ANNEXURE I

INTERVIEW SCHEDULE FOR THE STUDY OF COUNSELLING CENTRES

Schedule No.

A. IDENTIFICATION DATA

(i) Name of the counselling centre

(ii) Postal Address

(iii) Location (Delhi)

Rural
Urban

a. private colony
   Govt. colony
   DDA Flats
   Others (specify)

b. Resettlement colony

c. Slums

(iv) Year of establishment

(v) Sponsorship

   a. Govt. (Centre/State)
   b. Non-Governmental
      Private aided
      purely private
   c. Others (specify)

(vi) Name of the parent organisation, with its address:

B. PARENT ORGANISATION

(i) Year of establishment

(ii) Registration year

(iii) Membership

(iv) Status

   Local
   Regional
   State
   National
(v) Mode of Finance
Govt. State
Centre

Non-Govt. (specify)

International or
Foreign Assistance (specify)

(vi) Objectives

1. 
2. 
3. 
4. 

(vii) Specific functions presently carried out:

1. 
2. 
3. 
4. 

(viii) Counselling centres run presently.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name and Address of centre</th>
<th>Year of Establishment/Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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<td>4.</td>
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</table>

C. DETAILS OF COUNSELLING CENTRES

(i) Is the centre functioning at the present location since inception?

1. Yes:
2. No

If no, mention the previous premise(s)

Place Duration (in years) Reasons for shift

1. 
2. 
3. 

(ii) What are the objectives of the centre?

1. 
2. 
3. 
4.
(iii) Mention Activities/programmes

1.

2.

3.

(iv) Is there any specific weekly schedule of activities of the centre, If so please detail out?

(v) What are the days of its operation and timings at which it remains open?

<table>
<thead>
<tr>
<th>Days</th>
<th>Timings</th>
</tr>
</thead>
</table>

(vi) Administrative Features

Accommodation (To be filled through observations, questions may be asked only if necessary).

1. Building
   - Owned
   - Rented
   - Others (specify)

2. Total plinth area
   - a) Covered
   - b) Open
   - c) Other

3. Rooms No.
   - Area
     - 1.
     - 2.
     - 3.
     - Others (specify).

4. Waiting place for clients:
   - Adequate
   - Inadequate
   - Satisfactory
   - Others (specify)

5. Furniture:
   - Items: No.
     - Chairs
     - Tables
     - Beds
6. Equipment

<table>
<thead>
<tr>
<th>Category</th>
<th>Since when requisitioned</th>
<th>working/ non-working</th>
</tr>
</thead>
</table>

7. Water supply

- Adequate
- Inadequate
- Satisfactory
- Others (specify)

Water cooler

- Installed
- Non Installed

8. Electricity

- Available
- Not available
- Others (specify).

9. Fans

- Adequate
- Inadequate
- Satisfactory
- Others (specify).

10. Laboratory facilities

1. Available

2. Type of equipment

3. Type of examinations carried out

4. Staff in the laboratory

   - Laboratory Assistant
   - Yes
   - No

   - Attendant
   - Yes
   - No

5. If separate staff is not available, who attends to the work in the laboratory?

6. If laboratory facilities are not available, where are the clients referred for tests?
11. Keeping in view the activities of the centre, please mention the inadequacies, if any, in respect of physical facilities?

12. If inadequacies exist, what are the actions taken to rectify?

13. Staff

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Category of post</th>
<th>Sanctioned</th>
<th>Imposition</th>
<th>Vacant since</th>
</tr>
</thead>
</table>

Staff Profile

|--------|--------|---------|--------|-----------|----------------|----------|

Exp. in Trg. in dr. abuse | Duties | Addl. respons. | Remarks

Dr. abuse pre-job | In-serv. |

15. Are there any norms in sanction of staff?

16. (a) Is the present sanctioned strength adequate?

   Yes   No

   (b) If No, reasons:

D. Profile of Addicts (Information to be compiled from the records available at the centre for the last two years or since its inception, whichever is shorter).

1. Drugs Abused 1990-91 1991-92

   i) a. Heroin
   b. Brown sugar/smack
   ii) Other Opiate-synthetics
   iii) Opium, Natural Raw
   iv) Alcohol
   v) Barbiturates
   vi) Other sedatives & hypnotics
vii) Amphetamines  
viii) cocaine  
ix) cannabis (Bhang/hashish/ganja/charas)  
x) Hallucinogens  
xii) tranquilisers  
xiii) Tobacco  
xiv) PCP (phencyclidine)  
xv) others (inhalents/glue/chloroform)  
xvi) Two drugs 

2. Sex Distribution  

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-91</td>
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<td></td>
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</tr>
<tr>
<td>1991-92</td>
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</tbody>
</table>

3. Age Distribution  

<table>
<thead>
<tr>
<th>Year</th>
<th>12-17</th>
<th>18-23</th>
<th>24-30</th>
<th>31-45</th>
<th>46-60</th>
<th>More than 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-91</td>
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<td>1991-92</td>
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</table>

5. Marital Status  

<table>
<thead>
<tr>
<th>Year</th>
<th>Unmarried</th>
<th>Married</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widow/widower</th>
<th>Others (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-91</td>
<td></td>
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<td>1991-92</td>
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</table>

6. Education  

<table>
<thead>
<tr>
<th>Year</th>
<th>Illiterate</th>
<th>Literate without schooling</th>
<th>primary</th>
<th>Middle</th>
<th>Secondary</th>
<th>Higher Secondary</th>
<th>Intermediate</th>
<th>Graduate</th>
<th>Post Graduate</th>
<th>Professional (LLB/CA)</th>
<th>Technical (MMBS/BE)</th>
<th>Others (specify)</th>
</tr>
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<tbody>
<tr>
<td>1990-91</td>
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<td>1991-92</td>
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</table>

7. Occupational Status  

<table>
<thead>
<tr>
<th>Year</th>
<th>Unemployed</th>
<th>Govt. service</th>
<th>Business</th>
<th>Agriculturist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-91</td>
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<td></td>
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<tr>
<td>1991-92</td>
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</tbody>
</table>
Agriculture
Labour
Labourer
Professional
Technical
Transport worker
Rikshaw puller
Scooter driver
Others (specify).


No income
Rs. 100-500
Rs. 501-1000
Rs. 1001-3000
Rs. 3001-5000
Rs. 5001+
Others (specify)

E. SERVICES

1. Type of services available

Indoor Yes No Outdoor

1.a) In case indoor services available please describe briefly.
(No. of beds, type of services offered with duration of stay of client and follow up etc.)

2. No. of cases registered during the last two years?

1990-91 -------
1991-92 -------

3. Addicts detoxified through counselling centres.

Outdoor Indoor

1990-91
1991-92


Self
Family
Friends
Hospitals
Private doctors
Other rehabilitation centre
Staff of the centre
Through SW organisations
Others (specify)

5. Which are the areas from which clients mostly come from?

6. What are the methods used to identify addicts?
7. What are the procedures generally employed to rehabilitate the addicts?

I. a) Prescription of medicines.
   Yes          No
   b) If yes, name the medicines normally prescribed?

II. a) Psychiatric opinion sought in each case.
   Yes          No
   b) If yes, reason
   c) If no, why not?

III. a) Does each case require detoxification?
   Yes          No
   b) If not, what is the proportion who does not require and why?
   c) If facilities for detoxification not available, where it is done?

IV) What psychological tests are performed for the addicts with purpose?

V) a) What laboratory tests are necessary for addicts?
   b) Where are they done?

VI) Counselling
   a) Are counselling services rendered at the centre?
      Yes          No
   b) If yes, who is responsible?
   c) Type of counselling services rendered.
      Yes/No        No. of Sessions
                     1990-91      1991-92
      Individual
      Group
      Family
      Others (specify)
VII) Individual Counselling

a) Average No. of sessions done in each case.

b) Average/usual duration of each session.

- 15 Minutes
- 15-30 Minutes
- 30-45 Minutes
- 60 Minutes

(c) Does the centre have adequate space to conduct counselling sessions?

Yes No

d) What is the usual content of counselling?

e) Any problem encountered in counselling addicts?

f) What are the individual's perception of the sessions?

g) Average no. of sessions held during 1990-92.

VIII) Group Counselling

a) Does the centre have adequate space available to organise group sessions?

Yes No

(b) If no, where the sessions are held, if at all?

c) What is the optimum size of the group the centre organises?

d) What are the types of members who attended?

e) What are the techniques used in group counselling?

f) Average duration of each session?

g) What is the usual content of each session?

h) What are the problems encountered in organising such sessions?

i) What are the usual perceptions of the groups counselled?
j) Average no. of sessions held during 1991-92.

IX) Family Counselling
   a) In rehabilitation process has family counselling a role?
   b) Does the centre organise family counselling?
      Yes    No
   c) Whom do the centre mostly involve in family counselling?
   d) What are the problems encountered?
   e) What are the important aspects to be kept in mind in counselling a family?
   f) Average no. of sessions held during 1991-92.
   h) General perceptions of the members in the family counselling sessions?

X) Family Visits and Follow Up
   a) Are the family visits paid?
      Yes    No
   b) If yes, what is the purpose of these visits other than follow up?
   c) What are the measures undertaken to contact the client in case he does not turn up?
      Telephone
      Correspondence
      Others (specify)

XI) Other Services
   a) Are day care services available?
      Yes    No
   b) If yes, what are the activities performed?
   c) No. of clients provided day care services during 1990-92 or since inception (whichever is shorter).
   d) How does it benefit the addicts?
e) For how many days usually the client is provided with day care facilities?

1) (i) Has the centre helped its clients in formulating self help groups like AA/NA?

(ii) If yes, how frequently its meetings are performed?

(iii) Have such groups proved to be useful for the client?
   Yes       No

(iv) If yes, how?

g) (i) Are there any other groups or associations formulated to rehabilitate the addicts?
   Yes       No

(ii) If yes, please describe?

h) (i) Any measures undertaken to rehabilitate the clients economically?
   Yes       No

(ii) If yes, how?

(i) Do you try to involve the community workers in the rehabilitation of clients?
   Yes     No

(ii) If yes, explain how?

j) Do you liaison with other centres and how?

k) Do you liaison with the enforcement agencies?

8. What are the measures generally undertaken to prevent frequent relapses?

9. Performance

<table>
<thead>
<tr>
<th></th>
<th>1990-91</th>
<th>1991-92</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases recovered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases dropped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases relapsed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(ii) What are the records maintained up to date?

(iii) Do you prepare any reports? If so, periodicity.

(iv) a) Have you devised the records/reports yourself?

    b) If so, are they adequate and useful?

(v) Do you use the records for any research work or assessment of the problem of drug abuse?

10. Preventive Education

   i) (a) Do you carry outreach activities?

       Yes  No

       (b) If yes, type of activities, No. of sessions and target group covered during 1990-92.

       Number  Target Group

       Plays
       Skits
       Talks/lectures
       Film Shows
       Others (specify)

   (ii) Type of educative material produced during 1990-92, with details.

11. Any training activities carried out during 1990-92 or since the inception of the centre (which ever is shorter) in the field of drug abuse prevention? Please mention no. of courses, trainees, trainers, duration and number trained.

12. Finance

   i) Indicate the sources of funds to run the centre?

       Ministry of Welfare
       Donation from the public
       Membership fees
       Aid from the State Govt.
       International/Foreign Assistance
       Others (specify)


F) Any suggestions to give to improve the performance of the centre.
ANNEXURE II

INTERVIEW SCHEDULE FOR DRUG ADDICTS TREATED IN THE COUNSELLING CENTRE

Schedule No.  ------------
Date  ------------

Type of addict
(1) Ex-Addict ( recovered )
(2) Addicts still under treatment
(3) Drop-out
(4) Relapsed addicts
 Others ( specify )

1. DEMOGRAPHIC DETAILS

1.1 Name of the addict
1.2 Address
1.3 Sex
   (1) Male
   (2) Female

4. Religion
   (1) Hindu
   (2) Muslim
   (3) Christian
   (4) Sikh
   Others ( specify )

1.5 Caste
   (1) Scheduled Caste
   (2) Scheduled Tribe
   (3) Other Backward Class
   Others
1.6 Residence
   (1) Rural
   (2) Urban
      2.1 Urban: a) Private Colony
                b) Govt. Colony
                c) D.D.A. flats
                d) Others (specify)
      2.2 Resettlement Area
      2.3 Slum Area
         Other (specify)

1.7 Permanent Address

1.8 Marital Status
   (1) Unmarried
   (2) Married
      a) Married not living with spouse
      b) Separated
      c) Widow / Widower
      d) Divorced

1.9 (a) If married
      Age of marriage
      No. of children
         Total
         Male
         Female

      (b) Did you had other than the existing marriage?
         (1) Yes
         (2) No

      (c) If yes, give details.

      (d) If separated/divorced, after how many years of marriage it took place?
         (1) within a year
         (2) 1-3
         (3) 3-5
         (4) 5-7
         (5) 7-9
         (6) More than 9 years
         (7) others (specify)

      (e) Please specify the reasons for the same?

1.10 Education
   (1) Illiterate
   (2) Literate
      (a) Without Schooling
      (b) With Schooling
         1. Primary
         2. Middle
         3. Matriculate
         4. Higher Secondary/Intermediate
         5. Graduate
         6. Above Graduation
         7. Professional course
         Others (specify)
1.11 Type of family

(1) Nuclear
(2) Joint
(3) Others (specify)

1.12 Family Composition

<table>
<thead>
<tr>
<th>No</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
<th>Educational</th>
<th>Occupation</th>
<th>Income</th>
<th>Remark</th>
</tr>
</thead>
</table>

1.13 Is/Was there anybody else too have/had been taking drugs in your family?

(1) Yes
(2) No

If so, please give details about your relation, type of addiction and measures undertaken to combat it, if any.

<table>
<thead>
<tr>
<th>Relation</th>
<th>Type of addiction</th>
<th>Measures</th>
</tr>
</thead>
</table>

2.0 INFORMATION ON ADDICT

2.1 Living status:

(1) Living in a Nuclear family
(2) Living in a joint family
(3) Living alone
(4) Living with friends
Others (specify)

2.2 Occupation

Present occupation

(1) Unemployed
(2) Housewife
(3) Govt. service
(4) Private service
(5) Labourer
(6) Rickshaw puller
(7) Coolies
(8) Bus / Scooter / Taxi driver
(9) Other category of transport workers
(10) Industry employees
(11) Shopkeeper
(12) Business
(13) Other type of self-employment
(14) Agriculturist
(15) Hotel / Restaurant employee
Others (specify)
2.3 Monthly Income

(1) Nil
(2) Rs. 500 /- ( upto )
(3) 501 - 1000
(4) 1001 - 2000
(5) 2001 - 3000
(6) 3001 - 4000
(7) More than 4000/-
    Others (specify)

2.4 (a) Did you work anywhere else before taking up the present job?

(1) Yes
(2) No

(b) If yes, describe briefly.

(c) Are you satisfied with the present job?

(1) Yes
(2) No

(d) If not please specify the reasons.

(1) Inadequate income/salary
(2) Disliking for the job
(3) Over burden
(4) Limited promotional avenues/stagnation
(5) Unhealthy work environment
(6) Colleagues at work not helpful
    Any others (specify)

(e) What were the reasons for leaving the earlier job(s)?

(f) What are your future plans?

3.0 DRUG HISTORY

3.1 Please give details about your drug taking behaviour. (p)

3.2 (The following information may be filled on the basis of details
given by the client and, if required the additional questions may be asked).

(i) At what age abused the drug for the first time?
(1) Less than or equal to 10 years
(2) 11 - 15
(3) 16 - 20
(4) 21 - 25
(5) 26 - 30
(6) Above 30
    Others (specify)

(ii) What was the drug first abused?

(iii) In whose company was it consumed?
(iv) At what place was the drug taken?

(v) Whether a:
   (a) Single abuser
   (b) Abuser of more than one drug
   (1) Presently
   (2) In late past

(vi) If single abuser
   (a) Type of drug
   (b) Frequency
   (c) If daily, number of times taken in a day
   (d) Usual quantity consumed at a time and during a week
       At a time                  During a week                  Others
       -------------------       -------------------       -------

(c) Duration of abuse

(vii) If more than one drug abused (describe in brief)
   (a) Which drug is/was most commonly abused?

(b) Drug abused     Frequency of abuse     Quantity     Duration of Re-abuse
                        Daily  Weekly  Other  Once  Weekly  Other

                        (1)    (2)    (3)    (4)    (5)    (6)    (7)    (8)

(viii) In whose company and where you usually used to take/taking drug?

4.0 REACTION OF FAMILY AND COMMUNITY TO DRUG HABIT

4.1 How did your family members feel when they came to know that you have taken to drugs?

4.2 What were the feelings of your friends?

4.3(a) Did anyone try to help you in getting rid of your problem?
     (1) Yes
     (2) No

(b) If yes, who helped and how?

5.0 EMPLOYMENT AND DRUG BEHAVIOUR
5.1 (a) Did your employer come to know about your problem?
   (1) Yes
   (2) No
(b) If yes, how did he come to know about it?
(c) What was his reaction to it?
(d) Did he help you to get out of it?

(e) Do you think your drug habit has/had effect on your job efficiency or created any other problem?
   (1) Yes
   (2) No

(f) Were you able to attend to your job regularly?
   (1) Yes
   (2) No

(g) If no, did you absent yourself from the work?
   (1) Frequently
   (2) Occasionally

(h) Average duration of absence

(i) Were you asked to explain your absence from duty any time?
   (1) Yes
   (2) No

(j) Did you take any medical leave/leave without pay during the period of drug abuse?
   (1) Yes
   (2) No

<table>
<thead>
<tr>
<th>Type of leave</th>
<th>No. of days</th>
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<tbody>
<tr>
<td>(a) Medical leave</td>
<td></td>
</tr>
<tr>
<td>1. With pay</td>
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<tr>
<td>2. Half pay</td>
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<tr>
<td>3. Without pay</td>
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</tbody>
</table>

(b) Leave without pay

(k) How much salary was cut because of leave with half pay/without pay?

(l) Did you any time in your career lose job because of your habit of drug taking?
   (1) Yes
   (2) No

(m) If yes, please explain fully what had happened?

(n) Did you change your job during the period of your drug habit?
   (1) Yes
   (2) No

(o) If yes, please give details and reasons for change?
In case of self-employed

5.2 (a) Have you taken any loan to establish your employment?  
(1) Yes  
(2) No  
(b) If yes, describe (amount, source and purpose)
(c) Were you ever unable to attend to your work because of your drug habit?  
(1) Yes  
(2) No  
(d) If yes, how did you then manage your work?
(e) Was it for a short duration (for a week or less) or for a long period? Please explain.
(f) How did your absence affect your income? If so, to what extent?
(g) Any other problem faced by you in regard to your employment?

5.3 In case of students

(a) Did your school/college authorities come to know about your problem?  
(1) Yes  
(2) No  
(b) If yes, how?
(c) How did your principal/teachers/warden react to it?
(d) Did anyone of those try to help you to get rid of the problem and how?
(e) What was the reaction of your school-mates?
(f) Did anyone of them also have a similar problem?
(g) Did your school/college mates help you to get rid of the problem and how?
(h) Do you think your drug habit has effect on your school/college performance?
(i) Did your drug habit lead you to miss your classes?  
(1) Yes  
(2) No  
(j) If yes, frequency of absence (specify).
(k) In case, you took a leave what type of leave it was?
(l) Did it any time lead to short-fall in your attendance?  
(1) Yes  
(2) No  
(m) If yes, To what extent?
(n) Were you asked to explain your absence from classes?
   (1) Yes
   (2) No

(o) If yes, explain briefly.

(p) Did it lead to any disciplinary action? (specify).

5.4 Did you meet any accident because of influence of drug? Specify briefly.
   (1) Yes
   (2) No

5.5 Did you suffer with any medical problem due to abuse of drug?

<table>
<thead>
<tr>
<th>Ailments</th>
<th>Yes</th>
<th>No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respiratory problems</td>
<td></td>
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<tr>
<td>2. Digestive problems</td>
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<tr>
<td>3. Circulatory problems</td>
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<tr>
<td>4. Problems associated with C.N.S.</td>
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</tr>
<tr>
<td>5. Muscular and skin problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Psychiatric problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Others (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.0 FINANCING OF DRUGS

6.1 What was the average money you spent or spending weekly on drugs?

6.2 Where from you got the money to buy drugs?

6.3 In case you had no money to buy drugs, did you have to use some other means to satisfy your craving for drugs?
   (1) Yes
   (2) No

6.4 If yes, what were those means?

6.5 Did you sell household articles to get the drugs? If yes, please specify.

6.6 After taking drug did you behave in a way which you do not remember or which was not liked by others? (Please explain).

7.0 ASSOCIATED FACTORS TO DRUG CONSUMPTION
7.1 What made you to take the drug initially and thereafter continue

<table>
<thead>
<tr>
<th>Reasons/Factors</th>
<th>For taking drug</th>
<th>For continuing drug abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Friends company/ peer pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Curiosity/experimentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Enjoyment/adventure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. To improve concentration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. To improve work efficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or for better performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Psychological factors- stress, strain and frustration</td>
<td>(a) Failure</td>
<td></td>
</tr>
<tr>
<td>(b) Loneliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Lack of love &amp; affection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Disinterest in studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) High ambition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Others (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Family influence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Family problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Excess of money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. To avoid withdrawal symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Easy availability of drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Social custom/pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Others (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.5 For how long you took/ had been taking drug regularly?

8.0 TREATMENT

8.1 (a) Did you seek the help of any friend/colleague or family member for getting rid of your addiction?
   (1) Yes
   (2) No

   (b) If yes, who helped you?

8.2 (a) Did you think your drug habit warrant treatment?
   (1) Yes
   (2) No

   (b) If yes, did you take any action thereafter?
8.3 If you sought treatment, where all from?

<table>
<thead>
<tr>
<th>Single organisation</th>
<th>More than one organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of the organisation(s)</td>
<td></td>
</tr>
<tr>
<td>2. Type of treatment</td>
<td></td>
</tr>
<tr>
<td>(a) Only outdoor</td>
<td></td>
</tr>
<tr>
<td>(b) Only indoor</td>
<td></td>
</tr>
<tr>
<td>(c) Both</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td>3. Duration of treatment</td>
<td></td>
</tr>
</tbody>
</table>

8.4 (a) In what way the counselling centre helped you?

(b) What was the outcome of your treatment?

(c) In case you dropped out the treatment, what were the reasons according to you? (The investigator may also record the number of times the client dropped the treatment)

8.5 How did you come to know about the organisation(s)?

8.6 Did your family cooperate with you during the period of treatment? If so, in what way?

8.7 Who accompanied you to the organisation for the first time and thereafter?

8.8 What amount of money did you spend on your treatment?

8.9 From where you got the money?

8.10 What treatment did the organisation give you?
   (a) Medicines
   (b) Detoxification
   (c) Counselling - Individual - Group
   (d) Others (specify)

8.11 How frequently you visited the centre?
8.12  (a) How many individual counselling sessions you had undergone?
(b) What was discussed during these sessions?
(c) Do you think these sessions are required?
   (1) Yes
   (2) No
(d) If yes, in what way these sessions are helpful?
(e) If no, why so?

8.13 What was the outcome of sessions other than the individual sessions?
   (Refers to group, family and educative sessions).

8.14 Can you tell what types of tests/examinations you underwent and where were they performed?

8.15 (a) Did the organisation suggest you anything to prevent relapse?
   (1) Yes
   (2) No
(b) If yes, what were you advised?

8.16 Did the organisation contact your family members?
   (1) Yes
   (2) No

8.17 Were they contacted in the centre or during the home visits?
   (1) Contact in the centre
   (2) Contact during home visits

8.18 Who usually paid the home visits?
   (1) Social Worker
   (2) Counsellor
   (3) Any other (specify)

8.19 What was the advice given to your family members?

8.20 For how long you took treatment from the centre?

8.21 Were you regular in your treatment according to the instructions given?

8.22 Did the organisation contact you in case you did not get treatment as required or you dropped out the treatment?
   (1) Yes
   (2) No
8.23 (a) Do you think the organisation, has enough space to look after the clients?
   (1) Yes
   (2) No

   (b) Could pay adequate attention to the clients?
   (1) Yes
   (2) No

   (c) The staffs' attitude to the clients, is congenial, sympathetic and understanding?
   (1) Yes
   (2) No

   (d) That the services rendered by the organisation are adequate?
   (1) Yes
   (2) No

8.24 How do you rate the working of the organisation?
   (1) Very good
   (2) Good
   (3) Satisfactory
   (4) Poor
   (5) Very poor

8.25 (a) Did you face any economic problem due to your addiction?
   (1) Yes
   (2) No

   (b) If yes, did the organisation try to rehabilitate you economically?

   (c) In what way (if yes)?

8.26 (a) Did you relapse after taking treatment from the organisation and getting recovered fully?
   (1) Yes
   (2) No

   (b) If yes, after how long and why?
   (1) Soon after stopping treatment
   (2) Within a month
   (3) 1+ - 3 month
   (4) 3+ - 6 month
   (5) 6+ - 12 month
   (6) 1+ - 1 1/2 year
       Others (specify)

8.27 Do you recommend the organisation for treatment in case any other colleague or friend of your's needs help?
   (1) Yes
   (2) No
5.23 What do you think the organisation you were treated at,

(a) Had any deficiencies:
   (1) Yes
   (2) No

(b) If so, mention in respect of:
   (1) Interest and dedication
   (2) Inadequate staff
   (3) Lack of medicines
   (4) Lack of space
   (5) Lack of equipment for carrying out tests
   Others (specify)

9.1 (a) Did you any time come in conflict with law due to your drug?
   (1) Yes
   (2) No

(b) If yes, in what way?

(c) If no, what are the reasons?

10.0 (a) Are you member of any NA group or any other drug prevention group?
   (1) Yes
   (2) No

(b) If yes, how did you come to know about it or who helped you in formulating such a group?

11.0 (a) Do you keep contact with the counselling centre from where you took treatment?
   (1) Yes
   (2) No

(b) If yes, in what way?

12.0 Do you think the extent of drug abuse is increasing in our country?
   (1) Yes
   (2) No

13.0 What are your suggestions for preventing illicit traffic or consumption of drugs?

14.0 Remarks of the interviewer.
ANNEXURE III

TWELVE POINT MINIMUM PROGRAMME FOR PROHIBITION

(i) Discontinuance of advertisements and public inducements relating to drink.

(ii) Stoppage of drinking in public places like hotels, hostels, restaurants and clubs and at public receptions.

(iii) Banning of liquor shops near industrial, irrigation and other development projects in order to keep away the workers from drinking.

(iv) No liquor shops to be allowed along highways and residential areas in towns and villages, nor anywhere near educational institutions, religious places and colonies of labourers.

(v) Pay days in different areas to be uniformly be 'dry' days.

(vi) Strict restrictions to be enforced on motor vehicle drivers and pilots; any infringement of rules to be punished with cancellation of their licences for a sufficiently long period.

(vii) Government servants of all categories, including employees of public undertakings, to abstain from drinking in public; drunkenness while on duty to be severely punished.

(viii) No new liquor shops to be opened in any part of the country merely to earn more excise revenue.

(ix) No licence for creation of additional capacity or expansion of existing capacity for distillation or brewing of alcoholic drinks to be granted save in cent per cent export-oriented cases.

(x) The existing legislation to be tightened up with a view to punishing the guilty more effectively. Special mobile police squads to be organised for the purpose where necessary.

(xi) Widespread and concerted propaganda by official as well as non-official agencies against evil of drinking.

(xii) Leaders of public opinion to set the tone by their personal examples.

ANNEXURE IV

GUIDELINES FOR THE IMPLEMENTATION OF PROHIBITION

I. Immediate step

(1) Introduction of dry days:

(a) Starting with two days in a week in 1978, the number of dry days should be increased to 4 in 1979, 6 in 1980 and all days in 1981.

(b) Dry days should be declared in consultation with neighbouring States so as to have maximum success.

(c) Invariably 'pay day' should be a dry day.

(d) Martyr's Day and Gandhi Jayanti and all important religious festivals should be dry days.

(2) Immediate stoppage of drinking in public places like hotels, hostels, restaurants, clubs and at public receptions.

(3) Discontinuance of advertisements.

(4) No new licences to be given for distilleries, breweries, retail liquor shops etc. anywhere.

(5) Non-renewal of licences which will expire within the next one year-notice to be given now itself.

(6) Withdrawal within the next 12 months of licences to shops:

(a) near industrial, irrigation and other projects.

(b) on highways, residential areas, educational institutions, religious places and colonies of workers.

(7) Personal example to be set by leaders of public opinion, including Ministers, M.P.s. and M.L.As.

(8) For Government servant, being debarred from drinking in public is not enough. They should set an example by completely giving up drinking. Drunkenness while on duty to be severely punished. Suitable provisions in the Conduct Rules governing State Government servants to be made in the light of Rules made for the Central Government servants.
II. Steps for the long term

The State Governments need to undertake at once the following exercises so as to prepare for steps which are to be implemented in the long term:

(1) Permit system to be worked out for

(a) addicts;
(b) those on medical treatment;
(c) medicinal use in emergent cases;
(d) temporary foreign residents;
(e) privileged persons e.g. Heads of States, Ambassadors, Diplomatic Envoys etc.
(f) resident foreigners;
(g) tourists;
(h) tribal areas where it is part of the culture to use liquor at ceremonies; and,
(i) brewing of rice and mahua flowers and other country liquor.
Permits should be restricted to the minimum.

(2) Provision of money, staff and structure for De-addiction centres and Welfare of families of addicts.

(3) Provision of suitable alternatives like Neera and progressive reduction of strength of alcohol in alcoholic beverages.

(4) Reduction in allocation of alcohol for potable purposes and greater diversion of alcohol for industrial purposes e.g. in 1978-79 a reduction of 25% in the alcohol for potable purposes may be tried to be doubled in the next year and ultimately fully by 1980. Possibilities of export of alcohol to be explored.

(5) Exercises in relation to minimisation of unemployment which may arise on account of implementation of prohibition and working out alternative avenues of employment.

(6) Making drinking unfashionable by incorporating suitable lessons in textbooks, educational institutions etc., and infusing proper values in this regard from early childhood. Provision of money to voluntary
organisations for educational publicity.

(7) Exercises on the availability of drugs and other products from which illicit liquor is made including eau-de-cologne and toilet preparation, thinners, tinctures etc. and measures needed to plug the sources, and control their distribution.

(8) Working out the real loss on account of prohibition and how it is to be made up. Details are to be worked out taking into account the channelisation of funds into other areas from people's "savings" on liquor, extent of revenue gained by the State through diverting alcohol for industrial purposes, export of alcohol etc.

(9) Law to be enacted for implementation of prohibition and drug control.

(10) Additional amount to be provided for implementation machinery including the Police, the Excise, administrative structure etc., and their training.

ANNEXURE V

GUIDELINES ON PROHIBITION FOR TRIBAL AREAS

The guidelines issued for tribal areas include:

- no action requiring in tribal areas where prohibition is in force;

- giving up of contract system of liquor-vending, no liquor shops in areas where custom of brewing local beverages prevails in areas without tribal population liquor may be sold through government shops;

- tribals may be allowed to prepare their beverages for individual and social purpose in areas where prohibition is not in force;

- commercial preparation of local beverages should be prevented through Panchayats;

- sale of liquor in 'hats' should be barred;

- government should undertake educational propaganda and should encourage social workers and non-governmental agencies to assist in programme policy of temperence;

- The problem should be assessed by tribal development division and general recommendations of the Central Prohibition Committee regarding shops can apply in the case of industrial complexes and towns in tribal areas, recommendation also apply to 'Tea garden labour'.

The immediate steps included, introduction of dry days; stoppage of drinking in public places; discontinuance of advertisements; ban on the issue of new, renewal of licences; withdrawal of licences in specified areas; personal example by opinion leaders and government servants; strict enforcement of motor vehicle (Amendment) Act, 1977; and organisation of regional meetings/committees for smoother implementation of the programme. The long term-steps included the introduction of permit system; provision of deaddiction centres and welfare measures for the family of the addicts; progressive reduction of strength of alcohol in alcoholic beverages and provision of suitable alternatives; reduction in allocation for alcohol for portable purposes and greater diversion of alcohol for industrial purposes; working out alternate avenues of employment for those engaged in alcohol industries; awareness building through educational institutions and voluntary organisations; controlling the availability of drugs and other products from which illicit liquor was made; working out modalities on compensating the loss on account of prohibition; enactment of suitable law; and strengthening of implementation machinery. More importantly the government of India offered compensation to the extent of 50 per cent of the established loss to excise revenue by the state as a result of the introduction of prohibition.

FUNCTIONS OF THE CENTRAL COMMITTEE ON PROHIBITION AND DRUG ABUSE

(i) To undertake periodic reviews for prohibition policy and progress in different states.

(ii) To study difficulties that may be encountered by the states in implementing the policy of prohibition and to recommend suitable measures to overcome such difficulties.

(iii) To suggest ways and means to intensify publicity in favour of prohibition in both in areas already coming under prohibition and areas which do not.

(iv) To promote scientific research and statistical studies in respect of the social implications of prohibition and alcoholism in particular in respect of subjects such as:

(a) alternative economic uses of raw material now utilised in the production of alcoholic beverages and intoxicants;
(b) rehabilitation of families whose existing avenues of employment may disappear consequent upon introduction of prohibition.

(v) To recommend suitable measures to encourage official and non-official agencies devoted to:

(a) Prohibition and temperance propaganda;
(b) care and rehabilitation of alcoholics and drink addicts;
(c) scientific research in respect of problems associated with prohibition.

(vi) To review the situations with regard to drug abuse in the country and assess the effectiveness of the anti-drug programmes for prevention, counselling, treatment and rehabilitation of drug addicts.

(vii) To suggest measures to develop a comprehensive system for collection, storage, documentation, analysis and evaluation of data from various sources on a continuing basis.

(viii) To suggest ways and means to strengthen social and educational institutions at community level for increasing awareness and imparting preventive education supportive activities at the family, school and locality levels to curb the spread of drug abuse.

(ix) To review the impact of publicity through media on various sections of society and to suggest appropriate steps for ensuring a healthy and positive effect.
(x) To suggest ways and means of involving voluntary civic organisations, parent-teacher associations and other community based organisations in drug abuse control programme.

(xi) To suggest appropriate measures for mobilising society for effective control of illicit supply of narcotic drugs and psychotropic substances.

### SOURCEWISE QUANTITY IN KGS. OF DRUG SEIZED WITH PERCENTAGE IN TOTAL DRUG SEIZED IN BRACKETS

#### A. GOLDEN CRESCENT

<table>
<thead>
<tr>
<th>Drug</th>
<th>Sourcewise Quantity (Kgs.)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opium</td>
<td>41(1.24%)</td>
<td>75(1.13%)</td>
</tr>
<tr>
<td>Morphine</td>
<td>2(20%)</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>2648(81.4%)</td>
<td>1697(77.4%)</td>
</tr>
<tr>
<td>Ganja</td>
<td>3892(47.6%)</td>
<td>3895(60.9%)</td>
</tr>
<tr>
<td>Hashish</td>
<td>14866(84.8%)</td>
<td>2320(52.5%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>34(2%)</td>
<td></td>
</tr>
</tbody>
</table>

#### B. GOLDEN TRIANGLE

<table>
<thead>
<tr>
<th>Drug</th>
<th>Sourcewise Quantity (Kgs.)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opium</td>
<td>2(Neg.)</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>5(.1%)</td>
<td>12(1.92%)</td>
</tr>
<tr>
<td>Ganja</td>
<td>6(Neg.)</td>
<td>4(Neg.)</td>
</tr>
</tbody>
</table>

#### C. NEPAL

<table>
<thead>
<tr>
<th>Drug</th>
<th>Sourcewise Quantity (Kgs.)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opium</td>
<td>Neg.</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>3(0.48%)</td>
<td></td>
</tr>
<tr>
<td>Ganja</td>
<td>21123(45.9%)</td>
<td>11781(30.13%)</td>
</tr>
<tr>
<td>Hashish</td>
<td>735(4.2%)</td>
<td>1360(16.6%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANNEXURE IX

COUNSELLING CENTRES FOR REHABILITATION OF ADDICTS
SET UP IN DELHI UPTO 1992

4. Jagriti, 6562/13, Behind Filmistan, Chamelion Road, Delhi.
5. Jagriti, Goenka Road, Near Roshanara Road, Delhi.
6. Jagriti, 2055, Kali Masjid, Turkman Gate, Delhi.
12. Dr. Vidyasagar Kaushalya Devi, Memorial Trust Counselling Centre, D-217, Krishna Park, Khanpur, New Delhi.

ANNEXURE X

DETAILS ABOUT THE STAFF AT THE COUNSELLING CENTRE

Staff

Staffing pattern for the counselling centre may ordinarily include:

(i) Psychiatrist/Medical Officer 1 (part time)
(ii) Social Workers 2 (full time)/ 4 (part time)
(iii) Counsellors 2 (full time)/ 4 (part time)
(iv) Project Coordinator 1
(v) Clerk-cum-Accountant 1
(vi) Sweeper 1
(vii) Driver 1

While the full-time staff may work for eight hours, the part-time staff may put in four hours daily.

The qualifications of the specialised staff may be prescribed as under:

(i) Psychiatrist/Medical Officer
   MBBS with Diploma in Psychiatry for Psychiatrist
   MBBS with one year experience in the field of Medicine for Medical Officer.

(ii) Social Worker
   M.A. Social Work
   or
   M.A. in social science with at least one year of experience in the field of social welfare/development.
   or
   Graduate with a social science subject with at least three years of experience in the field of social welfare and development.
   or
   Graduate with a social science subject and special training in counselling/social work along with at least two years of experience in the field of social welfare/development.

(iii) Counsellor
   M.A. Psychology with a paper in Clinical Psychology.
   or
   M.A. Social Work with a paper in Medical and Psychiatric Social Work.
M.A. Social Work with at least one year experience in counselling.
or Graduate with a social science subject with at least two years of experience in the field of social welfare/development.

(iv) Project Coordinator

M.A. in social sciences with at least three years of experience in the field of social welfare/development.

Duties

Duties of Psychiatrist/Medical Officer

1. Assessment of clients in regard to their physical/mental condition.
2. Conduct of suitable tests to determine the nature, degree and consequence of addiction.
3. Participation in the scheduling of the treatment process.
4. Treatment of clients for their medical and psychiatric problems.
5. Assistance in working out follow-up and rehabilitation strategies.
6. Contribution to awareness building and preventive education programs.

Duties of Social Worker

1. Assessment of drug prone areas and groups.
2. Identification of addicts and those at-risk.
3. Preparation of case histories on the basis of a detailed study of the personal characteristics, behavioural patterns and family/community/social background of addicts.
5. Participation in individual/group therapy.
6. Working with families, associates and others exercising authority on addicts.
7. Mobilisation of welfare resources for addicts.
8. Undertaking follow-up services.
9. Contribution to awareness building and preventive education programs.

Duties of Counsellor

1. Understanding and diagnosis of addicts and their families.
2. Building of rapport and a purposeful relationship with addicts.
3. Conduct of counselling sessions with addicts, their families and other associates.
4. Participation in the planning of a treatment plan.
5. Contribution to the detoxification process.
7. Assistance in the follow-up and rehabilitation process.
Duties of Project Coordinator

1. Planning, development and monitoring of the activities and programmes of the centre.
2. Coordination among various units of the staff.
3. Inspection, supervision and overall administration.
4. Institutional discipline, staff welfare and grievance redressal.
5. Review and reporting on the functioning of the centre. 6. Periodic evaluation of the activities and programmes.
   Development of a documentation and information exchange programmes.
8. Liaison with other units, agencies and organisations in the field.