

MANIPUR



GAZETTE

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**GOVERNMENT OF MANIPUR
SECRETARIAT : SOCIAL WELFARE DEPARTMENT**

NOTIFICATIONS

Imphal, the 6th September, 2022

CSSS-1305(2)/2/2022-SW-SW: The approved Minimum Standard of Care and Service for Treatment & Rehabilitation of Users for Social Transformation(TRUST) Centre is enclosed as Annexure and is hereby notified and will be effective from 1st September,2022.

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Deputy Secretary, Social Welfare,
Government of Manpur.

1. Setting quality standards

In cognizance of the need for developing a standardized treatment protocol, in pursuance of para 11.12 of The Manipur State Policy on Psychoactive Substances, 2019, to ensure proper functioning of non-funded de-addiction/rehabilitation centres the State Government framed the Minimum Standard of Care and Service for Treatment & Rehabilitation of Users for Social Transformation (TRUST) Centre. All the non-funded de-addiction/rehabilitation centres which will be known as Treatment & Rehabilitation of Users for Social Transformation (TRUST) Centre are to follow the said minimum standard guidelines and monitoring and inspection will be based on it.

2. Location of the TRUST Centre

- 2.1 Centre should preferably be located in a place without much disturbance to or from the surrounding area
- 2.2 The centre should be easily accessible and connected through public transport.
- 2.3 Centre should take the approval of the locality.

3. Intake capacity of the centre

TRUST centre should be of either 30 bedded capacity or 50 bedded capacity. However, in exceptional situations like rescue drive, emergency, pandemic, etc. an additional intake of clients/patients to a maximum limit of five patients may be admitted as a temporary and exigency measure. In no situation the centre will admit patients beyond this. This is to be followed strictly.

4. Infrastructure and facility

- (a) The campus area of a centre should be at least 4500 sq. ft. for 30 bedded and 6000 sq. ft. for a 50 bedded centre.
- (b) Campus should have proper fencing.
- (c) Sign Board should also display the registration number issued by the Department of Social Welfare
- (d) The centre should be properly ventilated, well-lit and maintained in a clean manner.

- (e) Water, electricity and internet facilities should be made available.
- (f) Right of the clients to be displayed in the reception room.
- (g) Name along with the mobile number of Project Coordinator / Doctor / Counsellor to be displayed in the reception room.
- (h) Reception/enquiry/registration room, detoxification room, dormitory, medical room, class room, recreational room, yoga room, dining hall, store-room, office room, staff room, chowkidar room should be available. Some of the rooms may be multipurpose in nature, wherever feasible.s
- (i) Facilities with privacy for providing individual counselling, group therapy, re-educative sessions and family classes should be available. Room should be airy with comfortable seating with chairs. White board with marker pen are to be made available as well.
- (j) Recreational facilities such as books for reading, indoor games - carom, chess, radio, television and outdoor games, etc. should be available.

5. Requirement in a ward

- (a) The minimum number of beds in a dormitory/dormitories should be 30 for 30 bedded and 50 for 50 bedded centre. Extra bed should be kept for staff and there should be a minimum of two feet distance between the beds.
- (b) Mattresses and pillows should be made available. Bed linen to be changed at least once a week .
- (c) Each patient to be provided with a locker / storage space to store personal belongings.
- (c) There should be one bathroom and one toilet for ten patients.

6. Food for the in-patient

The centre may prepare wholesome food by engaging Cook(s) or outsource to a catering agency. For centres who outsource, details of the catering agency should be properly displayed in the dining hall. Moreover, such centres does not need to engage a Cook. Menu should also be displayed in the dining hall and it may be revised from time to time depending on the season and prices.

7. Period of stay as in-patient

The duration of treatment programs will be 60 or 90 days. Clients will have the option to choose 60 days treatment course or 90 days treatment program as per their choice. Every centre will develop a therapeutic manual for 60 days and 90 days based on the guidelines given in the Minimum Standard of Care and Service for Centre for Treatment and Rehabilitation of Users for Social Transformation.

8. Activities for screening and motivating clients to take help

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

Minimum criteria	Records required
Information to be collected on the first day of meeting the client.	Out-patient register which has demographic details, addiction history and prior medical history to be filled by counsellor – Annexure 1
Assessment to be made by using standardized questionnaires. The questionnaires to be translated in the local language.	Assessment forms (optional) to be completed by the counsellor – Annexure 2 – Suggested Tests. SMAST / AUDIT for alcoholism DAST for drug addiction
Providing counselling every time he visits the centre until, he is motivated to take help. Meeting family members / support persons at least once.	

9. Admission of in-patient

- 9.1 A pre-admission counselling should be given to motivate the patient, if required.
- 9.2 Admission of in-patient to the centre should mandatorily have the consent of the client and his/her family or spouse.

9.3 Any referral from police, local club, meira paibis etc. other than the parent or guardian, the patient/drug user shall be produced before an Executive Magistrate or Police Officer not below the rank of Deputy Superintendent of Police and free, prior and informed consent of the patient/drug user shall be obtained before his/her admission and if the patient/drug user is a minor then, his/her parent/guardian should give free, prior and informed consent to a TRUST Centre.

9.4 Admission fee shall be non-refundable.

10. Activities related to detoxification and medical care

10.1 Detoxification services to be provided with the rights based approach to make the withdrawal safe and comfortable.

10.2 Other related medical and psychiatric disorders (diabetes / hypertension / hepatitis B & C, HIV, tuberculosis, depression, suicidal thoughts etc.) are to be treated. Services of other specialists, hospitals and testing laboratories can be used to ensure appropriate care.

10.3 Medical care to be provided during the follow-up as well.

Minimum criteria	Records required
Admission Register with basic details about patients to be maintained. Feeding the data electronically is desirable	Admission Register to be maintained by the counsellor / Nurse - Annexure 3
Prescribing medicines to minimize withdrawal symptoms and to deal with related medical and psychiatric problems.	Medical manual which describes protocols (based on research or in keeping with accepted practice) for prescribing medicines to be maintained by the Medical Officer - Annexure 4
Medicines essential for detoxification and other related medical emergencies to be made available at all times and to be checked for quantity and availability once a month.	Medicines stock register to be maintained and checked by the nurse once a month - Annexure 5

In case of any laboratory tests to be undertaken, the expenses should be borne by the client / family	Medicines stock register
<p>Medical history to be obtained on the day of admission.</p> <p>Medical complaints of patients, prescription of medicines / reasons for change of medicines to be recorded by the medical officer.</p> <p>In case of any untoward incidents like fits, delirium or accident, the patient to be monitored on an half hourly basis till he gets back to normalcy.</p> <p>In case of emergency, appropriate referrals to be made.</p>	<p>Medical form to be filled by Medical Officer/ Nurse</p> <p>– Annexure 6</p>
For hypertensive patients, blood pressure to be checked every day till discharge	<p>Blood pressure chart to be maintained by the Nurse</p> <p>– Annexure 7</p>
For diabetic patients, urine sugar to be checked as and when required. If need be, blood test to be conducted at least once in ten days.	<p>Urine Sugar chart to be maintained by the nurse</p> <p>– Annexure 8</p>
Temperature to be recorded for patients running temperature, until normal temperature is recorded for a minimum of two days.	<p>Temperature chart to be maintained by the nurse</p> <p>– Annexure 9</p>
Essential equipment (if available in the centre) to be checked for maintenance once in 3 months – ECG machine, Oxygen cylinder, suction apparatus, BP apparatus, weighing machine and urine sugar testing material.	
Medical care to be given to discharged patients for a minimum of 2 years	Follow up records related to medical care be maintained and updated by the Medical Officer

11. Guidelines for psychological services

- (a) Assessing the problems related to addiction and motivating the drug user to participate actively in the treatment.
- (b) Providing psycho-social treatment for the total recovery of the psychoactive substance user through individual counselling, group therapy, re-educative sessions and yoga. Treatment plan to include exposure to Alcoholics Anonymous / Narcotics Anonymous meetings and introduction to other recovering psychoactive substance user.
- (c) Delivering services according to the schedule / timetable for the patients and their families on a regular basis.
- (d) Providing psychological care to families and support persons of the psychoactive substance users.

11.1 Standards on programme structure

Minimum criteria	Records required
A schedule / timetable to be developed and followed. Rules that need to be adhered to by the clients – e.g. waking time, recreation time. Issues that warrant disciplinary actions - e.g. involving in violence, trying to abuse drugs inside the centre and the disciplinary measures that can be taken.	Therapy manual to be prepared in local language/dialect and maintained by the Project Coordinator & Counsellors – Annexure 10 Therapy manual
Patients to complete treatment within the prescribed period. Drop out to be recorded with reasons.	Admission register to be maintained by the Counsellor
Record of patients' attendance to psychological therapy sessions.	Therapy Attendance Register to be maintained by the Counsellor– Annexure 11

11.2 Standards on counselling

Minimum criteria	Required Records
Case history to be completed within two weeks through counselling sessions with client and family members. During the 90 days programme, at least 8 counselling sessions to be provided in a month. Each session to last for at least half-an-hour to forty five minutes and main issues recorded in brief.	Case history form to be completed by the counsellor – Annexure 12

There should be improvement in the mental condition of the client from first week to subsequent weeks. Insufficient improvement should be discussed with other team members or the consultant psychiatrist, recorded and appropriate action initiated.	Case history form to be completed by the Counsellor.
Issues such as HIV positive status, extra-marital affairs, legal problems, marital separation, gambling should be handled with special efforts.	Case history form to be completed by the Counsellor.
Treatment plans to be specifically recorded keeping in mind the whole person recovery.	Treatment plan to be developed in consultation with the patient and documented by the counsellor

11.3 Standards on re-educative sessions

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

11.4 Standards on group therapy

Minimum criteria	Records required
<p>5 sessions per week and each session to be conducted for at least one hour.</p> <p>Each group to have a maximum of 15 and a minimum of 5 clients.</p> <p>Groups to be divided based on languages the patient speaks comfortably</p> <p>Issues related to damage due to drug use, symptoms of drug use, powerlessness and</p>	<p>Therapy Manual to be maintained by the Counsellor /Social Worker.</p>

unmanageability and breakdown of values to be dealt with.	
Participation and progress of individual patient during the group therapy sessions to be recorded once a week.	Group therapy record to be maintained once a week by the counsellor who is conducting the group therapy session – Annexure 13

11.5 Guidelines for the family programme

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

- (a) To help them understand addiction as a disease and in turn develop a caring attitude towards the drug user.
- (b) To help them deal with their co-dependency traits and improve their quality of lives.

11.6 Standards for the family programme

Minimum criteria	Records required
<p>Four counselling sessions for family members to be provided (either individual or combined sessions) and main issues recorded in brief.</p> <p>Through the sessions, to help the family members to achieve personal recovery by becoming aware of their co-dependency traits, role of family member in recovery and develop methods to deal with their feelings of shame, guilt, anger and resentment.</p>	<p>Case history form to be maintained by the counsellor.</p>
<p>One educative session to be conducted each week.</p> <p>The topics of the re-education lectures to be documented and followed to ensure uniformity.</p> <p>Basic issues such as the objectives of the treatment programme, the disease process, relapse, recovery, impact of addiction on the family, HIV, HBV, HCV, alcoholic induced Hepatitis and Tuberculosis to be provided.</p> <p>Record of family members attendance to therapy programme.</p>	<p>Therapy Manual to be maintained by the Counsellor / Social Worker.</p> <p>Attendance register to be maintained by the Counsellor / Social Worker</p> <p>– Annexure 11</p>

11.7 Other guidelines related to psychological services

Minimum criteria	Required records
At least one exposure to self-help groups (Alcoholics Anonymous, Narcotics Anonymous, Al-anon) / sharing by a recovering user before the discharge of the patient	List of Alcoholics Anonymous, Narcotics Anonymous, Al-anon, meeting information to be available with the Counsellor
Identity / follow up card with registration number to be given to the patient at the time of discharge.	Follow up card to be maintained by the Counsellor – Annexure 14
Declaration cum Consent form to be signed by the client and family on the day of admission. No psychoactive substance users will be admitted without their written consent in the Declaration cum Consent form	Declaration cum Consent form – Annexure 15

12. Referral services

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

Minimum criteria	Records required
In case of any medical/ psychiatric problem beyond the scope of the detoxification centre referral should be made within 2 days. Violent patients need to be assessed and transferred if necessary to a psychiatry unit	Medical case sheet – the need for referral and medical / psychiatric problems exhibited by the client to be recorded by the Medical Officer / nurse. Network directory of various specialists / hospitals to be maintained by the Project Coordinator – Annexure 16

13. After - care / follow-up and rehabilitation services

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

13.1 Guidelines for after-care and rehabilitation of the patient and family

- (a) 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.
- (b) Procedures to be clearly laid out for relapsed patients to address relapse issues (in both detoxification and counselling services)
- (c) After- care plans of alternative methods for patients who have not recovered have to be explored and support to their family members to be ensured.

Minimum criteria	Records required
Patient to be prepared for discharge with focus on short-term and long-term goals - e.g. developing work ethics, improving inter-personal relationships and financial management.	Case History – recovery plans to be maintained by the Counsellor
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	Follow-up card which has details of counselling notes, home visits and letters written to be maintained by the Counsellor/ Social Worker

letters, telephone calls and one home visit for the local patients and one letter to the family / significant person.	
Drinking / drug taking history and improvements made to be recorded in every visit.	Follow up card to be updated by the Counsellor/Social worker
Whole person recovery to be assessed once a year and recorded.	
Patients completing one or more years of sobriety to be encouraged by sending a congratulatory letter.	Congratulatory letter
Relapse has to be dealt with specific input to increase the understanding and coping mechanism of the addict – four counselling sessions.	Therapy Manual
Maintenance of a directory and networking with specialised services – vocational training, job placement, referral to half way home / after-care centre.	Networking Directory to be maintained by the Project Coordinator/Project-in-charge

13.2 Vocational Rehabilitation Services

- Identification and networking with government recognized vocational centres to refer recovering clients for training.
- Culturally relevant vocational training, utilising local resources and the marketability of the products - e.g. candle making, tailoring, carpentry and mat weaving are to be considered. Mobilizing resources and networking with other agencies to be utilised.
- In case the centre runs a vocational unit as part of the de-addiction/rehabilitation centre, syllabus for the vocational course to be clearly laid out and followed meticulously. The unit to be operated on an out-patient basis.
- Training provided at the vocational centre to be recognised by government organisations or at the end of the training, trainees to be able to appear for examination conducted by government organisation.

In case the de-addiction/TRUST centre has a vocational unit, the following records are to be maintained:

Minimum criteria	Records required
Education, skills and prior work experience of patient to be assessed before initiating him into vocational training.	Assessment Form to be maintained by the vocational trainer

To monitor regularity of attendance, register to be maintained.	Attendance Register to be maintained by the vocational trainer.
The performance of the patient to be assessed every third month.	Work performance assessment form to be maintained by the vocational trainer

14. Half-yearly report

A half-yearly report format will be developed by the Department of Social Welfare, Government of Manipur in due course of time.

15. Grievance redressal cell

A grievance redressal cell comprising of representatives from Manipur State Legal Services Authority (MASLSA), Civil Organisations (preferably Community Based Organisation or Organisation working in the field of psychoactive substance use prevention and treatment), Human Rights Bodies will be constituted to address issues of human rights violations and violations of the treatment services provided under the Minimum standard of care and service for non-funded de-addiction/rehabilitation centre. In case of allegations of human rights violations, mal-treatment, torture etc. thorough enquiry will be conducted and appropriate action will be taken up based upon the enquiry report.

16. Code of ethics for clients

16.1 Access to addiction treatment services shall be provided without prejudice ensuring the following conditions:

- Services are available irrespective of religion, caste, political belief of all clients.
- Services are available irrespective of the particular drug(s) abused/used (e.g. alcohol, ganja, brown sugar) or routes of administration (e.g. intravenous)
- Services are available irrespective of history of prior treatment.
- 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
- A supportive drug-free environment shall be provided.

- Dignity, respect and safety of the client shall be safeguarded.
 - To fully inform the client/patient 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 maintain 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.
 - Easy access to the project-in-charge or management to raise grievances / register complaints about the treatment or the staff.
- 16.2 In the unlikely event of occurrence or allegation of custodial deaths and torture of a client inside the centre, the principle of justice based on National Human Rights Commission Guidelines on Custodial Death shall be followed and a thorough enquiry shall be conducted.
- 16.3 In the unlikely event of a client sustaining injury or death or overdose outside the centre after running away from the centre, a thorough enquiry shall be conducted and dealt in accordance with the law of the land. However, the centre or staff or its management shall not be blamed until their lapses or misconducts are proven.
- 16.4 Under no circumstances, the clients or prospective clients shall be forcibly picked-up directly or indirectly by any de-addiction/ TRUST Centre and lodged in a centre.

17. Code of ethics for staff

- 17.1 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. The staff shall follow the following code of ethics at all times:
- Conduct oneself as a positive role model by not using alcohol / tobacco / other drugs.
 - To treat clients with dignity.

- No sexual relationship of any kind with client.
- No physical restraint / locking up of patients who are in normal physical and mental condition. No corporal punishment of any kind shall be used for any misbehaviour of the client. Only in extreme cases where the client is violent or delirious or not in a position to take care of himself, physically restraining him/her may be allowed to ensure protection to the patient from inflicting harm to himself or others.
- No denial of food as a method of punishment.
- Not to make use of / exploit the client for the personal gains of a staff member / organization.
- 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 explicit consent obtained.
- Maintain all client information with strict confidentiality. Information about the patient or his progress in treatment not to be divulged to any individual or authority without the patient's consent.
- No discrimination made against PLHAs (People living with HIV-AIDS) regarding admission or in providing any other services.

17.2 In case of allegation for Human Rights violation, negligence, torture, assault, etc. in a centre a thorough enquiry shall be conducted and dealt in accordance with the law of the land. However, the centre or staff or its management shall not be made responsible until the charges or lapses are proven.

18. Staffing pattern

The following staff are to be engaged to the minimum.

Sl. No	Name of Post	Educational Qualification	No of Post	
			30 Bedded	50 Bedded
Administrative				
1	Project Coordinator cum Vocational Counsellor	Graduate with experience of managing such centres for a minimum of 3 years of running and having working knowledge of computers	1	1

2	Doctor (Part-time)	MBBS and preferably with a Training Certificate in Addiction Medicine from recognised Institute	1	1
3	Counsellor	a) Graduate in any discipline with three years' experience in the field. He/she must preferably hold a Certificate of being trained in a recognised training Institute b) Ex-user with 3(three) years sobriety who is Class 12 pass	3 (One professional Counsellor is mandatory)	5 (Two professional Counsellors are mandatory)
4	Nurse	GNM trained by a recognised medical institution.	1	1
5	*Health Worker	Health Worker should possess a 5 Days Course Training Certificate from a Health Institute or State Level Coordinating Agency	1	2
6	Accountant cum Clerk (Part time)	Graduate with knowledge of accounts and working knowledge of computers	1	1
7	Ward Boy	Class X and preferably experienced in such centres.	2	3
8	Volunteer	Should be trained in a recognised institute	1	2
9	Cook	Class 10 pass	1	2
	TOTAL		12	18

***Health worker should preferably be Nurse.**

18.1 Responsibilities as a Project Coordinator

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

18.2 Responsibilities of Medical Officer (Part- time)

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

18.3 Responsibilities of Counsellor

- Providing counselling for clients and family members during treatment and follow-up.
- Maintaining individual case records of patients.
- Conducting awareness programme.

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

18.4 Responsibilities of Nurse

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

18.5 Responsibilities of Accountant cum Clerk (Part-time)

- 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 UC, Balance Sheet and liaising with project coordinator regarding funds.
- Maintaining asset register.

18.6 Responsibilities of Ward Boy

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

18.7 Responsibilities of Volunteer

- Creating awareness in the community and motivating for treatment.
- Giving an exposure to self-help groups (AA /NA) .
- Providing details of AA / NA meeting in the location.
- Making home visits.

19. Others

- Computerization of all the records should be made mandatory.
- Space to be provided to store records of patients to ensure confidentiality and a system of easy retrieval.
- Computerization of case histories to be considered and implemented.

Annexure 1

OUT-PATIENT REGISTER

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

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

Annexure 2

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

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

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

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

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

SMAST

Sl. 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 meeting of Alcoholic Anonymous ?	
7.	Has your drinking ever created problems between you and your wife, husband, a parent or other near relative ?	
8.	Have you ever gotten into trouble at work or school because of drinking ?	
9.	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking ?	
10.	Have you ever gone to anyone for help about your drinking ?	
11.	Have you ever been in a hospital because of drinking ?	
12.	Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages ?	
13.	Have you ever been arrested, even for a few hours, because of other drunken person?	

Source: Selzer, ML, Vinokur, A, and Van Rooijen, LA self-administered Short Michigan Alcoholism Screening Test (SMAST) Journal of Studies on Alcohol 36(I):17-126, 1975.

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

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

Brandy	60 ml = 2units (approx.) 90 ml = 3 units Bottle (180 ml) = 6 units
Whisky	
Rum	
Gin (42.8 % alcohol)	
Local Liquor	60 ml = 1 unit; 120 ml = 2 units; 1 Qtr = 250 ml
Beer	Small bottle = 325 ml = 1 Big bottle = 650 2 units* (approx) (5 – 6 % alcohol)

1. How often do you have a drink containing alcohol ? Never (0) Monthly or less (1) 4 times a month (2) 2 – 3 times a week (3) 4 or more times a week (4)
2. How many drinks containing alcohol do you have on a typical day when you are drinking ? (number of units) 1 or 2 (0) 3 or 4 (1) 5 or 6 (2) 7 or 9 (3) 10 or more (4)
3. How often do you have six or more drinks (number of units) on one occasion ? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
4. How often during the last year have you found that you were not able to stop drinking once you had started ? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
5. How often during the last year have you failed to do what was normally expected from you because of drinking ? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
6. How often during the last year have needed a first drink in the morning to get yourself going. Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
7. How often during the last year have you had a feeling of guilt or remorse after drinking? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking ?

Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily (4)
9. Have you or someone else been injured as a result of your drinking ? No (0) Yes, but not in the last year (2) Yes, during the last year (4)
10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested that you cut down ? No (0) Yes, but not in the last year (2) Yes, during the last year (4)

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

AUDIT score

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

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. The use of prescribed or "over the counter" drugs in excess of the directions, and any non-medical use of drugs.
3. This questionnaire is scored by allocated for each 'yes' answer – except for questions 4 and 5, where 1 point is allocated for each 'no' answer – and totaling the responses.

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

These questions refer to the past 12 months

1.	Have you used drugs other than those required for medical reasons ?	Yes	No
2.	Have you abused prescription drug ?	Yes	No
3.	Do you abuse more than one drug at a time ?	Yes	No
4.	Can you get through the week without using drugs	Yes	No

5.	Are you always able to stop using drugs when you want to ?	Yes	No
6.	Have you had “blackouts” or “flashbacks” as a result of drug use ?	Yes	No
7.	Do you ever feel bad or guilty about your drug use ?	Yes	No
8.	Does your spouse (or parents) ever complain about your involvement with drugs ?	Yes	No
9.	Has drug abuse created problems between you and your spouse or your parents ?	Yes	No
10.	Have you lost friends because of your use of drugs ?	Yes	No
11.	Have you neglected your family because of your use of drugs ?	Yes	No
12.	Have you been in trouble at work because of your use of drugs ?	Yes	No
13.	Have you lost a job because of drug abuse ?	Yes	No
14.	Have you gotten into fights when under the influence of drugs ?	Yes	No
15.	Have you engaged in illegal activities in order to obtain drugs ?	Yes	No
16.	Have you been arrested for possession of illegal drugs ?	Yes	No
17.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs ?	Yes	No
18.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)	Yes	No
19.	Have you gone to anyone for help for a drug problem ?	Yes	No
20.	Have you been involved in a treatment program especially related to drug use ?	Yes	No

For reference,

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

Annexure 3

Admission Register – can be one / two registers

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

Annexure 4

Medical Manual

- Introduction about the medical manual

- Definition of addiction - general guidelines provided by WHO-ICD 10

- Short term, long term effects, route of administration, withdrawal symptoms

- Depressant drugs
- Narcotic Analgesics
- Cannabis
- Stimulants
- Inhalants
- Anabolic steroids

- Medical management of addiction

- General elements of an interview
- Mental status examination
- Detoxification procedure and pharmacotherapy
 - for Alcohol
 - for other depressant drugs
 - for narcotics analgesics
 - for cannabis
 - for stimulants
 - for inhalant

- Use of disulfiram, acamprosate and naltrexone

- Treatment of other coexisting psychiatric problems

- Depression
- Major affective disorder
- Delirium
- Anger or aggressive behaviour with signs of intoxication
- Severe anxiety
- Psychogenic stupor
- Dealing with emergency situations
- Support for cessation of Tobacco

Annexure 5

Stock Register (pertaining to detoxification and emergency medical conditions)

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

Annexure 6

Medical Form

Reg. No.

Name:

Age:

Date of Registration :

Drinking / Drug History

Details of alcohol /drug abused

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

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
Cannabis ganja / charas /								

hashish, bhang								
Stimulants								
Ampheta- mine Cocaine Ecstasy								

Last drink / drugs taken days ago

Diagnosis:

Previous history

Withdrawal symptoms experienced when the patient stopped

Alcohol

Tremors
Insomnia
Fits
Nausea
Aches / Pains
Hallucination
Delirium

Drugs

Tremors
Insomnia
Diarrhoea
Severe pain
Restlessness

Other psychiatric complications

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

History of other medical problems in the past

- Haematemesis
- Jaundice

- Abscesses
- Bleeding piles
- Skin problems
- Any other

Chronic health problems

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

History of previous head injuries, if any

Other information

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

Knowledge of allergy to specific drugs

Physical condition at the time of admission

Physical examination on the day of admission

Pulse rate

Blood pressure

Urine sugar

Weight

- | | | |
|-------------------------------------|----------------------|---------------------|
| * Tremors | * Jaundice | * Malnutrition |
| * Lymph nodes | * Loss of body hair | * Clubbing of nails |
| * Glossitis | * Wasting of muscles | * Spider naevi |
| * Flushed face / excessive sweating | * Abscess | * Anemia |
| * Palmar erythema | | * Gynaecomastia |
| * Pedal Edema | | * Injection marks |

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

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

Impression of counsellor

Denial: Mild Moderate Severe

Medication provided during treatment:

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

Any untoward incident occurred during treatment Yes No

If yes, describe the incident

Action taken:

Referral to other organisations

Date of referral:

Need for referral:

Medical

Psychiatric problems

Name of the institution where
referral was made:

Annexure 7

B.P. Chart

Name:

Age :

Reg. No:

Date	Time	B.P.	Pulse	Medication

Annexure 8

Urine sugar chart

Name :

Age :

Reg. No:

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

Annexure 9

Temperature chart

Name Age

Reg.no.....

Diagnosis.....

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

Annexure 10

Guidelines to prepare therapy manual

Issues	Content
Briefing about the programme	<p>A briefing about the treatment to be given</p> <ul style="list-style-type: none"> - About the psychological therapy - Involvement of the family - Rules and regulations to make the stay comfortable
Rules and regulations for the clients to be explained and rights and duties of the client to be properly defined	<p>Rules and regulations</p> <ul style="list-style-type: none"> - No drug use in the centre

	<ul style="list-style-type: none"> - No abusive language. - No anti-social or immoral act. - To maintain oneself and the centre clean. - Radio, tapes, TV and cell phone to be used according to the rules. - Rights and responsibilities
Disciplinary action – issues and consequences to be clearly defined	<p>Specific disciplinary actions for specific issues</p> <ul style="list-style-type: none"> - asset of the centre damaged - abusive language repeatedly used - trying to have sexual relationship. - bringing in drugs. - making efforts to run away - defying the rules repeatedly
Schedule and timetable for the clients	<ul style="list-style-type: none"> - Schedule with specific timings - Schedule during weekends and holidays

List and content of re-educative sessions	<ul style="list-style-type: none"> - Medical complications related to alcohol and drug use - Disease concept of addiction - High risk situations and relapse symptoms - Methods to stay sober - Working towards whole person recovery - Improving in the areas of work, interpersonal relationship and financial functioning - HIV-AIDS - Role of SHGs in recovery (AA / NA) - Life skills enhancement – self esteem, assertiveness, stress management
Individual counselling sessions	<ul style="list-style-type: none"> - Goals of individual counselling
	<ul style="list-style-type: none"> - Process involved – rapport building, identification of problems and management, behavioural change and sustaining the change

	- Issues to be dealt in 8 sessions
	- Format for writing the summary
Group therapy	- Rules
	-Topics
	- Role of the facilitator
	- Changes seen in clients
	- Recording system
To achieve uniformity in filling up case history form, explanations to be given for a few items	- explanation for some of the items in the case history form
	- format for developing treatment plan
Re-educative sessions for families	- Schedule and content of sessions
	- Disease concept of addiction
	- co-dependency
	- dealing with feelings of
	- fear, shame, hopelessness and grief
	- anger management
	- problems during recovery
	- issues of children and parenting

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

Annexure 11

Attendance Register for patients

Names of patients	Dates – Present / absent

Attendance Register for family members / support persons

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

Annexure 12

Case history form and treatment plan

Socio-demographic information

Registration No.

Date of registration:

Name:

Address &:

Telephone No:

Sex:

Age:

Date of Birth :

Religion:

Community:

Educational Qualification: (Specify)

Occupation:

Income:

Marital Status:

Living arrangements:

Live with family:

Live with friends or distant relatives:

Live alone:

On the street:

Name of family member/Support person:
(accompanied the patient)

Address & Telephone No:

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

Prior treatment for addiction: Year Place of Days/months
Treatment of Sobriety

I. Family History - Details regarding parents and siblings

1. Details regarding parents and siblings

2. Father's Name: Age: Occupation: Income:

Mother's Name: Age: Occupation: Income:

3. In case of death of parents Father

Mother

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

Mother's Death

5. About siblings

Relationship	Age	Education	Occupation

II. Childhood and adolescent history

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

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

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

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

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

III. Educational history

9. Years of education:

10. Achievements in the past Present Absent

 Good academic records

 High achiever in extra-curricular activities

IV. Marital History

11. Details regarding spouse:

 Name

 Age

 Religion / Community Education

 Occupation

 Income per month

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

12. Number of years of marriage

13. Is this marriage arranged or by choice ? Arranged Choice

 If by choice, accepted by family (present status) Yes No

14. Details regarding previous or subsequent marriages, if any Yes No

15. Have you been separated from your spouse due to Yes No

 your addiction?

 If yes, period of longest separation

16. Is patient suspicious of wife?

Under the
Influence of
Alcohol/drugs

While
Abstinence

17. Any instance of family violence?

If yes, give details

Physical violence directed towards family members

Verbally abusive

Violent incidents with neighbours and outsiders

Breaking articles at home

18. Details regarding children

No. of children

Male

Female

19. Health status of family

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

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

20. Adjustment patterns

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

21. Family damage as seen by the counsellor

Mild

Moderate

Severe

V. Sexual history

22. Record extra marital experiences

Present

Absent

N/A

(If unmarried, pre-marital) If present,

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

Yes No Details

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

Yes No

Sex with commercial sex workers

If yes, did you use condoms

Always

Sometimes

Never

24. Sex with casual acquaintance

Yes No

If yes, did you use condoms

Always

Sometimes

Never

25. Have you been tested for HIV?

If yes,

Positive / Negative

Not willing to reveal

Not collected reports

Not applicable

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:

Money borrowed from family and friends	Amount
Loan from banks	
Loan 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/church/mosque etc. regularly
- Go to pilgrimages
- Celebrate festivals

XI. Referral – medical as well as other referrals

Date and details of visits

Action taken: Referral to

If referred, name of organisation:

XII. Counselling Notes:

Session No.	Date	Issues dealt with

XIII. Treatment plan

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

XIV. In case of drop out or extension of stay

In case of drop out

Date

Reasons for drop out

Lack of Motivation

Lack of family support

Poverty, hence not able to stay Legal problem

Unable to cope with treatment

Inadequate facilities

Any other

In case of extension,

Reasons for extension

Annexure 13

Group Therapy Record Form - Weekly

Name of Patient:

Counsellor:

Group:

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

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

Group Therapy – key

Codes have been provided for four major aspects

1. Focus on topic

- Shares in a relevant manner
- Shares relevantly most of the times
- Shares relevant only sometimes
- Irrelevant sharing

2. Feeling level of sharing

- Share with a lot of feelings always
- Shares with feelings most of the time
- Shares with feelings sometimes
- Shares with no feelings

3. Openness with which issues were addressed

- Shared on his own initiatives
- Shared openly with intervention
- Shared only briefly in spite of intervention
- Displayed lot of reluctance to share

4. Involvement with other group member's sharing

- Listens and participates actively
- Listens but participates only sometimes
- Shows little interest and participation
- No involvement

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

Annexure 14

Follow-up card / Register

Name of patient :

Registration Number :

Date of admission :

Date of discharge :

Counsellor's name :

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

Referral to:

I. Medical review

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

II. Review by counsellor

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

III. Home visits

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

Status of whole person recovery – Half yearly assessment

Areas of improvement	Half yearly	Half yearly	Half yearly	Half yearly

Alcohol / drug free life				
Physical well being				
Healthy relationship with family members				
Crime free				
Gainfully employed				
Financial stability				

Scoring Key

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

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

Annexure 15

Declaration cum Consent form (in English/Manipuri)

Project in charge

Name of the organisation

I _____ aged _____ years presently residing at _____ do hereby solemnly declare and state as under:

1. I have voluntarily and on my own accord admitted myself to the rehabilitation/de-addiction facility run by _____
2. I state that I have been informed about the entire treatment and medication in detail and that I also fully understood and am aware of the implications and consequences thereof.
3. I am informed that my basic human rights shall be protected and I shall not be subjected to any form of mental and physical torture or abuse.
4. I shall fulfil the treatment course of 60/90 days without attempting to quit or run away from the centre.
5. In case of causing damages to the properties of the centre, I shall be liable to pay the cost of properties damaged, if any, by me.
6. I state that I am aware of all the statements and declarations made by me in the Declaration cum Consent executed by me on ____ day of ____ (year) and I hereby confirm and ratify the same.
7. I am making this declaration solemnly and sincerely without any force, coercion or undue influence and the full force and effect should be given to all the statements and declarations made by me herein above.

Solemnly declared at _____ this _____ day of ____ 20__ by the within named.

Signature of the client

Signature of in-charge of the centre

I have gone through the above declaration cum consent form and have accepted the declarations made by my _____ as stated above and bear all the admissible fees/expenses as per norms.

Signature of family/spouse

Annexure 16

Network Directory and a referral register

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

To provide one page for each organization covering the following issues

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

Referral register (one page for each month)

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