

**Revised Manual on  
Minimum Standards of Services  
For The Programmes Under The Scheme  
For Prevention of Alcoholism and  
Substance (Drugs) Abuse**

**2009**



Prepared by  
**National Institute of Social Defence  
&  
Regional Resource and Training Centres**

**Under the Ministry of Social Justice and Empowerment  
Government of India**

**MANUAL**  
**ON**  
**MINIMUM STANDARDS OF SERVICES**  
**FOR THE PROGRAMMES UNDER THE SCHEME**  
**FOR PREVENTION OF ALCOHOLISM AND**  
**SUBSTANCE (DRUGS) ABUSE**



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# CONTENTS

	<b>Page no.</b>
Chapter 1 Introduction and about the scheme	I
Chapter 2 Integrated Rehabilitation Centre for Addicts (IRCA) –with annexure	19
Chapter 3 Awareness-Cum-De-addiction Camps (ACDC) and programme for prevention of alcoholism and drug abuse at workplace (WPP) - with annexure	82
Chapter 4 Regional Resource and Training Centres (RRTC) - with annexure	88
Chapter 5 Responsibilities of staff and code of ethics - rights for staff and clients - with annexure	127
List of References	132

## CHAPTER 1

# MINIMUM STANDARDS OF CARE IN THE FIELD OF ADDICTION TREATMENT / PREVENTION

### ABOUT THE SCHEME

The government believes in addressing the problem of addiction in its totality. This includes prevention efforts, creating awareness, early identification, treatment and rehabilitation, sustained follow-up care, and also involving and mobilising the community.

The scheme to provide financial assistance to support NGOs to offer treatment of addiction was initiated in the year 1987. In the year 2001, Minimum Standards of care were formulated, to improve the quality of treatment delivery. This was the first ever initiative in social welfare scheme to introduce Minimum Standards of Care (MSC) and establishing Regional Resource and Training Centres along with it, to help NGOs to comply with Minimum Standards of Care.

Some of the benefits achieved are

- The expectations of the Ministry are clearly perceived without ambiguity, facilitating adequate level of service delivery.
- Assessment and evaluation of programmes to ensure financial assistance is based on objective criteria rather than on subjective issues.
- NGOs can structure their programme based on MSC to ensure effective service delivery.
- NGOs can review their services and make appropriate changes.
- Helps staff to work in a focused manner and improve team work.
- Ensures optimum utilization of resources through networking and convergence.
- Availability of valuable information to support research studies, assess adequacy of services provided and plan appropriate staff training programmes where necessary.

Alcoholics and drug addicts are high risk group for HIV-AIDS. Hence, creating awareness, prevention and referral to other NGOs to tackle the issue of HIV-AIDS is another priority. To deal with multi faceted problems of alcohol and drug users, networking with other NGOs who are offering allied services is an important aspect of the scheme.

As the scheme for prevention of alcoholism & substance (drug) abuse has been revised w.e.f. 1.10.2008, now this manual has been revised accordingly.

**The aims and objectives of the scheme** for prevention of alcoholism and substance abuse are

- To support activities of non-governmental organisations, working in the areas of prevention of addiction and rehabilitation of drug users with the **rights based approach**.
- To create awareness about the ill-effects of substance abuse to the individual, the family, at the workplace and the society at large.
- To alleviate the consequences of drug and alcohol dependence amongst the individual, the family and society.



- To evolve and provide a whole range of community based services for the identification, motivation, detoxification, counselling, after care and rehabilitation of drug users.
- To facilitate research, training, documentation and collection of relevant information to strengthen the above mentioned objectives

### Strategies

- To develop culture-specific models for the prevention of addiction and treatment and rehabilitation of drug users.
- To promote collective initiatives and self-help endeavours among individuals and groups vulnerable to addiction.
- To promote community participation and public cooperation in the reduction of demand for dependence-producing substances.
- To create and sustain an infrastructure of trained human resource personnel and service providers to strengthen the service delivery mechanisms.
- To facilitate networking among policy planners, service providers and other stake holders with an aim to encourage appropriate advocacy.
- To promote and sustain a system of continuous monitoring and evaluation including self correctional mechanism.

### Eligibility conditions for assistance

The following organisations / institutions are eligible for assistance under this scheme.

1. A society registered under the Societies' Registration Act (XXI of 1860) or any relevant Act of the State Governments / Union Territory or under any State law relating to registration of literary, scientific and charitable societies.
2. A registered public Trust
3. A Company established under Section 25 of the Companies Act, 1956
4. Panchayati Raj Institutions (PRIs), Urban local Bodies (ULBs), an organisation / institution fully funded or managed by state / central Government or a local body
5. Universities, schools of social work, other reputed educational institutions, Nehru Yuva Kendras and such other well established organizations / institutions which may be approved by the Ministry of Social Justice and Empowerment.

### In addition, the registered organisations to have the following characteristics.

- a) It should have a properly constituted managing body with its powers, duties and responsibilities clearly defined and laid down in writing.
- b) It should have resources and facilities and experience for undertaking the programme.
- c) It is not run for profit to any individual or a body of individuals.
- d) It should not discriminate against any person or group of persons on the ground of sex, religion, caste or creed.

- e) It should ordinarily have existed for a period of three years.
- f) Its financial position should be sound.

### Extent of Assistance

The quantum of assistance shall not be more than 90% of the approved expenditure. In case of the seven North Eastern States, Sikkim and J & K, the quantum of assistance will be 95% of the total admissible expenditure. The balance of the approved expenditure shall have to be borne by the implementing agency out of its own resources. The Universities, Schools of Social Work and such other institutions of higher learning will be eligible for 100% reimbursement of approved expenditure.

### Services under the scheme

The following components are admissible

1. Integrated rehabilitation centre for addicts (IRCA)
2. Programme for prevention of alcoholism and drug abuse at workplace (WPP)
3. Awareness-cum-de-addiction camps (ACDC)
4. Regional resource and training centres (RRTC)
5. Technical exchange and personal development programme
6. Prevention education and awareness generation through media publicity
7. NGO forum for drug abuse prevention
8. Innovative intervention to strengthen community based rehabilitation
9. Survey, studies, evaluation and research on the subjects covered under the scheme.

### Application– Annexure I.1

To get financial assistance under the scheme, an Organization / Institution, should apply in the proforma prescribed along with the relevant documents in duplicate on the first of April to the Ministry of Social Justice and Empowerment, Government of India, New Delhi and a copy to be sent to State Social Welfare Department in the respective states.

### Submission of Reports – Annexure I.2

Half-yearly reports to be submitted as prescribed by the Ministry of Social Justice and Empowerment (twice a year) in the month of October and April through internet.

The manual has been divided into **Four main areas**. The minimum standards for each of these areas are presented:

1. Integrated Rehabilitation Centre for Addicts (IRCA)
2. Awareness-Cum-De-addiction Camps (ACDC) and workplace prevention programme
3. Regional Resource and Training Centre (RRTC)
4. Responsibilities of staff and code of ethics for staff and rights of clients



## Annexure 1.1

# APPLICATION FOR GRANT-IN-AID UNDER THE SCHEME FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUGS) ABUSE

## FOR I INSTALMENT (ON-GOING CASES)

1. Financial year for which grant-in-aid applied :
2. Name and complete address of the organisation :
3. Details of the legal status of the organisation
  - a) Give name of the Act under which registered :
  - b) Registration No. and date of registration :  
(Please attach an attested photocopy of the Registration Certificate)
  - c) Address of the Registered Office :
4. Details of Foreign Contribution received by the organization
  - a) Whether receiving foreign contribution : YES / NO
  - b) If 'YES' then furnish Registration No. and :  
date of Issue of certificate by Ministry of Home Affairs  
under the Foreign contribution (Regulation) Act, 1976  
(Please attach an attested photocopy thereof)
5. Name of the programme being implemented :  
(IRCA, De-addiction Camp, Workplace Prevention etc.)
6. Details of the Centre
  - a) Name of the Centre :
  - b) Complete Address of the Centre :
  - c) Name of the Project In-charge :
  - d) Tel No., Fax No. and E-mail address for contact :
7. List of papers/statements to be attached with the application as **annexure**
  - a) Registration Certificate of the organisation :
  - b) Registration Certificate for Foreign Contribution
  - c) Constitution of Management Committee/Trustees :  
(with particulars of each member (i.e. name, complete residential address, parentage, occupation with designation) and the tenure of the Committee (i.e. the last date on which it was constituted and up to which date))

- d) A copy of the Annual Report for the previous year :
  - e) Audited/Unaudited accounts for the previous year :  
Receipt and Payment Account, Income and Expenditure Statement and Balance Sheet
  - f) List of staff in the Centre during the previous year :  
(with name, address, educational qualifications, designation and experience in the field and period of employment)
  - g) Rent Agreement (valid for the current year) :
  - h) Half Yearly Progress Report (of the previous half-year) :  
in prescribed proforma :
  - i) Statement on the sources of income during previous year;  
including foreign contribution
  - j) Detailed budget estimates with break-up of expenditure :  
for which grant is required
  - k) Name, address and account number of the Bank in which :  
grant is being deposited
  - l) Name of the authorised representative of the organisation :  
for financial transaction/ drawing grants from the bank
8. Additional information, if any, not covered by the above but relevant to the project may also be submitted.

SIGNATURE

Place:

Date

( )

Name of the  
Secretary/ President  
Name of the/Institution  
/establishment  
**(With office stamp)**

**Note:** - The applicant organization/institution/establishment is to ensure:-

- a. That each enclosed document is serially numbered as Annexure-A, Annexure-B, Annexure-C, etc. and that appropriate entry is also made against the corresponding item in the Application Form.
- b. That each document is duly certified/signed by the President/Secretary of the organization/ institution/ establishment after affixing their office stamp; and
- c. That the Registration Certificate is in the name of the applicant organization/establishment only.



## APPLICATION FOR GRANT-IN-AID UNDER THE SCHEME FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUGS) ABUSE

### FOR II INSTALMENT (ON-GOING CASES):

1. Name and address of the Organisation :
2. Name of the programme :
3. Name and address of the Centre :
4. Financial Year of the Grant applied for :
5. Details of the grant received/applied :

Grant applied in the current year Rs.	Received as I instalment Rs.	Applied for II instalment Rs.

### List of documents to be enclosed:

- 1) Consolidated Audited Accounts for the organisation as a whole if not submitted with first instalment;
  - Receipt and payment statement;
  - Income and expenditure statement; and
  - Balance sheet
- 2) Audited Accounts for the grant-in-aid received during the previous year, if not submitted with first instalment;
  - Receipt and payment statement;
  - Income and expenditure statement; and
  - Balance sheet
- 3) Audited Utilization certificate for the grant received during the previous year;
- 4) List of staff for the current financial year, with full particulars detailing name, address, educational qualifications, designation and experience in the field and period of employment;
- 5) Half-yearly progress report for the period ending September of the relevant year;
- 6) Unaudited accounts for the first instalment for the current financial year;
- 7) Rent agreement for the current financial year, if not submitted earlier or expiring during the year.



## SIGNATURE

Place:

Date

( )

Name of the  
Secretary/ President  
Name of the/Institution  
/establishment  
**(With office stamp)**

**Note:** - The applicant organization/institution/establishment is to ensure: -

- a. That each enclosed document is serially numbered as Annexure-A, Annexure-B, Annexure-C, etc. and that appropriate entry is also made against the corresponding item in the Application Form.
- b. That each document is duly certified/signed by the President / Secretary of the organization/institution/ establishment after affixing their office stamp



## APPLICATION FOR GRANT-IN-AID UNDER THE SCHEME FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUGS) ABUSE

### FOR NEW ACTIVITY/PROGRAMME/NEW CASE

1. Financial year for which grant-in-aid applied :
2. Name and complete address of the organisation :  
(also indicate the name, designation, address and telephone number of the contact person for the organisation)
3. Details of the legal status of the organisation
  - a) Give name of the Act under which registered :
  - b) Registration No. and date of registration :  
(Please attach an attested photocopy of the Registration Certificate)
  - c) Address of the Registered Office :
4. Details of Foreign Contribution received by the organisation
  - a) Whether receiving foreign contribution : YES/NO
  - b) If 'YES' then furnish Registration No. and date of issue of :  
certificate by Ministry of Home Affairs under the Foreign Contribution (Regulation)  
Act, 1976  
(Please attach an attested photocopy thereof)
5. Details of the proposed Centre (site of implementation of the programme)
  - a) Name of the programme for which grant is requested :  
(IRCA, De-addiction Camps, Workplace Prevention Programme etc.)
  - b) Proposed location of the programme (State, City, District) :
  - c) Enclose justification for setting up of the programme :  
based on the following:
    - nature and incidence of alcohol /drug abuse in the area as provided in any established study/survey;
    - details (with address)of available services in the district;
    - need for new programme in addition to available services
    - approximate distance of the proposed programme from the available services ; and
    - professional experience of the organisation for implementation of the programme
6. List of papers/statements to be attached with the application as annexure
  - a. Registration Certificate of the organisation :

- b. Registration Certificate for Foreign Contribution :
  - c. Constitution of Management Committee/Trustees :  
(with particulars of each member (i.e. name, complete residential address, parentage, occupation with designation) and the tenure of the Committee (i.e. the last date on which it was constituted and up to which date))
  - d. A copy each of the Annual Report of the organisation for the :  
previous three years
  - e. Audited accounts of the organisation for the previous 3 years:
    - Receipt and Payment Account;
    - Income and Expenditure Statement; and
    - Balance Sheet
  - f. Statement on the sources of income during previous year :  
including foreign contribution
  - g. Statement on the projects/programmes being currently :  
implemented by the organisation, period of implementation and source of funding in respect of each project/programme
  - h. Statement on the assets of the organisation :
  - i. Detailed budget estimates with break-up of expenditure :  
for which grant is required based on the norms of the Scheme
  - j. Name, address and account number of the Bank in which :  
grant is to be deposited
  - l. Name of the authorised representative of the organisation :  
for financial transaction
8. Additional information, if any, not covered by the above but relevant to the project may also be submitted.

SIGNATURE

Place:

Date

( )

Name of the  
Secretary/ President  
Name of the/Institution  
/establishment  
**(With office stamp)**

**Note:** - The applicant organization/institution/establishment is to ensure:-



- d. That each enclosed document is serially numbered as Annexure-A, Annexure-B, Annexure-C, etc. and that appropriate entry is also made against the corresponding item in the Application Form.
- e. That each document is duly certified/signed by the President/Secretary of the organization/ institution/ establishment after affixing their office stamp; and
- f. That the Registration Certificate is in the name of the applicant organization/establishment only.

## VERIFICATION

Certified that above information is in accordance with the records and accounts audited/to be audited and is correct to the best of knowledge and belief of the Office-bearers of the organization, and after its perusal and satisfaction, they have authorized the undersigned by a resolution dated ..... to verify and submit the statement of information for purposes of monitoring the scheme for which grants-in-aid was received from the Ministry of Social Justice and Empowerment, Govt. of India.

- I. I also hereby certify that I have read the rules and regulations of the scheme and I undertake to abide by them. On behalf of the Management, I further agree to the following condition: -
  - (a) All assets acquired wholly or substantially out of the central grant shall not be encumbered or disposed of or utilized for purposes other than those for which the grant is given. Should the organization cease to exist at any time, such properties shall revert to the Government of India.
  - (b) The accounts of the project shall be properly maintained. They shall always be open to check by an officer deputed by the Government of India or the State Government. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion.
  - (c) If the State or the Central Government have reasons to believe that the grant is not being utilized for approved purposes; the Government of India may stop payment of further installments and recover earlier grant in such manner as they may decide.
  - (d) The institution shall exercise reasonable economy in its working especially in respect of expenditure on building.
  - (e) In the case of grant for buildings, the construction will be completed within a period of two years from the date of receipt of the first instalment of grant unless the Government of India grants further extension.
  - (f) No change in the plan of buildings by way of construction work will be made without the prior approval of the Government of India.
  - (g) Progress reports on the project will be furnished at regular intervals as may be specified by the Government.
  - (h) The organization will bear 10% of the estimated expenditure or the balance of the estimated expenditure on the project as per the guidelines.
  - (i) The organization agrees to make reservation for the Scheduled Castes/Scheduled Tribe candidate/Disabled Persons for appointment against the posts required for the working of the organization in accordance with instructions issued by the Government of India from time to time.



- (j) It is hereby certified that no grant is being received for the same project from any Government, private or foreign source.

**Yours faithfully,**

**Signature of the Authorised signatory**

**Name :**

**Designation:**

**Address :**

**Date :**

**Office Stamp :**

## Annexure 1.2

# HALF-YEARLY PROGRESS REPORT ON THE FUNCTIONING OF TREATMENT-CUM-REHABILITATION CENTRES

## INSTRUCTIONS

- *This Progress Report is to be furnished by the Organizations receiving grant-in-aid under the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse of the Ministry of Social Justice & Empowerment, Government of India.*
- *The Report is to be submitted to the Ministry of Social Justice & Empowerment on half-yearly basis – the first report (April to September) should be sent immediately after 30th September every year and the second report (October to March) immediately after 31st March every year.*
- *While filling up the report, the Organization should ensure that the figures supplied by them match the figures in the records maintained by them.*
- *No column should be left blank and if no information is available for some particular column, it may be clearly stated so.*
- *Normally, the first installment of a particular year would be considered after evaluation of the half-yearly report for the preceding half-year period ie. October to March of the previous financial year, and the second installment would be considered after evaluation of the half-yearly report for the period April to September of the same year.*
- *Organizations should ensure timely submission of their progress reports to enable the Ministry to process their grants-in-aid proposals in time.*

## PROFILE OF THE ORGANIZATION & CENTRE

1.	(a) Name & address of the Organization: (Full Postal address with Tel Nos. and E-mail)	
	(b) Name & address of the Centre (Full Postal address with Tel. Nos. and E-mail)	
	(c) Contact Person for the centre:	
	Name	
	Designation	
	Complete postal address	
	Telephone/Fax number	
	Mobile No.	
	(d) E-Mail Address	
2.	Review Period (Please indicate whether the report is for April-September or October-March, 200____)	



3.	Year of receiving first grant-in-aid from this Ministry	
4.	Number, date, amount and the year for the last financial aid received	
5.	No. of Beds for which the Organization is receiving grant-in-aid	
6.	No. of beds actually in position (including temporary arrangements made during the review period)	

## 7. REGISTRATION

A. Please state the number of clients registered at the Center during the half-year under review.

For OPD	
For Indoor Treatment	
TOTAL	

B. Average age of clients registered at the Center during the Report period:

C. No. of female clients registered at the Center during the Report period :

## 8. DETAILS OF DRUGS ABUSED

Alcohol/Drug Abusers during the half-year under review at the Centre

Drug category	No. of Clients
Opium	
Heroin / Brown Sugar	
Morphine	
Buprenorphine	
Propoxyphene	
Other opiates	
Cocaine	
Alcohol	
Cannabis	
Hallucinogens	
Amphetamines	
Barbiturates	
Minor Tranquilizers	
Sedatives/Hypnotics	
Multiple Drugs (in not in above categories)	
Volatile Solvents (Inhalants)	
Others (Please specify)	
TOTAL	

## 9. METHOD OF DRUG TAKING (Please state the number of clients)

Oral	Sniffing	Injecting (IDU)	Any other

## CLIENT'S DETAILS

(During the half-year under review)

## 10. SOURCE OF REFERRAL

Please state number of clients referred to the Centre by :

Self	Friends	Family	Social Worker	Private Doctor Hospital	Govt. hospital	Counselling & awareness center/De-addiction centers (NGOs)	Ex-clients or their family members	Law enforcement agencies	Any other

## 11. MARTIAL STATUS

Never Married	Married	Widow/widower	Divorced	Separated	Separated divorced due to drug use	Not known

## 12. EDUCATION

Illiterate	Literate (read & write)	Primary Education	Middle	Hr.Sec Equiv.	Graduate	Post Graduate	Prof. trained	Not known

## 13. EMPLOYMENT STATUS

Currently Unemployed	Never Employed	Part-time Employed	Full-time Employed	Self Employed	Student	House wife	Pensioner etc	Not Known



## SERVICES

### 14. TREATMENT – During the half year under review

Please state number of clients

OPD	Indoor	Total

### 15. DETAILS OF STAY (INDOOR) – During the half-year under review

Indicate the number of indoor clients treated for the following durations of stay at the Centre:

1-10 days	11-20 days	21-30 days	31-40 days	41-50 days	51-60 days	More than 60 days	Total days

### 16. DROP OUTS – During the half-year under review

Please state the number of clients who dropped out of the Centre due to the following reasons:

Poverty	Lack of family support	Unable to cope with the treatment	Inadequate facilities	Personal/any other reasons	Legal	Total

### 17. COUNSELLING (for indoor clients)

Please state number of clients provided the following counselling services:-

#### A. GROUP COUNSELLING (During the half-year)

No. of clients	Average/time session	Total No. of sessions held

#### B. INDIVIDUAL COUNSELLING (During the half-year)

No. of clients	Average time/session	No. of sessions held

#### FAMILY COUNSELLING (During the half-year)

No. of families	Average time/session	No. of sessions held

## 18. CLIENTS REQUIRING ADDITIONAL TREATMENT (during the half-year under review)

Please state the number of clients suffering from the following ailments:

T.B.	HIV/ AIDS	Sexually transmitted diseases	Hepatitis B & C	Abscess	Any other infection

## 19. RECOVERY (during the half-year under review)

Please state number of clients in the following phases of recovery after receiving treatment services at the centre:

Sober	Relapsed	Dropped Out	No News	Expired

## FOLLOW UP ACTIVITIES

(During the half-year under review)

Details of follow up programmes taken up by the Centre:

20. Total number of letters sent/telephone calls made to ex-clients:

	Twice in a month	Once in a month	Quarterly	Total During the half-year
Letters/phone calls to ex-clients				

21. HOME VISITS (by counselors to homes of ex-clients during the half-year)–

No. of ex-clients visited	Total No. of visits undertaken

22. REHABILITATION PROGRAMMES GIVEN/ REFERRED BY THE CENTRE

Programmes	No. of clients
Out reach programmes, camps etc	
Self help groups	
Half way Homes	
Drop in centers	
Family assistance programme	
Vocational training services	
Educational support	
Work place support	
Any other services	

23. TRAINING PROGRAMMES

(a) Please indicate the details of the training Courses attended by your staff in last two years:

Name of the staff who attended training	Duration with dates	Organized by RRTC/NISD/ Any Other	Name of the course

(b) Total no of staff trained in last two years

24. Please indicate the incidence of any other types of drug related morbidity during the period and causes thereof.

I certify that the above information is correct and is based on the records maintained at the centre.

Signature and Stamp of the authorized Signatory

## CHAPTER 2

# INTEGRATED REHABILITATION CENTRE FOR ADDICTS (IRCA)

### Aims of IRCA

To help the drug user to

- Achieve total abstinence – a drug free life
- Whole person recovery (WPR) indicates improving the quality of their lives by helping them to
  - o identify and deal with personality defects
  - o strengthen inter-personal relationships
  - o develop healthy work ethics and financial management
  - o develop healthy recreational activities
  - o establish a crime free life
- Become aware of risk factors for relapse and develop positive coping skills to sustain their recovery through follow-up services
- Providing guidelines to family members to break out of the 'victim mould' and emerge as strong survivors, to deal with their problems and improve the quality of their lives.

### Activities of IRCA

- Preventive education and awareness generation
- Screening and motivational counseling
- Detoxification and whole person recovery (WPR)
- Care and support to families of drug users
- Referral services
- After care and follow-up
- Rehabilitation

### Bed facilities

IRCA will ordinarily have **15 bedded or 30 bedded** facilities. In exceptional and rare cases, the reputed centres under the scheme may be allowed to establish 50 bedded facilities after scrutiny.

### Period of stay as in-patient

The scheme also states that while a **period of 30 days** may generally be required for a substance abuser to undergo various phases of detoxification and psychological therapy, a provision for extension of stay will be made for a maximum period of another month in deserving cases. The period of stay, in no circumstances, should exceed two months.

Both medical and psychological services are provided on an **in-patient basis**. The after care / follow-up services are provided on an out-patient basis. Medical care is provided by physician / psychiatrist and nurses. Psychological care is provided by social worker, psychologist, sociologist or a recovering person with a minimum of two years of sobriety.

### Activities related to prevention education and awareness generation

Aim	Prevention education and awareness generation
Target Groups	General population in the community, students, and also those who have dropped out, parents and teachers, employees in industries, slum dwellers and micro credit group members. High risk groups like commercial sex workers, mobile population like truck drivers, children of alcoholics, street children, prison population should be specifically addressed.
Frequency	Informal awareness programme once a week (Four a month)
Methodology	To be conducted in local language. Audio visual aids like OHPs, slides and films may be used. Innovative methods like street plays, puppet shows, seminars, group discussions are to be included. Distribution of IEC material to be undertaken
Topics to be covered	Topics to be related to the target group. Some of the basic information to be provided.
	- Ill effects of alcohol and drugs
	- Disease concept of addiction
	- Availability of services
	- Drugs and HIV
	- Life skills for adolescents
Documentation	Photographs and News Paper Clippings
Evaluation	Half yearly by NGO functionary

Minimum criteria	Records required
One awareness programme per week	<b>Awareness programme register</b> to be maintained by the project-in-charge – <b>Annexure 2.1</b> Details of programmes conducted with feedback from 5 people for each programme.
One article on addiction or the treatment services available to appear in daily newspaper, magazine or mass media (television, radio) once in six months.	Copy of the article published / details of the programme telecast / broadcast.

Minimum criteria	Records required
Evaluation of the awareness programme by the NGO functionary.	<b>Awareness programme register – evaluation report</b> to be maintained by project-in-charge – <b>Annexure 2.1</b>

### Activities for screening and motivating clients to take help

- Assessment of addiction through personal interviews (with clients and family members) and through use of standardized tests
- Providing counselling to motivate the addict to enter treatment
- Providing information about treatment including duration of stay, methodology of treatment including detoxification, medicines prescribed and involvement of family.

Minimum criteria	Records required
Information to be collected on the first day of meeting the client.	<b>Out-patient register</b> which has demographic details, addiction history and prior medical history to be filled by counsellor – <b>Annexure 2.2</b>
Assessment to be made by using standardized questionnaires. The questionnaires to be translated in the local language.	<b>Assessment forms (optional)</b> to be completed by the counsellor – <b>Annexure 2.3 – Suggested Tests.</b> SMAST / AUDIT for alcoholism DAST for drug addiction
Providing counselling every time he visits the centre until, he is motivated to take help. Meeting family members / support persons at least once.	

### Activities related to detoxification and medical care

- Detoxification services to be provided with the **rights based approach** to make the withdrawal safe and comfortable.
- Other related medical and psychiatric disorders (diabetes / hypertension / depression, suicidal thoughts etc.) are to be treated. Services of other specialists, hospitals and testing laboratories can be used to ensure appropriate care.
- Medical care to be provided during the follow-up as well.

Minimum criteria	Records required
Admission Register with basic details about patients to be maintained. Feeding the data electronically is desirable	<b>Admission Register</b> to be maintained by the counsellor / Nurse - <b>Annexure 2.4</b>
Prescribing medicines to minimize withdrawal symptoms and to deal with related medical and psychiatric problems.	<b>Medical manual</b> which describes protocols (based on research or in keeping with accepted practice) for prescribing medicines to be maintained by the Medical Officer – <b>Annexure 2.5</b>



Medicines essential for detoxification and other related medical emergencies to be made available at all times and to be checked for quantity and availability once a month.	<b>Medicines stock register</b> to be maintained and checked by the nurse once a month - <b>Annexure 2.6</b>
Providing essential medicines free of cost for a period of one month. In case of any laboratory tests to be undertaken, the expenses should be borne by the client / family	<b>Medicines stock register</b>
Medical history to be obtained on the day of admission. Medical complaints of patients, prescription of medicines / reasons for change of medicines to be recorded by the medical officer. In case of any untoward incidents like fits, delirium or accident, the patient to be monitored on an half hourly basis till he gets back to normalcy. In case of emergency, appropriate referrals to be made.	<b>Medical case sheet</b> to be filled by medical officer/ Nurse – <b>Annexure 2.7</b>
For hypertensive patients, blood pressure to be checked everyday till discharge	<b>Blood pressure chart</b> to be maintained by the nurse – <b>Annexure 2.8</b>
For diabetic patients, urine sugar to be checked as and when required. If need be, blood test to be conducted at least once in ten days.	<b>Urine Sugar chart</b> to be maintained by the nurse – <b>Annexure 2.9</b>
Temperature to be recorded for patients running temperature, until normal temperature is recorded for a minimum of two days.	<b>Temperature chart</b> to be maintained by the nurse – <b>Annexure 2.10</b>
Essential equipment (if available in the centre) to be checked for maintenance once in 3 months – ECG machine, Oxygen cylinder, suction apparatus, BP apparatus, weighing machine and urine sugar testing material.	
Medical care to be given to discharged patients for a minimum of 2 years	<b>Follow up records related</b> to medical care be maintained and updated by the Medical Officer - <b>Annexure 2.1</b>

### Guidelines for psychological services:

- Assessing the problems related to addiction and motivating the drug user to participate actively in the treatment.
- Providing psycho-social treatment for the total recovery of the drug user through

individual counselling, group therapy, re-educative sessions and yoga. Treatment plan to include exposure to AA / NA meetings and introduction to other recovering drug user.

- Delivering services according to the schedule / timetable for the patients and their families on a regular basis.
- Providing psychological care to families and support persons of the drug users.

### Standards on programme structure

Minimum criteria	Records required
<p>A schedule / timetable to be developed and followed.</p> <p>Rules that need to be adhered to by the clients – e.g. waking time, recreation time.</p> <p>Issues that warrant disciplinary actions - e.g. involving in violence, trying to abuse drugs inside the centre and the disciplinary measures that can be taken.</p>	<p><b>Therapy manual</b> to be prepared in <b>local language</b> and maintained by the Project Director &amp; counsellors – <b>Annexure 2.11</b></p> <p><b>Therapy manual</b></p>
<p>Patients to complete treatment within the prescribed period. Drop out or extension of treatment beyond the one month period to be recorded with reasons.</p>	<p><b>Admission register</b> to be maintained by the counselor</p>
<p>Record of patients' attendance to psychological therapy sessions.</p>	<p><b>Therapy Attendance Register</b> to be maintained by the counsellor – <b>Annexure 2.12</b></p>

### Standards on counselling:

Minimum criteria	Required Records
<p>Case history to be completed within two weeks through counselling sessions with client and family members.</p> <p>During the one-month programme, at least 8 counselling sessions to be provided. Each session to last for at least half-an-hour to forty five minutes and main issues recorded in brief.</p>	<p><b>Case history form</b> to be completed by the counselor – <b>Annexure 2.13</b></p>
<p>There should be improvement in the mental condition of the client from first week to subsequent weeks. Insufficient improvement should be discussed with other team members or the consultant psychiatrist, recorded and appropriate action initiated.</p>	<p><b>Case history form</b> to be completed by the counselor.</p>
<p>Issues such as HIV positive status, extra marital affairs, legal problems, marital separation, gambling should be handled with special efforts.</p>	<p><b>Case history form</b> to be completed by the counselor.</p>

Treatment plans to be specifically recorded keeping in mind the whole person recovery.	<b>Treatment plan</b> to be developed in consultation with the patient and documented by the counsellor
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### Standards on re-educative sessions:

Minimum criteria	Required Records
<p>Five educative sessions / therapeutic activities to be conducted each week.</p> <p>The contents of the re-education sessions to be documented and followed to ensure uniformity.</p> <p>Basic issues such as disease concept, drug use related damage, relapse, enhancing coping skills, methods to stay sober, AA/NA principles and HIV-AIDS to be covered.</p>	<p><b>Therapy Manual</b> to be maintained by the counselor/social worker.</p>

### Standards on group therapy:

Minimum criteria	Records required
<p>5 sessions per week and each session to be conducted for at least one hour.</p> <p>Each group to have a maximum of 15 and a minimum of 5 clients.</p> <p>Groups to be divided based on languages the patient speaks comfortably</p> <p>Issues related to damage due to drug use, symptoms of drug use, powerlessness and unmanageability and breakdown of values to be dealt with.</p>	<p><b>Therapy Manual</b> to be maintained by the counselor /social worker.</p>
<p>Participation and progress of individual patient during the group therapy sessions to be recorded once a week.</p>	<p><b>Group therapy record</b> to be maintained once a week by the counsellor who is conducting the group therapy session–<b>Annexure 2.</b></p>

### Guidelines for the family programme:

The addiction treatment centre should have programmes for the family members including significant persons. The goals of the programme are

- to help them understand addiction as a disease and in turn develop a caring attitude towards the drug user.
- to help them deal with their codependency traits and improve their quality of lives.

## Standards for the family programme

Minimum criteria	Records required
<p>Four counselling sessions for family members to be provided (either individual or combined sessions) and main issues recorded in brief.</p> <p>Through the sessions, to help the family members to achieve personal recovery by becoming aware of their codependency traits, role of family member in recovery and develop methods to deal with their feelings of shame, guilt, anger and resentment.</p>	<p><b>Case history form</b> to be maintained by the counselor.</p>
<p>One educative session to be conducted each week.</p> <p>The topics of the re-education lectures to be documented and followed to ensure uniformity.</p> <p>Basic issues such as the objectives of the treatment programme, the disease process, relapse, recovery, impact of addiction on the family to be provided.</p> <p>Record of family members attendance to therapy programme.</p>	<p><b>Therapy Manual</b> to be maintained by the counselor / social worker.</p> <p>Attendance register to be maintained by the counselor / social work – <b>Annexure 2.12</b></p>

## Other guidelines related to psychological services

Minimum criteria	Required records
<p>At least one exposure to self help groups (AA, NA, Al-anon) / sharing by a recovering user before the discharge of the patient</p>	<p>List of AA, NA, Al-anon, meeting information to be available with the counselor</p>
<p>Identity / follow up card with registration number to be given to the patient at the time of discharge.</p>	<p><b>Follow up card</b> to be maintained by the counselor – <b>Annexure 2.15</b></p>
<p>An endorsement from the patient that he received free treatment</p>	<p><b>Endorsement to be signed</b> by the patient and maintained by the counselor – <b>Annexure 2.16</b></p>
<p>Declaration cum Indemnity form to be signed by the client / family on the day of admission</p>	<p><b>Declaration cum Indemnity form - Annexure 2.17</b></p>
<p>A manual which provides information about the vision of the organisation, members of the society, facilities and functions of the centre to be available and updated every year. Organisation chart to be included.</p>	<p><b>Administrative manual</b> to be prepared by the project-in-charge – <b>Annexure 2.18</b></p>

Half-yearly report with details of patients to be maintained	<b>Half-yearly report</b> to be maintained by Project-in-charge to be sent electronically to MSJE
Compliance with DAMS	<b>DAMS format –Annexure 2.19</b>

### Referral services

Drug users who exhibit symptoms like violence, depression, suicidal thoughts should be assessed and referred to a psychiatric hospital for availing specialized services. Those clients who are HIV positive and develop any opportunistic medical manifestations such as tuberculosis, hepatitis C, STDs should be referred to appropriate agencies which are accredited by NACO or any other recognized institutions. There should be a system of linkages and referral in place.

Minimum criteria	Records required
In case of any medical/ psychiatric problem beyond the scope of the detoxification centre referral should be made within 2 days. Violent patients need to be assessed and transferred if necessary to a psychiatry unit	<b>Medical case sheet</b> – the need for referral and medical / psychiatric problems exhibited by the client to be recorded by the Medical Officer / nurse.  Network directory of various specialists / hospitals to be maintained by the project director - <b>Annexure 2.20</b>

### After - care / follow-up and rehabilitation services

After- care and rehabilitation services are essential components of addiction treatment. The outcome of therapy depends largely on the effectiveness of the follow-up efforts towards the patient's re-integration into the community to attain whole person recovery. Rehabilitation through vocational training to facilitate income generation can be part of the services by the Addiction Treatment Centre or managed through referring to other centres. After care / follow-up services are provided on an out-patient basis.

### Guidelines for aftercare and rehabilitation of the patient and family

- A clearly defined after care programme (counselling, relapse prevention programme, self-help programme, reaching out to patients through home visits) to be made available with focus on the whole person recovery of the individual.
- Procedures to be clearly laid out for relapsed patients to address relapse issues (in both detoxification and counselling services)
- After- care plans of alternative methods for patients who have not recovered have to be explored and support to their family members to be ensured.

Minimum criteria	Records required
Patient to be prepared for discharge with focus on short-term and long-term goals - e.g. developing work ethics, improving inter-personal relationships and financial management.	<b>Case History</b> – recovery plans to be maintained by the counsellor

<p>Regular follow-up services to be provided on completion of treatment.</p> <ul style="list-style-type: none"> <li>- One counselling session every fifteen days during the first three months</li> <li>- One session every month from the third month till he completes one year.</li> <li>- One session every two months for one more year till he achieves two years of sobriety.</li> </ul> <p>Failure to report for visits for two months to be followed up with two letters, telephone calls and one home visit for the local patients and one letter to the family / significant person.</p>	<p><b>Follow-up card</b> which has details of counselling notes, home visits and letters written to be maintained by the counsellor/ social worker</p>
<p>Drinking / drug taking history and improvements made to be recorded in every visit.</p> <p>Whole person recovery to be assessed once a year and recorded.</p>	<p><b>Follow up card</b> to be updated by the counsellor/social worker</p>

<b>Minimum criteria</b>	<b>Records required</b>
<p>Patients completing one or more years of sobriety to be encouraged by sending a congratulatory letter.</p>	<p>Congratulatory letter</p>
<p>Relapse has to be dealt with specific input to increase the understanding and coping mechanism of the addict – four counselling sessions.</p>	<p><b>Therapy Manual</b></p>
<p>Maintenance of a directory and networking with specialised services – vocational training, job placement, referral to half way home / after-care centre.</p>	<p><b>Net working Directory</b> to be maintained by the project-in-charge</p>

### Vocational Rehabilitation Services

- Identification and networking with government recognized vocational centres to refer recovering clients for training.
- Culturally relevant vocational training to be considered, utilising local resources and the marketability of the products - e.g. candle making, tailoring, carpentry and mat weaving. Mobilizing resources and networking with other agencies to be utilised.
- In case, the treatment centre runs a vocational unit as part of the de-addiction centre, syllabus for the vocational course to be clearly laid out and followed meticulously. The unit to be operated on an out patient basis.

- Training provided at the vocational centre to be recognised by government organisations or at the end of the training, trainees to be able to write exams conducted by government organisation.

In case the NGO has a vocational unit, the following records to be maintained.

Minimum criteria	Records required
Education, skills and prior work experience of patient to be assessed before initiating him into vocational training.	<b>Assessment Form</b> to be maintained by the vocational trainer
To monitor regularity of attendance, register to be maintained.	<b>Attendance Register</b> to be maintained by the vocational trainer.
The performance of the patient to be assessed every third month.	Work performance assessment form to be maintained by the vocational trainer

### The environment and physical aspects of the treatment–cum-rehabilitation setting

- The centre should be located in a reasonably quiet locality.
- The centre should be easily accessible and connected through public transport.
- The built in area should be at least 2000 sq.ft. in case of metros and 3000 sq.ft. in case of small towns and villages to house 15 patients and 3000 sq.ft. in case of metros and 4000 sq.ft. in case of small towns and villages to house 30 patients.
- The centre should be properly ventilated, well-lit and maintained in a clean manner. Water to be made available.
- Basic safety of the patients to be ensured.
- Facilities at the centre
  - Waiting space with seating arrangements for a minimum 5 persons
  - Reception, enquiry and registration counters
  - Cubicles / rooms for consultation for physical examination
  - Nursing Station with facilities to store drugs, linen, and records of patients
  - Facilities with privacy for providing individual counselling, group therapy, re-educative sessions, family classes. They should be airy with comfortable seating with floor mats / chairs. Blackboard, chalk and other material to be provided.
  - Availability of recreational facilities such as books for reading, indoor games - carom, chess, radio, television and outdoor games.

### Requirement in a ward

- The minimum number of beds in a ward/wards should be 15/30/50 and there should be a minimum of 1 foot distance between the beds (cots optional)

- Mattresses and pillows should be provided for each patient. Bed linen to be changed at least once a week
- Each patient to be provided with a locker / storage space to store personal belongings
- There should be one bathroom for ten patients and one toilet for five patients. Open toilets to be discouraged

### Food for the inmates

The clients who are certified as being 'below poverty line' (BPL) to be provided food free of charge. The food includes breakfast, lunch, dinner and tea. In a 15 bedded centre 8 and in 30 bedded centre 15 would be provided.

Minimum criteria	Records required
Breakfast, lunch, dinner and tea to be provided for a maximum of 8 inmates in a 15 bedded centre and 15 in the case of 30 bedded centre	Below poverty line card to be checked / if not available the NGO functionaries has to make assessment  A register with the signature of the client for getting free food

### Others

- Computerization of all the records should be made mandatory
- Space to be provided to store records of patients to ensure confidentiality and a system of easy retrieval. Computerization of case histories to be considered and implemented.
- Addiction related educational material such as posters to be prominently displayed at strategic points.
- Information pamphlets, hand outs and other educational materials (IEC) in the vernacular to be made freely available for the public
- The centre can have LCD projector / overhead projector to conduct awareness programmes.





## Annexure 2.1

### Awareness programme register

#### Lectures / street play / puppet show / film etc

1. Date and month of awareness programme
2. Target group and number of participants and location
3. Topics covered
4. Methodology used to impart information
5. Name of Resource Person
6. Feed back from a minimum of 5 people with their signatures
7. Photographs/News Paper clippings if any

#### Articles published

1. Date and month of publication
2. Name of publication
3. Title of the article

#### Evaluation report

1. Name of the evaluator
2. Background information about the evaluator  
(education, work experience, expertise in the areas of evaluation / addiction)
3. Feedback given by the evaluator

## Annexure 2.2

### OUT-PATIENT REGISTER

Name of patient	
Address & Telephone No.	
Age	
Educational qualification	
Employment	
Income	
Marital status	
Drugs of abuse	
Years of abuse	
Medical problems present	
Withdrawal symptoms experienced	
Prior treatment for addiction	
Name of family member / support person	
Address & Telephone No.	

Date of out-patient counseling	Issues dealt with and decisions made

## Annexure 2.3

### Suggested tests for screening Short Michigan Alcoholism Screening Test (SMAST)

The short Michigan Alcoholism Screening Test is a 13 item questionnaire that requires only a few minutes to complete. It was developed from the Michigan Alcoholism Screening Test. Evaluation data indicate that it is an effective diagnostic instrument and does not have a tendency for false positives.

**Administration:** Self-administered or administered by a counsellor. The questions related to information of alcohol use during the past 12 months. All questions are to be answered with “Yes” or “No” answers only.

**Scoring:** Each “Yes” answer equals one (1) point.

Score	Problems
1 or 2	No alcohol problem
3	Borderline alcohol problem
4 or more	Alcohol problem

#### SMAST

S.No	Question	Answer Yes or No
1.	Do you feel that you are a normal drinker? (By “normal” we mean that you drink less than or as much as most other people)	
2.	Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	
3	Do you ever feel guilty about your drinking?	
4.	Do friends or relatives think you are a normal drinker?	
5.	Are you able to stop drinking when you want to?	
6.	Have you ever attended a meeting of Alcoholics Anonymous?	
7.	Has your drinking ever created problems between you and your wife, husband, a parent or other near relative?	
8.	Have you ever gotten into trouble at work or school because of drinking?	
9.	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	
10.	Have you ever gone to anyone for help about your drinking?	
11.	Have you ever been in a hospital because of drinking?	
12.	Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	
13.	Have you ever been arrested, even for a few hours, because of other drunken behaviour?	

**Source:** Selzer, M.L., Vinokur, A., and Van Rooijen, L. A self-administered Short Michigan Alcoholism Screening Test (SMAST) *Journal of Studies on Alcohol* 36(1):117-126, 1975.

## Screening Instrument: The Alcohol Use Disorders Identification Test (AUDIT)

Ask each question, tick the response and total the scores listed beside the answer

Brandy	60ml = 2 units (approx)
Whisky	90 ml = 3 units
Rum	bottle (180 ml) = 6 units
Gin	(42.8% alcohol)
Beer	Small bottle = 325 ml = 1 unit Big bottle = 650ml = 2 units* (approx) (5 - 6% alcohol)

1. How often do you have a drink containing alcohol? Never (0) Monthly or less(1) 4 times a month(2) 2-3 times a week(3) 4 or more times a week(4)
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (number of units) 1 or 2 (0) 3 or 4(1) 5 or 6(2) 7 or 9 (3) 10 or more (4)
3. How often do you have six or more drinks (number of units) on one occasion? Never (0) Less than monthly(1) Monthly(2) Weekly(3) Daily or almost daily(4)
4. How often during the last year have you found that you were not able to stop drinking once you had started? Never(0) Less than monthly(1) Monthly(2) Weekly(3) Daily or almost daily(4)
5. How often during the last year have you failed to do what was normally expected from you because of drinking? Never (0) Less than monthly(1) Monthly(2) Weekly(3) Daily or almost daily(4)
6. How often during the last year have you needed a first drink in the morning to get yourself going Never(0) Less than monthly (1) Monthly(2) Weekly (3) Daily or almost daily(4)
7. How often during the last year have you had a feeling of guilt or remorse after drinking? Never (0) Less than monthly (1) Monthly (2) Weekly(3) Daily or almost daily(4)
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? Never(0) Less than monthly(1) Monthly(2) Weekly(3) Daily or almost daily(4)
9. Have you or someone else been injured as a result of your drinking? No (0) Yes, but not in the last year(2) Yes, during the last year(4)

10. Has a relative or a friend or a doctor or other health worker been concerned about your drinking or suggested that you cut down?

No (0)                      Yes, but not in the last year(2)                      Yes, during the last year(4)

Add scores of the 10 questions to arrive at the AUDIT score

### AUDIT score

0-7	Low risk
8-15	Risky and hazardous level
16-19	High risk and harmful level
20 or more	Highest level of risk

### Drug use questionnaire (DAST)

#### Instructions

- The following questions concern information about your possible involvement with intoxicants not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is 'Yes' or 'No'. Then, circle the appropriate response beside the question.
- The use of prescribed or "over the counter" drugs in excess of the directions, and any non-medical use of drugs.
- This questionnaire is scored by allocating 1 point to each 'yes' answer -- except for questions 4 and 5, where 1 point is allocated for each 'no' answer -- and totalling the responses.

Score	Problems
0	No problem reported
1 – 5	Low level
6-10	Moderate level
11-15	Substantial level
16-20	Severe level

### These questions refer to the past 12 months

1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Have you abused prescription drugs?	Yes	No
3.	Do you abuse more than one drug at a time?	Yes	No
4.	Can you get through the week without using drugs	Yes	No
5.	Are you always able to stop using drugs when you want to?	Yes	No
6.	Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	No
7.	Do you ever feel bad or guilty about your drug use?		Yes
8.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
9.	Has drug abuse created problems between you and your spouse or your parents?	Yes	No

10.	Have you lost friends because of your use of drugs?	Yes	No
11.	Have you neglected your family because of your use of drugs?	Yes	No
12.	Have you been in trouble at work because of your use of drugs?	Yes	No
13.	Have you lost a job because of drug abuse?	Yes	No
14.	Have you gotten into fights when under the influence of drugs?	Yes	No
15.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
16.	Have you been arrested for possession of illegal drugs?	Yes	No
17.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
18.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No
19.	Have you gone to anyone for help for a drug problem?	Yes	No
20.	Have you been involved in a treatment program especially related to drug use?	Yes	No

For reference,

Gavin D.R. Ross H.E. Skinner H.A. (1989) 'Diagnostic validity of the Drug Abuse Screening Test in the assessment of DSM – III drug disorders', British Journal of Addiction 84(3): 301- 307.



## Annexure 2.4

### Admission Register – can be one / two registers

Name of the patient
Age
Sex
Religion
Education
Marital status
Employment status
Kind of employment
Income
BPL - Yes / No
Address and telephone No.
Source of Referral
Date of admission
Date of discharge
Name of the counselor
No of group therapy sessions attended
No of counseling sessions
No of sessions for the family
Any rehabilitation measures taken
Referral to
Reason for drop out or extension

## Annexure 2.5

### Medical Manual

- Introduction about the medical manual
  - o Definition of addiction - general guidelines provided by WHO-ICD 10
- Short term, long term effects, route of administration, withdrawal symptoms
  - o Depressant drugs
  - o Narcotic Analgesics
  - o Cannabis
  - o Stimulants
  - o Inhalants
  - o Anabolic steroids
- Medical management of addiction
  - o General elements of an interview
  - o Mental status examination
  - o Detoxification procedure and pharmacotherapy
    - for Alcohol
    - for other depressant drugs
    - for narcotics analgesics
    - for cannabis
    - for stimulants
    - for inhalant
  - o Use of disulfiram, acamprosate and naltrexone
- Treatment of other coexisting psychiatric problems
  - o Depression
  - o Major affective disorder
  - o Delirium
  - o Anger or aggressive behaviour with signs of intoxication
  - o Severe anxiety
  - o Psychogenic stupor
  - o Dealing with emergency situations
  - o Support for cessation of Tobacco





## Annexure 2.6

### Stock Register (pertaining to detoxification and emergency medical conditions)

Date	Name of the drugs	Available stock in No.	Nurse's signature

## Annexure 2.7

### Medical Form

Reg. No.

Name :

Age :

Date of Registration :

Drinking / Drug History

Details of alcohol /drug abused

Drugs	Age of first use	Years of use	Years of excessive use	Specific type of drugs	Route of administration	Frequency of use in the last 30 days	Quantity used in the last 30 days	Past use if any
<b>Depressants</b> Alcohol, Tranquilizers, Sedatives / Hypnotics								
<b>Narcotic Analgesics</b> Opium, Heroin / brown sugar, Morphine, Codeine, Pentazocine Buprenorphine								

Drugs	Age of first use	Years of use	Years of excessive use	Specific type of drugs	Route of administration	Frequency of use in the last 30 days	Quantity used in the last 30 days	Past use if any
<b>Cannabis</b> ganja / charas / hashish, bhang								
<b>Stimulants</b> Amphetamine Cocaine Ecstasy								



<b>Hallucino- gens</b> LSD, PCP								
<b>Inhalants</b> Petrol, Glue								
<b>Substance not classified</b> Cough syrup, Anti histamine / Anti depressant / Anti psychotic / Anti cholinegic								

Last drink / drugs taken

..... days ago

Diagnosis:

### Previous history

Withdrawal symptoms experienced when the patient stopped

#### Alcohol

Tremors  
Insomnia  
Fits  
Nausea  
Aches / Pains  
Hallucination  
Delirium

#### Drugs

Tremors  
Insomnia  
Diarrhoea  
Severe pain  
Restlessness

### Other psychiatric complications

- Depression
- Suicidal ideation / attempts
- Confusion
- Aggressive outbursts
- Hallucinations
- Paranoia

### History of other medical problems in the past

- Haematemesis
- Jaundice

- Abscesses
- Bleeding piles
- Skin problems
- Any other

### Chronic health problems

- Diabetes
- Liver disorders
- Epilepsy
- Respiratory problems – Pulmonary TB / Chronic Bronchitis / Bronchial asthma
- Cardiac problems – HBP / IHD / RHD
- Infections
- Others

History of previous head injuries, if any

### Other information

Use of Tobacco Products – Smoking / Pan chewing / Others :

Knowledge of allergy to specific drugs :

### Physical condition at the time of admission

Physical examination on the day of admission

Pulse rate

Blood pressure

Urine sugar

Weight

\* Tremors

\* Jaundice

\* Malnutrition

\* Lymph nodes

\* Loss of body hair

\* Clubbing of nails

\* Glossitis

\* Wasting of muscles

\* Spider naevi

\* Flushed face / excessive sweating

\* Abscess

\* Anemia

\* Palmar erythema

\* Gynaecomastia

\* Pedal Edema

\* Injection marks

### Record abnormalities, if any, on examination of the following:

- Respiratory system                      Yes / No
- Cardio vascular system                Yes / No
- Gastro intestinal system              Yes / No
- Nervous system                            Yes / No



### Impression of counsellor

Denial:                      Mild                      Moderate                      Severe

### Medication provided during treatment

Date / month	Complaints	Medication	Reasons for continuing / change of medication	Signed by physician

Any untoward incident occurred during treatment                      Yes    No

If yes, describe the incident

Action taken:

### Referral to other organisations

Date of referral:

Need for referral:                                      Medical                      Psychiatric problems

Name of the institution where  
referral was made:

## Annexure 2.8

### B.P. Chart

Name :

Age :

Reg. No:

Date	Time	B.P.	Pulse	Medication



## Annexure 2.9

### Urine sugar chart

Name :

Age :

Reg. No:

Colour of Urine	<b>AM PM Date</b>	<b>AM PM Date</b>	<b>AM PM Date</b>	<b>AM PM Date</b>	<b>AM PM Date</b>	<b>AM PM Date</b>	<b>AM PM Date</b>
Red							
Orange							
Yellow							
Green							
Blue							
Anti Diabetic medication (dosage)							
Insulin (dosage)							

## Annexure 2.10

### Temperature chart

Name ..... Age .....

Reg.no.....

Diagnosis.....

Date									
Hours	7	13	19	7	13	19	7	13	19
<b>F</b>									
<b>107.</b>									
<b>106.</b>									
<b>105.</b>									
<b>104.</b>									
<b>103.</b>									
<b>102.</b>									
<b>101.</b>									
<b>100.</b>									
<b>99.</b>									
<b>98.</b>									
<b>97.</b>									
<b>Pulse :</b>									
<b>B.P.</b>									



## Annexure 2.11

### Guidelines to prepare therapy manual

<b>Issues</b>	<b>Content</b>
Briefing about the programme	<p>A briefing about the treatment to be given</p> <ul style="list-style-type: none"> <li>- About the psychological therapy</li> <li>- Involvement of the family</li> <li>- Rules and regulations to make the stay comfortable</li> </ul>
Rules and regulations for the clients to be explained and rights and duties of the client to be properly defined	<p>Rules and regulations</p> <ul style="list-style-type: none"> <li>- No drug use in the centre</li> <li>- No abusive language.</li> <li>- No anti-social or immoral act.</li> <li>- To maintain oneself and the centre clean.</li> <li>- Radio, tapes, TV and cell phone to be used according to the rules.</li> <li>- Rights and responsibilities</li> </ul>
Disciplinary action – issues and consequences to be clearly defined	<p>Specific disciplinary actions for specific issues</p> <ul style="list-style-type: none"> <li>- Asset of the centre damaged</li> <li>- abusive language repeatedly used</li> <li>- trying to have sexual relationship.</li> <li>- bringing in drugs.</li> <li>- making efforts to run away</li> <li>- defying the rules repeatedly</li> </ul>
Schedule and timetable for the clients	<ul style="list-style-type: none"> <li>- Schedule with specific timings</li> <li>- Schedule during weekends and holidays</li> </ul>

List and content of re-educative sessions	<ul style="list-style-type: none"> <li>- Medical complications related to alcohol and drug use</li> <li>- Disease concept of addiction</li> <li>- High risk situations and relapse symptoms</li> <li>- Methods to stay sober</li> <li>- Working towards whole person recovery - Improving in the areas of work, interpersonal relationship and financial functioning</li> <li>- HIV-AIDS</li> <li>- Role of SHGs in recovery (AA / NA)</li> <li>- Life skills enhancement – self esteem, assertiveness, stress management</li> </ul>
Individual counseling sessions	<ul style="list-style-type: none"> <li>- Goals of individual counseling</li> </ul>
	<ul style="list-style-type: none"> <li>- Process involved – rapport building, identification of problems and management, behavioural change and sustaining the change</li> </ul>
	<ul style="list-style-type: none"> <li>- Issues to be dealt in 8 sessions</li> </ul>
	<ul style="list-style-type: none"> <li>- Format for writing the summary</li> </ul>
Group therapy	<ul style="list-style-type: none"> <li>- Rules</li> </ul>
	<ul style="list-style-type: none"> <li>- Topics</li> </ul>
	<ul style="list-style-type: none"> <li>- Role of the facilitator</li> </ul>
	<ul style="list-style-type: none"> <li>- Changes seen in clients</li> </ul>
	<ul style="list-style-type: none"> <li>- Recording system</li> </ul>
To achieve uniformity in filling up case history form, explanations to be given for a few items	<ul style="list-style-type: none"> <li>- explanation for some of the items in the case history form</li> <li>- format for developing treatment plan</li> </ul>
Re-educative sessions for families	<ul style="list-style-type: none"> <li>- Schedule and content of sessions</li> <li>- Disease concept of addiction</li> <li>- codependency</li> <li>- dealing with feelings of</li> <li>- fear, shame, hopelessness and grief</li> <li>- anger management</li> <li>- problems during recovery</li> <li>- issues of children and parenting</li> </ul>



Counseling for family members	- Goals of family / marital counseling Process involved Issues to be dealt in 4 sessions Format for writing the summary
Follow-up issues	Services provided during follow-up
	- Medical check up
	- Counseling
	- Referral to AA / NA / Al-Anon
	- Home visits
	- In case of relapse, counseling to be provided
Dealing with relapses	- content of re-educative sessions for relapsed patients
	- topics for group therapy
	- counseling issues related to relapses

## Annexure 2.12

### Attendance Register for patients

<b>Names of patients</b>	<b>Dates – Present / absent</b>

### Attendance Register for family members / support persons

<b>Names of family members</b>	<b>Name of the patient and registration number</b>	<b>Dates – Present / absent</b>



## Annexure 2.13

### Case history form and treatment plan

#### Socio-demographic information

#### Registration No.

Date of registration:

Name:

Address &:

Telephone No:

Sex:

Age:

Date of Birth:

Religion:

Community:

Educational Qualification: (Specify)

Occupation:

Income:

Marital Status:

Living arrangements:

Live with family:

Live with friends or distant relatives:

Live alone:

On the street:

Name of family member / Support person Address &:

accompanied the patient

Telephone No:

Referral:	Self	Recovered addict
	Friends	Employer
	Family	Media
	Social worker	Through awareness programme
	Physicians	Any other

Prior treatment for addiction:

Year

Place of

Days/months

Treatment

of sobriety

#### I. Family History - Details regarding parents and siblings

1. Details regarding parents and siblings

2. Father's Name:

Age:

Occupation:

Income:

Mother's Name:

Age:

Occupation:

Income:

Reason for death

3. In case of death of parents

Father

Mother

4. How old were you at that time? Father's Death

Mother's Death

5. About siblings

Relationship	Age	Education	Occupation

## II. Childhood and adolescent history

6. How would you describe your childhood / teenage years?

7. Did you experience the following before the age of 15 years?

Situations	Present	Absent
- Poverty / severe debts of parents		
- Early parental loss		
- Extra marital affairs of parents		
- Broken home / single parenting		
- Violence		
- Sexually abused by others		
- None		
- Any other		

8. Childhood / adolescence (before the age of 15 years)

Behaviour Problems identified	Childhood & Adolescence	
	Present	Absent
Running away from home		
Frequent physical fights and violence		
Destruction of others property		
Stealing		
Scholastic backwardness		
Experimenting with drugs / alcohol		
Gambling		
Any other		

## III. Educational history

9. Years of education:

10. Achievements in the past Present    Absent

Good academic records

High achiever in extra curricular activities



## IV. Marital History

### 11. Details regarding spouse:

Name

Age

Religion / Community

Education

Occupation

Income per month

Other details about spouse (history of addiction in her family, her addiction history if any, any other significant event in her life and attitude towards addiction)

### 12. Number of years of marriage

### 13. Is this marriage arranged or by choice?

Arranged

Choice

If by choice, accepted by family (present status)

Yes

No

### 14. Details regarding previous or subsequent marriages, if any

Yes

No

### 15. Have you been separated from your spouse due to your addiction?

Yes

No

If yes, period of longest separation

### 16. Is patient suspicious of wife?

Under the Influence of Alcohol/drugs

While Abstinence

### 17. Any instance of family violence?

Yes

No

If yes, give details

Physical violence directed towards family members

Verbally abusive

Violent incidents with neighbours and outsiders

Breaking articles at home

### 18. Details regarding children

No. of children

Male

Female

### 19. Health status of family

Has there been anyone in your family who has suffered from any of these problems?

Problems	Parents & Siblings				Wife / Children			
	Yes	Relationship	No	Don't know	Yes	Relationship	No	Don't know
Major depression								
Suicide / attempted suicide								
Psychiatric illnesses								
Alcohol dependence								
Drug dependence								
Any other								

## 20. Adjustment patterns

Relationship with family members	Parents	Siblings	Spouse	Children
No family (Dead)				
Disowned by family / mutual rejection				
Mixed or indifferent feelings				
Usually friendly minor conflicts				
Supportive				
Not applicable				

## 21. Family Damage as seen by the counsellor    Mild    Moderate    Severe

### V. Sexual history

#### 22. Record extra marital experiences

Present    Absent    N/A

(If unmarried, pre marital) If present,

- Age of partner:
- Is it a sustained relationship?
- For how many years have you known each other?
- What is the living arrangement?
- Any children

Yes    No    Details

#### 23. Have you been involved in any high risk sexual activities?

Yes    No

Sex with commercial sex workers

If yes, did you use condoms

Always    Sometimes    Never

#### 24. Sex with casual acquaintance

Yes    No

If yes, did you use condoms

Always    Sometimes    Never

#### 25. Have you been tested for HIV?

If yes,

Positive/ Negative





Not willing to reveal

Not collected reports

Not applicable

= NA

26. At present do you have any sexual problems?

Yes

No

Reduced libido

Impotency

Excessive sexual urge

Complete abstinence

Any other

## VI. Occupational History

27. At what age did you start working?

28. How long have you been working?

29. Have you received any special award, recognition, merit certificates or promotions in the past?

30. Did you change your job frequently due to addiction?

Yes

No

31. Did you have any periods of unemployment?

Yes

No

If yes, for how long and for what reasons?

32. Occupational damage

Absenteeism

Yes /No

Loss of pay

Yes/No

Warning / Memos

Accidents on the job

Suspension order

Attend Work under the influence

Dismissal order

of alcohol / drugs

Transfer order

33. Specify nature of current work:

34. Occupational damage as perceived by the counsellor

Mild

Moderate Severe

## VII. Financial History

35. Details of debts to be cleared:

Amount

Money borrowed from family and friends

Loans from Banks

Loans from place of work

- Money borrowed from money lenders
- Money for redeeming articles from pawn shops
- Outstanding debts at various shops
- None

36. Financial damage as perceived by counsellor Mild   Moderate   Severe

### VIII. Legal history

37. Have you been arrested for sale of drug? Yes   No

If yes, No. of times

Have you been arrested for possession of drugs? Yes   No

If yes, no. of times

38. Have you got into trouble with law for the following Yes   No

If yes	No. of times
Arrested for drunken / drug influenced behaviour	
Fined for drunken driving	
Had an accident (even minor) while driving under the influence of alcohol / drugs	
Assault	
Any other	

### IX. Leisure time activities

39. Activities Before addiction In the last one year

Playing Games, physical exercises

Going to movies, dramas

Watching TV / video, listening to music

Reading

Visiting relatives / friends

Other Hobbies / talents



## X. Religious beliefs

40. Are you a

believer

non believer

indifferent

41. Do you

Always Sometimes Never

- Pray at home
- Visit temple regularly
- Go on pilgrimages
- Celebrate festivals

## XI. Referral – medical as well as other referrals

Date and details of visits

Action taken: Referral to

If referred, name of organisation:

## XII. Counselling Notes:

Session No.	Date	Issues dealt with

## XIII. Treatment plan

Goals – Short-term and long-term	Specific activities to be undertaken	Time frame
Abstaining from alcohol and drugs		
Getting back to a routine life		
Improvement in work life		
Managing finances		
Dealing with defects of character		
Improving relationship with the family		
Involvement in healthy recreational activities		
Follow-up measures		
Dealing with relapses if any		

## XIV. In case of drop out or extension of stay

In case of drop out

Date

Reasons for drop out

Lack of Motivation

Lack of family support  
Poverty, hence not able to stay  
Legal problem  
Unable to cope with treatment  
Inadequate facilities

Any other

In case of extension,

Reasons for extension



## Annexure 2.14

### Group Therapy Record Form - Weekly

Name of Patient:

Counselor:

Group:

Attendance: M T W TH F Date: \_\_\_\_\_ To \_\_\_\_\_ Name of therapist:

Issues	Code
Focus on topic	
Feelings level sharing	
Openness in addressing issues	
Involvement with other group members' sharing	
Any undesirable behaviour	

#### Group Therapy – key

#### Codes have been provided for four major aspects

##### 1. Focus on topic

- a. Shares in a relevant manner
- b. Shares relevantly most of the times
- c. Shares relevant only sometimes
- d. Irrelevant sharing

##### 2. Feeling level of sharing

- a. Share with a lot of feelings always
- b. Shares with feelings most of the time
- c. Shares with feelings sometimes
- d. Shares with no feelings

##### 3. Openness with which issues were addressed

- a. Shared on his own initiatives
- b. Shared openly with intervention
- c. Shared only briefly in spite of intervention
- d. Displayed lot of reluctance to share

##### 4. Involvement with other group member's sharing

- a. Listens and participates actively
- b. Listens but participates only sometimes
- c. Shows little interest and participation
- d. No involvement

5. Any undesirable behaviour noticed like sleeping, forming of sub groups, sarcasm, etc.  
Please describe (no codes given)

## Annexure 2.15

### Follow-up card / Register

Name of patient :

Registration Number :

Date of admission :

Date of discharge :

Counsellor's name :

Other known medical issues: (hypertensive / diabetic / IV user)

Referral to:

#### I. Medical review

Follow-up date	Complaints of patient	Name of medicine with dosage	Reasons for continuing / change of medicines

#### II. Review by counsellor

Date /month	Issues dealt in counseling	Recovery status – abstinence as well as progress made	Other forms of communication – letter, telephone calls etc

#### III. Home visits

Date and month	Date of last visit to the centre	Reasons for making home visits	Issues dealt during the visits	Response to the home visits

#### Status of whole person recovery – Half yearly assessment

Areas of improvement	Half yearly	Half yearly	Half yearly	Half yearly
Alcohol / drug free life				
Physical well being				
Healthy relationship with family members				

Crime free				
Gainfully employed				
Financial stability				

## Scoring Key

<b>Alcohol/drug free life</b>	<b>Physical well being</b>
No News = 0	No News= 0
Continues to drink = 1	Persistent inability to function due to poor physical / psychological condition = 1
Substituting with drugs = 2	Unable to function most of the times due to poor physical / psychological condition = 2
Severe relapses, sober = 3	Average health with transient problems = 3
Mild relapses, sober = 4	Absent or minimal symptoms but functions well generally = 4
No relapse = 5	Superior functioning with no problems = 5
<b>Healthy relationship with family members</b>	<b>Crime free</b> (crime includes domestic violence, illegal activities)
No News = 0	No News = 0
Disowned by family By and large alienated from family = 2	Arrest for illicit sale and production = 1
Mixed or indifferent feelings Usually friendly, minor conflicts = 4	Arrest for violent behaviour =2
Highly supportive = 5	Violent under intoxication (not arrested) = 3
	Crime free = 4
	Adopting higher values = 5

<b>Gainfully employed</b>	<b>Financial stability</b>
No News = 0	No News = 0
Illegal employment = 1	Severe debts, difficult to repay = 1
Unemployed = 2	Moderate level of debts, can be repaid = 2
Irregular for work = 3	No debts, no savings = 3
Mostly regular = 4	Average savings = 4
Regular for work and productive = 5	High level of savings = 5





## Annexure 2.16

### Letter of endorsement for free treatment

Name of patient:

Reg. No.

I, Mr. / Ms.....of age .....residing at ..... have received

Tick whichever is relevant

- free stay at the centre
- medical and psychological therapy for the patient
- therapy for the family
- addiction related medicines
- food at a cost of

from (date) ..... to..... for alcohol / drug addiction.

Signature of the patient

Date:

Signature of support person

### Endorsement register for providing free food to patients from the weaker socio-economic background

Name of the patient and Registration No.	No. of days food given	Signature of patient

## Annexure 2.17

### Declaration cum indemnity form

Project in charge

Name of the Organization

I \_\_\_\_\_ aged \_\_\_\_\_ years presently residing at \_\_\_\_\_

do hereby solemnly declare and state as under:

We the Parents / Spouse / Guardians of Shri/Smt \_\_\_\_\_ aged \_\_\_\_\_ years presently residing at \_\_\_\_\_

1. I have voluntarily and of my own accord admitted myself to the rehabilitation/de-addiction facility .....
2. I state that I have been informed about the entire treatment and medication in detail and that I also fully understood and am aware of the implications and consequences thereof.
3. I declare and confirm that I have taken upon myself the entire responsibility, liability, risk and consequences as may arise during or after the said treatment and medication and that I shall not in any manner and at any time hereafter hold the said treatment facility, the staff / management liable and or responsible in any manner whatsoever.
4. I agree to indemnify and absolve the treatment centre for the following situations.
  - a. Sustaining injury / fatal or otherwise while trying to escape from the centre / trying to procure drugs
  - b. Attempting to commit suicide
  - c. During withdrawal, leading to DT and becoming violent or suicidal
  - d. Consuming alcohol with disulfiram and developing fatal reactions
  - e. Developing unexpected side effects or rare complications while taking medicines for withdrawal / depression / psychiatric problem / opportunistic infections due to HIV
5. I state that I am aware of all the statements and declarations made by me in the Declaration-cum-indemnity executed by me on \_\_\_\_\_ day of \_\_\_\_\_ 200 and I hereby confirm and ratify the same.
6. I am making this declaration solemnly and sincerely without any force, coercion or undue influence and the full force and effect should be given to all the statements and declarations made by me herein above.

Solemnly declared at \_\_\_\_\_ this \_\_\_\_\_

day of \_\_\_\_\_

200\_\_\_\_\_ by the within named

\_\_\_\_\_

\_\_\_\_\_

Signature of the client / family members



## Annexure 2.18

### **Guidelines for Administrative Manual**

- Origin / Inception of the organization
- Mission and Vision of the organization
- Achievements and growth of the organization
- Organization chart
- Other activities and functions besides de-addiction programme
- Formalities to be adhered to for registrar of societies / trust - list of Governing board members, Minutes of last meeting, annual report
- Grant application and other relevant material
- Staff details and staff welfare measures like leave rules, list of holidays
- Code of ethics for staff
- Information about issues like rent agreement, electricity, water, telephone
- Procuring medicines
- Procedure for organizing meals

## Annexure 2.19

Centre Code:

Type:

Form No.:

### DRUG ABUSE MONITORING SYSTEM VERSION FOR TREATMENT OR COUNSELING CENTRE

Note: Fields marked with (\*) are compulsory

<b>Quarter of reporting *</b>	
1/10/2007 to 31/12/2007	
1/01/2008 to 31/03/2008	
1/04/2008 to 30/06/2008	
1/07/2008 to 30/09/2008	
<b>Sex *</b>	
Common Gender	
Male	
Female	
<b>Age *</b>	
<b>Marital status *</b>	
Divorced	
Married	
Never Married	
Not Known	
Separated	
Separated/Due to drug use	
Widow/Widower	
<b>Education *</b>	
Graduate	
Literate	
Illiterate	
Matriculation/Higher	
Secondary/PUC/Junior College	
Middle	
Not Known	



Post Graduate/Technical	
Primary Education	
Professional Education	
<b>Employment status *</b>	
Any Other	
Currently Unemployed	
Full Time employed	
House Wife	
Never employed	
Not Known	
Part Time employed	
Self employed	
<b>Occupation *</b>	
Administrative Executive and Managerial Workers	
Clerical And Related Workers	
Farmer	
House Wife	
Labours	
Not Applicable	
Not Known	
Production and Related Workers	
Professional Technical and Related Workers	
Sales Workers	
Service Workers	
Transport Operator Workers	
Worked Not Classified by Occupation	
<b>Income(per month)</b>	
<b>Place of Residence*</b>	
Rural	
Urban	

### Pattern of drug use\*

Drugs	Ever Use	Age of First use Month	Use in one In last one Month	Daily/near daily use regular use	Duration of last	Intensity of drug use mild/moderate/severe
Alcohol						
Cannabis						
Heroin						
Opium						
Propoxy Phences						
Other Opiates						
Morphine						
Buprenorphine						
Barbiturates						
Minor Tranquilizers						
Other sedatives/ Hypnotics						
Cocaine						
Amphetamine						
Hallucinogens						
Inhalants						
Cough syrup						
Others						

### Intravenous drug use

<b>Ever</b>	No	
	No Response	
	Yes	
<b>Last Month</b>	No	
	No Response	
	Yes	
<b>If Yes, Sharing of needles and syringes/ paraphernalia</b>		
<b>Ever</b>	No	
	No Response	
	Yes	
<b>Last Month</b>	No	
	No Response	
	Yes	

<b>Average expenditure on drugs/alcohol per months(in Rs)</b>	
	Last Year
	Current
<b>Ever apprehend by police for drug related office</b>	
	No
	No Response
	Yes

<b>If Yes Give reason</b>	<b>Ever</b>	<b>Last One Month</b>
For Selling	Yes No	Yes No
For Possession	Yes No	Yes No
For unruly behaviour under the Influence/assault.	Yes No	Yes No
Any other crime like shealing	Yes No	Yes No
<b>Any previous attempts for treatment</b>		
	No	
	No Response	
	Yes	
<b>If yes, number of attempts made over the past 5 years:</b>		
<b>Duration since last treatment (gap between last treatment and present in months):</b>		
<b>Family violence in the past 6 months</b>	<b>Frequency</b>	
Physical violence towards family members	Never Rarely Occasionally Frequently	

Verbal abuse	Never Rarely Occasionally Frequently	
Violent with neighbours and outsiders	Never Rarely Occasionally Frequently	
Breaking articles at home	Never Rarely Occasionally Frequently	
<b>Sexual practices (no. of partners in the last six months):</b>		
Multiple partners		
Multiple partners including casual partners		
Multiple partners including CSWs*		
Single partner		
<b>Practicing safe sex in the last six months (use of condoms):</b>		
Always		
Never		
No Response		
Sometimes		
<b>Family history of drug/alcohol abuse (information to be collected about those family members who are alive)</b>		





<b>Drug</b>	<b>Father</b>	<b>Mother</b>	<b>Brother</b>	<b>Sister</b>	<b>Father &amp; Mother</b>	<b>Father &amp; Brother</b>
Alcohol						
Cannabis						
Heroin						
Opium						
Other Opiates						
Propox Phene						
Morphine						
Buprenorphine						
Barbiturates						
Minor tranquilizers						
Other sedatives/Hypnotis						
Cocaine						
Amphetamine						
Hallucinogens						
Inhalnts						
Cough Syrups						

<b>Education</b>	<b>Father</b>	<b>Mother</b>
Literate		
Illiterate		
Primary Education		
Middle school		
Matriculation/Higher Secondary/PUC/Junior College		
Graduate		
Post Graduate/Technical		
Professional Education		
Not known		

<b>Occupation</b>	<b>Father</b>	<b>Mother</b>
Professional Technical and Related Workers		
Administrative Executive and Managerial		
Clerical And Related Workers		
Sales Workers		
Service Workers		
Farmer		
Production and Related Workers		
Transport Operator Workers		
Laborers		
Worked Not Classified by Occupation		
Not Applicable		
Not Known		

## DRUG ABUSED MONITORING SYSTEM (DAMS)

### INTRODUCTION:

At present there is no system in the country to monitor drug use. Though some studies in the past have been carried out to provide the necessary data about drug use in the country, yet no effort has been made so far to streamline the process of data collection on a scientific basis. Further, it is essential to collect the data for a number of years, to be able to discern the trends of drug use, both in terms of the profile of drug users and the types of drugs being used, and any shifts therein. The source from where the data could be collected is crucial in providing the authentic insights. The treatment and counseling centers are the only sources, which interact with a large number of drug users in the country on a regular basis, and where some form of records are maintained about the drug users and the drugs being used.

The present effort is meant to set up a system of monitoring drug abuse trends in the country, on the basis of data from the treatment and counseling centers being funded by Ministry of Social Justice and Empowerment and Ministry of Health Welfare, besides other centers which may be carrying out similar activities with drug addicts. The purpose is to be able to know how many persons generally use the services, whether the numbers are increasing or decreasing, to identify the users, their age group, sex, social status, employment status and so on. The second important objective of monitoring is the kind of drugs being used and the method of use. The data would help us in gaining useful insights about the types of drugs being used, and the mode of drug use. It would help us in knowing the type of drug use prevalent in different parts of the country. The quality of the data is crucial importance in this existence. It is therefore, requested that the person responsible for collecting data may carefully read the instructions to fill in the simple data format enclosed.

### METHODOLOGY:

All treatment centers funded by Ministry of Social Justice and Empowerment and the Ministry of Health and Family Welfare, besides other centers, which may be carrying out similar activities with drug addicts, would be responsible for collecting the data in the format designed for the purpose. The data would be collected for a period of three months in a year, for all new drug users seeking your help. However, for the first month, in case of de-addiction centers, all the persons already admitted in your center shall be included.

The format should be filled in on the first day of the contact itself, though the information can be subsequently revised, if the person remains in contact with you for a longer duration. The period of data collection would be specified each year. For example, during the current year, the data has to be collected from the 1st August to 31st October 2000. The data would be sent immediately at the end of the period, to the Ministry of Social Justice and Empowerment or any other address, which may be notified for the purpose. After the data collection is over information about the services and the staff and other facilities at the center would be provided on an information sheet developed for the purpose. The data about the users would be sent along with the information about the services at the center.

## IMPORTANT GUIDELINES FOR NGOs:

**Duration:** Please collect information with respect to the items given in the format from all new drug users, clients coming to your center for the first time, seeking help, beginning from 1st of August 2000 to 31st October 2000.

- For the month of August, in case of de-addiction centers, all the persons already admitted in your center shall be included.

You are requested to familiarize all your staff members dealing with the drug users with the code sheet and the manual to fill in the data. Refer to the manual in case of any difficulty.

The identity of the drug being used would require greater attention and detailed information has been included. A list of common names used for different drugs is also being enclosed to help you in identifying the drugs.

Please appoint one person as the contact person-in-charge for data collection in your organization. He/she should be sent for the training for DAMS. He/she in turn would train all other staff involved in data collection.

Please send the filled in formats for all new users, clients coming to your center for the first time during the month of August, September, and October 2000. If possible, please send them by courier, to ensure prompt delivery. Do not forget to fill in the information sheet about the services at the center, and enclose it with the data about the users.

## COLLECTING OF DATA:

The data has to be collected from all new cases reporting to seek help from your center,, during the month of August, September, and October, 2000. The term new case here refers to the person who is coming to your center for the first time. It is possible that you are providing both counseling and treatment. The person first goes to the counseling unit and is subsequently admitted for treatment. You are requested to treat the case as one, since the information about the case has already been collected. This information should not be repeated, even if he/she is being admitted for the first time.

The information has to be collected on first contact, though it can be revised subsequently, if the person remains in contact for a longer period. It will help in collecting information from all cases. It is always advisable to recheck the information regarding all entries, particularly income, employment status, pattern of drug use, method of use, crime record and family violence etc. If possible, try to get information from others sources e.g. visiting relatives and friends, to authenticate the information provided by the person.

The format is pre-coded and is accompanied by a code sheet to facilitate you.

### How to use the format:

**Center code:** All centers have been allotted a code, e.g. the center code for Navjoyti, Delhi is

2	4	0	7
---	---	---	---

- These codes would be the same for all DAMs format filled at your center code shortly.

**Type:** refers to whether you are providing counseling center use code 1, De-addiction 2 and for both 3 e.g. Counseling Center

1
---

### Funded by:

If you are funded by ministry of Social Justice and Empowerment use code 1, for the Ministry of Health and Family Welfare, use code 2 and in case you are funded by some other source other than the one's mentioned above, use code 3.

#### 1. Date of reporting:

For example, if the date is 5th August, 2000

0	5	0	8	2	0	0	0
---	---	---	---	---	---	---	---

**2. Sex:** There are three categories in this item- Male-1, Female-2 and common gender-3. Put the appropriate code in the box, e.g. If the client is a male,

1
---

**3. Age:** Please record the actual age. Some illiterate persons may not be sure of their age. Help them ascertain the same by using different methods, e.g. the date of birth of any younger sibling, and so on. In case of nay doubt, use code 99. For example, if the client is 25 years old,

2	5
---	---

**4. Marital Status:** The item 7 categories. There is a category, which reads as divorced because of addiction. In case of divorced cases do probe and record accordingly, using the code 6. If the divorce has nothing to do with addiction, use code 4. I am sure you are aware of the difference between the 'divorce' meaning legal separation, and 'separation', where the legal formality has not been completed; though it may have been initiated. Please use the appropriate code 4 or 5 respectively.

**5. Education:** The item has 9 categories in all. If a person has passed class IX but failed in Xth, his/her educational status should be recorded as 'middle'-code 4. The same rule at all stages. Passing a particular stage exam is the criteria for determining the level.

**6. Employment status:** The item has 9 categories. All categories are self-explanatory.

**7. Occupation:** There are 11 main categories in this item. A number of occupational activities are listed under each. You may read the details carefully and can consult the code-sheet for choosing the appropriate code. For example if a person were employed in restaurant/hotel, his/her occupation would be service worker-code 05. However, if you are not able to classify or if the occupation does not fit in any of the categories given, use the code-11 and specify the occupation along side.

## Code: DIVISION AND GROUPS

### 01 Professional, Technical and related Workers

- Physical Scientist
- Physical Science Technician
- Architects, Engineers, Technologists and Surveyors

- Engineering Technicians
- Aircrafts and Ship Officers
- Life Scientists
- Life Science Technicians
- Physicians and Surgeons (including dental and Veterinary surgeons)
- Nursing and other Medical and Health Technicians
- Scientific, Medical and Technical Persons, Others
- Economist and Related Workers
- Accountants, Auditors and Related Workers
- Mathematician Statisticians and Related Workers
- Social Scientist and Related Workers
- Jurists
- Teachers
- Poets, Authors, Journalist and Related Creative Artists
- Sculptors, Painters, Photographers and Related Creative Artists
- Composers and performing Artists
- Professional Workers

## 02 ADMINISTRATIVE, EXECUTIVE AND MANAGERIAL WORKERS

- Elected and Legislative officials
- Administrative and Executive officials, Government and local Bodies
- Working Proprietors, directors and Managers, Wholesale and retail trade
- Directors and Managers, Financial institutions
- Working Proprietors, Directors, and Managers, Mining, Construction, Manufacturing and related concerns
- Working Proprietors, Directors, Managers and related Executives, Transport, Storage and Communication
- Working Proprietors, Directors, and Managers, other services
- Administrative, Executive and Managerial Workers

## 03 CLERICAL AND RELATED WORKERS

- Clerical and other Supervisors
- Village Officials
- Stenographers



- Typist and card and Tape Punching Operators
- Book keepers, Cashiers and related WORKERS.
- Computing Machine Operators
- Clerical and Related Workers
- Transport and Communication Supervisors
- Transport Conductors and Guards
- Mail Distributors and related workers
- Telephone and Telegraph Operators

#### 04 SALES WORKERS

- Merchant and Shopkeepers, Wholesale and Retail Trade
- Manufacturers, Agents
- Technical Salesman and Commercial Travelers
- Salesman. Shop Assistance and Related Workers
- Insurance, real Estate, Securities and Business Service Salesman and Auctioneers
- Money Lenders and Pawn Brokers
- Sales Workers

#### 05 SERVICE WORKERS

- Hotel and Restaurant Keepers
- House Keepers, Matron and Stewards (Domestic and Institutional)
- Cooks, Waiters, Bartenders and related workers (Domestic and Institutional)
- Maids and other House Keeping Service Workers
- Building care takers, Sweepers, Cleaners and related workers
- Launderers, Dry- Cleaners and Pressers
- Hair Dressers, Barbers, Beauticians and related workers
- Protective Service Workers
- Service Workers

#### 06 FARMERS, FISHERMEN, HUNTERS & LOGGERS AND RELATED WORKERS

- Farm Plantation, Dairy and other Managers and Supervisors
- Cultivators
- Farmers other than Cultivators

- Agricultural Laborers and related workers
- Forestry workers
- Hunters and related workers
- Fishermen and related workers

## 07 PRODUCTION AND RELATED WORKERS

- Miners, Quarrymen, Well Drillers and related workers
- Metal Processors
- Wood Preparation Workers
- Chemical Processors and related workers
- Spinners, Weavers, Knitters, Dyers and related workers
- Tanners, Felt mongers and Pelt Dressers
- Food and beverages Processors
- Tobacco Prepares and Tobacco Product Makers
- Tailors, Dress Makers, Sewers Upholsterers and related workers
- Shoemakers and Leather Goods Makers
- Carpenter, Cabinet and related wood workers
- Stone Cutters and Carvers
- Blacksmiths, Toolmakers and Machine Tool Operators
- Machinery Fitters, Machine Assemblers and Precision Instrument Makers (except Electrical)
- Electrical Fitters and related Electrical and Electronics Workers
- Broadcasting Stations And Sound Equipment Operators and Cinema Projectionist
- Plumbers, Welders, Sheet Metal and Structural Metal Makers and Erectors
- Jewelry and Precious Metal Workers and Metal Engravers (except printing)
- Glass Formers, potters and related workers
- Rubber and Plasters product makers
- Paper and paper board product makers
- Printing and related workers
- Painters
- Production and Related Workers
- Brick Layers and other Construction workers



- Stationary engines and related Equipment operators, Boilers and Greasers
- operators.

## 08 TRANSPORT OPERATORS, WORKERS

## 09 NOT KNOWN

## 10. LABOURERS

## 11. WORKERS NOT CLASSIFIED BY OCCUPATIONS

- New Workers seeking employment
- Workers reporting occupations, unidentifiable or inadequately described

**8. Income:** In this item the actual figure is to be recorded. Income refers to the income of the person seeking help per month from all sources. Round up the figure e.g.: if the monthly income is 1005, it should be recorded as 1000. Many a times, people are not aware of their monthly income. In that case, ascertain the average daily income and the number of days they are able to get work. Multiply the daily wage by the average number of days a person is able to get work in a month, to get your figure of monthly wage. Record the actual figure thus arrived.

**9. Place of Residence:** This item has just two categories- rural and urban. You may ascertain where the person generally lives and then classify the place as rural and urban. The definition of rural area is where the majority of population is engaged in agriculture or agriculture related activities.

**10. Pattern of Drug Use:** This item is meant to get information about all the drugs including tobacco and alcohol, being used by the person or ever used by him/her. At first glance it appears somewhat complicated, but if you look at it again, it is very simple. It is a list of all-probable drugs a person may be using. Still, if you come across a drug, which is not listed here, you may list the name in the last row of the table, and go on adding rows depending on the number of unlisted drugs being used. Make sure that you record all the drugs. So, in the first column, you may tick as many as drugs as he/she may have used even once. In the next column, identify the age at which the drug was used for the first time. In the third column identify and record only those, which he/she may have used in the last one month (counting from the day of reporting). Again, make sure that you record all the drug or drugs he/she is using almost daily. In the last column, record the time period of daily or near daily usage of the drugs. To help you in the identification of the drugs, their street names are given below:

### POPULAR NAMES OF DRUGS:

Types of Drug	Commonly known as
Heroin	Brown Sugar, Samck, No.4, Gard, Samaan, pudia, Junk, Mall etc.
Opium	Afeem, Amar, Bhukki, Doda, Post, Amli, Amli, Amal, Reta, Poppy, etc Morphine, etc

Buprenorphine	Norphine, TDX, Tidigesic, Adnok, etc
Propoxyphene	Proxyvon, Spasmopoxyvon, Butaproxylon, etc.
Other Opiates	Pethidine, Pentazocine, Fortwin, Codeine, Methadone etc.
Alcohol	Sharab, Daru, Desi, Angrezi, Tharra, Sura, Guttu, Thaili, Arrack, Todi, etc
Cannabis	Bhang, Ganja, Charas, Hashish, Grass, Sulfa, etc
Barbiturates	Phenobarbitone, Pentobarbitone, Gardenal, Seconal etc
Minor Tranquilizers	Valium, Diazepam, Librium, Nitroval, Das Number Ki Goli, Alprax, etc
Other Sedatives/Hypnotics	Sedyn, Carisoma, Mandrax etc
Cocaine	Crack, Cocaine, etc
Amphetamine	Speed, Amphetamine, Dextroamphetamine, Ecstasy etc
Hallucinogens	PCP, Angel Dust, LSD etc
Inhalants	Glue, Petrol, Kerosene, thinner, Solvent, paints, Araldite, Quickfix, Spirit, etc
Cough Syrup	Bendryl, Corex, Phensydyl, Gathi, etc
Others Specify	Avil, Vrufen, Voveran, Laxative, Lodex, Boot Polish etc

• Some of the street names may be the trade name of various drugs. However, this does not reflect on the drug manufacturers.

**11. Intravenous Drug Use:** This item is self-explanatory. Please note that the intravenous use in the last one month or ever, are to be recorded by simply using the codes i.e. Yes-1, No-2, and in case of no response, code-9

**12. Sharing of Needles, Syringes and other paraphernalia:** Similar codes are to be used as mentioned in the data item above. Please specifically ask and record, if they are sharing needles, cleaning them with a gauze/cloth/water if any related item is being used for preparing an injection with fellow users/others.

**13. Average Expenditure on Drugs per month:** Record the actual figure of average monthly expenditure on drug use. Identify the drug/s being used, the quantity of daily use and its cost, and then multiply by 30 to arrive at the figure of average monthly expenditure.

**14. Police Record:** Simply record Yes-1, No-2, and No Response-9

**15. Any Previous Attempts at Treatment:** Simply record Yes-1, No-2, and No Response-9

(a) If Yes, Number of Attempts: Record the actual number of attempts using numbers 1-5. If there are more than 5 attempts, use code-6. In case of no response, use code-9.

(b) Duration since last treatment: Self explanatory, see the code sheet

**16. Family Violence:** Family violence here refers to physical and mental torture inflicted by drug users on any or all the family members. Three possible answers are given with definition. Record the appropriate code. If you think the information may not be correct or if there is no response, use code-9

**17. Sexual Practices:** There are four possible answers given in the code sheet, which are self-explanatory. In case there is no response or you think information provided may not be true use code-9.



**18. Safe Sex:** This item refers four possible answers given in the code sheet, which are self-explanatory. In case there are no responses or you think the information provided may not be true use code-9.

**19. Family History of Drug Use:** This item refers to the possibility of a family history of drug use. If the father is or has been drug user, use code-1, for the mother use code-2, brother code-3, sister code 4, father and mother code 5, and for the father and brother code 6. In case any other person is found to be a drug user use code 7, and mention the specific relationship besides the box.

**20. Father and Mother's Education and Occupation:** Please collect information about the parent's education and occupation as given above, for Education (5) and for occupation (7)

## Annexure 2.20

### Network Directory and a referral register

Issues	Governmental organization	Non-governmental organization
Medical problems		
Psychiatric problems		
HIV / STD related issues		
Half way homes		
Vocational training		
Shelter for family members		
Legal help		

To provide one page for each organization covering the following issues

- Name of the organisation:
- Address:
- Phone No.
- Contact person:
- Government / Non-government
- Admission procedures:
- Time and day of admission / consultation
- Duration of treatment:
- Kind of treatment provided
- Cost of treatment (free / paying)
- Discharge policy:

#### Referral register (one page for each month)

Name of the patient	
Date and month of referral	
Referred to	
Referred for	
Feed back of referral	

## CHAPTER 3

# DE-ADDICTION CAMPS AND WORKPLACE PREVENTION PROGRAMME

An organisation running a Treatment–cum-rehabilitation Centre may organise **De-addiction camps in** areas prone to drug abuse especially in rural / semi urban areas. The organization would utilize the staff and resources from the community.

The camp approach has many **benefits**

- Treatment is cost effective because existing facilities available in the community are made use of.
- The local community is involved in organising the camp, hence, they provide support to the addict in recovery and they also get sensitized regarding the impact of addiction.
- Sustained involvement of the community promotes collective initiative towards prevention of addiction.

### Activities for creating awareness in the community

- Formal and informal methods of creating awareness in the community that include community participation such as organising dramas, competitions, pantomime shows, street plays and folk media depending on the target audience.
- Messages to be sensitively designed so as not to arouse any undue scare, curiosity or experimentation with alcohol and drugs
- The language, content and style of message to be culture-specific according to the target groups to be addressed
- Education against alcohol and drug abuse to incorporate contents of socially healthy alternative life styles

### Activities for conducting de-addiction camps

- Creating awareness in the community about the problems associated with drinking and drug addiction and the need for appropriate treatment.
- Prior to conducting the camp, a local host organisation has to be identified from the community. The host organisation could be any non-governmental organisation, providing health care / education / rural upliftment / micro credit system. The host organisation should have credibility and be trusted by the community. The host organisation should be involved in providing infrastructure such as accommodation for conducting the camp, organising meals for the patients and treatment staff, and mobilising local support persons.
- It is important to involve the community in identification, intervention and providing support during recovery. Identification of addicts to be done through multiple contacts – formal / informal leaders, local physicians, community workers, teachers etc.
- Treatment to include detoxification and psychological therapy for the patients and therapy for family members for a period of 15 days by conducting a camp at the community itself.

On completion of camp, to provide follow-up care for a minimum period of one year at the community.

- To sustain the momentum built at the time of the camp, meaningful activities to be conducted on an ongoing basis.
- Repeated camps at the same camp site for a few years for new alcohol / drug users would help in converting the village / community a drug free zone

### Standards on services

Minimum criteria	Records required
<p>Identification of a host organisation and sensitizing them about the impact of addiction and the need for treatment.</p> <p>A minimum of two programmes to be organised prior to the camp at the community.</p>	<p><b>Profile of Host organisation</b> to be maintained by the counselor – <b>Annexure 3.1</b></p>
<p>Identification of patients through community network - formal / informal leaders, panchayat leaders, families of addicts, Youth associations, teachers, Mahila Mandal workers, micro credit group members, Religious leaders and health workers / recovering addicts.</p> <p>Through personal contact or by distribution of pamphlets, making people aware of the camp programme.</p>	
<p>The selection criteria to be clearly defined and followed-up.</p>	<p><b>Camp Manual</b> to be developed and maintained by the counselor.</p>
<p>Providing detoxification and dealing with addiction related illnesses.</p>	<p><b>Medical case sheet</b> to be maintained by the medical officer</p>
<p>Identification and creating linkages for medical services to handle emergencies during detoxification, during follow up and relapses through local resources such as physicians, hospitals and primary health centres.</p>	<p><b>Network directory</b> to be maintained by the project-in-charge</p>
<p>Developing a structured programme for a duration of 15 days with the focus on medical care as well as providing support to improve the quality of life.</p> <p>Providing a minimum of 8 re-educative sessions for patients, 8 group therapy sessions and 4 individual counseling sessions.</p>	<p><b>Camp Manual</b> to be maintained by the project-in-charge</p>
<p>To provide support to the family, conducting five sessions for families with components of re-educative sessions, group therapy, and counseling.</p>	<p><b>Camp Manual</b> to be maintained by the project-in-charge</p>



To sustain the recovery, conducting one follow-up meeting at the camp site every month for a period of one year.	<b>Follow-up card</b>
--	-----------------------

### Staff required to conduct a camp

- A minimum of three counselors and one nurse are required for 25 patients.
- Physician and other support persons from the camp site to be utilised.

### Training of staff

- The treatment staff to be placed in a treatment centre that already conducting de-addiction camps to understand and observe the camp approach
- Training to include methods to mobilize and work with the community
- Specific training on pantomime shows, street plays and folk media to be included.

### Workplace prevention programme

Addiction to alcohol is a major problem in industries. According to some of the studies conducted, 7-10% of the work force may have problems related to alcohol / drug use. It creates problems for the employer, managers, union office bearers and supervisors. Some of the problems faced are unpredictable absenteeism upsetting production plans, accidents leaving an unpleasant impact, constant worry over product quality and deteriorating discipline in the department.

A comprehensive strategy against the spread of alcohol and drug abuse includes building awareness, training supervisors / managers on the impact of addiction and offering treatment services. The programme is focused towards **promoting health, maintaining safety and improving work performance.**

IRCAs run by non Governmental organizations who are taking up work place prevention programme will be entitled to additional funds to set up a focal unit for awareness, preventive education and referral services within a industry / enterprise. The additional fund will be given towards salary of counselors / community workers / part time medical officer and production of educational material. The enterprise taken under the programme should have at least work force of 500 per unit.

### Activities related to workplace prevention programme

- To create awareness among the employees about the impact of use and abuse of alcohol / drugs in relation to the quality of work.
- To create awareness among the families of employees about the impact of use and abuse of alcohol / drugs in relation to health, finances and general well being.
- To educate and change the attitude towards use of alcohol and drugs and promote healthy leisure time activities.
- To conduct awareness programmes for the management as well as union office bearers regarding the impact of addiction and the need to develop a policy.

- To conduct training programmes for supervisors / managers to identify early phase addicts through poor job performance.
- To collect data regarding absenteeism, accidents, poor job performance among the employees and relating them to use and abuse of alcohol.
- To identify, refer and treat workers with problems of addiction.

### Standards on services

Minimum criteria	Records required
<p>To conduct one programme a month on creating awareness about the impact of addiction – lecture, film shows and puppet show.</p> <p>To conduct one programme every six months for families of employees on the impact of addiction</p> <p>To conduct one programme every two months to supervisors / managers on early identification of problem employees</p> <p>To conduct one programme every six months to management / union office bearers on the need to have a policy to deal with addiction.</p>	Awareness programme register
To help the industries to collect data regarding absenteeism and poor quality of work and the use and abuse of alcohol.	
To treat patients referred by industries as and when needed.	Register for patients referred by industries <b>Annexure 3.2</b>

### Training of staff

- The counsellors or community workers should have undergone at least one week training in an organisation that conducts such workplace prevention programmes.





## Annexure 3.1

### Profile of host organization

Name of the organisation:

Address:

Telephone No.

Contact person:

Year of establishment:

Services provided:

Community's perception regarding the services provided by the organisation :

(interview five persons who have made use of their services)

## Annexure 3.2

### **Register for providing treatment to patients referred by industries**

Name of the patient:

Name of the industry:

Department where the patient works:

Department / individual who referred the patient:

Problems due to addiction in the area of work :

Date of admission:

Date of discharge:

Type of intervention / treatment provided:

Remarks by the counsellor:

Date & signature of counsellor:



## CHAPTER 4

# REGIONAL RESOURCE AND TRAINING CENTRES (RRTC)

The Ministry of Social Justice and Empowerment has established a national centre for Drug abuse prevention (NCDAP) at New Delhi to serve as an apex body for training, research and documentation in the field of alcoholism and drug demand reduction.

### Core objectives of NCDAP

- Raising the competency standards of the functionaries/ personnel working in De-addiction centres and other related sectors.
- Invigorating efforts for preventing or minimizing any anticipated or consequent harm related to Drug Abuse in clients and in the Community
- Standardization of care in Drug Abuse Prevention and treatment
- Updating information and creating a database on extent and pattern of Drug Abuse and its various interventions at local, regional, national and international levels

The Ministry designated NGOs of repute and adequate experience and consistently good track record as Regional Resource and Training Centre (RRTC). Eight RRTCs have been established.

– **Annexure I – list of RRTCs with addresses and states covered.**

### Role of RRTCs

- Visit treatment centers to understand the issues and problems of the NGOs
- Establish a good working relationship with staff
- Function as a 'mentoring agency'. Mentoring is to act as a trusted guide.
- Training of service providers based on the assessment of the training needs
- Document efforts for effective monitoring. Ensuring compliance with DAMS, Minimum standards of care by NGOs.
- Documentation of programmes/results at the regional level
- Technical support to NGOs, CBOs and Enterprises in strengthening their programmes
- Strengthening the rehabilitation of the addicts by networking and convergence of resources
- Advocacy, research and monitoring on regional issues
- Exchange visits

### Criteria for selection of an RRTC

#### RRTC to be approved by NCDAP, Ministry of Social Justice and Empowerment

- Minimum of 10 years of experience in the field of addiction and getting grant continuously without any break or adverse report

- Organization to have infrastructure facilities
  - o Training hall with a minimum capacity of 30 to 40 persons,
  - o Availability of training equipments viz. LCD, laptop, etc.
  - o Proper hostel facilities in the vicinity of the training hall/centre,
  - o Centrally located
- Should have long standing good training track record in the field of drug addiction and availability of in-house trained resource persons.
- The organization should be able to showcase its treatment, rehabilitation programmes, street-based programmes, etc.
- Established networking with state departments, NGOs, CBOs and enforcement authorities.
- Financially sound organization
- Well placed at the regional level

### Structure of the RRTCs

Staff	Number
Coordinator	1
Documentation officer	1
Field workers	2
Accountant cum computer operator	1
Total	5

### Visits to NGOs

Minimum criteria	Records required
In case the RRTC has more than 40 NGOs, one field worker to be given for every 20 NGOs	List of RRTCs – <b>Annexure 4.1</b>
Maintaining and updating the data base of NGOs - address, phone number, list of staff, activities undertaken	Maintaining a separate file for each NGO- <b>Annexure 4.2</b>
Minimum of one visit per year per NGO – according to the NGO load in the RRTC jurisdiction  In case more than one visit to be made, expenses related to the visits to be compensated by NISD as per their norm	Guidelines for visits – <b>Annexure 4.3</b> First visit and subsequent visits <b>Annexure 4.4</b>
Evaluating the functioning of NGOs once a year	Evaluation format – <b>Annexure 4.5</b>

Document all information related to the NGO including staff details, training attended	Follow-up card – <b>Annexure 4.6</b>
Conducting on site training programme (either individual or cluster of NGOs) based on training needs - minimum of six programmes a year	
Providing material required by the NGOs within 10 days of request	

### Organizing training programmes

Minimum criteria	Records required
Needs assessment to be conducted once a year during the visit	Needs assessment form – <b>Annexure 4.7</b>
Conducting training programmes based on needs assessment	<ul style="list-style-type: none"> <li>- Format for banner, certificate</li> <li>- format for providing traveling allowance for the participants</li> <li>- Evaluation format – at the end of the programme</li> <li>- Format for writing training reports</li> <li>- Developing a check list for training programme- <b>Annexure 4.8</b></li> </ul>
Developing material for all important topics and activities towards making the training participatory	
Developing power point presentations on important topics - to be made once and update it as when necessary	
Attending the meeting once or twice a year Organized by NCDAP	- Format for the meeting – <b>Annexure 4.9</b>
Sending applications once a year and reports once a year	<ul style="list-style-type: none"> <li>- Application format – <b>Annexure 4.10</b></li> <li>- Annual report format – <b>Annexure 4.11</b></li> </ul>

### Conducting programmes on special days

Minimum criteria	Records required
Sending letters to all NGOs regarding important days to be observed.	
International Day Against Illicit trafficking and drug abuse , world AIDS day etc.	

## RRTC as a role Model agency for partner NGOs

Minimum criteria	Records required
Developing manuals and sharing the format during training programmes Update manuals as and when needed	Medical manual Nursing manual Therapy manual Administrative manual Manuals to be provided by NCDAP
Maintaining medical form, case history form, group therapy recording and follow-up record.	
Developing a format for compiling information related to RRTC activities	Format for inspection officers – <b>Annexure 4.12</b>

## Maintaining a resource centre

Minimum criteria	Records required
Providing new information / material to NCDAP to update their website	As and when needed by NCDAP
Acquiring new material on addiction and related topics each year with the funding available	To buy a minimum of 20 to 25 books/journals/ educational materials
Visiting websites which are providing free material	List of web sites – <b>Annexure 4.13</b>

## Compliance with DAMS and half yearly report by partner NGOs

Minimum criteria	Records required
Contacting NGOs either through mail / telephone to ensure compliance with DAMS	Once a year
Reminding NGOs in October and April towards compliance with half yearly reports	Twice a year

## Annexure 4.1

### List of RRTCs with addresses, Email IDs and States covered

Serial Number	Name of the RRTC	Name of the organisation	Address, contact details, email id etc.	Name of the focal point with contact details	Details of states covered
1	RRTC NE- I	Galaxy Club	RRTC NE-I Singjamei MATHak Chongtham Leikei Imphal, Manipur -795 001	Dr. Jayanta Ph: 0385 2227574 Mobile : 09862919102 e-mail- jayanta_ dr@yahoo.com	Manipur, Assam
2.	RRTC NE- II	Kripa Foundation (Nagaland)	RRTC NE II (Kripa Foundation) Red Cross Building, Raj Bhavan Road. Kohima- Nagaland 797001 Phone No: 0370-2241853 Fax No: 0370-2241854 E-mail: rrtcne2@gmail.com rrtcnaga@hotmail.com kripanagaland@yahoo.co.in	Dr. P. Ngully (Director) RRTC NE- II +919436001854 rrtcnaga@hotmail.com kripanagaland@yahoo.co.in	Arunachal Pradesh Meghalaya Nagaland
3.	RRTC NE-III	Mizoram Social Defence & Rehabilitation Board	P.Rohmingthanga, IAS (Rtd) Building, Chaltlang, Aizawl, Mizoram. 0389- 2349321, 0389-2345428, 0389-2345442, rrtc_aizol@yahoo.com	Ms.Lalparmawii, Chief Executive Officer & Director Mizoram Social Defence & Rehabilitation Board (RRTC NE-III) 0389-2349321 09436142562	Mizoram and North Tripura

4.	RRTC East-I	Vivekananda Education Society	6/7, Banamali Ghosal Lane, James Apartment 1st Floor, Behala, Kolkata –700 034. Tel. 033 -2445 2450; 033-2458 3183 Fax – 033 – 23970364 E.mail – vesrrtc@yahoo.co.in; chandra@cal.vsnl.net.in	Shri C.G.Chandra Tel. 033 -2445 2450	West Bengal (Except Darjeeling), Orissa , Tripura (South) and Andaman & Nicobar Islands
5.	RRTC East-II	The Calcutta Samaritans	48, Ripon Street Kolkata-700 016. Tel Nos. 033-2229 5920/9731 Fax No. 033-2217 8097 E-mail: rrtccalsam@gmail.com emcal@vsnl.com	Mrs.Premila Pavamani Hony. Director 033-22298609 E-mail: premilapavamani@yahoo.com  Mr.Rajiv Sarkar Coordinator / Head +919831011179 E-mail: rajiv.rttccalsam@gmail.com	Bihar Jharkhand Sikkim and Darjeeling part of West Bengal
6.	RRTC South	TT Ranganathan Clinical Research Foundation	IV Main Road Indira Nagar, Adyar, Chennai 600 020 Tel Nos:044 24912948 / 24918461 /2442 6193 /2441 6458 Fax: 044 24456078 E.Mail: ttrcrf@md2.vsnl.net.in And ttrcrf@eth.net Website: www.addictionindia.org	Ms.Jacqueline David, Coordinator Ph:044 24912948	Tamil Nadu, Karnataka Kerala and Andhra Pradesh





7.	RRTC West	Muktangan Mitra	Mohanwadi, Pratik Nagar, Near Shetia hospital, Yerwada, Pune-6 Tel Nos. No.-020-64015947/ 64014598 E-mail- rrtcwest@gmail.com / muktangan@vsnl.net Web site: - www.muktangan.org	Ms. Deepali Sabale, Coordinator Ph. No:- 020-64015947	Maharashtra Gujarat Goa Chhatisgarh Madhya Pradesh
8.	RRTC North	SPYM	SPYM Centre, 111/9, Opposite Sector B- 4 Vasant Kunj, New Delhi -110070 Tel No :- 011-26893872 Fax No:- 011-26896229 E – mail – spym@vsnl.com, spymdelhi@gmail.com Web site :- www.spym.org	Dr. Rajesh Kumar Executive Director Ph. No. 011-26893872	Delhi Haryana, HP, Punjab, J&K, Rajasthan, UP & MP (north of Bhopal)

## Annexure 4.2

### Date base of NGOs

- The file to contain a brochure about the organization.
- The following information to be recorded and filed
  - o Name, address of the organization
  - o Landmarks to reach the centre
  - o Telephone, fax, e-mail
  - o Contact persons and the telephone number
  - o Nearest railway station / bus to reach the centre and names of trains and departure and arrival time
  - o Hotels near by with addresses and telephone numbers
  - o Any other NGOs situated in that location
- Staff list with all details
- Reports of every visit with remarks

## Annexure 4.3

### Guidelines for visit to NGOs by RRTC Staff

#### Prior to the visit

- Inform the NGOs through letters
- Followed up with a phone call
- Give them a minimum of 10 to 15 days
  - o To complete all their documents
  - o To appoint staff in case of vacancies

#### During the Visit

- First meet the staff and make them comfortable
  - o We are not inspection authorities, RRTC is a mentoring agency.
  - o We are here to help them comply with minimum standards of care
- Record training needs of staff
  - o Check whether anybody is interested in any specific programme
- Check the staff list and if possible get a typed copy; update regarding the training attended at RRTC or NISD



- Check records
  - o Admission register
  - o Case history form
  - o Endorsement form for providing free treatment
  - o Home visits and follow-up records
  - o Manuals
- Ask one of them to informally talk about the patients and family programme.
  - o Routine
  - o Understand whether they have group and re-educative sessions
  - o Check about the list of topics for re-educative sessions
  - o Make sure the clients stay for a minimum of around 30 days
  - o One Patient - one counsellor system
- Conducting family programme - A minimum of one programme a week
- Go round the ward to check
  - o Space for 15 clients to sleep
  - o Space for conducting therapy
  - o Room for counsellors
  - o Some space for TV and carom
- Memorize a few names from the admission register and casually check who is Mr.Ashok and Mr. Mahesh.
- The clients can be met informally
  - o How are you, how long have you been in the programme
  - o What have you learnt
  - o Which programme helped you most - group, class, sharing etc
  - o Not to focus on therapists
- Conduct a session for all the staff for one hr to 1-1/2 hrs.
  - o Structuring the therapy programme
  - o Motivation
  - o Follow-up counseling and issues
  - o Recovery issues
  - o Issues related to family
  - o Whatever the needs of the staff
- Facilitate networking with SACS / Social Welfare Department if need be for advocacy

## Don'ts

- Not to accept any gift
- Discourage them from providing transportation
- Not to meet them in your hotels
- Maintain distance
- No obligations
- Not to write in their visitors' book

## Recommendation

- If need be, provide recommendations objectively and specifically through letter
- Ask them whether they need any material . Preferably provide them e-materials

## On returning

- Fill up the follow-up card with coding and give it to documentation assistant
- Follow-up letter in case of any recommendations, signed by project coordinator.
- If you have promised any material, send it immediately



## Annexure 4. 4

### First visit and subsequent visit

#### NGO Evaluation Tool

Name of the organisation: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact person \_\_\_\_\_ Designation \_\_\_\_\_

Date of visit: \_\_\_\_\_ Timing: from \_\_\_\_\_ to \_\_\_\_\_

Name of the visiting staffs \_\_\_\_\_

Landmarks and other details to reach the center

#### Location

Local people conversant with the organization / centres	
Located in a reasonably quite locality (and easily reachable)	
Board is placed at a prominent site with the sponsorship of MSJE	

#### Infrastructure

		Yes/No	Remarks
1.	Rooms to accommodate 15 beds		
2.	Availability of 15 beds ( condition and spacing of beds)		
3.	Locker / storage space for each patient		
4.	Sitting room for patients and/or family? Reception, enquiry, registration counter waiting space for 5 person (min)		
5.	Medical check up room and for clients who are in delirium or any emergencies		
6.	Counselling room? Confidentiality maintained?		
7.	A room to conduct group therapy and re-educative sessions with the black board		
8.	Storage facilities - medicines - linen - records of patients		

9.	In door / out door recreational facilities – availability of open space		
10.	No of toilets and condition of the toilets		
11.	Availability of - fans and lights - water		

### Other facilities

- Rights of the clients prominently displayed?
- Addiction related educational material properly displayed?

### Communication set up

Telephone available	
Computer facility and internet connection	
Fax facility	

### Staffing pattern in the organizations as reported by the NGO

Position	Present	Name	Qualification	Date of joining the organisation	No. of NISD / RRTC trainings received	Remarks & recommendations
Project Director\In charge						
Counselor 1						
Counselor 2						
Counselor 3						
Peer educator						
Medical Officer						
Nurse						
Ward Boy						
Yoga Therapist						
Accountant						
Sweeper						
Gate keeper						
Total						

## Documentation - medical and psychological therapy

<b>Documents</b>	<b>Maintained &amp; regularly updated</b>	<b>Irregularly Maintained</b>	<b>Not maintained</b>
Awareness Programme Register			
Admission/ Discharge Register			
Medical case Sheet, B.P. Chart, Urine sugar, Temperature chart			
Medicine Stock Register			
Attendance Register for patients			
Attendance Register for family/ support person			
Case History Form			
Group Therapy Records			
Follow-up Card and Status of whole person recovery			
Declaration cum indemnity form			
Letter of endorsement for free treatment			
Attendance Register for staff			

<b>Manuals</b>	<b>Maintained &amp; regularly updated</b>	<b>Irregularly Maintained</b>	<b>Not maintained</b>
Medical Manual			
Therapy Manual			
Administrative Manual			
Networking Directory			

## Patient Records

<b>Frequency of Admission</b>	<b>Once a month</b>	<b>Twice a month</b>	<b>At any time</b>
No. of patients present at the time of visit			
No. of drop outs			
No. of relapse cases			
Average bed occupancy			

### Patients admitted for the last 3 months

Upto 30 days	31-60 days	More than 60 days	Reasons for stay beyond 60 days

### Number of patients visiting the centre last 3 months

OPD	Indoor	Total

### Group Counselling last 3 months

No. of addicts	Average size of addicts group	No. of session held	Average time/ session

### Individual Counselling last 3 months

No. of addicts	No. of session held	Average time/session

### Family Counselling last 3 months

No. of families	No. of session held	Average time/session

### Drug users referred to the other centres/ hospitals for following services

T.B.	HIV-AIDS	Sexually transmitted diseases	Hepatitis A	Hepatitis B	Any other infection	Intra-venous drug users	Counselling services	Total

### Follow up after discharge from the centre/ project

Services	Monthly	Quarterly	Annually
Treatment			
Counselling and guidance			

### Home visits & telephone contacts

No. of visits undertaken	No. Addicts contacted	No. of ex-addicts leading drug free life



## Annexure 4.4

### SUBSEQUENT VISITS

Name of the organization	
Any change in the address of addiction center Phone No. at treatment center Fax No. : Email:	
Contact person in the organization	
<b>About the space in the center</b>  Availability of name board Availability of 15 beds Space for therapies	For lecture and group therapy Dining area Recreation Counselors' cubicles
Availability of computer and computer operator	

#### About the staff

Availability of staff	Name	Qualification	Date of joining	Training attended –RRTC/ NISD	Present / absent
Medical officer					
Nurse					
Project-in-charge					
Counselor – 1					
Counselor – 2					
Counselor – 3					
Peer worker					

#### Availability of documents

List of documents	Availability	Completeness	Any remarks
Register for admission and discharge			
Medical form			
Case history form			
Follow-up form			
Endorsement form for free treatment			
Home visit register			
Availability of manuals			

## Programme structure

<b>Structure in the programme - details</b>	Regularity and frequency	Topics / issues handled	Any other relevant information
Group therapy			
Re-educative sessions for clients			
Individual counseling			
Family therapy			

<b>Average No. of patients treated in the past 3 months</b>	1 Month – No. 2 Month – No. 3 Month – No.
Average stay of patients in the past one month	
Any innovative approach used by the centre	
Improvements made compared to previous year	Suggestions provided in the present visit
Received grant for the previous year Received grant for the current year	DAMS submitted No of records Submission of half yearly records
Date of visit Names of persons visited	

## Annexure 4.5

# RRTC – ADDICTION TREATMENT CENTRES

## SITE EVALUATION REPORT

Issues	Rating	Indicators
Physical structure		
Utilisation of facilities		
Structure of the programme		
Documentation		
Staffing		
Other factors		
Over all observations		

### Physical setting

- 4 - Spacious, well ventilated with facilities for beds, therapy, counseling cubicles as well as recreation
- 3 - Adequate space for beds and therapy alone
- 2 - Inadequate space for beds and therapy but separate cubicles for counseling provided.
- 1 - Inadequate space for patients as well as therapy.

### Utilization of facilities

- 4 - 100% bed occupancy or more and treatment duration is more than 21 days.
- 3 - 100% bed occupancy and treatment duration is less than 21 days
- 2 - Less than 100% bed occupancy and treatment duration of 21 days or more
- 1 - Less than 100% bed occupancy and treatment duration is lesser than 21 days

### Structure of the programme

- 4 - Minimum standards of care met in full (three lectures and five group therapy sessions in a week, follow-up, one family session in a week and two awareness programme in a month)
- 3 - Most - 75% adherence to minimum standards of care criteria
- 2 - Minimum standards of care criteria met partly (50%)
- 1 - No structure at all

### Documentation

- 4 - All records maintained as per MSC and complete and up to date.
- 3 - All records are maintained as per MSC but incomplete
- 2 - Some of the records maintained as per MSC
- 1 - Very few or nil records

## Staffing

- 4 - Qualified staff with training / experience for all posts
- 3 - Qualified staff but not trained or experienced
- 2 - Some staff are not qualified or vacancies not filled
- 1 - No qualified staff, vacancies present

## Over all observations

- 4 - Good work being done as per MSC
- 3 - Good work with scope for improvement in one or two areas
- 2 - Quality of work needs to be improved in many areas
- 1 - Quality of work done very poor



## Annexure 4. 6

### Follow-up Card

Name of the organization : Contact person :  
Address of treatment centre : Phone :  
Land mark : Fax no :  
Best way of reaching the centre : E.mail :

Date	Report of Visit / feedback letter / letter received with details

#### Details of staff

Sl.no	Name	Age & Education	Designation	Date of joining the organization	Training attended -RRTC/NISD

## Annexure 4.7

### Training needs assessment format

Name of the Centre:

Contact Person:

Postal Address:

Phone:

E.mail:

Name of the trainings	Project Director	Medical Officer	Coun-selor	Coun-selor	Psycho-logist	Social Worker	Peer educator	Nurse	Ward boy
Orientation programme for new counselors									
About alcohol / drugs, detoxification procedure and management									
Structuring the therapy based on MSC									
Individual Counseling techniques									
Group therapy techniques									
Conducting family therapy programme									
Organiza-tion of self help groups									



Patient profiling, recording, and documentation									
Relapse prevention, management and rehabilitation									
Alcohol and Drug Prevention at Workplace									
Prevention and management of drug abuse and HIV/AIDS									
Initiating micro credit groups									
Implementing Minimum Standard of Care									
Planning and managing de-addiction centre									
Life skills for prevention and treatment									
Mobilizing and working with the community									

Communi- cation and presen- tation skills									
Planning out reach activities									
Resource mobiliza- tion									
P l e a s e specify if any									

*Please mark accordingly:*

T - Trained (if he/ she has already received training on that issue)

Y - Training needed

N - Training not needed





## Annexure 4.8

### Format for certificate and banner

Title of the training course

Supported by:

National Institute of Social Defence – NCDAP  
Ministry of Social Justice & Empowerment, Govt. of India.

Organised by:

Regional Resource & Training Centre

Venue:

Date:



# RRTC

### Certificate

This is to certify that Mr. / Ms.....  
has successfully completed programme on ----- organized by National Institute of Social Defence, New Delhi in collaboration with RRTC ----- held at .....  
from ..... to .....

RRTC Coordinator

Date \_\_\_\_\_

### Check list for training programme

- Getting sanction letter from NISD
- Prioritizing the training programme based on needs assessment
- Finalizing the dates for the training programme (keeping in mind festivals and other important dates)
- Meeting with the team to discuss issues like selection of NGOs, resource persons and logistic arrangement and delegation of responsibilities.
- Sending letters to NGOs at least one month ahead
- Informing resource persons and getting their confirmation
- Sending confirmation letters with details of stay, venue of training etc.

- Organizing the stay, food, transportation of participants
- Getting training package ready – bag, pad, pen and name tag
- Ordering stationary items
- Ordering a banner
- Planning the time table, preparing PPT and handouts for distribution
- Making sure LCD, lap top, over head projector are in working condition
- Registration of the participation on the first day
- Organizing chief guest for the inaugural or valedictory function
- Organizing field visits if need be
- Taking a group photograph
- Organizing certificates
- Evaluation forms to be given and collected back
- Keeping TA claim forms ready and providing cash for traveling
- Preparing the final reports to be submitted to NCDAP with list of participants, list of speakers, content and material of training programme, photograph and accounts related documents
- Review meeting to be conducted to identify gaps and planning strategies to improve the quality of training.

### Traveling allowance format

Received a sum of Rs \_\_\_\_\_ ( Rupees \_\_\_\_\_  
\_\_\_\_\_ only) from ..... on behalf of the Director  
N.I.S.D on account of TA For journey as per details below, as a participant in -----  
days conducted by RRTC from ----- to-----

### Inward Journey

1. Road mileage from \_\_\_\_\_ to \_\_\_\_\_ Rs \_\_\_\_\_  
For \_\_\_\_\_ Km by Bus/ Auto )
2. Rail fare / Bus fare/ Airfare \_\_\_\_\_ to \_\_\_\_\_ By entitled class  
ticket to be produced) Rs \_\_\_\_\_ Class.Ticket no: \_\_\_\_\_
3. Road mileage from \_\_\_\_\_ to \_\_\_\_\_ Rs \_\_\_\_\_  
For \_\_\_\_\_ Km by Bus/ Auto



### Outward journey

1. Road mileage from \_\_\_\_\_ to \_\_\_\_\_ Rs \_\_\_\_\_  
For \_\_\_\_\_ Km by Bus/ Auto )
2. Rail fare / Bus fare/ Airfare \_\_\_\_\_ to \_\_\_\_\_ By entitled class  
ticket to be produced) Rs \_\_\_\_\_ Class. Ticket no: \_\_\_\_\_
3. Road mileage from \_\_\_\_\_ to \_\_\_\_\_ Rs \_\_\_\_\_  
For \_\_\_\_\_ Km by Bus/ Auto

### DA (For journey period only)

Date \_\_\_\_\_ Time of departure \_\_\_\_\_ Date \_\_\_\_\_ Time arrival \_\_\_\_\_  
Date \_\_\_\_\_ Time of departure \_\_\_\_\_ Date \_\_\_\_\_ Time arrival \_\_\_\_\_  
DA Admissible \_\_\_\_\_ @ Rs \_\_\_\_\_  
Total \_\_\_\_\_

Signature (Participant)

Name (In Block letters) \_\_\_\_\_

Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Annexure 4.9

# Guidelines for RRTC presentation for NISD Consultative Meet

### About the RRTC and its jurisdiction

- Representing the following through different symbols in the map of respective states under RRTC jurisdiction :
  - o MSJE supported IRCAs in the state
  - o UNODC project being implemented if any in the different sites
  - o Composite TIs functioning in the state for drug users
- State wise distribution of number of MSJE supported IRCA functioning under the RRTC preferably tabulated and presented graphically.

### Capacity building

- Training Needs Assessment of NGOs
- Training programmes conducted , achievements and impact (MSJE supported) for the previous financial year mentioning the following :
  - o Total number of trainings conducted in the previous financial year
  - o Total number of people trained and their profile
  - o Average participation per training programme
  - o Total number of personnel trained ( if the same person attends more then one training here he/ she will be calculated as one )
  - o Total number of newly trained people
  - o Theme, location and dates for conducting the programme
  - o Evaluation of training programmes
- Other trainings apart from MSJE supported (UNODC, NACO, etc) programmes conducted by RRTC with details.
- Other awareness and training programmes conducted for the following target groups
  - School and colleges (students and teachers )
  - Youth members
  - Parents
  - Children
  - Workplace - industrial employees, supervisors and transport worker
  - HIV workers, sex workers, VCTC counselors
  - Village development officers and self help group women

- Proposed training calendar of the present/upcoming financial year mentioning :
  - o Theme of the course
  - o Tentative dates
  - o Probable venues
- List of important resource materials and IEC materials developed by RRTC during the year. Mention about translation of material in local language.

### Mentoring of NGOs

- Field visits conducted by RRTC during the previous financial year, state wise

Number of visits made	Number of centres visited
More than twice	
Twice	
Once	
Not visited	

- No of on site training programmes conducted and no of beneficiaries
- Evaluation of NGOs based on the criteria given, state wise
  - Physical structure
  - Utilisation of facilities
  - Structure of the programme
  - Documentation
  - Staffing
  - Over all observations
- Integration of Minimum Standards of Services in progress at NGOs

### Documentation

- List of databases maintained and updated by the RRTC
- DAMS related issues

### Issues of networking and advocacy

Liaison with UNODC, NACO and other funding agencies.

Name of the projects	Supported by	Number of NGOs implementing	Implementing sites

## Staff

- RRTC Team - staff and resource persons
- Training attended by RRTC staff

## Challenges faced and way forward

- Problems faced by the RRTC.
- Recommendations from RRTC to Ministry

## Annexure 4.10

# SCHEME FOR ASSISTANCE TO VOLUNTARY ORGANISATIONS FOR PROHIBITION AND DRUG ABUSE PREVENTION 2008-2009

### Regional Resource and Training Centre

Sub: Scheme for prevention of alcoholism and substance abuse – Regional Resource and Training Centre

### INFORMATION OF THE ACTIVITIES OF REGIONAL RESOURCE AND TRAINING CENTRE

(A) ORGANISATIONAL DETAILS	
a)	Name & address of RRTC
b)	Name & address of the managing organization
c)	Details of contact person in RRTC (Name, Designation, Tele No., Fax No., E-mail and website address, if any)
d)	Organizational hierarchy in RRTC (in the absence of the contract person)

(B) FINANCIAL DETAILS	
a)	Grants released with sanction no. & date
b)	Expenditure incurred (total)
c)	Balance available as unutilized
d)	Audited/Un audited Accounts & Utilisation Certificate (Please enclose)

(C) LOGISTICS DETAILS	
a)	Rent sanctioned
b)	Rent actually paid (Copy of the Rent agreement to be enclosed)
c)	Total covered area in sq. ft.
d)	Details of rooms etc available for various facilities such as office, training hall, library etc.
e)	Details of the furniture /assets acquired for the RRTC from the sanctioned grant / provided along with supporting documents of purchase

f)	Details of equipments with RRTC provided by the Project	
----	---	--

**(D) PROGRAMME DETAILS**

a)	Summary of the Training Programmes undertaken during the period (indicate whether evaluation undertaken and reports sent to NCDAP)	
b)	Brief summary of the need assessment of the NGOs undertaken during the period	
c)	Complete addresses of the NGOs under the RRTC	
d)	Brief summary of documentation work if any, during the period	
e)	Brief summary of work undertaken towards preparation, editing etc. of resource materials for RRTC. NCDAP, Ministry of Social justice & Empowerment etc.	
f)	Calendar of Programmes / activities for the year and whether sent to NCDAP	
g)	Details of pending accounts of training programmes undertaken for NCDAP indicating reasons.	

**(E) RESOURCE DETAILS**

a)	Details of Staff of the RRTC with qualifications, designation, date of appointment and experience in the field	
b)	List of Resource Persons in the region associated for the Training Programmes (whether a database prepared and furnished to NCDAP)	
c)	Details of Resource Person drawn from other NGOs in the region (whether list furnished to NCDAP)	

**(F) LIBRARY DETAILS**

a)	Amount sanctioned	
b)	Expenditure incurred, if any.	
c)	Details of books, resource materials etc. purchased/subscribed	
d)	Steps taken for computerization	





(G) WEBSITE DETAILS		
a)	Whether updated information in respect of RRTC is available on the Website (www.ncdap.org)	
b)	If no, whether information has been sent to NCDAP	

**NOTE:**

1. This proforma is only meant to facilitate the assessment based on documents for the release of first installment.
2. Detailed evaluation and assessment based on actual visit shall follow before release of second installment.
3. Only those documents may be submitted afresh, which have not been submitted earlier with the proposal.

## Annexure 4.11

### **Annual report format**

- No. of centers in RRTC
- Visits to De-addiction Centres
- Training needs assessment
- Capacity building programmes conducted for NGOs - funded
- Special training programmes conducted in specific locations by combining several NGOs based on needs assessment
- RRTC Staff and their training
- Integration of Minimum Standards of Services in progress at NGOs
- Observing special days - International Day against Drug Abuse and Illicit Trafficking
- Networking and advocacy efforts
- Awareness and training programmes for different target groups
- Development of IEC and resource material
- Documentation and computerization



## Annexure 4.12

# PROFORMA FOR ASSESSMENT OF NGOs AS REGIONAL RESOURCE TRAINING CENTRE

In conducting this proforma, the National Centre for Drug Abuse Prevention (NCDAP), the National Institute of Social Defence (NISD), and the Ministry of Social Justice and Empowerment (MSJE) endeavours to fulfill three primary objectives:

- 1) To evaluate the extent and consistency with which the Regional Resources and Training Centres (RRTCs) have implemented and applied the terms enumerated in the Memorandum of Understanding between NCDAP, NISD, MSJE and the RRTCs;
- 2) To collect information on the efficacy of current programmes that will be used to inform the direction of future strategies developed by NCDAP, NISD and MSJE;
- 3) To assess the technical merit of current RRTCs and to explore the capacity of potential NGO candidates for appointment to RRTC status.

This evaluation has been designed for the express purpose of attaining a comprehensive understanding of current programme delivery in order to ensure the quality and relevance of services provided by the RRTCs, the NCDAP, the NISD, and the MSJE. As frontline social service agencies your perception and perspective of the issue-area are invaluable sources of information, and any comments or suggestions offered to enrich the quality of service or to elucidate existing and emerging concerns would be greatly appreciated.

### A. Organization to be assessed :

Name of Organization :

Address of Organization :

Contact Person :

Address of Contact Person :

Year of Establishment :

Registration Number :

### B. Assessment Team

Name of Assessor :

Designation :

**Knowledge and Attitudes of Trainers and Facilitators:** Please submit participant evaluations of training courses, programs and services provided by organization.

## Details of Capacity Building Programmes

Title and Brief Description of the Training Course Conducted	No. of Participant in Attendance	Name of Collaborating Agency(s)	Dates and Duration

## General Experience and Capacity of the Organization:

### Details of Experience:

- If involved with the development of IEC materials, describe the type, content, the language of print
- If involved in networking with other agencies, describe the extent of networking and type of agencies involved.
- If the involved in advocacy work, describe the target groups, number, of programmes conducted, their utility,
- If actively involved in documentation, specify the information being documented, the method and process of
- If involved in developing training modules/materials, describe the modules/materials, their utility and any unique features.

### Activity Related to Training and IEC Material :

No	Details of Training/ IEC Material Prepared by the Organization	Currently Utilized by Organization	Languages Available	Target Age Group(s)

## RESEARCH AND DOCUMENTATION by RRTC

### Organisation Activities

- If the organization maintains a database of government-funded services providers, what is its scope (regional or national), what information does it contain, and how frequently is it updated?
- If the organization maintains a database of non-government funded service providers, what is its scope (regional or national), what information does it contain, and how frequently is it updated?
- If the organization maintains a database of resource persons, what is its scope (regional or national),

If the organization conducts training events, describe their content and frequency.

### Intra-Organizational Activity

- a) If the organization is aware of other NGOs in its vicinity, what are they and in what capacity do they function?
- b) If at all, how many visits per annum does the organization visit other NGOs to conduct TNAs? :
- c) Does the organization network with State Government agencies (e.g. SACS international agencies, CBOs)?

**Business and Administration:** Please provide the following documents for review by the inspector.

- a) Cash Ledger and all statements regarding details of income, expenditures, etc. :  
**Enclosed**
- b) Bank Pass Book and all documents regarding funding and grants :
- c) Register of Assets and all documents regarding physical assets, :
- d) Honorarium Register and all documents regarding remuneration receipts etc. :
- e) Attendance Register of Staff :

**Research:** Please provide detailed summaries of research activity, including an outline of the objectives, methodology, hypotheses, sample size, analysis, social relevance, and outcome of the studies. Areas of research may include:

### Advocacy Associated Activities

- a) Does the organization provide sensitisation training on issues related to drug abuse for:

i. Political Leaders	Yes/No	v. Academicians	Yes/No
iii. NGOs/CBOs/enterprises (public and Private) :	Yes/No	vi. Social Activists	Yes/No
iv. Community Workers :	Yes/No	vii. Others (please specify)	

- b) Does the organization enlist support for Government policies pertaining to demand reduction? Yes/No
- c) Does the organization mobilize mass communicators/media professionals for drug abuse campaigns? Yes/No
- d) Does the organization provide technical support to NGOs, CBOs, and Enterprises? Yes/No

### Monitoring and Evaluation Activities

Please provide details for any of the following activities participating in a sample of the product:

- a) Development of indicators/parameters for monitoring visits and instruments for reporting:

- i) Partner Evaluation Tool
- ii) Training Need Assessment
- iii) IEC Need Assessment form

### RRTC Feedback on Funding and Government Support

- a) How many monitoring visits to each centre are performed by the RRTC per fiscal year?
- b) How can NCDAP/NISD/MSJE assist the RRTC in improving the effectiveness of implementation and quality of service delivery?

### INFRASTRUCTURE

#### A. Assessment of Equipment and Assets

NO	Equipment	Present	Absent	Source of Funding	Purchased by Organization
1	LCD Projector				
2	Slide Projector				
3	Computer in Training Hall				
4	Screen				
5	Flip Chart Stands				
6	White Board				
7	Over Head Projector				
8	Backup Generator				
9	Black Board				
10	Seating Arrangement				
11	Hostel Accommodation				
12	Boarding facilities				
13	Training Hall Capacity-30 persons				
14	Transport Facilities				
15	Library & Documentation Centre				
16	No. and dimensions of rooms 3 rooms ,1 training hall and 2 toilets				
17.	Cleanliness/Hygiene of the Centre				
18.	Lighting arrangements, fans, etc.,				
19	Others specify: Fax, Printer, Scanner, Laptops.				



## AREAS of DEFICIENCY and RECOMMENDATIONS

a) Rate the overall competency of the RRTC staff to deliver programmes and training sessions:				
1 Poor	2	3 Adequate	4	5 Superior
b) Rate the overall adherence of the RRTC to its mandate (as outlined in the MOU):				
1 Poor	2	3 Adequate	4	5 Superior
c) Rate the overall capacity of the organization to provide support and leadership to other agencies:				
1 Poor	2	3 Adequate	4	5 Superior
d) Rate the overall functioning of the organization as an RRTC:				
1 Poor	2	3 Adequate	4	5 Superior

Comments: \_\_\_\_\_

**Date of Inspection**

**Signature of Inspecting Officers**

**Confidential to be filled by the I.O.**

(Comments and Observation should be specific and based on the inspection Report)

Location and accessibility of the Centre	
Maintenance of the records relating to accounts	
Cleanliness and Hygiene in the centre/project (i.e. condition of walls, floors, beds; frequency of linen exchange; bathroom facilities; drinking water, food provided; etc.	
Availability and functionality of lights, fans, etc.	
Consistency between staff knowledge, training and field exposure, and their responsibilities (evaluate for indications of commitment and motivation)	
Availability of training facilities, equipment, and feasibility of conducting training programmes	

Areas of deficiencies noted and suggestions for improvement  
(Enclose a statement if necessary, duly signed)

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Recommendation for continuation or termination of grant to the centre/project based on services inspected. Provide specific reasons for conclusions and observations:  
(Enclose a statement if necessary, duly signed)

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*Date of Inspection*

Signature of Inspecting Officers





## Annexure 4.13

### WEBSITES AVAILABLE

#### Government Sites

- Government Databases (U.S.) (Point of entry for all governmental resources)
- Center for Substance Abuse Treatment (CSAT)
- Center for Substance Abuse Prevention (CSAP)
- National AIDS Information Clearinghouse (CDC NAC)
- National Clearinghouse for Alcohol and Drug Information (NCADI)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)
- <http://www.ncadi.samhsa.gov>
- <http://www.csat.samhsa.gov>
- <http://www.niaaa.nih.gov>
- <http://www.who.int>

#### Self-Help

- Al-Anon Family Group
- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- National Self-Help Clearinghouse
- National Association for Children of Alcoholics (NACoA)

#### Other sites

- Addiction Research Foundation
- Canadian Centre on Substance Abuse (CSSA)
- Higher Education Center for Alcohol and Other Drug Prevention
- Join Together National Council on Alcoholism and Drug Dependence (NCADD)
- Center for Alcohol Studies (Rutgers University)
- Drug Policy Alliance
- Hazelden Foundation
- [www.whoindia.org](http://www.whoindia.org)

## CHAPTER 5

# CODE OF ETHICS AND RESPONSIBILITIES OF STAFF RIGHTS OF CLIENTS

### Access to addiction treatment services without prejudice

- Services are available irrespective of religion, caste, political belief of all clients.
- Services are available irrespective of the particular drug(s) abused (e.g. alcohol, ganja, brown sugar) or routes of administration (e.g. intravenous).
- Services are available irrespective of history of prior treatment
- Services are available irrespective of the patient's ability to pay or employment status.
- Exclusion criteria for admission to be clearly stated e.g. medical complications / psychiatric problems.
- Expulsion criteria to be clearly defined – e.g. being violent and abusing drugs / alcohol on the premises.

### Clients rights at the addiction treatment centre

#### **All clients and their family members have the right to the following:**

- A supportive drug-free environment
- To dignity, respect and safety.
- To be fully informed of the nature and content of the treatment as well as the risks and benefits to be expected of treatment. To be made aware of conditions and restrictions prescribed in the centre before admission.
- To wear their own clothes in keeping with local customs and traditions
- To have contact with, and visits from, family or support persons while in treatment.
- To have confidentiality of information regarding participation in the programme and of all treatment records.
- To have permission to get discharged from the programme due to personal reasons at any time without physical or psychological harassment.
- Access to the project-in-charge or management to air out grievances / register complaints about the treatment or the staff.

(Reference: Modified based on CHASP Standards)

### Code of ethics for staff

The primary obligation of all staff is to ensure quality of services to clients in treatment. The relationship between the staff and the client is a special one and it is essential that staff have both the maturity and the ability to handle the responsibility entrusted to them.

- Conduct oneself as a mature individual and a positive role model by not using alcohol / tobacco / other drugs.
- Respect client by treating him with dignity.
- No sexual relationship of any kind with client.
- No physical restraint / locking up, to be used to detain or restrain patients who are in normal physical and mental condition. **No corporal punishment of any kind may be used for any misbehaviour of the client. Only in extreme cases where the client is violent or delirious or not in a position to take care of himself physically restraining him/her is allowed to ensure protection to the patient from inflicting harm to himself or others.**
- No denial of food as a means of punishment.
- Not to make use of / exploit the client for the personal gains of a staff member / organisation.
- Recognize the best interest of the client and refer him if necessary to another agency or a professional for further help.
- No photographic, audio, video or other similar identifiable recording is made of patients without their prior informed consent. If done for research / training, the purpose has to be explained and consent obtained.
- Maintain all client information in the strictest confidence. Information about the patient or his progress in treatment not to be divulged to any individual or authority without the patient's consent.
- No discrimination made against PLHAs (People living with HIV-AIDS) regarding admission or in providing any other services.
- (Reference: Modified based on CHASP Standards)

### Responsibilities of Medical Officer/Psychiatrist (One part- time post)

- Assessing clients with regard to their physical / mental condition and providing treatment for their medical and psychiatric problems.
- Prescribing medication during detoxification, follow up and relapses and handling all medical emergencies e.g. DT, fits and acute psychotic episodes
- Liaison with specialists in psychiatry, internal medicine, neurology, pathology and bio-chemistry for referral in case of further treatment.
- Monitoring all records of detoxification, emergencies and follow up of patients
- Coordinating with the counsellors to plan the treatment and recovery of individual patients.
- Facilitating in developing the Medical Manual

### Training for Medical Officer / psychiatrist

- Exposure to new trends regarding kinds of drugs abused, medical and psychiatric problems, new medicines/ methodologies available for the treatment of addiction through participation in training programmes and conferences once a year

### Responsibilities of nurses (Two posts) :

- Minimal history taking on admission
- Dealing with emergencies and assisting the Medical Officer
- Giving medication and injections;
- Maintaining all registers and records of patients during detoxification (e.g. blood pressure and urine sugar)
- Supervising the functioning of ward boys, sweepers

### Training of Nurses

- New nurses will be given training for a period of one week with information on drug addiction, about psychiatric problems, effects of psychiatric medicines and day today management of the centre.
- Nurses to be trained in dealing with emergency issues like breathlessness, acute psychotic episode, convulsions and cardiac arrest.

### Responsibilities of ward boys (One post)

- Assisting the nurses in the detoxification unit
- Attending to the personal hygiene of bed-ridden patients
- Escorting the patients to labs or other specialists
- Monitoring the visitors and checking patients for possession of drugs
- Conducting physical exercises for the patients
- Cleaning of the detoxification centre including toilets
- To maintain minimum records of the wards.

### Responsibilities as a Project In charge (One post)

- Coordinating and managing the treatment and rehabilitation centre
- Taking care of administrative responsibilities of the centre – appointment of staff, attendance, allocation of job and disciplinary action.
- Preparing Half-yearly / Annual report and application forms for grant purposes.
- Checking whether the records are maintained properly according to Minimum Standards of Care
- Liaison with government and non-governmental organisations working in the field of addiction.
- Facilitate in the development of therapy and administrative Manual along with the team.

### Responsibilities as a senior counselor

- Supervising and providing guidance to counsellors
- Organising case discussion
- Organising training programmes for counsellors
- Conducting group therapy for clients
- Providing counselling for clients and family members during treatment and follow-up
- Maintaining individual case records of patients
- Conducting awareness programmes

### Counsellors / social workers / psychologists (Three posts)

- Functioning in a team to coordinate activities and receive feedback from other members of the team.
- Providing counselling - assessment, motivation, counseling clients, families and significant others and planning treatment strategies from admission to follow-up.
- Conducting re-educative classes, family therapy and group therapy.
- Recording and documentation of the patient's treatment processes.
- Conducting awareness programmes in the community.
- Visiting and net working with governmental and non-governmental agencies to support the client in treatment and escorting / guiding him for admission to other organisations.

### Training of counseling staff

- Orientation of one month duration to be provided to new staff on counselling, conducting group and family therapy.
- Refresher courses to be provided to existing staff at least twice a year – to attend one training conducted by Regional Resource Training Centre by each staff.
- Professionals from other addiction treatment centres to be encouraged to visit the centre once a year and share their experiences. Similarly, staff to visit other treatment centres once a year and learn from their experiences.
- Case discussions to be conducted once a week to ensure quality of service delivery.

### Responsibilities of peer educator (One post)

- Creating awareness in the community and motivating for treatment
- Giving an exposure to self-help groups (AA / NA) by organizing either a sharing or interaction
- Providing details of AA/NA meetings in the location
- Making home visits

- Organizing group activities / fun games in the evenings
- Assisting the therapy team in whatever area

### Training for peer educator

- Orientation of one month duration to be provided to make him aware of psychological therapy provided for clients and family members.
- To attend one programme organized by RRTC either at the NGO or at the head quarters of RRTCs

### Responsibilities of yoga/ other therapists (One post)

- Conducting physical exercises / yoga for the patients
- Conducting meditation and classes on spirituality

### Responsibilities of accountant-cum-clerk (One post)

#### As an Accountant

- Writing main account / petty cash account and preparing monthly expenditure statement
- Disbursement of cash for salaries and incidental expenditure.
- Assisting the Chartered Accountants in preparing Balance Sheet and liaison with project coordinator regarding funds
- Maintaining asset register

#### As a clerk

- Receiving phone calls and working as a receptionist
- Maintaining attendance, leave letters
- Maintaining records for telephone calls, stationery and electricity.
- Getting stationery and cleaning items for the centre
- Visiting post office, bank and shops as and when needed

### Responsibilities of sweeper / Peon (Two post)

- Cleaning the entire centre including bathrooms
- Maintaining the garden or space available around the centre
- Visiting post office and shops as and when needed
- Paying electricity and telephone bills

## LIST OF REFERENCES

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