

During the Drugs Conference organized by INSA at Guwahati from the 5th to the 7th of December, 2013 I had mentioned reviving Opium Registry for the opium users, who were also opium cultivators, in Arunachal. Nearly TEN years ago a conference, organized by the Ministry of Health, Government of India, on this very subject had been held. Its conclusions have been ignored till now.

Romesh Bhattacharji

“Opium Registry” - *Minutes* of a Workshop held on the 31st of August, 2004 in Delhi. Organised by the National Drug Dependence Treatment Centre (NDDTC) of All India Institute of Medical Sciences, New Delhi.

Sponsored: Ministry of Health, Government of India.

A workshop with the aim of streamlining opium registry in India was held on 31st August at the USO House, New Delhi.

Participants from: Ministry of Health,
Civil Health Sector,
Psychiatrists,
Deptt. Of Revenue,
Ministry of Social Justice and Empowerment,
Social Scientists,
Indian Council of Medical Research (ICMR),
Post Graduate Medical Students,
Central Bureau of Narcotics (CBN),
Narcotics Control Bureau (NCB),
& UNODC. (Annex 1)

Welcome speech was given by the Convenor- Dr. Rakesh Lal. This was followed by the inaugural address delivered by Dr. Rajat Ray, Chief, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi.

Dr, Ray highlighted the discrepancy between the number of registered opium users and the actual prevalence of opium users in the country as shown in the National Household Survey (2002). He delineated the importance of opium registry which was operational till 1959*, and the ensuing benefits to the user and the society. He invited views of the participants on the issue.

The formal scientific sessions started thereafter and the first session was chaired by Prof. Mohan Isaac and Prof. J.S. Sachdev. In this session Mr. PR Lakra, Deputy Narcotics Commissioner informed the group about the organization structure and activities of CBN. He gave details about the locations and quantities of licit opium cultivation in the country and supervisory activities to prevent diversion to the illicit market. He also spoke about the current status of opium registry in the country and quantity of opium released for the purpose. (Annex 2).

This was followed by a presentation by Mr. KK Ganguly, Assistan Director, ICMR, who gave the profile of the opium abuser and prevalence data in the state of Rajasthan. He informed the group that opium abuse is not stigmatized in the state and it is socially sanctioned and even encouraged in religious and other social functions. He further gave some details of the financial benefits of diverting opium produce to the illicit market. He discussed likely problems that may be encountered if opium registry is carried out with the current infrastructure.

Dr. R La, Additional Professor, NDDTC, AIIMS then spoke about the existing scenario of opium cultivation and supply in the country. He reviewed the phenomenon of opium abuse from the time it made its first appearance in 3400 BC to the period preceding independence and the post independence era. He spoke about the various policies guiding the opium use legislation in different times. Although the British had formally started registering opium users this policy was discontinued in 1959. He spoke about the the need to restart the opium registry considering the large number of persons abusing opium and their unwillingness to come for treatment. (Annex 3).

Mr. HK Sharma, Senior Research Officer, NDDTC, AIIMS, compared opium registry with maintenance programmes currently practiced in various countries and

spoke about the medical, social and legal benefits of maintenance treatment. He informed the group that many countries in the world have formal maintenance programmes for opioid abusers and that some countries like UK and Switzerland were also giving heroin for the purpose. He also spoke about the INCB viewpoint regarding provision of opium to users. It states that “the practice as it takes place in India may be considered medical use of opium, in conformity with the relevant provisions of the 1961 Convention.

This was followed by a group discussion wherein Prof. JS Sachdev (Punjab), Prof. Mohan Isaac (Karnataka), Prof. Mahaveer Chand (Rajasthan), Prof. S. Deshpande (Delhi), Prof. PK Dalal (Uttar Pradesh) and Mr. HK Sharma (Assam) acquainted the group with prevalence figures of opium abuse in their respective states.

In this session Mr. Devassy, Superintendent, NCB, briefly spoke about the legal consequences of opium use in the context of existing laws in the country. He also informed the group that opium use for medical reasons is permissible under the NDPS Act.

The post lunch session was chaired by Prof. Ray and Prof. Mahaveer Chand. In this session Prof. Mohan Isaac discussed possible means to minimize diversion of opium to the illicit market. He spoke about the need to identify potential areas of diversion including cultivation. He spoke about the need to identify potential areas of diversion including cultivation, distribution and from the consumer himself and need to supervise all the areas. Raising the procurement price, promotion of international cooperation and control of money laundering were some measures suggested to reduce illicit diversion.

Prof. Dalal familiarized the group with the existing facility in King George Medical College, Lucknow including details of the patients seeking treatment of substance abuse. He delineated methods to ensure compliance including the role of the physician, the pharmacist, laboratory services and the family members.

Prof. Sathianathan highlighted the magnitude of the problem and its hidden nature due to stigmatization. He spoke at length about the complications of opium use

including health, social and legal. The importance of coordination between the health, social welfare and legal sectors was discussed to combat the problem.

Discussion:

In the ensuing discussion a consensus emerged that Opium Registry is desirable in the country, but there is need to revamp the existing infrastructure and incorporate supervisory mechanisms at various levels. One important area of concern was the possibility of illicit diversion. However, it was agreed that excessive controls may be counterproductive and that excessive control of opium use had led to increased use of illicit opioids including heroin in South East Asia.

The group agreed that there was a need to formulate guidelines on the quantity of opium to be given, decide on suitable outlets for dispensing opium and prevent diversion from there and institute a proper delivery system.

Conclusion:

1. Opium users are productive citizens and can be considered law abiding apart from purchase of illicit opium.
2. Opium use enjoys social acceptability in certain geographic areas in specific population groups.
3. All opium users are not dependent.
4. International Conventions do not bar the country from formulating its own policies regarding opium registry.

Recommendations:

- 1- There is need to revive the Opium Registry.
- 2- Keeping in mind the multifaceted nature of operationalised Opium Registry in our country, there is need to convene a national workshop involving participants from different sectors who would deliberate upon various issues related to opium registry including logistic details.
- 3- The areas needing further discussion before reviving the Opium Registry includes:

- Feasibility inputs from State Excise Commissioners,
- Need to specify qualifying criteria for being included in the Opium Registry:
 - a) Calculation of amount to be dispersed,
 - b) Dependent users vs. Occasional users,
- Decision on who dispenses,
- Certifying Authorities,
- National or Regional Applicability,
- Supervisory Authorities to prevent
 - a) Diversion, &
 - b) Ensure Compliance.

OPIUM REGISTRY- Next Steps:

- 1- Prepare a status report of Opium Use in the country.
- 2- Summary of presentations in the last meeting and recommendation.
- 3- Demonstrate the need and relevance for reviving Opium Registry in India.
- 4- Develop a draft proposal for setting up Opium Registry.
- 5- This can be done through consultation with various experts in the field through e mail and post.
- 6- Collect the international experience on such initiatives from the internet.
- 7- Based on these inputs develop a propoasal which will address the following issues:
 - A) Where should it be located?
 - B) What si the physical infrastructure?
 - C) What is the requirement of personnel?
 - a. Capacity fo the personnel.
 - b. Administrative Structure.
 - D) How will the centre identify patients who need opium?
 - E) Who will do this?
 - F) How will Opium be administered?
 - G) Who will monitor it?
 - H) How is the requirement calculated?
 - I) What are the registers to be kept?
 - J) What are the indicators for monitoring proper functioning?
 - K) What is the expenditure incurred
 - a. Capital &

- b. Recurring.
- 8- A proposal which addresses all these and other relevant issues may be developed and circulated for comments to experts in various fields. Once comments are obtained, then a consultation can be held for discussion and approval of the plan.
 - 9- Any meeting prior to this preparatory work is unlikely to yield the desired benefits.
- It should be 1971- R B's comments