

CHAPTER 2

INTEGRATED REHABILITATION CENTRE FOR ADDICTS (IRCA)

Aims of IRCA

To help the drug user to

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

Activities of IRCA

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

Bed facilities

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

Period of stay as in-patient

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



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

Activities related to prevention education and awareness generation

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

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

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

Activities for screening and motivating clients to take help

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

Minimum criteria	Records required
Information to be collected on the first day of meeting the client.	Out-patient register which has demographic details, addiction history and prior medical history to be filled by counsellor – Annexure 2.2
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 2.3 – 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.	

Activities related to detoxification and medical care

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

Minimum criteria	Records required
Admission Register with basic details about patients to be maintained. Feeding the data electronically is desirable	Admission Register to be maintained by the counsellor / Nurse - Annexure 2.4
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 2.5



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 2.6
Providing essential medicines free of cost for a period of one month. In case of any laboratory tests to be undertaken, the expenses should be borne by the client / family	Medicines stock register
Medical history to be obtained on the day of admission. Medical complaints of patients, prescription of medicines / reasons for change of medicines to be recorded by the medical officer. In case of any untoward incidents like fits, delirium or accident, the patient to be monitored on an half hourly basis till he gets back to normalcy. In case of emergency, appropriate referrals to be made.	Medical case sheet to be filled by medical officer/ Nurse – Annexure 2.7
For hypertensive patients, blood pressure to be checked everyday till discharge	Blood pressure chart to be maintained by the nurse – Annexure 2.8
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.	Urine Sugar chart to be maintained by the nurse – Annexure 2.9
Temperature to be recorded for patients running temperature, until normal temperature is recorded for a minimum of two days.	Temperature chart to be maintained by the nurse – Annexure 2.10
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 - Annexure 2.1

Guidelines for psychological services:

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

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

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

Standards on programme structure

Minimum criteria	Records required
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 and maintained by the Project Director & counsellors – Annexure 2.11 Therapy manual
Patients to complete treatment within the prescribed period. Drop out or extension of treatment beyond the one month period to be recorded with reasons.	Admission register to be maintained by the counselor
Record of patients' attendance to psychological therapy sessions.	Therapy Attendance Register to be maintained by the counsellor – Annexure 2.12

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 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.	Case history form to be completed by the counselor – Annexure 2.13
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 counselor.
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 counselor.



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
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Standards on re-educative sessions:

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

Standards on group therapy:

Minimum criteria	Records required
5 sessions per week and each session to be conducted for at least one hour. Each group to have a maximum of 15 and a minimum of 5 clients. Groups to be divided based on languages the patient speaks comfortably Issues related to damage due to drug use, symptoms of drug use, powerlessness and unmanageability and breakdown of values to be dealt with.	Therapy Manual to be maintained by the counselor /social worker.
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 2.

Guidelines for the family programme:

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

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

Standards for the family programme

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

Other guidelines related to psychological services

Minimum criteria	Required records
At least one exposure to self help groups (AA, NA, Al-anon) / sharing by a recovering user before the discharge of the patient	List of AA, NA, Al-anon, meeting information to be available with the counselor
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 counselor – Annexure 2.15
An endorsement from the patient that he received free treatment	Endorsement to be signed by the patient and maintained by the counselor – Annexure 2.16
Declaration cum Indemnity form to be signed by the client / family on the day of admission	Declaration cum Indemnity form - Annexure 2.17
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.	Administrative manual to be prepared by the project-in-charge – Annexure 2.18



Half-yearly report with details of patients to be maintained	Half-yearly report to be maintained by Project-in-charge to be sent electronically to MSJE. <i>Deputy SW</i>
Compliance with DAMS	DAMS format -Annexure 2.19 <i>X</i>

Referral services

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

Minimum criteria	Records required
In case of any medical/ psychiatric problem beyond the scope of the detoxification centre referral should be made within 2 days. Violent patients need to be assessed and transferred if necessary to a psychiatry unit	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 director - Annexure 2:20

After - care / follow-up and rehabilitation services

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

Guidelines for aftercare and rehabilitation of the patient and family

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

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



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

Minimum criteria	Records required
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.	Net working Directory to be maintained by the project-in-charge

✓ Vocational Rehabilitation Services

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



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

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

Minimum criteria	Records required
Education, skills and prior work experience of patient to be assessed before initiating him into vocational training.	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

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

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

Requirement in a ward

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

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

✓ Food for the inmates

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

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

Others

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