

# Directorate of Prohibition

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While researching the Directorate of Prohibition, I felt like *Alice in Babuland*. I tumbled down into a deep maze trying to understand the accounts; where the *sarkari babus* are the mad hatters. However, the only tea party I experienced was the *chai* offered to me by the officials in the department.

The objective of studying this directorate is to understand its goals, how it achieves it, whether such a department is required, whether it could achieve its objectives at a lower cost in a better fashion etc. Here is the maze I tumbled into.

## History of Babuland

The Directorate of Prohibition started as a Cell for Prohibition Propaganda Publicity Scheme under the Department of Information and Publicity during the year 1978-79. In the year 1979-80, the Cell was transferred to the Excise Department under the Commissioner of Excise & Director Prohibition. Later the Joint Secretary Finance was designated Director Prohibition. Finally, it has been set up as a full-fledged Directorate under Principal Secretary Finance as Head of Department. After 2003-2004, it will be under the Department of Social Welfare.

## Objective of the Mad Hatters

The objective of the Prohibition Cell is clearly stated in Article 47 of the Constitution of India. **Article 47:** Duty of the State to raise the level of nutrition and the standard of living and to improve public health—The State shall regard the raising of the level of nutrition and standard of living of its people and the particular improvement of public health as among its primary duties and, in particular, **the State shall endeavour to bring about prohibition of consumption except for medicinal purposes of intoxicating drinks and of drugs** which are injurious to health.

Mahatma Gandhi chiefly propounded this policy and it has since been accepted as a national policy for the country. Intoxicants lead to the physical, mental, intellectual and economic degeneration of the addict. In the recent past drinking and drug, addiction has reached alarming proportions and has spread its tentacles into the economically weak section of the society along with the youth of the country. Alcoholism has weakened the entire social structure by disrupting the family. To reduce spread of alcoholism the Prohibition Cell proposes to carry out the assigned task of educating the masses of the National Capital Territory of Delhi against consumption of liquor. Prohibition is an integral part of Excise as Government of Delhi is under social obligation to serve liquor to foreign delegates as most embassies exist in Delhi.

There is clearly a dichotomy between the needs and objectives of the Delhi government and the objectives of the Prohibition Department. It is actually in the interest of the Delhi government to increase liquor sales and revenue. It is the second largest source of revenue for the excise department, and a part of the liquor sales are supposed to go to a Flyover Cess Contribution fee to pay for the increasing infrastructure in Delhi. At the same time, it has a duty under Article 47 and a moral responsibility under the Social Welfare Department to prevent the spread of alcoholism. Thus, the Directorate of Prohibition is treated like the proverbial stepchild and handed over from one department to another every few years in an attempt to abdicate responsibility and in the hope of finding out what to do with it.

Therefore, it seems like a puppet Directorate for Prohibition has been set up to make seemingly sincere attempts to reduce consumption of liquor when actually they are not, so that the revenue received by the Delhi Government does not reduce and at the same time, their conscience is free from guilt.

The fundamental question here is:

- What does the Directorate do to achieve its objective?

- Is the objective achieved?
- Why is publicity and propaganda the only items in its list, and, not other comprehensive activities?

The Directorate only believes in Publicity and Propaganda for reducing the consumption of liquor. Their activities deal in the various mediums to propagate their cause, which is reducing the consumption of liquor.

- Advertises in Newspapers /magazines /Television /Radio etc.
- Hoardings, Posters, Banners etc. at Railway Stations, Bus Shelters, Bus Panels etc.
- Exhibitions, Cultural Programs, Street Plays etc.

The Directorate has no means of monitoring whatever it has already achieved and does not know how successful its activities are. It has no method of assessing how many people have been reached or which medium is most effective and so on. Hence, it is very arbitrary in its planning and budgeting. In fact there is no monitoring as to whether it is a gross lack of awareness in the society regarding the consumption of liquor, which would justify the amounts spent on publicity and propaganda or whether this social problem needs a more comprehensive approach which just publicity would not solve. The focus is on how to spend the entire budget allocated to this cause as opposed to actually trying to analyse achieve the objective of Article 47. If one were to look at the working of the department alone, it would be rated very efficient, as its job is to spend a lot of money well which it seems to be doing. The interesting part is that the department actually believes these are the ways to help weaker sections of society reduce consumption of alcohol. Their Program does not provide for any Rehabilitation or a De-addiction Program. The Evaluation Cell of the Planning Department has done a survey in which out of 293 people who drink 292 know the hazards of drinking. They employ a staff of 34 to publicize a well-known fact and spend about Rs 1.6 crore while doing it. Does the directorate not find any need to have a more comprehensive approach than just propaganda and establish any rehabilitation or de-addiction centres? Alcoholism is not a problem caused just by ignorance; it is actually a physical and mental state of the victim. In the more serious cases, it can be termed as a both physical as well as a psychological addiction, which cannot be removed by merely publicizing the ill effects. This is the reason why the Directorate of Prohibition is not able to achieve the objectives so clearly stated in Article 47.

### Why Such a Department Exists?

The Government of India works in achieving the objectives of Article 47 through its Ministry of Social Justice and Empowerment and works towards reducing the consumption of liquor and narcotics. It supports about 400 NGOs for running counselling, treatment and rehabilitation centres with about Rs 2.35 crore annually. The Ministry of Health runs nearly 100 de-addiction centres attached to hospitals in the country. The Delhi Police Foundation has set up a rehabilitation centre for alcoholics and drug addicts. All the government hospitals in Delhi have a Treatment Cell for alcoholics and drug addicts as a part of the hospital. All these institutions consider publicity and propaganda as a part of their program, and Government of India spends Rs 2.35 crore all over India whereas the Directorate spends Rs 1.56 crore just on a publicity department. Then why is there any need for the Directorate of Prohibition to add their bit to this well publicized cause by spending another one and half crores? Can they not just help a number of NGO's or set up a few Rehabilitation Centres to make better use of revenue? Why do they insist on spending so much money and having such a large staff instead of diversifying? Has any study been conducted by the Directorate of Prohibition on the other organisations that work in the same sphere so as to work alongside with them or fund them?

## **Drug Demand Reduction and Preventive Policies: Government of India's Approach**

### **Introduction**

The issues relating to drugs are tackled by the Government of India through its two-pronged strategy i.e. supply reduction and demand reduction. Whereas the supply reduction is under the purview of the enforcement agencies with the Department of Revenue as the nodal agency, the demand reduction strategy is under the domain of social sector and the Ministry of Social Justice & Empowerment in Government of India is responsible for implementation of demand reduction strategy in the country.

With this, the need arose for implementing strategies for prevention of drug abuse, educating the people about its ill effects and rehabilitation of the addicts. The recent UN documents have also stated demand reduction as the pillar of drug control strategies and have urged upon all the Members States to take immediate steps to make significant achievement by the end of year 2003 in controlling the demand for consumption of illicit drugs.

The findings of studies/reports indicate to the relationship of drug abuse with the socio-economic conditions or the social dynamics of the population. Therefore, the approach is to recognize drug abuse as a psycho-socio medical problem, which can be best, handled through community-based interventions.

Keeping the aforesaid approach in view, the Government of India has a three-pronged strategy for demand reduction consisting of: -

- Building awareness and educating people about ill effects of drug abuse
- Dealing with the addicts through programme of motivational counselling, treatment, follow-up and social-reintegration of recovered addicts.
- To impart drug abuse prevention/rehabilitation training to volunteers with a view to build up an educated cadre of service providers.

### **Treatment And Rehabilitation Of Addicts – Government-NGO Collaboration**

The Ministry of Social Justice and Empowerment, as the focal point for drug demand reduction programmes in the country, has been implementing the Scheme for Prohibition and Drug Abuse Prevention since the year 1985-86. As implementation of programmes for de-addiction and rehabilitation of drug addicts require sustained and committed/ involved effort with a great degree of flexibility and innovation, a State-community (voluntary) partnership appears to be a particularly strong mechanism for service delivery. Accordingly, under the Scheme, while major portion of the cost of services is borne by the Government, the voluntary organisations provide actual services through the Counselling and Awareness Centres; De-addiction cum Rehabilitation Centres, De-addiction Camps, and Awareness Programmes.

Under this Scheme, the Ministry is assisting 361 voluntary organisations for maintaining 376 De-addiction-cum-Rehabilitation Centres, 68 Counselling, and Awareness Centres all over the country. Average annual allocation for this programme has been around Rs 2.35 crore.

### **Awareness And Preventive Education**

The Counselling and Awareness Centres are engaged in a wide range of awareness generation programme in varied community settings including village panchayats, schools etc. Besides these Centres, the Ministry has been utilising the various media channels, print as well as audio-visual for educating the people on the ill effects of drug abuse and disseminating information on the service delivery. The overall approach is based on the need to comprehensively address the widespread ignorance and lack of information on the ill effects of drug abuse prevention/ rehabilitation services and to build up a climate of abstinence from drugs through sensitising the community at large.

### **Training And Manpower Development – Development of service providers**

The government has established a National Centre for Drug Abuse Prevention (NC-DAP) under the aegis of the National Institute of Social Defence, New Delhi, to serve as the apex body in the country in the field of training, research and documentation in the field of drug abuse prevention. To meet the growing demand of rehabilitation professionals in the country, the Centre has been conducting three months' Certificate Course on De-addiction Counselling and Rehabilitation of Drug Abusers.

**Inter-Sectoral Collaboration**

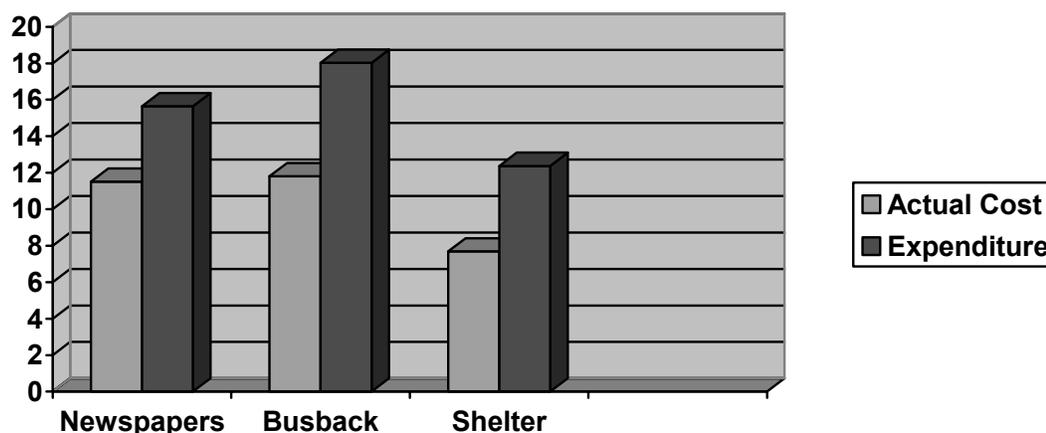
The problem of alcoholism and drug abuse is a social malaise and is dealt holistically by targeting all spheres of human activity. The Government of India has been following an integrated approach involving all concerned Ministries and Departments who could complement and supplement the initiatives being taken by each other.

**International Cooperation-an enrichment process**

The Ministry of Social Justice & Empowerment, in collaboration with the International Labour Organization and UNODC, implemented a project on "Developing Community Drug Rehabilitation and Workplace Prevention Programmes", to sensitize and train the voluntary organisations and workplace settings on prevention of alcoholism and substance abuse in workplace. It is viewed that the work environment of an individual is the most important area of preventive intervention for a potential addict as he still enjoys economic security.

This is how the Government of India tackles a serious social concern by a multi-pronged approach after a number of studies and recommends that other States follow a similar approach to deal with this problem. Then why does the Delhi Government not follow this initiative and diversify from Publicity and Propaganda into a more comprehensive approach.

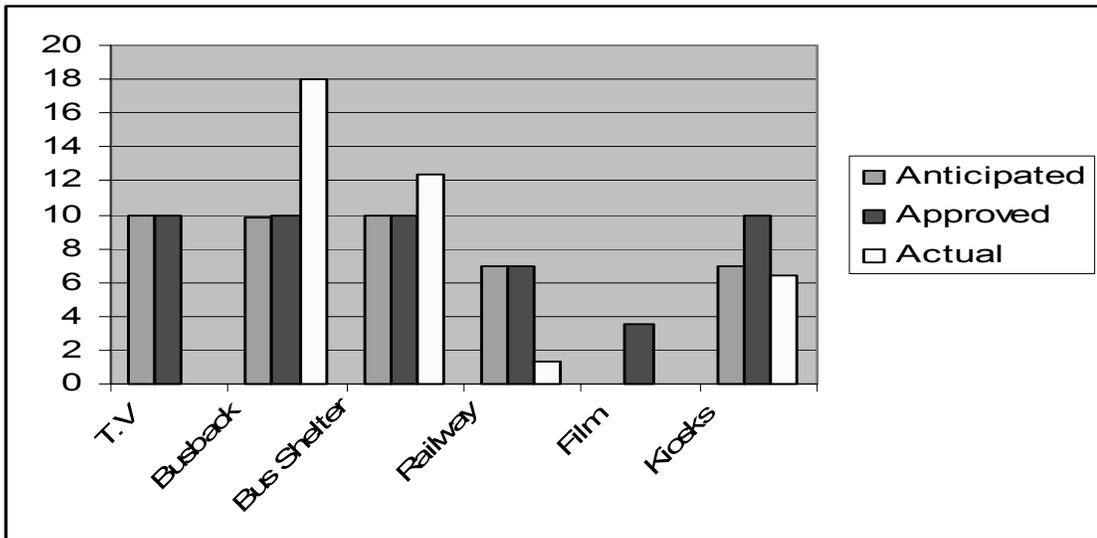
Actual Cost and Amount Expended on some activities by the Directorate for 2001-02 (in lacs)



Refer: Appendix I

The above chart has been made by taking the Statement of Physical Achievement and Expenditure for the years 2000-01 and 2001-02. What I found is that the actual cost for the physical plan is much less than the amount expended for the years 2001-02. In fact if we take only three items on the list we can see an unaccounted for gap of about Rs 16 lacs. The other activities along with their expenditures are listed in the appendix.

Approved, Anticipated and Actual Expenditure for the year 2001-01(in lacs)



Refer: Appendix II

We can also see that the Directorate has no sense of planning each year for its physical and financial activities. The Directorate anticipates a financial plan, which is then approved and then the Directorate spends the approved amount on various activities. The chart above points out the discrepancies between the approved, anticipated and actual expenditure.

Total Staff

**Staff under Directorate of Prohibition:**

- Director-Principal Secretary Finance
- Joint Director-Additional Secretary Finance
- 1 Deputy Controller Accounts
- 2 Assistant Prohibition Propaganda Officers
- 2 Program Organisers
- 1 Projectionist
- 1 Junior Projectionist
- 2 Upper Division Clerk
- 2 Lower Division Clerk
- 4 Drivers
- 9 Class IV Peons
- 1 Stenographer

**Staff under Strengthening of Prohibition Department:**

- 1 Program Officer
- 1 Projectionist
- 1 Stenographer
- 1 Upper Division Clerk
- 1 Lower Division Clerk
- 2 Drivers
- 2 Class IV Peons

Total Staff Employed Under Directorate of Prohibition: 34

**Cost of Building and Strengthening the MAZE:**

Nine new posts were created though no worker shortage has been indicated in the reports, in the years 97-2002.

Plan Expenditure on Salaries under Directorate of Prohibition: Rs 13, 70,000

Plan Expenditure on Salaries under Strengthening of Department: Rs 8,00,000

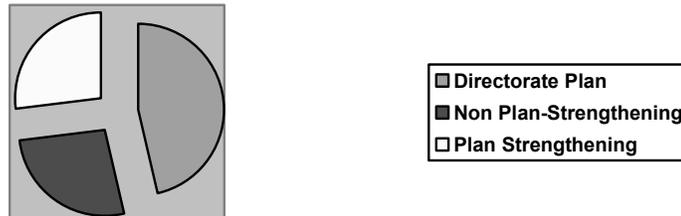
Non-Plan Expenditure on Salaries under Strengthening of Department: Rs 7,90,000.

Over Time Allowance: Rs 15,000

Total Salaries paid Rs 30,75,000.

These are the non-comprehensible accounts of the Directorate. The amount shown as salaries is only Rs 13.7 lacs but the actual amount spent is Rs 30.6 lacs. **Is the amount spent on the staff justified?**

### Amount of Salary Actually Paid!



Source: Demand for Grants for NCT of Delhi 2003-04

### Regarding awareness on Publicity Awareness by Directorate of Prohibition

According to a study conducted by the Evaluation Cell of the Planning Department, the following results have been found about the drinking patterns. According to this study, about 39% of the sample and 42% of the drinking sample is addicted.

- 1) 84% are aware of the Publicity measures taken by the Directorate.
- 2) 92% who drink are aware of the ill effects.
- 3) 27% approached NGOs to reduce consumption of liquor.
- 4) 37% have member in their families who drink.
- 5) 50% said that the slogans publicized by the department were effective.
- 6) 60% have told their friends and family to denounce alcohol based on the slogans.
- 7) 30% feel new and more effective slogans should be introduced.
- 8) 30% reduced the consumption of liquor due to the impact of the publicity of the department.

### Drinking Patterns



Refer: Appendix IV

The question now arises that since 84% are aware of the efforts of the Directorate and 92% of the drinkers are aware of the ill effects, why the Directorate needs to further publicise a well-known cause. Would it not be the next obvious step to diversify and tackle the next part of the problem, which is de-addiction and rehabilitation? The survey above says that 42% of the persons who consume liquor are addicted to it. Is this not a large enough percentage to affect society in a detrimental way? Is this figure not large enough for the department to sit up, take notice, and tackle the problem?

The Directorate's objectives are clearly stated in Article 47 of the Constitution, which only states that it is the duty of the state to reduce the consumption of liquor. Nowhere does it state that only publicity methods can be applied to achieve its objective. Then why doesn't the Directorate initiate a few more comprehensive steps to combat alcoholism? A case study conducted by me on a Rehabilitation and Treatment Cell explains a few ways to fight alcoholism in an appropriate and effective way.

### **Navjyoti-A Case Study**

#### **History**

Navjyoti Delhi Police Foundation has been carrying on Correction, De-addiction and Rehabilitation for the last 15 years and was started under the initiative of Dr Kiran Bedi. Until date, they have treated over 12,000 patients. This is implemented exclusively with a non-allopathic model based on Homeopathic, Yoga, and Naturopathy supported by counselling to combat bio-psycho-social problems of drug dependence. As per the records available with them, they have achieved almost 60% success.

Navjyoti gained strength and reputation over the last 15 years. It now has special consultative status with Economic and Social Council of the United Nations.

- 1987: it is the crime drug connection that prompted Kiran Bedi to start Navjyoti at seven Police Stations in Delhi in 1987.
- 1988: Sixteen police officers ranging from the then Commissioner of Police to the Constabulary formed Navjyoti Delhi Police Foundation as a Registered Voluntary Organisation.
- 1990: to consolidate the gains over the years, Navjyoti centres in various police stations were closed down and the project was centralised at the Sarai Rohilla Police Station. The treatment model based on Medico-Psycho-Social and spiritual management with Homeopathy and Yoga as its integral part has been developed, standardised and adopted at the de-addiction centre.
- 1991: Ministry of Social Justice and Empowerment, Government of India recognised the efforts of Navjyoti by providing financial assistance to the de-addiction centre.
- 1993: it was recognised as a training centre by the national institute of social defence, government of India. Since then a number of training programmes have been organised regularly.
- 1994: a proper "Aster-care-cum-rehabilitation" centre was set up aiming towards "Whole Recovery" of an individual. In this centre, different aspects ranging from behaviour modification to economic rehabilitation have been fully taken into consideration.

#### **Organisational Setup**

It is funded by the Ministry of Social Justice and Empowerment for its basic activities and receives a lot of support from the Delhi Police. In fact, the current premise of Navjyoti is in the Sarai Rohilla Police Station. It also raises funds through private donations. Nine lakhs are provided to Navjyoti under the grant given by Ministry of Social Justice and Welfare, which only provided for one shift of doctors and counsellors. To provide round the clock treatment and counselling funds are raised from United Nations, private donations etc.

30 bed facilities are provided for under the grants but 90 patients are taken every six months and about 180 patients on an average per year.

- 4 full time doctors.

- 7 full time counsellors.
- 5 round the clock supervisors.
- 6 voluntary supervisors.
- Recovering patients as part time counsellors.
- Other unskilled staff for cleaning and other chores.

All the treatment provided at Navjyoti is free of cost. The patient only needs to pay Rs 1,700 for his food, as all patients are put on special diets, which prove to be quite expensive. Apart from the diet about Rs 10,000-15,000 is spent per patient depending on the specific needs. Approximately Rs 17 lac are spent on salaries for the staff and the treatment of about 180 patients per year.

### **Treatment Model**

- 1<sup>st</sup> Phase-Preparatory phase (OPD) – Daily 10 A.M. to 5 P.M.
- 2<sup>nd</sup> Phase-Six month's residential treatment programme.
- 3<sup>rd</sup> Phase-Rehabilitation phase-After Care Group.

### **The First Phase Of Treatment Begins At OPD Or The Preparatory Phase.**

- Pre-detox-counselling
- Group counselling
- Input sessions
- Family counselling/meeting
- Sharing sessions by re-covering
- Confidence building of family through participatory approaches
- Work therapy
- Home visits
- Provide general rules and regulations to the patients and their family.

### **In House Treatment**

- Homeopathy is administered because it is non-habit forming and there is no psychological dependence on drugs since dosage is very small. This treatment can also be used to treat person as a whole and not with multiple drugs for different symptoms.
- Psychological services
  - Structured and safe environment
  - Lays emphasis on family values and, participation and peer influence.
  - Have sessions to overcome self-helplessness, inadequacy and low self-esteem.
  - Progression by learning, doing and modelling.
  - Vocational training
  - Psychotherapy and counselling
  - Individual therapy and group therapy with recovering addicts.
  - Craving control techniques.

- Relaxation and leisure time
- Yoga and Naturopathy
  - Vipassana: each patient towards the end of ones discharge is practicing 10 days meditation programme. Vipassana meditation helps in whole person recovery and reduces chances of relapse.
  - Art of Living: 15-day course conducted every quarter for all patients. After the course is over attempts to regulate patient's behaviour and motivate him to practice the taught techniques.
- Family Assistance Programmes

#### **After Care Group**

The objective of after care group is to ensure better recovery, reduce chances of relapse and provide a support structure to the recovering patient. It also helps, as the recovered patients are role models and counsellors who provide support to the OPD patients. It also helps in analysing and monitoring recovery rate and patterns and helps to keep in touch with the family of the patient to get regular feedback.

The objective of this case study is to show that only about 20 lakhs are required per annum to run an efficient rehabilitation centre where 110 patients are rehabilitated successfully every year out of 180. That is the amount the Prohibition Department spends on just hoardings to spread awareness to prevent alcoholism.

*Navjyoti is an excellent example of how a comprehensive approach needs to be taken to fight alcoholism and having computer animation displays at ITO may not really solve the problem. The Prohibition Department should encourage such institutions and maybe set up some NGOs, which it can fund apart from its Publicity and Propaganda activities. Navjyoti is an institution which fights alcoholism from start to finish by publicizing in areas it recognises as affected largely by alcoholism, motivates the patients, and provides in house treatment and also after care to support patient and ensure he doesn't begin drinking again. It has treated 12,000 patients in 15 years and it is just one organisation. If the Directorate of Prohibition set up 15 such organisations in Delhi, then eventually it could treat 12,000 alcoholics in one year alone!*

## Recommendations for the Directorate of Prohibition

1. The Delhi Government needs to remove the dichotomy of objectives between the sales of liquor and its duty to reduce consumption of liquor.
2. The Delhi Government needs to evaluate the Directorate of Prohibition and ascertain whether it is necessary or if it can be done with.
3. The Delhi Government should stop the stepchild treatment towards the Directorate and stop handing it over from one department to another.
4. If the Directorate cannot be done away with then there should be some diversification to tackle the problem of alcoholism comprehensively.
5. The accounts of the directorate are presently lack clarity and transparency.
6. The Directorate needs a system by which it monitors its past years' achievements based on which it can formulate and budget its activities in a more efficient ways.
7. Productivity reports on the staff should be formulated, as the Directorate seems to be overstaffed which could be deployed in other departments.

8. The Directorate must divide the NCT of Delhi into zones and ascertain the areas, which are most prone to alcoholism to take action, by both publicising as well as rehabilitating.
9. Collaborate with the NGOs in different areas of the city to achieve better results.
10. The Directorate has a budget of Rs1.25 Crores, which they are mostly not able to spend. If half the amount was allotted for Publicity and other half, which still amounts to Rs 62.5 lac on Rehabilitation and Treatment, 3-4 cells could be started in a single year and thousands could be de-addicted.

The real question is if the Delhi Government, being the monopolist in liquor, wants to de-addict thousands!

## Appendix-I

### Expenditure of the Prohibition Department for Ninth Five-Year Plan 1997-2002 (In Lacs)

PUBLICITY SCHEME	1997-98	1998-99	1999-00	2000-01	2001-02	Total 1997-2002
Publicity Through TV /AIR	--	15.84	14.70	--	--	30.54
DTC Bus Back Panels	7.34	10.72	7.43	7.09	18.03	50.61
Bus Queue Shelters	--	--	9.41	9.05	12.37	30.83
Kiosks	7.10	4.74	8.65	7.15	6.44	34.08
Exhibitions	6.66	5.86	17.70	27.88	22.50	80.60
Banners	2.99	--	0.29	0.56	--	3.84
Dramas	10.80	8.62	10.46	7.00	10.41	47.29
Wall Paintings	--	--	--	--	--	--
Hoardings	--	--	--	--	--	--
Metallic Posters	--	--	--	--	--	--
Competitions	--	--	--	--	--	--
Railway Station Publicity	--	--	--	3.36	1.31	4.67
Computer Animation Display	--	--	--	--	4.35	4.35
<b>Total Plan Expenditure</b>	<b>34.89</b>	<b>45.78</b>	<b>68.64</b>	<b>62.09</b>	<b>75.41</b>	<b>286.81</b>
Newspapers (Non-plan)	11.02	7.20	14.33	9.53	15.65	57.73
Office Expenses (Non-plan)	7.10	1.65	0.71	--	--	9.41
Vehicles	5.77	3.20	--	--	--	8.97
<b>Total expenditure on Publicity</b>	<b>58.78</b>	<b>57.83</b>	<b>83.68</b>	<b>71.62</b>	<b>91.06</b>	<b>362.97</b>
Strengthening of the Prohibition Department	2.56	3.54	1.79	3.76	7.90	19.55
<b>Grand Total</b>	<b>61.34</b>	<b>61.37</b>	<b>85.47</b>	<b>75.38</b>	<b>98.96</b>	<b>382.52</b>

Appendix-II

**Statement of Physical and Financial Plan and Expenditure in Year 2001-02  
(In Lacs)**

<b>PUBLICITY</b>	<b>PHYSICAL PLAN</b>	<b>FINANCIAL PLAN (Approved)</b>	<b>FINANCIAL PLAN (Anticipated)</b>	<b>EXPENDITURE (Actual)</b>
TV /AIR	5 Tele films, 10 Short films, 2Songs	10.00	10.00	---
DTC Bus Back Panels	200 Panels for 5 months	10.00	9.84	18.03
Bus Queue Shelter	85 Shelters for 5 months	10.00	10.00	12.37
Cultural Programs	697 Programs	10.60	10.60	10.41
Kiosks	800 kiosks 2 months	10.00	7.00	6.44
Computer Animated Display	6 messages at AIIMS & Ashram	---	5.00	4.35
Railway Station	2 Hoardings, 50 Kiosks	7.00	7.00	1.31
Metallic Posters	1500 Posters	---	---	---
Films	123 Films	3.50	---	---
Banners	900	1.00	1.00	---
Exhibitions	9 exhibitions of 5 days each	20.00	20.00	22.50
<b>A. Total Plan Expenditure for Publicity</b>		<b>82.10</b>	<b>80.44</b>	<b>75.41</b>
B. Strengthening of the Prohibition Department (Plan)		7.90	7.90	7.90
<b>1. Total Plan Expenditure</b>		<b>90.00</b>	<b>88.34</b>	<b>83.31</b>
A. Newspapers (Non-plan)	139 newspaper advertisements	--	--	15.65
B. Salaries and office expenses				19.98
C. Strengthening of the Prohibition Department (Non-plan)		5.00	5.00	4.40
<b>2. Total Non-Plan Expenditure</b>		<b>5.00</b>	<b>5.00</b>	<b>40.03</b>
<b>Grand Total (1+2)</b>		<b>95.00</b>	<b>93.34</b>	<b>123.34</b>

Appendix-III

**Comparison of Physical Achievements and Expenditure for the Years 2000-01 & 2001-02 (In Lacs)**

PUBLICITY	PHYSICAL PLAN 2000-01	EXPENDITURE 2000-01	PHYSICAL PLAN 2001-02	EXPENDITURE 2001-02
TV /AIR	4 Tele films, 6 Short films	---	5 Tele films, 10 Short films, 2Songs	---
DTC Bus Back Panels	200 Panels for 3 months	7.09	200 Panels for 5 months	18.03
Bus Queue Shelter	100 Shelters for 5 months	9.05	85 Shelters for 5 months	12.37
Cultural Programs	463 Programs	7.00	697 Programs	10.41
Kiosks	545 kiosks for 3 months	7.15	800 kiosks 2 months	6.44
Computer Animated Display	---	---	6 messages at AIIMS & Ashram	4.35
Railway Station	6 hoardings 250 kiosks	3.36	2 Hoardings, 50 Kiosks	1.31
Metallic Posters	830 Posters	---	1500 Posters	---
Films	75 Films	---	123 Films	---
Banners	492	0.56	900	---
Exhibitions	9 exhibitions	27.88	9 big exhibitions of 5 days each	22.50
<b>TOTAL PLAN EXPENDITURE</b>		<b>62.09</b>		<b>75.41</b>
Newspapers (Non-plan)	115 newspaper advertisements	9.53	139 newspaper advertisements	15.65
<b>GRAND TOTAL</b>		<b>71.62</b>		<b>91.06</b>

Appendix-IV

**Study on the Patterns of Consumption of Liquor by the Evaluation Cell of the Planning Commission**

1. **Reasons for Drinking**

SN	Particulars	No of Persons
1.	Persons interviewed	319
2.	Persons consuming liquor	293 (92%)
3.	Persons addicted to liquor	123 (42%)
4.	Reasons for Drinking <ul style="list-style-type: none"> <li>• To reduce tension</li> <li>• To Entertain or for company</li> <li>• On doctors advice</li> <li>• Other reasons</li> </ul>	65 (22%) 164 (56%) 32 (11%) 32 (11%)
5.	Reaction of family members <ul style="list-style-type: none"> <li>• React</li> <li>• Neutral</li> </ul>	91 (31%) 202 (69%)
	<b>TOTAL</b>	<b>293</b>

2. Expenditure on Liquor and Income of family

No of Persons Interviewed	No of members drinking in the family	Monthly Expenditure on liquor	Monthly Income of Family
319	293	Expenditure Range No. of persons  Up to 200 94(32%)  201-500 72(25%)  More than 500 127(43%)	Income range No. of persons  Up to 3,000 99(31%)  3,001-6,000 113(36%)  6,001-10,000 68(21%)  More than 10,000 39(12%)
		<b>Total</b> <b>293</b>	<b>Total</b> <b>319</b>

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