Psychosocial Rehabilitation Services for Persons with Substance Use Disorder

Sinu E

Funding: No specific funding was received for this work.

Potential competing interests: The Author is former psychiatric social work consultant at the Centre for Addiction Medicine.

Abstract

Psychosocial rehabilitation services for persons with substance use disorder at the Centre for Addiction Medicine are an integral part of the services provided by the Department of Psychiatry, National Institute of Mental Health and Neurosciences (Institute of National Importance), a premier mental health institute in Asia known for its multi-disciplinary approach to clinical service, training, and research. This article provides an account of psychosocial rehabilitation services for persons with substance use disorders at the Centre for Addiction Medicine.

Keywords: Addiction treatment centres, psychosocial interventions, rehabilitation facilities.

Introduction

The Addiction journal first published an Addiction Research Centres series in 1987, with a total of 18 contributions on that occasion. After 20 years, there was another series of articles on the same topic, focusing on ‘Nurturing Creativity” in Addiction Research Centers,’ in the same journal. Over the span of nine years, from 2009 to 2018, the ‘Addiction Research Centre: Nurturing Creativity’ series covered 23 research centres in 17 countries around the globe. [1][2][3][4][5][6][7][8][9][10][11][12][13][14][15][16][17][18][19] Griffith Edwards, in his editorial, wrote “that the individual scientists are always the lead actors at the addiction treatment centres research play, however much addiction research for many years was the product of such specialised addiction treatment & research centres with cross-disciplinary research, rather than the contribution of stand-alone scientists. [1] Hence, it is important to reflect on Addiction Research Centres’ contributions, achievements, infrastructure, funding, work culture, and how creativity was nurtured in psychosocial rehabilitation services for substance use.

It is these specialist addiction treatment centres, in collaboration with the national funding agencies, that set standards for practice and make policies at the national and international levels. This article provides a bird's eye view of the range of psychosocial rehabilitation services provided for persons with substance use disorder and a brief profile of the addiction treatment centre in a tertiary care teaching hospital.

Evolution of the Centre

There has been a significant increase in problems related to alcohol and drug use in India over the decades. This was recognized by the Government of India in 1977, which set up an Expert Committee to suggest means to deal with the growing problem. As a specific response to the growing need, the Ministry of Health and Family Welfare, Government of India, identified the National Institute of Mental Health and Neurosciences, Bangalore, in 1990 as one of the centres to be funded for setting up a specialized de-addiction centre under the National Drug De-Addiction Programme. The Centre for Addiction Medicine [then called the De-addiction Centre (DAC)] was established in 1992, and it is an integral part of the Department of Psychiatry under the supervision of the head of the department. The De-Addiction Centre at NIMHANS started in Pavilion IV, with 12 multi-disciplinary team members and Dr. PS Gopinath as the first Officer In-charge.

In 1998, the NIMHANS De-Addiction Centre was recognized as the Regional Centre for the Southern Region by the Ministry, and funds were allocated for a separate building which was commissioned in 2002. The ‘De-addiction Centre’ was renamed as the '*Centre for Addiction Medicine’* in January 2011.

Multi-disciplinary Approach

Treatment strategies are based on the scientific understanding that addictive disorders are multifactorial, i.e., genetic and environmental. They occur due to long-lasting changes in brain structure and function following repeated use of alcohol, tobacco, and other drugs, especially in individuals who are vulnerable (due to genetic and environmental causes). Effective psychosocial rehabilitation strategies to help persons with SUD and their families involve a combination of medical treatments and behavioural strategies to motivate people to make changes in their lives, learn ways to avoid relapse, and make changes in their lifestyle and interpersonal relationships. The centre has a multi-disciplinary team of experts in Addiction Medicine. It offers a wide range of psychosocial rehabilitation services: diagnosis, treatment planning, pharmacological and behavioural treatments, and relapse prevention and family interventions. Persons seeking treatment for substance use disorders, their family members**,** and children receive inputs from various disciplines such as psychiatry, psychiatric nursing interventions, clinical psychology, and psychiatric social work services.

Psychosocial Rehabilitation Services

The Centre for Addiction Medicine offers treatment services for persons with difficulties arising from the misuse of alcohol, tobacco, and other drugs. The clinical services include out-patient consultations and in-patient treatment for substance use disorders: alcohol, nicotine (smoking and chewing tobacco), cannabis, opioids (synthetic, semisynthetic), and other drugs, as well as for behavioural addictions (gambling, Internet, sexual addictions).

Out-patient Services

Out-patient services for substance use disorders are available on three alternate days (Monday, Thursday, and Saturday) in a separate premise meant for specialty clinics. About 150 follow-ups and 30 new patients are seen on each OPD day. Screening, diagnostic services, detoxification, a detailed work-up for SUD, follow-up services, recovery support group services, pharmacy services, and free drug services for people below the poverty line are offered at out-patient services. Most persons with SUD are managed on an out-patient basis. A yearly out-patient satisfaction survey was initiated in 2018 to receive feedback from the patients and improvise the out-patient services. Most of the out-patients were satisfied on the following parameters: professionals' attitude and behaviour towards them, explanation about the treatment, attention to physical and psychological complaints, prescription, consultation time spent with patients and family members, individual counselling sessions, maintaining confidentiality, response to crises, appropriate referral services. Few patients suggested reducing the waiting time for consultation, briefing about the lab tests and investigation results, improving restroom facilities, the cash payment procedure, and emergency services.

In-patient Services

The centre has 90-bed facilities, 60 beds for men, 20 beds for women, including 10 beds for high dependency care. Admission to the ward is voluntary; all patients should be prepared to stay for 21 days of treatment, which involves detoxification, anti-craving management, management of co-morbid conditions, individual counselling, group therapy, psychological interventions, nursing interventions, occupational therapy, yoga therapy, and recreational activities. The centre has a full-fledged multi-disciplinary team comprising psychiatry, clinical psychology, nursing, psychiatric social work, occupational therapy, and yoga therapy and has more than 100 staff members. The in-patient setting has a facility to cater to various economic groups, ranging from general ward beds to single occupancy rooms. A separate in-patient facility for women with substance use problems is available. Admissions for in-patient treatment are made after obtaining a written informed consent. As admission is voluntary, patients are advised to stay for three weeks for comprehensive treatment. In-patient treatment services comprise multi-disciplinary care such as diagnostic services, laboratory services, intensive care services for persons with delirium tremens, in-patient detoxification, anti-craving management, opioid substitution therapy, brief interventions, relapse prevention, motivation enhancement, behavioural interventions, aftercare services, vocational intervention, nursing care services, psychological assessment and intervention,

Psychiatric Social Work Services

Psychiatric social workers provide a wide range of psychosocial intervention services including psychosocial assessment (case history taking, relapse assessment, assessment of motivation, and family dynamics), family casework services, group interventions, relapse prevention counselling at the individual and group level, recovery-oriented family support group services, self-help group services (Alcoholic Anonymous group), out-patient support group, follow-up services, home visits, case management services, and community out-reach programs, such as workplace interventions and conducting awareness programmes in schools and colleges. Addressing intimate partner violence in female spouses of men with SUD, working with street children, and children of individuals with SUD. The centre has six dedicated psychiatric

social workers on a contractual basis for three years under the supervision of a psychiatric social work consultant.

Community out-reach follow-up services: It was started in 2005 by Dr BN Gangadhar. Persons with AUD who received a standard 21-day inpatient treatment programme at the De-addiction Centre provided follow-up services at the urban community outreach clinic at Frazer Town, Bangalore. The majority of the patients who received follow-up services at the community outreach clinic belong to the age category of 31 to 45 years with a mean age of 40 years, educated up to the 12^{th} grade, semi-skilled workers, belong to the upper-lower socio-economic status (Rs.5000 p.m), with a drinking duration of 12 years (±4). The average time taken to seek treatment after a relapse was 5 days ((±4 days) at the community outreach clinic, whereas it was 12 days ((±7) at hospital-based follow-up services. There were a greater number of participants who were abstinent at six months in the community clinic (n=20) than in the de-addiction clinic at the hospital (n=13). The frequency of drinking daily was lesser, and savings were more in the community outreach clinic. [20] A psychiatric social worker, in collaboration with primary care physicians at BBMP trained by NIMHANS, provided the continuity of care services for AUD. The community outreach clinical services came to an end in 2009 after the change of leadership at the centre.

Tobacco Cessation Services

The Tobacco Cessation Clinic (TCC) was started in 2002 at the centre. TCC offers cessation services for those who are willing to quit tobacco and tobacco-containing products. The clinic is held on all Mondays, Thursdays, and Saturdays, in parallel with the Addiction Medicine Clinic in the Specialty Clinics Block. Clients undergo a detailed evaluation, which focuses on the severity of their addiction and use, their motivation to quit, the assessment of their current lung function, and the amount of carbon monoxide. Counselling includes behavioural strategies to quit, medication adherence, regular follow-up, nicotine replacement to reduce the urge and craving for nicotine, as well as behavioural strategies to deal with the consequences of quitting. The Tobacco Cessation Centre has also developed several IEC materials for clients to aid their recovery. [21] TCC has two dedicated social workers in contractual positions for three years. TCC has conducted several workshops for the Indian Dental Association, general physicians, trainees, NGOs, corporations and municipalities, schools and colleges, and several workplaces in both the public and private sectors over the years. On average, 10-20 patients avail themselves of TCC services in each OPD at our TCC clinic, and 400-500 patients receive tobacco cessation services in a year. The referrals to TCC include psychiatry in-patients, out-patients, Neurology, and from other centres and hospitals.

In compliance with the revised rules on cigarettes and other tobacco products (prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) Act-2003, the premises of the Centre for Addiction Medicine (both inpatient and outpatient) have been declared as *No Tobacco Zone* and made free from the use of all tobacco products with effect from October 2010.

Opioid Substitution Therapy (OST)

On average, 20-25 patients come for follow-up on OPD days. The follow-up rate at OST clinics was 95% to 98%. Dedicated senior residents would take turns running the OST clinic under the supervision of the senior consultants. The clinic runs parallel to the CAM OPD for three days. Through the OST clinic, the time taken for follow-up, consultation, and dispensing drugs to opioid users is comparatively less when compared to consultation for other disorders. A separate registry is maintained, and a dedicated pharmacist is employed to dispense the opioid substitution drugs (Buprenorphine). OST is associated with a favorable outcome in persons with co-morbid severe mental illness and opioid use disorder. [22]

Emergency Services

Emergency services are available 24 x 7 for persons with SUD at the psychiatry short-stay ward. Patients are immediately evaluated for appropriate investigations and treatment for complicated withdrawal symptoms and complications related to drug overdose. There are central laboratory and imaging services for those who need to be admitted to the Centre for Addiction Medicine in-patient wards.

Specialized Care for Dual Diagnosis

There are a myriad of challenges for mental health professionals in treating the co-occurrence of SUD in persons with severe mental illness. The centre provides specialized care for individuals with co-occurring substance use and severe mental illnesses. ‘Dual diagnoses’ refers to the co-occurrence of a substance use disorder along with another psychiatric disorder. Integrated treatment of dual diagnosis is associated with better outcomes. Atypical antipsychotics are frequently used to treat comorbid schizophrenia and SUD. Clozapine is better at reducing psychotic symptoms, substance abuse, and smoking. Quetiapine is found to be beneficial in dual diagnosis (alcohol, amphetamine, and cocaine). Naltrexone and sertraline are found to be effective in persons with depressive disorder and alcohol dependence. Atomoxetine is commonly prescribed for adult attention-deficit/hyperactivity disorder in substance abuse. [23]

Specialised Services for Women

Alcohol use exists among women in almost all the states of India. The prevalence of alcohol use is relatively less among women (1.6%) compared to men (27.3%). [24]. The recent NFHS-5 revealed that alcohol use among women aged above 15 years is 1.3%. [25] One in sixteen alcohol-using women is dependent on alcohol and needs treatment. Alcohol use among women in Arunachal Pradesh (15.6%), Chhattisgarh (13.7%), and Karnataka (5.7%) is reported. The prevalence of other substance use among women is less than one percent; cannabis (0.6%), heroin (0.52%). Earlier, women with SUD were admitted to General Psychiatry Open wards and special wards. However, these populations were not comfortable being admitted along with women having severe mental disorders. Hence, the centre built separate 20-bed facilities for women with substance use disorder in 2014. There are separate consultation facilities for women at the out-patient clinic as well for new and subsequent consultations (follow-up), exclusively by female residents and consultants. More than

1000 women availed themselves of in-patient services till Dec 2023. A detailed account of services for women with SUD is described elsewhere. [26] Women with SUDs have unique treatment needs and concerns such as a poor therapeutic relationship, stigma and discrimination in terms of gender prejudice, labelling from the health care system, support needs, and informational needs, financial needs. [27]

Specialised Services for Youth

Young adults with SUD have unique treatment needs. Very few young adults perceive the need for treatment. Most young adults are functional and part of the student population. Hence, the rate of admission is very low among them, and most prefer out-patient treatment. Most of them were referred from educational institutions. On average, 20-40 young adults get admitted in a year. About 774 young adults sought out-patient treatment at our centre in 2022.

Specialised Services for Children and Adolescents

Presently, children and adolescents with substance use disorders are treated at the Child and Adolescent Psychiatry ward in consultation-liaison with the addiction medicine team. About 109 adolescents with SUD received out-patient consultations at our centre in 2020.

Tobacco Quitline Services

A Regional Satellite Centre for Tobacco Quit Line Services at the Centre for Addiction Medicine, (NIMHANS), was launched in September 2018 to provide telephonic tobacco cessation counseling services. The Ministry of Health and Family Welfare initiated and financially supports the National Tobacco Cessation Helpline project to help tobacco users to quit. The dedicated helpline provides telephonic counselling services mainly in five different regional languages (Hindi, Kannada, Malayalam, Tamil, Telugu, and English), covering the southern states (Andhra, Karnataka, Kerala, Puducherry, Tamil Nadu, Telangana) and the Andaman and Nicobar Islands. The centre is operational between 8 am and 8 pm every day except on Mondays. About 23 counsellors work in two shifts. People who wish to quit any form of tobacco use can call toll-free at 1800-112-356 for counselling services in their preferred language. [28]

Yoga as an Adjunct Therapy

Yoga therapy for substance use disorder started at the centre in the late 1990s with the appointment of a yoga therapist, Dr. Vedamuthaachar. The yoga therapist provides yogasana-based treatment for both male and female persons with SUD. Presently, yoga services are available for in-patients. It is practiced every morning for one hour from 8.00 am to 9.00 am. The yoga therapist administers the Sattvik, Rajasik, and Thamasik questionnaires for persons with SUD. Motivational classes such as success stories, the role of spirituality in recovery, overcoming life challenges through yoga, and the yogic

way of life are taken during yoga therapy. Surya namaskar, pranayamas such as nadishodhana, mudra pranayama, Kalesvara mudra, and bhastrika pranayama are useful in SUD. A separate yoga module was developed for reducing withdrawal symptoms and cravings in persons with opioid use disorder. [29]

Occupational Therapy

There was a strong felt need among the multi-disciplinary team members to productively engage the patients during the day by utilizing their vocational skills, as most of our clientele are quite functional after detoxification. Most patients at the centre, after therapy sessions, spend their time idle. Effective use of leisure time was another challenge encountered by persons with SUD, as many patients spend their leisure time on substance use. Assuming occupational therapy would be apt to address the aforementioned issues, occupational therapy was started in 2008. An occupational therapist administers a vocational assessment tool for persons with substance use disorders [30] and uses the model of human occupation for assessment and interventions. He or she helps patients to achieve optimum functioning, engage in alternate pleasurable activities, and make lifestyle modifications. Many persons with SUD encounter job stress and job loss due to substance use, and occupational therapy helps them to regain and retain employment. Occasionally, he or she engages them in activity groups such as arts and crafts, indoor and outdoor activities to alleviate boredom. An occupational interventions module was developed in 2015 for persons with alcohol dependence which showed a significant reduction in their occupational dysfunction. [31] It contains eight sessions, namely self-appraisal through SWOT analysis, job analysis based on his/her interests and capabilities, time management, problem-solving steps, responding to criticism and negotiation at the workplace, handling work stress and job demands, and anger management.

After-care services

Aftercare services were initiated in 2008. Ms. Vatsala and Mr. Narsimhamurthy, post-graduates in psychology, were appointed as the first after-care workers at the Centre. Aftercare service is a type of ongoing treatment which provides continuity of care services for persons who have completed the initial 21 days of inpatient treatment. Aftercare workers mainly engage in telephone follow-up and home visits for those who lost follow-up. Presently, the Centre has six dedicated personnel for after-care services. Telephone follow-up is done systematically. Written consent is taken from the patients and their family members at the time of the first consultation at the outpatient clinic for sending text messages and making telephone calls to patients for follow-up. A text reminder is sent before their due follow-up date. For patients who do not turn up for follow-up on their due date, a telephone call is made after a week as a reminder, and the reasons for not attending follow-up are documented. After three telephone calls with an interval of two weeks for each call, a home visit is made when patients do not turn up for follow-up for three months after treatment. There are six after-care personnel recruited for after-care service on a contractual basis.

Virtual Knowledge Network-NIMHANS-ECHO: [32] It was launched in 2014. The Centre for Addiction Medicine (CAM) is involved in training and capacity building of human resources across India using simple tele-technology. In collaboration

with the Project Extension of Community Health Care Outcomes (ECHO), UNM Health Science Centre, USA, has been using this tele-mentoring model with local adaptation to cater to the community's need for capacity building in addiction mental health. The heart of this model is the hub-and-spokes knowledge-sharing network linking expert interdisciplinary specialist teams located at academic medical centres (hub) with primary care physicians [PCPs] in rural and underserved areas (spokes) virtually through tele-ECHO clinics, where experts mentor and share their expertise via case-based learning, enabling PCPs to develop the ability to treat patients with complex conditions in their communities. The case discussions would end with an expert's "brief didactic" on relevant topics. [33] So far, more than 6000 persons have been trained and mentored through virtual learning. The ECHO model was found to be effective in training PCPs to provide quality healthcare. [34] This paved the way for establishing the Digital Academy at NIMHANS in June 2018.

Toxicology Laboratory Service

The Centre for Addiction Medicine set up a toxicology laboratory in September 2008 for the screening of drug use. This simple procedure involves testing urine samples using a simple dip-stick procedure. The laboratory has standardized 20 screening tests and HPTLC (High-performance thin-layer chromatography) based analysis of different drugs. About 12,000 lab tests were done in the year 2022.

Training: Since its inception, the centre has been involved in training postgraduates in psychiatry, psychiatric nursing, and pre-doctoral scholars in clinical psychology and psychiatric social work. The centre has played an essential role in developing manuals for psychiatric social workers, psychiatric nurses, and other resource materials on tobacco cessation for dentists and physicians. The post-graduate training includes discussions rich in the clinical aspects of the assessment and treatment of substance dependence. The backbone of the training is the clinical discussion. The presence of faculty from the psychiatry, psychology, psychiatric social work, and nursing departments ensures the right mix of medical and psychosocial management. Theoretical aspects are covered by classes taken by the faculty, trainee seminars, and case conferences. Apart from the training at the centre, the faculty also lectures at various continuing medical education programs across India. At any given point in time, there would be about 6 – 10 trainees from all over the country. The centre started a one-year post-doctoral fellowship in Addiction Medicine in 2012 and a three-year DM in Addiction Medicine from 2015 onwards. It also offers a one-month certification course on substance abuse treatment for medical and non-medical professionals annually in the month of November since 1999 onwards.

Capacity Building: Capacity building for primary healthcare physicians working in the government healthcare system was initiated by the centre in the early 1990s. The centre has trained about 900 medical officers from Karnataka to provide integrated tobacco and alcohol cessation intervention in primary health care settings. Brief intervention by physicians showed a significant reduction in the degree of both tobacco and alcohol use among patients seeking treatment in primary health care [35]. Similar capacity building in the area of SUD was started in Himachal Pradesh, Bihar[36], Chhattisgarh {m/39/}, and Orissa.

Staff Pattern: The staff of the centre encompasses a multi-disciplinary team of psychiatrists, clinical psychologists,

psychiatric social workers, psychiatric nurses, yoga therapists, occupational therapists, and hospital administrative assistants. Presently, more than 100 staff members are working at the centre. Post-graduates in psychiatry are posted at the centre for three months out of the total three years of their training. Pre-doctoral scholars in clinical psychology, psychiatric social work, and post-graduate psychiatric nursing students are posted for one month out of their two-year training.

Infrastructure: The centre has an infrastructure compliant with the minimum standards of care for de-addiction services prescribed by the Ministry of Health and Social Justice. The centre had 30-bed facilities when it was started. It now has 90-bed facilities, including 20 beds for female patients and ten high-dependency care units. The centre has a state-of-the-art facility, the Toxicology Lab service for drug screening. Other facilities, such as a library, gym, bio-feedback facility, and facilities for outdoor sports and recreational activities, are available for patients. The centre has infrastructure for D.M., post-doctoral fellowships, doctoral studies and research, and teaching programmes in the form of seminars or journal reviews.

Funding: The centre is fully funded by the central government and receives technical and administrative support from NIMHANS. The centre does not receive any funds from the state government. The centre's growth and development to its present stage are solely attributed to stable, generous funding and continued support from the health ministry and the dedicated faculties from NIMHANS, which enabled the centre to sustain its services, research, and contribution to national-level policies and program planning.

Functioning: The Centre is located at the heart of Bangalore city. It is easily accessible by road and train for people from the city and other parts of the country. Most patients are self-referred. CAM does not have a defined catchment area; thus, patients come from the city, other parts of Karnataka state, neighbouring states such as Andhra Pradesh, Telangana, and Tamil Nadu, and distant places from other parts of the country and outside of the country as well. The availability of a quality treatment service spreads through word of mouth and from recovered patients. About 6000 new patients avail themselves of out-patient treatment, and about 1200 patients avail themselves of in-patient care annually.

Working with International Agencies

The Centre for Addiction Medicine has conducted de-addiction treatment courses for State Government medical officers and training of trainers from the southern region under the auspices of a WHO – Ministry of Health funded training scheme. WHO fellows from Bangladesh, Myanmar, Iraq, Nepal [SEARO], the Democratic Republic of Korea, and Iraq [EMRO] are also referred for training. Training of grassroots level workers: The Centre for Addiction Medicine has provided training to several non-governmental organizations involved in community developmental activities. Skills to handle persons with drug and alcohol abuse, as well as their families, form the major component of these programmes.

Policy, Planning, Networking

The centre provides consultation to various governmental and non-governmental agencies. The centre has been advising the Karnataka Task Force on Health and Family Welfare. It was asked to consult the Consultative Committee set up by the National Law School of India University and the Ministry of Social Justice to amend the Juvenile Justice Act. The centre provides consultation to various governmental and non-governmental agencies and international agencies like the World Health Organisation, the United Nations Drug Control Programme, and The International Labour Organisation. The government of India has recognized the centre as the regional nodal centre for South India. The faculty from the centre has been dedicated to training professionals in the field of substance abuse. The Centre for Addiction Medicine has networked 26 agencies offering de-addiction services in Bangalore. The APEX group consists of member organizations with widely different treatment approaches. Working together has resulted in significant attitudinal change and improved understanding between member organizations.

Organization Work Culture

The multi-lingual working environment makes the Centre for Addiction Medicine a dynamic, exciting, and, at times, challenging workplace. While the centre's official language is English, all staff can speak at least two Indian languages: Kannada and Hindi. The infrastructure of the Centre for Addiction Medicine, with a hospital at its core, preventive services, and community outreach as integral parts, provides a stimulating environment for research and nurtures creativity. Most of the services and research stem from multi-disciplinary interactions. Faculty, staff, post-graduates, and research scholars meet regularly in weekly academic programmes, case conferences, and journal clubs on Wednesdays, which nurtures, sparks, and stimulates academic and research interests.

Conclusion

Over the period of more than 30 years, the centre has sustained its recovery-oriented psychosocial rehabilitation services for persons with substance use disorder with giant funding support from the Ministry of Health and Family Welfare, Govt of India. The centre has planned to initiate the ‘Yuva Clinic,’ specialized services for children and adolescents with substance use disorders, and many other programmes in the near future.

Tables

Table 1. Profile of Addiction Treatment Centre

S.No	Minimum Standards of Psychosocial Rehabilitation Services	Remarks
1	Type of Institution / organization which provides substance use treatment	Central Govt
2	Approval from Health Ministry to provide the services	Obtained
3	Number of beds available	90
4	Centre is accessible through public transport	Yes

	Centre is accessible through public transport	Yes
4a.	Adequacy of therapy/ counselling rooms available	Partial
	Minimum Standards of Registered Organization	
5	The centre has constituted managing body with its powers, duties and responsibilities clearly defined and laid down in writing in the form of SOP	Yes
6	It has resources, facilities and experience for undertaking the programme	Yes
7	Discrimination against any person on the ground of sex, religion, caste	No
8	Duration of Existence of substance use treatment centre as on 31.12.2023	31 years
9	It is not run for profit to any individual or a body of individuals	Yes
10	Submission of half-yearly reports to health ministry in the October & April	Yes
11	Constitution of Management Committee	
12	Financial position of the centre	Sound
13	Receipt of any foreign contribution	No
14	Annual Report of the organization available for the previous 3 years	Yes
15	Audited accounts of the organisation for the previous 3 years	Yes
	Minimum Standards of Documentation	
16	Details available regarding no. of new clients registered at the centre (OP/IP)	Yes
17	Data available on total no. of clients registered at the centre (OP/IP) year wise	Yes
18	Average age of the clients registered at the centre during the 2023	40-45 yrs
19	No of Female clients registered during the year 2023	100 - 150
20	No. of Children & Adolescents registered during the year 2023	80 - 100
21	No. of Young adults registered during the year 2023	750 - 800
22	No. of Older adults (65+) registered during the year 2023	50-60
23	Data Availability on details of the substance abused by the client's year wise	Yes
24	Data Availability on sources of referral	Yes
25	In-patient duration of stay during the year 2023	12-15 days
26	Details regarding no of clients dropping out from the centre and its reasons	Partial
27	No. of Clients requiring additional treatment (TB/HIV/ Hepatitis/ any other)	Partial
28	No.of clients in recovery (Sober/Relapsed/Dropped-out/No news/ expired) 2023	
	Functioning	
29	Programs are based on minimum standards of care	Yes
30	The Centre review its services and make appropriate changes	Partial
31	It helps its staff to work in a focused manner and improve team work	Yes
32	optimum utilization of resources through networking with other centres	Partial
33	Availability of data to support research studies	Yes
34	Information available to assess adequacy of services provided	Yes
35	Appropriate staff training programmes available as when necessary	Partial
36	Support available for activities of other NGOs, working in the same field	Yes
37	Sustainable infrastructure of trained human resource personnel	Yes
38	Continuous monitoring and evaluation including self-correctional mechanism	Present
39	Networking among policy makers, service providers and other stake holders	Present
40	Conducting programs on special days (May 31, June 26)	Yes

Table 2. Minimum Standards of Psychosocial Rehabilitation Services for SUD

Sl.No	Psychosocial Rehabilitation programmes offered	Remarks
1	Out-reach programmes	Yes
2	Camp detoxification services	No
3	Linking patients with Self-help groups (AA)	Yes
4	Half-way home services	No
5	Drop-in centre	No
6	Family Assistance programme	Yes
7	Vocational training service	Partial
8	Supported education service	No
9	Supported employment service	No
10	Work-place support	Partial
11	Any other rehabilitation services	Yes
12	Innovative intervention to strengthen community-based rehabilitation	No
13	Networking with state social welfare department	No
	Psychosocial Rehabilitation Services for in-patients	
14	Availability of trained nursing services in substance use	Yes
15	Availability of Individual counselling services	Yes
16	Availability of Group counselling services	Yes
17	Availability of Family counselling services	Yes
18	Availability of Psychology Services	Yes
19	Occupational therapy services	Partial
20	Recreational facilities / Leisure time activities	Partial
21	Facility for Library / Booking reading/ News paper	Partial
22	Providing essential medicines free of cost for a period of one month after discharge	Yes
23	Continuity of care to be given to discharged patients for a minimum of 2 years	Yes
24	Prominent display of patients' rights	Yes
25	Display of IEC materials related to Substance use	Partial
26	Integrated rehabilitation programmes (Yoga, Ayurveda, Modern Medicine)	Yes
27	Referral Register to other centres	No
	Availability of Follow-up services	Yes
28	Congratulatory letters/messages are sent to patients after one year their sobriety	No
29	Facility available for sending mail/text/ making phone calls to ex-clients	Yes
30	Availability of After care services	Yes
31	Availability of home visit services	Yes
32	Maintenance f home visit Records	Yes
33	Detailed follow-up card with Doctors /Counsellers name given to patients	Partial
	Rehabilitations Services related to Substance abuse prevention	
34	Preventive education & awareness generation in the community/ Schools/ colleges	Yes

35	Frequency of the Preventive education and awareness Programs	Weekly
36	Evaluation of the awareness progamme	No
37	It provides range of community-based services for the identification of drug users	No
38	Development of culture-specific models for the prevention, treatment and Rehab	Partial
39	Promotion of collective initiatives and self-help endeavours for vulnerable groups.	No
40	Prevention education and awareness generation through media publicity	No
41	Programme for prevention of alcoholism and drug abuse at workplace	Yes
42	Distribution of IEC material during the prevention program	No
43	Documentation of prevention programme through photographs	Yes
44	Availability of updated Awareness programme register	Yes
45	Feedback from at least five participants for each programme	Yes
47	One article on SUD treatment services in dailies, television, radio once in six months.	No

Table 3. Recovery Oriented Services at the Addiction Treatment Centre

S.N	Recovery oriented services – Service provider version	Y/N
1	Staff make a concerted effort to welcome persons in recovery and help them to feel comfortable	Yes
2	The agency offers an inviting and dignified physical environment (lobby, waiting rooms)	Yes
3	Staff encourage participants to have hope in their recovery	Yes
4	Participants can change their clinician or case manager if they wish	Yes
5	Program participants can easily access their treatment records if they wish	No
6	Staff use threats, or other forms of pressure to influence participants' behavior	No
7	Staff believe in the ability of participants to recover	Yes
8	Staff believe that participants have the ability to manage their own symptoms	No
9	Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with and so	Yes
10	Staff listen to and respect the decisions that participants make about their treatment	Yes
11	Staff regularly ask participants about their interests and the things they would like to do	Yes
12	Staff encourage program participants to take risks and try new things	No
13	The program offers specific services that fit each participant's unique culture and life experiences	No
14	There is an opportunity to discuss their spiritual needs and interest when they wish	Yes
15	Opportunities provided to discuss their sexual needs and interest when they wish	Yes
16	Staff help participants to develop and plan for life goals beyond managing symptoms or staying stable (employment, physical fitness, connecting with family and friends, hobbies)	Yes
17	Staff routinely assist program participants with getting jobs	Yes
18	Staff actively introduce program participants to persons in recovery who can serve as role models or mentors	Yes
19	Participants can include people who are important in their recovery (family, friends)	Yes
20	People in recovery are encouraged to attend agency advisory board meetings	No
21	staff assist persons in recovery to fulfilling his/her own goals and aspirations	No
22	Staff encourage participants to get involved in non-addiction related activities	Yes
23	Persons in recovery are encouraged to help staff with the development of new programs	No
24	Progress made towards an individual's own personal goals is tracked regularly	No
25	Staff actively connect program participants with self-help, peer support, or advocacy groups	Yes
26	Persons in recovery are encouraged to be involved in the evaluation of the agency programs	No
27	Persons in recovery are involved with facilitating staff training and education	No
28	Staff at this program regularly attend trainings on cultural competency	No
29	Staff are knowledgeable about special interest groups and activities in the community.	Yes
30	Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	Yes

Statements and Declarations

Funding

Nil

Conflict of Interest

The author states that there is no conflict of interest.

Other References

- Mann K. Addiction research centres and the nurturing of creativity department of addictive behaviour and addiction medicine, central institute of Mental Health, Mannheim, University of Heidelberg. Addiction. 2010;105(12):2057-2061
- Sabari Sridhar OT, Murthy P, Kishore Kumar KV. Integrated brief tobacco and alcohol cessation intervention in a primary health-care setting in Karnataka. Indian J Public Health. 2017;61(Suppl 1): S29-S34.

References

1. [a, b]*Edwards G. Addiction research centres and the nurturing of creativity. Addiction. 2009;104(5):687.*
2. [^]*Kuntsche E, Maffli E, Kuntsche S, Delgrande Jordan M. Addiction research centres and the nurturing of creativity: The Swiss Institute for the Prevention of Alcohol and Drug Problems. Past, present and future. Addiction. 2009;104(5):699-704.*
3. [^]*Stockwell T, Reist D, Macdonald S, Benoit C, Jansson M. Addiction research centres and the nurturing of creativity: the Centre for Addictions Research of British Columbia, Canada. Addiction. 2010;105(2):207-215.*
4. [^]*Stenius K, Ramstedt M, Olsson B. Addiction research centres and the nurturing of creativity: Centre for Social Research on Alcohol and Drugs (SoRAD), Stockholm University, Sweden. Addiction. 2010;105(3):402-407.*
5. [^]*Rehm J, Giesbrecht N, Gliksman L, et al. Addiction Research Centres and the Nurturing of Creativity. Substance abuse research in a modern health care centre: the case of the Centre for Addiction and Mental Health. Addiction. 2011;106(4):689-697.*
6. [^]*Heilig M, Warren KR, Kunos G, Silverman PB, Hewitt BG. Addiction research centres and the nurturing of creativity: the National Institute on Alcohol Abuse and Alcoholism. Addiction. 2011;106(6):1052-1060.*
7. [^]*Bramness JG, Clausen T, Duckert F, Ravndal E, Waal H. Addiction research centres and the nurturing of creativity The Norwegian Centre for Addiction Research (SERAF). Addiction. 2011;106(8):1381-1385.*
8. [^]*Pedersen MU, Elmeland K, Frank VA. Addiction research centres and the nurturing of creativity. The Centre for Alcohol and Drug Research: social science alcohol and drug research in Denmark. Addiction. 2011;106(12):2072-2078.*
9. [^]*Griffiths P, Mounteney J, Lopez D, Zobel F, Götz W. Addiction research centres and the nurturing of creativity. Monitoring the European drug situation: the ongoing challenge for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Addiction. 2012;107(2):254-258.*
10. [^]*Laranjeira R, Mitsuhiro SS. Addiction research centres and the nurturing of creativity. National institute on alcohol and drugs policies, Brazil. Addiction. 2012;107(4):727-732.*
11. [^]*Connors GJ, Walitzer KS. Addiction research centres and the nurturing of creativity; the Research Institute on*

Addictions, University at Buffalo. Addiction. 2012;107(7):1214-1220.

12. ^*Hakkarainen P, Kiianmaa K, Kuoppasalmi K, Tigerstedt C. Addiction research centres and the nurturing of creativity: the Department of Alcohol, Drugs and Addiction at the National Institute for Health and Welfare in Finland: diverse problems, diverse perspectives. Addiction. 2012;107(10):1741-1746.*
13. ^*Parry C, Morojele N, Myers B, Plüddemann A. Addiction research centres and the nurturing of creativity: The Alcohol & Drug Abuse Research Unit at the South African Medical Research Council - strengthening substance abuse research and policy in South Africa. Addiction. 2013;108(1):14-19.*
14. ^*Chun S, Reid EA, Sohn A, Welch ME, Yun-Welch S, Yun M. Addiction research centres and the nurturing of creativity. The Korean Institute on Alcohol Problems (KIAP). Addiction. 2013;108(4):675-679.*
15. ^*Thamarangsi T. Addiction research centres and the nurturing of creativity: Center for Alcohol Studies (CAS), Thailand. Addiction. 2013;108(7):1201-1206.*
16. ^*Ray R, Dhawan A, Chopra A. Addiction research centres and the nurturing of creativity: National Drug Dependence Treatment Centre, India--a profile. Addiction. 2013;108(10):1705-1710.*
17. ^*Tohyama T, Yokoyama A, Matsushita S, Higuchi S. Addiction research centres and the nurturing of creativity: the Kurihama medical and addiction centre-a profile. Addiction. 2014;109(1):5-11.*
18. ^*Bühringer G. Addiction research centres and the nurturing of creativity: IFT Institut für Therapieforschung in Munich, Germany. Addiction. 2014;109(8):1245-1251.*
19. ^*Wilkinson C, Pennay A, MacLean S, et al. Addiction research centres and the nurturing of creativity: The Centre for Alcohol Policy Research (CAPR), Melbourne: a decade on. Addiction. 2018;113(3):568-574.*
20. ^*Khan I, Muralidhar D, Gangadhar BN. Community based extended psychosocial intervention for people with alcohol dependence. PhD Thesis, NIMHANS, Bengaluru, 2010.*
21. ^*Zacharais J, Raghavendra S, Murthy P, Benegal V, Chand PK. Starting Tobacco Cessation Services. WHO-Ministry of Health & Family Welfare, Govt of India- NIMHANS. Bangalore 2009.*
22. ^*Murthy P, Mahadevan J, Chand PK. Treatment of substance use disorders with co-occurring severe mental health disorders. Curr Opin Psychiatry. 2019;32(4):293-299.*
23. ^*Murthy P, Chand P. Treatment of dual diagnosis disorders. Curr Opin Psychiatry. 2012;25(3):194-200.*
24. ^*Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK. Magnitude of Substance Use in India 2019. Ministry of Social Justice and Empowerment, Government of India.*
25. ^*NFHS-5 (2019-21). Compendium of Factsheets, Ministry of Health and Family Welfare, Government of India, 2019. 2021. [[Last accessed on 2023 Dec 12]]. Available from: https://main.mohfw.gov.in/basicpage-14.*
26. ^*Shiri SS, Shanmugam B, Ezhumalai S. Profile of Women Seeking Treatment for Substance Use Disorder in Tertiary Care Government De-Addiction Centre. J Psychosoc Well Being. 2021;2(1):68-75.*
27. ^*Thomas R, Ramasamy D, Murthy P. Treatment service-related needs and concerns of women with substance use disorders: a qualitative study. International Journal of Culture and Mental Health. 2018; 11(2):123-133.*
28. ^*Pradeepkumar PC, Murthy P, Lohit RP, Hegde S, Chand P, Sethuraman L. Impact of COVID-19 on Caller Characteristics and Quit Rates: Experience of Regional Tobacco Quitline from India. Nicotine Tob Res. 2023;25(2):247-253.*

29. ^*Bhargav H, Vidyasagar PD, Venugopal S, et al. Development, Validation, and Feasibility Testing of a Yoga Module for Opioid Use Disorder. Adv Mind Body Med. 2021;35(3):20-30.*
30. ^*Sethuraman L, Subodh BN, Murthy P. Validation of vocational assessment tool for persons with substance use disorders. Ind Psychiatry J. 2016;25(1):59-64.*
31. ^*Sethuraman L. Occupational dysfunction in early and late onset alcohol dependence syndrome and impact of occupational intervention. PhD Thesis, NIMHANS, 2016.*
32. ^*Kumar CN, Chand PK, Manjunatha N, et al. Impact Evaluation of VKN-NIMHANS-ECHO Model of Capacity Building for Mental Health and Addiction: Methodology of Two Randomized Controlled Trials. Indian J Psychol Med. 2020;42(6 Suppl):S80-S86.*
33. ^*Khan K, Mathur A, Kaur S, Ganesh A, Chand P. Profile of cases discussed in innovative tele-ECHO mentoring program on addiction management. Asian J Psychiatr. 2020; 52:102060.*
34. ^*Mahadevan J, Shukla L, Chand PK, Komaromy M, Murthy P, Arora S. Innovative virtual mentoring using the Extension for Community Healthcare Outcomes model for primary care providers for the management of alcohol use disorders. Indian J Med Res. 2020;151(6):609-612.*
35. ^*Bairy BK, Ganesh A, Kaur S, et al. Capacity Building in Mental Health for Bihar: Overview of the 1-Year Blended Training Program for Non-specialist Medical Officers. J Neurosci Rural Pract. 2021;12(2):329-334.*
36. ^*Mehrotra K, Chand P, Bandawar M, et al. Effectiveness of NIMHANS ECHO blended tele-mentoring model on Integrated Mental Health and Addiction for counsellors in rural and underserved districts of Chhattisgarh, India. Asian J Psychiatr. 2018; 36:123-127.*