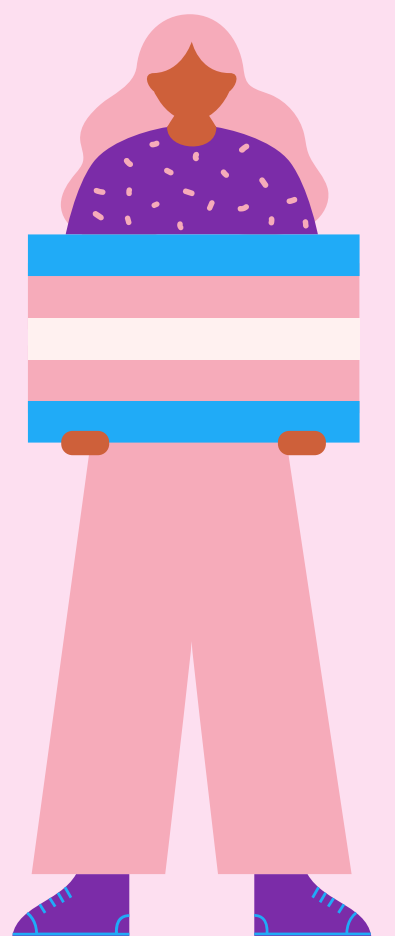
Penalties Against Offences

Penal Provisions for offences against transgender persons including imprisonment which shall not be less than six months and may extend to two years with fine. (Section 18)



Setting Up Statuary Bodies

- Provision for a complaint officer to deal with the complaints relating to issues of Transgender Persons.
- Provision for setting up of National Council for Transgender Persons, Protection Cell and Grievance Redressal Mechanism



For More information kindly contact :

Transgender & Beggary Division, National Institute of Social Defence (NISD), Ministry of Social Justice and Empowerment, Plot No. G-2, Sector-10, Dwarka,, New Delhi-110075

Telephone: 011-20893999, 011- 20893995, Email: directoroffice.nisd@gmail.com

Website: <http://www.nisd.gov.in>



National Institute of Social Defence Ministry of Social Justice & Empowerment

Transgender Persons (Protection of Rights) Act 2019

Main Features

- Transgender person means someone whose gender does not match with the gender assigned to that person at birth.
- No person or establishment shall discriminate against a transgender person in sectors such as education, employment and healthcare etc.,
- Recognition of identity of transgender persons by obtaining certificate of identity from the District Magistrate and a revised certificate is to be obtained if sex is changed.
- Provisions for formulation of welfare schemes and programmes which are transgender sensitive, non-stigmatising and non-discriminatory.
- Obligations of appropriate Governments: Steps to secure full and effective participation of transgender persons and their inclusion in society.
- Provision provides transgender the right of residence with parents and immediate family members.
- Provisions for the rescue, protection and rehabilitation of transgender persons to address their needs.
- Provision for a complaint officer to deal with the complaints relating to issues of Transgender Persons.
- Provision for setting up of National Council for Transgender Persons.
- Penal provisions for offences against Transgender Persons.

For further information, please contact:

Transgender & Beggary Division

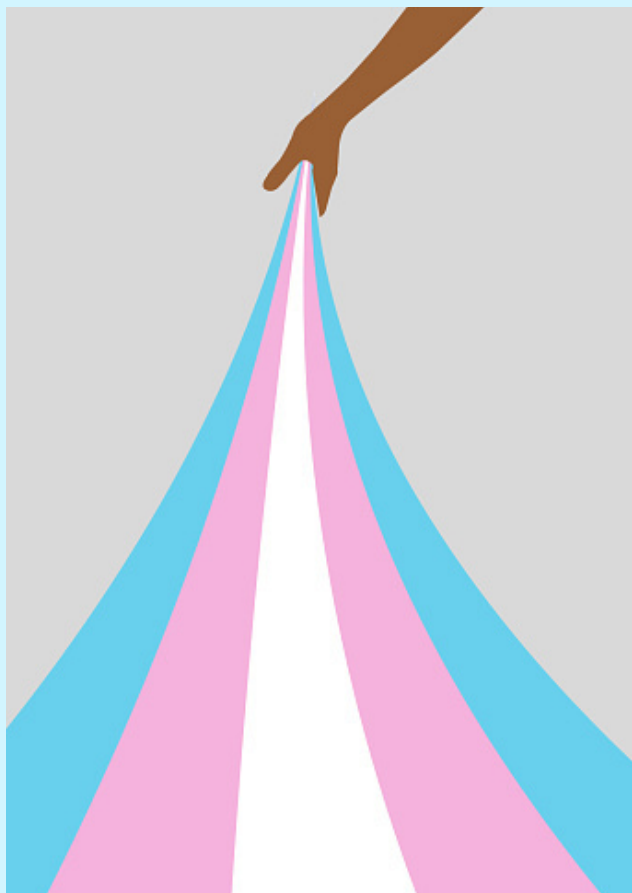
National Institute of Social Defence (NISD)

Plot No. G-2, Sector-10, Dwarka, New Delhi-110075

Telephone: 011-20893999, 011- 20893995

Email: directoroffice.nisd@gmail.com Website: <http://www.nisd.gov.in>

- Sensitization of:
 - institutions and establishments by appropriate authority including teachers and faculty in schools and colleges,
 - sensitization of healthcare professionals;
 - sensitization programmes in workplaces; and
 - sensitization programmes for complaints officers. (Rule 10 (7))
- Provision for the formulation of a comprehensive policy for Transgender Persons (Rule 11 (2))
- Provision for Setting up of a Transgender Protection Cell under the charge of the District Magistrate (Rule 11 (5))
- Provision for appointment of a complaint officer for grievance redressal. (Rule 13)
- Provision for setting up of a grievance redressal mechanism within one year, operating through a helpline and outreach centres. (Rule 13 (6))



For More information kindly contact :

Transgender & Beggary Division
 National Institute of Social Defence (NISD)
 Ministry of Social Justice and Empowerment
 Plot No. G-2, Sector-10, Dwarka,
 New Delhi-110075
 Telephone: 011-20893999, 011- 20893995
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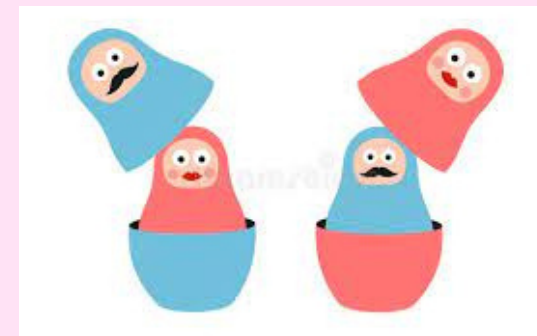


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MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

TRANSGENDER PERSONS (PROTECTION OF RIGHTS) **ACT, 2019 & RULES 2020**

Background

The transgender community enjoyed recognition in ancient history and finds mention in several of our ancient scriptures. However, it was in the colonial era that the discrimination against the community rose, leading to rigid prejudice against them. Due to their lack of recognition and ostracization from society at large, they have been unable to exercise their fundamental rights as citizens of the country. For a long period of time, they have faced issues such as unemployment, social discrimination, mental and physical abuse, lack of educational opportunities, property ownership, and so on. As per the Census 2011, there are 4,87,803 Transgender persons in India.



"Transgender Person" is someone whose gender does not match with the gender assigned to that person at birth. It includes trans-man or trans-woman, a person with intersex variations, genderqueer, and person having such socio-cultural identities as kinner, hijra, aravani and jogta.

The Act

The Transgender Persons (Protection of Rights) Act, 2019, was enacted w.e.f 10.01.2020 in order to provide protection of rights of transgender persons and their welfare. The Act, inter-alia, provides for recognition of identity of transgender persons, prohibition against discrimination, welfare measures by the Government, obligation of establishments and other persons, education, social security and health of transgender persons and National Council for transgender persons.

Some of the key provisions of the Act and Rules thereof are listed below:

- Prohibition Against Discrimination (Section 3)

No transgender person can be discriminated in educational establishments and services thereof; employment or occupation; healthcare services; enjoyment or use of any goods, accommodation, service, facility, benefit, privilege or opportunity dedicated to the use of the general public; right of movement; right to reside, purchase, rent, or otherwise occupy any property; and hold public or private office;

- Recognition of identity of transgender person and right to self-perceived gender identity (Section 4)



- Provision to obtain Transgender Certificate and Identity Card from District Magistrate. Revised Certificate is to be obtained if sex is changed. (Section 6 & 7)
- Obligations of appropriate Governments to take steps to secure full and effective participation of transgender persons and their inclusion in society. (Section 8)
- Obligations of establishments. Non-discrimination in employment. (Section 9)
- Provision for establishment to designate a complaint officer to deal with the complaints relating to violation of the provisions of this Act. (Section 11)



- Provision provides Transgender Persons Right of residence (Section 12)
- No child shall be separated from parents or immediate family on the ground of being a transgender, except on an order of a competent court, in the interest of such child. (Section 12(1))

- Provision for Vocational Training and Self-Employment (Section 14)
- Provisions for Health Care (Section 15)
- Provisions for Constitution of National Council for Transgender Persons (Section 16 & 17)
- Penal Provisions for offences against transgender persons including imprisonment which shall not be less than six months and may extend to two years with fine. (Section 18)



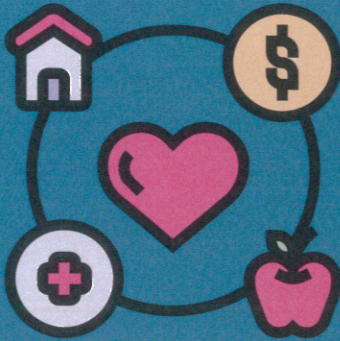
Some of the important provisions of the Transgender Persons Rules, 2020 are:

- Provision for welfare measures, education, social security and health of transgender persons by appropriate Government(Rule 10)

5 Strategies for Eliminating BEGGARY

1 Economic Empowerment:

- Promote livelihood opportunities through skill development programs, vocational training, and access to microfinance initiatives.
- Encourage entrepreneurship among marginalized communities by providing mentorship, resources, and market linkages.

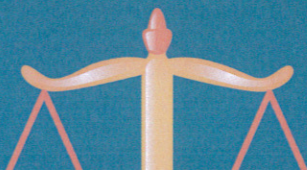


2 Social Security:

- Strengthen social safety nets through targeted cash transfer programs, food assistance, and healthcare subsidies for low-income families.
- Establish community-based support networks to provide counseling, rehabilitation, and social integration services for individuals at risk of begging.

3 Education and Awareness:

- Enhance access to quality education for underprivileged children, addressing barriers such as lack of infrastructure, transportation, and school fees.
- Create awareness on anti begging acts and change the mindset of persons in begging towards quality life.



4 Legal and Policy Reforms:

- Enforce stringent laws against forced begging, exploitation of vulnerable individuals, and human trafficking.



Government of India
Ministry of Social Justice & Empowerment
&
National Institute of Social Defence
Contact

Web: <https://socialjustice.gov.in>

Telephone: 011-24369839

Web: <http://www.nisd.gov.in>

Telephone: 011-20893989, 20893999

ELDERHELP LINE

National Helpline for Senior Citizen –Elder line - 14567

NATIONAL TOLL-FREE DRUG DE-ADDICTION HELPLINE NUMBER

1800-11-0031/14446

<http://socialjustice.nic.in>



National Institute of Social Defence
Ministry of Social Justice and Empowerment,
Government of India

Plot No. G-2, Sector-10, Dwarka, New Delhi-110075

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<https://www.youtube.com/channel/UCQuDfBYqH0fml-NehpTuQ/featured>



NATIONAL
INSTITUTE
OF
SOCIAL
DEFENCE

TRANSGENDER WELFARE AND BEGGARY PREVENTION DIVISIONS

Transgender persons face high level stigma in almost every sphere of their life. Further, there are a large number of people engaged in beggary. The Transgender Welfare Division & Beggary Prevention Division of NISD focuses on the issues related to Transgender and Beggary.

- Capacity building and sensitization of various functionaries working in the field
- Organising National level seminars; consultative meets; & Online and Offline courses for stakeholders
- Monitoring of implementation of Garima Greh: shelter Home for Transgender Persons.
- Pilot Project-Integrated Program on Rehabilitation of person engaged in begging in collaboration with State Departments
- Analyse and evaluate the welfare programs, schemes, training and suggest for best intervention strategies
- Skill development training program for transgender and persons engaged in begging with prime objective of enabling them to acquire required skills



Dispelling Myths and Misconceptions:

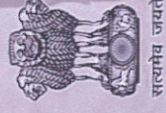
- Myth: "Beggars are lazy and don't want to work."
 - *Truth: Many beggars are victims of systemic issues such as poverty, lack of education, or disabilities, which hinder their ability to find sustainable employment.*
- Myth: "Beggars are all addicts or criminals."
 - *Truth: While some individuals who beg may struggle with addiction or have a criminal background, it's unfair to generalize and stigmatize all beggars based on the actions of a few.*
- Myth: "Beggars choose to beg because it's an easy way to make money."
 - *Truth: Begging is often a last resort for individuals facing extreme circumstances, such as homelessness, hunger, or fleeing abuse.*

Get in touch!

Transgender & Beggary Division
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UNVEILING THE REALITIES OF BEGGARY IN OUR SOCIETY



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4 Legal and Policy Reforms:

- Enforce stringent laws against forced begging, exploitation of vulnerable individuals, and human trafficking.
- Advocate for policy reforms that prioritize social inclusion, equitable distribution of resources, and protection of human rights.



5 Collaborative Partnerships:

- Foster collaboration between government agencies, non-profit organizations, civil society groups, and private sector entities to coordinate efforts and maximize impact.
- Mobilize community volunteers and local leaders to actively participate in anti-beggary initiatives, leveraging their knowledge and networks.





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COMPREHENSIVE REHABILITATION OF PERSONS ENGAGED IN THE ACT OF BEGGING

Beggary is one of the biggest socio-economic issue in India. Due to its multifaceted nature. The vision of the Ministry of Social Justice and Empowerment, in tune with our Indian constitution, is to build an inclusive society. The Department plans for the comprehensive rehabilitation of persons engaged in the act of begging to enable them to live a life of dignity and pride.

INTEGRATED APPROACH ON REHABILITATION OF PERSONS ENGAGED IN BEGGING

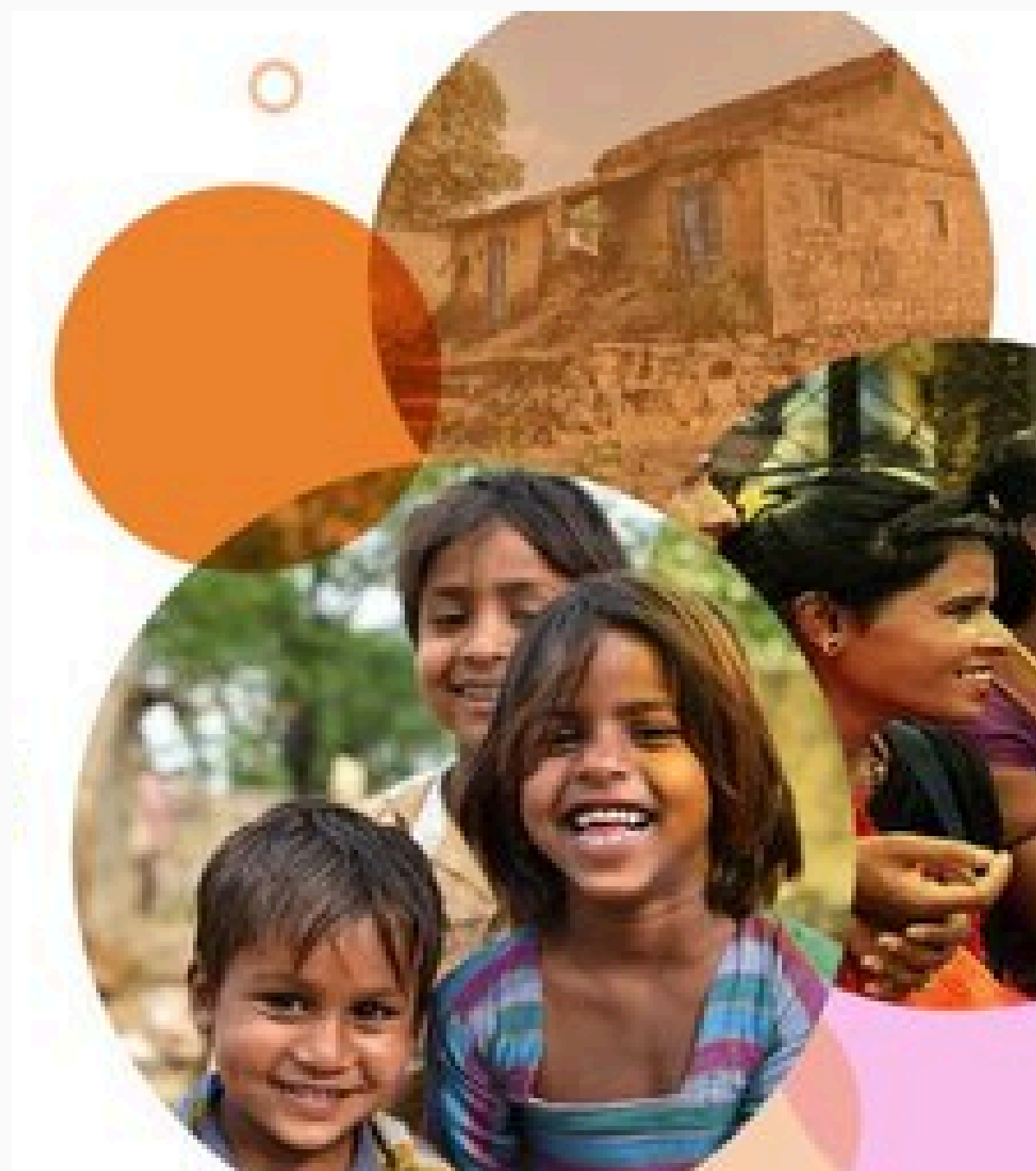
Identification

Counselling/Medical Counseling

Education

Skill Development

Rehabilitation



National Institute of Social Defence
Ministry of Social Justice and Empowerment
Government of India

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COMPONENTS OF SMILE SCHEME BY MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

Survey &
Identification

Mobilization

Rescue/ Shelter Home

Comprehensive
Rehabilitation

**Join hands for a
Bhiksha Vritti Mukta
Bharat - A SMILE for
every citizen!**



Web: <https://socialjustice.gov.in>

Web: <http://www.nisd.gov.in>



सत्यमेव जयते

**Government of India
Ministry of Social Justice and Empowerment
&
National Institute of Social Defence**

**Breaking the Cycle:
A Guide to Beggary
Prevention**

Definition

According to the Bombay Prevention of Begging Act, 1959, "begging" is defined as the act of soliciting or receiving alms in a public place, whether under pretenses like singing, dancing, fortune telling, performing, or offering articles for sale. It also includes entering private premises for alms, exhibiting injuries or deformities with the intent of obtaining alms, having no visible means of subsistence and wandering in public places, and allowing oneself to be used as an exhibit for soliciting alms. The Act comprehensively covers various activities associated with begging, providing a legal framework to regulate and address the complexities surrounding this issue in public spaces and private premises.

Beggars of India (as per Census 2011)

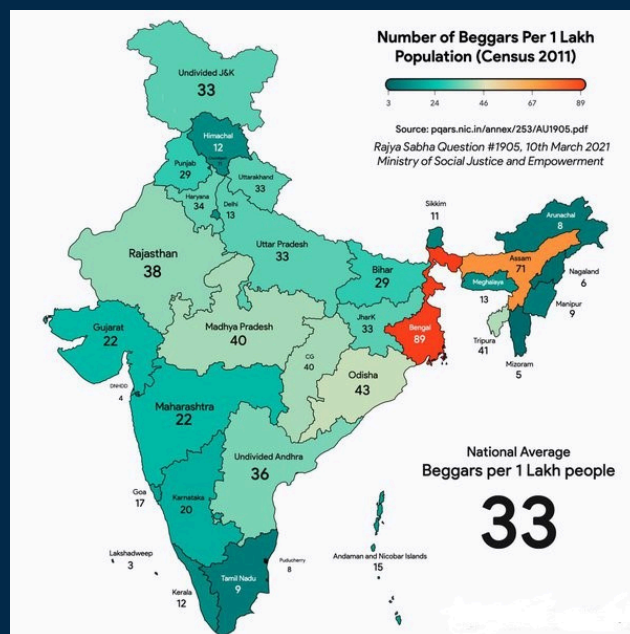
	INDIA	DELHI
Male	2,21,673	1,343
Female	1,91,997	844
Total	4,13,670	2,187

WHO IS RESPONSIBLE TO COMBAT THE ISSUE?

~ It is responsibility of Govt and civil society

SMILE Scheme

Introducing **SMILE** - Support for Marginalized Individuals for Livelihood and Enterprise, a pioneering initiative by the Ministry of Social Justice and Empowerment. This comprehensive scheme focuses on the rehabilitation of individuals engaged in begging, merging existing schemes. With a strong emphasis on medical facilities, counseling, education, and skill development, SMILE aims to benefit approximately 60,000 vulnerable individuals, providing them a chance to lead a life of dignity. Implemented with support from State/UT Governments, Urban Bodies, Voluntary Organizations, and Institutions, the scheme envisions the use of existing shelter homes and establishment of new ones if needed. This holistic approach, addressing the root causes of begging, exemplifies a commitment to social empowerment. Join us in transforming lives and creating a more inclusive society.



Objectives:

- Achieve a 'Bhiksha Vritti Mukta Bharat.'
- Comprehensive rehabilitation through coordinated action.
- Reintegration into society with dignity and self-confidence.

Target Groups:

- All citizens of India engaged in begging.
- Focus on big cities, towns, pilgrimage places, and tourist spots.

Skill Development Opportunities:

Tailored skill development programs for beggars, offering training in areas such as:

- Cleaning and Sanitation Work
- Haircutting and Grooming
- Tailoring and Sewing
- Carpentry
- Cooking and Food Services

Healthcare Support:

Access to healthcare services, including:

- Medical Checkups
- De-Addiction Programs
- Counseling Services
- Referral to Rehabilitation Centers

Educational Initiatives:

Ensuring education for:

- Children engaged in begging
- Children of persons engaged in begging
- Bridge courses and tuition support for academic success.

Market Linkages:

Facilitating connections to job opportunities:

- Self-Employment through SHGs
- Micro and Small Enterprises
- Linkage with Markets for Sustainable Livelihood

Dispelling Myths and Misconceptions:

- **Myth:** "Beggars are lazy and don't want to work."
 - **Truth:** *Many beggars are victims of systemic issues such as poverty, lack of education, or disabilities, which hinder their ability to find sustainable employment.*
- **Myth:** "Beggars are all addicts or criminals."
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Get in touch!

Transgender & Beggary Division
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सत्यमेव जयते



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UNVEILING THE REALITIES OF BEGGARY IN OUR SOCIETY



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Begging is a complex and multifaceted issue, and individuals may turn to begging for various reasons. Here are some common factors that contribute to why people may resort to begging:

Economic Hardship

Unemployment

Trafficking of Women and Children

Physical & Mental Health Issues

Addiction

Social Customs

Religious Mendicancy

Family Disorganisation



Types of Begging

1. Religious Alms:

- Outside temples, mosques, and churches.
- Individuals seeking alms as part of religious practices.

2. Urban Street Begging:

- In urban areas, at traffic signals, busy intersections.
- Targets pedestrians and motorists.

3. Rural Begging:

- Prevalent in rural areas.
- Linked to agricultural distress, lack of opportunities.

4. Child Begging:

- Involves children soliciting money.
- Sometimes controlled by organized groups.

5. Traditional Performances for Alms Giving:

- Street performances in exchange for alms.
- Seen in both urban and rural settings.

6. Organized Beggary:

- Begging as a profession in organized groups.
- Controlled by middlemen or syndicates.

7. Nomadic Begging:

- Certain tribal or nomadic communities.
- Part of their traditional lifestyle.

8. Part Time Begging:

- Those who are engaged in petty jobs and beg in spare time

9. Begging for Shelter:

- Seeking money for basic amenities, including food and shelter.

10. Migrant Begging:

- People from economically distressed areas.
- Migrating to urban centers due to a lack of livelihood options.

11. Begging in Tourist Areas:

- Targets popular tourist destinations.
- Capitalizes on the generosity of visitors.

12. Forced Beggary:

- Instances of coercion or force into begging.
- Exploiting individuals' vulnerability.

13. Begging with Disabilities:

- People with disabilities resorting to begging.
- Due to societal discrimination and limited opportunities.

14. Elderly in Begging:

- Older individuals left without support.
- Resorting to begging for sustenance.

15. Women in Begging:

- Women engaged in begging often confront heightened vulnerability, facing discrimination and safety concerns, especially when accompanied by children.





राष्ट्रीय समाज सुरक्षा संस्थान सामाजिक न्याय और अधिकारिता मंत्रालय ट्रांसजेंडर व्यक्ति (अधिकारों का संरक्षण) अधिनियम 2019 और नियम, 2020

मुख्य विशेषताएं

- ट्रांसजेंडर व्यक्ति का अर्थ किसी ऐसे व्यक्ति से है जिसका लिंग जन्म के समय उस व्यक्ति को दिए गए लिंग से मेल नहीं खाता।
- शिक्षा, रोजगार और स्वास्थ्य सेवा आदि क्षेत्रों में कोई भी व्यक्ति या प्रतिष्ठान किसी ट्रांसजेंडर व्यक्ति के साथ भेदभाव नहीं करेगा।
- जिला मजिस्ट्रेट से पहचान प्रमाण पत्र प्राप्त करके ट्रांसजेंडर व्यक्तियों की पहचान की पहचान और लिंग परिवर्तन होने पर संशोधित प्रमाण पत्र प्राप्त करना होता है।
- कल्याणकारी योजनाओं और कार्यक्रमों के निर्माण के लिए प्रावधान जो ट्रांसजेंडर संवेदनशील, गैर-कलंककारी और गैर-भेदभावपूर्ण हैं।
- उपयुक्त सरकारों के दायित्व: ट्रांसजेंडर व्यक्तियों की पूर्ण और प्रभावी भागीदारी और समाज में उनका समावेश सुनिश्चित करने के लिए कदम।
- प्रावधान ट्रांसजेंडर को माता-पिता और तत्काल परिवार के सदस्यों के साथ निवास का अधिकार प्रदान करता है।
- ट्रांसजेंडर व्यक्तियों की जरूरतों को पूरा करने के लिए उनके बचाव, सुरक्षा और पुनर्वास के प्रावधान।
- ट्रांसजेंडर व्यक्तियों के मुद्दों से संबंधित शिकायतों से निपटने के लिए एक शिकायत अधिकारी का प्रावधान।
- ट्रांसजेंडर व्यक्तियों के लिए राष्ट्रीय परिषद की स्थापना का प्रावधान।
- ट्रांसजेंडर व्यक्तियों के खिलाफ अपराधों के लिए दंडात्मक प्रावधान।

आगे की जानकारी के लिए कृपया संपर्क करें:

ट्रांसजेंडर और बेगरी डिवीजन

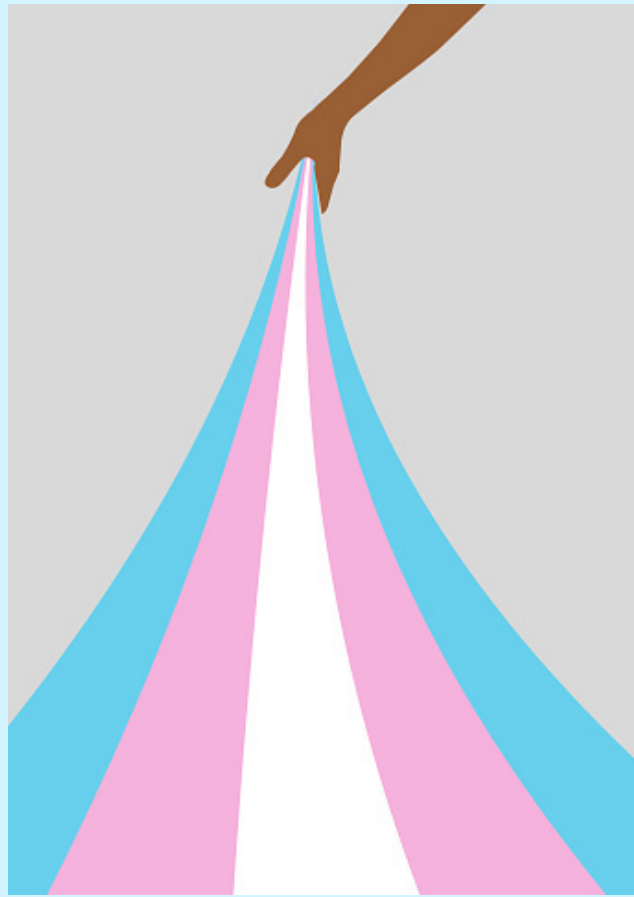
राष्ट्रीय सामाजिक सुरक्षा संस्थान (एनआईएसडी)

प्लॉट नंबर जी-2, सेक्टर-10, द्वारका, नई दिल्ली-110075

टेलीफोन: 011-20893999, 011-20893995

ईमेल: Directoroffice.nisd@gmail.com वेबसाइट: <http://www.nisd.gov.in>

- संवेदीकरण:
- स्कूलों और कॉलेजों में शिक्षकों और शिक्षकों सहित उपयुक्त प्राधिकारी द्वारा संस्थान और प्रतिष्ठान,
- स्वास्थ्य पेशेवरों का संवेदीकरण;
- कार्यस्थलों में संवेदीकरण कार्यक्रम; तथा
- शिकायत अधिकारियों के लिए संवेदीकरण कार्यक्रम। (नियम 10 (7))
- ट्रांसजेंडर व्यक्तियों के लिए एक व्यापक नीति तैयार करने का प्रावधान (नियम 11 (2))
- जिला मजिस्ट्रेट के प्रभार में एक ट्रांसजेंडर सुरक्षा प्रकोष्ठ की स्थापना का प्रावधान (नियम 11 (5))
- शिकायत निवारण के लिए एक शिकायत अधिकारी की नियुक्ति का प्रावधान। (नियम 13)
- हेल्पलाइन और आउटरीच केंद्रों के माध्यम से संचालित एक वर्ष के भीतर शिकायत निवारण तंत्र स्थापित करने का प्रावधान। (नियम 13 (6))



अधिक जानकारी के लिए कृपया संपर्क करें:

ट्रांसजेंडर और बेगरी डिवीजन
राष्ट्रीय सामाजिक सुरक्षा संस्थान (एनआईएसडी)
सामाजिक न्याय और अधिकारिता मंत्रालय
प्लॉट नंबर जी-2, सेक्टर-10, द्वारका,
नई दिल्ली-110075
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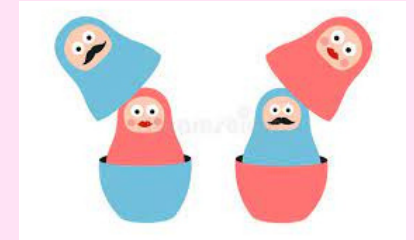


राष्ट्रीय समाज रक्षा संस्थान सामाजिक न्याय और अधिकारिता मंत्रालय

**ट्रांसजेंडर व्यक्ति (अधिकारों का संरक्षण) अधिनियम,
2019 और नियम 2020**

पार्श्वभूमि

ट्रांसजेंडर समुदाय को प्राचीन इतिहास में मान्यता मिली थी और हमारे कई प्राचीन ग्रंथों में इसका उल्लेख मिलता है। हालाँकि, यह औपनिवेशिक युग में था कि समुदाय के खिलाफ भेदभाव बढ़ गया, जिससे उनके खिलाफ कठोर पूर्वाग्रह पैदा हो गया। बड़े पैमाने पर समाज से उनकी मान्यता और बहिष्कार की कमी के कारण, वे देश के नागरिक के रूप में अपने मौलिक अधिकारों का प्रयोग करने में असमर्थ रहे हैं। लंबे समय से, उन्हें बेरोजगारी, सामाजिक भेदभाव, मानसिक और शारीरिक शोषण, शैक्षिक अवसरों की कमी, संपत्ति के स्वामित्व आदि जैसे मुद्दों का सामना करना पड़ा है। 2011 की जनगणना के अनुसार, भारत में 4,87,803 ट्रांसजेंडर व्यक्ति हैं।



"ट्रांसजेंडर व्यक्ति" वह व्यक्ति होता है जिसका लिंग जन्म के समय उस व्यक्ति को दिए गए लिंग से मेल नहीं खाता है। इसमें ट्रांस-मैन या ट्रांस-वुमन, इंटरसेक्स विविधताओं वाला व्यक्ति, जेंडरक्यूअर और किन्नर, हिजड़ा, अरवानी और जोगटा जैसी सामाजिक-सांस्कृतिक पहचान वाले व्यक्ति शामिल हैं।

अधिनियम

ट्रांसजेंडर व्यक्तियों (अधिकारों का संरक्षण) अधिनियम, 2019, ट्रांसजेंडर व्यक्तियों के अधिकारों और उनके कल्याण की सुरक्षा प्रदान करने के लिए 10.01.2020 से लागू किया गया था। अधिनियम, अन्य बातों के साथ-साथ, ट्रांसजेंडर व्यक्तियों की पहचान, भेदभाव के खिलाफ निषेध, सरकार द्वारा कल्याणकारी उपायों, प्रतिष्ठानों और अन्य व्यक्तियों के दायित्व, ट्रांसजेंडर व्यक्तियों की शिक्षा, सामाजिक सुरक्षा और स्वास्थ्य और ट्रांसजेंडर व्यक्तियों के लिए राष्ट्रीय परिषद प्रदान करता है। अधिनियम और उसके नियमों के कुछ प्रमुख प्रावधान नीचे सूचीबद्ध हैं:

भेदभाव के खिलाफ निषेध (धारा 3)

किसी भी ट्रांसजेंडर व्यक्ति के साथ शैक्षणिक प्रतिष्ठानों और उसकी सेवाओं में भेदभाव नहीं किया जा सकता है; रोजगार या पेशा; स्वास्थ्य देखभाल सेवाएँ; आम जनता के उपयोग के लिए समर्पित किसी भी सामान, आवास, सेवा, सुविधा, लाभ, विशेषाधिकार या अवसर का आनंद या उपयोग; आंदोलन का अधिकार; निवास करने, खरीदने, किराए पर लेने या अन्यथा किसी संपत्ति पर कब्जा करने का अधिकार; और सार्वजनिक या निजी कार्यालय धारण करें;

ट्रांसजेंडर व्यक्ति की पहचान की मान्यता और स्व-कथित लिंग पहचान का अधिकार (धारा 4)



- जिला मजिस्ट्रेट से ट्रांसजेंडर प्रमाण पत्र और पहचान पत्र प्राप्त करने का प्रावधान। लिंग परिवर्तन होने पर संशोधित प्रमाण पत्र प्राप्त करना होता है। (धारा 6 और 7)
- ट्रांसजेंडर व्यक्तियों की पूर्ण और प्रभावी भागीदारी और समाज में उनका समावेश सुनिश्चित करने के लिए कदम उठाने के लिए उपयुक्त सरकारों की बाध्यता। (धारा 8)
- प्रतिष्ठानों के दायित्व। रोजगार में भेदभाव न करना। (धारा 9)
- इस अधिनियम के प्रावधानों के उल्लंघन से संबंधित शिकायतों से निपटने के लिए एक शिकायत अधिकारी को नामित करने के लिए स्थापना का प्रावधान। (धारा 11)



- प्रावधान ट्रांसजेंडर व्यक्तियों को निवास का अधिकार प्रदान करता है (धारा 12)
- ऐसे बच्चे के हित में सक्षम न्यायालय के आदेश के अलावा, किसी भी बच्चे को ट्रांसजेंडर होने के आधार पर माता-पिता या तत्काल परिवार से अलग नहीं किया जाएगा। (धारा 12(1))

- व्यावसायिक प्रशिक्षण और स्वरोजगार के लिए प्रावधान (धारा 14)
- स्वास्थ्य देखभाल के लिए प्रावधान (धारा 15)
- ट्रांसजेंडर व्यक्तियों के लिए राष्ट्रीय परिषद के गठन के प्रावधान (धारा 16 और 17)
- ट्रांसजेंडर व्यक्तियों के खिलाफ अपराधों के लिए दंड का प्रावधान जिसमें कारावास भी शामिल है जो छह महीने से कम नहीं होगा और जुर्माने के साथ दो साल तक बढ़ाया जा सकता है। (धारा 18)



ट्रांसजेंडर व्यक्ति नियम, 2020 के कुछ महत्वपूर्ण प्रावधान इस प्रकार हैं:

उपयुक्त सरकार द्वारा ट्रांसजेंडर व्यक्तियों के कल्याणकारी उपायों, शिक्षा, सामाजिक सुरक्षा और स्वास्थ्य के लिए प्रावधान (नियम 10)

NATIONAL INSTITUTE OF SOCIAL DEFENCE

NISD is a Central Advisory Body to the Ministry of Social Justice and Empowerment, Government of India. It is a Centre of Excellence on research and training in the field of social defence.

It works for coordinating and liaising between the government and the non-government organisations at state, national and international levels.

It develops preventive, curative and rehabilitative tools, programmes and policies in the field of social defence, and also undertakes research, training, consultancy, documentation and publication in the field.



NISD HAS THREE MAIN DIVISIONS:

- National Centre for Drug Abuse Prevention (NCDAP),
- Senior Citizens Division
- Transgender and Beggary Division

MANDATE

The mandate of the institute is to provide inputs for the social defence programmes of the Government of India through training, research, and documentation.

NISD ONLINE COURSE

Nisd Offering 5 online training courses on geriatric care, care & Management of Dementia, Basic Course on substance abuse prevention, Basic Course on transgender issues, Basic Course on social Defence Issues through the NISD online education platform "TAPAS"(Training for Augmenting Productivity and Services)

NATIONAL CENTRE FOR DRUG ABUSE PREVENTION (NCDAP)

The National Centre for Drug Abuse Prevention, which was set up in September 1998, provides technical support to the government on policies related to substance abuse prevention.

NCDAP Division is responsible for implementation of National Action

Plan for Drug Demand Reduction (NAPDDR), formulated by the Ministry of Social Justice and Empowerment for the period 2018 to 2025.

The division organises various programmes in collaboration with SLCs, Institutes run by state governments, police functionaries, educational institutions.

- Awareness/ Sensitization programmes
- Capacity-building and targeted intervention activities
- National-level workshops, conferences/seminars on Drug abuse prevention
- National Awards for outstanding services in the field of Prevention of alcoholism and Substance abuse collaboration with the Ministry.
- Three Month Certificate Course on drug de-addiction, counselling skill & rehabilitation

SENIOR CITIZENS DIVISION (SCD)

The Senior Citizens division was set up to cater to the needs of the elderly population. The institute trains dedicated teams of geriatric caregivers and generates skilled manpower for elderly care.

The division organises various programmes in collaboration with RRTCs and other collaborative agencies

- One-day awareness and sensitization programmes (online and offline)
- Residential training programmes on geriatric care, dementia care, and elderly issues
- National-level workshops, conferences/seminars on elderly issues, and runs a three-month certificate course and one-year PG Diploma on geriatric care.
- There are regular training programmes conducted under the division on the Maintenance Act, Diet and Nutrition and Policy Programmes.
- International Day for Older Persons in collaboration with the Ministry, apart from providing geriatric counselling on elderly issues.

DEMENTIA CARE AT HOME:

- Regular check-ups
- Round – the – clock help
- Exercise/ walk
- Brain stimulating activities
- Social interaction
- Balanced diet

ELDER LINE
14567



National Institute of Social Defence Ministry
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Plot No. G-2, Sector-10, Dwarka,
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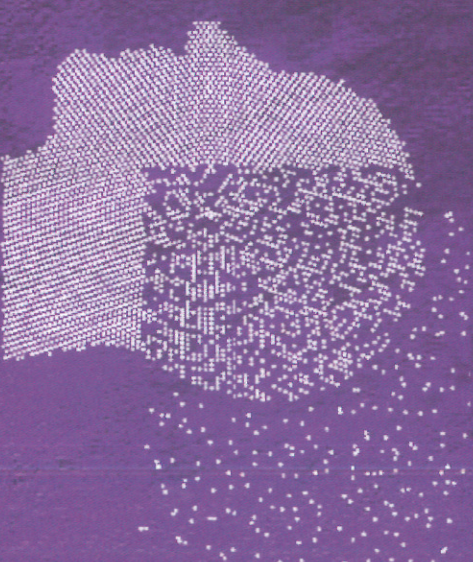
https://twitter.com/NISD_India



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National Institute of Social Defence
Senior Citizens Division



DEMENTIA:
PREVENTION & MANAGEMENT



DEMENTIA

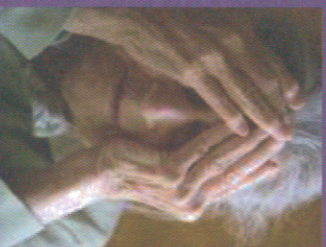
Dementia is a brain disorder and the most devastating illness of old age.

Dementia increases with advancing age.

It may result in personality

changes and behavioural

problems. Ultimately these problems result in changes in the individual's ability to work, to fulfil social and family responsibilities, and to perform activities of daily living.



WHAT HAPPENS?

1. Cognitive changes
 - Loss of reason, logic & judgment
 - Unable to concentrate
 - Disorientation to time & place
 - Unable to read, write, perform numerical calculations
2. Physical Changes
 - Inability to recognize self
 - Unable to speak
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3. Loss of Memory
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4. Behavioural Changes

- Hallucinations, delusions, anxiety, paranoia
 - Aggression, inappropriate behaviour
 - Disinterest in social activities, depression wandering
5. Bedridden & Completely dependent on Others
 6. Death due to opportunistic infections



SIGNS AND SYMPTOMS OF DEMENTIA

- Loss Of memory
- Disorientation
- Communication
- Abstract thinking
- Poor or reduced judgment
- Performance of familiar tasks
- Mood or behavioural changes
- Misplacing articles
- Loss of initiative
- Change in personality
- Complications

THREE-STEP APPROACH TO IDENTIFY COMMON BEHAVIOURS

- Identify and examine the behaviour
- Explore potential solutions
- Try different responses



REMEMBER THESE 10 POINTS WHILE HANDLING PATIENTS WITH DEMENTIA

- Remain flexible, patient and calm
- Respond to the emotion, not the behaviour
- Don't argue or try to convince
- Use memory aids
- Acknowledge requests, and respond to them
- Look for the reasons behind each behaviour
- Consult a physician to identify any causes
- Related to medications or illness
- Explore various solutions
- Don't take the behaviour personally
- Share your experiences with others.

About the Division

Ageing is an inevitable process of life. The ageing population in the country is a demographic transition in which both mortality and fertility rates decline. As per the 2011 Census data, India has over 103.9 million elderly people (those aged above 60 years), who constitute 8.5% of the total population. This is higher than the data of 2001 Census, when elderly people made up 7.4% of the total population. So, India is experiencing a demographic transition- according to a 2017 report by the United Nations Population Fund (UNFPA), around 12.5% of India's population will be 60 years and older by 2030 and by 2050, this will increase to one-fifth of the total population. This will have an impact on the individual, family, community, society and the nation at large. This section of population needs care and support, which is what NISD focusses on. The Senior Citizens Division of NISD has been actively involved in imparting training and generating a pool of caregivers for the care of older people.

Aim and Objectives

- ❖ Develop a cadre of professional for the care and welfare of older persons
- ❖ Provide a comprehensive and scientific knowledge base on various aspects relating to geriatric care
- ❖ Generate skilled manpower focused on intervention in the family and community settings for the welfare of older persons.
- ❖ Orient the students on techniques /interventions for managing the care of the elderly with focus on programme development and management
- ❖ Identify and promote support systems and networking for care of the older persons
- ❖ Facilitate convergence of services of government/non-government sectors, both locally and at the national

Target Group



- ❖ Residential Welfare Associations
- ❖ Students of School and Colleges
- ❖ Judicial Members
- ❖ Social Work Educators, Counsellors and Academicians
- ❖ Senior Citizen Homes, Physiotherapy Centres, Day Care Centres
- ❖ Panchayath Raj functionaries and concerned State Level Departments
- ❖ Police functionaries
- ❖ Community Based Organisations and NGOs
- ❖ Other stakeholders working in the field of Senior Citizens
- ❖ Others

Activities of the Division

The Senior Citizens Division of the Institute runs a series of programmes certificate courses to develop a pool of geriatric caregivers and skilled functionaries who can work for the welfare of Senior Citizens. It runs several independent courses and programmes in collaboration with the Regional Resource Training Centers (RRTCs), other reputed organisations and collaboration with the stakeholders.

One Day Awareness Programmes...

- ❖ Intergenerational bonding
- ❖ Maintenance and Welfare of Senior Citizens Act, Act, 2007 and other Govt. Policies & Programmes
- ❖ Holistic health care including preventive care, yoga and physiotherapy
- ❖ Diet and Nutrition
- ❖ One Day Inter-Generational Bonding Mela / Walkathon on Special days, etc / Activity based Competitions - Sports & Games (Indoor/Outdoor), Singing, Drawing, Cooking etc. exclusively for Senior Citizens
- ❖ Online Awareness Programmes (Webinars) on elderly issues including COVID-19

Two Day International, National, Regional and State level Conference / Workshop / Seminar on Senior Citizen issues

Three Day Residential Training Programmes on

- ❖ Dementia Care and Management
- ❖ Geriatric Care and Management
- ❖ Geriatric Counselling

Five Day Non-Residential outreach Programme for the persons for Primary Caregivers.

Organising events like walkathon, International Day of Older Persons, in collaboration with the Ministry of Social Justice and Empowerment.

Three Month Certificate Course on Geriatric Caregivers/ bedside Assistance

One year PG Diploma in Integrated Geriatric Care jointly with Tata Institute of Social Sciences (TISS)

Two online training courses - on Elderly / Geriatric Care and Care & Management of Dementia through the NISD online Education Platform "TAPAS".



National Helpline for Senior Citizens (Elderline - 14567)

The Ministry of Social Justice and Empowerment along with all the State Governments/ Union Territory Administrations has started a National Helpline for Senior Citizens (NHSC) with the objective of expeditiously attending to the needs of the elderly. NISD is the nodal agency for the implementation of the helpline. Elderline – 14567 is a toll-free number open 12 Hours a day (8 am to 8 pm) 7 days of the week. Elder Line supports elderly with information, guides them for pension related queries, provides emotional support for those requiring it and ensures appropriate care & legal recourse for those facing abuse, or abandonment. Elder Line also provides on ground support to those elderly to ensure faster redressal of grievance.

ELDER LINE
NATIONAL HELPLINE FOR SENIOR CITIZENS
Call Toll-Free
14567



National Institute of Social Defence Ministry of Social Justice and Empowerment,

Government of India

Plot No. G-2, Sector-10, Dwarka,
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Telephone: 011-208933989, 208933999



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Senior Citizen Division



**National Institute of Social Defence
Ministry of Social Justice and Empowerment,
Government of India**



Government of India
Ministry of Social Justice & Empowerment
&
National Institute of Social Defence
Contact

Web: <https://socialjustice.gov.in>

Telephone: 011-24369839

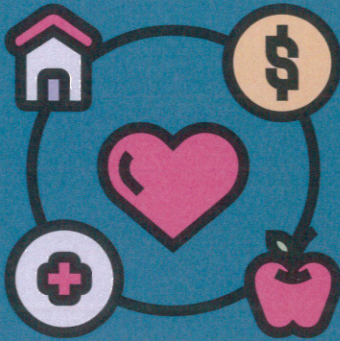
Web: <http://www.nisd.gov.in>

Telephone: 011-20893989, 20893999

5 Strategies for Eliminating BEGGARY

1 Economic Empowerment:

- Promote livelihood opportunities through skill development programs, vocational training, and access to microfinance initiatives.
- Encourage entrepreneurship among marginalized communities by providing mentorship, resources, and market linkages.

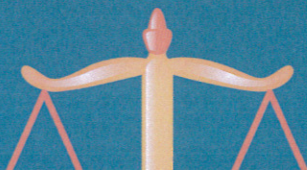
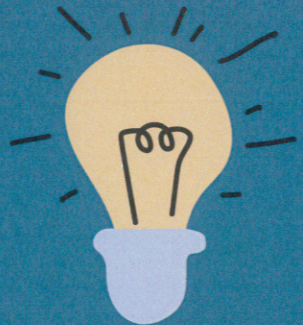


2 Social Security:

- Strengthen social safety nets through targeted cash transfer programs, food assistance, and healthcare subsidies for low-income families.
- Establish community-based support networks to provide counseling, rehabilitation, and social integration services for individuals at risk of begging.

3 Education and Awareness:

- Enhance access to quality education for underprivileged children, addressing barriers such as lack of infrastructure, transportation, and school fees.
- Create awareness on anti begging acts and change the mindset of persons in begging towards quality life.



4 Legal and Policy Reforms:

- Enforce stringent laws against forced begging, exploitation of vulnerable individuals, and human trafficking.

CONSULT YOUR PHYSICIAN REGARDING

- Your fall risk factors and prevention
- Regular eyesight and feet check-ups
- Exercises to improve strength and balance



MAKING HOMES SAFER

- Adequate lighting
- Decluttering
- Non-slip flooring/tiles and mats
- Removing loose cables
- Installing handrails
- Grab bars in bathrooms
- Shower chairs

FALLS AMONG OLDER PEOPLE ARE:

- Common
- Costly
- Preventable

For further queries, contact us at:



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Government of India

**Ministry
of
Social Justice & Empowerment**

GUIDELINES ON PREVENTING FALLS AMONG OLDER PEOPLE



National Institute of Social Defence
Senior Citizens Division
2021



IMPROVING STRENGTH & BALANCE

- Weight training
- Sports
- Swimming
- Circuit Training
- Resistance Training
- Chair Rise Exercise

These exercises build muscle, bones and joint strength and improve balance and posture.

POSTURAL HYPOTENSION

In postural hypotension, our blood pressure falls when we change our posture like from lying down to sitting or from sitting to standing.

Due to the drop in the blood pressure, less blood travels to our muscles and organs, thereby making us more likely to fall.

FACTS ABOUT FALLS

Literatures show that:

- 30% of older people aged 65 years and above fall at least once every year. 50% of older people aged 80 years and above fall more than once a year
- Falls are a major reason which brings older people to the emergency divisions of acute care settings
- 5% of all falls among the older people leads to fracture and hospitalisation
- Falls among the older people can be largely prevented by controlling the risk factors



REGULARLY CHECK

- Grip of your footwear
- Orthostatic blood pressure
- Vitamin D/ B12 or/and Iron/ Sodium/ Potassium Deficiency

Managing postural hypotension:

- Changing posture gradually
- Ensuring that there is something to grab while sitting or standing
- Drinking 6-8 glasses of water
- Avoiding hot showers
- Ensuring that the head is well-cushioned in a slightly elevated position while sleeping.

DEMENTIA CARE AT HOME:

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**National Institute of Social Defence
Senior Citizens Division**



**DEMENTIA:
PREVENTION & MANAGEMENT**

DEMENTIA



Dementia is a brain disorder and the most devastating illness of old age.

Dementia increases with advancing age.

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