

**Through mail**

**F.No.13011/6(40)/2018-DP-III  
Government of India  
Ministry of Social Justice & Empowerment**

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Shastri Bhawan, New Delhi  
Dated 8th November, 2019

To,

The Project Coordinators of all Integrated Rehabilitation Centre for Addicts (IRCA) supported by this Ministry.

Subject: Proposal for OPD Consultation by the IRCA centres – regd.

Sir/Madam,

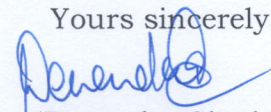
As you are aware, this Ministry under the Scheme of Prevention of Alcoholism and Substance (Drugs) Abuse has already providing financial assistance to all the IRCAs for providing indoor treatment facilities to drug addicts. Now, to strengthen IRCAs and to bridge the gap between the people needing treatment and the treatment facilities, this Ministry has also decided to support the outdoor treatment facilities/ OPD consultation.

2. All IRCAs, who are willing to provide OPD treatment facilities (in addition), are requested to send their willingness to this Ministry in prescribed format as enclosed. Willingness can be sent by letter or through the mail on [devendra.khokhar@gov.in](mailto:devendra.khokhar@gov.in). A copy of the OPD module is also enclosed herewith.

3. Please send your responses latest by 30.11.2019.

Encl: As above.

Yours sincerely,



(Devendra Singh)

Under Secretary to the Government of India

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E-mail: [devendra.khokhar@gov.in](mailto:devendra.khokhar@gov.in)

Copy to: All RRTC's for information and necessary action.



*Module*

**IRCAs With Outpatient Facilities**

**Strengthening the Integrated Rehabilitation  
Centre for Addicts: Initiation of Outpatient  
Treatment Services**



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## 1. Background:

- It is now established that India has a huge problem of substance use disorders (or addictions). Number of people who need help for harmful use or dependence on alcohol and other drugs run into crores, as shown in the recent report – Magnitude of Substance Use in India. Only a miniscule proportion of these are able to access treatment services indicating a wide treatment gap.
- The Ministry of Social Justice and Empowerment (MoSJE) is the nodal Ministry for demand reduction.
- Under scheme of financial assistance is given to NGOs for setting up and running Integrated Rehabilitation Centre for Addicts (IRCAs). IRCAs provide majorly inpatient treatment for patients suffering from all types of SUD. Most IRCAs have 15 bedded facilities, while few have up to 30 bed capacity. The usual length of stay in these centres is about one month, though the duration of stay can be extended for up to three months. At present, more than 400 IRCAs are supported by this Ministry in different states and Union territory.
- **Need of Strengthening IRCAS:**
  - a) The existing number of treatment centres in the country is not enough to cater to the large population in need of treatment for substance use disorders. There is a huge gap between the number of beds in the existing IRCAs and the number of patients requiring treatment. With an inpatient-only approach it has not been possible to provide treatment services to more than 100,000 patients per year through the existing IRCA model.
  - b) The understanding of addiction treatment has evolved drastically in the last few decades. The earlier understanding that substance use disorder can be treated only by placing a patient in restrictive care has now changed. It is now clear that a large proportion of patients with substance use disorder can be managed on an outpatient basis, while few would require inpatient treatment of varying duration.
  - c) While IRCAs do have resources for providing inpatient care to the patients seeking treatment from them, there are inadequate provisions for maintaining follow-up following discharge from the IRCA. Substance Use Disorders are known to be chronic, relapsing conditions which require a long-term engagement with the treatment providers for a successful outcome. In the existing scheme the capacities of service providers at IRCA are limited (hindering the provision of long term outpatient treatment and follow-up).
- Against this backdrop, it is proposed to expand the scope of the IRCAs from provision of inpatient services alone to combined outpatient and inpatient treatment services.

***It is emphasised here that the outpatient service is an ADD-ON to the existing inpatient treatment services offered in IRCAs.***



## 2. Objectives:

- Strengthen the outpatient-based treatment of all substance use disorders in IRCAs supported by the Ministry of Social Justice and Empowerment.
- Initiate outpatient-based assessment and diagnosis of patients with SUD
- Manage short-term substance-related withdrawals in OPD (OPD-based detoxification)
- Provide long-term treatment for management of substance use disorder on OPD basis

## 3. Program Structure:

### a) INFRASTRUCTURE

Normally no additional infrastructure should be required for providing outpatient services in IRCA. IRCAs are expected to provide for a doctor's room, counsellor room, waiting area, etc. For outpatient services, the following rooms/space are essential:

- **Registration area:** there should be an area demarcated for registration of patients coming for availing OPD services. This area can be common for outpatient services as well as for those seeking inpatient treatments. This may be combined with the counselling room.
- **Doctor's room:** there should be a separate room/space for a doctor to carry out assessment, diagnose and management of patients attending the OPD. The room should have audio-visual privacy to ensure confidentiality of assessment and to ensure that patient feels at ease. There should also be an examination table for the doctor to examine the patient.
- **Counselling room:** there should be a dedicated room for a counsellor to carry out assessment and counselling of patients attending the OPD. The room should have audio-visual privacy to ensure confidentiality of assessment and to ensure that patient feels at ease.
- **Pharmacy/Dispensing room:** there should be a room for carrying out dispensing of medicines for treatment of substance use disorders. The room should also be able to store medicines required for the day.
- **Waiting area:** there should be an area dedicated for patients and their families to wait for their turn to meet the doctor and counsellor in the OPD.

These areas/rooms mentioned above should be easily accessible to the patient upon entering the IRCA. Ideally, there should be segregation of the outpatient and inpatient facility in the IRCA.

### b) HUMAN RESOURCE



A team of professionals is required to run outpatient services in IRCA. The staff required for this purpose is already available in IRCAs, who are providing inpatient services. The human resource for running OPD services include:

(Can be made functional with the existing staff with training)

- **Doctor:** available in OPD everyday to run the OPD for minimum of four hours (e.g. from 9 AM to 1 PM) every weekday (Monday to Saturday).
- **Counsellor:** available in OPD everyday for a minimum four hours every weekday (Monday to Saturday).
- **Nurse:** available from 9 AM to 4 PM for dispensing medicines to outpatients
- **One staff** is required to register the patients, as well as retrieve files during follow-up of the patients. This can include the ward boy or one of the counsellors working in IRCA.

The decision for additional human resource can be taken based on uptake of outpatient services in the IRCA. Timing of operation of Outpatient services may vary according to the schedule adopted for delivering the services to inpatients.

#### **c) CAPACITY BUILDING OF STAFF**

- All staff involved in OPD care should undergo training in the management of substance use disorder. The training includes: One induction training at the beginning on clinical aspects (including pharmacotherapy) and operational aspects in running OPD services in IRCA, and periodic refresher trainings for updating one's knowledge and skills. The training can be imparted both online as well as offline. The IRCA staff can also be exposed to existing OPD-based treatment services available in other treatment facilities.
- There also needs to be availability of clinical practice guidelines and standard operating procedures for management of substance use disorders.

#### **d) EQUIPMENT AND MEDICINES**

- The equipment which would be required for smooth functioning of OPD services is given in Annexure I.
- The medicines which are required to be provided at OPD level for management of patients with substance use disorders, for both short-term and long-term management of patients are given in Annexure II

### **4. Program Activities:**

#### **PROCESS TO BE FOLLOWED FOR PROVISION OF OPD SERVICES**

The following processes are to be followed stepwise for providing OPD services:



**A. Registration of the patients:**

All patients attending OPD services should be initially registered. A file should be prepared for each patient attending OPD services. There should be intake forms for systematic assessment by the doctor and counsellor.

**B. Baseline assessment and diagnosis:**

The counsellor as well as doctor in the OPD shall conduct baseline assessment of the patient. The counsellor will first conduct the assessment focusing on socio-demographic details, history of substance use in the patient, complications due to use of substances, abstinence and past treatment attempts, family support, motivation level, etc. The doctor will then assess the stage of substance use disorder, physical complications due to substance use, and conduct physical and mental state examination of the patient. Based on the history obtained, the doctor will make relevant substance use and medical diagnosis.

**C. Treatment decision and treatment initiation**

Based on the diagnosis, the doctor and counsellor will make decision on the locus of treatment, and the modality of treatment. The initial phase of treatment will focus on managing withdrawals on outpatient basis as necessary, management of medical emergencies, enhancing motivation to quit substances and arranging referral for relevant investigations as necessary.

**D. Initial Follow-up**

The initial follow-up phase would last for about one month, in which the patient would be followed every 3 – 7 days. The focus is on ensuring abstinence; if the patient is unable to do so, inpatient admission for short duration can be considered. The goal in this phase is to ensure smooth completion of detoxification process and motivate the patient for long-term treatment.

**E. Follow-up in later phase**

The follow-up in later phase should focus on ensuring that the patient continues to remain abstinent from his substances. Long-term pharmacotherapy should be initiated for the same. Additionally, relapse prevention therapy and other counselling measures to ensure abstinence should be carried out. The family should be involved and family therapy as required should be conducted. Attempts should also be made to ensure that the patient regains employment and leads a productive life.

**F. Record maintenance:** A system of robust record maintenance should be developed and followed in IRCA.

**G. Stock management:** adequate stocks of medicines required for outpatient treatment should always be maintained. A system of stock-keeping and records linked to the same should be in place.

**H. Awareness generation:** The IRCA should generate awareness among potential patients and their families on the new initiative at the IRCA, and make efforts towards



initial recruitment of some patients. With successful treatment of initial few patients, information on the new service would be passed on by these patients themselves.

- I. **Referral networking:** a strong system of networking with potential agencies for referral should be established. These agencies include those offering laboratory services, emergency services, medical/surgical departments, skill development and placement agencies, etc.
- J. **Enhanced monitoring and reporting:** the existing monitoring and reporting systems such as DAMS should be modified to capture the new services. Routine monitoring mechanisms need to be developed to provide handholding.

### 5. Expected Outcomes:

- Bridging of gap between the people needing treatment and the treatment facilities
- Making available outpatient facilities in IRCA
- An improved, better trained and professional IRCA

### 6. Budget:

The expansion of IRCAs to provide outpatient services does not require huge investment in terms of funds. Funds may be required for the following purpose:

- Refurbishment of the centre: A one-time budget may be provided to the IRCA for minor changes in infrastructure.
- Procurement of medicines: required on annual basis.
- Record keeping: printing of forms and files on annual basis



Budget: for – Inpatient (15 Bedded) + Outpatient services (Annual, in Rs.)						
S. No.	Budget Head	Description	Unit Cost	No.	Duration	Total
1	Infrastructure Refurbishment / Furniture / Equipment (additional)	One time	100000	1	1	100000
2	Project Coordinator	Local norms for Central Sector Scheme	18000	1	12	216000
3	Salary – Doctor (minimum qualification: MBBS)	To be paid as per the NHM / Local norms for Central Sector Scheme	55000	1	12	660000
4	Salary – Nurse (ANM)	As per IRCA norms	12000	3	12	432000
5	Ward Boys	As per IRCA norms	11000	2	12	264000
6	Salary - Counsellor	As per IRCA norms	12500	3	12	450000
7	Peer Educator	As per IRCA norms	9000	1	12	108000
8	Salary – Accountant/Data Manager	As per IRCA norms	10000	1	12	120000
9	Cook	As per IRCA norms	8000	1	12	96000
10	Chowkidar	As per IRCA norms	8000	2	12	192000
11	House Keeping staff (sweeping, cleaning etc.)	As per IRCA norms	8000	1	12	96000
12	Yoga Therapist/ Dance Teacher/ Music Teacher/ Art Teacher	As per IRCA norms	5000	1	12	60000
13	Rent for 15 Bedded IRCAs	As per IRCA norms	18000	1	12	216000
14	Transport	As per IRCA norms	3600		12	43200
15	Food for inmates	As per IRCA norms	2250 (per person per month)	15	12	405000
16	Contingency	As per IRCA norms	6000		12	72000
17	Medicines*		17500	-	12	210000
16	Gross Total					3740200

\* A system would be put in place for procurement of some medicines centrally.



➤ ANNEXURE I

**EQUIPMENT FOR OPD SERVICES**

- Examination table
- Stethoscope
- Sphygmomanometer
- Tables and chairs for the staff, patients and their family members
- Almirah for storage of medicines and consumables
- Chairs/benches in waiting area
- Tablet crusher (for buprenorphine) or dispensers (for methadone)

➤ ANNEXURE II

**Table: List of medicines for OPD services at IRCAs**

S. No.	Name of medicine	Formulation / strength	Remarks / Indications
1	Diazepam	Tab. 5 mg	<b>Essential.</b> Indicated for treatment of withdrawal symptoms in Alcohol dependence Can be used as sedative / adjunct in treatment of withdrawal symptoms in opioid dependence
2	Lorazepam	Tab. 2 mg	<b>Essential.</b> Indicated for treatment of withdrawal symptoms in Alcohol dependence with liver damage
3	B-complex / Multivitamin	Capsules / Injections	<b>Essential.</b> Indicated for treatment of withdrawal symptoms in Alcohol dependence
4	Tramadol	Tab / Cap 50 Mg.	<b>Essential (where patients with opioid dependence are seen).</b> Indicated for treatment of withdrawal symptoms in opioid dependence
5	Buprenorphine	0.4 mg	<b>Essential.</b> Indicated for treatment of withdrawal symptoms in opioid dependence
6	Disulfiram	Tab. 250 mg	<b>Essential.</b> Indicated for long-term treatment of Alcohol dependence
7	Naloxone	Inj. 0.4 mg	<b>Essential.</b> Indicated for treatment of overdose of opioids
8	Naltrexone	Tab 50 mg	Indicated specifically for long term treatment of Alcohol and Opioid dependence.
9	Buprenorphine + Naloxone (2 + 0.5 mg) Or Methadone (syrup)		Indicated for long term treatment of opioid dependence. Standard guidelines and procedures necessary.



**Other medications  
(supportive  
treatment):**

9

*Antacids,  
Antibiotics,  
NSAIDs,  
Antipsychotics,  
Antidepressants,  
Antiepileptics,*

Indicated for treatment of associated co-morbid symptoms / disorders.



**(PROFORMA FOR WILLINGNESS OF IRCA TO START OPD AND IPD TREATMENT FACILITIES)**

1. Name of Organization:
2. IRCA Location :
  - a) District-
  - b) State-
3. Year from which IRCA is being run by the organization:
4. Whether NABH accredited
  - (a) If yes, date of accreditation
  - (b) validity of such accreditation
5. Year from which the organization is receiving grant in aid from this Ministry:
6. Details of doctor :
  - (a) Name
  - (b) Qualification
  - (c) Registration Number provided by MCI or SMCI
  - (d) Experience in the field of de-addiction treatment
  - (e) Willingness of doctor to work for the Organization as full time (6 hrs/day and five days in a week on the letter head of the doctor with signature and seal) (to be attached)
7. Number of beneficiaries treated in the centre for past 3 years:
  - a) IPD-
  - b) OPD-
8. Whether separate/additional space for OPD facilities available or not
9. Whether separate/additional space available for counselling the patients (outpatients and inpatients)

Seal and Signature of the authorised signatory