Annexure II

Interview Schedule
Community Participation and Drug De-Addiction: A Study of Community Based De-Addiction Clinics In and Around Chandigarh

1. Personal Background

1.1. Name:

1.2. Age:

1.3. Sex: a) Male b) Female

1.4. Marital Status: (a) Never Married (b) Married (c) Divorced/Separated (d) Widow/Widower (e) Deserted

1.5. Religion: (a) Hindu (b) Sikh (c) Muslim (d) Christian

1.6. Education: (a) Illiterate (b) Literate (read & writes) (b.1.) if literate (a) Primary (b) Middle (d) Up to 10th or 12th (e) Graduation (f) PG/tech./Prof.

1.7. Employment Status:

(a) Never employed (b) Self employed (c) Presently unemployed (d) Student (e) Full time employed (f) Part time employed (g) Housewife/girl (h) Any other

1.8. Current living arrangement:

(a) Joint family (b) Nuclear family (c) With friends (d) Alone (e) Any other

1.8.1. Locality: Urban (b) Rural (c) Other

1.8.2. Income / pocket Money (Per Month)

2. Family Background:

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Relation with respondent</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Income (Monthly)</th>
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3. History of Drug Addicts

3.1. Is there any history of drug addiction in your family?
   (a) Yes (b) No

3.1.1. If yes, who takes drugs?

3.2. What influenced you to start drugs?
   (a) Peer Influence (b) Family Influence (c) Occupational Pressures (d) No Influence

3.3. At what age you started abusing drugs?
   (a) Less than 12 years (b) 13 to 19 years (c) 20 years & above

3.4. Since how long you are taking drugs?
   (a) Less than 12 months (b) 1-4 years (c) 5-9 years (d) 10-14 years (e) 15-19 years
   (f) 19 years & above

3.5. Name the drug/drugs you are addicted to?
   1. __________________________
   2. __________________________
   3 __________________________

3.6. How do you feel after taking drugs?

3.7. Why did you start taking drugs?
   (a) Family tension (b) Personal tension (c) Experimented with drugs
   (d) Any other

3.8. Do you prefer company while taking drugs or like isolation?
   (a) Yes (b) No

3.9. When and why and how did you decide to leave the drugs?
4. Contact with Community Based De-Addiction Clinic

4.1. From whom you came to know about Community based de-addiction clinic?
(a) Family member (b) Sibling (c) Friend
(d) Teacher (e) Neighborhood (f) Any other

4.2. Since how long you are visiting this CBDC?
(a) one year (b) Six Months (c) Two Months (d) Less than two months (e) First Time (f) More than one year

4.3. Are you provided with some free oral medicine in the CBDC?
(a) All Medicines are Free (b) Not all medicines (c) Medicines only Prescribed

4.3.1. If not all, what you do for other medicine?
(a) Skip (b) Buy (c) Any other

4.4. How much do you spend on buying medicines?
(a) Rs. 100-200 per week (b) Rs. 201-300 per week (c) Rs. 301-400 per week
(d) Rs. 401-500 per week (e) Rs.501-above per week (f) Free

4.5. How much time is spent in CBDC per visit?
(a) More than one hour (b) Half an hour (c) Less than half an hour

4.6. Does any of the staff members approach you when you miss appointment given by doctor?
(a) Yes (b) No (c) Never missed (d) N.A

4.6.1. If yes, how?

4.7. Have you ever visited any other private de-addiction center for treatment?
(a) Yes (b) No

4.8. Did you ever feel any problem in concern of doctors/staff’s behaviour or non availability of any facility in CBDCs?
5. Family and De-Addiction

5.1. Do your family members ever tried to support you to come out of drug addiction?
   (a) Yes (b) No (c) Family not aware

5.1.1. If yes, how?

5.2. With whom are you close in your family?
   (a) Mother (b) Father (c) Sibling (d) Spouse (if married)
   (e) Children (if married)

5.3. Who accompanies you to CBDC?
   (a) Mother (b) Father (c) Sibling (d) Spouse (if married)
   (e) Children (if married) (f) Alone (g) Other than family member (h) Any Other

5.4. Do any of the family members feel ashamed of your drug taking behavior?
   (a) Yes (b) No

5.4.1. If yes, who and why?

5.5. Who gives you medicines related with treatment at home?
   (a) On their own (b) Family member

5.6. Does your family listen you before making decision at home?
   (a) Yes (b) No

5.7. Are there any conflicts in your family because of your addiction problem?
   (a) Yes (b) No

5.7.1. If yes, what kind of conflicts are there?
   (a) Sometimes (b) Daily (c) All the time (d) Any other

5.8. Do you or your family member borrow money for your de-addiction treatment?
   (a) Yes (b) No
5.9. What kind of problems do you face from your family members?

6. Neighborhood and De-Addiction

6.1. How is your relation are with your neighbors?
(a) Cordial (b) Cordial with some (d) No interaction with Neighbours (e) No neighbourhood around

6.2. Have you ever asked for financial assistance from them?
(a) Yes (b) No (c) Financial assistance not required

6.3. Does your neighbors settle dispute if any, between you and your family?
(a) Yes (b) No (c) Do not like interference of neighbours (d) No neighbours around

6.4. Do you and your family members allow them to participate in the important decisions of your family?
(a) Yes (b) No (c) No interaction with neighbours (d) No neighbours around

6.5. Are your neighbours aware of your habit of taking drugs?
(a) Yes (b) No (c) No interaction with neighbours (d) No neighbours around

6.6. Do they accompany you to CBDC?
(a) Yes (b) No (c) Not aware of addiction (d) No neighbours around

6.7. Do they encourage/support you for a healthy life?
(a) Yes (b) No (c) No interaction with neighbours (d) No neighbours around

6.8. Do you like spending time with your neighbors?
(a) Yes (b) No (c) No interaction with neighbours (d) No neighbours around

6.9. Does anyone in your neighbours take drugs?
(a) Yes (b) No (c) Don’t know (d) No neighbours around
6.9.1. If yes, are they also taking de-addiction treatment?
   (a) Yes (b) No

6.10. What kind of problems do you face from your neighbours?

7. Peer Group and De-addiction

7.1. Does anyone of your friends take drugs?
   (a) All (b) Some (c) None (d) No friend

7.2. Do your friends Support you?
   (a) Yes (b) No

7.2.1. If yes, how

7.3. Do you like spending time with your friends?
   (a) Yes (b) Not with all (c) Don’t like their company
   (d) No friends

7.4. What kind of problems do you face from your friends?
- India & Maldives
- NAM under Rajiv Gandhi
- Hugo Chavez
- Women Empowerment
- Judicial Activism in India
- Commodifying Water Resources
Drug addiction has been prevalent since time immemorial. The substance used for this purpose has also varied from time to time and from society to society in various groups. The use of dependence-producing substances, in some form or the other, has been a universal phenomenon. The use of drugs to alter consciousness is nothing new. It has been a feature of human life in all places on earth and in all ages of history (Morrow & Suzanne; 1975).

Drug addiction in India, in recent decades has emerged in the form of an epidemic and it is spreading at a high pace. According to the 2009-2010 Global Adult Tobacco Survey conducted by the Health Ministry and the Indian Institute of Population Sciences, Mumbai, in all the country has 274.9 million tobacco users that is about one-third of the total adult population of the country uses tobacco. 20.3 percent of adult women use tobacco. The male percentage is much more i.e. 49.9%. Mizo women happen to be the most addicted, with 62 percent using tobacco. Tobacco users are much less in Punjab among Sikhs (The Tribune; 2010).

India has braced itself to face the menace of drug. The growing menace of addiction to alcohol and drugs at both national and international level is of great concern. A million of people die every year because of smoking, drinking alcohol, and drug abuse. It causes a lot of damage not only to the economy but to persons who are addicted to drugs. Drug addicts suffer from HIV, hepatitis, malnutrition and variety of other physical, psychological and social problems.

Drug addiction is a problem that affects not only addicts but also their family members, relatives, caregivers, workplace colleagues, and immediate neighbourhood, and society at large. Multidimensional strategies are required to eradicate this multifaceted problem. Some of the treatments which are available to the addicts include pharmacological treatment, residential treatment, alcoholic or narcotic anonymous help groups and 12-step programs etc.
Experience from these had led to the evolution of concept of community based clinics for de-addiction. It involves a diverse range of treatment options that individuals can receive while they reside in the community.

Community-based Treatment

Community-based drug de-addiction is an important component in drug de-addiction treatment. Individuals often do not seek help in hospital settings due to financial constraints and social stigma. Community-based treatment and prevention approach emerged as a key strategy to reach these vulnerable groups. The rationale behind the approach is that treatment process is brought closer to alcohol/drug affected individuals and afflicted families, who may not be able to avail these facilities on account of social stigma and host of other factors. The advantage of community based treatment is that flexibility can be maintained in delivery of services (Sharma; 2005).

These community-based de-addiction clinics are different from hospital setups. Community based de-addiction clinics are held once in a week where patients receive pharmacological and non-pharmacological (counseling) treatment. Government Medical College and Hospital, Sector-32, Chandigarh runs its community-based de-addiction clinics at the rural and urban areas viz. Khuda Ali Sher, Palsora, Bapu Dham and Dhanas. Another hospital which is organizing such community-based clinic at Kharar, Punjab, is Post Graduate Institute of Medical Education and Research (PGIMER) Sector-12, Chandigarh.

Community-based drug clinic by Government Medical College and Hospital (GMCH) is manned by a doctor (psychiatrist), a social worker, a nurse, an attendant, and a driver. But, community-based de-addiction clinic by Post Graduate Institute of Medical Education and Research (PGIMER) is manned by a doctor (psychiatrist), a social worker, and a driver.

Objective of the present study

The present study has been done on the drug addicts visiting the community based de-addiction clinics, to know the various socio, economic, physiological and psychological factors which influence them in getting treatment.

Area of the study

The present study was conducted in five community-based de-addiction clinics in around Chandigarh i.e Khuda Ali Sher village, Palsora, Bapu Dham colony, Dhanas village, and Kharar town adjoining Chandigarh.

Methods of study

The present study was conducted among drug addicted patients in Community Based De-addiction Clinics in and around Chandigarh being run by Government Medical College and Hospital, Sector-32 (in communities of Palsora, Bapu Dham colony, Khuda Ali Sher, and Dhanas villages) and Post Graduate Institute of Medical Education and Research, Sector-12 (in Kharar). This study was conducted from year 2010 to 2011. A case study method was used to study these drug addicted patients. To conceal their identity and to maintain confidentiality, fictitious names and places were used in case studies.

Case study 1

36 years old Maninder Singh was residing in Mohali. He was living with his mother, father, wife, son and daughter. Maninder Singh was doing a private job as a computer operator at some institute, where he was earning 15,000 rupees per month. He started taking drugs at age of 20 years. Firstly he tasted alcohol along with his friends during his college days. He just experimented with it but his mind could not resist anymore and with the passage of time he became addicted to it. There was no family history of any kind of substance abuse.

Addiction made him aggressive and he started indulging in arguments with people around him on petty issues (he showed scars of wounds on his forehead and arms which he suffered during fights while arguing with the people).

After all this, his parents allowed him to drink at home (drinking was forbidden by family members...
Earlier). They suggested and gave him permission to take alcohol at home to keep him (Maninder Singh) away from arguing and fight with people and to avoid accidents while driving.

He became a chronic alcoholic in past 2 years. He started keeping alcohol bottles in ready stocks at home. According to him, initially he used to earn 10,000 rupees per month. Gradually his earnings increased to 15,000 rupees per month. With increase of earnings, friends’ circle also became wider. He started throwing parties where he used to indulge in alcohol a lot. Due to heavy drinking his health started deteriorating and he came to know that his liver reports were not fine and his body also became weak.

Unhealthy body condition did not allow Maninder Singh to do his duty and he appointed an assistant on a salary of 5000 rupees per month, who started completing the work which earlier he used to do. With health problems his economic condition also started deteriorating. All these conditions compelled him to shun alcohol and to take treatment. One of his friends gave information about Community Based De-addiction Clinic to him.

It was his second visit (when interviewed) to Community Based De-addiction Clinic, where he got medicines (free of cost) and counseling by doctor and social worker. His spouse accompanied him to community based de-addiction clinic and his family was supportive. He was also admitted to a de-addiction camp (10-days camp) which was organized by Government Medical College and Hospital, Sector-32, Chandigarh.

In the words of Maninder Singh “pehela tan idan lagda see ki is ton bina nahi sarana. dimag theek nahi see, par hun dimag theek ho gaya hai” (I was feeling that I could not survive without this, mind was wrong, but now everything is clear).

Case Study 2

25-years old Rajat Tandon of Chandigarh had done B.Tech, from Chandigarh. He was living with his mother, father, and sister. His father was doing a business. He also used to help his father in business. He was addicted to various drugs since 2005. He became an addict when he was only 20 years old. He was addicted to smack, alcohol (occasional), injections of morphine and phenergan. There was no history of any kind of substance abuse in the family.

According to him he was taking drugs for 5 to 6 years since his college days. He got admission in an engineering college of Chandigarh. It was his first year in the college. His seniors started bullying him. All this provoked him to invite quarrel with his seniors. Frequent quarrels brought a change in his life because now everybody in college, including teachers believed that he was a deviant boy. Their behaviour changed towards Rajat. It was very difficult for him to stay in the college.

Once he came in contact with some boys (5-6 boys) from some other college. He joined their company. They gave him emotional support and company. After few weeks, he came to know that they were all drug addicts. They gave him smack to taste. According to him “it (smack) gave me the pleasure I was seeking”. After that he got trapped in drug addiction.

According to him, his parents gave him everything more than he wanted. He narrated, “If they (parents) had not given me (money) I might have indulged in something else like stealing or so which would not have been good for me. My mother expected a lot from me. Our relatives also came to know about my addiction. My parents felt ashamed of me. So I decided to quit all this.”

So the reason for his coming to Community Based De-addiction Clinic was only love and support of his parents whom he also loved and respected a lot. Earlier his parents brought him to Government Medical College and Hospital, Sector-32 but as this Community Based De-addiction Clinic was closer to their home town, Rajat himself started coming here (doctors referred him here). It saved lots of his time.

Case Study 3

57-years old Shamsher Singh was a government employee working as a PEPSU (Patiala and East
case study 1

Punjab States Union) Roadways Mechanic. He was earning 28,000 rupees per month. He hailed from Sarhind (Punjab). Shamsher Singh was living with his wife (one of his daughter and a son were settled abroad and another daughter got married recently).

He started taking alcohol at an age of 25 years. Later on he started taking affim and bhukki (poppy powder). For about 6 to 7 years he was taking to bhukki and affim. His family history showed that his father was an alcoholic. Shamsher Singh turned to drugs under the influence of his peers. Majority of them were drivers and were addicted to bhukki to make themselves awake for night driving.

His addiction increased after the demise of his father one year ago. He narrated that “Once my daughter asked me which drug I was abusing and why...and she told me it was not good. I felt very ashamed”.

Shamsher Singh told that he was feeling ashamed and was afraid to face his relatives (especially daughters-in-law and son-in-law). And he took the decision to abandon all addictions.

He reached the Community Based De-addiction Clinic and was regularly coming for follow-up. Patient seemed to be frightened during interview and requested not to publish his story in the newspapers as it could ruin his image in front of his son-in-law and relatives.

Case Study 4

Gurcharan Singh was 63 years old widower, a graduate retired teacher. He hailed from a village in Kharar (Punjab). He was living with his two sons and a daughter-in-law.

He was addicted to alcohol. First time he came into contact with alcohol in 1997 when his wife (also a school teacher) died in an accident. While narrating his story he told “I started drinking alcohol after the death of my wife. Drinking of alcohol became my routine. And now after my retirement, due to ample of time my intake of alcohol also increased.”

Drinking alcohol for the past few years had deteriorated his health. He was suffering from cough, weakness, insomnia, etc. Apart from this another problem he had struck with was ignorance from others. He narrated “my family, friends, neighbours had started ignoring me. My late wife also disliked alcohol. So I never touched it in my life, but after her demise I had started taking it.”

All these conditions forced him to take treatment. According to him, he was regular in follow-ups and trying his best to maintain his abstinence from alcohol.

Case Study 5

Shakila was 40 years old, married and an illiterate female. She was living in one of the villages of Chandigarh. She was living with her husband and six children (four sons and two daughters). All children were studying in a school. Her husband was running his saloon and earned around 5000 rupees per month.

She was addicted to paan and bidi for the last 30 years. She was only 10 years old when she first tasted paan under the influence of her family (mother and nani [maternal grandmother]). She learned to smoke bidi from her family. Her husband never abused any kind of substance. Nobody except her elder daughter ever stopped her from taking paan and bidi.

After prolonged period of abusing of paan her teeth become badly damaged. Once she came to the dispensary to meet one of her relative who was working there as an attendant. Her relative was busy with doctor at that time, when the doctor noticed Shakila’s condition she referred her to Community Based De-addiction Clinic which was running in same dispensary. So she came to the Community Based De-addiction Clinic to take treatment. It was her first visit to Community Based De-addiction Clinic (when interviewed) to get rid of her addiction problem.

Case Study 6

50-years old Ram Lal was married, matric pass and had worked as a driver (private). He used to earn 3500 rupees per month. Ram Lal was living with his wife, a daughter and a son in Chandigarh.
He was addicted to affim and bhukki (poppy powder) and alcohol. He turned to drugs under the influence of friends. According to him, he had been in addiction for the last 30 years. Family history showed that his father was occasional drinker. He narrated “Once, when I was under the influence of addiction, I met with an accident. My left eye was badly injured (he quickly took out his left eye and showed it by holding it in his fingers and then fit it back in his eye cavity). I am very weak now, not healthy as I was before. My daughter has grown up now. I have lot of responsibilities towards her viz. her education and marriage. So I made my mind to quit drugs.”

He was in hospital for his blood tests where he read notice board of Community Based De-addiction Clinic in the same hospital. It was his first visit to Community Based De-addiction Clinic.

**Case Study 7**

45-years old Prem Chand was married. He was an illiterate person and was working as a painter on daily wage. He hailed from Bapu Dham colony. He earned around 3500 per month. He was living with his wife and four children and one brother.

He had been a drug addict for the past 25-30 years. He was addicted to alcohol and *bidi*. He narrated that he was just 10 years old when his *chacha* (paternal uncle) forced him to take alcohol. He narrated that “Once, it was very cold and my *chacha* was drinking alcohol. He came to me and forced me to take alcohol by saying that it would give him relief from cold.” After that day he started drinking alcohol regularly. He had a family history of alcoholism. His father was also an alcoholic. He had three brothers. All of them were also alcoholics.

Due to abuse of alcohol he was facing problems of confusion, uneasiness, insomnia, weakness etc. It also started causing disturbance in his work. He tried to shun it a number of times but failed. Ultimately he came to Community Based De-addiction Clinic on the advice of one of his friends. His younger brother is also under treatment in the Community Based De-addiction Clinic. In spite of the treatment he had faced relapse a number of times.

**Case study 8**

Parminder Singh (not his real name), a 28 years old man, was living in Mohali, with his mother and a brother. He was doing his own private business. Two years ago his father died. After the death of his father, his *chacha* (paternal uncles) raised dispute on the property. He stated, “His paternal uncles were so greedy for the property that they disturbed the whole family in no time after his father’s death.” Under all these pressures he took to affim and got addicted to it. When the dispute had been solved, he decided to get rid of the addiction and came to Community Based De-addiction Clinic for treatment. According to him, his mother and brother were not aware of his addiction.

**Results and discussion**

Respondents were from different socio-economic backgrounds. They belonged to all age groups and all males and females were selected as subjects who were visiting the community based de-addiction clinics. All of them had different reasons for turning to drugs similarly they also had different reasons to shun drug addiction even if family was not aware about their addiction. Different respondents put forward different reasons for shunning addiction which varied according to their situations.

In the first case study reason of abandoning of drugs was economic loss and health problem i.e. liver cirrhosis faced by the respondent. In second case study, the reason given by the respondent for shunning the drugs was for the sake of love and affection of the family (especially mother). In third case study, the reason was social stigma, where patient was scared of disclosures of his addiction to his relatives (especially to daughters-in-law).

In fourth case study, the reasons cited were health problems (cough, weakness, insomnia) and loss of social prestige. Respondent of case study five described that she decided to quit addiction due to her dental problems caused by smoking and *paan* chewing. Seventh case study explains that the decision to take treatment was the result of weakness and feeling of irresponsibility towards children (especially towards his daughter). In the eighth case
study reason was again found to be health problems like anxiety, restlessness etc. In the last case study the reason cited for de-addiction was the motivation of solving of family problem.

Easy availability and accessibility of de-addiction clinics has emerged as a common major reason that the addicts got motivated to get treatment for their ailments. In addition to the easy availability and accessibility of the de-addiction clinics, the addicts preferred to get treatment from them as they provided free registration for the patients. This community based treatment is a cost effective and helpful in those cases where patients do not want to get admitted in hospitals on the host of various reasons.

Community based de-addiction clinics seemed to be helpful where no other person in family could stay with patient in hospital during his/her admission. It was also helpful for those drug addict patients who were poor (who belonged to low socio-economic background). Provision of treatment at grassroots level was seen beneficial during this research.

Reference


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Chronic Diseases and Healthcare

R.P. Rathnah* and Dr. S. Ansiya Begum**

[Health is a component of human resources which contributes to economic development, and permits people to lead a socially and economically satisfying life. Reduction of sickness will enhance work, productivity, and life expectancy to promote economic improvement and standard of living. India is world’s second largest populated country with more than one billion population. The 21st century is facing triple health problems. The first is the unconquered existing communicable diseases; second is the newly emerging infectious diseases and the third is the man-made degenerative or non communicable diseases or disorder. Thus, India is undergoing a rapid health transitions with the rising burden of chronic disorders which required life long medical treatment and lifestyle adjustment by the patients.]

The Commission of Chronic Illness in USA has defined “chronic diseases” as “comprising all impairments or deviations from normal, which have one or more of the following characteristics: They–

a) are permanent,

b) leave residual disability,

c) are caused by non-reversible pathological alteration,

d) require special training of the patient for rehabilitation,

e) may be expected to require a long period of supervision, observation or care.”

In recent times chronic Non-Communicable Diseases (NCDs) have assumed increasing proportions of importance among the adult