FAITH FOR HARM REDUCTION

A Training Manual for the Harm Reduction Champions in the Faith-Based Community

#Faith4HarmReduction

uri UNITED RELIGIONS INITIATIVE
Alliance India
The Global Fund
HR Asia
Harm Reduction Advocacy for Sustainable Interventions

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New Delhi, October, 2020

FOREWORD

Multi-sector partnerships are the key to engaging the world's most challenging problems. Forging collaborations between international organizations, governments, UN agencies, and civil society has proven to be essential in addressing humanitarian crises in communities and countries around the world. This especially has been the case when dealing with issues of public health. Faith communities, faith-based and interfaith organizations are critical components of the partnerships which are needed to successfully engage the world's current health issues.

In October 2018, as a part of a Global Fund Regional Grant- Harm Reduction Advocacy in Asia (HR ASIA); India HIV/AIDS Alliance in collaboration with the Department of Health & Family Welfare, Government of Delhi, HR Asia, UN Agencies, and URI conducted a national consultation with faith-based and interfaith organizations together with other key stakeholders and community networks. Its purpose was to build a strategic partnership to develop a health and rights-based response to drug use. This collaboration is an essential initiative in ensuring comprehensive access to prevention and treatment for people who use drugs. This is crucial, as people who use drugs have too often been marginalized and stigmatized by society and by formal and informal societal structures, including religions.

Every religion has, at its core, spiritual values that encourage the care of those who are sick, marginalized, and oppressed. Religious traditions urge all people to recognize the divine spark in each person and to reach out in compassion and support as a sacred act of service. Leaders of religious communities and institutions have an opportunity and a responsibility to recognize and uplift the inherent dignity in every human being, regardless of the path they walk.

Some people use drugs recreationally, some medicinally, some are dependent on them. All are worthy of respect and care. By joining this partnership to develop a health and rights-based response to drug use, faith leaders can guide the society by demonstrating inclusion, and showing how critical it is to provide systematic, safe approaches to education, treatment, and care. The sensitization of faith communities and organizations around issues of drug treatment, policies and practices, and the equipping of religious and faith leaders to address these issues with more inclusive language that is aligned with their religious principles and scripture is an essential part of the efforts of this coalition.

URI has a long history of engaging in issues related to drug use and dependence, in particular, the care of those suffering from HIV/AIDS. As a global network of people of all beliefs, URI was created by grassroots members from all over the world including India, to engage people of all religions, spiritual expressions, and Indigenous traditions in upholding the values of uniting for the good of everyone, including all peoples, using practices that do not discriminate, working for healing and reconciliation, and creating cultures of peace, justice, and healing for the Earth and all living beings. It is an honor for URI to be a part of this extraordinary coalition of organizations from across society dedicated to this most pressing issue.

The Rev. Victor H. Kazanjian, Jr.
Executive Director

PREFACE

Presently, 6.3% of people who inject drugs in India are believed to be living with HIV, of whom, just 50% are aware of their status. Even though HIV prevention efforts in the northeast of the country have been effective in reducing the number of new infections among people who use drugs, there is growing evidence that the number of people who use (and inject) drugs are increasing and are at a very high risk of HIV, HCV, opioid overdose and other co-morbid conditions. Alarmingly, there is further emerging evidence of higher HIV prevalence among sub-populations of people who inject drugs. For instance, a 2015 study by UNODC in Northeast India found prevalence to be more than three times higher among women who inject drugs than men. The reasons for this are numerous, including high levels of sexual violence experienced by women who use drugs.

Globally as well, the situation is not very different. A UNAIDS report in 2016 — Do no harm: health, human rights and people who use drugs — showed how the global response to protect the health and human rights of people who use drugs was failing. The report provided a road map for countries to reduce the harms that are associated with drug use, and to turn around their drug-related HIV epidemics. Three years later, in 2019, the report — Health, Rights and Drugs: Harm Reduction, Decriminalization and Zero Discrimination for People Who Use Drugs — revealed that people who use drugs continue to be left behind. It also highlighted how despite new HIV infections among adults worldwide declining by 14% between 2011 and 2017, there has been no decrease in the annual number of new HIV infections among people who inject drugs.

At Alliance India, the affected and afflicted communities are at the core of what we do and why we exist. People who use drugs being left behind is unacceptable; they too have rights, and oftentimes, these rights are being denied which adds to the barriers in their access to essential health and harm reduction services. There is enough understanding that criminalization of people who use drugs helps to fuel stigma, discrimination, abuse and other rights violations in many settings, including within health care. For many people who use drugs, this creates a significant barrier to accessing services while perpetuating mental health issues that may, in turn, lead to situations and behaviors that increase drug users' vulnerability to HIV. This must change!

It is in response to this situation, that we at Alliance India launched the #Faith4HarmReduction initiative to build bridges between the harm reduction and faith communities along with our partner the United Religions Initiative. Dedicated to building capacity and mobilizing community at the intersection of harm reduction and faith-based organizing; this unique initiative was born from conversations with communities

of faith, harm reduction organizations, and network of people who use drugs. We are very proud of our partnership with the United Religions Initiative who envisioned and worked with us – hand in hand – to shape the #Faith4HarmReduction initiative to also serve as a unique platform for convening, community mobilization, capacity building, fostering innovative-and previously untapped-cross-sector collaborations to expand and strengthen harm reduction in principle, practice, and policy.

We believe that through the opportunities under the #Faith4HarmReduction initiative we can foster partnerships for strengthening the foundation of a rights-based public health approach to drug use that seeks to reduce the health, social and economic harm of drug use. I am very hopeful that through the hosting events and a growing national network of #Faith4HarmReduction champions, we will set a landmark precedence of community centered grassroots model of drug prevention, treatment, and care as well as harm reduction.

Ashim Chowla, Chief Executive
India HIV/AIDS Alliance

ACKNOWLEDGEMENTS

Our journey to write an inclusive manual addressing substance dependency began two years ago on the World Mental Health Day 2018. Titled, Harm Reduction Advocacy in Asia, it was a part of the Global Fund supported flagship initiative in the region led by Alliance India, in partnership with the United Religions Initiative. This project is in collaboration with the United Nation's Office on Information Communication and Technology for conducting A National Consultation with Faith Based Organizations, Key Stakeholders and Community Networks, to build a strategic partnership on controlling drug dependency and abuse, with a focus on health and human rights of people who are afflicted by it. What started as a one day consultation ultimately flourished into a campaign titled Faith4HarmReduction and for that we thank the champions from leading faith based organizations who worked with the marginalized community of the people who use drugs.

Alliance India and United Religions Initiative (North India) would like to acknowledge the support of the UN Office of Information Communication Technology (UN OICT), representatives and officials from key stakeholders i.e., Ministry of Social Justice and Empowerment (MoSJE), All India Institute of Medical Sciences (AIIMS), Indian Drug User Forum (IDUF), Narcotics Control Bureau and other several civil society organizations who played a key role in laying the foundation for this project. We would specially like to extend heartfelt gratitude to Sadhvi Bhagawati Saraswati, Parmarth Niketan Rishikesh, Secretary General of the Global Interfaith WASH Alliance, President, Divine Shakti Foundation, HH Acharya Dr. Lokesh Muni, Founder and President, Ahimsa Vishwa Bharti, Dr.Imam Umer Ahmed Ilyasi, Chief Imam, All India Imam Organization Paramjeet Singh Chandok, Chairman, Gurdwara Bangla Saheb, Goswami Sushil Ji Maharaja, Founder and Chairman, Maharishi Bhirgu Foundation, Dr. Indu Bala, Vice President,
World Council of Arya Samaj, Mahant Sh. Vaibhav Sharma, Managing Director, Hanuman Mandir, Dr. Madho Singh, Zonal Director, Narcotics Control Bureau, Dr. Sadhvi Tapeshwari Bharti, Divya Jyoti Jagrati Sansthan, Dr. A.K.Merchant, National Trustee and Secretary, Lotus Temple & Bahá'í Community of India, Director, Swamini Adityananda Saraswati Global Interfaith WASH Alliance Parmarth Niketan, Rishikesh and Global Trustee URI, Haji Syed Salman Chishty, Chairman, Chishty Foundation, Ajmer Sharif, Dr. Anju Dhawan, Professor, All India Institute of Medical Sciences, Dr. Prem Nair, Medical Director, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Shri Vivek Muni Ji, International Mahavir Jain Mission, Acharya Sushil Ashram, Mr. Manu Singh, Chaiman, Sarva Dharma Samvaad and the Indian Drug User Forum represented for their important contributions and guidance in the first ever convening program.

We would also like to appreciate the leadership and key guidance provided by Pujya Swami Chidananad Saraswatiji, President - Parmarth Niketan, Sadhvi Bhagwati Saraswatiji, Chair - Global Interfaith Wash Alliance, and Swamini Adityananda Saraswati, Director - Global Interfaith Wash Alliance, Parmarth Niketan as faith champions of Harm Reduction for convening the follow up meeting in December 2019 of major interfaith leaders who have made their profound contributions to this manual in their blessed Parmarth Ashram.

We would also like to thank Nandini Tripathi, Director of Programme Implementation, Global Interfaith WASH Alliance and Ganga Action Parivar, Atmarpit Vidhij from Shrimad Rajchandra Mission Dharampur, Dr. Prem Nair, Medical Director, Amrita Institute of Medical Sciences, Dr. A.K.Merchant, National Trustee cum Secretary, Lotus Temple, Paramjeet Singh Chandok, Chairman, Gurdwara Bangla Saheb, BK Dr. Sachin Parab National Coordinator of Addiction Free India campaign Joint Secretary of Medical Wing of RERF, Brahmakumaris, Acharya Kinley Gyaltsen, The Office of HH Drikung Kyabgon Chetsang, Dr. J.M. Dave, Director Swaminarayan Research Institute, B.A.P.S Swaminarayan Sanstha, Fr. Paul Moonjely Executive Director of Caritas India, Sumit Chuhan Caritas India and Maulana Kokab Mujtaba, President, Ulema Foundation of India to immensely contribute in putting the manual together and setting the milestone of change and difference in the society at large. We would also like to thank Mr. Chand Kaushil, Head (ICT – Innovations and Solutions) of the UN's Office of Information and Communication Technology (UN OICT, India) and Dr. Ravindra Rao Additional Professor of Psychiatry at the All India Institute of Medical Sciences, for providing the much needed technical support.

Last but not the least and most importantly we would also like to acknowledge the efforts, time and guidance of all our contributing authors, editors, designers and supporting staff of URI and India HIV/AIDS Alliance for their constant support and steadfastness in the face of adversities. This manual would not have been possible without their hard work.

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- All India Organization of Imams of Mosques
- Art of Living
- Bochasanwasi Shri Akshar Purshottam; Swaminarayan Sanstha & BAPS Charities (BAPS)
- Brahmakumaris
- Caritas India
- CPS International
- Divya Jyoti Jagrati Sansthan (DJJS)
- Global Interfaith Wash Alliance (GIWA)
- Mata Amritanandamayi Institute
- Parmarth Niketan Ashram
- Religion World
- Shrimad Rajchandra Love and Care, Dharampur
- Sri Bangla Sahib Gurudwara Committee
- The Office of HH Drikung Kyabgon Chetsang
- The Temple of Understanding

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Appendix I
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GLOSSARY

1MHL – One Million Hockey Legs
AA – Alcoholics Anonymous
ACEs – Adverse Childhood Experiences
ATS – Amphetamine Type Stimulants
BAPS – Bochasanwasi Akshar Purushottam Sanstha
DJJS – Divya Jyoti Jagrati Sansthan
FBO – Faith Based Organizations
GGS – Guru Granth Sahib
HBC – Hepatitis C
HBV – Hepatitis B
HCV – Hepatitis C Virus
HEAL – Shrimad Rajchandra Health Education and Awareness Lessons
HIV – Human Immunodeficiency Virus
HHS – Household Survey
FBO – Faith Based Organization
IAMT – Integrated Amrita Meditation Technique
IMFL – Indian Made Foreign Liquor
LIVE – Shrimad Rajchandra Learning and Inculcating Value Education
LSD – Lysergic Acid Diethylamide
LGBTTQ+ – Lesbian, Gay, Bisexual, Transgender, Two-Spirit, and Queer or Questioning
MAT – Medication-assisted Treatment
MTS – Methadone Treatment Services
NA – Narcotics Anonymous
NCDs – Non-Communicable Diseases
NSEP – Needle Syringe Exchange Programme
OST – Opioid Substitution Therapy
PhD – Doctor of Philosophy
PRC – Positive Religious Coping
PWID – People who inject drugs
RDS – Respondent Driven Sampling
SGGS – Shri Guru Granth Sahib
SRLC – Shrimad Rajchandra Love and Care
TB – Tuberculosis
USA – United States of America
UTs – Union Territories
VVMDRC – Ved Vignan Mahavidya Peeth De-addiction and Research Centre
WUD – Women who use drugs

INTRODUCTION

In 2018, in collaboration with the United Religions Initiative (URI), India HIV/AIDS Alliance (Alliance India) launched a unique initiative to build bridges between the harm reduction and faith communities called #Faith4HarmReduction. #Faith4HarmReduction is one its kind programme in India and the Asia region dedicated to building capacity and mobilizing community at the intersection of harm reduction and faith-based organizing. Born from conversations with communities of faith, harm reduction organizations, and network of people who use drugs, #Faith4Harm Reduction fills a unique role as convener, community mobilizer, and capacity builder, fostering innovative and previously untapped cross-sector collaborations to expand and strengthen harm reduction in principle, practice, and policy.

#Faith4HarmReduction fosters opportunities for the co-creation of spiritual community and relationship building in partnership with people who use drugs and other harm reduction community leaders. Through the hosting of events and a growing national network of #Faith4HarmReduction leaders who provide peer to peer support, information sharing, and spiritual care for the harm reduction movement, Faith in Harm Reduction strengthens spiritual resources for harm reduction and intersectional healing and justice movements.

This toolkit is a part of the rights based approach to healthcare movement that situates drug use and treatment in a right to life, right to health care, and right to be heard framework. The community centered grassroots model of drug prevention, treatment, care and harm reduction is being henceforth seen from the health and spiritual perspective.

The manual is a first step that intertwines the concept of righteousness, insaniyat (humanity) and sewa (service) found widely across all religions to theologically highlight the narrative of harm reduction in various faith traditions. Within the framework of righteousness, most faith traditions, as shared below, prevent or undermine the use of drugs not because of its association to committing a sinful act in the moral and cultural context; but for reasons of health, well being, and peace. The quality of righteousness, hence, is taken as one that allows an individual to perform necessary and indispensable acts that make oneself a responsible part of the society.

Various hymns, scriptural verses, quotations, stories and scientific data have been used to develop a better understanding about “basics of drugs”, “drug use”, “people who use drugs” and the individuality of the person consuming it as distinct entities to be able to question the stigma associated with the issue. Thereby, targeting the root causes of stigma and taboo that make health care and harm reduction more inaccessible, let alone minimum standards of care.

Important to note is that in no way does this document claim to be exhaustive. It is only a living document that seeks to evolve with the guidance and blessings and support of faith based organizations, members of the drug using community and/or service providers/advocates from the relevant fields i.e., drug prevention, treatment, care, harm reduction, HIV prevention and in prisons - as they join to strengthen the movement. #Faith4HarmReduction is an effort to support and nourish not just the community workers who dedicate their life's passionately to the cause; but also religious and spiritual guides, healers, influencers of moral behavior and creators of belief systems that are impacting millions of people every day.

The aforementioned statistics in absolute terms are not just enough to highlight the worrisome gap between the care required and care given; but also the inequality and injustice that people who use drugs suffer from further preventing the best scientific and community friendly interventions from reaching those who need them the most i.e., women who use drugs, young people and, incarcerated populations.The interconnected nature of this issue with problems of education, gender and poverty calls for the need of a holistic approach.

Furthermore, a lack of consensus on the minimum standards of care have contributed to considerable rise in "nonscientific, inhuman and insensitive" approaches to dealing with health concerns associated with drug use ranging from basic awareness/prevention programmes to the traditional 'drug treatment or rehabilitation centers". Documented and undocumented stories of people who are living on the margins of the society have time and again shed light on the inhumane and gruesome treatment given in community settings, institutional facilities and in prisons leading to a significant rise in morbidity and mortality linked with HIV, viral hepatitis, opioid overdose, TB and, even suicides.

The manual then, seeks to situate the framework of prevention, treatment, care and harm reduction within a bottoms up model of community driven needs; that calls for humanizing and empowering communities of people who use drugs. It is a call to revisit the existing frameworks and enable people's leadership. It is a structured approach to devise health and harm reduction for all based solutions and shift from the knee jerk reaction of banning and using punitive measures by state institutions to control a problem. The pedagogy, hence, aims to revisit ideas on the following from the outsider community perspective.

- Right to life, ensuring dignity and human rights and access to community friendly care and harm reduction services.
- Role of the society in adopting a health, rights and harm reduction based approach
- Information and awareness dissemination modalities for normalizing the need for "community care"
- Minimum standards of services and care

In this process, non-traditional and unconventional stakeholders such as Faith based organizations and spiritual institutions who have often not been able to find significant place in the plethora of literature on drug use are seen as the locus of influence. The manual is seen rather as a beginning to highlighting synergies among the faith leaders and institutions by bringing them together as harm reduction champions to leverage their sphere of influence, highlight their strengths, effectiveness and ensure sustainability of faith-led harm reduction. It is not an exhaustive list of institutions or a complete spiritual guide but a comprehensive framework to highlight the significant yet unnoticed changes that they have been bringing on ground for a long time now in many parts of the world.

Research Questions:

The main question the toolkit hopes to address is what is the role of faith based organizations in the schema of drug prevention, treatment and care? The sub questions that have also been addressed are what are the religious or spiritual understanding about drug use and people who use drugs? What are the on-going or future programs that faith based organizations hope to undertake to counter the issue of drug use? Some other questions that will be touched upon are what is the minimum standard of care and the right kind of messaging that FBO's should use to prevent acceleration of the issue of drug use?

Participatory Methodology:

At the end of each chapter the manual also provides some guidance on activities and facilitation of processes with religious, community or organizational groups related to the content of the manual. It is important that we ensure active participation of our stakeholders so that they not only receive correct information, but are also able to surface biases, dialogue and make new discoveries. Please customize these activities and include others as necessary to build your own participatory process to engage stakeholders.

Safe Space Guideline and Expectation Mapping:

Empirically & experientially there has been a rapid decrease & degradation of natural, social, economic & political richness around the world especially in South Asia. Additionally, the wave of divisive politics and religious fundamentalism is increasingly tearing down the social fabric of the nations. Hate speech & misinformation are constantly fuelling fear, anxiety, communalism and prejudice in the idea of unity in diversity. There are also the existing social hierarchies, which may exclude or make certain participants feel less included due to inequalities of power in terms of gender, age, caste, education background, social roles, etc while others may dominate a dialogue.

Hence, it is recommended to develop safe space agreements amongst the participants at the beginning of any process to ensure that a safe, empathetic and meaningful conversation can be held.

Things Required: Chart Paper, Sketch pen, Tape

Time: 15 minutes

Activity: The agreement should be developed with the help of participants to ensure that the space enables them to share and listen.

Questions for the facilitator to ask the participants:

What would help you to share in the group? What enables you to feel safe and heard? How can your participants express support towards you?

The facilitator can also do an expectation mapping exercise prior to or following the safe space guidelines wherein all the participants on a separate sticky note pen down all that they are hoping to learn from the session. Then these can be discussed and clarified as to what can be achieved or not achieved in the programme and if there are any alternatives available.

The facilitator shall paste these guidelines in the center of the hall for constant reference.

Some of the points that should be covered are: appreciative listening, confidentiality, joining the session on time, phone on silent, giving all a chance to share, raising hands to express opinions, empathy, agreeing to disagree.

Expectation mapping helps evaluate the session in the end. The facilitator can choose to respond to questions that could not get addressed during the sessions.

MODULE I

Faith and Community Partnerships for an Augmented Health and Human Rights Based Response to Drug Use

OBJECTIVE OF THE SESSION:

The introductory module looks at understanding and revisiting the infamous ‘drug problem’. While it seeks to not just look at the important data reports produced by global and national institutions, it also most importantly, analyses the core problems and the gap areas that should be addressed from the perspective of the ‘people who use drug community’; the marginalized and infringed. Being an introductory module, it hopes to first understand the existing notions, ideas and perspectives of the participants as the starting point and then to build consensus and pathways for strengthening resources for harm reduction and inter-sectional justice movements.

TIME: 90 minutes

MATERIALS REQUIRED: A chart paper should be pasted on the wall, in which the facilitator can note down participants’ responses. Each participant gets three separate color craft sheets, each identified as a response to the questions.

ACTIVITY: THE LESS TRAVELED ROAD

The facilitator should ask 5 to 7 statements based on the facilitator’s notes to gauge the participants’ understanding of drug use. The statements can be broad and open to enable participants to share their opinions. The participants may answer by lifting one of the craft sheets that identifies in agreement, disagreement, or as a neutral response to the statement. The facilitator should write down the responses to each statement so that subsequent sessions can address the participants’ understanding.
Some examples of statements can be

- Drug use is dangerous for society.
- Different people consume drugs for different reasons.
- All People using drugs are receiving sufficient help.
- People who use different substances need the same help.
- The community of people who use drugs should be involved in the process of decision making.

AGREEMENTS: The facilitator should ensure that most participants can equitably share their views and, most importantly, be heard. The facilitator can also refer to safe space guidelines of listening and non-biased sharing if needed.

DISCUSSION POINTS:

- To enable the participants to share their views and understanding of issues on drug use, patterns of drug use, community perspectives of people who use drugs, and the role of faith leaders.
- To enable participants to share, think, and reflect on their understanding.
- To help participants identify the problem, collate it at the beginning of the session, and revisit them by the end of the training.

FACILITATOR NOTES:

Understanding Drug Use and People Who Use Drugs

The Background – Global, Regional, and National Overview

Improved research and more precise data from countries like India and Nigeria (both amongst the 10 most populous countries in the world) in the World Drug Report (2019) and the study titled "Magnitude of Substance Use in India" commissioned by the Ministry of Social Justice and Empowerment – February 2019 highlight and indicate an enormous increase in opioid users and those with drug use disorders than previously estimated as their common major findings.

The World Drug Report revealed a 30% increase with regards to the consumption of narcotics and psychotropic drugs with some 35 million people worldwide suffering from drug disorders.[1] Both also underscore the need for broader international cooperation to advance balanced and integrated health and criminal justice responses to supply and demand.

PREVALENCE OF ILLICIT DRUG USE: COMPARISON OF GLOBAL, ASIAN[a] AND NATIONAL (INDIA) ESTIMATES (IN %)

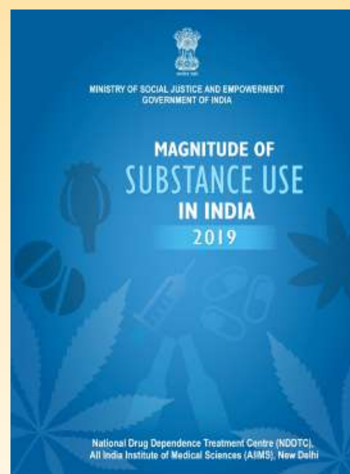
Drug Category	World (15-64 years)	Asia (15-64 years)	India (10-75 years)
Cannabis[a]	3.9	1.9	1.2
Opioids	0.70	0.46	2.06
Cocaine	0.37	0.03	0.11
ATS	0.70	0.59	0.18

Magnitude of Substance Use in India, Ministry of Social Justice and Empowerment, Government of India. 2019

The survey in India on its part also offers great insights into drug use patterns especially considering the vast demographics for the region i.e., Asia and the sub-region South Asia. Since the previous global estimates as per the concurrent World Drug Reports published fell 4.5 million people short in their estimates; the survey conducted in both India and Nigeria have contributed to more accurate figures of drug use globally. Likewise; for Asia where India alone accounts for 30% population.

Analyzing the Problem

The study "Magnitude of Substance Use in India" commissioned by the Ministry of Social Justice and Empowerment deployed a combination of two data collection approaches. A Household Survey (HHS) was conducted among the representatives, general population (10-75 years old) of all the 36 states and Union Territories (UTs).[2]



Magnitude of Substance Use in India, Ministry of Social Justice and Empowerment, Government of India. 2019.

This was aimed primarily at studying the use of common, legal substances (like Alcohol and Cannabis). At the national level, a total of 200,111 households were visited in 186 districts, and a total of 473,569 individuals were interviewed, by drawing a representative sample of primary enumeration units and respondents. Further, a Respondent Driven Sampling (RDS) survey along with multiplier approach, was conducted in 123 districts among 70,293 people suffering from dependence on illicit drugs. This was aimed primarily at estimating the prevalence of dependence on the illicit drug (since the HHS tends to underestimate

illicit drug use). Substance categories studied were: Alcohol, Cannabis (Bhang and Ganja/ Charas), Opioids (Opium, Heroin and Pharmaceutical Opioids), Cocaine, Amphetamine Type Stimulants (ATS), Sedatives, Inhalants and Hallucinogens.[3]

Major findings of the survey at the national level as well as at the state level found that at the national level, about 14.6% (among 10-75 year old) were users of alcohol, that is about 16 crore people. The prevalence is 17 times higher among men than women. Among people consuming alcohol, country liquor ('desi', about 30%) and spirits (IMFL – Indian Made Foreign Liquor, about 30%) are the predominantly consumed beverages.
About 5.2% (more than 5.7 crore people) are estimated to be affected by harmful or dependent alcohol use. In other words, every third alcohol user in India needs help for alcohol-related problems.

About 2.8% (3.1 crore individuals) report having used any cannabis product within the past 12 months (Bhang – 2% or 2.2 crore people; Ganja/Charas – 1.2% or 1.3 crore people). About 0.66% (or approximately 72 lakh individuals) need help for their cannabis use problems. Though bhang use is more common than ganja/charas, the prevalence of harmful/dependent use is proportionately higher for ganja/charas users. At the national level, the most common opioid used is Heroin, (current use 1.14%) followed by Pharmaceutical opioids (current use 0.96%) and then Opium (current use 0.52%). Prevalence of current use of opioids overall is 2.06%, and about 0.55% of Indians are estimated to need help for their opioid use problems (harmful use and dependence). More people are dependent upon Heroin than Opium and Pharmaceutical Opioids. Of the total estimated approximately 60 lakh people with opioid use

disorders (harmful or dependent pattern) in the country, more than half are contributed by just a few states: Uttar Pradesh, Punjab, Haryana, Delhi, Maharashtra, Rajasthan, Andhra Pradesh and Gujarat.

SUBSTANCE USE IN INDIA IN 2018 (10-75 YEARS)

Substances	Prevalence of current use (in %)	Estimated number of users (in lakhs)	Prevalence of Quantum of work (in %)	Estimated number (in lakhs)
Cannabis: Any form	2.83	310	0.66	72
Cannabis: Bhang	2.02	221	0.36	40
Cannabis: Ganja/Charas	1.21	133	0.45	50
Opioid: Any form	2.06	226	0.55	60
Opioid: Opium	0.52	57	0.10	11
Opioid: Heroin	1.14	125	0.57	63
Opioid: Pharmaceutical	0.96	105	0.23	25
Sedatives	1.08	119	0.11	11
Cocaine	0.10	11	0.02	32
Amphetamine type stimulants	0.18	19	0.02	7
Inhalants	0.70	77	0.21	22
Hallucinogens	0.12	13	0.03	34

Magnitude of Substance Use in India, Ministry of Social Justice and Empowerment, Government of India. 2019.

About 1.08% of 10-75-year-olds (approximately 1.18 crore people) are current users of sedatives (non-medical, non-prescription use). Inhalants are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17%) than adults (0.58%). On the other hand, Cocaine (0.10%) Amphetamine Type Stimulants (0.18%) and Hallucinogens (0.12%) are the categories with the lowest prevalence of current use but easily qualify as an emerging trend in key urban pockets and border areas close to the source.

Nationally, it is estimated that there are about 8.5 lakh people who inject drugs (PWID). High numbers of PWID are estimated in Uttar Pradesh, Punjab, Delhi, Andhra Pradesh, Telangana, Haryana, Karnataka, Maharashtra, Manipur and Nagaland. Opioid group of drugs are predominantly injected by PWID (heroin – 46% and pharmaceutical opioids – 46%). A substantial proportion of PWID report risky injecting practices and are at increased risk of HIV, viral hepatitis and opioid overdose.

Revisiting Responses and Addressing the Problem.

Community Led Responses for People Who Use Drugs

Actions and strategies that seek to improve the health and human rights of their constituencies (i.e., people who use drugs) are generally called community-led responses. They are specifically informed and implemented by and for communities themselves and the organizations, groups, and networks that represent them. Community-led responses are determined by and respond to the needs and aspirations of their constituents.

Community led responses include advocacy, campaigning and holding decision makers to account; monitoring of policies, practices, and service delivery; participatory research; education and information sharing; service delivery; capacity building, and funding of community-led organizations, groups, and networks. Community-led responses can take place at global, regional, national, subnational, and grassroots levels, and can be implemented virtually or in person.[4]

Not all responses that take place in communities are community-led. Many services for people who use drugs are best delivered in community-based settings and by civil society organizations, especially by peer led organizations of people who inject drugs i.e., in the context of HIV, HCV and overdose prevention. The goal of community systems strengthening is to develop the roles of key communities (such as people who use drugs) in the design, delivery, monitoring and evaluation of services and activities.[5]

Therefore, responding to the harms associated with drug use and the illicit drug trade as one of the greatest social policy challenges of our time having human rights implications, it is important to prioritize and relook at responses that are by and for the community. This also entails creating response mechanisms that take into account the changing world scenarios such as the pandemic, new infections in new key population groups like women who use drugs, punitive measures that incarcerate and impinge on the rights of people who use drugs, new stakeholders for advocating change such as faith based communities and lastly addressing social change barriers such as stigma and discrimination that impede access to better health care.

Community at the "Core" of the Response is Key

Access to Human Rights Based Prevention, Treatment and Care Services

The drug issue cuts across the 2030 Agenda for Sustainable Development and multiple Sustainable Development Goals, including ending poverty, reducing inequalities, and, of course, improving health, with its targets on drug use, HIV, and other communicable diseases.[6]

In general, access to prevention, treatment and care services for people who use drugs is grossly inadequate as per the findings of the "Magnitude of Substance Use in India" study. Just about 1 in 38 people with alcohol dependence report getting any treatment. Only about one in 180 people with alcohol dependence report getting in-patient treatment/hospitalization for help with alcohol problems. Among people suffering from dependence on illicit drugs, one amongst 20 people has ever received inpatient treatment/hospitalization for help with drug problems. The gap may be wider for other drugs (i.e., narcotics and psychotropic drugs) since they attract criminal sanctions. Additionally, capacities to ensure community sensitive health services (includes pharmacological options for management of withdrawals and craving) are very limited in the country. Customized need-based services rooted in science are the need of the hour, especially for the subgroups of women, young people, incarcerated populations and the LGBTTQ populations using drugs.

The 2016 Conference on HIV Prevention, Treatment and Care in Prison Settings: Public Health and Human Rights Approach

Further, according to the latest UNAIDS Report[7], people who inject drugs account for 10% of all new HIV-infections worldwide. This crisis is a political crisis, driven by a global war on drugs, which prioritizes punitive policies over health- and human rights-based approaches. Harm reduction is probably the best evidenced prevention strategy ever for HIV, HCV, TB and other co-morbidities linked with drug use. But as long as people who use drugs are unaccepted and neglected in the prevention, treatment and care response, harm reduction services will be underfunded, will not reach scale and will not have sufficient impact on the global epidemics concentrated amongst people who use drugs i.e., HIV, HCV etc.

The aforementioned issues, when viewed through the lens of socio-cultural, political and economic background further pose challenges for people from the community. The myriad layers of identity including gender and religious identities, topographical challenges, economic status, health and mental health condition, level of education and awareness, availability of alternative modalities for change such as medical set-ups, social change behaviors and attitudes further effect and impact the level of accessibility to health care services and existing service delivery models. The vicious cycle of other-ing and dividing the society on several moralistic and ethical judgments and hearsay further feeds into the discrimination and stigma of those dependent on any substance. Thereby, leading to a complete breakdown or deference of any support system that might look at reducing harm associated with drug use. It is within this larger context that one needs to view solution building and developing tools that bring communities at the heart of decision making. It is them that have to be brought center stage to build their own capacities for the larger good but also those that can facilitate this change. One such group of unconventional stakeholders within this schema of things are the religious/ faith based communities, networks, organizations and individuals that can, not just, impact behavioral change but also be instrumental in providing prevention, treatment and care services to those in need, thereby, reducing harm physically, mentally, psychologically and emotionally to the one suffering with the problems of drug use.

Community and Faith Partnerships

Faith leaders and faith based organizations (FBO) are amongst the largest civil institutions in the world, claiming the allegiance of billions of believers and bridging the divides of race, class and nationality. FBOs are at the forefront making significant contributions towards the global development goals i.e., SDGs and in achieving elimination targets for killer disease. More than any other civil society representatives, religious leaders have the experience of establishing and working with international partnerships ranging from the United Nations to grassroots communities of people who use drugs, people living with AIDS, TB and other communicable diseases. Their expertise can greatly benefit the global efforts towards removing access for health and harm reduction services by people who use drugs and are at risk of HIV, HCV and other communicable diseases.

Faith leaders are often the most respected figures in their communities and are well placed to shape social values including especially those that support the rights and wellbeing of people who use drugs. Both marginalized community members and political leaders listen to religious leaders in the same vein and they have the power to raise awareness and influence attitudes, behaviors and practices.

Faith leaders have also demonstrated proven ability to promote and support public policy and convene stakeholders on critical agendas linked with the health, human rights and well-being of marginalized communities. Under the on going #Faith4HarmReduction[8] initiative, interfaith leaders have come forward to lead the cause of people who use drugs as “Faith Champions”. This manual is a testimony of the influencing power, leadership and commitment of interfaith leaders. It is under their guidance that Alliance India and URI are working towards fostering a diverse partnership of game changers from the community, government, United Nations to build pathways for faith and community led harm reduction response.[9]

Way Forward:

With the onset of the first training of the second line leadership of interfaith constituents using this manual, the strategy is to train as many second line leadership of interfaith constituents

in India, Asia and subsequently, globally. The process and design will entail improvising the manual through periodic review and feedback from the faith leaders and users (trainers, facilitators etc.) of the manual. Alliance India and URI will also explore ways to accelerate the implementation of this flagship capacity building initiative by collaborating with United Nations and other development partners by developing an eLearning platform customized for local use at the subnational level to begin with 2-3 major languages.

Finally, it is envisioned that the process will enable the co-creation of a faith community and relationship building in partnership with people who use drugs and other harm reduction community leaders. It is also expected that through the hosting of events and a growing national network of #Faith4HarmReduction champions who provide peer to peer support, information sharing, and spiritual care for the harm reduction movement, #Faith4HarmReduction will strengthen resources for harm reduction and intersectional justice movements.

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6. WHO, UNDP, UNAIDS and International Centre on Human Rights and Drug Policy. 2019. ‘International Guidelines on Human Rights and Drug Policy’. WHO. March.

7. UNAIDS. 2020. Seizing The Moment: Tackling entrenched inequalities to end epidemics, Global AIDS Update 2020, p. 18

8. United Religions Initiative. 2020. ‘#Faith4HarmReduction – Commemorating the Global Day of Action and the Support Don’t Punish Campaign in Times of COVID-19.’ URI, 26 June.

9. Alliance India. 2020. ‘Launching the #Faith4HarmReduction PSA– Commemorating the Global Day of Action and the Support Don’t Punish Campaign in Times of COVID-19 - India HIV/AIDS Alliance.’ India HIV/AIDS Alliance. Alliance India, 26 June.

MODULE II

Science Meets Religion: The Correlation Between Religion and Drug Use

OBJECTIVE OF THE SESSION:

To understand what empirical and scientific research has to say about how religious beliefs and practices can (a) help prevent drug dependence and (b) aid in the long-term recovery from drug dependence.

ACTIVITY:

Use video, data cards and activities (see below) to demonstrate the ways religious beliefs and practices relate to prevention of and recovery from drug dependence, as shown by scientific literature.

TIME: 90 minutes

MATERIALS REQUIRED: Pens and paper.

SUBSTANCE USE AND SUBSTANCE USE DISORDERS

Discussion points for the PowerPoint Presentation:

1. Is having faith and praying enough or are medical interventions needed?
2. According to research, how do religious beliefs and practices help in preventing drug use?
3. According to research, how do religious beliefs and practices help in the long-term recovery from drug dependence?
4. What are the "12 Steps" and why do they work across religious and belief traditions?
5. What are the practical strategies that grass roots faith communities can follow to address drug dependence?

Slide 10 of 12

FACILITATOR NOTES:

Extensive empirical research on drug use shows that the efficacy of faith includes the behaviours people engage in or don't because of their faith, and the support people find in belonging to faith communities and people's religious and spiritual beliefs themselves.[1]

- Medical & psychological intervention is life-saving and necessary with or without religion.
- Religion can be significantly beneficial in long-term recovery.
- Religion can be considerably helpful in prevention and mass awareness.
- The religious communities are uniquely effective in mobilizing crisis response.
- Religious communities offer ongoing emotional and social support.

There is substantial empirical and scientific evidence that religious beliefs and practices contribute to preventing people from using drugs and helping them recover from dependence. This activity will introduce and detail out a typology of religion-based drug dependence treatment facilities, recovery programs, and support groups.

Given that more than 84% of scientific studies show that religion is a decisive factor in drug use prevention or recovery, it is right to conclude that the value of religion-oriented approaches to drug use prevention and recovery is indisputable. By extension, it is also right to conclude that the high level of religious affiliation in India is an asset in preventing health and social consequences of drug use.

1. Is having faith and praying enough, or are medical and community-led interventions needed?

Life-saving medicines and psychological interventions are essential components of rescue and recovery. In the beginning, it is imperative to point out that the contribution of religious beliefs and practices is primarily for prevention and long-term recovery from alcohol and drug use. Treatment for drug use disorders usually requires medication-assisted treatment (MAT).

This is especially true when someone has overdosed and immediate medical attention is needed. It is also essential to have medical assistance to cope with withdrawal symptoms, which puts the drug user's life in danger if not managed professionally. Medication can make it easier for recovering drug users to stay sober. Many people who are trying to give up drugs

or alcohol, may relapse because they can't cope with withdrawal symptoms. For instance, medications for opiate and heroin treatment ease cravings and withdrawal symptoms.

Medical conditions resulting from or associated with drug use, such as neuropathy, also require specialized medical treatment. Additionally, there are also drug use related psychological conditions which need to be addressed by medication. Indeed, many individuals who develop drug use disorders are also diagnosed with mental disorders and vice versa. Surveys have found that about half of those who experience a mental illness during their lives will also experience a drug use disorder and vice versa.

2. According to the research, how do religious beliefs and practices help in preventing drug use?

Religion and religious participation can address the many issues that lead people to Alcohol and/or drug dependency. A large body of research shows that the efficacy of religion includes not only the behaviours as instructed by faith but also people's own religious and spiritual beliefs. It also includes the feeling of belongingness that people derive from communal support.

An emphasis on the biological aspect of healing has provided us with advanced diagnostics, safe surgery, and an extended lifespan; the benefits of which have been extraordinary. However, these achievements often come at a cost and unnecessarily so. Disregarding the critical role of the inner, spiritual aspects of healing has left many societies and communities with a new set of ailments, including anxiety, mood disorders, post-traumatic stress, and all sorts of dependence behaviors. In a review of hundreds of medical studies and extensive data, the father-daughter research team of Brian Grim, Ph.D., and Melissa Grim, MTS, J.D., found out that religious beliefs, behaviors, and feelings of spiritual belongingness significantly reduce risk of drug use. Specifically, in their review of medical studies on the relationship between faith and drug dependence, 84% of all the studies concluded that religion reduced the risks of drug use, and only 1.4% found that religion contributed to drug use.

Evidence-based studies point to the substantial contribution of religious and spiritual beliefs and practices that can lead to lower levels of drug use, including reduced chances of using various drugs in the course of a lifetime. A host of studies show that faith among adolescents and young adults can strongly help in preventing dependence on drug and alcohol, even when controlling for other contributory factors (e.g., depression).

The more significant connotation is that faith leaders in India and many parts of the world are instrumental agents of change and influence. By the number of followers and the strength of the belief that people lay in them, it is evident that religious and spiritual institutions impact many lives daily. Faith-Based Organizations as guides, social custodians, care providers and servants of the society, play a significant role in the community in disseminating messages from sacred texts, acting as guides on inner healing, as harbingers of reasoning and knowledge and as moral advocates on binaries like the right and wrong, good and bad, sins and virtues. As commonly noticed, the tags and misconceptions in the society, and in many state institutions around using drugs is synonymous to sinning, making a mistake, adopting bad habits, inflicting a wound on self or even a crime that a person should take complete onus off and thereby labelling not just individuals as sinners but also families as a misfit, wrong or bad examples to the society.
This process of other-ing and labelling of people, thus, blurs the lines of characteristics between habits and individuals enormously, further impacting the way in which the problem is treated. The moralistic disapproval of the habit also transcends an individual as being immoral or unacceptable to society. Therefore, to break the cycle of dehumanising, people who use drugs also have to be faith inspired and hence, religion becomes an appropriate platform

which can help break the stigma and shame associated with drugs. As clearly indicated below, it maintains the strong line of undermining the use of drugs (including health and social harms associated with drug use) and prohibits the habit, not the individual.

Studies also show that teens even cite their peers' religious and spiritual inclinations to discourage them from taking drugs. It is important to note that being vaguely spiritual is not indicative of behavior change: spirituality needs concrete beliefs (religious or religion-like), behaviors, and belongings to change outcomes.

3. According to the research, how do religious beliefs and practices help in the long-term recovery from drug dependence?

Life saving medicines and psychological interventions are essential parts of recovery and harm reduction; however, they are not enough. Evidence shows that religious beliefs, practices, and belonging and spiritual programs inspired by faith in a Higher Being significantly contribute to recovery from drug use.

According to researchers, there are four ways in which religion has an impact, based on the interviews with drug users. First, from a moral vantage point, the drug users view drug use in religious and spiritual frameworks as a sin and that motivates them to do their best to stay away from drugs. Second, spiritual resources: drug users report that a personal relationship with God or a Higher Power is a factor in reducing their drug dependency and placing them on the road to a healthy life. Drug users with religion or spirituality heal faster. Research shows that a person's effective use of spiritual resources from religious traditions—positive religious coping (PRC)—contributes to better drug use coping mechanisms. Third, hope: many drug users report that they expected God or their Higher Power to help. And fourth, social support: participation in organized religious activities helps in reducing or stopping drug use altogether.

In addition to the productive role of spirituality and congregations, faith-based institutions are particularly useful in community mobilization and timely response to crises. Faith communities are adept at facilitating quality group interactions focused on overcoming past negative experiences, often drivers of the emotional and spiritual despair that feed mental illness and drug use.

4. What are the “12 Steps” and why do they work across religious and belief traditions?

The vast majority of state-of-the-art drug use treatment and recovery programs include the 12-step recovery assistance program that Alcoholics and Narcotics Anonymous (A.A. and N.A.) have developed and popularized. Alcoholics and Narcotics Anonymous are international fellowships of men and women who want to resolve their drinking problems. A.A.’s 12 steps encompass a group of principles, spiritual in nature, which A.A. advocates practicing as a way of life to overcome dependence on alcohol and enable the sufferer - person dependent on alcohol - to become happily and usefully whole. Many different types of drug dependence support programs have adopted and adapted the 12-step approach pioneered by A.A.

Although A.A. and N.A. are neither faith-based nor religious organizations, seven of their 12 steps explicitly mention God, a Higher Power, or spirituality. A.A. is predicated on the need for a Higher Power to help drug users become and remain sober. While this Higher Power is God for many members of the 12-step programs and fellowships, atheists and other agnostic A.A. and N.A. participants may define their Higher Power as the collective strength and support provided in their group meetings. A.A. and N.A. groups can range from those with no religious content, such as A.A. Agnostics of the San Francisco Bay Area, to those with overt religious material such as closing with the Lord’s Prayer. The only requirement for A.A. and N.A. membership is a desire to stop drinking or using drugs. All A.A. and N.A. groups are self-supporting and do not accept contributions from non-members. Most importantly, because they are locally administered, each group may have a slightly different character. While A.A. and N.A. groups are not religious organizations, they frequently meet in spaces provided by local faith congregations at a low or no cost.

The 12 steps[2] -

1. We admit that we were powerless over our addiction, that our lives had become unmanageable.
2. We come to believe that a Power higher than ourselves will restore us to health and sanity.
3. We decide to turn our will and our lives over to the care of God as we understand Him.
4. We make a searching and fearless moral inventory of ourselves.
5. We admit to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We are entirely ready to have God remove all these defects of character.
7. We humbly ask Him to remove our shortcomings.
8. We make a list of all persons we had harmed and become willing to make amends to them all.
9. We make direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continue to take personal inventory and when we are wrong we promptly admit it.
11. We seek prayer and meditation to improve our conscious contact with God as we understand Him, praying only for knowledge of His will and the power to carry that out.
12. Have a spiritual awakening due to these steps; we try to carry this message to addicts and practice these principles in all our affairs.

The 12-steps are a strategy for long-term recovery through personal accountability and the support of a caring group of people. Perhaps the strongest of the 12 steps is the last one. When people take responsibility to help others, this gives them a tremendous reason to stay sober and drug-free.

5. What are the practical strategies that grassroots faith communities can take to address the issue of drug use?

The following Practical Toolkit Can be useful for Faith Groups:

A. Host or Offer Space to Recovery Programs and Support Groups.[3]

Finding a supportive community and building strong relationships is essential to ongoing recovery. To foster improvement, faith communities, such as Gurudwara run Rehabs, Art of Living, Brahmakumaris, Mata Amritanandamayi, Bochasanwasi Akshar Purushottam Sanstha

(BAPS), Divya Jyoti Sansthan, etc. offer to host programs. These programs assist people who are dependent on drugs by making them a part of the community connecting them to others who are also on a journey of recovery from drugs. These programs can also support those receiving medication-assisted treatment (MAT) as part of their recovery.

B. Provide Educational Opportunities that Create Understanding and Encourage Compassion

Finding a supportive community is essential to recovery. However, old conventions and misunderstandings about drug use and the recovery process often stand in the way of our faith communities in providing the critical support and connections to the people who need it. Drug dependence must be understood as a treatable, chronic, medical condition,and not a personal or moral failing. Prejudice and shame should be replaced by a spirit of compassion and hope that opens doors, hearts and resources to those dependent on drugs.

C. Offer Training Programs to Build the Capacity of Communities to Respond

By referring people to proper treatment and helping them navigate through existing care systems, we can save lives. Leaders in religious and faith community organizations can be trained to (a) Make referrals to treatment, (b) respond to an emergency, and (c) provide ongoing support for the drug dependent and those in recovery.

D. Support Individuals and Families in Rebuilding Their Lives

Drug dependence can change the lives of individuals and their families dramatically due

to loss of jobs, homes, and even damaged relationships. For decades, religious and faith community organizations have been providing various kinds of "wrap-around services" that can help restore and rebuild lives and livelihoods. The aim is to connect those programs to the four dimensions that support a life in recovery:

1. Health: Overcoming or managing one's disease or symptoms.
2. Home: Having a stable and safe place to live.
3. Purpose: Conducting meaningful daily activities (e.g., job, family care-taking, and resources to participate in society, etc.)
4. Community: Having relationships and social networks that provide support, friendship, love, and hope.

E. Focus Efforts on Youth and Prevention

Children exposed to drug use, neglect, mental illness, drug-use disorders in the household — or any other Adverse Childhood Experiences (ACEs) — may experience poor health outcomes, learning problems, and are at high risk for drug-use disorders. To nurture the healthy development of future generations, we need to reduce the known risk factors, elevate protective factors — such as early intervention and the support of stable and caring relationships — and implement evidence-based programs that support families and empower youth. For example, some of them can be found with Faith Based Organizations (FBO's) like Parmarth Niketan, Shrimad Rajchandra Love and Care (SRLC) an initiative of Shrimad Rajchandra Mission Dharampur, Caritas India, etc.

E. Join Local Drug-Use Prevention Coalitions to Inform, Connect, and Strengthen Your Efforts

With several lives being lost daily, the drug dependence crisis is an "all hands on deck" epidemic. Across the world, treatment professionals, law enforcement, religious communities, service providers, drug courts, schools, recreation centres, media, businesses, policy-makers, families and youth leaders are stepping forward to help contribute their time, talents, and resources to help coordinate and serve those struggling with drug dependency.

for Developing Comprehensive
Rights Based Response to Drug Use
On the Eve of
World Mental Health Day 2018
2018
9:30 am Onwards
United Nations,
ate, New Delhi

HR Asia
The Global Fund
uri
UNITED NATIONS
India HIV/AIDS Alliance
Consultation with Faith Based Organizations
for Developing Comprehensive Health and
Rights Based Response to Drug Use
On the Eve of
World Mental Health Day 2018
9:30 am Onwards

END NOTES:

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2. 1939. Wilson, WG. 'Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism'.

3. The Center for Faith and Opportunity Initiatives, The U.S. Department of Health and Human Services. 2020. Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities. Washington, D.C.: The Federal Government of the United States of America.

MODULE III

Drug Use - Through a Scientific Lens

OBJECTIVE OF THE SESSION:

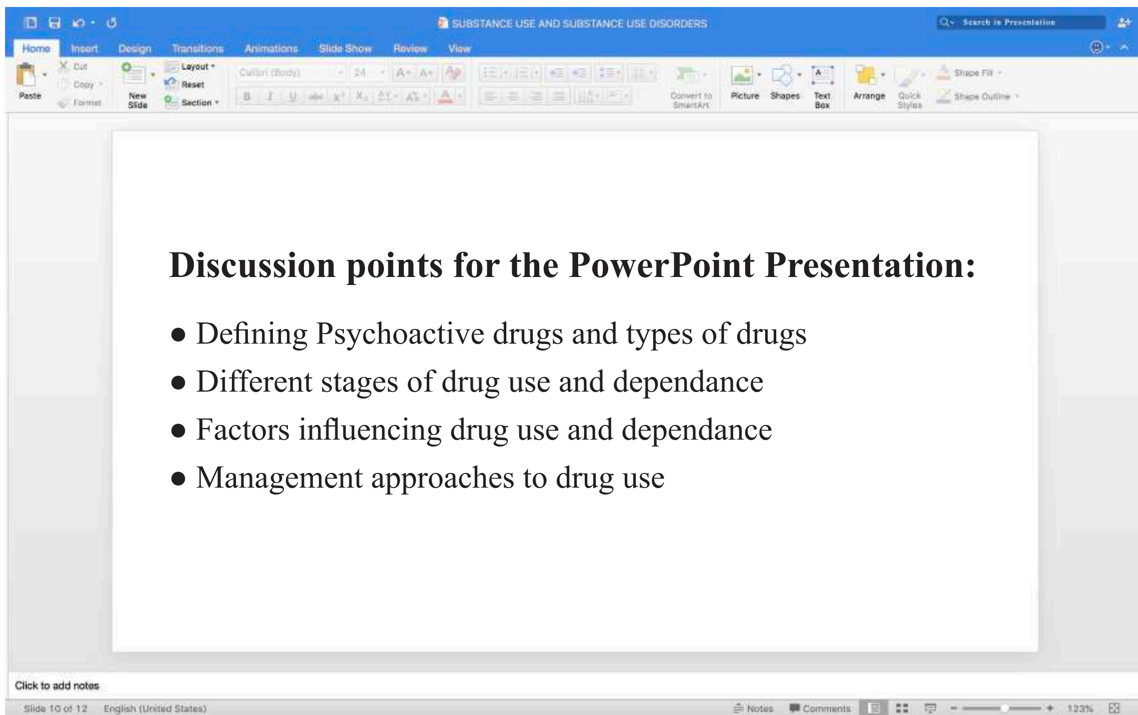
This module will discuss the basics of psychoactive substances, various stages of drug use and development of dependence, and approaches in the management of drug use disorder. The module seeks to provide a scientific and technical background on the habit of drug use and dependence, thereby situating it as a health problem and overcoming the common stigmas and taboos that drug users face. It aims to provide basic information about drug use and dependence that trainers can refer to while sensitizing faith based groups.

ACTIVITY:

Use PowerPoint presentations, data cards and activities (see below) to bridge the gap between science and religion by highlighting the intricacies of drug use, substances and its disorders.

TIME: 90 minutes

MATERIALS REQUIRED: PowerPoint, pens and paper.



FACILITATOR NOTES:

Psychoactive Substances

Any substance that produces a change in consciousness in an individual or alters the mood, thought or behavior is called a psychoactive substance. The common property of all psychoactive substances is that they produce a 'high' or euphoria in an individual. The individual gradually wants to experience this 'high' repeatedly, leading to 'drug-seeking' behavior to exclude other pleasures of life and become hooked on to these substances.

While all psychoactive substances produce 'high,' some also slow down the brain's functioning, and at times, activate some of the brain functions. Based on the broad actions created, psychoactive substances can be classified as:

- Depressants: Generally, depressants slow down the functioning of the brain. Consuming these substances makes one feel drowsy. Examples include alcohol, sedative tablets, and cannabis.
- Stimulants: Stimulants lead to activation of the brain functions. Consuming these substances makes one feel activated (stimulated). Examples include cocaine, amphetamines, tobacco, and even caffeine.
- Hallucinogens: It leads to changes in the perception. These substances produce hallucinations or changes in the understanding of time and space. Examples include LSD, magic mushrooms, and Ketamine.

However, the most commonly accepted classification system in scientific literature is based on the substance's chemical class:

- Alcohol: It is a brain depressant and there are various alcoholic beverages such as beer, wine, whiskey, rum, gin, vodka, etc. The common ingredient in these beverages is ethyl alcohol - a primary psychoactive substance.
- Cannabis: The various products include – Bhang, Ganja (Marijuana), Charas/Hashish, and Hash Oil, extracted from different parts of the plant 'Cannabis Sativa.' The use of cannabis in any form leads to drowsiness, apart from getting a 'high.' Additionally, acute consumption of cannabis leads to misperception of time (moving fast/slow), change in intensity of colors or sounds perceived, etc.
- Opioids: Substances with opium-like effects are called opioids. Opium is derived from the plant 'Papaver Somniferum.' Opioids are usually consumed orally, by inhalation, or by

injecting. Examples include:

● Opium, codeine cough syrups, and some pharmaceutical products such as tramadol are used orally,

● Heroin (or the cruder form, smack/brown sugar) is used through the inhalation route

● Some opioids, such as heroin and pharmaceutical opioids (buprenorphine, pentazocine, etc.) are injected either in the veins or the muscles.

Opioids are also brain depressants. They have been used for ages (and continue to be used) as effective pain killers, cough suppressants, diarrhea, and in other medical conditions. They also produce euphoria (high) and hence, lead to dependence. Opioids are one of the most problematic groups of illicit drugs worldwide. High consumption leads to overdose - one of the most common causes of death among individuals using illegal substances.

● Cocaine and other stimulants: Unlike the substances mentioned above, this group of substances stimulates the brain. Consumption of these substances leads to reduced sleep and increased energy. Cocaine is obtained naturally from the leaves of the coca plant, grown commonly in South America, while amphetamine is produced synthetically.

The most frequently used stimulant by humans is caffeine contained in coffee and tea preparations.

● Tobacco: The active ingredient in weed is the alkaloid nicotine. Various preparations are bidi, cigarettes, cigars where tobacco leaves are used for smoking. Tobacco is also consumed orally as chew-able tobacco, gutkha, khaini, pan masala, etc. Tobacco is one of the most addictive substances and is responsible for various health damages.

● Sedative-hypnotics: These are common medications used to induce sleep, produce calmness,

and reduce anxiety. These are sometimes misused by patients who have been prescribed for some medical or psychiatric conditions.

- Hallucinogens: These are psychoactive substances which modify sensory perception. Examples include Lysergic acid diethylamide (LSD), phencyclidine, psilocybin (magic mushrooms), Ketamine, etc. They can be taken orally, smoked, or sniffed. The use of these substances leads to alteration in the perception of time, the sensation of music and color, and on occasions, frank hallucinations. These are generally party drugs.
- Volatile solvents: Also known as inhalants, these substances are industrial products found in items of day-to-day use. These include nail polish remover, ink erasing fluids, glue, fuels such as petrol or kerosene, or adhesives used to patch rubber-tire punctures. These substances act as brain depressants; these products produce drowsiness apart from getting a 'high.' Children and adolescents commonly use these products. Though these products seem benign (as they are widely used household products), they produce long-lasting effects on several body organs.

Apart from these, various new products are being manufactured to avoid detection and legal scrutiny of international agencies.

Stages of Drug Use

Drug use begins with the voluntary act of taking drugs, usually due to curiosity or peer pressure, mainly experimentation. At this stage, individuals do not experience any negative consequences. Many do not progress from this stage, while others use it intermittently, progressing on to regular use. Regular use of drugs leads to the development of long-term negative consequences in the individual and his/her family. Over time, the individual starts experiencing damage to health in the form of physical and mental health problems, called harmful use. This harmful use may progress to drug dependence. Drug dependence is a stage when an individual is compelled to use drugs on an almost daily basis and develops craving and withdrawal symptoms in the absence of the use of the drug they may be dependent on. The dependent individual cannot focus on other aspects of his life or work and does not derive pleasure in other activities. The individual continues to use the drug despite being aware of the damage it is causing.

Factors Influencing Drug Use

Several factors influence the initiation and maintenance of drug use in an individual. Drug use usually begins in adolescence when the individual is curious and wants to experiment with new experiences. This is also the age when individuals frequently indulge in high-risk activities and are more prone to listening to their peers than their parents. Some other factors that influence experimentation with drugs include conditions such as attention deficit disorders, conduct disorders, and other psychiatric illnesses such as depression or anxiety. The presence of drug use in the family, parental separation or divorce, history of abuse in childhood makes individuals more vulnerable to the use of drugs. Finally, societal factors such as social permissiveness to drug use, the influence of peers, forced adoption of religious identity and practices and the availability of narcotics also influence an individual to use drugs. Once the individual experiments with a drug, the pleasure from the drug makes them repeat the 'experiment'. The factors mentioned above also influence repetition of the experiment. With frequent use, the individual starts to grow dependent on the drug.

Biological factors play a significant role in the dependence stage of drug use. Regular use of drugs leads to changes in the brain, leading to the development of tolerance. Cessation of drug use leads to withdrawal symptoms and craving, which results in the individual resuming their drug use. Thus, drug dependence is now understood as a brain disorder. While some people might stop after a few instances of drug use, there is a dearth of explanation on why others continue developing dependency.

Clinical Management Approaches to Drug Use

Drug dependence is now considered as a chronic relapsing illness. The illness is equated with other chronic non-communicable diseases (NCDs) such as diabetes mellitus, hypertension, or other coronary artery diseases. Drug Dependence shares many features with these NCDs in terms of multifactorial causation relapses after a period of remission, and the need for a multi-pronged approach to managing these illnesses. The focus of treatment changes in a given individual depending on the stage of recovery. In the initial stage, the focus is on relieving the individual's withdrawal symptoms and addressing the medical/psychosocial crisis. After this, the treatment focuses on treating medical comorbidities in the individual, resumption of ties with family, and preventing drug use relapse. In the long term, the focus is on enabling the individual to resume his social and occupational functioning. Preventing relapse is the focus at all stages of the treatment.

In keeping with the varied treatment focus, the treatment also includes various strategies to be adopted. This includes pharmacological, psychological, and social approaches. The traditional view was that drug dependence could be dealt with mental and social procedures; pharmacotherapy played a minimal role in managing drug use disorder. With advancements in understanding the illness and its management, the role of pharmacotherapy is as important as the psychological and social approaches.

- Pharmacotherapy: It is well known that medications are required to manage withdrawal symptoms in the initial period or treat comorbid medical conditions. However, remedies are also available to prevent relapse for some substances such as alcohol, opioids, and tobacco.

Similarly, medications are available for reducing craving for some substances such as alcohol. Stabilizing an individual on drugs also helps in engaging the individual and smooth delivery of psychological therapies.

● Psychological treatment: Various psychological therapies are available for the management of different aspects of drug dependence. These include, for example, motivation enhancement therapies to motivate the individual to quit drugs, relapse prevention therapies to ensure that the individual continues to stay off drugs, cognitive therapies to change disordered cognitions predisposing the individual to use drugs, etc. Family therapy is also used to address interpersonal and familial conflicts that result in or are a result of drug use.

● Social approaches: Various social methods have been tested to manage drug use problems. The well-known of the procedures include the 12-step facilitation or the Anonymous programs, and therapeutic community programs. These approaches have existed for the last several decades and have proven useful for managing drug use disorders. Similarly, ethical methods for those who have a religious bent of mind would also be helpful.

Of course, no single approach is beneficial for all individuals or even for an individual. A combination of different methods makes for the best possible outcomes in terms of abstinence from psychoactive substances.

Drug use is a major global public health issue. It affects not only the individual user but their immediate family and society as well. Drug use is associated with various community problems, including vehicular accidents, poverty, domestic neglect, and abuse, as well as criminality. It is also associated with multiple public health problems, including human immunodeficiency virus (HIV) infection, hepatitis, and tuberculosis. Unfortunately, drug use and, consequently, drug use disorders are multifaceted problems and require a multi-pronged approach for its management.

A two
Faith Based
Approach to

MODULE IV

Community Perspectives on Drug Use

"The veil of loneliness doesn't seem to lift and silence becomes painful. Was it depression that had pushed her to drugs or was it drugs that pulled her into depression, she does not know. Her mind has been tired for so long that she thinks no more. May be that is what the injection does, it relieves her from the painful past, deafens her from the screaming silence and takes away reminders of all that she has had to go through."

OBJECTIVE OF THE SESSION:

This module aims to bring forth the community perspective on drug users and the myriad of complexities they face not just physically but also socially. This module puts the community at centre stage and presents their voice to put forth challenges of accessibility to existing and proposed health care systems. The following points will be touched in detail:

- Impact of drug use on the overall wellbeing of the person
- Role of religion in bringing about social change
- Role of stigma and discrimination linked with drug use as a major barrier to access of health and rights based services and opportunities
- The changing prevalence and incidence of drug abuse - increased use of drugs among children and youth, sexual minority groups like transgender and women.
- Women and drug use
- Community based and customised prevention, treatment and care services for marginalised and vulnerable population with focus on women.
- "Quality of Care" - an essential component for treatment and preventive or curative services.

ACTIVITY: BROKEN TELEPHONE

Participants can experience communication modalities in the form of stereotypes and taboos that exist in society, especially those related to people who use drugs versus the lived experiences and common perceptions, challenges and barriers of the marginalised community. Participants can suggest some tools that can be used to bridge this gap after having heard some of the common narratives from the community, thereby identify and bridge the gap between religious ethics and health requirements.

TIME: 90 minutes

MATERIALS REQUIRED: Small piece of paper and pen.

A standard message for all to use.

PARTICIPATORY METHODOLOGY:

The facilitator shall pick a volunteer from any group and accompany them outside the room. The facilitator shall provide the person with a message, e.g.: 'one of the hardest things was to learn that I was worthy of recovery.' The message should be long enough and in a language different than the majority of the group uses. One can also use local/indigenous languages.

Meanwhile, the larger group inside the room can make a circle or a line with the volunteer as the starting point. The volunteer will pass a message to one of the group's persons, and the message has to be whispered to the last person in the group. By the end of the game, the previous person will speak the message first, and then the first volunteer will disclose the message.

AGREEMENTS:

The message should be spoken only once in the ear of the neighboring participant. Repetition is not allowed. Words, once said, cannot be repeated. The message has to be whispered in the ears of the participant and should not be spoken loudly. The message has to pass on quickly, without any delay in between.

POINTS TO BE COVERED:

Invite the participants to discuss the activity with questions such as the following.

I. What happened in the activity?

II. What can be learned from it?

III. How does this apply to our communication of critical messages related to addressing drug dependence?

IV. Are there any examples of taboos/stigma we see in the communication?

V. How can we prevent that?

VI. What communication strategies and methods can be used for this?

VII. How can we synergize our messages, thereby bridging the gap between religious morals and medical requirements?

FACILITATOR NOTE:

"Sukhwinder Singh saw in heroin a getaway from the physical pain of manual labour. His limbs didn't feel the soreness from the day long toil in the fields. But his savings bore the brunt of his increasing drug intake. The lockdown spelt a season of unemployment and, unable to afford the usual dose, his insides couldn't bear the pain that rose from his starving mind. Rehabilitation center had been the only solution then, for it seemed cheaper than heroin. It is a hard path but the only one that can put his life back together."

Dependence on drugs impacts the overall wellbeing of the user. The impact of drug use on a person ranges from adverse health effects, including physical health problems like liver damage and heart disease with mental illness like depression and anxiety disorders, and social and economic impact on their lives. PUD are isolated from society, reducing their chances of accessing services and opportunities to alleviate their health, social, and economic status, making them highly marginalized in society. It is crucial to work with PUD to help reduce harm, improve prospects, and increase re-integration opportunities into the broader community.

In recent decades, while religion has assumed unusual prominence in global affairs, the role of religious peacemaking garners less public attention despite its growing importance. Faith leaders can identify a spiritual need for change, which can help resist the evident material gratification as well as driving change through political policy making and social reform.[1] In India, religious leaders helped increase the uptake of polio vaccines; in Nigeria, religious leaders played a crucial role in mitigating Ebola's effects through health, education, and social support.[2] The involvement of religious leaders in health-related interventions has generally been found to improve the participation of their congregations and promote positive health outcomes.[3] A vast majority of cases show that religious and spiritual beliefs and practices lead to lower levels of drug use, including reduced likelihood of using various drugs, in the course of a lifetime.[4]

PUD are not only dying due to the consequences of their drug habits causing them to overdose, but also of HIV, and other diseases for which treatment is available. One of the main barriers to access to available treatment services for HIV, Hepatitis C, overdose, and other health-related issues, is stigma and discrimination. There is an extensive body of literature documenting the

stigma associated with alcohol and other drug problems. No physical or psychiatric condition is more associated with social disapproval and discrimination than drug dependence.[5]

Social stigma can be a barrier to a wide range of opportunities and rights. People stigmatized for their drug involvement can endure social rejection, labeling, stereotyping, and discrimination, even in the absence of any negative consequences associated with their drug use. This manifests in a variety of ways, including denial of employment or housing.[6] The belief that drug use and problematic drug use are purely a choice is a massive driver of drug-related stigma. As opposed to some stigmas, drug users are blamed for bringing their conditions "upon themselves". Blame also concerning HIV and HCV acquired through drug use.[7]

"This sudden lapse into an abyss of nothingness, it felt good but only while it lasted. His mind whirred in a world of its own but, when it had worn out, when the heroin wore out, it became unbearable. He couldn't take in more, he knew. But, he desperately craved for it all the same. At the age of 22, with the whole world to explore, all Deepak looked forward to was another sniff that could end the world for him."

In our communities, negative stereotypes and labels of drug users are always in the media. There is often a failure to recognize the complicated social condition in which drug use (in particular, problem drug use) occurs. The argument can be made that drug-related stigma is often more damaging than the actual drugs (not to diminish the harms associated with drug use). However, stigma means there is no honest dialogue about drugs, that drug users are forced to hide their use and feel ashamed for struggling with use and are often isolated and cut off from help with many instances where treatment opportunities are denied. The prevailing

stigma also leads to an increase in self-shaming. Self-stigma denotes the internalization of negative public perceptions by persons with mental illness and has been shown to decrease general self-efficacy.[8]

For example, there have been instances where the drug users do not want to accept that they use drugs or they do not want be identified as a drug user by accessing particular services. In such cases, the internalised drug-related stigma leads to fear/anticipation of mistreatment, which can keep drug users from accessing services. By reducing stigma in the society, it can be ensured that drug users can access treatment services related to their drug use as well as other related health issues. And by empowering and accepting the individuals, self -stigma can be reduced which can lead to increase in trust and confidence towards bettering one's life by accessing support from their community.

In recent times, the faith leaders and organizations have been active participants and contributors to humanitaran affairs and the development sector, from climate change to conflict resolution in war zones to public health issues like polio to sanitation, water, etc. They have been playing a proactive role as a convener to resolve conflicts, while in the drug sector in many parts of India, the faith communities are not restricting themselves to work towards awareness and reduction of stigma, but are also expanding their programs in the treatment aspect of drug use. Health service, by and large, is also viewed from a moral lens. Drug use

is, therefore, often seen as purely a choice, which is a considerable driver of drug-related stigma leading to punishment or behavioral change therapy towards abstinence. However, like other chronic diseases involving biological, physiological, and social aspects, the same is applicable for addressing the issues related to drug use as well. While it is evident that many treatments and care services address the physiological and social aspects, they still lack in addressing the biological aspect like asymptomatic management for drug dependence. In terms of treatment formats, drug users should have access to choose from when seeking treatment from institutional care settings, including outpatient services.

Drug use is a severe concern, adversely affecting the physical and socio-economic well being of the country. The stress and strain of modern-day life have rendered the individual more vulnerable to drug abuse. At the same time, it not only affects the individual involved but also the family and society at large. The range of drugs being used, and the categories of users is widening, i.e., the traditional adult male predominance among drug users has changed. There is evidence that the changing prevalence and incidences of drug abuse are showing increased use of drugs among children and youth, sexual minority groups like transgender and women .

Many drug use interventions are male-oriented, so some treatment interventions may not be as effective for women as men.[9,10] The following section will shed more light on the plight of women drug users as a special key population that requires special focus in addition to other growing verticals and community groups like children , adolescents, transgender etc.

Women and Drug Use:

"Integrated Rehabilitation Centre for Addicts stands in the serene village of Torbung. Sitting in silence, Akon's mind has a million thoughts racing. The peace outside isn't reflected within her as the retrospection takes place. Her husband, the one who should have held her hand through thick and thin but, the one who had pushed her into the world of drugs…her six children and their smiles…she misses them and she wonders if they miss her. But, to truly part with drugs that have helped her escape reality, has never been easy. And 'will she say the final good bye' is a question only she can answer."

Globally, about 35 million people are estimated to suffer from drug use disorders and require treatment services, according to the latest World Drug Report 2019, by the United Nations

Office on Drugs and Crime (UNODC). It is also estimated that, globally, 15.6 million people inject drugs, of whom 20% or 3.2 million are women. Women makeup one-third of drug users globally and account for one-fifth of PWID's[11] global estimated number. Moreover, recent surveys suggested that the proportion of women who use drugs, in general, is growing.[12] However, in India, a recent study "Magnitude of Substance Use in India" commissioned by the Ministry of Social Justice and Empowerment, via The National Drug Dependence Treatment Centre and All India Institute of Medical Sciences, estimated that there are about 23 million people who use opioids in India. 7.7 million reported problematic use and 2.8 million who are dependent with the proportion of women using opioids is 0.2% while 14.6% are on alcohol use with a percentage of women at 1.6%.

The survey also indicates a total of 850,000 people injecting drugs.[13] Most are concentrated in the North-eastern part of the country, particularly in the states of Mizoram, Nagaland, Arunachal Pradesh, Sikkim, and Manipur, as well as Punjab, Haryana, and Delhi. Gender dis-aggregated estimates are not reported, but presuming that 5-15% of the estimated number of PUD are female[14], we can deduce that approximately 42,500 – 127,500 women use drugs (WUD) in India.

While WUD typically begin using substances later than men, once they have initiated drug use, women tend to increase their rate of consumption of alcohol, cannabis, cocaine, and opioids more rapidly than men. Additionally, women are more likely to associate their drug use with an intimate partner, while men are more likely to use drugs with male friends. WUD are more vulnerable and confronted with various other issues such as violence, exploitation, and dual stigma owing to the very nature of their status and role in society.
In particular, WUDs have been subject to gender-specific stigma, discrimination, and social exclusion.[15] Intersection of endemic and widespread gender inequality and discrimination against women, in general, exacerbates the harms and fundamental rights violations as human beings. Besides being more heavily stigmatized, they are frequently ignored, invisible, and sidelined in the formation of policy and approaches to drug treatment service providers. Systemic discrimination towards women feeds directly into the greater vulnerability of women who use drugs to numerous harms.

Several reasons are contributing to this elevated risk of drug use among women. Many of the vulnerabilities experienced by WUD illicitly are a compound of those experienced by

women in general and those faced by all people who use illegal drugs. Culturally embedded power imbalances that exist between men and women around the world often leave women exposed to increased stigma, abuse, violence, and coercion. These discriminatory views are compounded by sex and gender specific barriers to accessing services. Drug prevention and treatment service provision are frequently tailored primarily for men who use drugs and do not take the needs of women into account. In addition to having poor access to drug treatment services, they also have relatively limited access to a standard set of sexual and reproductive health services and to select programs aimed at preventing health issues associated with drug dependence. The programs often do not have appropriately trained staff, including women with a history of drug use.

"*The twinkle of innocence no longer shines in their reddened eyes, for Seemapuri's children live on drugs that drain them of childhood. With no classrooms to welcome them and no books to pour their minds onto, the awaited future is being wasted. Here, 10 year olds find "elation" in ganja, "elation" they can't find in rags and tea trays, "elation" that strips them of struggles very much a part of their grim lives.*"

Services such as child care and interventions for women who are sex workers and who have experienced violence may not exist. Stigma and discrimination – and the gender-based and drug-user phobic violence and sexual violence that they drive – serve to increase the vulnerability of women who use drugs to health issues like blood-borne infections, as well as sexually transmitted infections.[16] Additionally, it is observed that compared to their male counterparts, women who inject drugs experience significantly higher mortality rates.[17] In cases where a woman who uses drugs is also a sex worker, gender power dynamics become even more unequal. Furthermore, women who use drugs and engage in sex work may also be routinely exposed to structural forms of gender-based violence from clients, pimps, drug dealers, and police officers contributing further to their adverse health issues.[18]

As mentioned above, violence perpetrated against women who use drugs is another crucial aspect of increasing their vulnerabilities and is fed by massive gender inequalities and widely held discriminatory and sexist views about women. Violence against women acts as a significant barrier to access adequate services and support. Women experience violence and marginalization from within their communities and families and experience high rates of intimate partner violence. Such violence, notably, domestic violence and intimate partner

violence, increases vulnerability to an increase in health-related issues and serves as a barrier to accessing service and health-care provisions.

"A sex worker, as circumstances would make of her, she found in "World is yours" a world of her own. This world lacked the shaming she was usually subjected to and the continuous disrespect that broke her. This was a world free of unfair treatment, a world that didn't call her names she didn't enjoy. She knows of the effects once the drug wears off, but she can't help but fall into this world which offers her an alternate present without judgements."

They additionally experience harassment and violence, including sexual abuse, perpetrated by the police, and state fueled by punitive policies. The criminalization of drug use heavily influences the accessibility of health and drug treatment services. Women sex workers, who use drugs are further stigmatized due to the negative impact of sex work, which is hailed as illegal form of work. In such contexts, they are even more restricted in their access. Laws and policies that impact women include those indicating drug use as criteria for loss of child custody, or in some cases, forced or coerced sterilization or abortion.

Pregnant drug users also face significant barriers while accessing required health services. The criminalization, along with the existing stigma and discrimination associated with drug use during pregnancy results in many women keeping their drug use concealed, preventing them from accessing treatment programs. Furthermore, in some regions, health care providers are inadequately educated about the effects of drug use in pregnancy, which may lead them to deny services or provide care that increases harm to the mother and child. Inadequate access to information, lack of education, and counseling can mean that women who use opiates or cocaine, are unaware of the possibility of becoming pregnant (impact on the menstrual cycle), and can cause delays to access prenatal care where pregnancy occurs resulting in several pregnancy complications, such as neonatal abstinence syndrome, low birth weight, and premature birth.

Women who use drugs often report a lack of knowledge around accessing drug treatment, health, and sexual and reproductive health services and commodities. This should be no surprise as, in many parts of the world, such services are either not present or are poorly developed. Moreover, when such services are available, women who use drugs face a range of barriers to accessing them, including cost, stigma, and lack of confidentiality. Keeping in line with the above, it has been agreed internationally that women-specific health and drug

treatment interventions need to have a holistic approach, which includes and addresses issues beyond drug prevention, treatment, and care services. These additional services need to include interventions on safety and security, legal and social support for women, and provision for services for children and should highlight the need for an effective - customized gendered approach to address the problems of women who use drugs.

Therefore, there is a significant need to increase prevention activities with the focus on raising awareness and educating and supporting women who use drugs and communities to prevent the use and misuse of drugs and drug use disorders.

"They had assured a new life, the rehabilitation centers. But chained to the bed and treated like a beast, the scarred souls weren't healed. They were tortured and it hurt more than the tortures they had put themselves into for so long. Their lives had been marred enough and a second chance was what they sought. But the human beings were treated unlike, and death was what mocked them in a place that had assured a new life."

Research shows that the most effective way to help and support people who use drugs is to intervene early before a person becomes a dependent drug user. The services to increase awareness on drug use and related problems, early detection and counseling can range from being school-based programs, primary health clinics to prevention programs being implemented in the community setting with the goals to reduce the drug use harms, to reduce risk behaviors, to improve health and social function, and to prevent progression to a disorder and subsequent

need for specialty drug use disorder services. Awareness and prevention programs also play an essential role in facilitating patient initiation and engagement in treatment when needed. Customized early intervention services for women may be considered the bridge between prevention and treatment services.

Individuals dependent on drug use, where care, and treatment intervention are required and essential to managing their condition, recover and lead happy, productive, and fulfiling lives. Treatment services need to reach women either by being provided at their homes, schools, and workplaces or by encouraging them to visit drug treatment and health facilities. It is also seen that programs based in communities can reduce the costs and barriers that impede people's access to services. At the same time, general primary care can be an interface between community health programs and individual clinical care. Treatment and care programs also need to offer long-term approaches as recovery from drug dependence can be a long-term process and, as with other chronic illnesses, often needs many treatment episodes.

"He had a family that wanted him back the way they remembered him. He had begun believing in his complete control over what he consumed. But soon he turned into the eventual slave. Goubiathung Paite died a death drowned in drugs, a death caused in a rehabilitation center that had promised a come-back. He left behind a family and a life he could have lived."

Treatment services are most active and attractive to patients when they are readily available, voluntary, unconditional, free of any legal consequences, address all the individual needs and are diversified, since no single treatment is right for all individuals. Besides, the availability and accessibility of drug treatment services, the "quality of care" provided is an essential component for preventive and treatment or curative services, both community-based and facility-based services. It is for individuals and the population, with Quality of Care described as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."[19] Not providing quality services at the right place and at the right time increases the economic

burden on a family and leads to wastage of time and human resources. The poor-quality care[20] disproportionately affects the vulnerable population of society due to health costs during illness and the long-term disability, impairment, and lost productivity caused by the inadequate health care. There are many cases where inadequate health care has led to the death of the patients. Moreover, if people are not treated with proper dignity and respect by providers, people will avoid future treatment with such providers, resulting in loss of trust on intervention, even if it is safe, effective and widely available.[21] Poor quality of health care leads to significant economic impact, not only for the individual but also for health systems and community.

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SUGGESTED ENERGISER

Time: 5 minutes

Round 1: The participants have to follow the facilitator's instructions and do the following activity: Sit, stand, clap, snap, turn around, and thump their feet. Repeat this in no particular order twice to get the participants in the flow.

Round 2: The participants have to do the opposite of the facilitator's instructions. For example, the facilitator can say sit, but participants have to stand. Likewise, opposites to be used are sit=stand, clap= snap, turn around= thump your feet.

MODULE V

Faith and Drug Use Praxis – Reflections from Religious Scriptures

OBJECTIVE OF THE SESSION:

This module aims to bring a collection of faith inspired knowledge and scriptural quotes to equip the trainers and participants with faith based resources to counter the common stigma and taboos against people who use drugs. Building on the scientific knowledge, community experiences and communication modalities, this chapter will enable the participants to counter hate speech and discrimination with a faith inspired narrative that helps in spreading awareness at the grassroots community level.

ACTIVITY: CIRCLES OF LIFE: PLANT AND SEED

TIME: 45 minutes

MATERIALS REQUIRED: Bell or buzzer for timekeeping

PARTICIPATORY METHODOLOGY:

The activity is called circles of life. It is based on the concept that all the participants are equal in a circle. Everyone has a voice that translates into the ultimate one as there is no beginning or end in a circle while addressing a common social problem together. It also depicts that our worldviews or belief systems as individuals determine our influence on other people. Therefore, by standing in a circle, everyone is coinciding into a larger circle surpassing the individual self. The following template can be followed:
Two concentric circles with an equal number of participants need to be made in such a way that each participant in the inner circle should have one partner outside. The inner ones can be called seeds and the outer ones as plants. When the participants have got in the circles, the music is played, or a bell is rung, and sufficient time is given for participants to discuss the questions. . Over four or five rounds, the circles move so that each member should get a chance to speak to a new person in the group. The circles' movement can be decided by the facilitator as deemed necessary, each accompanied by a different question and partner, respectively. The questions to be discussed by the participants should cover all the points mentioned below. Last but not least, the facilitator can also decide if the seeds speak first or the plant. Each person representing the seed and the plant speak one at a time and listen to the other one. For instance, 5 minutes can be given to the seed first, and then a bell can be rung to switch the role.

AGREEMENTS:

Only one person from the pair should speak at a time until notified so that everyone gets to speak and, most importantly, be heard.

STEPS:

The activity mentioned above can be done by arranging the chairs in two concentric circles to acknowledge and respect aspects of hierarchy, institutions, religious identity, gender, and age. A constant reiteration of safe spaces guidelines would help the group develop trust and transparency amongst the participants.

Round 1: The outer circle moves clockwise and the inner one anti-clockwise, so the two are moving in opposite directions. The first round could have a simple question, like naming a value that you cherish most in your faith or worldview. Share insights from your faith /religion/spirituality/worldview that attracts you the most. Each round can take about 10 minutes, depending on the circumstances.

Round 2: The bell/music is played again. This time the two circles also move in opposite directions, but specific instructions like the seeds can move two to the left and plants four to the right. The second question can be a step further to enquire how a religious institution understands the concept of dependence.

Round 3: The bell/ music is played again. This time, the participants' directions can be reversed so the inner circle can move clockwise and outer one anti-clockwise. The third question could be to understand how a person dependent on drugs is understood in their religious scriptures or traditions versus the common stereotypical understanding in the society?

Round 4: The bell/ music is played again. This time the bell can be played longer so that they get very new unexpected partners. The last question could be to develop empathy and highlight the role of love and care towards those who have undertaken the path of drug dependence.

DISCUSSION POINTS:

- Different faith-based organizations have different belief systems rooted in scriptures and traditions. Yet, all of them uphold common values of Love, Service (Sewa), Care, Compassion, Inclusion and, most importantly, Care for the mind, body, and soul as an essential virtue.
- Different religions understand the concept of drug dependence/use differently, which may or may not be rooted in the stereotypical understanding of society.
- None of the religions advocate discrimination based on a person's habit or illness but indeed emphasize developing empathy towards the consumers so that they could be healed and treated.

FACILITATOR NOTES:

The word 'Faith' in the often reiterated quote ‘Faith can move mountains’, can be seen both as a verb and an adjective as it denotes the strength of a belief system in helping people overcome their challenges through tangible and intangible support available in a religious community.

Most importantly, it is a testimony of the role that faith plays in giving people hope, guidance and direction to its believers. Many individual and group practices of reading scriptures on specific days, chanting together, performing devotional dance, observing silence, attending congregational sermons, adopting particular forms of lifestyle, making dietary changes like fasting and individually performing ritual rites at home are some of the common practices that people undertake to reflect their belief system.

However, these practices are not just physical representations of a belief system, but are also symbolic acts that fulfill the yearnings for nourishment, care, love, inclusion and protection to devotees. Therefore, while religion, faith traditions and spirituality not just play a pivotal role in upholding a community together, creating an identity, giving meaning and purpose to life; it also creates a space for people to depend on, providing a support system to sail through difficult times. Therefore, faith as a healer plays a pivotal role for people vulnerable

to different situations in life, especially for people who struggle with physical and mental ailments that are difficult to cure and overcome alone like in the case of drug dependence.

While every human being has a right to life, humans are also entitled to live in a way that is responsible and righteous to sustain an individual's life, society, and the entire human existence. The disruption of this order by any means is subject to consequences that different religions perceive distinctively. However, the disruption does not deprive them from kindness, inclusion, and care under any social order. Theologically, even a drug user cannot be devoid of 'insaniyat' (humanity) and 'Sewa' (service) because of their deeds. Following lines are some of the examples to highlight the emphasis on inclusion in all faiths. They are elaborated in the the following section.

Prophet Muhammad said: *"It is a heart that fears Allah and is clean. There is no sin in it and neither aggression, nor hate, nor envy." – (#4216, **Sunan Ibn Mājah**).*

*"I am equal for everyone he says, no one is dear to me nor hateful. But those who savour me joyfully, they are in me and I am also in them." (Chapter 9, shlok 29 of the **Bhagavad Gita**).*

*"Every child is potentially the light of the world and at the same time its darkness. Training in morals and good conduct is far more important than book learning." (**Bahá'íFaith**)*

*The fifth precept of the Dhammika Sutta in the **Sutta Nipāta** states- "Suramerayamajja pamadatthana veramani sikkhapadam samadiyami (I undertake the training rule to abstain from fermented and distilled intoxicants which are the basis for heedlessness)."*

*"As the Father has loved me, so have I loved you. Now remain in my love. If you keep my commands, you will remain in my love, just as I have kept my Father's commands and remain in his love. I have told you this so that my joy may be in you and that your joy may be complete. My command is this: Love each other as I have loved you". (His command John 15, 9-12: **The Gospel of Mercy**)*

Rethinking Religious Inclusion and Service - Understanding the Role of Public Health Care in Meaningful Living

The following section is an in depth curated knowledge resource of inferences from religious scriptures that will enable participants to make a distinction between an individual and their habits thereby, emphasizing on making the society more inclusive for those who are wounded and in need of compassion. The following content brings together the essence from different faiths that highlight the importance of healing with care and extending a helping hand to those in need, challenging the barriers of stigmatization which in turn create barriers in accessing healthcare. Certainly then Religion, Religious leaders and Faith based communities as highlighted below indeed play an essential role in dealing with the problem, despite the fact that drug dependence has internal and external root causes, necessitating professional intervention and treatment to address this scourge.

Bahá'í Faith

The teachings of the Bahá'í Faith, a global religion representing a cross-section of humanity, forbid the use of alcoholic beverages, opium, and other habit-forming drugs. The Bahá'í community gives importance to the development and protection of the human mind, hence, emphasizing the prohibition of intoxicants. Anything that deadens human consciousness or

impairs a person's capacity to develop not only a "high resolve" and an "excellent character," but also "the breadth of his learning" and "his ability to solve difficult problems," all for the noblest human aim of service to the common good, is strictly forbidden.

The Kitáb-i-Aqdas [Bahá'u'lláh's Book of Law & Ordinances], explicitly enjoins "total abstinence from all alcoholic drinks, from opium, and from similar habit-forming drugs". Further, it is stated: "The drinking of wine is, ...forbidden, for it is the cause of chronic disease, weakeneth the nerves, and consumeth the mind...Verily, it hath been forbidden unto every believer, whether man or woman."

"Regarding hashish....this is the worst of all intoxicants, and its prohibition is explicitly revealed. Its use causeth the disintegration of thought and the complete torpor of the soul. Alcohol consumeth the mind and causeth man to commit acts of absurdity, but....this wicked hashish extinguisheth the mind, freezeth the spirit, petrified the soul, wasteth the body and leaveth man frustrated and lost."

However, in the Baha'i Writings, it is also clearly stated that every human being is born good and noble. Oftentimes, it is the circumstances, family background, and peer pressure that makes persons behave in ways that are not only harmful to the individual themselves but also the larger society.

"Every child is potentially the light of the world and at the same time its darkness. Training in morals and good conduct is far more important than book learning."

If a person falls prey to some harmful habit like consuming intoxicants or drugs, they are not stigmatized or looked upon as a sinner. Rather, the person is counseled and provided every help, both spiritually and medically, to come out of that tragic situation and lead a normal life. Baha'is do not subscribe to "original sin".

Buddhism

Buddhism understands addiction as a symptom of existential dissatisfaction (*Dukkha*) or absence of Sense of Purpose (*Dhamma*) in the world wherein individuals flee from the present to surrender to an existence of illusion.

Rooted in the understanding of desire, attachment, and suffering, one can conceive the self-perpetuating cycle of addiction in relation to the cycle of suffering in Buddhism. Any extreme form of attachment can be distinguished as an addiction. It is well-known that more people are prone to turning towards addictive habits when they are suffering rather than when they are enjoying sound mental health. It is the desire to run away from suffering, that through an elaborate cycle leads us right back into sorrow. Triggering event or desire that leads to craving, which then leads for us to grasp for the object and attain it, only to get a fleeting relief or happiness, tossing us right back into suffering. And so the cycle continues. Therefore, addiction is but an advanced afflictive form of the normal clinging and grasping, which unfortunately leads to real changes in the brain over time.

To be intoxicated is a bIt is notable that the key to understanding Buddhist notion of addiction is not in the prohibited action (of consuming intoxicants) itself, but in its consequence: heedlessness or mindlessness. Therefore, to be intoxicated is a breach of 'right mindfulness' and not 'right action'. Intoxication drastically reduces one's capacity to think and act clearly as well as remember correctly. Without mindfulness, all other forms of right action are thus made impossible because when one gives into triggers and indulge in a compulsive habit, the prefrontal cortex—the part of the brain that is involved in decision-making, weakens over time, leaving one with a debilitating inability to perceive situations clearly and make right decisions.

Restraint and self-control are held in high regard in Buddhism because they are the fundamental characteristics that lead to both self-growth through the purification of one's character and protection of others. Restraint in a cycle of habit would be to recognize one's triggers or craving at an earlier stage and apply control before the cycle perpetuates beyond one's control. The key to the application of restraint, however, is awareness or mindfulness itself, since, without an awareness of when the triggers arise, one cannot apply restraint. Therefore, mindfulness is both the cause of avoiding addictive habits and also the result of it. To break the cycle of addiction, external help becomes essential even though self-awareness is the focal point. Once one is aware and admits that they are addicted rather than justifying their habits or consuming to mask the pain, they are already on the path of mindfulness.

Christianity

Pope Francis, Head of Roman Catholic Church, chose addictions as the intention to pray for during April 2020, where he said, "Surely, you've heard about the drama of addiction...Supported by the "*Gospel of Mercy*" we can alleviate, care for, and heal the suffering associated with all kinds of addiction. We pray that those suffering from addiction may be properly helped and accompanied".
The Gospel of Mercy refers to Luke's Gospel and his key Teachings for Christians of all denominations. The focus of this Gospel is to show God's *Love* and *Mercy* and especially in Chapter 15, through the Parables of Mercy, in His Joy is when we are able to recover. We see God in others and respond with love. The Gospel of Matthew brings us a clear guide in its Chapter 25, 40: *"Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me."* We follow His model John 13, 15: *"I have set you an example that you should do as I have done for you."*.

As we think about addictions from the Christian perspective and reflect on affected people, especially youth, the lenses we have to use are those of love, mercy, and understanding and search concrete actions to serve, alleviate and accompany those under addictions avoiding stigmatization.

Saint Paul in his first letter to the Galatians 5, 1 explains: *"It is for freedom that Christ has set us free. Stand firm, then…".* While called to be free, freedom is a gift that we conquer with effort and in certain conditions. Churches, as well as other religious communities, can provide a safe, spiritual space to develop these conditions through listening, counseling, peer to peer and community support.

The Pontifical Council for Health Pastoral Care from the Catholic Bishops Conference in its document "Church: Drugs and Drug Addiction" issued in 2001 identifies three particular actions for a pastoral program capable of dealing with the problem of drugs: prevention, care, and suppression. A book entitled 'The Twelve Steps and the Sacraments: A Catholic Journey through Recovery' by Scott Weeman points out victims of substance abuse are often into a compulsive pattern of self-destructive behavior due to failed relationships, frustrated ambitions and temptations to despair and they will rarely manage to break their habits by themselves. The book highlights the need for understanding and love.

Religion, religious leaders, and communities indeed have an essential role in dealing with the problem, yet, addictions have internal and external root causes, necessitating professional intervention and treatment to address this scourge.

Hinduism

What is popularly known as the religion Hinduism is understood and explained by scholars and practitioners more as a way of life – Sanaatan Dharma. Dhanavantri, the Lord of Ayurveda very clearly mentioned that humans may lose their balance due to excessive consumption of Madira. It is said to increase disharmony or lower attributes (asuric tendencies) in the person. The often referred to battles between the Gods & Demons in Hinduism are to be seen as the on-going inner battles which humans face during their lifetimes. While there are descriptions of what is the highest way or the pinnacle of evolution, no life-form is devoid of the opportunity to attain it.

Tantra and Aghor systems which seem to allow people to partake of substance in a prescriptive manner actually focus on teaching how to transcend them; by accessing the darkness within them and pleading to the Mother Goddess to turn them towards the light. The prescriptions/ rituals are programmed in a manner of allocating certain days (eg. no drinking on Tuesdays & Thursdays), periods of abstinence (no consumption of undesirable substances in the month of Kaartik) in order to support people to gradually and systematically withdraw from undesirable practices while simultaneously building a repertoire of desirable qualities through devotion and surrender. On the other hand, there are also particular festivals where some form of vice is allowed so that people can have legitimate ways of playing them out and getting them out of their system.

The most important thing is that even the so-called sinners or fallen people are not expected to be full of guilt and remorse but rather cultivate an attitude & desire to better themselves. Reassurance and acceptance to this effect are offered by the Divine himself in the Bhagavadgita, chapter 9, verse 29, where the Lord is assuring how he is equally disposed to all beings.
In the next two verses of the same chapter, the divine goes on to tell how even the most vicious person who has approached him wholeheartedly must be accounted as righteous since he has made the right resolve. The individual soon becomes righteous and attains peace. At the end

of verse 31, he says to Arjuna – Know it Kaunteya that my devotee never perishes.

In chapter 4 verse 36, the Lord has offered support to even the sinners who seek divine knowledge. The Lord also specifies what the attitude of a Yogi, i.e. good person, has to be towards all people. In chapter 6 verse 9, it is stated that a Yogi has to have an even mind towards all – a benefactor, a friend, a foe, a neutral, an arbiter, a hateful, a relative, good people, and even sinners.

He emphasizes on the service of humanity by saying that the service of Human is equivalent to service of Divine. While a man can be both good and bad person, the enhancing of goodness in humans, makes Divine favorable towards him.

It is not that people are expected to stay mired in bad habits. There is a clear direction to people who are waylaid and stuck in unfavorable circumstances to improve themselves and become their best. According to the Lord in the Mahabharata, when a person is free from compulsions, obsessions, and abides in his inherent goodness, he is 'at his best'. With this understanding of Hinduism and its many tenets, it becomes each person's duty to flower to their goodness and support every other being to do the same, because to support the evolution of each being to their highest potential is true service of the Divine. This support of others' evolution is not an act of charity but part of one's own evolution to manifest the inherent divinity.

Art of Living

Guided by Sri Sri's philosophy of peace: "Unless we have a stress-free mind and a violence-free society, we cannot achieve world peace", the habit of addiction is also seen in the paradigm of body, mind and human emotions and thought processes. Human emotions and thought processes affect the functioning of the brain, endocrine system, and immune system. (The Art of Living - Science of Breath)

The institution is led by Sri Sri Ravi Shankar, a humanitarian leader, spiritual teacher and an ambassador of peace. Art of Living envisions the problem of drug addiction within the paradigm of health and harmony. Any element that disrupts inner and outer peace including addiction, stress, fatigue, negative emotions like anger, frustration, and depression can be treated through simple yet powerful health, mind, and physical techniques. Hence, the

solution is psycho-neuro-immunological or based on ‘Mind-Body Medicine’. Stigmatizing the problem or tainting it as a taboo is not encouraged in the practice of Art of Living.

Gurudev’s initiatives of consistently emphasizing the need for reinforcing human values, recognize humanity as the most supreme identity, touching the lives of millions of people around the world beyond the barriers of race, nationality, and religion. The message of “one-world family”; inner and outer peace, service to all, and belief in the innate human values makes a clear breakthrough for drug users to be seen as patients that require indiscriminate medical intervention rather than seeing them as sinners or criminals.

Brahma Kumaris

The teachings of the Brahma Kumaris are based on spiritual understanding and the knowledge given by the incorporeal Godfather Shiva, who is considered to be a point of light and the father of all souls. Ancient Rajyoga provides an understanding of health, wellbeing, and the causes and solutions of substance abuse. It understands the human body not as a physical container, but as an immortal soul and conscious energy (a point of light) that governs the mortal physical body.

It is believed that people who indulge in substance use are in dearth of one or more of the seven virtues of the soul. These virtues are peace, bliss, knowledge, power, happiness, love, and purity. As per the study of the FBO published in the International Journal of Scientific Research and the Indian Journal of Private Psychiatry, the aforementioned virtues are the key reasons for people to indulge in various forms of addictions. Hence, it is not the substance that is the matter of concern but the habit and the desire to possess these virtues leading to addiction.

Therefore, the paradigm must be shifted to health and spirituality as per the thoughts in the brahmakumari way of living. It is essential to understand and treat the illness medically rather than punitively. The RajaYogi Lifestyle devised to address the problem of addiction is a result of this health-based framework. It is taught by Brahma Kumaris across 5 continents for the past 8 decades, currently adopted by more than 12 lakh men and women of all ages and backgrounds to help people get rid of drug dependency.

Divya Jyoti Jagrati Sansthan (DJJS)

Divya Jyoti Jagrati Sansthan is a socio-spiritual organization, founded and headed by His Holiness Ashutosh Maharaj Ji. The philosophy for DJJS borrows from the Vedantic understanding of substance abuse. It stems out of the belief that addiction or dependence to any substance/action is an indicator of an innate weakness originating in the absence of knowledge about the true self.

It abides by the 'Sanatan Dharma'—Eternal Practical Religion—as its core principle. DJJS firmly upholds the philosophy of —*'Na Sham Shantirmayaa It Nasha'*— a substance that distances you from inherent peace and happiness is a 'Drug'. It understands Vedanta in a way that puts forth a fundamental logic that anything which breaks the connection between your conscience and faculties of reasoning and action is essentially a weakness. Drug or substance use is the most typical example of this narrative, as it sets loose the mind of the user to an uncontrolled, unrestrained and unguided spree — *'Tasmat Suraam Peetvaam Raudra Manaah'*, meaning, the mind of the consumer of drugs betrays and fails them, instigating impetuous conduct.

Thereby, the solution has to stem from the perspective of *'atmanam vidhi'* —knowing self or awakening of the self through *'brahmgyan'*. Gyan that helps an individual to harness the latent powers of the soul, empowering them to tackle the pressures, risks and vulnerabilities in life, skillfully and successfully. Hence, making the individual's health and wellbeing, the central focus, and not the moral eviction or banishment as the solution to the problem.

Islam

"O You who believe! Intoxicants and gambling, (dedication of) stones and (divination by) arrows are an abomination of Satan's handiwork. Avoid (such abominations) that you may prosper. Satan's plan is to sow hatred and enmity amongst you with intoxicants and gambling and to hamper you from the remembrance of Allah and from prayer. Will, you not give up?" - (Quran, 5:90-91)

In the above verse, the Muslims are commanded to not be trapped in Satan's plan - the plan to sow hatred and enmity amongst mankind through intoxicants. The Quran states that the

believers should work to reverse Satan's plan. Many verses in the Quran reflect Islam's view on intoxicants of all kinds and deepen the understanding of why drugs are forbidden in the religion. The word "Islam" comes from the Arabic root "salam" which means "peace". God is introduced in the Quran with the beautiful formula "Bismillahi Ar-Rehmani Ar-Raheem" i.e. "In the name of The God, Most Gracious, Most Merciful". The word Rehman and Raheem comes from the same root used to denote the womb of the mother, which is called Reham. Keeping these facts in mind, one can understand that Islam's root is peace and it does not encourage violence in any form.

The Prophet taught, *"Whatever intoxicates in a greater quantity is also unlawful in its smaller quantity." - (Tirmidhi, Abu Dawood, and IbnMajah).* Another hadith says, *"The Prophet prohibited every intoxicant and Mufattir (anything which excites and irritates the mind, body, and heart)" - (Abu Dawood).*

In Islam, one of the greatest forms of worship is *"Tawassum, Tadabbur and Tafakkur"* i.e. to "think, ponder and reflect". The use of any intoxicant is forbidden because it is considered to veil the mind. Intoxicants affect one's ability to think clearly and result in the loss of self-control. In Islam a spiritual person should be 'present' in every moment.

The Quran says, *"They ask you concerning intoxicants and gambling. "In them is a great sin, and some profit, for men; but the sin is greater than the profit"* - (2:219).

The Quran stands strong for the greater good of society by prohibiting the use of intoxicants. Hate or envy towards the user is not a solution to suffering. According to the Quran, it is the 'duty' of the Muslims to work against hate and enmity and its causes. Its cure is *service, love, and kindness* to the person who has committed the wrong, without discrimination.

Jainism

The foundation of Jainism is Ahimsa (Non-violence). In Jainism, any action or reaction that alters or impacts the mind is violence towards self. Violence to self is just as inappropriate as towards other living beings. Violence in any form, like consumption of intoxicants or harming one's mind and soul indirectly, is undesirable. There are seven prominent addictions (maha-vyasan) defined in the Jain literature that are strictly prohibited, one of which is alcohol. The

significant reason against alcohol consumption is its effect on the mind and significant reason against alcohol consumption is its effect on the mind and soul.

"With this, there is a lot of damage to your body, and the mind starts becoming dependent (slave), because of which welfare in this life and the next is relinquished..." (Shrimad Rajchandra Vachanamrut, Letter: 931, Pg. 651)

One of the Great Saints, Shrimad Rajchandraji, has written in numerous works and letters referring to addiction as enslaving the soul. Pujya Gurudevshri says, *"Hold on to the Higher, to let go of the Lower."* He commends in Updeshnondh – 36, the avoidance of alcohol and advises to live an honest and ethical life. Guruji suggests that one must disassociate oneself from temporary passions and pleasures (intoxicants) and must strive to engage in dispassion. The mind that has become dispassionate embarks to evolve to be free, pure, and is able to self-reflect.

"Gold fallen in mud does not get tarnished. In the same way, the body does not sully the soul even though they exist together." The drug user, despite damaging the body, possesses a soul that remains untarnished and must not be subjected to hate and stigmatization.

Sikhism

Since about 1499, when Guru Nanak began the first of his five world tours to spread the message of peace and compassion, there has been a very clear voice against discrimination on all grounds, even for treating the sick with alienated behavior. The Guru Granth Sahib records the words of Guru Nanakin Raag Asa on page 349:

Recognize the Lord's Light in all, *don't ask their caste or race; there are no class or caste in the world hereafter. (1)(Pause) (SGGS p349)*

Guru Nanak, the founder of the faith, believed that a healthy mind and a healthy body have to drive together. The Sikh religious viewpoint has a distinct and uniform position with respect to various intoxicants, derived from the various Rehtnamas (ethical codes) and hymns from the Guru Granth Sahib. Sikhs are notably discouraged from the consumption of alcohol and various types of drugs such as marijuana, cocaine, and opioids like heroin and opium among others.

"The Great Giver has given the intoxicating drug of falsehood. The people are intoxicated; they have forgotten death, and they have fun for a few days. Those who do not use intoxicants are true; they dwell in the Court of the Lord. ||1||" (Guru Nanak, GGS, 15).

The Sikh worldview explicitly prohibits the partaking of all varieties of intoxicants. Various Gurus over time have introduced multiple measures for shaping the health of the growing community. Tending to those in need of help and assistance was even continued during the tenth guru Gobind Singh's era by one of his disciples called Bhai Kanhaiya. He used to offer water to the injured, both in the guru's camp as well as the Mughal camp. When the matter was reported to the guru, Bhai Kanhaiya was asked for an explanation to which he responded that he saw the ***Guru in every human being.***

The *Gurmukh* is a Sikh who has dedicated their life to the hymns in the Guru Granth Sahib in order to unite with *EkOnkar* (One Supreme Reality) and making true self realization the primary purpose of life. Sikhism places great emphasis on personal accountability and views that the practice of the path of the Gurmukh is the manner through which the individual does not succumb to the use of alcohol and drugs. At the same time, there is great emphasis in the Guru Granth Sahib on *'Seva'*.

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Consultation with Faith Based Organizations
for Developing Comprehensive Health and
Rights Based Response to Drug Use

MODULE VI

Faith Based Organizations in Prevention, Treatment, Care and Harm Reduction

OBJECTIVE OF THE SESSION:

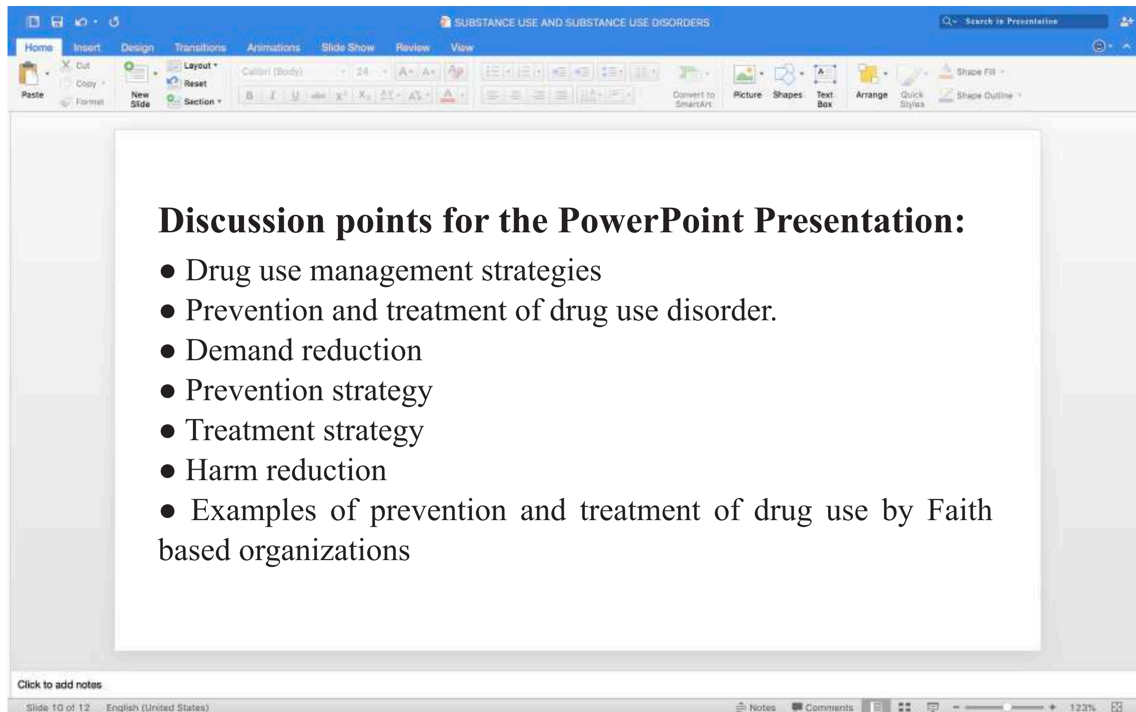
This module aims to highlight various solutions that have conventionally been used to address the 'drug problem'. Along with theoretical concepts, it suggests important responses and solutions needed to humanize the issue. Thereby, bringing a shift in how the marginalised community chooses the solutions best suited and customised to their unique problems. It also serves the living examples of Faith Based communities engaged with subject at various levels. While there is a range of options under the umbrella of prevention, treatment and care that the faith based organizations are providing, this module brings to light only some of the best practices from the field and does not promise an exhaustive list of the multiple efforts taken by different faith communities. It does give an overarching list of examples that applauds the present work as the starting point for a more inclusive health based approach to the problem, thereby, calling out for minimum standards of care as one of the long term goals of this project.

ACTIVITY: BRAINSTORMING STRATEGIES AND PPT PRESENTATION:

The facilitators should use the PPT given in the pen drive to discuss the below mentioned points, followed by the interactive session as part of the closing session discussion.

TIME: 90 minutes

MATERIALS REQUIRED: Laptop, Projector, Sticky Notes, Pen



CONCLUDING ACTIVITY AFTER THE PRESENTATION:

As a facilitator, this is an opportunity for you to engage your participants in a discussion on faith communities' role in addressing drug dependency and the practical strategies they can take.

- Organize participants in smaller groups of 5-8 people to engage in plenary if the total number of participants is high or if time is limited.
- Pass out sticky notes (post-its) and invite participants to identify what they think are the strategies to address drug dependence.
- Come back to plenary and collect the sticky notes on the board.
- Discuss them in plenary while organizing them into clusters based on the strategies identified in the guide in module 2, but including any other groups if needed for new ideas.
- After the discussion, you can invite each participant/ organization or religious group to identify the top 3-5 strategies that would be most useful for their context.

FACILITATOR NOTES:

Prevention and Treatment of Drug Use

Traditionally, the management of problematic drug use involves either reducing the supply and availability of drugs or reducing the demand for drugs among the users and non-users of drugs. The approach whereby drug abuse management is achieved through lowering availability is called supply reduction. The process in which the demand for drugs is reduced is referred to as demand reduction.

Supply reduction:

For most people, including learned ones, the only way to manage problems of psychoactive substances or drugs is to stop their availability completely. The decline in availability is generally brought about by altogether banning or prohibiting the use of illicit drugs. In the case of legally available drugs such as Alcohol or Tobacco, various means are adopted that makes it difficult for the ordinary person to access these drugs. Thus, making the drugs costlier by increasing taxes, imposing restrictions on the minimum age for consumption, or reducing the sales outlet, are ways of supply reduction.

Though supply reduction is widespread and has been tried for many years, it has not been entirely successful in stopping drug use. No country has been prosperous in reducing drug supply in its jurisdiction, including some powerful countries such as the USA. There are some unintended consequences of the overzealous application of supply reduction. The stricter laws against drugs' availability also tend to push those using drugs away from the mainstream society, thus making drug users go underground. This makes it difficult for PUDs to acknowledge their drug use, and seek help for the same.

Demand Reduction:

In this approach, the emphasis is on making drugs less desirable for people, reducing the demand for drugs. This can include trying to ensure that fewer people start using drugs, or that more people get off their medication using habit. These two strategies are prevention and treatment of drug use.

- **Prevention Strategy**

A large population in the community does not use drugs. Prevention strategy targets and

engages with this population to ensure that they do not start using drugs. The most commonly adopted prevention strategy is to spread awareness about how devastating drugs can be in one's life, and how drugs are dangerous for the individual and their family. This awareness is generally brought via mass media such as newspapers or television. For a defined group, such as children, awareness-building sessions are conducted, and a pledge is taken at the end of each session on not using drugs. A general assumption is that awareness programs are the best way to reduce demand. Indeed, prevention of drug use is equated with raising awareness but it may not be the most effective strategy for preventing drug use among the most vulnerable groups.

Experimentation with drugs begins at the adolescent age. Various factors can lead a person to experiment with drugs, including peer pressure, feeling lonely or anxious, inability to cope with life demands, problems in the immediate family, or common psychological issues in adolescents (such as attention deficit disorders). A one-off session for awareness remains ineffective against these vulnerabilities. For prevention of use, life skills education should be provided to children and adolescents. Teaching how to cope with problematic situations; how to refuse negative influences, including drugs; instilling positive values, attitudes, and beliefs, etc. can prevent initiation into drug use.

- **Treatment strategy**

Those who have started using drugs and are facing problems in their lives due to their drug use require treatment. The remedy provided includes both pharmacological and non-pharmacological approaches. Most of the times, treatment is equated with counseling of affected individual. Counselling alone may help in the initial stages of problematic drug use. However, in cases of severe drug use, such as those with drug dependence syndrome, both medication and counseling should be used together for an effective outcome.

Various issues need to be borne in mind when providing treatment to a person suffering from drug use disorder. The treatment needs to be provided for an extended time-period as recovery from drug use; especially dependence, is a long-term process. In this process, the individual may stop drug use for some time, and then restart using drugs. This cycle of 'stop and start' drug use is the norm before an individual can come out of drug use completely. Relapse should be seen as an inherent part of recovery from drug use. The individual has multiple needs when coming out of the drug use problem. Not only will they require medicines and counseling, they will also need support for resuming their work, repairing ties with family, and fulfilling social obligations. The individual can be involved in the treatment process as an active partner; forcing treatment on individuals will not lead to the best outcome.

Harm Reduction:

Apart from supply reduction and demand reduction, another strategy used to manage drug use problems is harm reduction. It is well known that despite supply reduction and demand reduction, individuals continue to use drugs. Though some would want to stop drug use, many

continue to use drugs despite the harm caused. Such drug users need to ensure that they are saved from the harmful consequences of drug use until they are able and willing to stop the usage. The strategies that help a person keep away from harm due to drug use are harm control strategies as opposed to harm ending strategies. As a response to address drug use, the Government of India has adopted harm reduction as an essential strategy of a comprehensive response to problematic drug use that complements prevention and treatment, and as a public health approach that aims to reduce the harm related to drug use. Harm reduction accepts that the non-medical use of psychoactive or mood-altering substances is a near-universal human cultural phenomenon, and respects people's basic human dignity and rights. It acknowledges the drug user's right to self-determination and supports informed decision making in the context of active drug use with an emphasis on personal choice, responsibility, and self-management.

Harm reduction strategies and services can lessen the consequences associated with drug use. The effects include social, physical, emotional, and spiritual concerns; including reducing adverse health consequences related to drug use like HIV, other blood-borne viruses, namely hepatitis-B (HBV) and hepatitis-C (HCV), the spread of Tuberculosis (TB), and incidences of overdose. It aims to provide access to safer sex and safer drug use supplies and/or take home naloxone wherein the drug users are met "where they're at," (Coalition n.d.) and the conditions of usage and the use itself are addressed. It also involves outreach and support programs and referrals to health and support services. Harm reduction helps to ensure that the

provision of services and resources to the drug users are non-judgmental and non-coercive and that the communities they live in, assist them in reducing attendant harm. In India, harm reduction is meant to help people who use drugs (PUD), reduce the harmful consequences of their injecting practices – notably the risk of HIV infection. Harm reduction has been adopted as the official policy of Government of India, through the National AIDS Control Programme, where preventing HIV among PWID is accomplished by delivering a package of services to them, that include access to clean needles and syringes (Needle Syringe Exchange Programmes, or NSEP), Opioid Substitution Therapy (OST), peer-education for adopting safer behaviors, primary medical care, and referral for other health-care needs (Ambekar 2012). This package of interventions is typically delivered by NGOs working with PWID and supported financially and technically by the government.

The harm reduction concept is based on the principle of treating people with respect. It helps people connect with others, and develop healthy relationships. It involves working directly with people and their communities. While harm reduction greatly benefits people who use drugs, recognizing that healing is different for everyone, it greatly benefits the large communities and families in society. It directly impacts increase in referrals to support prevention and treatment programs, health and social services, reduces stigma and increases access to health services.Furthermore, it reduces the risk of sharing drug-use equipment leading to incidences of blood-borne viruses like hepatitis and HIV, reduces overdose deaths and early deaths

caused by various other reasons among people who use drugs, including alcohol. It also promotes knowledge on safer drug use, safer sex and sexual health (Ambekar 2012). It also has implications on reducing health care costs by lowering drug-related overdose, disease transmission, injury and illness, and hospital utilization. Harm reduction saves lives and improves the quality of life by allowing drug users to remain integrated into society rather than being alienated and marginalized, often compounding the reasons why they engage in unsafe drug use. It also greatly helps communities connect and understand more about drug use and the role each can play in supporting our communities to stay healthy (Ministry of Health Services 2005).

Inferences:

It is important to note that these strategies are not effective when implemented in isolation. All the strategies should be implemented together for optimum outcomes. Prevention works best when life skills are taught to those who are most vulnerable to start drug use. Those who use drugs and are affected by drug use disorder need adequate treatment and care to stop drug use and lead a healthy and productive life.

It is within this ambit of prevention, treatment, care and harm reduction services we also seek to highlight some of the on-going initiatives and projects by the Faith Based Organizations across the wide spectrum. This is not an exhaustive list of faith communities that are making a difference on ground by supporting and helping people dependent on drugs but a beginning to document the success stories of the faith champions that are unheard of. It is also an effort to recognise the need for building consensus on minimum standards of care for people who use drugs across faith communities while providing services to the key population depending on their unique situations versus a straight jacketed response to drug use and dependence.

Some examples from the FBOs:

The Bahá'í Faith

The Bahá'í community is an important contributor in the United Nations' work in the arena of prevention and control of drugs and substance abuse and eradication of alcohol abuse. They do so by propagating the values and standards of their Faith, where they emphasize that Religion and Science must be the harmonious facets of one reality.

All Bahá'í communities subscribe to the Framework for Action. This identifies *education* and

capacity building as major components, which shall profoundly impact the minds and thought processes of people. Education as a key factor shall sustain the structures of prevention, treatment, and care and thereby, address stereotypes and stigma around such issues. The Bahá'í community believes that the educational processes should be altered in order to co-create a clear vision for the society that people wish to inhabit, and the role the individuals hope to undertake in building this society. The role of institutions, especially schools and religious organizations, become prominent as they can be a part of this transformation process by developing the vast inherent potential inside humans and the relevant knowledge, thereby motivating the learners to contribute towards the greater good of society.

Bahá'í communities have come up with an action framework that is dispensed through dynamic learning involving – Action, Reflection, and Consultation, which has been translated into a curriculum after rigorous research and evaluation processes. These neighborhood processes help set the foundation of moral values and character building amongst children and help the youth (11-16 years) in the formulation of their moral identity through which they can contribute towards the betterment of society.

Visions of human betterment and prosperity are becoming important in public discourse with each passing day. The transformation process is not easy, but it is possible to create a harmonious society through constant empowerment, collaboration, continuous questioning, learning, and action with all regions/faiths of the world.

Parmarth Niketan

The esteemed spiritual leadership of Pujya Swami Chidanand Saraswatiji and Sadhvi Bhagawati Saraswatiji has created an inclusive space for people from all walks of life to work on the prevention and control of drugs and alcohol. While there is no structured program or research to counter drug and alcohol abuse, Parmarth Niketan runs multifaceted service projects with the underlying causes of addiction and the devastating effects of substance dependency at their institution.

In Hindu scriptures, Guru's words, presence, and guidance have proven to be beneficial and have helped people overcome their sorrows and problems. This holds true for Pujya Swamiji, whose presence and interactions offer great peace to its seekers. His down-to-earth attitude, benevolent conversational tone, and wisdom, pursue substance abusers to alter their behavior

and make different choices for their lives. His warmth and empathy have helped people overcome their addiction, paving a path for a holistic and healthy life.

Additionally, Sadhviji, who holds a Ph.D. in Psychology, also provides guidance deeply rooted in spiritual practice. She has infused Western concepts of treatment with Eastern traditions, which she shares through Satsang (both online and in-person). Her profound understanding of the physical, psychological, and spiritual roots of addiction, offers both physical and metaphysical ways out of drug dependency through compassion, sensitivity, and humor.

The Ashram is a home for strong set of values, a shared philosophy, a rich spiritual heritage, and a supporting and nurturing environment that aims to provide a pathway to conscious thinking that can lead a substance-free and alcohol-free life, full of health and vigor.

Bochasanwasi Shri Akshar Purshottam (BAPS)

BAPS Swaminarayan has been an important institution actively campaigning to raise awareness about substance use, as it is believed to be a human right issue. They have raised awareness about substance use via educational programs, community theatre performances, and pledge drives, helping many people to live a dependence free life.

BAPS Swaminarayan Sanstha and its sister organization, BAPS Charities, work towards advocating a life based on spiritual progression. The objective behind BAP's activities is to become closer to God, one step at a time. These activities have proven to help people and have resulted in mental stability, peace of mind, reduction of stress, and lasting happiness and satisfaction. It advocates the nine forms of devotion to God guided by Bhagwan Shriji Maharaj to conquer and make the mind strong. It is only through this devotion that non-addiction and thereby, a high moral character can be achieved. These programs have helped promote de-addiction and reduce people's dependence on drugs.

Inspired by Pramukh Swami Maharaj, BAPS National Children's Forum's de-addiction campaign was launched on 1 May 2000 in Mumbai, Calcutta, and Gujarat's major cities. The 20-day program accomplished a tremendous feat in personal contact of 882,000 people, out of which 312,000 gave up any kind of dependence they had. This was done through peer to peer learning, cultural Program, drama presentation, anti-addiction rally and poster exhibition at railway stations, offices, hospitals, diamond workshops, and hut communities.

This effort was applauded by chief ministers of many states and print media. Since then, the program continues to make a difference in many ways by providing good peer support structure and encouragement to the drug users to heal and recover.

Caritas India

Caritas India, a leading national-level organization, implemented a 'Sports for Youth Development' in partnership with Bovelander Hockey Academy of The Netherlands, who have started the project' One Million Hockey Legs (1MHL)'. This project was signed in 2014 by the Governments of India and The Netherlands and aimed to give grassroots hockey both qualitative and quantitative impulse. As an offshoot, the project was implemented in two Punjab districts, i.e., Jalandhar and Amritsar, covering 15 villages and 15 schools.

The program influenced people in the community positively, such that sports helped reduce crime, anti-social behavior, and a number of youth from engaging with drug and alcohol use. It has ushered in optimism among the community children and diverted the youth's attention to constructive social engagement like sports over-dependence and substance abuse. This has also strengthened familial bonds and has changed the mindset in society.

Some of the key achievements of the projects are:

- 15 hockey clinics were established in schools and villages for the regular practice of the enrolled children and youth.
- 1200+ school children and village youth were engaged in the program, and they all practice hockey regularly.
- 4 technical training sessions were imparted to local coaches through 1MHL (1 Million Hockey Legs), Netherland initiative.
- Received appreciation by international sports persons on Caritas India's initiative to prevent drug consumption among youth and children by engaging them in sports.

Sikh Gurudwara

Sikhism believes that spirituality is an important factor in fighting drug and alcohol dependence. Sikh followers take the Amrit Sanskar (the Amrit Ceremony of Initiation) pledge for a lifetime of abstinence and devotion. However, some programs only require devotees to make this pledge for a year. While conventional rehabilitation often requires addicts to participate in treatment for at least a month, this one-year pledge, which is longer in the period, is more effective for some addicts.

Furthermore, the principle of 'Sarbat da Bhalla' or "common good of all" is central to Sikhism, and involves reaching out to serve and uplift humanity as an expression of the path of Gurmukh. It implies attaining peace by doing selfless Seva (service), and one would get fruitful rewards and shall attain his Lord or Divine. These central principles of 'Seva' and 'Sarbat da Bhalla' encourage the Sikh community to support the addict on their path of recovery (Gurmukh), which also reaffirms the Sikh identity of the addict.

'Sikh temples hold langar, a communal meal where the rich and the poor irrespective of their faith sit together to eat. This symbolizes the religion's emphasis on sharing and is an aspect of positive living. It improves psychological health and develops a stronger sense of vitality and self-esteem. One such organization is the Shiromani Gurudwara Parbhandak Committee, which under the leadership of the Press Secretary Harbhajan Singh, has taken the initiative to provide free treatment along with langar at the Guru Rama's College and de-addiction centre and also provides free food to centers of drug de-addicts. This includes not just Gurudwaras, but also rehabilitation centers such as those by the Kalgidhar Society, Baru Sahib provides a spiritual atmosphere and approach to deal with addiction issues. All of this has enabled

the establishment of community and Gurdwara to run Addiction/Rehabilitation Centres and workshops to educate and support the addicts on their path of recovery.

Art of Living

The central piece of the Art of Living Happiness program and Youth Empowerment Seminar is a unique and profound breathing technique – Sudarshan Kriya. It is a practical tool that restores body, mind, and spirit into its natural rhythm, thereby positively transforming millions of lives. It is a powerful yet simple rhythmic breathing technique that incorporates specific natural rhythms of the breath, harmonizing the body, mind, and emotions. The technique eliminates stress, fatigue, and negative emotions such as anger, frustration, and depression, leaving the mind calm and energized, hence, completely relaxed. Sudarshan Kriya practitioners have reported better immunity, increased stamina, and sustained high-energy levels.

Dr. Vinod Kochupillai at the All India Institute of Medical Sciences (AIIMS), New Delhi, carried out extensive research on the effects of the Sudarshan Kriya and found conclusive evidence of the benefits of this technique. The studies suggest strong connections between the breath, body, and mind, and imply that human emotions and thought processes affect the brain's functioning, endocrine system, and immune system. So well-founded are these concepts that they have recently led to the emergence of a new medical discipline termed as 'Psycho-neuro-immunology' or 'Mind-Body Medicine.'

The Ved Vignan Mahavidya Peeth De-addiction and Research Centre (VVMDRC) at Kolkata established in 2003 has been a significant agency in promoting awareness and providing assistance to people from addiction and substance abuse. Since its inception, the Centre has treated over 1550 patients, and many are on the path of recovery and doing well in their life. The recovery rate is above 40%, whereas the world statistic is much lower. The holistic treatment provided includes detoxification under the specialized care of doctors and psychological therapy, which helps patients recognize the pattern of their addiction and helps build self-esteem and self-respect. VVMDRC provides training to people for conducting Awareness and Counselling Camps. Regular training is provided where volunteers from West Bengal and other states are given free residential training for 3-4 days, imparted by experienced professionals in this field. This model will be very successful for a pan-India reach.

Brahma Kumaris

Currently, taught across five continents and practiced daily by more than 12 lakh people, RajaYogi Lifestyle taught by the Brahma Kumaris, is a way of spiritual living which helps a person to get rid of any drug and alcohol dependency. Many studies and researches have been conducted to examine Raja Yogi Lifestyle's effect on the effectiveness of a spiritually augmented lifestyle in countering the problem of substance abuse. Their relevant studies are also published in the 'International Journal of Scientific Research' and 'Indian Journal of Private Psychiatry.'

Out of these, the two important studies which have had extremely positive results are that on Tobacco and Alcohol. One thousand twenty-one people who were dependent on Tobacco in various forms were studied to test the effectiveness of the Raja Yogi Lifestyle. They responded positively and gave up Tobacco in minimum duration with almost no relapse. Six hundred ninety-six people with various addictions, who were dependent on Alcohol were studied for the effect of Rajyogi Lifestyle. They responded positively and gave up Alcohol in minimum duration with almost no relapse. This was possible due to the practices of the Raja Yogi Lifestyle which includes early morning meditation *(Amrit Vela)*, evening meditation, meditation before sleep, daily positive thinking and knowledge classes *(Murli)*, the practice of control of thoughts at prefixed timings (Traffic Control), satwik diet and soul consciousness.

RajaYogi Lifestyle is unique, user-friendly, healthy, spiritually augmented, and effective in management and relapse prevention of any drug abuse and Alcohol and seems to aid people in creating positive social skills and peace of mind.

The following results were observed after people followed Raja Yogi Lifestyle:

- Tobacco – 62.60% quit tobacco within a month, 7.49% quit in 1-6 months, 14.43% in 6-12 months & 15.47% quit after 12 months.
- Alcohol - 64.35% quit in a month; 9.48% within six months, 12.21% quit within a year quit while 14.08% took more than a year to quit Alcohol.

Divya Jyoti Sansthan

The institution has a multi-pronged approach to addiction, ranging from prevention, awareness, and treatment to recovery stages. The inherent belief behind all the activities lies in activating the inner spiritual forces through Brahm Gyan based on 'dhyaan therapy' that

can enable a person to retrieve holistic living by internal self-healing. Hence, a combination of 'nasharodhak' herbal combination & detox sessions to undo the impact of drugs is used.

The treatment is done through workplace prevention and sensitization programs, community-based programs, treatment and counselling. The activity plans include thorough qualitative and quantitative data analysis, discussions on gaps in drug abuse eradication laws, awareness through media and campaigns, consultations, advocacy sessions at the industrial and institutional levels, and quarterly events oriented towards youth.

The following are the components of Bodh's treatment:

- *Counselling & Assessment:* Psychological, spiritual & family counselling is given to patients to collect information about patients' drug patterns and associated patterns to provide the correct treatment.

- *Detoxification: 'Nasharodhak*' is a herbal combination made by 'Sam Ayurvedic Treatment And Research Centre' of Divya Jyoti Jagrati Sansthan, which the addicted patients have to take for three months, twice a day. *Panchkarma, Shankh Prakshalan*, nature cure, pranayama breathing exercises, and yoga asanas are extended to combat withdrawal complications like intense craving, anxiety, restlessness, irritability, insomnia, and impaired attention.

- *Dhyana & Positive Engagement:* Dhyana is a psychoanalytical module based on the process of self-realization. It brings control & balance in an individual at physical, mental, and spiritual levels and empowers them to deal with the pressure and urges of life. It also instills in one, the positive engagement skills and redirection of mental energies into productive work to better the community.

- *Relapse Prevention & Aftercare:* Pharmacological & psychological interventions are conducted to enable the client to control the urges. Aftercare is also taken care of via regular phone calls, follow-ups, and unscheduled drop-in visits to the patient's house and workplace.

Mata Amritananad Mayi Institute

Integrated Amrita Meditation Technique (IAM) is a simple combination of yoga, pranayama, and meditation, designed by Her Holiness Mata Amritanandamayi Devi. A very time-efficient

activity for a healthy life, IAM has been taught worldwide, free of cost from the past five years.

Practicing IAM for 20 minutes every day has been noted to be very beneficial for one's health. It has had a significant change in one's attitude towards stress, and has shown to increase the control of unwanted substances. It was noted that the major stress hormone- adrenaline, decreased significantly immediately after meditation, and cortisol levels also showed considerable changes after eight months of the technique's regular practice. The changes were also suggestive of increasing immunity. The physiological parameters like heart rate and respiratory rate also showed a significant drop from 48 hours, suggesting the advantage of the technique in reducing the symptoms of stress-related diseases of the modern world. Likewise, stress was reduced in many psychological, physiological, and biochemical levels, showing the potential role of IAM in the treatment of substance abuse. Some completed projects are: The effect of IAM in psychophysiological variables (stress, Adrenaline, cortisol, Immunoglobulin, HR, RR) and Neurotransmitter changes after IAM practice- BDI, Serotonin, Dopamine, GABA [7 days practice- no change was noticed, and in long term practitioners of IAM, GABA levels increased (ongoing paper)].

Extensive research has been done on the effect of IAM on Type 2 diabetic patients and its effect on headaches and stress. The results have been published too after rigorous research and evaluation process. Currently, the talks of researching brain changes during IAM meditation and IAM's impact on serum Endocanabunoid levels is being focused upon.

Shrimad Rajchandra Love and Care

Shrimad Rajchandra Love and Care (SRLC) is an initiative of Shrimad Rajchandra Mission Dharampur to offer service and bring stability in the lives of the underserved sections of society, dealing with the problem of substance abuse and alcohol dependency. Concerning countering substance abuse, there are some key projects that can potentially be leveraged. Under the Health Care initiative, SRLC has been revolutionizing health services for communities in remote rural areas. Hospitals like the Shrimad Rajchandra Hospital located in South Gujarat, India, offer a range of services and use high-quality technology, rarely seen in rural areas. The Government of Gujarat has designated the hospital as a First Referral Unit in the Valsad district of Gujarat.

Shrimad Rajchandra Health Education and Awareness Lessons (HEAL) is a dedicated center to promote health awareness among rural adolescents. It hosts regular workshops and awareness sessions to improve knowledge of general and adolescent-specific health issues through creative mediums. It raises awareness about the harmful effects of drugs and alcohol and uses education as a vital tool in propagating awareness education.

Shrimad Rajchandra Learning and Inculcating Value Education (LIVE) is an initiative to eradicate vices and teach moral and social values in the tribal areas. They spread awareness about the ill effects of liquor and tobacco, which are prevalent in many tribal communities. They also organize workshops and seminars to build a core of moral and social values.

ASSESSMENT FORMS

PRE-TEST

Q.1 What are some of the words that strike your mind when you first hear the word ‘addiction’ and ‘addicts’?

Q.2 Have you ever met or spoken to any person who uses drugs? Yes/ No

Q.3 Have you attended any awareness training on Drugs, Dependence and Care before? Yes/ No

Q.4 What are some of the challenges you think people dependent on drugs face? Please mention a few words.

Q.5 Do you think Religion can help people who use drugs? Yes/ No

Q.6 What are your hopes from the training? Please mention a few words.

POST-TEST

Q.1 What are some of the words that strike your mind when you first hear the word ‘addiction’ and ‘addicts’?

Q.2 Have you ever met or spoken to any person who uses drugs? Yes/ No

Q.3 What are some of the challenges you think people dependent on drugs face? Please mention a few words.

Q.4 What are some of the ways you/ your institution can help people who use drugs?

Q.5 How would you like to rate the training experience? (Where=1 poor and 10=perfect)

Q.6 On a scale of 10 how would you like to rate the trainers? (Where=1 poor and 10=perfect)

Q.6 Please give some suggestions where we can improve.

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APPENDIX I

1. It is a heart that fears Allah and is clean. There is no sin in it and neither aggression, nor hate, nor envy. **Prophet Muhammad; *The Ḥadīth*, Sunan Ibn Mājah, 4216**

2. I am equal for everyone he says, no one is dear to me nor hateful. But those who savour me joyfully, they are in me and I am also in them. **The Bhagavad Gita, Chapter 9, Verse 29**

समोऽहं सर्‌वभूतेषु न मे द्‌वेष्‌योऽस्‌तिन प्‌रियः | ये भजन्‌तितु मां भक्‌त्‌या मयिते तेषु चाप्‌यहम्‌ ||

Samoham arvabhooteshu na me dveshyosti na priyah | ye bhajanti tu maam bhaktyaa mayi te teshu chaapyaham ||

3. Every child is potentially the light of the world and at the same time it is darkness. Training in morals and good conduct is far more important than book learning, **The Bahá'í Faith**

4. I undertake the training rule to abstain from fermented and distilled intoxicants which are the basis for headlessness. **Sutta Nipāta, Dhammika Sutta, Precept 5**

"Suramerayamajja pamadatthana veramani sikkhapadam samadiyami."

5. As the Father has loved me, so have I loved you. Now remain in my love. If you keep my commands, you will remain in my love, just as I have kept my Father's commands and remain in his love. I have told you this so that my joy may be in you and that your joy may be complete. My command is this: Love each other as I have loved you. **The Gospel of Mercy, His Command John 15, 9-12**

6. O You who believe! Intoxicants and gambling, (dedication of) stones and (divination by) arrows are an abomination of Satan's handiwork. Avoid (such abominations) that you may prosper. Satan's plan is to sow hatred and enmity amongst you with intoxicants and gambling and to hamper you from the remembrance of Allah and from prayer. Will, you not give up? **The Holy Quran, 5:90-91**

7. They ask you concerning intoxicants and gambling. In them is a great sin, and some profit, for men; but the sin is greater than the profit.**The Quran, 2:219**

8. With this, there is a lot of damage to your body, and the mind starts becoming dependent (slave), because of which welfare in this life and the next is relinquished. **Shrimad Rajchandra Vachanamrut, Letter: 931, Pg. 651**

9. Recognize the Lord’s Light in all , don’t ask their caste or race; there are no class or caste in the world hereafter. **SGGS p349**

2ਜਾਣਹੁ ਜੋਤਿ ਨ ਪੂਛਹੁ ਜਾਤੀ ਆਗੈ ਜਾਤਿ ਨ ਹੇ ॥੧॥ ਰਹਾਉ ॥
जाणहढ़ जोत न पछूहढ़ जाती आगै जात न हे॥१॥ रहाउ॥
Jĝṇhu joṯ na pūcẖẖahu jĝṯī ĝgai jĝṯ na he. (1)rahĝ▫o.

10. The Great Giver has given the intoxicating drug of falsehood. The people are intoxicated; they have forgotten death, and they have fun for a few days. Those who do not use intoxicants are true; they dwell in the Court of the Lord. **Guru Nanak, SGGS, 15**

11. The drinking of wine is, ...forbidden, for it is the cause of chronic disease, weakeneth the nerves, and consumeth the mind...Verily, it hath been forbidden unto every believer, whether man or woman. **The Kitáb-i-Aqdas- Bahá’u’lláh’s Book of Law & Ordinances**

12. Regarding hashish....this is the worst of all intoxicants, and its prohibition is explicitly revealed. Its use causeth the disintegration of thought and the complete torpor of the soul. Alcohol consumeth the mind and causeth man to commit acts of absurdity, but....this wicked hashish extinguisheth the mind, freezeth the spirit, petrified the soul, wasteth the body and leaveth man frustrated and lost. **The Kitáb-i-Aqdas- Bahá’u’lláh’s Book of Law & Ordinances**

13. **The Bhagavad Gita, Chapter 9 Verse 30**

अपि चेत्सुदुराचारो भजते मामनन्यभाक्। साधुरेव स मन्तव्यः सम्यग्व्यवसितो हि सः।।

14. **The Bhagavad Gita, Chapter 9 Verse 31**

क्षिप्रं भवति धर्मात्मा शश्वच्छान्ति निगच्छति। कौन्तेय प्रतिजानीहि न मे भक्तः प्रणश्यति।।

15. **The Bhagavad Gita, Chapter 4 Verse 36**

अपि चेदसि पापेभ्यः सर्वेभ्यः पापकृत्तमः ।
सर्वं ज्ञानप्लवेनैव वृजिनं सन्तरिष्यसि ॥

16. It is stated that a Yogi has to have an even mind towards all – a benefactor, a friend, a foe, a neutral, an arbiter, a hateful, a relative, good people, and even sinners. **The Bhagavad Gita, Chapter 6 Verse 9**

सुहृन्मित्रार्युदासीनमध्यस्थद्वेष्यबन्धुषु |
साधुष्वपि च पापेषु समबुद्धिर्विशिष्यते ॥

17. He emphasizes on the service of humanity by saying that the service of Human is equivalent to service of Divine. **The Bhagavad Gita**

नारायणसेवनाय नरसेवा हि सुसेव्यं ॥

18. While a man can be both good and bad person, the enhancing of goodness in humans, makes Divinely favorable towards him. **The Bhagavad Gita**

नारायणप्रसादाय नरं कुरु नरोत्तमं ।

19. Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me. **The Gospel of Matthew, Chapter 25, 40**

APPENDIX II

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