

AS INTRODUCED IN THE RAJYA SABHA  
ON THE 4TH DECEMBER, 2015

**Bill No. LV of 2015**

THE PREVENTION OF ADDICTION OF TECHNOLOGICAL  
GADGETS BILL, 2015

A

**BILL**

*to provide for the prevention of the rising problem of technological gadgets and  
addiction among the citizens in the country*

BE it enacted by Parliament in the Sixty-sixth Year of the Republic of India as follows:—

1. (1) This Act may be called The Prevention of Addiction of Technological Gadgets Act, 2015.

Short title,  
extent and  
commencement.

(2) It extends to the whole of India.

5 (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

Definitions.

2. In this Act, unless the context otherwise requires,—

(a) "addiction" means physical or mental dependence on a particular substance or a service or a product or a device or a gadget;

(b) "appropriate Government" means in relation to state, Government of that particular state and in all other cases, the Central Government;

(c) "digital detoxication center" means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy Establishment, by whatever name called, either wholly or partly, meant for the care of persons with technological gadget addiction illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person;

(d) "gadget" means a small tool or device generally mechanical or technological in nature that does something useful;

(e) "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

(f) "Psychiatrist" means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule of India Medical Council Act, 1956, or recognised by the Medical Council of Indian, constituted under the Indian Medical Council Act, 1956 (02 of 1956), and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act; and

(g) "technological gadget" means any gadget or device such as mobile phone, laptop, gaming device, personal digital assistant, tablet, music player etc.

Recognition of technological gadget addiction as a mental illness and a form of substance abuse.

3. (1) The appropriate Government shall recognize technological gadget addiction as a mental illness and take necessary measures in order to give effect to the same.

(2) The appropriate Government shall consider technological gadget addiction as a form of substance abuse and take all necessary measures required in order to give effect to the same.

Creating awareness about technological gadget addiction.

4. The appropriate Government shall take all measures to ensure that,—

(a) the provisions of this Act are given wide publicity through public media, including television, radio, print and online media at regular intervals;

(b) the programs to reduce stigma associated with technological gadget addiction are planned, designed, funded and implemented in an effective manner;

Creation of digital detoxication centers.

5. (1) The appropriate Government shall establish digital detoxication centres for patients suffering from technological gadget addiction in every district and provide adequate medical facilities for rehabilitation, food, adequate care, protection, lodging and boarding;

(2) The appropriate Government may, by rules, provide for the management and supervision of the centres established under sub-section (1) of this section for providing the best treatment and facilities to the patients.

6. (1) Any person, who is not a minor and who considers himself to have a mental illness and desires to be admitted to any digital detoxication center for treatment may request the medical officer or psychiatrist in charge of the Center to be admitted as an independent patient.

Independent Admission and Treatment in digital detoxication center.

5 (2) On receipt of such request under sub-section (1), the medical officer or psychiatrist in charge of the Center shall admit the person to the Center if the medical officer or psychiatrist is satisfied that—

(a) the person has a mental illness of a severity requiring admission to a digital detoxication center;

10 (b) the person with mental illness is likely to benefit from admission and treatment to the digital detoxication center;

(c) the person has understood the nature and purpose of admission to the digital detoxication center, and has made the request for admission of his own free will, without any duress or undue influence and has the capacity to make mental health care and treatment decisions without support or requires minimal support from others in making such decisions.

(3) If a person is unable to understand the purpose, nature, likely effects of proposed treatment and of the probable result of not accepting the treatment or requires a very high level of support approaching hundred per cent support in making decisions, he or she shall be deemed unable to understand the purpose of the admission and therefore shall not be admitted as independent patient under this section.

(4) A person admitted as an independent patient to a digital detoxication center shall be bound to abide by order and instructions or bye laws of the Center.

(5) An independent patient shall not be given treatment without his informed consent.

25 (6) The digital detoxication center shall admit an independent patient on his own request, and shall not require the consent or presence of a nominated representative or a relative or care-giver for admitting the person to the digital detoxication center.

(7) Subject to the provisions contained in Section 8 an independent patient may get himself discharged from the digital detoxication center without the consent of the medical officer or psychiatrist in charge of such Center.

7. (1) A minor may be admitted to a digital dexotication center only after following the procedure laid down in this section.

Admission of a Minor in a digital detoxication center.

(2) The nominated representative of the minor shall apply to the medical officer in charge of a digital detoxication center for admission of the minor to the Center.

35 (3) On receipt of such an application, the medical officer or psychiatrist in charge of the digital detoxication center may admit such a minor to the Center, if two psychiatrist or one psychiatrist and one mental health professional or one psychiatrist and one medical practitioner, have independently examined the minor on the day of admission or in the preceding seven days and both independently conclude based on the examination and, if appropriate, on information provided by others, that,—

(a) the minor has a mental illness of a severity requiring admission to a digital detoxication center;

45 (b) admission shall be in the best interests of the minor, with regard to his or her health, well-being or safety, taking into account the wishes of the minor if ascertainable and the reasons for reaching this decision;

(c) the mental health care needs of the minor cannot be fulfilled unless he is admitted; and

(d) All community based alternatives to admission have been shown to have failed or are demonstrably unsuitable for the needs of the minor.

(4) A minor so admitted shall be accommodated separately from adults, in an environment that takes into account his age and developmental needs and is at least of the same quality as is provided to other minors admitted to hospitals for other medical treatments.

(5) The nominated representative or an attendant appointed by the nominated representative shall under all circumstances stay with the minor in the digital detoxication center for the entire duration of the admission of the minor to the digital detoxication center. 5

(6) In the case of minor girls, where the nominated representative is male, a female attendant shall be appointed by the nominated representative and under all circumstances shall stay with the minor girl in the digital detoxication center for the entire duration of her admission. 10

(7) A minor shall be given treatment with the informed consent of his nominated representative.

(8) if the nominated representative no longer supports admission of the minor under this section or requests discharge of the minor from the digital detoxication center, the minor shall be discharged by the digital detoxication center. 15

Discharge of Patients.

**8. (1)** The medical officer or psychiatrist in charge of a digital detoxication center shall discharge from the digital detoxication center any person admitted under Section 6 as an independent patient when the medical officer in charge is of the view that the patient has been cured of the illness immediately or on a request made by such a patient.

(2) Where a minor has been admitted to a digital detoxication center under Section 7 and attains the age of eighteen years during his stay in the digital detoxication center, the medical officer in charge of the digital detoxication center shall classify him as an independent patient under Section 6 and all provisions of this Act as applicable to independent patient who is not minor, shall apply to such person. 20

(3) The medical officer or psychiatrist-in-charge of a digital detoxication center shall discharge from the digital detoxication center any person admitted under Section 7 as a minor patient when the medical officer in charge is of the view that the minor has been cured of the illness or immediately on request made by the nominated representative. 25

Appropriate Government to take measures as regard to human resource development and training, etc.

**9. (1) The appropriate Government shall take measures to address the human resource requirements of mental health services in the country by planning, developing and implementing educational and training programs in collaboration with institutions of higher education and training, to increase the human resources available to deliver mental health interventions and to improve the skills of the available human resources to better address the needs of persons with technological gadget addiction.** 30

**(2) The appropriate Government shall, at the minimum, train all medical officers in public health care establishments to provide basic and health care to patients suffering from technological gadget addiction.** 35

**(3) The appropriate Government shall make efforts to meet internationally accepted guidelines for number of mental health professionals on the basis of population, within ten years from the commencement of this Act.** 40

Guidelines for the prevention of technological gadget addiction.

**10. (1)** The appropriate Government, as and when required, shall issue guidelines for Prevention of technological gadget addiction.

(2) The guidelines shall be issued after due consultations with the concerned stakeholders.

Co-ordination within Appropriate Government.

**11.** The Appropriate Government shall take all measures to ensure effective co-ordination between services provided by concerned Ministries and Departments such as those dealing with health, law, home affairs, human resources, social justice, employment, education, women 45

and child development, medical education to address issues of technological gadget addiction.

5 **12. (1) The appropriate Government may, by notification, establish for the purposes of this Act, a National Research Centre for Prevention of Technological Gadget Addiction and the Research Center shall conduct holistic research activities in the field of prevention of technological gadget addiction.**

National Research Center for Prevention of Technological Gadget Addiction.

**(2) The Central Government may, by notification, specify the headquarters of the Research Center established by it under such-section (1).**

10 **13. (1)** From such date, as appropriate Government may, by notification in the Official Gazette specify, the education of prevention of technological gadget addiction shall be given as a compulsory subject in all educational Institutions from such class onwards as may be determined by the appropriate Government.

Compulsory teaching of prevention of technological gadget addiction in all educational Institutions.

15 (2) Subject to such rules, as may be prescribed, the appropriate Government shall ensure appointment of such number of teachers with such qualifications, as may be specified, for teaching prevention of technological gadget addiction in educational Institutions.

Restriction on release of information in respect of technological gadget addiction.

**14. (1)** No photograph or any other information relating to a person with technological gadget addiction undergoing treatment at a technology detoxication center shall be released to the media without the consent of the person with technological gadget addiction.

20 (2) The Right to confidentiality of person with technological gadget addiction shall also apply to all information stored in technological or digital format in real or virtual space.

Provision of Funds by Central Government.

**15. The appropriate Government shall, after due appropriation made by Parliament by law in this behalf, provide requisite funds for carrying out the purposes of this Act.**

25 **16.** The provisions of this Act and of any rules and orders made thereunder shall have effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force.

Act to have Overriding Effect.

**17.** The appropriate Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

Power to make Rules.

## STATEMENT OF OBJECTS AND REASONS

India witnessed a technological revolution in the first decade of the 21st century. The penetration of technology ensured that even the population living at the bottom of the economic pyramid can access the fruits of development. The advent of cheap mobile telephony along with low cost internet enabled that citizens in the country have a greater access to information and thereby make more informed choices. However like every other modern form of development, even technology came along with its set of externalities. Over a period of time, the phenomenon of excessive use of mobile phones, video games and technological gadgets such as laptops, tablets etc. is being witnessed in the Indian society. This phenomenon is not just restricted to the urban areas but also in the rural parts of the country. According to the Telecom Regulatory Authority of India (TRAI) the total number of wireless telephone subscribers in India was 988.69 million as of August 2015.

The problem of Gadget Addiction in the country is getting serious by the day. The most harmful effect of the same can be seen on children who are getting addicted by such technological gadgets and are turning into couch potatoes. Excessive usage of television, mobile phones, video games and computing devices is not only hampering their physical, mental and psychological growth in the most productive years of their life but is also making them totally isolated from the society.

Due to this disorder, people stay glued into their technological gadgets at all times of the day. May it be while driving or crossing the road or even while performing daily life tasks such as eating or using the washroom, people just cannot move away from their technological gadgets. This problem is slowly but steadily penetrating into Indian households and has the capability of destroying the ethos of cultural traditions of the country. The excessive use of technological gadgets affects the premise or the foundation of a cohesive and collaborative society. In a series of surveys conducted by global IT security solutions firm Kaspersky Lab in the year 2015, 73 percent of the respondents in India were found to be 'digital addicts'. In the year 2014, a study from 10 countries done by A.T. Kearney Global Research revealed that 53 per cent of Indian respondents surveyed connected to the internet every waking hour which was higher than the global average of 51 per cent. Very little surveys has been done on this front at a national level and hence, there is also a pertinent need to conduct such independent surveys in the country to estimate the magnitude of the problem of technological gadgets disorder.

Moreover, the excessive use of technological gadgets is extremely detrimental to the health of population especially young and growing children. Medical research has found that the children who spend more time on the internet have high chances of elevated blood pressure. There is a tendency to use technological gadgets late in the night after switching off the light and hence, it severely affects the eye sight of human beings. More so, it also induces sleeplessness among the addict users.

This phenomenon is termed as technological gadget addiction and is being slowly recognized as a serious problem in various countries. In 2008, China became the first country in the world to declare Internet addiction a clinical disorder. In the year 2013, South Korean Government stated that one in every five students is addicted to smartphone usage. In Japan, a Study published by the Government stated that in the year 2013, 8.1% of approximately 100,000 junior-high and high-school students polled were likely to be "pathologically" addicted to the Internet. The Government of South Korea has passed a Shutdown Law also known as Cinderella Law whereby children under the age of 16 are not allowed to access gaming websites from midnight 12 am till 6 am. In Sanskrit, it is rightly said—अतिपरिचयात् अवज्ञा which means too much of acquaintance causes disrespect. This very well holds true for technology and technological gadgets as well.

Having a mental disorder or an illness is considered as a taboo in Indian society. It is necessary that the taboo around such problems is removed and a more conducive environment is created so that the patients suffering from such problems can be treated in a more humane manner. It is an imperative that technological gadget addiction is considered as a mental problem in the first place so that required awareness can be created about this problem persisting in the society. Digital detoxication centers will ensure that the patients suffering from gadgets or internet overdose are treated in an effective manner so that they can live a more peaceful and happy life. Moreover, this Bill also mandates the creation of National Research Centre for prevention of technological gadget addiction in the country. Minimal research has been done on this front across the globe and hence, through this Research Center and its robust working, India can make significant contribution in solving the problem of technological gadget addiction in the world. Compulsory education of prevention of technological gadget addiction will ensure that the most susceptible section of the society to such disorder-young children will become more aware about this problem and can be better placed to face the same.

With efforts being made to promote the digital technologies in the country at every stage by the government, it is also necessary that appropriate laws are created in order to prevent the ill effects of the over usage of the same. The need of the hour is to follow the age old time tested Sanskrit adage—अति सर्वत्र वर्जयेत्—Let excess be avoided everywhere.

Hence this Bill.

VIVEK GUPTA

#### FINANCIAL MEMORANDUM

Clause 4 of the Bill provides for publicity through public media. Clause 5 provides for the creation of digital detoxication centers. Clause 9 provides for addressing the human resource requirement of Mental Health Services and the training needs.

Clause 12 provides for the establishment of National Research Center for Prevention of Technology Gadget Addiction. A non-recurring expenditure of rupees one thousand and five hundred crore is also likely to be involved.

Clause 15 provides that the Central Government shall provide requisite funds for carrying out the purposes of the Bill. At this stage, it is not possible to estimate the amount to be incurred. However, the Bill, therefore, if enacted, will involve expenditure from the Consolidated Fund of India. It is estimated that an annual recurring expenditure of about rupees one thousand crore would be involved.



#### MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 17 of the Bill empowers the Central Government to make rules for carrying out the purposes of the Bill. As the rules will relate to matters of details only, the delegation of legislative power is of a normal character.

RAJYA SABHA

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Provide for the Prevention of the rising problem of technological gadgets and addiction  
among the citizens in the country

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*(Shri Vivek Gupta, M.P.)*

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