

**വിജ്ഞാപനം**

രാജ്യത്ത് വർദ്ധിച്ചു വരുന്ന ലഹരി ഉപഭോഗം കുറയ്ക്കുന്നതിനായി കേന്ദ്ര സർക്കാർ ആവിഷ്കരിച്ച് വരുന്ന പദ്ധതിയാണ് നാഷണൽ ആക്ഷൻ പ്ലാൻ ഫോർ ഡ്രഗ് ഡിമാൻറ് റിഡക്ഷൻ (NAPDDR). സമൂഹത്തിൽ ലഹരിയ്ക്ക് അടിമപ്പെട്ടവരെ ഡി അഡിക്ഷൻ മുഖേന സാധാരണ ജീവിതത്തിലേക്ക് കൊണ്ടുവരികയും, അത്തരം വ്യക്തികളുടെയും കുടുംബത്തിന്റേയും പുനരധിവാസവും NAPDDR ന്റെ ലക്ഷ്യങ്ങളാണ്. ഈ പദ്ധതിയുടെ ഭാഗമായി സംസ്ഥാനത്ത് സ്ത്രീകൾക്കും (Adolescent girls ഉൾപ്പെടെ ) കുട്ടികൾക്കും (7 മുതൽ 18 വരെ പ്രായമുള്ള ആൺകുട്ടികൾ ) മാത്രം പ്രവർത്തിക്കുന്ന ഡി അഡിക്ഷൻ സെൻററുകൾ പ്രത്യേകം ആരംഭിക്കുവാൻ തീരുമാനിച്ചിട്ടുണ്ട്. ഈ സാഹചര്യത്തിൽ സംസ്ഥാനത്ത് സ്ത്രീകൾക്കും കുട്ടികൾക്കും പ്രത്യേകമായി ഡി അഡിക്ഷൻ സെൻറർ ആരംഭിക്കുവാൻ കേന്ദ്ര സർക്കാർ മാർഗനിർദ്ദേശങ്ങൾ പാലിച്ചുകൊണ്ട് പ്രവർത്തിക്കുന്ന IRCA കളിൽ നിന്നും താൽപര്യ പത്രം ക്ഷണിക്കുന്നു. താൽപര്യമുള്ള IRCA കൾ e Anudaan പോർട്ടലിൽ ഓൺലൈനായി അപേക്ഷ സമർപ്പിക്കേണ്ടതും അപേക്ഷയുടെ പകർപ്പ് (hard copy ) നവംബർ 15 നകം സാമൂഹ്യ നീതി വകുപ്പ് ഡയറക്ടറേറ്റിൽ ലഭ്യമാക്കേണ്ടതുമാണ്. മാർഗനിർദ്ദേശങ്ങൾ ഉൾപ്പെടെയുള്ള വിശദാംശങ്ങൾ വകുപ്പിന്റെ ഔദ്യോഗിക വെബ് സൈറ്റിൽ (sjd.kerala.gov.in) ലഭ്യമാണ്.

*Preethy Wilson*  
 സാമൂഹ്യനീതി ഡയറക്ടർ അടവപ്പതി  
**PREETHY WILSON**  
 Assistant Director  
 Directorate of Social Justice  
 Vikas Bhavan, Thiruvananthapuram-33

# Drug Rehabilitation Centre for Male Children

015

~~3/5~~

S No.	Contents	Page No.
1	Background	3
2	Objectives	3
3	Program Structure	4
4	Program Activities	4-6
5	Expected Outcome	6
6	Budget	6-9

## 1. Background

Juvenile drug abuse is a serious problem and it requires urgent and utmost attention. Drug abuse in children and adolescence is associated with a myriad of negative consequences ranging from personal challenges (**family discord and violence**) to social (**school dropout and low productivity**), drug dependence, health and legal implications (**juvenile crime**), as well as costly economic burden upon society in numerous domains.

Juvenile drug abuse has been growing rapidly as increasing number of teenagers gain access to different drugs. The use of drugs removes inhibition, impairs judgment and makes a person vulnerable to commit offences. Incidences of eve-teasing, gang clashes, assault and criminal activities including rape, murders etc. are consequently on the rise, and commonly committed under the influence of various drugs. Apart from affecting the financial stability, addiction increases conflicts and causes untold emotional pain for every member of the family particularly the adolescents themselves, their siblings and their parents. With most drug users being in the socially and economic productive age group of 15-35 years, the loss in terms of human potential is incalculable. The damage to the physical, psychological, moral and intellectual growth of the youth is irreversible.

While addressing the issue of marginalized children, a category of children that is mostly overlooked are the 'Children in Conflict with Law'. Many believe that 'these children get what they deserve' and want to do little about the treatment meted out to them. However it must be realized that a juvenile given his/her relative immaturity does not quite understand the consequences of his/her actions and is extremely susceptible to his/her surroundings. The latter has added implications in a developing country like India which is reeling under the problems of acute poverty and inequalities, only made considerably more vulnerable when the crime is committed as a direct consequence of drug dependence. There is need to understand and have empathy for these children and their complex circumstances, and not to ostracize or ignore their needs.

The target population for this activity include all male children and adolescent aged 7 – 18 years and suffering from substance use disorder, with special emphasis on children in conflict with law, and children in need of care and protection.

## 2. Objectives

Addressing the vulnerability to drug use and subsequent drug dependence in children and reducing their vulnerability to violence, crime and risky health behaviour in the community.

- To provide treatment and care for children suffering from substance use disorders
- To assist the children suffering from substance use disorders in reintegration to school and their families
- To protect children from violence, abuse and exploitation due to use of substances

- To protect and promote children's rights.

### **3. Program Structure**

#### **Treatment and Rehabilitation Centre for Male Children:**

- The Centre should offer a 30-50 bedded facility for boys in the age group of 7-18, who are suffering from drug dependence and associated problems,
- Such children may seek treatment through their families or those who have been admitted through the child welfare committee, Juvenile Justice Board, or brought by other agencies working with children.
- The recommended inpatient treatment duration would be for about 90 days; however, those willing to continue in treatment can enter a second stage that is designed to promote semi-independent living and is a preparatory stage before returning to the community.
- Variations in length of stay are determined by the severity of symptom profile, psychosocial stressors, assessment of functioning etc. at the time of intake and further course of treatment.
- Along with treatment for drug dependence, children should be provided several other facilities including non-formal education, art, dance and sports therapy, counselling and psycho-social support etc.

### **4. Program Activities**

1. **Conduct assessment of the child to understand the following areas:**
  - Individual strengths, behavioural problems, delinquency history;
  - Family health and criminal history, parental substance abuse, economic status;
  - School history, vocational aptitude, learning disabilities;
  - Medical history, physical exam, drug tests, substance abuse history, past treatment, mental health issues; and
  - Peer relationships, gang activity, social services contacts, neighbourhood involvement
2. **Detoxification** to address acute withdrawals due to use of psychoactive substances. This would normally last for about 1 – 2 weeks. This period is also an opportunity to address other medical morbidities in the child.
3. Other psychosocial interventions in the centre:

- a. **JFT or Just for Today Program** consists of a closed group discussion wherein peer educators who had struggled with drug abuse and have been in recovery talk to the children. This is an open sharing session to allow the children to be exposed to positive role models that are both relatable and also willing to answer their queries about drug use and addiction.
  - b. **Literacy & Numeracy-** To increase their employability skills, enhance their self-esteem and to motivate them for self-learning
  - c. **Life skills education-** To empower children to make informed choices and face the challenges of life
  - d. **Vocational rehabilitation-** For the successful reintegration into society provision of vocational rehabilitation services can aid substance abusers not only in attaining competitive employment, but also in maintaining a substance free lifestyle that will support their recovery.
  - e. **Music, dance and art sessions-** Music, dance and art sessions that explore various areas in the child's development, growth and recovery, also act as outlets for their frustration and aggression.
4. **Assistance in Court related issues-** Providing legal aid to children in conflict with law undergoing treatment and rehabilitation at the Centre
  5. **Follow-up and home visits-** Follow up is an important step as even after the child has been integrated back to society, communication is maintained with the child and his family with instructions to visit the centre so that the psychologist can monitor and ensure the child's ongoing recovery. It also increases the child's adherence to abstinence and promotes compliance among children in recovery.
  6. **Outpatient-based treatment:** In some cases, substance using children would be provided treatment on outpatient basis as well.
  7. **Formation of Bal Panchayat** - which consists of the children in the centre and other volunteer peer supporters and a few staff to support self/ peer centre management. The format that is similar to a Panchayat and where everyone has the right to address problems they may be facing at the centre.
  8. **Prevention-** Through identifying risk behaviours at an individual level and applying certain practices to prevent a child from engaging with negative behaviours
  9. **Enhancing productivity through education and employment** - children are assisted with community reintegration by facilitating opportunities for resuming education and appropriate employment and placements that will aid their recovery and reduce stigma and discrimination by other community members.

## 5. Expected Outcomes

- Enhanced information and education on services for the substance-using children and their families
- Provision of services to drug using children and their families
- Referral to services (medical, drug treatment) would be established
- Recovering support group (Bal Panchayat) will be established.
- Supportive attitude of the community towards drug use and drug using children.
- A decline in crime-related activities among children.

## 6. Annual Budget:

Sl. No.	Cost Head	No. of Units	Monthly unit cost (in INR)	Monthly budget (in INR)	Annual Budget (in INR)
<b>A. Staff</b>					
1	Project Coordinator-cum-counsellor (with minimum additional two years experience of working with children)	1	25000	25000	300000
2	Psychologist/Counsellor (with minimum additional two years experience of working with children)	1	20000	20000	240000
3	Doctor (Part time) (Minimum qualification MBBS) + Visiting paediatrician (MD, Paediatrics)	1	25000	25000	300000
4	Health Attendant/ Ward boy/Nurse	3	15000	45000	540000
5	Social Worker/Teacher/ Life Skill Trainer	3	20000	60000	720000
6	Accountant	1	10000	10000	120000
7	Outreach Worker	1	10000	10000	120000
8	Yoga, Art, Music and Dance Therapists	Lump sump	20000	20000	240000
9	Security Guards	3	8000	240000	288000
10	Support Staff for preparing children's cases for CWC/JJB	1	15000	15000	180000
<b>B. Recurring Expenses</b>					
11	Nutrition for children (Meals @ Rs 100 per child per day)* * Meals include breakfast, lunch, morning/ evening tea & dinner; for children living at the centre	25	3000	75000	900000
12	Medicines	12	9000	9000	108000
13	Personal Shoes, Sanitation (Clothes toiletries etc.) @ Rs.	25	200	5000	60000

	200/- per person for 25 children required monthly				
<b>C.</b>	<b>Office Expenses</b>				
14	Conveyance & POL. Support for transporting and producing Children to CWC, Phone & Internet etc.	25	16000		192000
15	Rent	25	25000		300000
	<b>Grand Total</b>				<b>4608000</b>

<b>D.</b>	<b>One Time Expenditure</b>				
	One time Expenditure on Office Equipment (Furniture, Computer, Games, TV) & Library Equipment(Books, Shelves, AV equipment)	1 time	*25		250000

Drug De-Addiction &  
Rehabilitation Center for  
Females

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3/9

S.NO	CONTENT	PAGE NO.
1.	BACKGROUND	3
2.	OBJECTIVES	4
3.	PROGRAM STRUCTURE	4-5
4.	PROGRAM ACTIVITIES	5-6
5.	EXPECTED OUTCOMES	6
6.	BUDGET	7-8

## 1. Background

Increasingly throughout the world, more women are becoming involved in drug use, but the stigma and discrimination associated with such practices have resulted in this population being largely hidden. Female drug users experience much vulnerability along the various pathways to drug dependence, but, too often, the services available do not cater to their needs. Despite women being half the world's population, there is a common perception that no women or very few women use drugs. However, data shows that around one-third of all drug users are women.<sup>1</sup> Throughout the world, many women resort to **sex work** to support their own or their partner's drug use, which can put them at dual risk of HIV infection and other blood borne viruses: unsafe sex as well as unsafe injections. Women engaging in both the sex trade and use of illicit drugs are more likely to share needles/syringes and other injection paraphernalia among themselves and their clients, have unprotected sex with their clients as well as their intimate partners, have **higher rates of sexual transmitted infections (STI)**, and experience **sexual and physical violence** and incarceration. Gender inequality, sexual exploitation, economic pressures and violence add to the risk for females. The use of drugs among women is presumed to be linked with sexual misconduct, promiscuity, and neglect of children and significant others, a set of conditions that escalates **stigma and social discrimination**.

Research conducted in India among women drug users commonly reflect many of the issues found with the global reviews. These include the following: significantly higher levels of physical and sexual violence; premarital/extramarital sex, exchange of sex for money voluntarily or under coercion; multiple sexual partners; low utilization of community based services; less likely to use family planning methods; lack of family support; intense stigma, shame and discriminations and multiple barriers to accessing support and treatment. The National Survey on Extent and Pattern of Substance Use in India 2019 found that prevalence of cannabis use is 5% among males and 0.6% among women, while the prevalence of opioid use among men is 4% and 0.2% among women throughout India. One of the biggest limitations in the design of drug treatment interventions in India is that there is a **lack of diverse treatment options for women users**. Only indoor detoxification and rehabilitation facilities are available for women and even these centres are generally not offering a quality of care commensurate with the needs of the women. **Lack of mental health care in drug treatment centres for women** remains a major gap in services. There remains an urgent need to take up the continuum of care services which would provide optimal care and services to women drug users. A **multi-sectoral response following a set of women sensitive principles** is required to address the multi-dimensional problem of women drug use in India.

**Target Group- Women and adolescent girls who use drugs are the main target group.**

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<sup>1</sup> Larney S, Mathers BM, Poteat T, Kamarulzaman A, Degenhardt L. 2015. Global Epidemiology of HIV Among Women and Girls Who Use or Inject Drugs: Current Knowledge and Limitations of Existing Data. J Acquir Immune Defic Syndr. 2015 Jun 1;69 Suppl 2:S100-9.

## 2. Objectives

- To provide treatment and rehabilitation services for female drug users across the country
- To empower females through holistic and sustainable drug prevention, treatment, care and rehabilitation programmes
- To provide detoxification and treatment for drug dependence to the women and adolescent girls dependent on drugs
- To provide women and adolescent girls dependent on drugs with safe, secure and dignified shelter facility along with their children, if any
- To provide life skills education, sexual health, broad ranging education (literacy and numeracy) and linkages with vocational services to assist women to become abstinent following recovery from drug use.

## 3. Programme Structure

1. The drug treatment facility will have to be led by **female staff**. Services will be staffed by multidisciplinary teams adequately trained in the delivery of evidence-based interventions.
2. Both outpatient and inpatient treatment will be provided for the female drug users.
3. Both short-term and long-term treatment would be provided on inpatient basis. Interventions will be determined by individual needs, and there will be no pre-set limits to the duration of treatment largely given the complex needs of women that use drugs. Residents would be recommended to stay at the women's centre on average for **three to six months** of treatment and rehabilitation. However, the duration can vary depending on the severity of the drug use problem. If the resident wishes to stay over a long period with a valid reason this needs to be taken into consideration.
4. Basic services including detoxification, counseling, and social support will be provided
5. Patients with concomitant medical and psychiatric disorders will be provided adequate care, possibly through referral to specialized services.
6. **Psychosocial interventions** have demonstrated to be effective in rehabilitation and relapse prevention, both in out-patient and residential settings. Other psychosocial services, employment and vocational training, counseling and legal advice will also be provided.
7. Linkages with **Skill building programs** in select trades like tailoring, stitching, cooking or other areas deemed appropriate will be conducted for the beneficiaries for their rehabilitation.
8. **Children of female drug users** will be provided appropriate interventions which may include immunization, health care, education, protection, nutrition and shelter.
9. Parents or family members of clients can visit on a specified day of the week. No appointments are usually required. Visiting time would be fixed for a given centre.

### *Infrastructure*

A major priority about the infra structure of the facility is that it should be women friendly. In some cases a mother may be undergoing detoxification and she may be pregnant or else she may have her children with her. As a result the centre should consider the needs of both the mother and children. Staff should be adequately available and possess the skills to also staff a crèche for children whose mothers are also residents of the facility.

**In-house infrastructure includes the following facilities:**

- Outpatient area (space for doctor, counsellor, registration and waiting)
- Separate dormitory for women and children below 18 years
- Counselling and therapy room x 1
- Activity room large multi-purpose hall for literacy sessions, physical movement programmes (yoga, exercise class etc.)
- Staff room x 1
- Kitchen x 1
- Client records and medical records room
- Store room for storage of linens, grocery and other stock items
- Separate toilets for clients and staff
- Bathrooms
- Crèche/ Play room for children of women using drugs

#### 4. Program Activities

Assessment of extent and severity of substance use disorder to determine intensity of intervention, including the following areas:

- Individual strengths, behavioral problems, delinquency history
- Family health and criminal history, parental substance abuse, economic status
- School history, vocational aptitude, learning disabilities
- Medical history, physical examination, drug tests, substance abuse history, past treatment, reproductive health issues, mental health issues
- Peer relationships, social services contact, neighborhood involvement

**Detoxification:** to address acute withdrawals due to use of psychoactive substances. This would normally last for about 1 – 2 weeks. This period is also an opportunity to address other medical morbidities in the female drug user.

#### Psychosocial services

- a) **Literacy & Numeracy-** To increase their employability skills, enhance their self-esteem and to motivate them for self-learning
- b) **Life skills education-** To empower them to make informed choices and face the challenges of life
- c) **Health Counselling-** To provide awareness on reproductive and child health as well as giving them proper nutritional support. Referrals for mental health illness and other co-morbid factors would also be provided
- d) **Vocational rehabilitation-** For the successful reintegration into society armed with the positive coping skills to deal with difficult circumstances to support their recovery.
- e) **Assistance in Court related issues-** Providing legal aid to women and of their children in conflict with law undergoing treatment & rehabilitation at the facility
- f) **Follow-up and home visits-** To increase adherence to abstinence and promote compliance among women in recovery

- g) **Prevention-** Through identifying risk behaviors at an individual level and applying empirically based practices to induce positive behavior change.
- h) **Linkages to skill-building, employment & placement** - Former women drug users are ultimately reintegrated into the community to enhance personal dignity and assist with recovery and reduce stigma and discrimination.

#### 6. Expected Outcomes

- Enhanced information and education on services for the substance-using females
- Provision of services to drug using females and their families
- Referral to services (medical, drug treatment) would be established
- Improved health status of residents of the centre
- Increased sense of security and self improvement
- Better coping life skills and confidence to face society and get reintegrated into the family with dignity
- Supportive attitude of the community towards drug use and drug using females.

## 7. Annual Budget

Budget: for – Inpatient (20 Bedded) + Outpatient services (Annual, in Rs.)						
S. No.	Budget Head	Description	Unit Cost	No.	Duration	Total
1	Infrastructure Refurbishment / Furniture / Equipment	One time	250000	1	1	250000
2	Project Coordinator	Local norms for Central Sector Scheme	20000	1	12	240000
3	Salary – Doctor (minimum qualification: MBBS)	Local norms for Central Sector Scheme	60000	1	12	720000
4	Salary – Nurse/ward attendant	Local norms for Central Sector Scheme	15000	2	12	360000
5	Salary - Counsellor	Local norms for Central Sector Scheme	20000	2	12	480000
6	Salary – Accountant/Data Manager	As per IRCA norms	10000	1	12	120000
7	Chowkidar	As per IRCA norms	8000	3	12	288000
8	Yoga /Dance / Music /Art therapist	As per IRCA norms	5000	1	12	60000
9	Life skills trainer/ teacher	Local norms for Central Sector Scheme	20000	2	12	480000
10	Gynecologist on-call	Local norms for Central Sector Scheme	5000	1	12	60000
11	Support for children of residents	Local norms for Central Sector Scheme	2000	1	12	24000
12	Nutritional support	@ Rs 100 per person per day for 20 persons	60000	1	12	720000
13	Personal health and hygiene supplies (includes clothes, toiletries, sanitary items, etc.)	@Rs 500 per person per month for 20 persons	10000	1	12	120000
14	Contingency	As per IRCA norms	6000			72000
15	Medicines*					250000
16	Rent		25000	1	12	300000
17	Conveyance & POL. Support for transporting and producing Children to CWC, Phone & Internet etc.		16000	1	12	192000
	<b>Gross Total</b>					<b>4736000</b>

*NB: All staff employed in the centre must be females*