

ANAMIKA PUBLISHERS & DISTRIBUTORS (P) LTD.
4697/3, 21A, Ansari Road, Daryaganj, New Delhi 110002
Phones: 011-2328 1655, 011-43708938
E-mail: anamikapublishers@yahoo.co.in

First Published 2019

© Ambreen Jamali

ISBN 978-81-7975-968-4

PRINTED IN INDIA

Published by Anamika Publishers & Distributors (P) Ltd., 4697/3, 21A, Ansari Road, Daryaganj, New Delhi 110002. Typeset by Shivani Computers, Delhi 110093 and Printed at Vikas Computer & Printers, Tronica City, Ghaziabad

Contents

<i>Contributors</i>	7
<i>Preface</i>	9
1. Drug Abuse Prevention: Social Work Intervention — <i>Ambreen Jamali</i>	11
2. Forms of Drug Addiction and Its Effects on Youth — <i>Rajat Kumar</i>	20
3. Forms of Drug Abuse and Their Effects — <i>Shanoji</i>	31
4. Impact of Drug Abuse on Health — <i>Shazyah Majeed</i>	42
5. Health Issues and Drug Addiction — <i>Rajat Kumar</i>	51
6. Legal and Other Challenges for the Prevention of Alcoholism — <i>Jaidev</i>	62
7. History of Drug Addiction in Indian Context — <i>Priyanka</i>	67
8. A Case Study of De-Addiction Centre (Apna Ghar) Prayas Bhawan Dharamshala — <i>Shabab Ahmad</i>	81

- Ranyal, R., Mehrotra, S., Devarakonda, S. & Basukala, S. (2017). Planning and Designing of Deaddiction Centre. *The International Journal of Indian Psychology*, 4(2), 140-150.
- Ray, R., Mondal, A. B., Gupta, K., Chatterjee, A. & Bajaj, P. (2004). *The Extent, Pattern and Trends of Drug Abuse in India: National Survey*. New Delhi: United Nations Office on Drug and Crime (UNODC), Regional Office for South Asia, Ministry of Social Justice and Environment, Government of India.
- Sachdeva, J. S., Yakhmi, R. S. & Sharma, A. K. (2002). Changing Pattern of Drug Abuse Among Patients Attending De-addiction Center at Faridkot. *Indian Journal of Psychiatry*, 44, 353-355.
- UNODC. (2005). *South Asia*. United Nations Office on Drugs and Crime.
- UNODC. (2017). *World Drug Report*. Austria: United Nations Publications.
- Venkatesan, J. & Suresh, S. S. (2008). Substance Dependence: Decades Apart in Teaching Hospital. *Indian Journal of Psychiatry*, 50, 100-105.

A Case Study of De-Addiction Centre (Apna Ghar) Prayas Bhawan Dharamshala

Shabab Ahmad

Kangra District Red Cross Society, Dharamshala is running a De-addiction Centre (Apna Ghar) in Prayas Bhawan Dharamshala (Treatment and Rehabilitation Centre for addicts) since January 2002 under the Scheme for Prevention of Alcoholism & Substance (Drug) Abuse sponsored by Ministry of Social Justice & Empowerment, Govt. of India, New Delhi. Kangra Distt. Red Cross Society was receiving 70% budget from the Ministry and 30% NGO share was being paid by the Society till the year 2013-2014. The centre is having 15 bedded indoor facilities for detoxification & Rehabilitation programme (Counselling) minimum for one month extendable on person to person health and recovery condition, OPD facility, group counselling session, family counselling session, individual counseling session, Relapse Prevention Therapy Session, follow up etc. The centre remains fully occupied by the patients all the time from almost all districts of Himachal Pradesh as well as from neighbouring state i.e. Punjab. Patients are very less from Rajasthan and Jammu and Kashmir.

Aims And Objectives

The De-addiction Centre—APNA GHAR, in Prayas Bhawan Dharamshala (Treatment and Rehabilitation Centre for addicts) is dedicated to provide a healthy environment where recovery and healing process can be offered to the individual with the goal in mind of complete recovery. Recognizing treatment is only the first step towards recovery. Apna Ghar, De-addiction Center offer various types of aftercare including counselling for families, outpatients or day care services and follow up of indoor patients and their families.

The other objectives are as follow:

1. To create awareness about the ill-effects of substance (drug) abuse among individuals, the families, workplace and society at large.
2. To alleviate the consequences of drug and alcohol dependence amongst individual, family, workplace and society.
3. To provide detoxification, physical wellbeing, healthy environment and motivational approach amongst the individual, family, workplace and society.

Vision Statement

It is the philosophy of the addiction treatment that requires a holistic and systematic approach to address the physical, psychological, social and spiritual consequences of addiction, not only for the patients but also for their families. Our therapy for Alcohol and Drug abuse may include didactic and experimental learning; group, family, individual counselling, and participation in the TEN STEPS. In addition, treatment can include addiction education; provide linkage of client with vocational training programme, developing skills, recreational therapy, anger management, communication skills and relapse prevention training. A stepped approach succeeding from or too less structural treatment is required with increased in density during episodes of stress or relapse. Many aspects of treatment are individually to meet the specific needs of individual patients and family members.

Inpatient Care

The basic mission for the programme, which empowers the addicts directly learning the skills of planned abstinence in a sober, living environment. Apna Ghar work with each client independently to develop a programme to help him or her understand the dynamics of their addiction and to give them the necessary tools/supports for sustained abstinence. Programme varies from minimum thirty days to depending on the needs and progress of the clients.

Outpatient Care

Counselling is provided in a structured environment for the client and their supports system (family, spouse, friends, etc.). Programmes vary in frequency and duration depending on the needs and progress of the client.

Source of Funding

Kangra Distt. Red Cross Society, Dharamshala received 70% budget from the MSJ & E and 30% NGO share paid by the Society for the year 2013-2014. NGO share/tapering charges were increasing 5% every year which have to be borne by the Society.

Professionals

1. Psychiatrist (Attached from Dr. RPGMC Tanda at Kangra)
2. Pharmacist
3. Psychologist (Attached from Distt. Rehabilitation Centre, Dharamshala)
4. Counsellor
5. Ward Boy

Facilities available

1. Free medicines
2. Group counselling
3. Family counselling
4. Individual counselling
5. Yoga therapy

6. Meditation
7. Recreational activities
8. Vocational training
9. Follow up
10. Educational service
11. Work place support

Progress Report for last three years (2013-2014, 2014-2015, 2015-2016)

1123 cases were registered in the Centre during the period April 2013 to March 2016 in which 335 clients were registered as OPD and indoor facility was given to 788 clients.

Indoor	=	788
OPD	=	335
TOTAL	=	1123

Addiction-wise Distribution

Types	Total Number	Percentage
1. Opium	7	1%
2. Heroin	17	2%
3. Propoxyphene, Beupromorphine, alprex etc.	124	11%
4. Alcohol	395	35%
5. Cannabis	320	28%
6. Sedatives	6	1%
7. Multiple Drugs	202	18%
8. Volatile solvent (Inhalant)	46	4%
9. Morphine	3	0%
10. Other	3	0%
Total	1123	

Family Counselling Session	1678
Individual Counselling Session	6446
Group Session	6929
Educational Support	58

Work Place Support	94
Other	01
Follow up	334
Sober	88
Relapsed	25
Dropped out	16
No news	03
Expired	170
Home Visits	

Detail of Loan

The centre is made functional by raising loan from Kangra District Red Cross Society, Dharamshala from last three years (2014-15, 2015-16, 2016-17) for payment of Honorarium, contingency and medicine bill etc. The detail of loan for the year 2014-15, 2015-2016 & 2016-17 is as under:

2014-2015 (April 2014 to March 2015)		3,94,353.00
2015-2016 (April 2015 to March 2016)	3,48,118.00	4,00,918.00
	51,800.00	77,700.00
2016-2017 (April 2016 to June 2016)		
	Total loan	8,72,971.00

Detail of Staff

Sr. No.	Designation	Present Honorarium
1.	Counsellor	6,500.00
2.	Male Health Worker (Nurse)	5,000.00
3.	Accountant-cum-Clerk	5,000.00
4.	Ward Boy	3,300.00
5.	Chowkidar	1,100.00
6.	Sweeper	25,900.00
	Total	
7.	Project Coordinator-cum-Vocational Counsellor	Volunteer Services

- 8. Clinical Psychologist
- 9. Peon
- 10. Peon
- 11. Peon

Latest Activities

Celebration of International Day against Drug Abuse and Illicit Trafficking of Drugs on 26th June 2016 at De addiction Centre. Secretary, State Legal Authority was Chief Guest of the function. Clients admitted in De-addiction Centre presented a role play on harmful effects of alcohol.



Client Participating in Art Therapy Session



Visit of Brahmankumaris at Centre



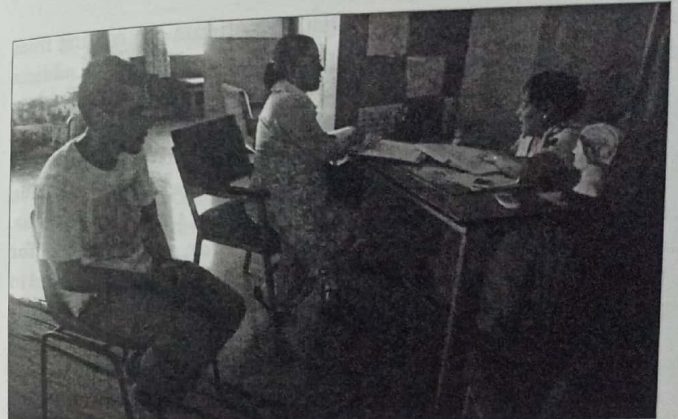
Newspapers lifafa making by client



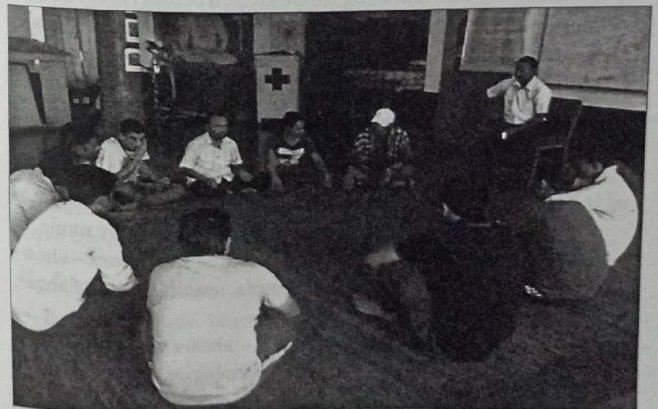
Celebration of client's birthday at Centre



Ex-Drug addicts visited the Centre for follow up



Family Counselling Session with client's mother at the time of admission



Group Session

Other Challenges for Drug Deaddiction Center

Inspite of working in full capacity, Apna Ghar needs some major improvements to be taken care off. Some of the important hurdles that this Drug Deaddiction Center is facing are as listed below:

1. **Shortage of Staff:** Though patients are coming from different states and at times the number of addicts admitted was more than twenty. So in such cases it is very difficult to handle the patients who are facing the withdrawal problems. Patients do become violent and attack the working staffs too. Only One ward boys taking care of the entire patient (12 to 21) that is dangerous. Moreover, No Full Time Doctor is available for detoxification. This may prove to be fatal as it happened in case of neighbouring drug de-addiction center of Una District, H.P.

2. **Lack of proper infrastructure:** Though different models of Drug De-addiction center provides different guidelines for the rehabilitations. It speaks about the time and duration of the drug addicts should remain right from entering into the drug de-addiction center. Such as time period for detoxification stage- where patients are mostly treated for overcoming their withdrawal period. Every type of drug user are shows different kinds of withdrawal symptoms such as – (a) Alcoholics Patient during the detoxification stage (irrespective of the age), Most of these Alcoholics withdrawal symptoms are that they lose their memory power for example, they assume Apna Ghar as in real Apna Ghar and start calling his wife by name. (b). Most of the Capsule, Heroin & Smack users – shows the symptoms of suicidal attempts, manifestation of anger, and no care of their body.

(c). Cannabis / Bhaang users – shows the withdrawal symptoms like Abnormal Psychological effect such as laughing and talking alone.

(d). Fluids & Substance Users – mostly show Fickle mindedness, almost having mental disorder.

Any accidents can happen in nights, it becomes threats for the ward boys and staff to handle the situation. In Apna Ghar there is No categorization, as per the recovery of the patients. Since Only One hall present for the addicts.

As it is advisable that new Patient should be kept in single room for 5-6 days. Alone, normally for detoxification and should be kept in strict medical care. 2nd room should be for rehabilitation after improvement. And 3rd room when in pursuit for normal human being. so Infrastructures and room not available, though, for Safety & security – CCTV cameras are available. In night only one ward boy available. Una - Recently there was a new that addicts grouped and beaten the ward boy and Also in Palampur, H.P. a patient jumped from the running van

3. **Last but not least, Less Paid Staff:** These dedicated staffs are paid much below the subsistence level. Almost all the staffs are paid less than ten thousands rupees which is very less as compare to the task which they are delivering. It should be more to keep the staff motivated and sencire to their noble cause.

Conclusion

Inspite of the all odds this Apna Ghar is doing remarkable duty to this noble cause of drug de-addiction. This can be assumed from the fact that they are also doing the follow up of the most of the recovered patient from six to one year of follow up even after they leave the Apna Ghar so that they should not get relapsed.

References

1. Red Cross Kangra, http://redcrosskangra.org/?page_id=39, retrieved on 11.7.2018
2. Indian Express, <https://indianexpress.com/article/cities/pune/cm-hospital-no-stretcher-no-ward-boy-elderly-patient-lay-in-auto-for-20-minutes-declared-dead/>, retrieved on 11.7.2018
3. NCBI, <https://www.ncbi.nlm.nih.gov/pubmed/8118582>, retrieved on 11.7.2018
4. <https://www.addictioncenter.com/treatment/>
5. Ahmad, S. (2018), *Relapse Prevention Techniques*.

**Prevention of
Drug Abuse**
Social Work Intervention

Edited by
Ambreen Jamali



Edited by: Ambreen Jamali

Prevention of Drug Abuse

