POLICY BRIEF

NASHA MUKT JAMMU AND KASHMIR

A POLICY BRIEF FOR PREVENTING SUBSTANCE USE AND BUILDING RESILIENT COMMUNITIES

(A shared commitment towards youth centric drug free future)

CENTRE FOR GOOD GOVERNANCE AND POLICY ANALYSIS (CGG&PA)

ISLAMIC UNIVERSITY OF SCIENCE AND TECHNOLOGY, AWANTIPORA, J&K

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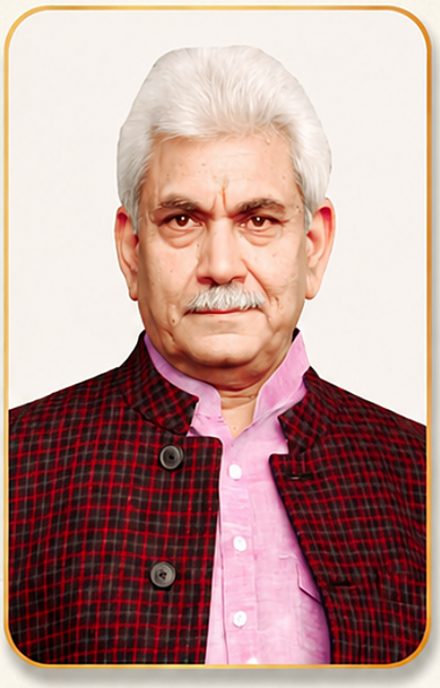
MESSAGE FROM THE HON'BLE LIEUTENANT GOVERNOR



The future of Jammu and Kashmir depends on the talent and strength of its youth. Keeping them safe from the menace of substance use is a duty for all of us and not just the government alone. The families, schools, communities, and every citizen must come together and build a supportive environment that helps our youth stay healthy, grow strong, and reach their full potential.

Our *100-Day Nasha Mukt Campaign* turned the fight against drugs into a people's movement. Our strategy is holistic- building resilience through awareness and life-skills education, ensuring access to timely treatment, rehabilitation, and recovery support, while taking decisive action against those who exploit the lives of our youth. Achieving a drug-free society demands a balanced approach that unites public health initiatives, active community participation, and firm enforcement measures.

I commend the Islamic University of Science and Technology and its Centre for Good Governance and Policy Analysis for preparing this Policy Brief through an extensive consultative process involving policymakers, healthcare professionals, law enforcement agencies, academicians, researchers and civil society. It is an excellent example of how institutions of higher learning can contribute to evidence-informed public policy and social transformation. I am confident that this Policy Brief will serve as a valuable guide for policymakers and all stakeholders committed to building a healthier, safer and *Nasha Mukt Jammu and Kashmir.*

A *Nasha Mukt Jammu and Kashmir* is not just an aspiration. It is our collective pledge. With unwavering resolve, compassion, and sustained action, I am confident we will protect our youth, empower families, and nurture a resilient society where every young person has the opportunity to flourish.

Manoj Sinha

Manoj Sinha
Hon'ble Lieutenant Governor
Union Territory of Jammu & Kashmir

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FOREWORD

The future of Jammu and Kashmir rests in the aspirations, energy, and potential of its young people. Protecting them from the growing menace of substance use is therefore not merely a public health imperative, but a moral, and social, responsibility. Drug abuse erodes human potential, weakens families, disrupts education, and threatens the very fabric of society. Addressing this challenge demands far more than enforcement alone. It requires prevention, awareness, compassion, rehabilitation, and above all, a collective societal commitment.

No single institution can address this challenge on its own. It requires shared responsibility, informed public policy and sustained collaboration across government, academia, healthcare systems, civil society and communities. As institutions of higher learning, universities have a responsibility that extends well beyond imparting knowledge. They are catalysts for social transformation, responsible citizenship, and evidence-based public policy. Recognising this responsibility, the Islamic University of Science and Technology, through its Centre for Good Governance and Policy Analysis, has taken a proactive role in supporting the vision of a *Nasha Mukt Jammu and Kashmir* through sustained awareness campaigns, youth engagement, community outreach, and policy dialogue. Our objective has been not only to create awareness within the campus but also to contribute meaningfully to the wider societal response through informed action and institutional leadership.

This Policy Brief is the outcome of that commitment. It draws upon extensive consultations with policymakers, administrators, healthcare professionals, law enforcement agencies, academicians, and community leaders during the two-day workshop, **"Drug-Free Society: Call for Collective Action"**, followed by a series of brainstorming sessions held a part of the 100 day *Nasha Mukt Abiyan*. Despite the diversity of perspectives, the deliberations converged on shared conviction: sustainable solutions demand a coordinated, evidence-informed and community-centred approach that integrates prevention, treatment, rehabilitation, recovery, and social reintegration. The recommendations in this Policy Brief provide a practical framework for informed decision-making, and strengthened institutional convergence. By prioritising prevention, life-skills, family engagement, youth empowerment, and community participation, it affirms our belief that the most effective response to substance use begins long before addiction takes root. Equally, it underscores the need for timely treatment, compassion, and sustained rehabilitation to enable individuals to rebuild their lives with dignity and purpose.

I sincerely appreciate the efforts of the Centre for Good Governance and Policy Analysis, particularly Prof. G. N. Itoo for leading this important initiative. I also acknowledge the invaluable contributions of all experts, practitioners, government departments, healthcare professionals, academicians, researchers, civil society members and students whose insights have enriched this document. I am confident that this Policy Brief will serve as a useful guide for policymakers, administrators, educational institutions, healthcare providers and community organizations in building a healthier, safer, and more resilient society. A *Nasha Mukt Jammu and Kashmir* cannot be achieved by Government alone; it requires the collective resolve of families, educational institutions, communities, and every responsible citizen. Together, we can safeguard our youth and secure a brighter future for generations to come.

Prof. Shakil A. Romshoo
Vice Chancellor
IUST, Kashmir, J&K

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PREFACE

Public policy is often shaped by the urgency of immediate challenges. Yet, some issues require us to look beyond immediate responses and ask deeper questions about the kind of society we seek to build. Substance use is one such challenge. It affects individuals, but its consequences are carried by families, educational institutions, workplaces and communities. It weakens social relationships, interrupts the aspirations of young people and places an avoidable burden on public institutions. Responding to it, therefore, demands more than programmes and campaigns. It calls for a shared societal commitment supported by informed public policy and responsive institutions.

The idea of preparing this Policy Brief emerged during the two-day workshop, organised by the Centre for Good Governance and Policy Analysis, Islamic University of Science and Technology. The workshop was held in the backdrop of the 100-Day *Nasha Mukt* Campaign launched under the leadership of the *Hon'ble Lieutenant Governor, Shri Manoj Sinha*, which has brought renewed focus to the issue across Jammu and Kashmir. More importantly, it brought together people who rarely have the opportunity to sit across the same table—administrators, healthcare professionals, law enforcement agencies, academicians, researchers, social workers, civil society organisations and students. Their experiences differed, but the message was remarkably similar: The challenge is shared, and so must be the response.

This Policy Brief is an outcome of those deliberations. It reflects the collective wisdom of people who have studied the issue, worked with affected individuals and families, framed policies, implemented programmes and experienced the realities of implementation. It does not claim to offer ready-made solutions, nor does it attempt to prescribe detailed departmental actions. Its purpose is to provide a broad policy direction that encourages convergence, strengthens institutional coordination and places prevention, treatment and rehabilitation within a common framework. One important lesson that emerged repeatedly during our consultations was that sustainable solutions cannot be created by Government alone, nor can communities address the problem without institutional support. The two must work together. Equally, prevention cannot succeed without timely treatment, and treatment alone cannot achieve lasting outcomes without rehabilitation and social reintegration. This Policy Brief should therefore be read as a guiding framework rather than a final blueprint. It provides a common direction while leaving adequate space for the concerned departments and implementing agencies to develop programmes and operational strategies suited to their respective mandates.

I record my sincere gratitude to the Hon'ble Vice Chancellor, Prof. Shakil A. Romshoo, whose vision and encouragement inspired this initiative. I also acknowledge the valuable contributions of the experts, practitioners, healthcare professionals, government officials, academicians, researchers and representatives of civil society who willingly shared their experience and insights. If it helps strengthen dialogue, improve institutional coordination and support the ongoing efforts towards a *Nasha Mukt Jammu and Kashmir*, it will have fulfilled its purpose.

Prof. G. N. Itoo
Professor of Practice/Director
Centre for Good Governance and Policy Analysis
IUST, Kashmir, J&K

CONTRIBUTORS

Prof. Shakil Ahmad Romshoo	Vice Chancellor, Islamic University of Science and Technology (IUST)
Prof. G. N. Itoo	Professor of Practice & Director, Centre for Good Governance & Policy Analysis (CGG&PA), IUST
Mr. Abdul Wahid, JKPS	Senior Superintendent of Police, Economic Offences Wing, Crime Branch Kashmir
Dr. Abdul Majid	Professor & Head, Department of Psychiatry, SKIMS Medical College & Hospital
Dr. Mohd. Muzaffar Khan	Director, Youth Development & Rehabilitation Centre, Eidgah, Srinagar
Dr. Mantasha Bint Rashid, JKAS	General Manager, Industries & Commerce Department, Ganderbal
Dr. Khair-un-Nisa	Chairperson, Child Welfare Committee
Dr. Ruheela Hassan	Dean Outreach, IUST
Dr. Asifa Mehraj Baba	Director, Centre for Mental Health and Wellness, IUST
Dr. Aijaz Ahmad Qureshi	Assistant Registrar, IUST
Dr. Javaid Rashid	Assistant Professor, Department of Social Work, University of Kashmir
Mr. Shakil Ahmad, JKAS	Block Development Officer (BDO), Shopian
Dr. Mehak Majeed	Assistant Professor, Department of Economics, IUST
Dr. Idrees Kanth	Faculty, School of Liberal Studies, BML Munjal University
Dr. Sameena Wani	Principal, GGHS, Kothibagh Srinagar
Mr. Shabir Ahmad Shabir	Chairman, Youth Development & Rehabilitation Centre, Srinagar
Ms. Baseema Anayat	Educationist (Head, Welkin School Sopore)
Ms. Urooj Manzoor	Counsellor, IUST
Ms. Zeeshan Hassan	Senior Program Director, Piramal Foundation
Mr. Javaid Ahmad Najar	Team Leader, Pijam Foundation
Mr. Rayees Ahmad Sofi	Program Manager, Piramal Foundation
Mr. Anzar-ul-Aijaz	Research Scholar, Department of Social Work, University of Kashmir.

EXECUTIVE SUMMARY

Substance use has emerged as a major public health and social concern in the Union Territory of Jammu and Kashmir. Its impact extends beyond the individual to families, educational institutions, workplaces and communities. It affects health, productivity, public safety and social cohesion. The increasing involvement of young people, changing patterns of substance use and the growing demand for treatment and rehabilitation services have added to the urgency of the situation. The Government of Jammu and Kashmir has taken several initiatives to address this challenge through awareness programmes, treatment facilities, enforcement measures and community interventions. These efforts have created an important foundation. However, they have largely evolved through individual departmental initiatives. The absence of a common policy framework has limited coordination, continuity of care and long-term planning. There is a need for a clear policy that brings these efforts together and provides a common direction for action.

This Policy Brief responds to that need. It establishes a comprehensive framework for prevention, treatment, rehabilitation, social reintegration and institutional coordination. It recognises that substance use cannot be addressed by any single department or agency. An effective response requires sustained cooperation among health, education, social welfare, law enforcement, youth development, local self-government institutions and civil society. The Policy Brief therefore defines shared responsibilities while promoting coordinated implementation across sectors besides prevention forms its cornerstone. Greater emphasis is placed on reducing the risk of substance use before dependency develops. Families, schools, colleges and communities are recognised as the first line of protection. The Policy Brief promotes life skills education, awareness programmes, early identification, counselling and community engagement as essential preventive measures. It also recognises that informed families, supportive educational institutions and active communities remain the strongest safeguards against substance use.

The Policy Brief aims to strengthen the treatment system by improving access to timely, affordable and evidence-based services. It promotes a coordinated referral mechanism linking primary healthcare facilities, specialised treatment centres and rehabilitation services. Equal importance is given to the quality of care, continuity of treatment and follow-up support. Services are expected to be accessible, dignified and responsive to the needs of individuals and their families. Recovery is viewed as a long-term process rather than a single clinical intervention. Successful rehabilitation requires sustained family support, community acceptance and opportunities for education, employment and social participation. The Policy Brief therefore encourages rehabilitation services that extend beyond treatment facilities and support individuals in rebuilding their lives. It also recognises the need to reduce stigma so that recovery is not hindered by social exclusion.

The document places particular emphasis on the needs of children, adolescents and young people. Educational institutions are expected to play a central role in promoting healthy lifestyles, strengthening resilience and identifying early signs of substance use. Youth engagement, peer education, sports, cultural activities and constructive community participation are recognised as important protective measures. Special attention is also proposed for vulnerable groups requiring additional support.

Effective implementation requires clear institutional arrangements and defined accountability. The Policy establishes a multi-tier governance framework comprising a

State Steering Committee, District Nasha Mukt Committees and local coordination mechanisms. These institutions will provide policy direction, oversee implementation, facilitate coordination among departments and review progress on a regular basis. The role of Panchayati Raj Institutions, Urban Local Bodies and community organisations is strengthened to ensure that implementation remains responsive to local needs.

The Policy Brief puts emphasis on a convergence-based approach to financing. Existing resources available under Government programmes and Centrally Sponsored Schemes will be utilised in a coordinated manner to support policy implementation. Additional partnerships with local self-government institutions, Corporate Social Responsibility initiatives and other appropriate organisations will be encouraged to strengthen community-based interventions and expand rehabilitation services wherever required. Monitoring and evaluation are integral to implementation. The Policy Brief provides for a structured monitoring framework supported by measurable indicators, regular reporting and periodic evaluations. Evidence generated through monitoring, research and documentation will inform future planning and enable timely policy adjustments. This approach will strengthen accountability while ensuring that interventions remain relevant and effective. This Policy Brief is an initiative to address substance use through a balanced, coordinated and evidence-informed approach. It builds upon existing institutional strengths while creating a common framework for future action. The objective is not only to reduce substance-related harm but also to strengthen families, support recovery, protect young people and enable communities to play a more active role in promoting a healthier and safer society.

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CHAPTER 1
INTRODUCTION AND POLICY FRAMEWORK

1.1 Context

Substance use has emerged as a significant public health and social concern across the world. It affects individuals, families, communities and institutions. Its consequences are reflected in poor health outcomes, reduced educational attainment, loss of productivity, crime, violence and increasing pressure on public services. What was once viewed largely as a law enforcement issue is now widely recognised as a public health and development challenge that requires a balanced and coordinated response. The global burden of substance use continues to increase. According to the *World Drug Report 2023*, an estimated 296 million people used drugs in 2021, while nearly 39.5 million people were living with drug use disorders requiring treatment and support. The report also points to the increasing use of synthetic drugs, rising opioid dependence and a decline in the age of initiation. These trends underline the need for stronger prevention systems, accessible treatment services and sustained rehabilitation.

India faces similar challenges. The National Survey on Extent and Pattern of Substance Use in India (2019) reported widespread use of alcohol, cannabis and opioid substances, with opioid use estimated to be higher than the global average. The survey also highlighted a substantial treatment gap, indicating that a large proportion of individuals requiring care do not receive appropriate services. This has reinforced the need to strengthen prevention, expand treatment facilities and improve rehabilitation services across the country. Jammu and Kashmir has witnessed a noticeable change in the pattern of substance use during the past decade. The problem has spread beyond isolated groups and is increasingly affecting children, adolescents, young adults and families across both rural and urban areas. The growing use of opioids and other addictive substances has raised concerns for public health, education, social stability and community safety. It has also increased the demand for treatment, rehabilitation and recovery support.

The causes of substance use are diverse and often interconnected. Mental health concerns, family circumstances, unemployment, peer influence, changing social conditions and the easy availability of drugs all contribute to increased vulnerability. In Jammu and Kashmir, these factors are further influenced by local social and economic realities. Addressing substance use therefore requires interventions that extend beyond treatment and enforcement alone. Over the years, the Government of India and the Government of Jammu and Kashmir have taken several measures to address this challenge. These include awareness programmes, treatment facilities, de-addiction services, enforcement initiatives and community outreach. While these efforts have yielded important results, they have largely evolved through individual departmental programmes. A common policy framework to guide planning, coordination, implementation and monitoring has remained absent.

This Policy has been developed to provide that framework. It sets out a common direction for Government departments and partner institutions. It places equal emphasis on prevention, treatment, rehabilitation, recovery and social reintegration. It also strengthens coordination across sectors so that interventions are timely, evidence-informed and responsive to the needs of the people of Jammu and Kashmir.

1.2 Substance Use in Jammu & Kashmir

Substance use has emerged as a major public health and social concern in Jammu and Kashmir. In recent years, the pattern of substance use has changed significantly, with increasing use of opioids and other synthetic drugs, particularly among adolescents and young adults. Available evidence indicates a steady rise in the number of individuals seeking treatment for substance use disorders, reflecting both the growing scale of the problem and improved reporting mechanisms. The impact of substance use extends beyond the individual. It affects families, disrupts education, reduces productivity, increases the burden on health services, and contributes to crime and social instability. The challenge is evident in both urban and rural areas and affects people across different socio-economic groups.

The geographical location of the Union Territory and the growing availability of illicit narcotic substances have further complicated the situation. Drug trafficking networks, changing patterns of drug supply, and easier access to narcotic and psychotropic substances have increased the risks faced by vulnerable populations, particularly young people. Substance use is therefore not merely a health issue. It has important social, developmental and security implications. Addressing this challenge requires coordinated action across prevention, early intervention, treatment, rehabilitation, law enforcement and community participation. This Policy provides a comprehensive framework to strengthen these efforts and support a sustained, coordinated and evidence-informed response across Jammu and Kashmir.

1.3 Determinants of Substance Use

Substance use is influenced by a combination of social, psychological, economic and environmental factors. While individual circumstances vary, evidence indicates that substance use often develops in the presence of multiple and interconnected vulnerabilities. Effective prevention therefore requires addressing both the immediate and the underlying factors that increase the risk of substance use.

In Jammu and Kashmir, prolonged psychosocial stress, changing social conditions, and economic uncertainties have created additional vulnerabilities, particularly among adolescents and young people. Experiences of emotional distress, trauma, social isolation, academic pressure, and limited opportunities for constructive engagement may increase susceptibility to substance use among individuals who lack adequate family or community support.

Mental health concerns, including anxiety, depression and psychological distress, are recognised as important risk factors. Where timely counselling, emotional support and appropriate mental health services are not available, some individuals may resort to substance use as a coping mechanism. Strengthening mental health services and promoting emotional well-being are therefore essential components of prevention.

Unemployment, underemployment and limited livelihood opportunities, particularly among youth, may further contribute to frustration, hopelessness and social disengagement. While unemployment alone does not lead to substance use, it can increase vulnerability when combined with other personal, family and social risk factors.

Rapid social change, weakening community support systems, changing family structures, peer influence, and increased exposure to digital platforms have also altered behavioural patterns among young people. These changes call for stronger family engagement, community participation, life skills education and positive opportunities for youth development. The Government recognises that substance use cannot be addressed through enforcement measures alone. A sustained response requires reducing the conditions that contribute to vulnerability while strengthening the protective role of families, educational institutions, communities and public services.

1.4 Existing Response and Need for Policy

The Government of India has taken several initiatives to address substance use through the National Action Plan for Drug Demand Reduction (NAPDDR) and the Nasha Mukt Bharat Abhiyan (NMBA). These initiatives have strengthened prevention, treatment, rehabilitation and public awareness across the country. In Jammu and Kashmir, the Government has also undertaken sustained enforcement measures, awareness campaigns, community outreach programmes, expansion of de-addiction facilities, and initiatives such as the Nasha Mukt Jammu & Kashmir Abhiyaan and the 100-Day Drug-Free J&K Campaign. These efforts have laid a strong foundation for addressing substance use in the Union Territory. At the same time, the changing nature of the problem calls for a more coordinated and sustained response. Substance use today affects public health, education, families, livelihoods, community safety and social development. Addressing these concerns requires close coordination among all departments and stakeholders.

There is a need to strengthen preventive interventions, particularly among children, adolescents and youth. Greater attention is also required to early identification, timely referral, accessible treatment, rehabilitation, recovery support and social reintegration. At the same time, stronger coordination, regular monitoring, capacity building and reliable data systems are essential for effective implementation. This Policy provides a common framework for coordinated action across the Government. It brings together the efforts of departments, local self-government institutions, educational institutions, health services, law enforcement agencies, civil society organisations and communities. The Policy seeks to strengthen prevention, improve service delivery, support rehabilitation and recovery, and promote a sustained response to substance use across Jammu and Kashmir.

1.5 Vision

To build a healthy, resilient and drug-free Jammu and Kashmir where individuals, families, communities and government work together to prevent substance use, support recovery and promote social wellbeing.

The Government envisions a Jammu and Kashmir where every individual has the opportunity to lead a healthy, productive and dignified life, free from the harms of substance use. Children and young people shall grow in safe and supportive environments. Families shall be strengthened to provide care, guidance and protection. Communities shall actively participate in prevention and recovery.
Individuals affected by substance use shall have access to quality treatment, rehabilitation and recovery services. They shall be treated with dignity and supported in their reintegration into society. The Policy seeks to build a society where prevention

is strengthened, recovery is supported and communities are empowered to contribute to the long-term wellbeing of Jammu and Kashmir.

1.6 Mission

To provide a coordinated policy framework for preventing substance use, reducing its harmful effects, strengthening treatment and rehabilitation services, and promoting recovery through collective action.

The Policy shall strengthen prevention through awareness, life skills education and community participation. It shall promote early identification, timely intervention and access to quality treatment and rehabilitation services. The Policy shall strengthen coordination among Government departments, local self-government institutions, educational institutions, healthcare providers, law enforcement agencies and civil society organisations. Priority shall be accorded to prevention, rehabilitation, recovery and social reintegration while ensuring effective enforcement against illicit drugs. Research, monitoring and periodic review shall guide policy implementation and future action.

1.7 Policy Objectives

This Policy aims to:

1. Reduce the incidence and harmful effects of substance use in Jammu and Kashmir.
2. Strengthen prevention through awareness, education, life skills and community participation.
3. Ensure accessible, quality treatment, rehabilitation and recovery services for persons affected by substance use.
4. Protect children, adolescents, youth and other vulnerable groups through focused interventions.
5. Promote coordinated action among Government departments and all concerned stakeholders.
6. Strengthen institutional capacity, research, monitoring and evidence for informed decision-making.
7. Support the social reintegration of persons recovering from substance use.

1.8 Guiding Principles

The Policy is founded on a set of guiding principles that define the values, priorities, and standards governing its implementation. These principles shall inform policy formulation, programme design, institutional coordination, service delivery, monitoring, and evaluation across all sectors. They provide a common framework for decision-making and ensure that interventions remain consistent, evidence-informed, equitable, and responsive to the evolving needs of individuals, families, and communities (WHO & UNODC (2020); UNODC & WHO 2018).

1.8.1 Human Dignity and Respect

Every individual affected by substance use shall be treated with dignity, compassion, and respect. The Policy recognises that substance use disorders are associated with complex health and social challenges that require timely support rather than stigma or exclusion. All interventions shall uphold the rights, privacy, and dignity of individuals while promoting their wellbeing and social inclusion.

1.8.2 Prevention as the Primary Strategy

The Policy accords the highest priority to preventing the initiation and progression of substance use. It recognises that sustained investment in preventive education, life skills, mental wellbeing, family strengthening, youth engagement, and community awareness offers the greatest opportunity to reduce future health, social, and economic burdens associated with substance use.

1.8.3 Equity and Inclusive Access

All individuals shall have equitable access to prevention, treatment, rehabilitation, recovery, and support services irrespective of age, gender, socioeconomic status, geographical location, disability, or other conditions of vulnerability. Particular attention shall be given to underserved populations and communities with limited access to essential services.

1.8.4 Family and Community Participation

Families and communities constitute the first line of protection against substance use and play a vital role in prevention, early identification, treatment adherence, recovery, and social reintegration. The Policy therefore promotes meaningful participation of families, community institutions, civil society organisations, educational institutions, and local self-government bodies in addressing substance use.

1.8.5 Child and Youth-Centred Development

Recognising the disproportionate impact of substance use on adolescents and young adults, the Policy places children and youth at the centre of preventive interventions. It seeks to strengthen protective environments that promote healthy development, educational attainment, emotional wellbeing, and positive social engagement while reducing exposure to risk factors throughout the life course.

1.8.6 Recovery and Social Reintegration

Recovery is recognised as a continuing process that extends beyond clinical treatment. Sustainable recovery requires access to psychosocial support, family acceptance, education, livelihood opportunities, community participation, and supportive social environments. The Policy promotes comprehensive rehabilitation and social reintegration as essential components of the continuum of care.

1.8.7 Whole-of-Government and Whole-of-Society Collaboration

The Policy recognises that no single institution can effectively address the multifaceted nature of substance use. Coordinated action among government departments, healthcare providers, educational institutions, law enforcement agencies, local self-government institutions, civil society organisations, private sector organisations, and communities shall underpin implementation at all levels.

1.8.8 Evidence-Informed Decision Making

Policy development, programme implementation, and resource allocation shall be guided by scientific evidence, research, surveillance, monitoring, and programme evaluation. The Policy encourages innovation, continuous learning, and the application of emerging evidence to improve effectiveness and responsiveness.

1.8.9 Accountability and Good Governance

Implementation of the Policy shall be guided by principles of transparency, accountability, institutional responsibility, and measurable performance. Clearly defined roles, effective coordination mechanisms, periodic review, and outcome-based monitoring shall support efficient and responsible governance.

1.8.10 Community Resilience

The Policy recognises resilient individuals, families, and communities as the foundation of a sustainable response to substance use. Building resilience involves strengthening protective social environments, promoting community ownership, enhancing local leadership, encouraging volunteerism, and enabling communities to prevent, respond to, and recover from substance-related challenges through collective action.

1.8.11 Balanced Public Health and Enforcement Response

The Policy promotes a balanced approach that combines effective action against illicit production, trafficking, and distribution of narcotic drugs with accessible prevention, treatment, rehabilitation, and recovery services for individuals affected by substance use disorders. Public safety, public health, and human dignity shall be pursued as complementary objectives within the framework of applicable laws (Government of India 2012).

1.8.12 Continuous Learning and Policy Adaptation

Recognising the dynamic nature of substance use and emerging patterns of drug availability and consumption, the Policy supports continuous review, institutional learning, research, and innovation. Policy implementation shall remain adaptive to emerging evidence, changing community needs, technological developments, and evolving national and international best practices.

1.9 Strategic Approaches

The implementation of the Nasha Mukt Jammu and Kashmir Policy shall be guided by a set of complementary strategic approaches that reflect the multidimensional nature of substance use and the need for coordinated action across sectors. These approaches

provide the operational framework for planning, service delivery, institutional collaboration, resource allocation, and programme implementation. Together, they seek to ensure that interventions remain integrated, evidence-informed, context-specific, and responsive to the diverse needs of individuals, families, and communities.

1.9.1 Public Health Approach

The Policy adopts a public health approach that recognises substance use disorders as preventable and treatable health conditions. It promotes a continuum of care encompassing health promotion, prevention, early identification, treatment, rehabilitation, recovery support, relapse prevention, and long-term follow-up. Public health interventions shall be integrated with mental health, primary healthcare, and community-based services to ensure accessible and person-centred care.

1.9.2 Whole-of-Government Approach

Recognising that substance use affects multiple sectors, the Policy promotes coordinated action across government departments and public institutions. Health, Social Welfare, Education, Higher Education, Youth Services, Rural Development, Panchayati Raj, Labour, Skill Development, Police, Excise, Information, and District Administrations shall work within a common policy framework to ensure convergence of planning, implementation, monitoring, and resource utilisation.

1.9.3 Whole-of-Society Approach

The Policy recognises that government action alone cannot address the complex determinants of substance use. Families, educational institutions, civil society organisations, community-based organisations, faith-based institutions, employers, media, professional associations, and citizens shall be encouraged to participate actively in prevention, awareness generation, recovery support, rehabilitation, and community mobilisation. Community ownership shall remain central to long-term sustainability.

1.9.4 Life-Course Approach

Substance use vulnerability varies across different stages of life. The Policy therefore adopts a life-course approach that promotes age-appropriate interventions beginning in early childhood and continuing through adolescence, adulthood, and later life. Preventive efforts shall focus on strengthening protective factors during critical developmental transitions while ensuring timely support for individuals at different stages of risk and recovery.

1.9.5 Community Resilience Approach

The Policy recognises resilient communities as the foundation of sustainable prevention and recovery. Community resilience shall be strengthened by enhancing local capacities, promoting social cohesion, encouraging volunteerism, supporting youth leadership, and fostering active participation of local institutions in addressing substance use. Community ownership shall be promoted as an essential component of long-term policy implementation.

1.9.6 Recovery-Oriented Approach

Recovery is viewed as a long-term process that extends beyond clinical treatment. The Policy promotes comprehensive rehabilitation through psychosocial support, family engagement, education, livelihood opportunities, peer support, and community acceptance. Success shall be measured not only by abstinence but also by improvements in health, social functioning, quality of life, and meaningful participation in society.

1.9.7 Trauma-Informed and Mental Health Approach

The Policy acknowledges the close relationship between substance use, mental health, and psychosocial adversity. Prevention and treatment services shall incorporate trauma-informed and mental health-sensitive practices that recognise individual experiences, reduce re-traumatisation, strengthen emotional resilience, and promote integrated care for co-occurring mental health conditions.

1.9.8 Equity and Inclusion Approach

Implementation shall seek to ensure equitable access to services for all sections of society, with particular attention to women, children and adolescents, persons with co-occurring mental health conditions, persons with disabilities, tribal communities, remote populations, and other groups experiencing social or geographical disadvantage. Interventions shall be tailored to address the specific needs and circumstances of vulnerable populations.

1.9.9 Evidence-Informed and Adaptive Approach

Policy planning, programme implementation, and resource allocation shall be guided by research, surveillance, programme evaluation, operational learning, and emerging national and international evidence. Continuous monitoring and periodic review shall enable the Policy to respond effectively to changing patterns of substance use, emerging psychoactive substances, and evolving community needs.

1.9.10 Balanced Enforcement and Rehabilitation Approach

The Policy promotes a balanced strategy that combines effective enforcement against illicit production, trafficking, and distribution of narcotic drugs and psychotropic substances with accessible prevention, treatment, rehabilitation, and recovery services. While organised criminal activity shall be addressed through appropriate legal and regulatory measures, individuals affected by substance use disorders shall, wherever appropriate and consistent with applicable laws, be supported through evidence-based treatment, rehabilitation, and social reintegration.

1.10 Strategic Objectives

The strategic objectives of the Nasha Mukt Jammu and Kashmir Policy Brief provide the broad directions for coordinated action across sectors and institutions. They are intended to guide planning, implementation, resource allocation, monitoring, and evaluation while ensuring that interventions remain aligned with the vision, mission, guiding principles, and strategic approaches set out in this Policy.

1.10.1 Strengthen Prevention and Early Intervention

To reduce the initiation and progression of substance use by strengthening preventive systems within families, educational institutions, workplaces, and communities through evidence-based health promotion, life skills education, mental health promotion, awareness programmes, and early identification of individuals at risk.

1.10.2 Ensure Accessible, Integrated, and Quality Treatment Services

To establish an equitable, accessible, and person-centred system of treatment, rehabilitation, and recovery services that addresses the diverse needs of individuals affected by substance use disorders through integrated healthcare, psychosocial support, and community-based interventions.

1.10.3 Promote Recovery and Social Reintegration

To facilitate sustained recovery by strengthening rehabilitation, aftercare, family engagement, education, vocational rehabilitation, livelihood support, peer support, and community participation, thereby enabling individuals recovering from substance use disorders to reintegrate successfully into society.

1.10.4 Protect Children, Youth, and Other Vulnerable Populations

To develop targeted interventions that address the specific needs of children, adolescents, young adults, women, persons with co-occurring mental health conditions, tribal communities, and other vulnerable groups through age-appropriate, gender-responsive, and context-specific strategies.

1.10.5 Strengthen Families and Community Systems

To enhance the capacity of families, Panchayati Raj Institutions, Urban Local Bodies, educational institutions, civil society organisations, faith-based organisations, youth groups, and community networks to function as active partners in prevention, early identification, rehabilitation, recovery, and social reintegration.

1.10.6 Strengthen Institutional Coordination and Governance

To establish effective mechanisms for inter-departmental coordination, institutional convergence, policy implementation, monitoring, accountability, and resource optimisation through clearly defined roles, collaborative planning, and shared responsibility among all stakeholders.

1.10.7 Promote Research, Surveillance, and Innovation

To strengthen the evidence base for policy and practice through systematic research, surveillance, programme evaluation, operational studies, data management, knowledge sharing, and innovation, thereby supporting evidence-informed planning and continuous policy improvement.

1.10.8 Reduce the Supply of Illicit Drugs and Minimise Associated Harms

To support coordinated action against the illicit production, trafficking, and distribution of narcotic drugs and psychotropic substances through effective enforcement, inter-agency collaboration, intelligence sharing, regulatory measures, and community participation, while ensuring that public health interventions remain central to reducing the harms associated with substance use.

1.11 Policy Outcomes

The successful implementation of the Nasha Mukt Jammu and Kashmir Policy is expected to contribute to measurable improvements in public health, social wellbeing, institutional effectiveness, and community resilience across the Union Territory. The Policy Outcomes provide the long-term results towards which all interventions under this Policy shall collectively contribute and shall serve as broad reference points for monitoring, evaluation, and future policy review.

1.11.1 Reduced Initiation of Substance Use

A sustained reduction in the initiation and progression of substance use, particularly among children, adolescents, and young adults, through strengthened preventive systems and protective social environments.

1.11.2 Improved Access to Comprehensive Services

Improved availability, accessibility, quality, and utilisation of prevention, treatment, rehabilitation, recovery, and aftercare services across all districts of the Union Territory.

1.11.3 Enhanced Recovery and Social Reintegration

Greater opportunities for individuals recovering from substance use disorders to successfully reintegrate into family, education, employment, and community life, supported by sustained psychosocial care and reduced relapse.

1.11.4 Strengthened Families and Resilient Communities

Enhanced capacity of families, educational institutions, local self-government institutions, civil society organisations, and community networks to prevent substance use, support recovery, and promote healthy and supportive environments.

1.11.5 Improved Mental Health and Psychosocial Wellbeing

Improved integration of mental health promotion, psychosocial support, and substance use services, leading to better emotional wellbeing, earlier help-seeking, and more holistic care for affected individuals and families.

1.11.6 Reduced Stigma and Social Exclusion

Greater public acceptance of substance use disorders as treatable health conditions, resulting in reduced stigma, increased treatment-seeking behaviour, and improved community support for recovery and reintegration.

1.11.7 Strengthened Institutional Coordination and Governance

More effective collaboration among government departments, healthcare institutions, educational institutions, law enforcement agencies, local self-government institutions, and civil society organisations, resulting in coordinated planning, implementation, monitoring, and accountability.

1.11.8 Improved Evidence for Policy and Practice

Strengthened surveillance systems, research capacity, programme evaluation, and knowledge management to support evidence-informed policymaking, adaptive programme implementation, and continuous institutional learning.

1.11.9 Reduced Availability and Harms Associated with Illicit Drugs

Strengthened enforcement, regulatory action, and inter-agency coordination contributing to reduced availability of illicit narcotic drugs and psychotropic substances, while minimising the health and social harms associated with substance use.

1.11.10 Healthier, Safer, and More Resilient Communities

The long-term outcome of this Policy shall be the development of healthier individuals, stronger families, safer communities, and more resilient institutions capable of preventing substance use, supporting recovery, and contributing to the sustainable social and economic development of Jammu and Kashmir.

1.12 DEFINITIONS

For the purpose of this Policy Brief, the following terms shall have the meanings assigned to them below. Where a term is defined under any applicable law, including the Narcotic Drugs and Psychotropic Substances Act, 1985, the provisions of that law shall prevail.

1.12.1 Substance Use

A pattern of use of psychoactive substances that results in clinically significant impairment or distress, characterised by impaired control over substance use, continued use despite harmful consequences, and associated physical, psychological, behavioural, or social difficulties.

1.12.2 Prevention

A range of evidence-based interventions aimed at preventing or delaying the initiation of substance use, reducing risk factors, strengthening protective factors, and promoting healthy behaviours among individuals, families, and communities.

1.12.3 Early Intervention

The timely identification of individuals who may be at risk of developing substance use disorders, followed by appropriate counselling, referral, treatment, or psychosocial support to prevent progression to more severe patterns of use.

1.12.4 Treatment

A coordinated set of medical, psychological, behavioural, and social interventions designed to assist individuals in reducing or discontinuing substance use and improving their overall health and functioning.

1.12.5 Rehabilitation

A planned process of therapeutic, psychological, educational, vocational, and social interventions that enables individuals recovering from substance use disorders to regain functional independence and participate meaningfully in family and community life.

1.12.6 Recovery

A dynamic and ongoing process through which individuals improve their health and wellbeing, achieve greater personal autonomy, and participate fully in society while managing or overcoming substance use disorders.

1.12.7 Recovery Support

Services and interventions that assist individuals in sustaining recovery, including family support, peer support, counselling, education, employment assistance, housing support, community participation, and relapse prevention.

1.12.8 Social Reintegration

The process of enabling individuals recovering from substance use disorders to resume productive roles within their families, educational institutions, workplaces, and communities through sustained support and equal opportunities.

1.12.9 Community Resilience

The capacity of individuals, families, communities, and institutions to prevent substance use, respond effectively to emerging challenges, support recovery, and adapt to changing circumstances through collective action, social cohesion, and shared responsibility.

1.12.10 Psychosocial Support

Professional and community-based interventions that strengthen psychological wellbeing, emotional resilience, social functioning, family relationships, and coping capacities among individuals affected by substance use and their families.

1.12.11 Continuum of Care

An integrated system of services encompassing prevention, early identification, treatment, rehabilitation, recovery support, relapse prevention, aftercare, and social reintegration to ensure coordinated and sustained care throughout the recovery process.

1.12.12 Vulnerable Populations

Individuals or groups who, because of age, gender, disability, socioeconomic disadvantage, geographic isolation, psychological distress, family circumstances, or other recognised risk factors, may be at increased risk of initiating substance use, developing substance use disorders, or experiencing barriers to accessing services.

1.12.13 Institutional Convergence

The coordinated planning, implementation, monitoring, and resource sharing among government departments, local self-government institutions, healthcare providers, educational institutions, law enforcement agencies, civil society organisations, and other stakeholders to achieve the objectives of this Policy.

1.12.14 Relapse Prevention

A range of clinical, psychological, social, and community-based interventions designed to support individuals in maintaining recovery, recognising high-risk situations, strengthening coping mechanisms, and preventing recurrence of problematic substance use.

CHAPTER 2
SITUATION ANALYSIS AND POLICY ASSESSMENT

2.1 Current Scenario of Substance Use in Jammu and Kashmir

Substance use has emerged as a major public health, social and developmental challenge in Jammu and Kashmir. The nature of the problem has changed rapidly over the past decade. What was once confined to limited pockets now affects communities across the Union Territory. The increasing involvement of adolescents and young adults, the growing use of opioids and injectable drugs, and the rising demand for treatment have added a new dimension to the challenge. Available evidence points to the growing magnitude of the problem. Data placed before the Parliament of India indicate that nearly 13.5 lakh persons, representing about 8 per cent of the population, are affected by substance use in Jammu and Kashmir. The estimates also suggest that nearly 1.68 lakh adolescents in the age group of 10–17 years are affected, highlighting the vulnerability of children and young people.

Institutional data from the Institute of Mental Health and Neurosciences, Kashmir (IMHANS-K) reflect the sharp increase in treatment demand. The Drug De-addiction Centre at IMHANS-K recorded 198 admissions during 2008–09. By 2022, the Centre was reporting nearly 150 substance-related cases every day, indicating the rapid expansion of the problem and the growing pressure on treatment services. The pattern of substance use has also changed significantly. Heroin has emerged as the principal drug of concern. The number of heroin-related cases reported at IMHANS-K increased from 489 cases in 2016 to more than 7,400 cases in 2019, representing an increase of nearly 1,500 per cent within three years. Studies from IMHANS-K further indicate that heroin accounts for nearly 91 per cent of persons seeking treatment for substance use disorders in Kashmir.

The public health consequences are equally serious. IMHANS-K has estimated that nearly 33,000 syringes are used every day for heroin injection in the Union Territory. The same study reported a 72 per cent prevalence of Hepatitis C among persons who inject drugs, underscoring the close relationship between substance use and communicable diseases. These trends indicate that substance use in Jammu and Kashmir is no longer only a health concern. It affects families, education, livelihoods, community safety and social stability. The increasing demand for treatment, the shift towards high-risk opioids, the involvement of younger age groups and the growing burden of associated health complications require a coordinated and sustained policy response. Existing interventions have created an important foundation, but the scale and complexity of the challenge now call for a comprehensive framework that brings prevention, treatment, rehabilitation, social reintegration and enforcement together under a common policy.

The pattern of substance use in Jammu and Kashmir has undergone a significant change over the past three decades. Earlier, substance use was largely limited to tobacco, cannabis and the occasional use of medicinal opium. Social norms, close family networks and community institutions acted as important protective factors and helped contain harmful substance use. The present situation is markedly different. Heroin, pharmaceutical opioids, synthetic drugs and injectable substances have emerged as major substances of concern. Poly-substance use has also become increasingly common, making treatment and recovery more challenging. The changing pattern of substance use reflects a combination of social, economic and

environmental factors. Urbanisation, changing family structures, unemployment, academic stress, mental health concerns, peer influence and greater availability of illicit drugs have increased the vulnerability of adolescents and young adults. At the same time, the Union Territory's proximity to international trafficking routes has added to the complexity of the problem. The consequences extend beyond individual health. Substance use affects family stability, educational attainment, employability, public health, community safety and social development. The increasing use of injectable drugs has also heightened the risk of blood-borne infections, placing additional pressure on the healthcare system. The changing nature of substance use calls for a coordinated response that combines prevention, early identification, treatment, rehabilitation, social reintegration and effective measures to reduce the supply of illicit drugs. This Policy provides the framework for strengthening these interventions through coordinated action across departments and stakeholders.

2.2 Policy and Legal Context

The response to substance use in India is supported by a well-established legal and policy framework. Over the years, a number of laws and national programmes have been introduced to regulate narcotic drugs and psychotropic substances, curb illicit trafficking, promote prevention, and strengthen treatment and rehabilitation services. These measures provide the foundation for action by States and Union Territories.

The Narcotic Drugs and Psychotropic Substances Act, 1985 remains the principal legislation governing the control of narcotic drugs and psychotropic substances. It is supported by the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988, the Drugs and Cosmetics Act, 1940, and the Cigarettes and Other Tobacco Products Act, 2003. Other legislations, including the Juvenile Justice (Care and Protection of Children) Act, 2015, the Mental Healthcare Act, 2017, the Rights of Persons with Disabilities Act, 2016, and the Bharatiya Nyaya Sanhita, provide the legal basis for protecting children and vulnerable groups, ensuring access to care, regulating medicines and addressing offences related to drug trafficking and substance use.

At the policy level, the National Action Plan for Drug Demand Reduction and the Nasha Mukt Bharat Abhiyaan have broadened the national response by promoting prevention, awareness, treatment, rehabilitation, capacity building and community participation. These initiatives have encouraged closer coordination among departments and strengthened the public health response to substance use.

Jammu and Kashmir has adopted these national priorities and implemented a range of interventions through different departments and agencies. The experience gained over the years has also highlighted the need for a common policy framework suited to the specific circumstances of the Union Territory. This Policy builds upon the existing legal and policy framework. It brings together prevention, treatment, rehabilitation, recovery, enforcement, research and institutional coordination within a single framework to guide future action in Jammu and Kashmir.

2.3 Drivers and Risk Factors

Substance use in Jammu and Kashmir does not arise from a single cause. It is shaped by a range of personal, family, social and economic circumstances. These factors increase vulnerability and often reinforce one another. An effective response must therefore address both the individual and the conditions that place people at risk.

Young people remain the most vulnerable group. Adolescence and early adulthood are periods of transition marked by emotional, social and educational changes. During this phase, peer influence, curiosity, risk-taking behaviour and easy access to substances can lead to experimentation and, in some cases, dependence. Mental health has emerged as an important concern. Emotional distress, anxiety, depression, trauma and other psychosocial difficulties may increase the likelihood of substance use, particularly where timely counselling and mental health services are limited. Early identification and appropriate support are therefore essential.

The family remains the first line of protection. Stable family relationships, parental supervision and positive communication reduce the risk of substance use. Conversely, family conflict, neglect, domestic violence, substance use within the household and weak social support increase vulnerability, particularly among children and adolescents. Educational institutions also have an important role. School and college dropout, poor academic engagement, examination-related stress and limited opportunities for constructive youth engagement can contribute to substance use. Safe learning environments, life skills education and timely counselling can significantly reduce these risks.

Social and economic conditions further influence vulnerability. Unemployment, limited livelihood opportunities, social isolation and economic hardship affect the wellbeing of many young people and may increase the risk of harmful behaviours. Addressing these issues requires coordinated action extending beyond the health sector. The growing availability of illicit drugs presents an additional challenge. The geographical location of the Union Territory, organised trafficking networks and changing drug markets have increased the accessibility of narcotic drugs and psychotropic substances. This calls for sustained efforts to reduce supply while simultaneously reducing demand.

The assessment indicates that substance use cannot be addressed through any single intervention. Prevention, education, family support, mental health services, community participation, livelihood opportunities, treatment and effective enforcement must complement one another. This Policy adopts this integrated approach to reduce vulnerability, strengthen protective factors and prevent substance use across the Union Territory.

2.4 Existing Institutional Response

The Government of Jammu and Kashmir has taken several measures to address substance use through prevention, treatment, rehabilitation, awareness and enforcement. These efforts have expanded considerably over the past decade and have strengthened the institutional response across the Union Territory. The Health and Medical Education Department has established a network of Addiction Treatment Facilities, Drug De-addiction Centres, psychiatry departments in Government Medical Colleges, IMHANS Kashmir and other treatment services to provide medical care, counselling, opioid substitution therapy and psychosocial support. These institutions constitute the backbone of the public treatment system and have significantly improved access to care.

The Jammu and Kashmir Police has complemented these efforts through sustained enforcement against drug trafficking, establishment of Police Drug De-addiction Centres, awareness campaigns and community outreach programmes. Its initiatives

have contributed to both supply reduction and greater public awareness regarding the harmful effects of substance use. Departments of School Education, Higher Education, Social Welfare, Youth Services and Sports and other Government agencies have undertaken awareness programmes, counselling initiatives and youth engagement activities. Panchayati Raj Institutions, Urban Local Bodies, educational institutions, civil society organisations, religious institutions and community groups have also supported preventive efforts at the local level.

The Government has further strengthened its response through initiatives such as the Nasha Mukt Jammu and Kashmir Abhiyaan, the 100-Day Drug-Free Jammu and Kashmir Campaign, and coordinated action under the National Action Plan for Drug Demand Reduction and the Nasha Mukt Bharat Abhiyaan. These initiatives have improved awareness, strengthened inter-departmental coordination and expanded access to prevention and treatment services. These efforts have laid an important foundation for addressing substance use in the Union Territory. However, the changing nature of the problem and the increasing demand for services require stronger coordination among departments, wider community participation and greater emphasis on prevention, rehabilitation and long-term recovery. The following section identifies the key gaps that need to be addressed to strengthen the overall response.

2.5 Policy Gaps

The Government has made sustained efforts to strengthen prevention, treatment, rehabilitation and enforcement. These interventions have expanded the institutional response across the Union Territory. At the same time, the changing pattern of substance use presents new challenges that call for further strengthening of the existing system. Preventive interventions require greater continuity and wider institutional reach. Awareness activities have generated public attention; however, structured prevention programmes in schools, colleges, workplaces and communities need to become a regular part of institutional functioning. Preventive efforts must move beyond campaigns and become an integral component of education, health and community development. Treatment services have expanded across the Union Territory. Yet, access to specialised care, trained professionals and follow-up services remains uneven. Early intervention is often missed, and many individuals approach treatment only after dependence has become severe. Strengthening district-level services and referral systems will improve timely access to care.

Recovery does not end with treatment. Many individuals require continued counselling, family support, livelihood assistance and community acceptance to rebuild their lives. These services remain limited in several areas and require greater institutional attention. Strengthening rehabilitation and aftercare will be critical to reducing relapse and supporting sustained recovery. Families and communities remain central to both prevention and recovery. Their participation has increased through various initiatives, but there is scope for deeper engagement. Educational institutions, Panchayati Raj Institutions, Urban Local Bodies, civil society organisations, religious institutions and youth groups can play a more sustained role in creating supportive environments and encouraging early help-seeking.

The institutional response has benefited from collaboration among several departments. As the scale and complexity of the problem increase, stronger coordination, clearer referral pathways and regular information sharing will be necessary to improve service delivery and ensure efficient use of available resources.

Reliable evidence must guide future interventions. Regular assessment of emerging trends, treatment outcomes and programme performance will strengthen planning and enable timely policy adjustments. Building a robust system for monitoring, research and documentation should therefore remain a continuing priority.

The next phase of the response must build upon the progress already achieved. The emphasis should now shift towards strengthening prevention, expanding quality services, improving institutional coordination and supporting long-term recovery. The strategic framework presented in the following chapters outlines the measures required to achieve these objectives.

2.6 Areas Requiring Strengthening

The measures undertaken by the Government have strengthened the institutional response to substance use across the Union Territory. Awareness has expanded, treatment services have grown and enforcement against illicit drugs has been intensified. These efforts provide a strong foundation for future action. At the same time, the changing nature of substance use calls for renewed attention to several priority areas to ensure that the response remains effective, coordinated and responsive to emerging challenges.

2.6.1 Institutional Coordination and Governance

The response to substance use extends across several departments and institutions. Health, education, social welfare, law enforcement, youth development and local governance each have distinct but complementary responsibilities. As programmes continue to expand, greater emphasis is required on institutional coordination, joint planning and regular review. Clear responsibilities, well-defined referral arrangements and a common monitoring framework will strengthen implementation and improve service delivery.

2.6.2 Prevention and Early Intervention

The experience of recent years highlights the importance of sustained preventive action. Awareness campaigns have generated public engagement, but prevention must increasingly become part of the routine functioning of schools, colleges, healthcare institutions and community organisations. Early identification, counselling, life skills education, family engagement and timely referral should receive greater priority so that support reaches individuals before substance use becomes established.

2.6.3 Treatment, Rehabilitation and Recovery

The expansion of treatment facilities has improved access to care across the Union Territory. The next stage should focus on strengthening the quality and continuity of services. Greater attention is required to specialist human resources, district-level service availability, rehabilitation, aftercare and opportunities for education, skill development and employment. Sustained recovery depends not only on treatment but also on continued family support and successful reintegration into society.

2.6.4 Evidence, Capacity and Monitoring

An effective policy must be supported by reliable evidence and regular assessment.

Strengthening data systems, research, programme evaluation and district-level monitoring will improve planning and enable timely policy decisions. Continued investment in training and capacity building will further enhance the ability of institutions and frontline functionaries to respond to emerging needs.

2.6.5 Responding to Emerging Challenges

The profile of substance use in Jammu and Kashmir continues to evolve. The increasing availability of synthetic drugs, changing patterns of consumption, the vulnerability of adolescents and young adults, mental health concerns and the continuing challenge of illicit trafficking require sustained policy attention. At the same time, stigma continues to discourage many individuals and families from seeking timely assistance. These developments reinforce the need for a response that remains adaptive, evidence-informed and firmly rooted in prevention, treatment, rehabilitation and recovery. The assessment presented in this chapter indicates that Jammu and Kashmir has established an institutional foundation for addressing substance use. The task ahead is to build upon this foundation by strengthening prevention, improving access to quality services, supporting recovery, enhancing institutional coordination and promoting informed decision-making. The succeeding chapters set out the strategic measures proposed to achieve these objectives.

CHAPTER 3
PREVENTION OF SUBSTANCE USE

Substance use places a significant burden on individuals, families and communities. Its consequences extend beyond health and affect education, employment, family relationships, community safety and social wellbeing. The growing involvement of adolescents and young people has further underlined the need to strengthen preventive efforts before substance use becomes established. Prevention offers the greatest opportunity to reduce the long-term health, social and economic consequences of substance use. While treatment and rehabilitation remain essential for those already affected, lasting progress depends upon reducing the number of individuals who initiate substance use and ensuring that those at risk receive timely guidance and support. Greater emphasis is therefore required on creating conditions that discourage substance use and promote healthy development from an early age.

Effective prevention cannot be achieved by any single department or through awareness campaigns alone. Families, schools, colleges, communities, workplaces, healthcare services and local institutions all influence the choices and circumstances that shape behaviour. Their combined efforts are essential for strengthening resilience, encouraging early help-seeking and supporting individuals before substance use progresses to dependence. The Government of Jammu and Kashmir is committed to strengthening prevention through a coordinated approach involving Government departments, educational institutions, healthcare providers, local self-government institutions, civil society organisations and communities. The emphasis shall be on strengthening families, promoting safe and supportive educational environments, encouraging community participation, improving early identification and counselling, and expanding access to appropriate support services.

This chapter sets out the policy framework for prevention in Jammu and Kashmir. It identifies the priority areas for Government action and outlines the measures required to strengthen preventive interventions across families, educational institutions, communities and other public settings. The objective is to reduce vulnerability to substance use, protect children and young people, and strengthen the capacity of communities to respond to this growing challenge.

3.1 Policy Perspective

Prevention is the foundation of an effective and sustainable response to substance use. Treatment and rehabilitation are important for those already afflicted with substance use disorders, but prevention is the best opportunity to reduce the personal, social and economic burden of drug use. A strong prevention system aims to postpone or prevent the onset of substance use, minimising the factors that increase vulnerability and maximising the conditions that enable children, adolescents, young people and communities to live healthy and productive lives (UNODC & WHO, 2018). The problem of substance abuse cannot be tackled by awareness campaigns or enforcement measures alone. Prevention requires sustained action across the life course and must begin long before substance use becomes established. It requires concerted efforts to strengthen families, promote positive learning environments, mobilise communities, improve opportunities for healthy engagement, and provide

timely guidance and support to those at risk. Prevention is therefore a public responsibility and a common social commitment.

The changing pattern of substance abuse in J&K calls for prevention strategies that are sensitive to local realities, but at the same time based on established scientific evidence. Children and young people are influenced by a range of factors that shape attitudes, choices and behaviours. Family circumstances, educational experiences, peer relationships, community environments, mental health, digital media and the availability of substances all impact vulnerability and resilience. Therefore, for effective prevention, these influences must be tackled collectively rather than through isolated interventions. This Policy uses a prevention framework that goes beyond awareness generation to reinforce the environments in which children, adolescents and young people grow, learn and participate. It recognises that the most effective prevention is done in cooperation between families, educational institutions, communities, health services, local self-government bodies, civil society organisations and public agencies, each in their respective mandates and areas of responsibility.

Prevention is a shared responsibility of Government departments, educational institutions, families, communities, employers and citizens. The effectiveness of prevention depends upon sustained coordination across these institutions rather than isolated interventions. This Policy's Prevention Framework is based on principles of early intervention, community participation, scientific evidence, inter-sectoral coordination and respect for the dignity and wellbeing of each individual. It aims to delay the onset of substance use, improve protective environments, enable early access to support services and contribute to healthier, safer and more resilient communities across Jammu and Kashmir.

3.2 Family-Based Prevention

The family is the most powerful and the first setting for promoting healthy development and preventing substance use. Values, attitudes, behaviour patterns and coping mechanisms are to a large extent acquired in the family environment during childhood and adolescence. Strong family bonds, positive parenting, open communication, and consistent emotional support greatly reduce the chances of substance use, while family conflict, neglect, poor supervision, and social isolation may increase vulnerability (UNODC & WHO, 2018). The Policy acknowledges the key role of families and promotes family-based prevention as a key part of the State's response to substance use. Support families in creating nurturing and stable home environments that promote trust, open communication, responsible decision making and healthy lifestyles. Parents and carers need to have the right knowledge and skills to identify early behavioural changes and respond positively to emerging concerns and have access to timely professional support should they need it.

The Policy promotes the development of parenting education programmes, family counselling services and community based initiatives that strengthen the capacity of families to prevent substance use and support children and young people through different stages of development. These initiatives should be culturally sensitive, accessible and designed to reduce stigma associated with seeking help. Prevention based on the family must also recognise that substance use impacts the entire family, not just the individual. Prevention programmes should therefore aim at increasing

family resilience, positive coping strategies, shared responsibility and the willingness to access counselling, mental health services and social support whenever needed. Particular attention should be paid to families that are socially disadvantaged, or where there is psychological distress, substance use in the household or other circumstances that may place children and adolescents at increased risk. The Government needs to encourage the development of parenting education programmes, family counselling services and community-based family support initiatives to strengthen the capacity of parents and caregivers in preventing substance use. Particular emphasis shall be placed on promoting positive parenting practices, strengthening family communication, supporting families facing psychosocial difficulties and encouraging early help-seeking where concerns relating to substance use arise.

The Government shall encourage cooperation between healthcare providers, educational institutions, community organisations and local self-government institutions to improve family-centred prevention initiatives and to ensure that families continue to be active partners in the promotion of health, wellbeing and future of children and young persons in Jammu and Kashmir.

3.3 Educational Institutions Prevention Framework

Schools are uniquely situated to promote healthy development, build resilience, and prevent substance use among children, adolescents, and young adults. Schools, colleges, universities, technical institutions and professional education centres are places where young people spend a significant part of their formative years and therefore these institutions have a responsibility not only to impart academic knowledge but also to promote student wellbeing, positive life choices and safe learning environments. Thus, prevention in educational institutions must be an integral part of the broader educational mission and not an add-on activity.

The Policy encourages all educational institutions to adopt a comprehensive approach to substance use prevention that is embedded in institutional planning, student support systems, and campus life. Prevention activities should promote Social Emotional and Ethical Learning to foster emotional wellbeing, life skills, responsible decision-making, healthy peer relationships and responsible digital behaviour. These initiatives should be age-appropriate, culturally relevant and responsive to the developmental needs of learners at different stages of education. “Schools should create safe, supportive and inclusive environments in which students feel comfortable seeking help without fear of stigma or discrimination. Institutional policies should support student wellbeing, protect confidentiality, discourage punitive responses to early substance use and support timely counselling and referral if needed. Prevention efforts should be mainstreamed in broader efforts on mental health, violence prevention, student safety and psychosocial support.

Students must be viewed as active participants in prevention, not as passive recipients of awareness programmes. Peer leadership, student volunteerism, sports, cultural activities, innovation, community service and other constructive engagements that reinforce social connectedness and nurture a positive institutional culture should be encouraged by educational institutions. These opportunities offer meaningful

alternatives to support healthy personal development and decrease vulnerability to substance use.

Parents and families should be actively engaged in prevention initiatives through regular communication, counselling and collaborative support of students experiencing academic, behavioural or psychosocial difficulties. Schools should also build stronger partnerships with health-care providers, civil society organisations, local communities and relevant government departments to enable coordinated prevention, early intervention and referral services. The Policy recognises the critical role of educators and promotes continuous capacity building of teachers, counsellors, institutional leaders and student support professionals to enhance their ability to detect early warning signs, provide appropriate guidance and facilitate timely referral to specialised services. Pre-service and in-service professional development programmes of teacher education institutions, SCERT, DIETs, universities and professional bodies should include substance use prevention, student wellbeing, Social Emotional Learning, mental health and referral protocols. Colleges, universities and other institutions of higher education occupy an important position in the prevention of substance use among young adults. These institutions shall promote substance-free campuses through student counselling services, peer support initiatives, orientation programmes for newly admitted students, life skills education, mental health promotion and opportunities for sports, culture, innovation and community engagement. Institutions shall also establish appropriate mechanisms for early identification, confidential counselling and referral, while ensuring that students receive timely support without disruption to their education.

Every educational institution should have a substance use prevention policy that is backed by clear protocols for early identification, counselling, referral and management of substance use-related concerns. These protocols should focus on the safety, dignity, educational continuity and best interests of students, while ensuring appropriate coordination with families and relevant support services.

3.4 Community-Based Prevention and Social Mobilization

Communities play a role in the social context in which children, adolescents and young adults are raised and developed. Prevention is most effective when families, schools, local communities and public institutions collaborate to create environments that discourage substance use, promote healthy lifestyles and offer timely support to individuals and families. In this sense, the participation of the community must be an integral part of the prevention strategy of the State. The Policy fosters community-based prevention activities that leverage existing local institutions and community networks. Encourage the active participation of Panchayati Raj Institutions, Urban Local Bodies, religious institutions, youth clubs, women's groups, sports organisations, civil society organisations and community leaders in raising awareness, fostering positive social norms, supporting vulnerable individuals and families and ensuring timely access to appropriate services. Community institutions continue to play an important role in shaping social values and collective responsibility in Jammu and Kashmir. Panchayati Raj Institutions, Urban Local Bodies, Mohalla Committees, religious institutions, youth clubs, women's groups and other local organisations can contribute significantly to creating supportive environments, reducing stigma and encouraging individuals and families to seek timely assistance. Jammu and Kashmir is diverse and prevention initiatives need to

be sensitive to local needs and community contexts. Community-based programmes should promote positive youth engagement through sport, culture, recreation, volunteerism and other positive activities that foster social cohesion, promote civic participation and offer meaningful alternatives to young people. Community engagement should be used to enhance local systems for early identification and referral. Collaboration between community organisations, educational institutions, healthcare providers, law enforcement agencies and social welfare services is essential to provide coordinated support to individuals at risk of substance use and their families. Such partnerships should be based on principles of confidentiality, non-discrimination and respect for individual dignity.

The Government shall encourage local innovation, community leadership and inter-sectoral collaboration in the design and implementation of prevention initiatives. Community-based initiatives are an important supplement to institutional efforts and can help build resilient communities that are able to respond collectively to the challenges posed by substance use. The Policy also recognises the positive role faith based organisations and traditional community institutions can play in fostering positive values, strengthening social responsibility, supporting families and encouraging community participation in prevention efforts.

3.5 Workplace-Based Prevention

Workplaces provide an important opportunity for promoting health and wellbeing among adults and for identifying substance use concerns at an early stage. Government departments, public sector organisations, educational institutions, industrial establishments and private employers should be encouraged to promote healthy workplace environments through awareness activities, employee wellbeing programmes, stress management initiatives and confidential counselling and referral services. Such measures can contribute to improved productivity, reduced absenteeism and timely access to support while maintaining the dignity and privacy of employees.

3.6 Early Identification, Counselling and Referral Systems

Substance use prevention is more than awareness and promotion of healthy behaviours. It also means identifying early on those who may be at risk and making sure they get the right help before substance use becomes dependency. Early identification and intervention is therefore an essential component of the Prevention Framework and the vital link between prevention, treatment and rehabilitation.
Schools, clinics, community agencies and front-line services often come into contact with children, adolescents and young adults who present with behavioural changes, emotional distress, academic decline, family difficulties or other psychosocial concerns before they access specialist treatment. These systems can be improved to better identify new problems and respond appropriately, which can lead to better outcomes and reduced long-term effects of substance use. The Policy supports the development of accessible, confidential, person-centred counselling and referral systems in educational institutions, health care facilities and community settings. People at risk should be assessed, counselled and provided with timely psychosocial support and referred to appropriate services in line with their individual needs. Early intervention should focus on advice, family involvement and supportive care, while

ensuring dignity, privacy and rights of the individual. Frontline service providers including teachers, school counsellors, Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), Anganwadi Workers, Medical Officers and other community-based functionaries are often among the first to observe behavioural or psychosocial changes that may indicate increased vulnerability. Strengthening their capacity for early identification, basic counselling and appropriate referral will improve access to timely support and reduce progression to more severe substance use disorders.

Substance use is often co-occurring with mental health problems, family stress, trauma, educational problems and other social problems. So early intervention should be multidisciplinary. Effective collaboration among educators, counsellors, social workers, psychologists, health care professionals and community-based service providers is essential to ensure continuity of care and prevent unnecessary progression to more severe substance use disorders.

The Policy also promotes the creation of clear referral pathways between educational institutions, community-based organisations, healthcare facilities, specialised treatment centres and rehabilitation services. These referral systems should provide timely access to appropriate care, continuity of support and reduce barriers to help-seeking. Where possible, interventions should allow individuals to remain connected to their families, education, employment and community support systems across the continuum of care. Early intervention should be voluntary, supportive, non-stigmatising and proportionate to the individual's needs, recognising that timely assistance is more effective than punitive responses in preventing progression of substance use.

3.7 Strategic Directions for Strengthening Prevention

The Government of Jammu and Kashmir shall strengthen prevention as the first pillar of the response to substance use through the following strategic directions:

A. Strengthening Family and Community-Based Prevention

- Promote evidence-based family strengthening programmes that support positive parenting, improve family communication, strengthen protective relationships, and encourage early help-seeking.
- Strengthen community participation through Panchayati Raj Institutions, Urban Local Bodies, youth clubs, religious and community organisations, civil society organisations, sports associations, and other local institutions in planning and implementing prevention initiatives.
- Encourage community-led programmes that promote healthy lifestyles, constructive youth engagement, volunteerism, sports, culture, and social inclusion.

B. Strengthening Prevention in Educational Institutions

- Support all educational institutions to establish comprehensive substance use prevention policies that promote safe, healthy, and supportive learning environments.

- Integrate life skills education, mental health promotion, substance use prevention, responsible digital behaviour, and student wellbeing into age-appropriate educational programmes.
- Strengthen counselling services, peer support initiatives, student wellbeing programmes, and referral systems across schools, colleges, universities, and technical institutions.
- Build the capacity of teachers, counsellors, institutional leaders, and student support professionals through continuous professional development and specialised training.

C. Strengthening Public Awareness and Early Intervention

- Develop sustained public awareness and behaviour change initiatives based on scientific evidence and culturally appropriate communication strategies.
- Promote responsible engagement with digital and mass media to improve public understanding of substance use, encourage help-seeking, and counter misinformation.
- Establish accessible and confidential systems for early identification, counselling, and referral across educational institutions, healthcare services, and community settings.

D. Strengthening Coordination and Partnerships

- Strengthen coordination among departments responsible for health, education, social welfare, youth development, rural development, law enforcement, and local governance to ensure a coordinated prevention response.
- Encourage partnerships with universities, research institutions, professional bodies, civil society organisations, and community-based organisations to support innovation, capacity building, and knowledge sharing.

E. Strengthening Monitoring, Research and Continuous Learning

- Develop monitoring and evaluation mechanisms to assess the quality, reach, and effectiveness of prevention programmes across the Union Territory.
- Encourage research, documentation of good practices, and periodic policy review to strengthen prevention strategies and support evidence-informed decision-making.

F. Strengthening Digital Awareness and Responsible Communication

- Promote responsible use of digital and social media platforms for dissemination of accurate information on substance use prevention and available support services.
- Encourage responsible media reporting that avoids stigma and supports public awareness regarding prevention, treatment and recovery.
- Strengthen digital literacy among children, adolescents, parents and educators to improve awareness regarding online risks associated with substance use and misleading information.

CHAPTER 4
TREATMENT AND REHABILITATION

4.1 Existing Treatment System in Jammu and Kashmir

Jammu and Kashmir has developed a multi-tiered treatment system for persons affected by substance use disorders through the combined efforts of the Health Department, Medical Education Department, Jammu and Kashmir Police, private healthcare providers, and civil society organisations. Over the past decade, these initiatives have considerably strengthened access to treatment and expanded specialised services across the Union Territory. The existing treatment system comprises Addiction Treatment Facilities (ATFs) established under the Health Services Department, Police Drug De-addiction Centres, psychiatry departments in Government Medical Colleges, IMHANS Kashmir, district hospital-based treatment services, counselling centres, and licensed private treatment facilities. Together, these institutions provide a range of outpatient and inpatient services, including medical management, detoxification, opioid substitution therapy, psychiatric care, counselling, and psychosocial interventions.

At present, twenty (20) ATFs are operational across Jammu and Kashmir. These centres primarily provide outpatient services, with opioid substitution therapy constituting a major component of care. While ATFs have significantly improved treatment accessibility, they currently have limited capacity for inpatient management and long-term rehabilitation. Nine Police Drug De-addiction Centres are presently functional across the Union Territory, with major facilities located in Srinagar and Jammu. These centres provide comprehensive inpatient treatment, detoxification, psychiatric assessment, counselling, and relapse prevention services. Their infrastructure and multidisciplinary approach have contributed significantly to expanding institutional treatment capacity.

The private sector has also emerged as an important partner in treatment delivery through licensed drug de-addiction centres providing inpatient care, medical supervision, counselling, and family support services. These facilities have complemented public sector services by expanding treatment options and improving access for individuals requiring structured residential care. Largely these institutions constitute the formal treatment system for substance use disorders in Jammu and Kashmir. They provide the foundation for strengthening equitable, quality-assured and recovery-oriented treatment services across the Union Territory.

4.2 Strengths of The Existing Treatment System

Over the past decade, Jammu and Kashmir has made significant progress in strengthening institutional capacity for the treatment of substance use disorders. The expansion of ATFs, Police Drug De-addiction Centres, specialised psychiatry services, IMHANS Kashmir, district hospital-based treatment services, and private treatment facilities has substantially improved access to treatment across the Union Territory. The existing treatment system offers a broad range of services, including medical assessment, detoxification, opioid substitution therapy, psychiatric care, counselling, and psychosocial interventions. The establishment of specialised treatment centres has strengthened the availability of multidisciplinary care and

enhanced access to evidence-based treatment for individuals with substance use disorders.

The participation of the private sector has further expanded treatment options by providing residential care, medical supervision, counselling, and family support services. In addition, collaboration among healthcare institutions, law enforcement agencies, and civil society organisations has contributed to improving service availability and public awareness regarding treatment for substance use disorders. These developments provide a strong foundation for further strengthening the treatment system through improved quality of care, greater service integration, enhanced continuity of care, and stronger linkages with rehabilitation and recovery services.

4.3 Emerging Challenges and Service Gaps

The expansion of treatment services has substantially improved access to care for persons affected by substance use disorders across Jammu and Kashmir. However, the increasing complexity of substance use patterns, changing treatment needs, and the growing number of individuals requiring long-term care present new challenges that warrant a coordinated and strengthened policy response. The increasing use of multiple substances, changing patterns of drug consumption and the growing number of young persons seeking treatment have further increased the demand for specialised and integrated treatment services. Despite the expansion of treatment facilities, access to comprehensive services remains uneven across the Union Territory. While specialised treatment services are available in major urban centres, geographical accessibility continues to be a challenge in several districts, particularly in remote and rural areas. The availability of inpatient treatment, emergency overdose management, and specialised services also varies considerably across institutions.

Treatment services continue to face challenges in ensuring continuity of care beyond the acute phase of management. Follow-up after discharge continues to vary across institutions, resulting in interruptions in treatment, delayed referral to rehabilitation services and increased vulnerability to relapse. Structured referral pathways, coordinated follow-up, continuing care, and systematic linkages with rehabilitation and community-based recovery services remain limited. This often affects long-term recovery and increases the risk of relapse following discharge from treatment facilities. The management of substance use disorders is further complicated by the high burden of co-occurring mental health conditions, infectious diseases, and other medical complications. Strengthening integrated clinical care, including access to psychiatric services, infectious disease management, dermatological care, and emergency medical services, remains an important priority for improving treatment outcomes.

While both public and private sectors have contributed significantly to expanding treatment services, greater attention is required to ensure uniform quality standards, appropriate regulation, workforce development, and equitable access to affordable treatment. Sustainable financing mechanisms are also required to support individuals and families who are unable to meet the financial costs associated with long-term treatment and recovery. Addressing these challenges requires a shift from an institution-centred approach to an integrated treatment system that ensures timely access, coordinated service delivery, continuity of care, and effective linkage with

rehabilitation and long-term recovery support. These priorities form the basis of the strategic directions outlined in the following section.

4.4 Strategic Directions for Strengthening Treatment Services

In order to strengthen treatment services and improve long-term outcomes for persons affected by substance use disorders, the following strategic directions shall guide policy implementation across the Union Territory.

A. Strengthening Emergency and Acute Care Services

The Government shall strengthen emergency response systems for substance use-related medical emergencies through the establishment of specialised overdose management facilities at strategically located healthcare institutions. Emergency departments shall be equipped with essential antidote medications, including Naloxone and Flumazenil, supported by standard treatment protocols, trained personnel, and dedicated referral and ambulance services to ensure timely access to life-saving care.

B. Expanding Access to Comprehensive Treatment Services

Treatment services shall be strengthened through the expansion of Addiction Treatment Facilities and other specialised services, particularly in underserved districts and rural areas. Public treatment facilities shall be supported by a regulated and accountable network of licensed private treatment centres to improve accessibility while ensuring quality and ethical standards of care. Appropriate financial support mechanisms shall be developed to facilitate treatment for economically vulnerable and homeless individuals.

C. Strengthening Integrated Clinical Care

Treatment services shall adopt an integrated approach to the management of substance use disorders and associated physical and mental health conditions. District hospitals, sub-district hospitals, medical colleges, and specialised institutions shall strengthen linkages for the management of co-occurring psychiatric disorders, infectious diseases such as HIV, Hepatitis B and Hepatitis C, dermatological complications, and other substance use-related health conditions. Access to essential investigations and treatment services shall be progressively strengthened across the healthcare system.

D. Strengthening Quality, Governance and Accountability

The Government shall develop standards, treatment protocols, and quality assurance mechanisms for all treatment facilities. The registration, regulation, and periodic review of private treatment centres shall be strengthened to ensure safe, ethical, and evidence-informed service delivery. Police Drug De-addiction Centres shall be supported through an appropriate policy and administrative framework that strengthens institutional sustainability, workforce support, and quality of care. Treatment monitoring systems shall progressively shift from measuring service utilisation alone towards assessing treatment retention, clinical improvement,

continuity of care, functional recovery, and successful linkage with rehabilitation services.

E. Strengthening Continuity of Care

Treatment services shall be closely integrated with rehabilitation, continuing care, and recovery support systems. Standardised referral pathways shall be established to facilitate seamless transition from treatment to rehabilitation and long-term recovery services. Coordination among healthcare institutions, rehabilitation providers, community organisations, and social welfare services shall be strengthened to ensure sustained recovery and successful social reintegration.

F. Strengthening Human Resources for Treatment

The Government shall strengthen the availability of trained addiction psychiatrists, physicians, psychologists, psychiatric social workers, counsellors, nurses and other professionals engaged in the management of substance use disorders. Priority shall be accorded to specialised training, continuing professional development, multidisciplinary teamwork and appropriate deployment across treatment facilities.

While effective treatment is essential for stabilising substance use disorders, sustained recovery depends upon structured rehabilitation, continuing care, and successful reintegration into family and community life. The following section therefore outlines the Rehabilitation Framework that complements and extends the treatment continuum.

4.5 Rehabilitation Framework

Rehabilitation is an essential component of the continuum of care for persons affected by substance use disorders. While treatment focuses on stabilising the individual's physical and psychological condition, rehabilitation seeks to support sustained recovery, restore functional capacity and enable individuals to resume meaningful roles within their families and communities. Rehabilitation is therefore not a time-bound institutional intervention but a continuing process that extends beyond clinical care and addresses the psychological, social, educational and economic dimensions of recovery. Recovery pathways can vary from person to person and are affected by factors such as family support, mental health, education and livelihood opportunities, community acceptance and access to continuing care. Rehabilitation services should therefore be designed to suit individual needs and offered through multidisciplinary and inter-sectoral collaboration. Interventions will promote dignity, autonomy, informed choice and active participation in recovery planning.

Continued recovery requires continued engagement after treatment ends. The framework of rehabilitation provides for the coordinated support of families, communities, educational institutions, employers, local self-government institutions, civil society organisations and peer support networks. This collaboration is vital to reduce relapse, boost social inclusion and help people get back to living healthy, productive and meaningful lives.

The rehabilitation framework laid out in this Policy provides the foundation for the development of accessible, equitable and recovery-oriented services in Jammu and Kashmir. The goal is to strengthen institutional capacity, and to build supportive family and community environments that allow for sustained recovery and successful social reintegration. The rehabilitation framework is to be implemented in accordance with the guiding principles set out in this Policy. Rehabilitation services shall adhere to the principles of person-centred care, continuity of support, family and community participation, equity, dignity, evidence-informed practice and inter-sectoral collaboration, in particular. The planning, delivery, monitoring and continual improvement of rehabilitation services in the Union Territory will be guided by these principles.

4.5.1 Person-Centred Rehabilitation Planning

Successful rehabilitation needs a structured, individualised and goal-oriented approach that recognises the diverse needs and pathways to recovery of persons affected by substance use disorders. Rehabilitation planning should therefore be client-centred, taking account of each individual's strengths, aspirations, family circumstances, health status, educational background, livelihood needs and social support systems.

All people completing structured treatment should have a comprehensive rehabilitation assessment to identify priority needs, recovery goals, potential barriers and available support mechanisms. This assessment will be used to develop an Individual Recovery and Rehabilitation Plan to guide continuing care and support a coordinated transition from treatment to community-based recovery. Rehabilitation planning shall be undertaken through a multidisciplinary approach, which shall involve medical professionals, mental health practitioners, social workers, counsellors, rehabilitation professionals and other relevant service providers, as appropriate. Individuals shall be actively involved in decisions affecting their rehabilitation; families or carers shall participate where appropriate, with the informed consent of the individual.

Individual Recovery and Rehabilitation Plans should be reviewed periodically to assess progress, identify emerging needs and modify interventions in consultation with the individual and, where appropriate, family members or caregivers. The rehabilitation program should be flexible and adaptable to changing circumstances. Periodic review will be a mechanism for adapting interventions to emerging needs, progress in recovery and life transitions, while ensuring continuity of care and timely access to specialised or community-based services. The overall objective is to promote sustained recovery, strengthen personal autonomy and facilitate successful reintegration into family and community life.

4.5.2 Family and Community-Based Rehabilitation

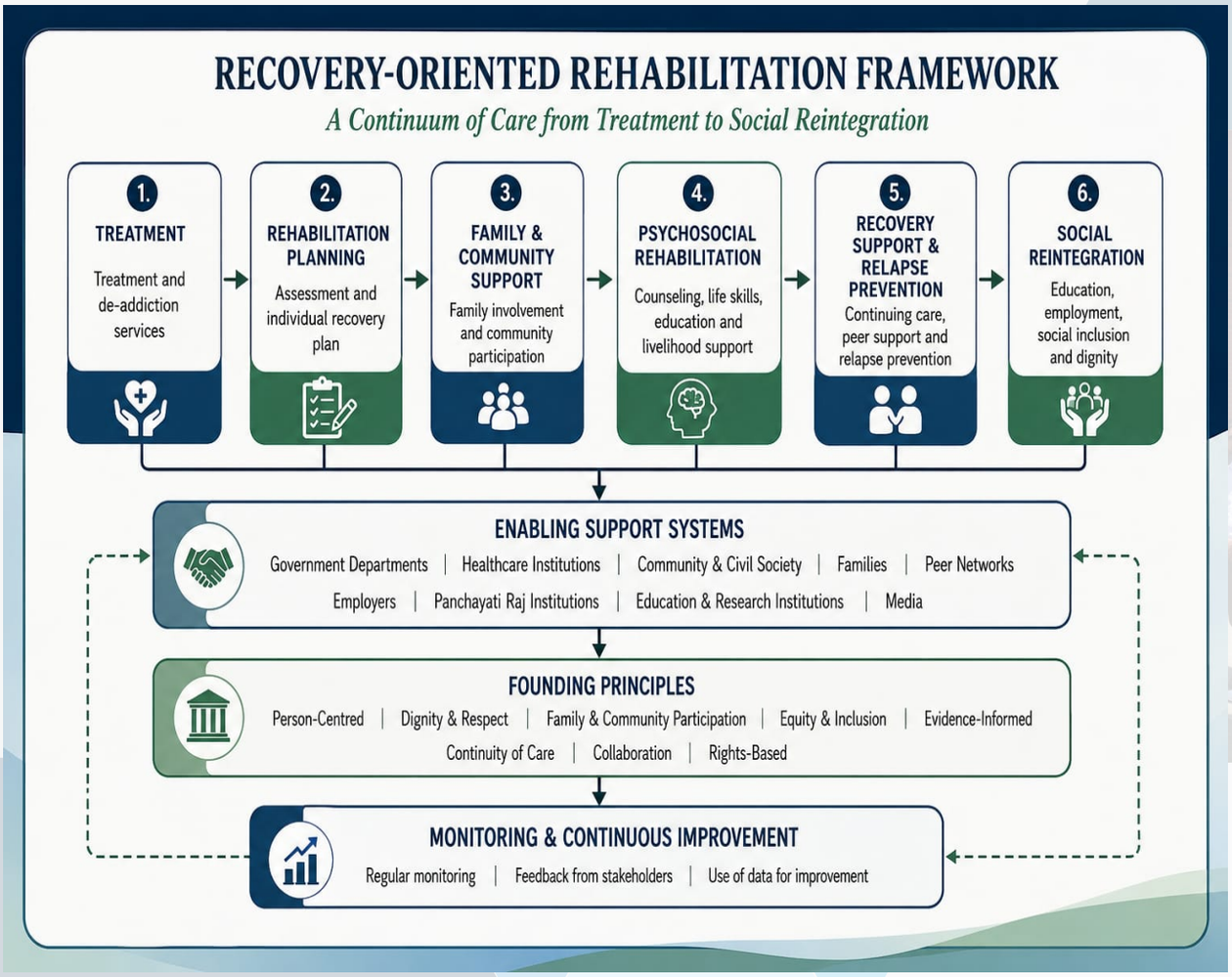
Recovery is strengthened when rehabilitation extends beyond institutional settings and is supported within families and communities. The Policy recognises that sustained recovery depends not only on clinical care but also on the quality of family relationships, social support, community acceptance, and opportunities for meaningful participation in everyday life. Rehabilitation services shall therefore

adopt a family and community-based approach that complements institutional care and promotes long-term recovery.

Families shall be recognised as key partners in the rehabilitation process. Rehabilitation services should facilitate family counselling, psychoeducation, caregiver support, and shared recovery planning to strengthen communication, rebuild trust, improve treatment adherence, and enhance the family's capacity to support recovery. Where family support is unavailable or inappropriate, alternative community-based support mechanisms shall be encouraged. The rehabilitation process also places considerable emotional, social and financial responsibilities on families. Rehabilitation services should therefore recognise the needs of caregivers by facilitating counselling, guidance and appropriate support to strengthen their capacity to participate in the recovery process.

Community participation shall be promoted through collaboration with Panchayati Raj Institutions, Urban Local Bodies, educational institutions, civil society organisations, faith-based organisations, youth groups, peer support networks, employers, and other community stakeholders. These institutions can contribute to creating supportive environments, reducing social isolation, facilitating access to education and employment, and addressing stigma and discrimination associated with substance use disorders.

Rehabilitation services shall promote community-based interventions that enable individuals to progressively regain confidence, independence, and social functioning within their own communities. Institutional rehabilitation should, wherever feasible, be complemented by community follow-up, outreach services, peer support, and locally available resources to ensure continuity of care and sustained recovery. The Government shall also encourage the development of community-based recovery facilities, including transitional accommodation and halfway homes, for individuals who require structured support before returning to independent family and community life.



4.5.3 Psychosocial Rehabilitation and Recovery Support

Psychosocial rehabilitation shall constitute a core component of the recovery process. It shall focus on strengthening the individual's psychological wellbeing, emotional resilience, social functioning, and capacity for independent living. Rehabilitation services shall therefore extend beyond symptom management to support the development of personal competencies, healthy relationships, and meaningful participation in family and community life. Psychosocial interventions shall include counselling, life skills education, emotional and behavioural support, stress management, problem-solving, communication skills, recreational and cultural activities, and interventions that promote self-esteem, resilience, and positive coping strategies. Such interventions shall be adapted to the individual's age, gender, developmental stage, and recovery needs.

Education, skill development, and sustainable livelihood opportunities shall form an integral part of rehabilitation planning. Individuals in recovery should be supported to resume formal education where appropriate, access vocational training and skill development programmes, improve employability, and secure opportunities for productive engagement. Collaboration with educational institutions, skill development agencies, employers, and livelihood missions shall be encouraged to facilitate long-term social and economic reintegration. Rehabilitation services should facilitate convergence with Government programmes relating to skill development,

entrepreneurship, employment generation and financial inclusion so that individuals in recovery are able to achieve greater economic independence and long-term social stability. Reintegration efforts shall facilitate access to education, skill development, employment, housing support, social protection and community-based opportunities that enable individuals to regain independence and participate productively in society. Rehabilitation services shall promote a strengths-based approach that recognises the abilities, aspirations, and recovery potential of each individual. Interventions shall build personal confidence, encourage self-reliance, and strengthen the capacities required to sustain recovery and participate fully in community life.

4.5.4 Recovery Support, Aftercare and Relapse Prevention

Recovery from substance use disorders requires sustained support beyond the completion of formal treatment. The transition from institutional care to family and community life is often accompanied by significant psychological, social, and environmental challenges that may increase vulnerability to relapse. The Policy therefore recognises recovery support and aftercare as integral components of the continuum of care. Aftercare services shall be planned as part of the rehabilitation process and tailored to the individual's recovery needs. These may include periodic follow-up, counselling, peer support, family engagement, community-based support, and timely referral to specialised services where required. Such interventions shall aim to strengthen recovery, reinforce positive behavioural change, and facilitate continued participation in education, employment, and community life. Relapse shall be recognised as a potential challenge within the recovery process rather than as a failure of treatment or rehabilitation. Rehabilitation services shall adopt a proactive approach to relapse prevention by identifying individual risk factors, strengthening protective factors, promoting healthy coping strategies, and ensuring timely access to appropriate support during periods of increased vulnerability.

The Policy encourages the development of sustainable recovery support systems through collaboration among healthcare providers, social welfare agencies, educational institutions, civil society organisations, peer support groups, and community networks. Such collaboration shall strengthen continuity of care, reduce social isolation, and improve long-term recovery outcomes.

4.5.5 Social Reintegration and Reduction of Stigma

Successful rehabilitation extends beyond recovery from substance use to the restoration of meaningful participation in family, education, employment, and community life. Social reintegration is therefore recognised as a central objective of this Policy, requiring coordinated efforts to remove barriers that hinder recovery and promote equal opportunities for individuals rebuilding their lives. Stigma, discrimination, and social exclusion often discourage individuals from seeking treatment, undermine recovery, and limit access to education, employment, housing, and community participation. The Policy therefore promotes measures that foster public awareness, strengthen community acceptance, protect the dignity of individuals in recovery, and encourage supportive and non-discriminatory environments. Reintegration efforts shall facilitate access to education, skill development, employment, social protection, housing support, and community-based opportunities that enable individuals to regain independence and contribute productively to society. Particular emphasis shall be placed on strengthening family

relationships, rebuilding social networks, and promoting active participation in community life. The Policy encourages collaboration among government departments, educational institutions, employers, local self-government institutions, civil society organisations, and community leaders to create inclusive pathways for reintegration. Recovery shall be viewed as a process of restoring capabilities, rebuilding relationships, and enabling individuals to participate as equal and valued members of society.

4.5.6 Policy Directions for Strengthening Rehabilitation Services

Jammu and Kashmir has made substantial progress in expanding access to prevention, treatment, and de-addiction services through Drug De-addiction Centres, Addiction Treatment Facilities, IMHANS, psychiatry departments in medical colleges, district hospitals, counselling centres, and other public health initiatives. These efforts have considerably strengthened access to treatment and improved the institutional response to substance use disorders across the Union Territory. However, the rehabilitation ecosystem has not evolved at a comparable pace. While treatment services have expanded, structured rehabilitation pathways, continuing care, family-based interventions, peer support mechanisms, and community reintegration services remain limited and fragmented. As a result, many individuals completing treatment continue to face significant challenges in sustaining recovery and rebuilding their lives.

The Policy therefore seeks to strengthen rehabilitation as an integral component of the continuum of care by establishing a coordinated, recovery-oriented framework that extends beyond institutional treatment and supports long-term recovery, social reintegration, and independent living.

To achieve this objective, the following strategic/policy directions shall guide the development of rehabilitation services across the Union Territory:

1. Establish a *recovery-oriented rehabilitation framework* that complements existing treatment services and ensures continuity of care beyond discharge from institutional settings.
2. Develop *district-level rehabilitation pathways* that link Drug De-addiction Centres, Addiction Treatment Facilities, IMHANS, medical colleges, district hospitals, counselling centres, and community-based organisations through coordinated referral and follow-up mechanisms.
3. Introduce *Individual Recovery and Rehabilitation Plans* as a standard component of rehabilitation services to facilitate person-centred planning, multidisciplinary care, and continuity of support.
4. *Strengthen the role of families* through structured family counselling, caregiver support, psychoeducation, and active participation in rehabilitation planning and continuing care.
5. Promote *community-based recovery support* by engaging Panchayati Raj Institutions, Urban Local Bodies, educational institutions, civil society organisations, faith-based organisations, youth groups, and peer support networks in facilitating recovery and social reintegration.

6. *Facilitate convergence* with education, skill development, employment, entrepreneurship, and social welfare programmes to support educational continuity, livelihood opportunities, and independent living for persons in recovery.

7. *Build the capacity of rehabilitation professionals*, including social workers, psychologists, counsellors, psychiatric social workers, peer support workers, and other multidisciplinary professionals through specialised training, continuing professional development, and standardised practice guidelines.

8. Encourage universities, medical colleges, research institutions, and professional bodies to *undertake interdisciplinary research, programme evaluation, innovation, and evidence generation* to strengthen rehabilitation policy and practice in Jammu and Kashmir.

9. Develop a *comprehensive monitoring framework* to assess rehabilitation outcomes, continuity of care, social reintegration, and long-term recovery, thereby informing policy refinement and service improvement.

10. Foster *collaboration* among government departments, healthcare institutions, academic institutions, civil society organisations, and community stakeholders to establish a coordinated rehabilitation ecosystem that supports sustained recovery and meaningful social inclusion.

CHAPTER 5
INSTITUTIONAL FRAMEWORK AND GOVERNANCE

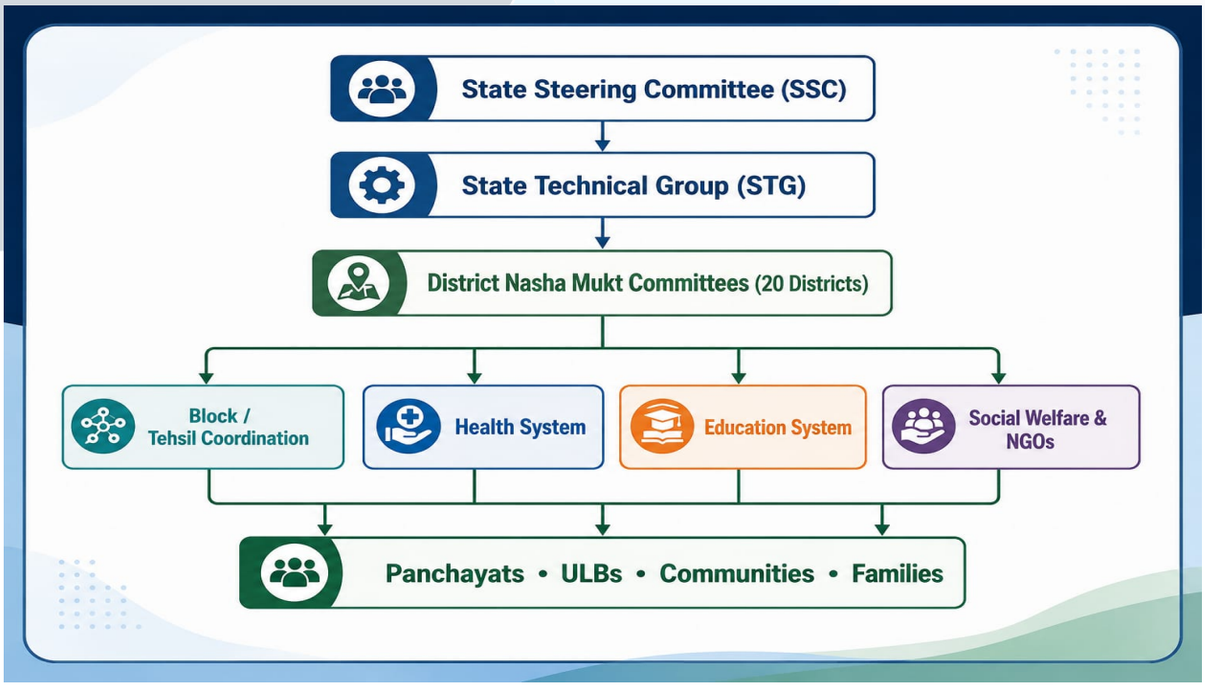
5.1 Institutional Framework

The implementation of this Policy requires close coordination among Government departments and other institutions. Substance use affects several sectors and cannot be addressed by any single department. Health services alone cannot achieve the objectives of prevention, treatment and rehabilitation. Likewise, enforcement measures alone cannot reduce drug demand. Effective implementation therefore requires coordinated action across departments and institutions. The Government shall establish an institutional framework to strengthen coordination at the Union Territory, district and local levels. The framework shall support joint planning, regular review, clear accountability and timely coordination among implementing agencies. It shall also facilitate collaboration with educational institutions, local self-government institutions, civil society and community-based organizations, wherever required.

This chapter sets out the institutional arrangements for implementing the Policy. It defines the governance structure, assigns responsibilities to key departments and outlines the mechanisms for coordination and capacity building.

5.2 Institutional Structure

A tiered institutional design shall combine strategic leadership, technical guidance, district implementation and local ownership.



A. State Steering Committee (SSC)

A State Steering Committee (SSC) shall be constituted under the chairpersonship of the Chief Secretary, Government of Jammu and Kashmir, to oversee the implementation of this Policy. The Committee shall provide overall policy direction, facilitate inter-departmental coordination and review progress from time to time. Its composition shall be notified separately by the Government. The Committee shall comprise representatives of the concerned Government departments, law enforcement agencies, academic institutions and civil society organisations.

B. State Technical Group (STG)

A State Technical Group (STG) shall be constituted to provide technical support for the implementation of this Policy. The Group shall assist the Government in developing technical standards, operational guidelines, training modules, quality assurance mechanisms and other technical resources required for effective implementation.

C. District Nasha Mukt Committees

District Nasha Mukt Committees (DNMCs) shall be constituted in each district under the chairpersonship of the Deputy Commissioner. The Committees shall coordinate implementation of the Policy at the district level, prepare district action plans, review progress and facilitate coordination among the concerned departments and agencies. Prepare district action plan; map vulnerabilities and hotspots; convene periodic district convergence meetings; mobilise local resources.

D. Block and Panchayat Level Mechanisms

Block-level and Panchayat-level mechanisms shall be established to support implementation at the local level. These mechanisms shall promote community participation, facilitate early identification and referral, support follow-up and strengthen coordination with local development programmes and public services.

5.3 Roles and Responsibilities of Key Departments

(i) Health and Medical Education Department:

The Health and Medical Education Department shall strengthen screening, early identification, treatment services, withdrawal management, availability of essential medicines and capacity building of healthcare personnel.

(ii) Home Department and Jammu & Kashmir Police:

The Home Department and Jammu & Kashmir Police shall strengthen measures for drug supply reduction, trafficking control, enforcement, intelligence sharing and referral of eligible individuals to treatment services, wherever appropriate.

(iii) Excise Department:

The Excise Department shall strengthen enforcement measures, support identification of emerging hotspots and coordinate with other departments in accordance with the law.

(iv) School Education and Higher Education Departments:

The School Education and Higher Education Departments shall strengthen preventive education, life skills, counselling services, teacher capacity building, parent engagement and referral mechanisms for students requiring support.

(v) Social Welfare Department:

The Social Welfare Department shall strengthen family counselling, child protection services, support for affected families and linkages with social welfare programmes and entitlements.

(vi) Rural Development and Panchayati Raj Department:

The Rural Development and Panchayati Raj Department shall strengthen the participation of Panchayati Raj Institutions and integrate community-based drug prevention activities into local development processes.

(vii) Youth Services & Sports Department, Labour & Employment Department and Skill Development Department:

These departments shall promote youth engagement, skill development, vocational training and livelihood opportunities for persons in recovery.

(viii) Information Department:

The Information Department shall support public awareness, promote responsible communication, disseminate information on available services and encourage help-seeking behaviour.

(*ix) Civil Society Organisations, Faith-based Organisations and Peer Support Networks:*

Civil society organisations, faith-based organisations and peer support networks shall support community outreach, family engagement, recovery support and social reintegration.

5.4 Coordination and Convergence

The effective implementation of this Policy requires regular coordination among departments and implementing agencies. The following mechanisms shall support coordinated planning and implementation:

(i) Annual Joint Action Plan:

Concerned departments shall prepare annual action plans, including proposed activities and resource requirements, for consolidation at the Union Territory level. Districts shall prepare corresponding district action plans.

(*ii) Standard Operating Procedures:*

Standard Operating Procedures shall be developed for referral, inter-departmental coordination, confidentiality, data management and emergency response.

(iii) Periodic Review:

Implementation shall be reviewed regularly at the district and Union Territory levels to assess progress, address operational issues and strengthen coordination.

(iv) Resource Convergence:

Departments shall promote convergence of available resources and utilise existing schemes and budget provisions to support activities under this Policy.

5.5 Capacity Building and Quality Assurance

The successful implementation of this Policy depends upon the availability of trained personnel across sectors. Capacity building shall therefore be undertaken on a continuing basis.

(i) Training:

Standardised training programmes shall be developed for different categories of personnel. Training shall cover prevention, early identification, counselling, referral, treatment, rehabilitation, confidentiality and other areas relevant to their respective roles.

(ii) Target Groups:

Training shall be provided to healthcare professionals, counsellors, teachers, police personnel, ASHAs, Anganwadi Workers, Panchayati Raj Institution representatives, youth volunteers, rehabilitation professionals and other frontline functionaries.

(iii) Quality Assurance:

The Government shall develop minimum standards and practice guidelines for treatment and rehabilitation services. Periodic assessment and review shall be undertaken to improve service quality and ensure compliance with prescribed standards.

5.6 Coordination and Convergence

The implementation of this Policy requires regular coordination among the concerned departments and agencies. The following mechanisms shall support coordinated implementation:

(i) Annual Action Plan:

The concerned departments shall prepare annual action plans. Districts shall prepare corresponding district action plans.

(ii) Standard Operating Procedures:

The Government shall develop Standard Operating Procedures to facilitate referral, coordination, information sharing and other operational matters.

(iii) Periodic Review:

The implementation of the Policy shall be reviewed regularly at the Union Territory, district and local levels.

(iv) Resource Convergence:

The concerned departments shall promote convergence of available schemes and resources to support activities under this Policy.

5.7 Capacity Building and Quality Assurance

The Government shall strengthen the capacity of personnel engaged in the implementation of this Policy through regular training and professional development.

(i) Training:

Standardised training programmes shall be developed for personnel engaged in prevention, treatment and rehabilitation.

(ii) Target Groups:

Training shall be provided to healthcare professionals, counsellors, teachers, police personnel, ASHAs, Anganwadi Workers, Panchayati Raj Institution representatives, youth volunteers and rehabilitation professionals.

(iii) Quality Assurance:

The Government shall develop minimum standards and practice guidelines for treatment and rehabilitation services. Periodic review shall be undertaken to improve service quality and ensure compliance with the prescribed standards.

5.8 Community Participation

The active participation of communities is essential for the effective implementation of this Policy. Panchayati Raj Institutions, Urban Local Bodies, educational institutions, civil society organisations, youth groups, faith-based organisations and community leaders shall be encouraged to support awareness activities, facilitate early referral, reduce stigma and promote the social reintegration of persons in recovery.

CHAPTER 6
MONITORING, RESEARCH AND PARTNERSHIPS

The implementation of this Policy Brief shall be subject to regular monitoring and periodic review. Monitoring is necessary to assess progress, identify implementation gaps and support timely corrective action. Equally, periodic evaluation is required to assess whether the Policy is achieving its intended objectives and to identify areas where further strengthening may be necessary. The Government shall therefore establish appropriate mechanisms for monitoring, evaluation and research to support the effective implementation of this Policy Brief.

Further, the support of Government departments, local self-government institutions, civil society organisations, educational institutions, the private sector and the community shall form the backbone of the Policy Brief. While the Government shall provide overall leadership, the objectives of this Policy Brief can be achieved only through coordinated efforts by all concerned stakeholders. This chapter outlines the broad approach for Monitoring, Evaluation, Research, building partnerships and financing to support the implementation of the Policy Brief.

6.1 Monitoring Framework

The Government shall establish a monitoring framework for reviewing the implementation of this Policy across the Union Territory. The framework shall facilitate regular reporting, review of progress and assessment of the measures undertaken by the concerned departments and agencies.

6.1.1 Monitoring Indicators

The implementation of the Policy shall be monitored through appropriate indicators relating to prevention, treatment, rehabilitation, institutional capacity, service delivery and other priority areas identified by the Government.

6.1.2 Reporting and Review

The concerned departments shall submit periodic reports on the implementation of the Policy. Progress shall be reviewed regularly at the Union Territory, district and local levels to assess implementation, address operational issues and strengthen coordination among the concerned departments.

6.1.3 Drug Information System

The Government shall progressively strengthen a Drug Information System to support planning, monitoring and policy review. The system shall facilitate the collection, compilation and analysis of information relating to prevention, treatment and rehabilitation, while ensuring confidentiality and protection of personal information.

6.2 Evaluation

The Government shall undertake periodic evaluation of this Policy to assess its implementation and review progress towards the stated objectives. The findings of such evaluations shall be used to strengthen programmes, improve service delivery and guide future policy decisions. Independent evaluations and thematic studies may also be undertaken, wherever considered necessary.

6.3 Documentation and Knowledge Sharing

The Government shall encourage the documentation of good practices, innovative approaches and successful interventions under this Policy. Such experiences may be disseminated to strengthen implementation and promote learning across departments and districts. The findings of monitoring, evaluation and research shall be used to strengthen implementation, improve service delivery and inform future policy and programme decisions.

6.4 Civil Society Organisations

Civil society organisations have an important role in supporting prevention, treatment, rehabilitation and community-based interventions. Their experience and close engagement with communities can strengthen awareness, facilitate access to services and support the social reintegration of persons in recovery.

The Government shall encourage the participation of civil society organisations in the implementation of this Policy in accordance with their experience, capacity and area of work.

6.5 Private Sector

The private sector may contribute to the implementation of this Policy through Corporate Social Responsibility initiatives and other appropriate forms of collaboration. Such support may include strengthening treatment and rehabilitation services, promoting skill development and supporting awareness programmes.

All such partnerships shall be developed in accordance with the applicable laws, Government rules and financial procedures.

6.6 Community and Religious Institutions

Community institutions, religious organisations and local leaders can make a valuable contribution to prevention efforts by promoting awareness, reducing stigma and encouraging individuals and families to seek timely support.

The Government shall encourage their participation in community-based initiatives in coordination with the concerned departments and local institutions.

6.7 Academic and Research Institutions

Universities, medical colleges, training institutions and research organisations shall be encouraged to support research, training, documentation and programme evaluation relating to substance use.

Their expertise may also be utilised to strengthen policy implementation and improve the quality of services.

6.8 Financing

The Government shall make appropriate financial provision for the implementation of this Policy through the annual budgets of the concerned departments. The Government may also encourage convergence with existing Government schemes and programmes, Corporate Social Responsibility initiatives and other lawful sources of financial support, wherever appropriate. The utilisation of funds under this Policy shall be governed by the applicable financial rules and procedures.

CHAPTER 7
ACTIONABLE FRAMEWORK FOR POLICY IMPLEMENTATION

7.1 Introduction

The effective implementation of this Policy requires coordinated action by Government departments, district administrations, local self-government institutions and other stakeholders. While the preceding chapters set out the policy directions, their successful implementation depends upon clearly defined responsibilities, institutional coordination and sustained efforts at all levels.

7.2 Action Framework

The Action Framework presented below identifies the priority areas, key strategic actions, lead and supporting departments, and the broad implementation timeline. It is intended to guide coordinated implementation of the Policy while allowing sufficient flexibility for the Government to determine operational priorities and issue detailed implementation guidelines, wherever necessary.

Priority Area	Strategic Action	Lead Department	Supporting Departments / Stakeholders	Timeline
Governance and Coordination	Operationalise the institutional framework by constituting and strengthening the State Steering Committee, State Technical Group, District Nasha Mukt Committees, Block Coordination Committees and Village Nasha Mukt Committees with clearly defined roles and periodic review mechanisms.	Social Welfare Department (Nodal Department)	General Administration Department, District Administration, All Concerned Departments	Immediate & Ongoing
Policy Convergence	Prepare departmental and district action plans and promote convergence among Government departments, district administration, Panchayati Raj Institutions, Urban Local Bodies and civil society organisations for coordinated implementation of the Policy.	Social Welfare Department	All Concerned Departments	Annual
Prevention	Institutionalise substance use prevention through life skills education, awareness programmes and preventive interventions in schools, colleges, universities and communities.	School Education Department	Higher Education, Health & Medical Education, Social Welfare, Information Department	Ongoing

Community Awareness	Implement sustained public awareness and behaviour change initiatives through mass media, social media, community outreach, youth engagement and local awareness campaigns.	Information Department	Health, Social Welfare, Youth Services & Sports, PRIs, ULBs, NGOs	Ongoing
Early Identification and Referral	Strengthen early identification, counselling and referral mechanisms across health facilities, educational institutions and community-based services through standardised protocols.	Health & Medical Education	School Education, Higher Education, Social Welfare, ICDS, District Administration	Phased
Treatment Services	Strengthen accessible, affordable and quality treatment services by improving referral systems, expanding service availability and promoting continuity of care across districts.	Health & Medical Education	IMHANS, Medical Colleges, District Hospitals, Social Welfare	Phased
Rehabilitation and Recovery	Strengthen rehabilitation, recovery support, vocational rehabilitation and community-based reintegration services through coordinated inter-departmental efforts.	Social Welfare Department	Health, Labour & Employment, Skill Development, Industries & Commerce, NGOs	Phased
Children and Adolescents	Strengthen prevention, counselling, protection and referral services for children and adolescents vulnerable to substance use through educational and child protection systems.	Social Welfare Department	School Education, Health, Mission Vatsalya, Child Protection Institutions	Ongoing
Livelihood and Social Reintegration	Facilitate skill development, self-employment, livelihood opportunities and social reintegration for persons recovering from substance use through convergence with existing Government programmes.	Skill Development Department	Labour & Employment, Social Welfare, Industries & Commerce, NRLM	Phased
Capacity Building	Develop continuous capacity-building programmes for healthcare professionals, teachers, counsellors, police personnel, social workers, frontline workers, Panchayati Raj Institutions, Urban Local Bodies, Village Committees, Youth Clubs and Self Help Groups.	Social Welfare Department	Universities, Medical Colleges, Administrative Training Institutes, Health, Police, Rural Development, Youth Services & Sports	Periodic
Community Participation	Promote active participation of Panchayati Raj Institutions, Urban Local Bodies, Youth Clubs, NYKS, Self Help Groups, religious leaders, community organisations and persons in recovery in	Rural Development & Panchayati Raj Department	Social Welfare, ULBs, Youth Services & Sports, NRLM, NGOs	Ongoing

	prevention, awareness and rehabilitation initiatives.			
Village Level Institutional Mechanism	Constitute Village Nasha Mukt Committees under Gram Panchayats with representation from the Panchayat, Panchayat Secretary/Village Level Worker, Patwari, ASHA, Anganwadi Worker, teachers, Youth Clubs, Self Help Groups and other community representatives to support awareness, referral and community mobilisation.	Rural Development & Panchayati Raj Department	Social Welfare, Health, School Education, District Administration	Phased
Research, Documentation and Innovation	Promote research, documentation, innovation and programme evaluation to strengthen evidence-based policy and practice through partnerships with universities and research institutions.	Higher Education Department	Universities, IMHANS, Medical Colleges, Research Institutions	Periodic
Monitoring and Review	Review implementation of the Policy through periodic reporting, monitoring and evaluation at the Union Territory and district levels, and address emerging implementation gaps.	Social Welfare Department	State Steering Committee, State Technical Group, District Administration, All Concerned Departments	Periodic
Resource Mobilisation and Financial Sustainability	Mobilise resources through convergence of departmental budgets, District Plans, Rural Development programmes, Centrally Sponsored Schemes and other permissible funding sources to support implementation of the Policy.	Social Welfare Department	Finance Department, Planning Department, General Administration Department, District Administration	Ongoing
Corporate Social Responsibility (CSR)	Facilitate mobilisation of Corporate Social Responsibility resources from J&K Bank, NHPC, NHIDCL, Power Grid, NTPC, ONGC, Oil India and other eligible public and private sector organisations. The Social Welfare Department shall coordinate CSR initiatives and facilitate utilisation of such resources for approved activities under the Policy in accordance with Government procedures.	Social Welfare Department	Finance Department, General Administration Department, Corporate Sector, District Administration	Ongoing

The Action Framework presented is indicative in nature and is intended to provide broad strategic directions for implementation of the Policy Brief.. It is neither exhaustive nor prescriptive, and should be viewed as a flexible framework that may be adapted to emerging needs, local priorities and implementation experience. The responsibility for translating these broad directions into detailed action rests with the respective departments and implementing agencies. They may develop department-specific action plans, operational guidelines and implementation strategies in accordance with their respective mandates, making full use of their institutional expertise and field experience. Wherever required, they may also draw upon the knowledge and technical support of academic institutions, professional bodies, civil society organisations and other experts to strengthen planning and implementation. Such an approach will enable coordinated, practical and context-specific implementation of the Policy while ensuring continuous learning and improvement over time.

Way Forward

Substance use is a complex social and public health challenge that affects individuals, families and communities. Addressing this challenge requires sustained commitment, coordinated action and continued engagement across all sectors. This Policy provides a comprehensive framework for strengthening prevention, expanding access to treatment, promoting rehabilitation and supporting long-term recovery across the Union Territory. The Government of Jammu and Kashmir is committed to ensuring that the objectives of this Policy are translated into effective action through coordinated efforts of all concerned departments and stakeholders. The implementation of the Policy shall be guided by the principles of accountability, transparency, inclusiveness and continuous improvement.

The Government shall periodically review the implementation of this Policy in light of emerging challenges, evolving patterns of substance use and the experience gained during implementation. Wherever necessary, appropriate measures shall be taken to strengthen policy, programmes and institutional arrangements. The success of this Policy will ultimately depend upon the collective efforts of Government institutions, local self-government institutions, civil society organisations, educational institutions, communities, families and individuals. Through sustained commitment and shared responsibility, Jammu and Kashmir can move towards a healthier, safer and more resilient society free from the harms associated with substance use.

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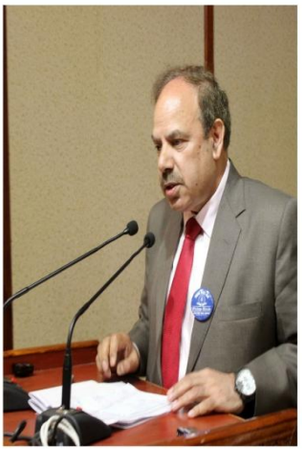


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