



GOVERNMENT OF ASSAM
DEPARTMENT OF SOCIAL JUSTICE & EMPOWERMENT
DISPUR :: GUWAHATI-6
Block-D, 1ST Floor, Janata Bhawan, sjedassam2022@gmail.com

ORDERS BY THE GOVERNOR OF ASSAM

NOTIFICATION

Dated Dispur the 31st July, 2024

eCF No.-425348/111:- In the interest of Public Service, the Governor of Assam is pleased to hereby notify the annexed Standard Operating Procedure (SoP) / Guidelines for establishment and functioning of De-addiction cum Rehabilitation Centers in the State of Assam.

The SoP will come into force w.e.f. 01-08-2024.

This cancels the earlier Notification issued vide No.e-425348/75

Dtd.31/07/2024

Signed by

Kausar Jamil Hilaly

(K.J Hilaly, IAS)

Date: 31/07/2024 16:17:17

Secretary to the Govt. of Assam

Department of Social Justice and Empowerment

Dispur, Guwahati-6

Memo eCF No.-425348/111-A,

Copy to:-

1. The Commissioner & Secretary to the Govt. of Assam, Home & Political Department for information.
2. The Commissioner & Secretary to the Govt. of Assam, MERD for information.
3. The Commissioner & Secretary to the Govt. of Assam, Department of Social Justice & Empowerment for information.
4. The Director, Social Justice & Empowerment, Basistha, Guwahati-29 for information and necessary action.
5. The CEO, State Anti-Drug & Prohibition Council, Assam for information.
6. The Project Director, Assam AIDS Control Society, Guwahati for information.
7. Dr. Kareng Rongpipi, Additional Director of Health Service cum State Programme Officer, National Mental Health Programme, Assam, Hengerabari, Guwahati-36 for information

By Order etc.,

(e-Signed)

Secretary to the Govt. of Assam,
Department of Social Justice and Empowerment
Dispur, Guwahati-6



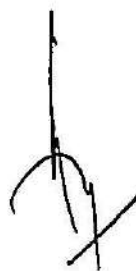
Directorate
of
Social Justice & Empowerment, Assam.
Government of Assam.

Standard Operating Procedure (SOP) for
De-addiction cum Rehabilitation Centres of Assam




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Contents

1. Introduction:-

Drugs and substance abuse is a serious problem adversely affecting the social fabric of the nation. The Narcotics Control Bureau (NCB) has revealed that Assam topped the list among the Northeastern States between 2014 and 2021 in terms of seizure of various narcotic substances. Due to the proximity of the North-Eastern region to the golden triangle, the tri-junction of Myanmar, Thailand and Laos, the North East region is the worst-affected area more particularly Assam, sharing a porous border with its neighboring states. The National Survey on the Extent and Pattern of Substance Use in India conducted by Ministry of Social Justice & Empowerment, Govt. of India in 2018-19 has highlighted the trend of prevalence of substance abuse among the North Eastern States which demand immediate collective attention and action to fight and overcome this menace.

It has been observed that without minimum guidelines and standardised treatment protocol, instances like deaths due to medical negligence, suicides etc. and exploitation of patients residing in privately run de-addiction cum rehabilitation centres keep happening frequently. Hence for proper management, supervision and streamlining the monitoring mechanism, there is an urgent need of an SOP for private De-addiction cum Rehabilitation Centres in the State.

2. Aims & Objectives for running De-addiction cum Rehabilitation Centre

The De-addiction cum Rehabilitation Centres would provide composite/ integrated services for the rehabilitation of the substance-dependent person. These centres would envisage total recovery of the addicted person leading to his socio-economic rehabilitation through an appropriate combination of individual and general treatment and counselling.

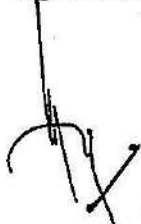
3. Registration Procedure for the establishment of De-addiction cum Rehabilitation Centre

A De-addiction cum Rehabilitation Centre must register under

- (i) **Clinical Establishment (Registration and Regulation) Act, 2010**
- (ii) **Mental Health Care Act, 2017 (after rules promulgated by Government of Assam)**
- (iii) **GMC Act, 2019-20 and Assam Municipality Corporation Act, 2022.**

The applicant (President/ Secretary of the registered Organisation under Societies Registration Act, 1860) must submit the application through **District Commissioner (DC)** of the concerned District (as per format, Annexure-I) for registration. A service charge of Rs. 5,000.00 (Rupees five thousand) only through Treasury Challan has to be deposited along with the application form.

After satisfactory inspection, the concerned DC will recommend and forward the application to the **State Level Committee** for approval. The final authority for issue of the registration certificate will be the **Director, Social Justice and Empowerment,**


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Government of Assam.

(a) **Validity of Certificate:** - The certificate of registration thus issued shall remain in force for a period of 3 (three) years from the date of issue. Renewal fee of Rs 1000.00 (One Thousand) only has to be deposited through Treasury Challan.

(b) **Renewal of certificate:**-An application for renewal of certificate of registration should be made before 60 (sixty) days of expiry of the registration certificate. If application for renewal is not made before 60 (sixty) days of expiry of the registration certificate, the registration will be considered deemed cancelled. In such cases fresh application for registration certificate is to be made.

4. Suspension & Cancellation of License-

(1) On receipt of report from the District Level Committee of any deficiency in the minimum standards of care; or violation of human rights in a Centre, the Registration authority may suspend the license and may initiate inquiry within a period of fifteen days from the date of such suspension.

(2) Such Centre shall be given an opportunity of being heard by the Inquiry Committee as constituted by the Registration Authority. The Committee shall submit its report within a period of one month to the Registration Authority. On receipt of the report from the Inquiry Committee, the Registration Authority shall take decision thereon.

(3) If no inquiry is initiated or completed or inquiry report is pending without any decision after forty-five days from the date of the suspension of license, the suspension shall stand automatically revoked.


(4) The aggrieved person may prefer an appeal against the cancellation of registration to the Appellate Authority within a period of thirty days from the date of intimation of such cancellation in the Form-IV.

5. Norms related to De-addiction cum rehabilitation Centre for Juveniles:-

The de-addiction cum rehabilitation Centres should submit an undertaking that all relevant rules, acts, guidelines under the Juvenile Justice (Care and Protection of Children) Act, 2015 and Protection of Children from Sexual Offence Act, 2012 will be adhered to.

6. Norms related to De-addiction cum rehabilitation Centre for Females:-

For the establishment of a completely Female De-addiction Centre, all staffs employed in the centre must be female and there should be a part-time Gynaecologist on call in addition to a visiting Psychiatrist, as per the National Action Plan for Drug Demand Reduction (NAPDDR) revised guideline of 2022 and 2023 under MSJE, Govt. Of India.


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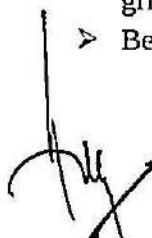
7. Infrastructure requirement for the establishment of De-addiction cum Rehabilitation Centre

(A) General Infrastructure Requirements.

- a) The Centres should be suitably located and should be easily accessible and connected by public transport.
- b) A De-addiction cum Rehabilitation Centre must have a tie-up or collaboration with the nearest hospital or Nursing home to handle emergency elements associated with a patient's health.
- c) No centre should keep male, female and transgender patients in the same ward/building
- d) There should be minimum 1(One) bathroom for 10 (ten) patients and 1 (One) toilet for 5 (five) patients.
- e) Bathrooms and toilets should be easily accessible to the patients.
- f) Running water facilities should be available 24x7.
- g) A De-addiction cum Rehabilitation Center must maintain a clean & hygienic environment in the premises and in the wards at all times.
- h) The De-addiction cum Rehabilitation Centres should have provision for clean & hygienic kitchen, Classroom, Detoxification & Recovery Room, Counseling Room, Medicine storage Room, Waiting Hall, Reception counter, Security Room, Nurse Station, Yoga Hall/ Gym Hall.
- i) The building should fulfil basic safety requirements relating to electricity, fire etc. as per existing norms.
- j) The De-addiction cum Rehabilitation Centre should have CCTV cameras in all patients' movement zone, activity zone and in the living quarters as a measure to ensure safety and security for both the patients and the service providers.
- k) The De-addiction cum Rehabilitation Centre campus should have a proper boundary wall for the safety of the beneficiaries
- l) Availability of recreational facilities such as books for reading, indoor games likes carom, chess; radio, television and outdoor games for the inpatients are mandatory.

(B) Facilities and Requirements in a ward:-

- There should be a minimum of 50 sq.ft space per patient.
- Bunk beds should not be allowed.
- Each patient should be provided standardized bed, one mattress, bed linen, a pillow, blanket and one mosquito net.
- Bed linen to be changed at least once a week.
- All rooms should well ventilated and lit. The doors and windows should have iron grills and mosquito nets.
- Beds should be properly numbered.


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- The patients must be provided with essential facilities such as nutritious food, medicine and drinking water.

8. Human Resource Requirement :

The qualifications prescribed (Annexure II) are the desirable minimum (for 25 bedded de-addiction centres) and should be read and interpreted with reference to qualifications recognized by authorized institutions.

1. Project Coordinator
2. Office Assistant cum Accountant.
3. Cook.
4. Helper.
5. Chowkidar (2nos.)
6. House Keeping Staff (full time)
7. Doctor (on call)
8. Doctor (Part Time- twice a week mandatory visit).
9. Psychologist / Counselor/Social Worker (2nos.).
10. Nurse (2nos)
11. Ward Boys (2nos).
12. Yoga therapist (Part time).
13. Dance /Music / Art Teacher (Part time).
14. Peer Educator.

* The Human Resource Personnel engaged at the Centres shall be the employees of the organization running the Centres (Annexure II). The de-addiction cum rehabilitation Centres should ensure proportionate staff if the capacity of the center is more than 25 beds.

9. District Level Committee:

Every District should constitute a District Level Committee which will supervise and monitor the functioning of the de-addiction and rehabilitation Centres. The committee shall be constituted with the following members:-

- An officer in the rank of Additional District Commissioner to be nominated by the DC of the District
Chair Person
- An officer not below the rank of ASP (to be nominated by SP of the District) / an officer not below the rank of Joint Commissioner of Police in respect of Guwahati City (to be nominated by Commissioner of Police of Guwahati City) -Member
- Chairman, Child Welfare Committee (CWC) -Member
- One representative from office of the Joint Director of Health Services -Member
- District Social Welfare Officer of the concerned District (As a representative of Department of DSJE, Govt. Of Assam) -Member

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Any other renowned social worker may be co opted by the District Commissioner.

(a) Functions of the District Level Committee:-

- To monitor and co-ordinate activities of the de-addiction cum rehabilitation center and to provide guidance, support and advice to the implementing agency for effective functioning of the Centre.
- The District Level Committee will meet once in a month but not less than 4 (Four) times a year.
- Report on functioning of the Centres to the Director, Social Justice & Empowerment on a quarterly basis for financial, administrative and operational aspects of the Centre.

Note:- District Commissioner may authorize officers to inspect the De-addiction cum Rehabilitation Centres under his/her jurisdiction on regular basis..

10. State Level Committee:-

The State Level Committee will supervise and monitor De-addiction cum Rehabilitation Centers across the state of Assam. The committee shall be constituted with the following members:-


- | | |
|---|---|
| <ul style="list-style-type: none"> • A Senior Officer from the Department of Social Justice & Empowerment, Govt. of Assam
(not below the rank of Secretary) | -Chair |
| <p>Person</p> <ul style="list-style-type: none"> • Director, Social Justice & Empowerment, Assam
Secretary • SP, CID to be nominated by ADG CID, Assam
Member • One representative from office of the Narcotic Control Bureau (NCB) • One officer from the office of the Director of Health Services | <ul style="list-style-type: none"> - Member - -Member -Member |

Function of the State Level Committee:-

- To Monitor and supervise the activities of the De-addiction cum Rehabilitation Centres and to provide guidance, support and advice to the implementing agency for effective functioning of the Centre.
- To Inspect the De- addiction cum Rehabilitation Centers of Assam and submit report to the Govt. of Assam.

11. Food for in-patients:-

The De-addiction cum Rehabilitation Centre shall provide wholesome food (breakfast, lunch, dinner and tea) to the in-patients. It must be ensured that the organization provides nutritious food for the in-patients, as per doctor's prescription.

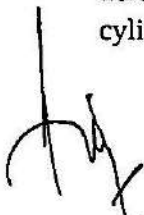

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12. Miscellaneous Norms to be strictly followed by the De-addiction cum Rehabilitation Centre:-

- All De-addiction Centres to be renamed as “De-addiction cum Rehabilitation Centre(s)”. For example “Name of the organization- De-Addiction cum Rehabilitation center- locality”.
- The Centre should be inspected by the Authorized Officer (any officer authorized by District Commissioner/ Director ,Social Justice & Empowerment, Assam) from time to time and in case of any violation of norms found as contained in the Standard Operating Procedure (SOP), there will be a penalty up to Rupees 50,000/- for first time. In case the same Centre is found to violate norms for the second time, the registration of the Centre shall be revoked by the State Government.
- The Senior most Secretary of Social Justice & Empowerment Department, Assam shall be the Appellate Authority.
- There shall be no discrimination on any basis including gender, sex, sexual orientation, religion, culture, caste etc. at the Centre.
- The De-addiction cum Rehabilitation Centre should maintain documents including the following – a) daily attendance of the patients, (b) admission register, (c) individual patient file, (d) family consent, (e) identification documents, (f) Brief history of the patient, (g) patient release record, (h) Individual, group and family counselling record and (i) Referral and follow-up record.
- At the time of admission, the De-addiction cum Rehabilitation Centre must obtain certificate from registered Doctors within 24hrs. of admission.
- Upon release, the rehabilitation center will provide a discharge certificate duly signed by the registered Doctor engaged in the center; and also provide a plan for continued care. (Admission and Release Format enclosed (Annexure III)
- Database of the patients of the De-addiction cum Rehabilitation Centre should be submitted to the local Police Station on weekly basis and Office of the District Social Welfare Officer on monthly basis.
- The front room of the De-addiction cum Rehabilitation Center should have a board with the name and emergency contact details of the project coordinator/doctor/psychologist/ counselor/ nurse etc.The board should also display the total number of patients present in the indoor ward with various types of addiction for which the admission was done.

Norms for the medical facilities:-


- The De-addiction cum Rehabilitation Centre should maintain individual medication dispensing record for each patient.
- In case of admission of HIV positive patient the person concerned must be produced before the nearest Anti-Retroviral Therapy (ART) center for necessary test and therapy.
- Essential medicines for detoxification (including Injection- Naloxone for managing heroin overdose) and other related medical emergencies (availability of oxygen cylinder for emergency use) should be available at all times and to be checked for


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- quantity and availability at least once a month.
- Alcohol withdrawal- Delirium Tremens patients should be immediately referred to a hospitals having ICU facilities
- Availability of doctor on a regular basis and round the clock on call is mandatory in all De-addiction cum Rehabilitation Centers.
- Pharmacological assistance should be available round the clock to handle emergent situation as and when required under the guidance of the physician.
- A compulsory pregnancy test for all female inpatients should be done at the time of admission at the center.
- A blood test other than mentioned above should be done as per advice of the doctor at the time of admission in the center if required.
- Basic laboratory services like pathological tests, CT scan, MRI etc. should be available through outsourcing to a local diagnosis center, duly tied up through a MOU.
- In the event that a pathological examination reveals an associated illness that is not treatable at the De-addiction cum Rehabilitation Centre, the center must refer the patient to the appropriate care facility.
- During admission and discharge process, a De-addiction cum Rehabilitation Centre should do necessary screening for drug dependence, alcohol use disorders, co-morbidity and any other substance dependence.

13. Accounting & Financial Records

- The De-addiction cum Rehabilitation Centre shall maintain annual income and expenditure statement, etc. and same shall be audited through a CA firm. The annual audited statement of accounts shall be submitted to the Director, Directorate of Social Justice & Empowerment, Assam.



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ANNEXURE-I

Registration Form

1. Name and complete address of the organization with Phone no :
2. Name of the President and Secretary of the Organization:-
3. Details of the legal status of the organization:
4. Give name of the Act under which registered:
 - a) Registration No. and date of registration:
(Please attach an attested photo copy of the Registration Certificate)
 - b) Address of the Registered Office:
5. Details of Government Grant in Aid received by the organization
 - a) Whether receiving: YES / NO
 - b) If 'YES' then furnish Registration No. and date of Issue of Govt. GIA:
(Please attach an attested photo copy thereof)
6. Details of the Centre
 - a) Name of the De-addiction cum Rehabilitation Centre:
 - b) Complete Address of the Centre:
 - c) Name of the Project In-charge:
 - d) Tel No. / Mobile no. for contact:
 - e) E-mail address:-
7. Infrastructure details of the De- addiction cum rehabilitation center *(Please attach outside and inside photograph of the Centre):-*
 - f) Centre type (Building/Assam Type):-
 - g) Own building or Rented :
 - h) Numbers of room:
 - i) Capacity of the patients:
 - j) Room size (Sq.ft):-
 - k) Separate ward for Male/ Female/Child:
 - l) Number of Toilets:-
8. List of papers/statements to be attached with the application as Annexure
 - a) Clinical Establishment Registration Certificate:
 - b) Trade License:
 - c) Certification from Mental Health Care Act Board Nodal Agency/ Inspection Report.
 - d) Constitution of Management Committee/Trustees :

(with particulars of each member (i.e. name, complete residential address, parentage, occupation with designation) and the tenure of the Committee (i.e. the last date on which it was constituted and up to which date)


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e) A copy of the Annual Report of Organization for the previous year :

f) Rent Agreement (valid for the current year):

9. Number of drug addicts registered in the Centre during the current financial year
10. Number of clients recovered fully after receiving treatment services at the centre and after observing a follow up (Last 3 years)
11. Details of the training Programmes attended by the centre personnel (enclose copies of certificates and names of personnel)
12. Total number of staffs already undergone training from the time of establishing the centre-

Additional information, if any, not covered by the above but relevant to the Centre may also be submitted.


Place:
Date

SIGNATURE

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

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

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



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ANNEXURE-II**Human Resource Qualification**
(For running a DDARC of 25 inmates)

SL. No.	Name of Posts	Qualification and experience of the staff of De-addiction cum rehabilitation Centre
A.	Administrative:-	
1)	Project Coordinator	Graduate in related field (Psychology, Human Resource, Social Work, Sociology, etc.) from any recognized University with 3 Years' experience.
2)	Office Assistant cum Accountant	Graduate from recognized University and 2years' experience in related field.
3)	Cook.	Experience in cooking and Class VIII pass
4)	Helper	Class VIII pass
5)	Chowkidar (2nos.)	Class VIII pass
6)	House Keeping Staff (full time)	Class VIII pass
B.	Medical :-	
7)	Medical Doctor (On call)	MD- Psychiatry/ Diploma in Psychiatry, MBBS with registration with Medical Council of India(with special De-addiction Training certified Course from NDDTC AIIMS, New Delhi or Short term certified training course on De-addiction Practice) Part Time Gynaecologist on call in case of Female De-addiction Centre Part Time Pediatrician on call in case of Juvenile De-addiction Centre
8)	Medical Doctor (Part Time-twice a week mandatory visit)	MD- Psychiatry/ Diploma in Psychiatry, MBBS with registration with Medical Council of India(with special De-addiction Training certified Course from NDDTC AIIMS, New Delhi or Short term certified training course on De-addiction Practice)
9)	Psychologist/Counsellor (1 nos.)	Post Graduate in Psychology/MSW from recognized university and 2 year experience in the related field. Or

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		Certified Training Course on De-addiction Counselling (Passed certificate) received from State Level Coordinating Agency (SLCA)/ NISD, New Delhi
10)	Nurse (2 nos.)	Qualified as ANM/GNM/ B.Sc. Nursing Degree (experience in related field minimum 1 year)
11)	Ward Boy (2 nos.)	Class VIII pass and experience in related field minimum 1 year.
12)	Yoga therapist (Part time).	Certificate course in the related field and at least 1 years experience.
13)	Dance / Music /Art Teacher (Part time).	Certificate course in the related field and at least 1 years experience.
14)	Peer Educator	Should be literate; Ex-drug user with 3 years of sobriety.


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ANNEXURE-III

Human Resource Details -

Name of the De-addiction cum Rehabilitation Centre:-

.....
.....
.....

Details of the Staff Employed:-

Name:-.....

Address:-
.....
.....
.....

Date of Birth:- **Sex:-**.....

Contact Details with Email id:-
.....
.....

Designation:-

Sl. No	Educational qualification and experience in the relevant field	Any other qualification	Date Appointment	Salary per month	Aadhaar Number/ Voter id number	Bank Account details with IFSC code	Photo

Any other details:-
.....
.....
.....

Signature with seal

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President/Secretary.

ANNEXURE-IV

Admission Form

Name of the De-addiction cum Rehabilitation Centre:-

Date of Admission:-

Name of the Patient :

Age: _____ Date of Birth: _____ Occupation: _____

Qualification: _____ Marital Status: _____ Religion: _____

Income PM: _____ Category BPL/APL:- _____

Language _____ Spoken: _____


Education _____ Qualification:- _____

Source _____ of _____ Referral:- _____

To
The Director/ Program Coordinator
De-addiction cum Rehabilitation Centre _____

We the guardians of above named patient have witnessed since from past ___ months or more that the above named individual is suffering with some high risk behaviour which is life threatening and we have experienced that the subject individual is unable to maintain his normal living because of his Substance Abuse Psychological Disturbances Vindictiveness Behavioural Dysfunctions or a reported Pre-Diagnosed Mental Health Condition for which we have reach out to your _____ for help to improve the abilities of the subject individual that is needed for his daily life in mainstream. We have been given with all the details about the treatment including associated risk factors and payment mode etc and we have acknowledged and agree to follow all the terms and condition those are applicable during and after the treatment. Because the patient is instable and going through a phase of uncertain behaviour including an acute level of Indecisiveness, as such, we being his legal guardian decided for this treatment for his benefit in the greater interest of the family.

Phone Number:-


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Whatsapp Number:-

Email ID _____@

Signature of the Local Guardian

Signature of the Guardian

ANNEXURE-V

Detail of Parents/ Guardian/ Local Representative

Name of Father: _____

Name of Mother: _____

Address: _____

Name of Local Guardian: _____

Address of Local Guardian including Ph No: _____

Name of Person Responsible for Treatment Course: _____

_____ Relationship _____ Ph number _____

Address 2 (if the patient is staying separately from the family): _____

Photo
Guardian

Detail of ID Proof Received of Family + Local Guardian

PHOTO
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Local
Guardian

Photo Patient

× Detail of ID Proof received:

× Cut Mark Detail:

Signature of the Local Guardian

Signature of the Guardian


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ANNEXURE-VI

DECLARATIONS MADE BY THE FAMILY AT THE TIME OF ADMISSION –

Detail of the behaviour encountered by the family with the patient since from last 90 days or more			
Question	Yes	No	Not Sure
1. Verbal abuse towards others			
2. Physical abuse towards others			
3. Breaking articles			
4. Involvement in antisocial activities			
5. Pending law suit including complaint and grievance lodged under any authority against the patient			
6. Have you seen any depression, social isolation, self-harm or suicidal tendency within last 30 days in the patient			
7. Any abnormality during intimate romantic involvement			
8. Exposure to high risk behaviour			
9. Unreasonable anger outburst			
10. Irresponsible toward life and familial aspects			

Detail of Judicial Proceeding attended Prior to treatment or during the treatment:

Date of Hearing	Summon or Case No	Person Responsible for conveyance

Signature of the Local Guardian

Signature of the Guardian


 19/3/2024
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ANNEXURE-VII

Declaration cum Indemnity form

Project in-charge:-

Name of the Organization:-

I _____ aged _____ years presently residing at _____

Do hereby solemnly declare and state as under:

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

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

Solemnly declared at _____ this _____

Day of _____ 20_____ by the within named

Signature of the client/family members


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ANNEXURE-VIII

Medical Form


Name: _____ Age: _____ Reg.No. _____
 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
De presents Alcohol, Tranquilizers, Sedatives /Hypnotics								
Narcotic Analgesics Opium, Heroin /brown sugar, Morphine, Codeine, Etazocine Buprenorphine								

Drugs	Age of first use	Yearso f 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 / chars / hashish, bhang								
StimulantsA mpheta-mine Cocaine Ecstasy								


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Hallucinogen-gens LSD,PCP								
Inhalants Petrol, Glue								
Substance not classified Cough syrup, Antihistamine / Antidepressant / Antipsychotic /Anti cholinergic								

Last drink/drugs taken
Diagnosis:

.....days ago

Previous history

Withdrawal symptoms experienced when the patients topped

Alcohol

Drugs


Tremors
Insomnia
Fits
Nausea
Aches/Pains
Hallucination Delirium
Other psychiatric complications

Tremors
Insomnia
Diarrhea
Severe pain
Restlessness

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

History of other medical problems in the past

- Hematemesis
- Jaundice
- Abscesses
- Bleeding piles
- Skin problems
- Any other


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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 naeve

* Flushed face/excessive sweating

*Abscess

*Anemia

* Palmar erythema

*Gynecomastia

* Pedal Edema

*Injection marks

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


- Respiratory system Yes/No
- Cardiovascular system Yes/No
- Gastrointestinal 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
------------	------------	------------	---	---------------------


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Any untoward incident occurred during treatment Yes No

If yes, describe the incident Action taken:

Referral to other organizations

Date of referral:

Need for referral:

Medical

Psychiatric problems

Name of the institution where

Referral was made:

(Note:-Medical form as per Revised Manual on Minimum Standard of Services for the Programmes under the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse

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ANNEXURE-IX**HALF- YEARLY PROGRESS REPORT ON THE FUNCTIONING OF De-
ADDICTION -CUM-REHABILITATION CENTRES****INSTRUCTIONS**

- *This Progress Report is to be furnished by the Organizations.*
- *The Report is to be submitted to the Directorate of Social Justice & Empowerment, Beltola, Assam on half-yearly basis – the first report (April to September) should be sent immediately after 30th September every year and the second report (October to March) immediately after 31st March every year.*
- *While filling up the report, the Organization should ensure that the figures supplied by the match the figures in the records maintained by them.*
- *No column should be left blank and if no information is available for some particular column, it may be clearly stated so.*

1. PROFILE OF THE ORGANIZATION & CENTRE:-

1.	(a) Name & address of the Organization: (Full Postal address with Tel Nos. and E-mail)	
	(b) Name & address of the Centre (Full Postal address with Tel. Nos. and E-mail)	
	(c) Contact Person for the centre:	
	Name	
	Designation	
	Complete postal address	
	Telephone/Fax number	
	Mobile No.	
	(d) E-Mail Address	

2. REGISTRATION

- a. Please state the number of clients registered at the Center during the half-year under review.
- b. Average age of clients registered at the Center during the Report period:
- c. Nos. of female and Children clients registered at the Center during the Report period


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3. DETAILS OF DRUGS ABUSED

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

Drug category	No.of Clients
Opium	
Heroin/Brown Sugar	
Morphine	
Buprenorphine	
Propoxyphene	
Other opiates	
Cocaine	
Alcohol	
Cannabis	
Hallucinogens	
Amphetamines	
Barbiturates	
Minor Tranquilizers	
Sedatives/Hypnotics	
Multiple Drugs(in noting above categories)	
Volatile Solvents(Inhalants)	
Others (Please specify)	
TOTAL	

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

Oral	Sniffing	Injecting(IDU)	Any other


CLIENT'S DETAILS

(During the half-year under review)

5. SOURCE OF REFERRAL

Please state number of clients referred to the Centre by:

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


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6. MARTIAL STATUS

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

7. EDUCATION

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

8. EMPLOYMENT STATUS

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

9. DETAILS OF STAY(INDOOR)-During the half-year under review

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

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

10. DROPOUTS-During the half-year under review

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

Poverty	Lack of family support	Un able to cope with the treatment	In adequate facilities	Personal/ any other reasons	Legal	Total

11. COUNSELLING

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

A. GROUP COUNSELLING (During the half-year)

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

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B. INDIVIDUALCOUNSELLING(During the half-year)

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

C. FAMILY COUNSELLING (During the half-year)

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

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

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

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

13. RECOVERY (during the half-year under review)

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

Sober	Relapsed	DroppedOut	NoNews	Expired

SIGNATURE

Place:
Date

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

stamp)

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

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

Note:- Medical form as per Revised Manual on Minimum Standard of Services for the Programmes under the Scheme for Prevention of Alcoholism and Substance (Drugs)

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Abuse.

ANNEXURE-X

Screening Test for Drug Abusers

D.A.S.T. Drug Abuse Screening Test (Total 10 Questions). These questions refer to the past 12 months - 1 point for each 'Yes'

Question No	Question Asked	Answer Given	
		Yes	No
1	Have you used drugs other than medical reason?		
2	Do you abuse more than one drug at a time?		
3	Are you unable to stop using drugs when you wanted to?		
4	Have you ever had blackouts/OD as a result of drug use?		
5	Do you ever feel bad or guilty about your drug use?		
6	Do your spouse/parents/relatives/friends ever complained about your drug using?		
7	Have you neglected your family because of your use of drugs?		
8	Have you engaged in illegal activities in order to obtain drugs?		
9	Have you ever experienced withdrawal symptoms when you stopped taking drugs?		
10	Have you had medical problems as a result of your drug use?		

Score Index	
Score 0	= No problem

Score

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Score 1-2	= Low level	
Score 3-5	= Moderate	
Score 6-8	= Extreme	

Degree of problem due to drug abuse	Suggested Action
MILD/ MODERATE/ EXTREME/ CRISIS/CHRONIC	

Screening Test for Alcoholics

A.U.D.I.T. Alcohol Use Disorder Identification Test (Total 10 Questions). The score for each question will be the number mentioned for the correct option

<p>1 How often do you have a drink containing alcohol ?</p> <table border="1"> <tr> <td>(0) Never Skip to Q9-Q10</td> <td>(1) Monthly or less</td> <td>(2) 2 to 4 times a month</td> <td>(3) 2 to 3 times a week</td> <td>(4) 4 or more times a week</td> </tr> </table>	(0) Never Skip to Q9-Q10	(1) Monthly or less	(2) 2 to 4 times a month	(3) 2 to 3 times a week	(4) 4 or more times a week	<p>SCORE</p> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>
(0) Never Skip to Q9-Q10	(1) Monthly or less	(2) 2 to 4 times a month	(3) 2 to 3 times a week	(4) 4 or more times a week		
<p>2 How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <table border="1"> <tr> <td>(0) 1 or 2</td> <td>(1) 3 or 4</td> <td>(2) 5 or 6</td> <td>(3) 7,8 or 9</td> <td>(4) 10+</td> </tr> </table>	(0) 1 or 2	(1) 3 or 4	(2) 5 or 6	(3) 7,8 or 9	(4) 10+	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>
(0) 1 or 2	(1) 3 or 4	(2) 5 or 6	(3) 7,8 or 9	(4) 10+		
<p>3 How often do you have 6 or more drinks in one occasion?</p> <table border="1"> <tr> <td>(0) Never</td> <td>(1) Less than monthly</td> <td>(2) Monthly</td> <td>(3) Weekly</td> <td>(4) Daily</td> </tr> </table>	(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>
(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily		
<p>Skip to Question 9 and 10 If total score for Q2 and Q3 is = 0</p>						
<p>4 How often during the last year you have found that you were not able to stop drinking once you had started?</p> <table border="1"> <tr> <td>(0) Never</td> <td>(1) Less than monthly</td> <td>(2) Monthly</td> <td>(3) Weekly</td> <td>(4) Daily</td> </tr> </table>	(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>
(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily		
<p>5 How often during the last year have you failed to do what was normally expected from you because of drinking ?</p> <table border="1"> <tr> <td>(0) Never</td> <td>(1) Less than monthly</td> <td>(2) Monthly</td> <td>(3) Weekly</td> <td>(4) Daily</td> </tr> </table>	(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>
(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily		
<p>6 How often during the last year have you needed a first drink in the morning ?</p> <table border="1"> <tr> <td>(0) Never</td> <td>(1) Less than monthly</td> <td>(2) Monthly</td> <td>(3) Weekly</td> <td>(4) Daily</td> </tr> </table>	(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>
(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily		
<p>7 How often during the last year have you had a feeling of guilt or remorse after drinking ?</p> <table border="1"> <tr> <td>(0)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> </table>	(0)	(1)	(2)	(3)	(4)	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>
(0)	(1)	(2)	(3)	(4)		


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	Never	Less than monthly	Monthly	Weekly	Daily	
--	-------	-------------------	---------	--------	-------	--

8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily	
--------------	--------------------------	----------------	---------------	--------------	--

9 Have you or someone else been injured as a result of your drinking?

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

10 Has a relative or any health worker concerned about your drinking?

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

Total Score	
-------------	--

* Total score 8 or more indicates harmful behavior

* Total score of 20 or more indicates alcohol dependence

Severity of problem (AUDIT Result)	Mild / Moderate / Extreme / Crisis
------------------------------------	------------------------------------

Psychological Investigation and Evaluation Report (Familial)

Chief Complaints -

--

Frame of Reference -

--

Assessment Report (Patient)

Learning Disability Findings -

--

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Relevant History and Childhood Findings -

Depression & Anxiety Findings -

Signature of the Counsellor

Findings on Needle and Condom Awareness including knowledge over Substance Induce Disorders and Other Sexual Risk Behaviour -

Findings over Trauma -

Aspects and Traits of Personality -

Summary -

Signature of the Counsellor

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FORM-IV
[See rule (4)(5)]
APPLICATION FOR APPEAL

To
 The Appellate Authority,
 Government of _____

Sir,
 I _____ of _____ had applied for a
 Registration/License for establishing the Substance Use Disorder Treatment/ Rehabilitation
 Centre, (Copy of the earlier application is to be attached). My application was rejected by the
 Authority vide its letter No. _____ dated. _____ for the
 following reasons.

1. _____
2. _____
3. _____


(Copy enclosed)

The aforesaid reasons for refusal/cancellation of registration are not valid. You are,
 therefore, requested to reconsider my application for registration on the following grounds
 namely

1. _____
2. _____
3. _____

I am willing to appear before you for a personal hearing, if necessary, I am enclosing
 herewith a draft for Rs. 300 bearing No. _____
 dated _____.

Thanking you,



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Yours faithfully,

Signatures_____

Place:

Dated:


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