

# **MANUAL ON MINIMUM STANDARDS OF CARE IN ADDICTION TREATMENT CENTRES**

## **CONTENTS**

Chapter 1 - Introduction

Chapter 2 – About the Scheme

Chapter 3 – Drug Awareness and Counselling Centres

Chapter 4 – Treatment-cum-rehabilitation centres

Chapter 5 - De-addiction camps

Chapter 6 – Workplace prevention programme

Chapter 7 – Code of ethics for staff and rights of clients

List of References

Annexures 1- 35

**CHAPTER 1**

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

## **CHAPTER 2**

### **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 non-governmental organisations have been given the responsibility to deal with this issue, and financial support is given to the NGOs for providing out patient and in-patient treatment facilities.

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

- To create awareness about the ill-effects of alcoholism and substance abuse to the individual, the family and the society at large.
- To develop culture-specific models for the prevention of addiction and treatment and rehabilitation of addicts.
- To evolve and provide a whole range of community based services for the identification, motivation, detoxification, counselling, after care and rehabilitation of addicts. To promote community participation and public cooperation in the reduction of demand for dependence-producing substances.
- To promote collective initiatives and self-help endeavours among individuals and groups vulnerable to addiction.
- To establish appropriate linkages between voluntary agencies, working in the field of addiction and government organisations.
- To support activities of non-governmental organisations, working in the areas of prevention of addiction and rehabilitation of addicts.

#### **Eligibility conditions for assistance**

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

1. A society registered under the Societies' Registration Act, 1860 (XXI of 1860) or any relevant Act of the State Governments / Union Territory or under any State law relating to registration of charitable societies.
2. A registered public Trust
3. A Company established under Section 25 of the Companies Act, 1958
4. An organisation / institution fully funded or managed by Government
5. An organisation or institution which has been approved by the Ministry of Social Justice and Empowerment.

In addition, the organisation registered under Societies Act 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 ordinarily have existed for a period of three years.
- e) Its financial position should be sound.

#### **Application and Sanction – Annexure 1**

1. To get financial assistance under the scheme, an Organisation / 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.
2. Grant will ordinarily be released in two instalments.
3. The first installment constituting half of the amount of the "Recurring" grant sanctioned in the previous year will be considered for release based on the following documents.
  - a) Budget estimate of the financial year in question.
  - b) Un-audited accounts of the previous financial year
  - c) List of staff employed in the previous financial year (indicating the names of staff, designation, qualifications, date of joining and date of leaving etc.)
  - d) Half-yearly Progress Report of the previous financial year.
  - e) Rent Agreement for the financial year for which the grant has been applied.
4. The second installment will be considered based on the following documents.
  - a) Audited Statements of Accounts for the previous financial year (Receipt & Payments Account and Balance Sheet)
  - b) Utilisation Certificate, if not submitted earlier
  - c) The list of staff for the financial year for which grant has been applied (indicating the names, designations, qualifications, date of appointment, date of leaving etc.)
  - d) Half-yearly Progress Reports upto September of the concerned financial year.
  - e) Rent Agreement for the complete financial year, if not submitted earlier.
  - f) Utilisation Certificate from Chartered Accountants for the first installment.

#### **Submission of Reports - Annexure - Format of reports**

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 - two copies to be submitted to the State Government and one copy to Ministry of Social Justice and Empowerment, Government of India, Shastri Bhavan, New Delhi.

#### **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**

Under the scheme, financial assistance is given for **two** major services provided by non-governmental organizations –

##### **1) Drug awareness and Counselling Centres – Out-patient**

##### **2) Treatment-cum-Rehabilitation Centres – Inpatient**

The treatment-cum-rehabilitation centre will ordinarily have **15 bedded or 30 bedded** facility. In exceptional and rare cases, the reputed centres under the Scheme may be allowed to establish 50 bedded facility after scrutiny. The Scheme also states that while **a period of one month** 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 after care / follow-up services are to be provided on an ongoing basis in an out-patient set up.

The treatment-cum-rehabilitation centres are eligible to apply for grant-in-aid to conduct treatment camps in rural and semi-urban areas. Additional grant is provided to conduct treatment camps for recurring expenses.

Hence, the minimum standards specified in this manual conform to the scheme specified by the government of India.

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

1. Drug awareness and counselling centres
2. Treatment–cum-rehabilitation centres
3. De-addiction camps
4. Workplace prevention programme
5. Code of ethics for staff and rights of clients

### CHAPTER 3

#### DRUG AWARENESS AND COUNSELLING CENTRES

Drug awareness and counselling centres function as **out-patient units** and offer the following services. The centres are staffed by counsellors / social workers / psychologists / sociologists / recovering addicts with two years of sobriety.

- Awareness building in the community
- Screening and motivating clients to take help
- Referral services
- Follow-up services

#### **Activities for awareness building in the community**

Awareness programmes need to be organised in the neighbourhood in educational institutions, industries, slums and social welfare organisations to sensitise about the impact of addiction and the need to take professional help to treat addiction.

The awareness programmes are to be organised in the 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.

Minimum criteria	Records required
<p>One awareness programme per week</p> <p>One article on addiction or the treatment services available to appear in daily newspaper, magazine or mass media (television, radio) once in six months.</p>	<p><b>Awareness programme register</b> to be maintained by the project-in-charge – Annexure 3</p> <ul style="list-style-type: none"> <li>• Details of programmes conducted with feedback from 5 people for each programme.</li> <li>• Copy of the article published / details of the programme telecast / broadcast.</li> </ul>

Minimum criteria	Records required
<p>External evaluation of the awareness programme by a professional in the field of addiction once a year.</p>	<p><b>Awareness programme register – evaluation report</b> to be maintained by project-in-charge – Annexure 3</p>
<p>Availability of educational materials for different groups.</p>	<p><b>Prevention programme manual</b> to be maintained by project-in-charge – content and type of programme for each target group is described and recorded – Annexure 4.</p>

### 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
- Delivering services according to the schedule / timetable to offer individual counselling, group therapy and family counselling for the patients and their families on a regular basis.

Minimum criteria	Records required
Intake form to be completed on the very first day of meeting the client.	<b>Intake Form</b> which has demographic details, addiction history and prior medical history to be filled by counsellor – Annexure 5.
Assessment to be made before referral by using standardised questionnaires.	<b>Assessment forms</b> to be completed by the counsellor – Annexure 6 – Suggested Tests. SMAST / MALT for alcoholism DAST for drug addiction
Providing counselling every time he visits the centre until he is motivated to take help from a government hospital or a nearby de-addiction centre. Case history to be completed within a week / four sessions with the client.  Meeting family members / support persons within 4 sessions.	<b>Case history form</b> which covers family, marital, occupational and financial history with counselling notes to be maintained by the counsellor – Annexure 7
Objective and content of each of the services provided (counselling, group therapy, family counselling, follow-up) to be described.	<b>Therapy Manual</b> to be prepared by the project-in-charge – Annexure 8.

### Activities related to referral services and follow-up

- Identification of both government and non-governmental agencies, working in the field of addiction and networking with them on a regular basis.
- Referring clients after motivation to other centres for detoxification / treatment.
- If referred to the government hospitals, maintaining regular contact with the client during detoxification and providing follow-up services after completion of detoxification.

Minimum criteria	Records required
Networking with government and non-governmental organisations working in the field of addiction in the location where the centre is situated.	<b>Network Directory</b> with names, addresses, phone numbers, admission criteria, time of admission, contact persons and any other relevant information to be maintained by project- in-charge – Annexure 9
If a client is referred to a government organisation, two visits to be made by the counsellor every week until discharge.	<b>Case history form</b> to include visits to government hospitals to be recorded by the counsellor – Annexure 7
Organise a minimum of two group meetings every week for clients who have undergone detoxification.	<b>Group therapy record form</b> to be maintained by the counsellor – Annexure 10
On completion of detoxification, follow-up is to be maintained.  - One counselling session every week during the	<b>Follow-up card</b> which has details of counselling notes, home visits and letters written to be maintained by the counsellor – Annexure 11

<p>first three months</p> <ul style="list-style-type: none"> <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 follow-up visits for two months to be followed up with two letters and one home visit for the patient and one letter to the family / significant person.</p>	
--	--

Minimum criteria	Records required
<p>Drinking / drug taking history and improvements made to be recorded.</p> <p>Whole person recovery to be assessed twice a year and recorded.</p>	<p><b>Follow-up card</b> with details of whole person recovery to be maintained by the counsellor – Annexure 11</p>
<p>Maintaining letter of endorsement from clients for receiving free counselling services</p> <ul style="list-style-type: none"> <li>- at the time of referral</li> <li>and</li> <li>- at the time of follow-up on completion of 3 months from clients referred to government organisations</li> </ul>	<p><b>Endorsement letter</b> from each patient to be maintained by the project-in-charge – Annexure 12</p>
<p>Half-yearly report with details of patients to be maintained</p>	<p><b>Half-yearly report</b> to be maintained by Project-in-charge to be sent to the funding agencies – Annexure 13.</p>

#### The physical aspects of the centre

- The centre should be located in a reasonably quiet locality.
- The built in area should be at least 1000 sq.ft. in case of metros and 1500 sq.ft. in case of small towns and villages

The centre should be properly ventilated, well-lit and maintained in a clean manner. It should have toilet facilities, drinking water facilities and telephone facility.

- The centre should be easily accessible through public conveyance.
- The following facilities should be available.
  - i) reception, enquiry / registration counter / waiting space with seating arrangements for a minimum 5 persons
  - ii) cubicles / rooms for providing individual counselling, group therapy and family counselling.
  - iii) space to store records of patients to ensure confidentiality and a system of easy retrieval
- Addiction related educational material such as posters to be prominently displayed at strategic points

- Information pamphlets, hand outs and other educational materials in the vernacular to be made freely available for the public
- The centre to have slide projector / overhead projector to conduct awareness programmes.

#### **Job description of staff**

##### **Project in charge-cum-senior counsellor (one post)**

###### **➤ Responsibilities as a Project In charge**

- Coordinating and managing the counselling centre
- Taking care of administrative responsibilities of the centre – attendance, allocation of job and disciplinary action.
- Preparing Half-yearly / Annual report and application forms for grant purposes.
- Liaisoning with government and non-governmental organisations working in the field of addiction.
- Checking whether the records are maintained properly.
- Supervising and providing guidance to counsellors
- Organising case discussions
- Organising training programmes for counsellors

###### **➤ Responsibilities as a senior counsellor**

- Assessing problem areas of clients
- Collecting case history both from the client and significant persons
- Visiting governmental and non-governmental agencies to support the client in treatment.
- Conducting group therapy for clients
- Providing counselling for family members
- Providing follow-up counselling
- Maintaining individual case records of patients seen
- Conducting awareness programmes

##### **Counsellors (Two posts)**

- Motivating the client to take help
- Assessing problem areas of clients
- Collecting case history both from the client and significant persons
- Visiting governmental and non-governmental agencies to support the client in treatment and escorting him for admission to other organisations.
- Conducting group therapy for clients
- Providing counselling for family members
- Providing follow-up counselling
- Conducting awareness programmes

- Maintaining records

#### **Training of counselling staff**

- Orientation of one month duration to be provided to new staff on counselling, conducting group and family therapy.
- Updating and training through 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 counselling centres to be encouraged to visit the centre once a year and share their experiences. Similarly, staff to visit other counselling centres once a year and learn from their experiences.
- Case discussions to be conducted once a week to ensure quality of service delivery.

#### **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 liaising with project coordinator regarding funds
- Maintaining asset register

##### ➤ **As a clerk**

- Receiving phone calls and playing the role of 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

#### **Sweeper / Peon (one 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

## CHAPTER 4

### TREATMENT–CUM- REHABILITATION CENTRES

The treatment-cum-rehabilitation centres aim to help the addicts to

- achieve total abstinence
- improve the quality of their lives by helping them to
  - identify and deal with personality defects
  - become aware of risk factors for relapse and                      develop positive coping skills
  - strengthen inter-personal relationships
  - develop healthy work ethics
- sustain their recovery through follow-up services

As prescribed by the grant-in-aid scheme, 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.

The **treatment–cum- rehabilitation centres** are to provide the following services

- Awareness building
- Screening and motivating clients to take help
- Detoxification and medical care
- Psychological therapy
- After-care / follow-up

Activities related to awareness building and screening / motivating clients has been described in the earlier chapter (pages 6-7).

#### **Activities related to detoxification and medical care**

- Detoxification services to be provided to make the withdrawal period 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.	<b>Admission Register</b> to be maintained by the counsellor / Nurse - Annexure 14
Prescribing medicines to minimise 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
Medicines essential for detoxification and other related medical emergencies to be made available at all items	<b>Stock Register</b> to be maintained and checked by the nurse once in 15 days - Annexure 15

and to be checked for quantity and availability once a month.	
Providing essential medicines free of cost for a period of one month.	<b>Endorsement Register for providing free medication</b> to be maintained by the project director – Annexure 16
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 incident like fits, delirium or accident, the patient to be monitored on an half hourly basis till he gets back to normalcy.	<b>Medical case sheet</b> to be filled by medical officer – Annexure 17
For hypertensive patients, blood pressure to be checked everyday till discharge	<b>Blood pressure chart</b> to be maintained by the nurse – Annexure 18
For diabetic patients, urine sugar to be checked everyday. If need be, blood test to be conducted at least once in ten days.	<b>Diabetic chart</b> to be maintained by the nurse – Annexure 19
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 – Annexure 20

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 physician – Annexure 17.  <b>Medical assistance directory</b> of various specialists / hospitals to be maintained by the project director - Annexure 21
Essential equipment to be checked for maintenance once in 15 days – ECG machine, Oxygen cylinder, suction apparatus, BP apparatus, weighing machine and urine sugar testing material.	<b>Equipment maintenance register</b> to be maintained by the nurse and signed by the Medical Officer. – Annexure 22.
Medical care to be given to discharged patients for a minimum of 2 years	<b>Follow up records</b> to be maintained and updated by the Medical Officer – Annexure 23.

**Activities for psychological services:**

- Assessing the problems related to addiction and motivating the addict to participate actively in the treatment.
- Providing psycho-social treatment for the total recovery of the addict through individual counselling, group therapy, re-education and yoga. Treatment plan to include exposure to AA/ NA meetings and introduction to other recovering addicts.
- Providing psychological care to families and support persons of the addict.

**Standards on programme structure**

Minimum criteria	Records required
------------------	------------------

A schedule / timetable to be developed and followed.	<b>Therapy manual</b> to be prepared and maintained by the senior counsellor – Annexure 24.
Rules that need to be adhered to by the clients – e.g. waking time, recreation time. Issues that warrant disciplinary actions - e.g. missing sessions, trying to abuse drugs inside the centre and the disciplinary measures that can be taken.	<b>Therapy manual</b> – Annexure 24.
Patients to complete treatment within the prescribed period. Drop out or extension of treatment beyond the one month period to be recorded with reasons.	<b>Admission register</b> to be maintained by the nurse / counsellor – Annexure 14

#### Standards on counselling:

Minimum criteria	Required Records
Record of patients' attendance to psychological therapy sessions.	<b>Attendance Register</b> to be maintained by the counsellor – Annexure 25
Case history to be completed within two weeks through counselling sessions with client and family members.  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.	<b>Case history form</b> to be completed by the counsellor – Annexure 7
There should be visible 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.	<b>Case history form</b> to be completed by the counsellor – Annexure 7.
Issues such as HIV positive status, extra marital affairs, legal problems, marital separation, gambling or traumatic childhood experiences should be handled with extra efforts.	<b>Case history form</b> to be completed by the counsellor – Annexure 7.
Treatment plans to be specifically recorded keeping in mind the whole person recovery.	<b>Case history form</b> to be completed by the counsellor – Annexure 7.

#### Standards on re-educative lectures:

Minimum criteria	Required Records
Three educative sessions to be conducted each week. The contents of the re-education lectures to be documented and followed to ensure uniformity. Basic issues such as disease concept, addiction related damage, relapse, overcoming personality defects, methods to stay sober, AA/NA principles and HIV-AIDS to be covered.	<b>Therapy Manual</b> to be maintained by the senior counsellor – Annexure 24

#### Standards on group therapy:

Minimum criteria	Records required
5 sessions per week and each session to be conducted for at least one hour.	<b>Therapy Manual</b> to be maintained by the senior counsellor – Annexure 24

<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 addiction, symptoms of addiction, powerlessness and unmanageability, breakdown of values and character defects to be discussed.</p>	
<p>Observation of individual patient during the group therapy sessions to be recorded once a week.</p>	<p><b>Group therapy record</b> to be maintained by the counsellor conducting the group therapy session – Annexure 10.</p>

#### Activities 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 addict. Another goal is to help them deal with their negative emotions 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).</p> <p>Through the sessions, to help the family members to achieve personal recovery by becoming aware of their enabling behaviour, negative traits 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 counsellor – Annexure 7.</p>

Minimum criteria	Records required
<p>One educative session to be conducted each week.</p> <p>The contents of the re-education lectures to be recorded and followed to ensure uniformity.</p> <p>Basic issues such as the objectives of the treatment programme, medications given, the disease process, relapse, recovery, impact of addiction on the family to be provided.</p>	<p><b>Therapy Manual</b> to be maintained by the senior counsellor – Annexure 24</p>

#### Other Issues related to psychological services

Minimum criteria	Required records
<p>Identity card with registration number to be given to the patient at the time of discharge.</p>	<p><b>Identity card</b> to be issued by the counsellor – Annexure 26.</p>
<p>A letter of endorsement from the patient that he received free treatment</p>	<p><b>Letter of Endorsement signed</b> by the patient maintained by the counsellor – Annexure 27.</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.	<b>Administrative manual</b> to be prepared by the project-in-charge – Annexure 28.
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 to the funding agencies – Annexure 29

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

After- care and rehabilitation 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. After care / follow-up services are provided on an out-patient basis.

#### **Activities 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.

<b>Minimum criteria</b>	<b>Records required</b>
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 – Annexure 7
Regular follow-up services to be provided on completion of treatment.  - One counselling session every fifteen days during the first three months  - One session every month from the third month till he completes one year.  - One session every two months for one more year till he achieves two years of sobriety.  Failure to report for visits for two months to be followed up with two letters and one home visit for the patient and one letter to the family / significant person.	<b>Follow-up card</b> which has details of counselling notes, home visits and letters written to be maintained by the counsellor – Annexure 11
Drinking / drug taking history and improvements made to be recorded in every visit.	<b>Follow up card</b> to be updated by the counsellor – Annexure 11
Whole person recovery to be assessed twice a year and	

recorded.	
-----------	--

Minimum criteria	Records required
Patients completing one or more years of sobriety to be encouraged by sending a congratulatory letter.	<b>Congratulatory letter</b> signed by the counsellor / project-in-charge – Annexure 30
Relapse has to be dealt with specific input to increase the understanding and coping mechanism of the addict – four counselling sessions.	<b>Therapy Manual</b> - Annexure 24.
Maintenance of a directory and networking with specialised services – vocational training, job placement, referral to half way home / after-care centre.	<b>Net working Directory</b> to be maintained by the project-in-charge – Annexure 31

**In case of a Vocational Rehabilitation Section at the Addiction Treatment Centre**

- 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.
- Content of 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.

**Standards for vocational rehabilitation unit**

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 instructor – Annexure 32
To monitor regularity of attendance, register to be maintained.	<b>Attendance Register</b> to be maintained by the vocational instructor.
The performance of the patient to be assessed every third month.	<b>Work performance assessment form</b> to be maintained by the vocational instructor– Annexure 33.

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

- The centre should be located in a reasonably quiet locality.
- 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.
- 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 lectures, family classes. They should be airy with comfortable seating on floor mats/ chairs. Blackboard, chalk and other material to be provided.
  - ⇒ Recreational facilities such as books for reading, indoor(carrom, chess) / outdoor games, radio and television.

### **Requirement in a ward**

- The maximum number of beds in a ward should not be more than 15 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

### **Others**

- Space to be provided to store records of patients to ensure confidentiality and a system of easy retrieval. Computerisation 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 in the vernacular to be made freely available for the public
- The centre to have slide projector / overhead projector to conduct awareness programmes.

### **Job 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
- Liaisoning with specialists in psychiatry, internal medicine, neurology, pathology and bio-chemistry for referral in case of further treatment.
- Maintaining all records of detoxification, emergencies and follow up of patients
- Participating in the case discussion with the counsellors to plan the treatment and recovery of individual patients.
- Contributing to awareness building and preventive education programmes.

#### **Training for general physician / 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

#### **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 in detoxification (e.g. blood pressure and urine sugar)
- Supervising the functioning of ward boys, sweepers

#### **Training of Nurses**

- A mock emergency drill to be carried out once every three months to deal with issues like breathlessness, acute psychotic episode, convulsions and cardiac arrest. The drill will be guided by the medical officer.
- 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 to day management of the centre.

#### **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

#### **Job responsibilities of Project Director (One post)**

##### ➤ **Responsibilities as a Project In charge**

- 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.
- Liaisoning with government and non-governmental organisations working in the field of addiction.

➤ **Responsibilities as a senior counsellor**

- Supervising and providing guidance to counsellors
- Organising case discussion
- Organising training programmes for counsellors
- Assessing problem areas of clients
- Collecting case history both from the client and significant persons
- Conducting group therapy for clients
- Providing counselling for family members
- Providing follow-up counselling
- Maintaining individual case records of patients seen
- Conducting awareness programmes

**Counselling staff (Three posts)**

- Functioning in a team to coordinate activities and receive feedback from other team members.
- Counselling to incorporate assessment, motivation, building rapport, counselling 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.
- Net working with government and non-governmental agencies.

**Training of counselling staff**

- Orientation of one month duration to be provided to new staff on counselling, conducting group and family therapy.
- Updating and training through 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.

**Yoga/ other therapists (One post)**

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

**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 liaising with project coordinator regarding funds
- Maintaining asset register

**➤ As a clerk**

- Receiving phone calls and playing the role of 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

**Sweeper / Peon (Two posts)**

- 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

## CHAPTER 5

### DE-ADDICTION CAMPS

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 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 sensitised regarding the impact of addiction.
- Sustained involvement of the community promotes collective initiative towards prevention of addiction.

#### Activities for conducting de-addiction camps

- Creating an 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.
- Involving 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.
- To sustain the momentum built at the time of the camp, meaningful activities to be conducted on an ongoing basis.

#### Standards on services

Minimum criteria	Records required
<p>To involve the community, identification of a host organisation and sensitizing them about the impact of addiction and the need for treatment.</p> <p>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 counsellor – Annexure 34.</p>
<p>Identification of patients through community network - formal / informal leaders, panchayat leaders, families of addicts, Youth Associations, teachers, Mahila Mandal Workers, 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>	

The selection criteria to be clearly defined and followed-up.	<b>Camp Manual</b> to be developed and maintained by the counsellor.
Providing detoxification and dealing with addiction related illnesses.	<b>Medical case sheet</b> to be maintained by the medical officer – Annexure 17.
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.	<b>Net work directory</b> to be maintained by the project-in-charge – Annexure 9.
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.  Providing a minimum of 8 re-educative sessions for patients, 8 group therapy sessions and 4 individual counselling sessions.	<b>Camp Manual</b> to be maintained by the project-in-charge – Annexure 36.
To provide support to the family, conducting five sessions for families with components of re-educative sessions, group therapy, and counselling.	<b>Camp Manual</b> to be maintained by the project-in-charge – Annexure 36.
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> – Annexure 11.

#### **Activities for creating awareness in the community**

- Formal and informal methods that include community participation such as dramas, competitions, pantomime shows, street plays and folk media to be organised 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

Refer Chapter 2 for minimum criteria and records required (Pages 6-7).

#### **Staff required to conduct a camp**

- A minimum of three counsellors, one nurse and a ward boy 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 conducts de-addiction camps to understand and observe the camp approach
- Training to include methods to mobilise and work with the community
- Specific training on pantomime shows, street plays and folk media to be included.

## CHAPTER 6

### WORKPLACE PREVENTION PROGRAMME

Addiction, especially 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 scheme by the government of India encourages and gives grants to non-governmental organisations to undertake work place prevention programmes in urban areas. The programme is focussed towards **promoting health, maintaining safety and improving work performance.**

The scheme has listed two types of interventions:

1. A 15 or 30 bedded treatment cum rehabilitation centre to be established by the industry / enterprise. Financial assistance upto 25% of the expenditure for setting up such a centre shall be provided by the Ministry. Only an industry with a minimum strength of 500 workers will be eligible for assistance.
2. A treatment cum rehabilitation centre (15 / 30 bedded) run by an NGO taking up work place prevention programmes as part of its activities. Additional funding of 25% to be provided to employ staff such as counsellors / community workers / part time medical officer.

#### **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.

#### **Functions of the programme**

Minimum criteria	Records required
To conduct one programme a month on creating awareness about the impact of addiction – lecture, film shows and puppet show.	Awareness programme register - Annexure 3
To conduct one programme every six months for families of employees on the impact of addiction	Awareness programme register - Annexure 3
To conduct one programme every two months to supervisors / managers on early identification of problem employees	Awareness programme register - Annexure 3
To conduct one programme every six months to management / union office bearers on the need to have a policy to deal with addiction.	Awareness programme register - Annexure 3
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 – Annexure 35.

#### **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.

## **CHAPTER 7**

### **CODE OF ETHICS FOR STAFF AND 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.

#### **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 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. No locking up or tying of any patient for any reason.
- 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 a HIV–AIDS patient regarding admission or in providing any other services.

(Reference: Modified based on CHASP Standards)

#### **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)

### LIST OF REFERENCES

Bureau of Indian standards, New Delhi 1996	Indian standard – Quality management for hospital services (for 30 bedded hospital) – guidelines – Part 4 Hospital support services - ICS 11.020
The Community Health Accreditation and Standards Program (CHASP), Australia 1993	Manual of standards for community and other primary health care services (3 <sup>rd</sup> Edn.).
European federation of therapeutic communities (EFTC)	Standards for residential treatment services staff code of ethics
John Ovretviet 1997	Evaluating health interventions – An introduction to evaluation of health treatments, services, policies and organisational interventions - Open University Press, Buckingham, Philadelphia.
Ministry of Social Justice and Empowerment, Government of India, New Delhi 1999	Scheme for prevention of alcoholism and substance (DRUGS) abuse
National workshops for medical superintendents of mental hospitals and state health secretaries 2000	Minimum standards of care in mental hospitals – National Institute of Mental Health and Neuro Sciences (Deemed University), Bangalore 560 029
Shanthi Ranganathan 1996	The empowered community – A paradigm shift in the treatment of alcoholism – sponsored by Ministry of Welfare, Government of India, New Delhi – pp 17-36.
UDC 362.111:616 1993	Indian standard – Quality management procedures for out-patient department (OPD) and emergency services – guidelines – Part 1 upto 30 bedded hospitals – Bureau of Indian standards, New Delhi.
UDC 658.56:658.64 1992	Indian standard - Quality management and quality system elements – Part 2 – Guidelines for services – Bureau of Indian standards, New Delhi.
Uwe Gunnarsen 1973 (?)	Accreditation – Accreditation of alcoholism programs
WHO (?)	Standards of care in substance abuse treatment –

**ANNEXURE 1 & 2****Applications for getting grant from Ministry of Social Justice & Empowerment,  
Government of India, New Delhi**  

---

**ANNEXURE 3****Awareness programme register****Lectures / street play / puppet show / film**

1. Date and month of awareness programme
2. Target group and number of participants
3. Topics handled
4. Methodology used to impart information
5. Feed back from a minimum of 5 people with their signatures

**Articles published**

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

**Yearly 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 4****Prevention Programme Manual**

(Pamphlets prepared by NGOs and Gos to be included. For e.g. I have included TTK Publications which are for distribution).

**Available material for creating awareness**

<b>Target group</b>	<b>Material available</b>
Social workers / psychologists	Dealing with addiction – The role of social workers / psychologists – TTK publication – English
Doctors / Nurses	Dealing with addiction - the role of the physician - TTK publication – English
Students	What every teenager should know about alcohol - TTK Publication – English  `No' to Drugs and `Yes' to Life – TTK Publication – English

**ANNEXURE 5****Intake form****Socio-demographic information**

Date of registration:

Name:

Address &  
Telephone No:

Sex:

Age:

Religion:

Community:

Educational Qualification:  
In yearsCan read and write  
Can only read  
Cannot read and write

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  
accompanied the patientAddress &  
Telephone No:

Referral:

Self  
Friends  
Family  
Social worker  
PhysiciansRecovered addict  
Employer  
Media  
Through awareness programme  
Any other



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

Date of last drink / drugs taken

..... days ago

Diagnosis:

Drug dependence

Alcohol dependence

Alcohol and drug dependence

Prior treatment for addiction:

Year

Place of  
Treatment

Days/months  
of sobriety

Other associated psychiatric complications in the past / present

- Depression
- Suicidal ideation / attempts
- Confusion
- Aggressive outbursts
- Hallucinations
- Paranoid ideas

Physical problems (record specifically):

**Impression of counsellor**

Denial :                      Mild                      Moderate                      Severe

Motivating factor for present treatment efforts:

Willingness for treatment: Unwilling /ambivalent/willing

Action taken:                      Referral to

If referred, name of organisation:

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

Signature of Counsellor:

-----

**ANNEXURE 6**

**Suggested tests for screening  
Munich Alcoholism Test for diagnosing alcoholism (MALT)**

**About MALT**

MALT was developed in Germany by Feuerlein, Ringer, Kufner and Antons (1980) as a diagnostic instrument to distinguish alcoholics from non-alcoholics in a general population. The WHO description of alcoholism is used as the operational definition for MALT, which consists of two parts. The first part comprises physical examination, laboratory tests and the subject's medical history covered through seven questions. The second part is similar to Michigan Alcoholism Screening Test (MAST) that can be quickly and easily administered. The second part has 24 items of self assessment scale with diagnostically relevant sub scales pertaining to drinking behaviour and attitude towards drinking, emotional and social impairment due to alcohol and somatic complaints. The authors stress the importance of the supplementary nature of the two components to each other.

**Administration:** Self assessment scale is self administered. All statements to be answered with True / False

**Scoring:** The medical component items are weighted with a score of 4 and items in the self-report component are weighted with one point each. Thus, there is a total possible high score of 52 points, if a subject scores positively on all of the items. A score of 11 or higher is indicative of the presence of alcoholism. With a score of between 6 and 10 points, the presence of alcoholism should be considered.

**Tick True or False**

**True False**

My hands have been trembling a lot recently		
In the morning I sometimes have the feeling of nausea		
I have sometimes tried to get rid of my trembling and nausea with alcohol		
At the moment I feel miserable because of my problems and difficulties.		
It is not uncommon that I drink alcohol before lunch		
After the first glass or two of alcohol I feel a craving for more		
I think about alcohol a lot		
I have sometimes drunk alcohol even against my Doctor's advice.		
When I drink a lot of alcohol, I tend to eat little.		
At work I have been criticized because of my drinking		
I prefer drinking alone.		
Since I have started drinking I have been in worse shape		
I have often had a guilty conscience about drinking		
I have tried to limit my drinking to certain occasions or to certain times of the day.		
I think I ought to drink less.		
Without alcohol I would have fewer problems.		
When I am upset I drink alcohol to calm down.		
I think alcohol is destroying my life.		
Sometimes I want to stop drinking and sometimes I don't.		

**True False**

Other people can't understand why I drink.		
I have sometimes tried to get along without any alcohol at all.		
I would get along better with my spouse if I didn't drink.		
I'd be content if I didn't drink.		
People have often told me that they could smell alcohol in my breath.		

**To be assessed by the Physician**

**Yes No**

- a) Diseases of the liver (at least one symptom)

found on physical examination in addition to one positive laboratory test)

- b) Polyneuropathy (only if no other cause is known, e.g., diabetes mellitus)
- c) Delirium tremens (on the present examination or previously)
- d) Alcohol consumption of more than 150 ml (women 120 ml) of pure alcohol a day at least continued over several months
- e) Alcohol consumption of more than 300 ml (women 240 ml) of pure alcohol at least once a month (alcohol benders)
- f) Foetor alcoholicus (at the time of medical examination)
- g) Spouse, family members or good friends have sought help because of alcohol related problems of the patient (e.g., from a physician, social worker or other appropriate source)

**Suggested tests for screening**  
**Short michigan alcoholism screening test (smast)**

The short Michigan Alcoholism Screening Test is a 12 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. All questions are to be answered with "Yes" or "No" answers only.

**Scoring:** Each "Yes" answer equals one (1) point. A score of 1 or 2 indicates there is no alcohol problem. A score of 3 indicates a borderline alcohol problem. A score of 4 or more indicates an 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 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 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.

**Suggested tests for screening  
Drug use questionnaire (DAST)**

**Instructions**

1. 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.
2. In the statements 'drug abuse' refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. charas, bhang), solvents, tranquilizers (e.g. vallium), barbiturates, cocaine, stimulants, (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin, opium).
3. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right. If you have difficulty with a question or have any problems, please ask the questionnaire administrator.

**Definitions**

**Drug:**

Drugs are substances, administered to alter the function of living system, may occur naturally or may be synthesized.

**Intoxicant:**

Substance that produce altered state of being drunk, high or excitement. This state usually interpreted as being due to alcohol but may be caused by numerous other drugs.

**Intoxicating medicine:**

Any medicine used for the treatment or prevention of disease that produces intoxication.

**These questions refer to the past 12 months**

1.	Have you used intoxicants?	Yes	No
2.	Have you abused intoxicating medicines?	Yes	No
3.	Do you abuse more than one drug / intoxicant at a time?	Yes	No
4.	Can you get through the week without using drugs / intoxicants?	Yes	No
5.	Are you always able to stop using drugs / intoxicants when you want to?	Yes	No
6.	Have you had 'temporary loss of memory' or 'memories of past drug / intoxicant experience as a result of current drug / intoxicant use?	Yes	No
7.	Do you ever feel bad or guilty about your drug / intoxicant use?	Yes	no
8.	Does your spouse (or parents) even complain about your involvement with intoxicants?	Yes	No
9.	Has drug / intoxicant use created problems between you and your spouse or your parents?	Yes	No
10.	Have you lost friends because of your use of drugs / intoxicants?	Yes	No
11.	Have you neglected your family because of your use of drugs / intoxicants?	Yes	No
12.	Have you been in trouble at work because of intoxicants use?	Yes	No
13.	Have you lost a job because of drug / intoxicants use?	Yes	No
14.	Have you gotten into fights when under the influence of intoxicants?	Yes	No
15.	Have you engaged in illegal activities in order to obtain intoxicants?	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 / intoxicants?	Yes	No
18.	Have you had medical problems as a result of your intoxicant use (e.g. memory loss, hepatitis, convulsions, etc.) ?	Yes	No
19.	Have you gone to any one for help for a drug problem?	Yes	No
20.	Have you been involved in a treatment programme specifically related to intoxicants use?	Yes	No

**DAST SUMMARY**

No problem reported	0
Low level	1 – 5
Moderate level	6-10
Substance level	11-15

Severe level

16-20

Low Level (1-9)

Often - 2 points

Nearly always - 3 points

Medium Level (10-19)

High Level (20-45)

**ANNEXURE 7**

**Case History Form to be used prior to detoxification / after treatment**

Medical history and drug taking history are available in Intake / Medical form.

**I. Family History**

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
- 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    While  
Influence of    Abstinence  
Alcohol/drugs
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	Relation-ship	No	Don't know	Yes	Relation-ship	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 (If unmarried, pre marital)  
If present, Present Absent N/A
- 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 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. Treatment received in other centres referred by the counselling centres  
Details :**

**XII. Case Summary**

**XIII. Hospital Visits**

Date and details of visits

**XIV. Counselling Notes:**

Session No. with date:

Issues dealt with:

---

**ANNEXURE 8**

**Therapy Manual**

**Guidelines to prepare therapy manual**

- Schedule / timetable for patients
  - Rules that need to be adhered to by the patients at the counselling centre
  - List of re-educative topics
  - Content of re-educative topics
  - Issues to be dealt with in counselling sessions for patients
  - Group therapy rules, topics for group therapy and role of therapists
  - List of re-educative topics for family members
  - Content of re-educative topics
  - Issues to be dealt with in counselling sessions for family members
- 

**ANNEXURE 9**

**Network Directory**

Name of the organisation:

Address:

Phone No.

Contact person:

Government / Non-government

Admission procedures:

Time and day of admission:

Duration of treatment:

Kind of treatment provided:

Discharge policy:

#### ANNEXURE 10

#### Group Therapy Record Form - Weekly

Patient's Name	Attendance	Level and focus of sharing	Non-verbal behaviour	Participation / response to other's sharing	Comments and signature of counsellor

#### ANNEXURE 11

#### Follow-up card

Name of the patient:

Reg.No.

Address:

Referral to:

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

#### 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**

<b>Areas of improvement</b>	<b>Half yearly</b>	<b>Half yearly</b>	<b>Half yearly</b>	<b>Half yearly</b>
Alcohol / drug free life				
Physical well being				
Healthy relationship with family members				
Crime free				
Occupational and financial improvements				
Regularity in follow-up				

-----

**ANNEXURE 12**

**Letter of endorsement for free treatment**

Name of patient :

Reg. No.

I, Mr / Ms.....of age .....residing at  
 (address)..... have received free  
 counselling services from (date) ..... to..... for alcohol / drug addiction.

Signature of the patient

Date :

Signature of support person

**ANNEXURE 13**

**Half yearly Report format for drug awareness and counselling as prescribed by the  
Ministry of Social Justice & Empowerment**

-----

**ANNEXURE 14****Admission Register**

Name of patient:

Address :

Telephone :

Name of family member / support person :

Address :

Telephone :

Date of admission:

Date of discharge :

If drop out, reasons for drop out :

Lack of motivation  
Lack of family support  
Poverty  
Legal problem  
Unable to cope with treatment  
Inadequate facilities  
Discharged on disciplinary grounds  
Any other reasons

If extended, reasons for extension:

Period of extension:

Name of the Counsellor :

**ANNEXURE 15****Stock Register (pertaining to detoxification and emergency  
medical conditions)**

Date	Items	Available stock in No.	Nurse's signature

-----

**ANNEXURE 16****Endorsement register for providing free medicine to patients**

Month & Year	Name of the patient and Registration No.	Medicines provided	Cost medicine	of Signature of patient



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>Hallucinogens</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:

Prior treatment for addiction:

Year

Place of  
Treatment

Days/months  
of sobriety

### Previous history

Withdrawal symptoms experienced when the patient stopped

#### Alcohol

- Tremors
- Insomnia
- Fits
- Nausea
- Aches / Pains

#### Drugs

- Tremors
- Insomnia
- Diarrhoea
- Severe pain
- Restlessness

Other psychiatric complications

- Depression
- Suicidal ideation / attempts
- Confusion
- Aggressive outbursts
- Hallucinations
- Paranoid ideas

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 :

Family history of alcoholism / drug abuse / psychiatric illness :

**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

**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 18**

**B.P. Chart**

Name :

Age :

Reg. No:

Date	Time	B.P.	Pulse	Medication

**ANNEXURE 19**

**DIABETIC CHART**

**Urine sugar chart**

Name:

Reg. No.

Age:

Colour of Urine	AM PM Date	AM PM Date	AM PM Date	AM PM Date	AM PM Date	AM PM Date	AM PM Date
B.Red							
Orange							
Yellow							
Green							
Blue							
Anti Diabetic medication (dosage)							
Insulin (dosage)							

**ANNEXURE 20**

**Temperature chart**

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

Month ..... Year .....

Diagnosis.....

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

**ANNEXURE 21****Medical Assistance Directory (Hospitals and medical specialists)**

Name (hospital / medical specialist) :  
 Address :  
 Telephone No:  
 Type of services :  
 Contact person :  
 Consultation time :  
 Cost of treatment (free / paying) :

-----

**ANNEXURE 22****Equipment Maintenance Register**

Date & Month	Items	Condition of equipment	If defective action taken	Medical officer's signature
	ECG Machine Oxygen cylinder Suction apparatus B.P apparatus Weighing machine Urine sugar testing material			

-----

**ANNEXURE 23****Follow-up records (for each patient)**

Name of patient :  
 Registration Number :  
 Date of admission:  
 Date of discharge :  
 Counsellor's name :  
 Other known medical issues : (diabetic / IV user/ hypertensive)

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



**ANNEXURE 26**

**Identity Card**

**Name of the Organisation and Address**

Name of the Patient :

Address :

Year of Admission :

Registration No:

-----

**ANNEXURE 27**

**Letter of endorsement for free treatment**

Name of patient :

Name and address of addiction treatment centre :

I, Mr / Ms.....of age .....residing

at(address)..... have received free treatment from (date) ..... to..... for alcohol / drug addiction.

I received free treatment which included medical care and counselling services at the treatment centre.

Signature of the patient

Date :

Signature of support person

**ANNEXURE 28****A Manual on the functioning of the organisation**

- Vision of the organisation
- Milestones in the growth of the organisation
- Organisation chart – functions of the organisation
- Functions of the organisations
- Registrar of Societies – formalities to be adhered to
- Grant application and other relevant material
- Contract for renting the premises
- Staff details
- Staff welfare measures – leave rules, list of holidays
- Information about issues like electricity, water, telephone etc.

**ANNEXURE 29****Half yearly Progress Report on the functioning of De-addiction-cum-Rehabilitation Centre as prescribed by Ministry of Social Justice & Empowerment****ANNEXURE 30****Congratulatory letter**

Dear

Congratulations! You have successfully completed one year without alcohol and drugs. In addition, you have also made many positive changes in your life after treatment. All of us here are delighted and send our best wishes for many more years of sobriety.

Your efforts through follow-up have made it possible for you to stay sober. Your family members have also extended their support for your recovery. We hope you will continue these efforts to safeguard your sobriety in the future too.

We would like you to come to the centre and share with the patients who are currently undergoing treatment. Your experience will provide hope for them and increase their motivation to recover. This will be a gratifying experience for you. Do let us know in advance your convenient date so that we can make arrangements.

You will be given a medal on that occasion.  
Wishing you many more years of sobriety.  
With best wishes

Yours sincerely,

COUNSELLOR

**ANNEXURE 31****Net working Directory - Specialised services**

- Vocational Training Centre
- Job placement services
- Half way homes / After Care Centre
- HIV Rehabilitation Centre
- Day Care Centres

Name of the Organisation:

Address:

Phone No.

Contact person:

Services provided:

Admission procedure:

Charges levied:

Any other remarks:

-----

**ANNEXURE 32****Vocational rehabilitation unit- assessment form of trainees**

Name & Address:

Reg. No. Name of counsellor:

Age:

Education:

Marital status:

Kind of drugs abused	Years of abuse	Year of treatment	Period of sobriety

**Follow-up**

Regularity of follow-up

Regularity for NA / AA

**Work experience**

Details of any skill training undergone:

Details of past employment if any:

Address and contact No. of employer:

Counsellor's remarks, if any

Reasons for initiation to vocational training:

-----  
ANNEXURE 33**Vocational training centre  
Assessment of work performance****Name of the trainee:**  
**Training Course:****Reg. No.**

<b>Assessment</b>	<b>Jan-March</b>	<b>April-June</b>	<b>July-Sep.</b>	<b>Oct-Dec</b>
Regularity				
Punctuality				
Ability to understand				
Ability to take up responsibilities				
Ability to work as a team member				
Amount of money earned				
Any other				

**Profile of host organisation**

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)

**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:

