

Integrated Rehabilitation Centre for Addicts (IRCA): Structure and Functions

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ABSTRACT

Background: Drug addiction has affected several numbers of individuals and is associated with impairment in various aspects of physical, psychological and socio-occupational functioning. Drug abuse deteriorates the human health. The Ministry of Social Justice and Empowerment introduced IRCA (Integrated Rehabilitation Centre for Addicts) in order to provide composite or integrated services for the rehabilitation of substance dependent individual. It aims for the whole person recovery (WPR) and has set certain guidelines for the structure and functioning of these centres. Time-to-time assessment of these centres is important to know about whether the guidelines are effectively implemented or not and how far the objectives of the center are being met.

Objectives: To assess the structure and functioning of Integrated Rehabilitation Centre for Addicts (IRCA), New Delhi.

Methodology: It is a qualitative study and case study, which was done with questionnaire tools, interviews and records of the center.

Results: The center was smoothly functioning with adequate number of staff for the respective tasks. There was adequate provision of infrastructure and material resources. There was lack of training activities for the staff and educational and vocational activities for the patients. There were inadequate funds by the government and was not allotted to the center on time.

Conclusion: The procedure of counseling was effectively done in order to spread the awareness and educate not only the drug users but also their family. The center failed to achieve its objective to make a patient gainfully employed after their recovery. Lack of training activities and lack of support from the government were the key factors that the center was unable to fulfill its objectives fully.

Keywords: IRCA, structure, function, rehabilitation

INTRODUCTION

India is identified in literature as a drug-using nation. Widespread misuse of alcohol was found and there is an estimated two million opiate users, eight million cannabis users, and up to 164,000 drug injectors. ^[1] Substance use disorders require a comprehensive treatment, delivered by trained professionals, belonging to various disciplines.

In India, the sector of drug dependence treatment is still developing and undergoing refinement. The treatment

services for substance use disorder in India are delivered by three major sectors. The first is the Non-Governmental Organization (NGO) sector another major group is the private sector; many doctors including a large number of psychiatrists are providing services to people for substance use related problems. Then comes the government de-addiction centres. The Ministry of Health and Family Welfare (MOH&FW), Government of India, has established about 122 drug dependence treatment centres. ^[2]

The Ministry of Social Justice and Empowerment (MSJE) since 1985-86, has been implementing the Scheme of Prevention of Alcoholism and Substance Abuse for drug demand reduction. It has been revised four times in 1994, 1999, 2008 and 2015 and currently provides financial support to NGOs and employers mainly for the drug abuse awareness and prevention programs.

The Society for Promotion of Youth and Masses (SPYM) is an Indian NGO working countrywide in the areas of health and social development. SPYM is involved in several projects like Drug Abuse Prevention, Drug Treatment and Rehabilitation, HIV/AIDS, Mental Health and Tuberculosis Prevention. They also have Homeless Intervention Program which includes Recuperative care to homeless, Night shelters and Homeless Feeding Program. SPYM is registered under the Society's Registration Act of 1860 with Registration No. S-16824 and holds The Foreign Contribution Regulations Act (FCRA) registration with the Ministry of Home Affairs, Government of India.

The first drug treatment center opened by SPYM was in 1985, which was the first such center of its kind in North India. SPYM has worked towards a systematic and comprehensive approach towards those who wish to cease drug use has benefited thousands of people over the years. It provides treatment services for Substance Use Disorders among adults in India, and are also the only organization in the country providing specialized drug treatment services for juveniles and young adolescents.

Currently SPYM has several functional centres in India- Delhi, Chandigarh, Guwahati, Jammu, Srinagar and Darjeeling. It has a total of 6 centres functional in Delhi.

Objectives of organization:

1. Preventive Education and Awareness Generation

2. Identification of Substance Dependent persons for Motivational Counseling
3. Detoxification and Whole Person Recovery (WPR)
4. Referral Services
5. After Care and Follow Up
6. Care and Support to families for Co-dependence and Rehabilitation
7. Rehabilitation
8. Period of Stay: The duration of comprehensive care and total recovery stated by this centre is 90 days i.e. 3 months. Period of stay does not exceed 90 days.
9. Food for the Inmates: Integrated Rehabilitation for Drug Addicts (IRCA) is responsible for providing wholesome food (breakfast, lunch, dinner) to the patient free of charge.

One of the main projects of SPYM is Integrated Rehabilitation for Drug Addicts (IRCA), which provides integrated services for the rehabilitation of substance dependent person including juveniles, children, males and females. IRCA works towards preventive education and awareness generation, targeting both vulnerable and at risk groups groups. IRCA envisages total recovery of the addicted person by gaining a socio economic status in society with a combination of individual counseling. IRCA also aim to enabling the addict to achieve total abstinence and improve the well being of their lives. The detoxification services are provided for safe and ethical management of withdrawal symptoms. [3]

Presently about 400 IRCAs are functioning with the support of the Ministry in India. They revised the Scheme again in 2018 due to the various issued raised in the meetings. In this scheme, structure, objectives and financial norms were revised in detail for 15-bedded, 30-bedded and 50-bedded IRCAs, Regional Resource Training Centers (RRTC's), Awareness cum De-Addiction Camps (ACDC). [4]

Keeping these broad aspects in view, the study of organization and functioning of an IRCA was conducted to increase the awareness and overall knowledge and the

view to understand its role in delivering comprehensive care and other facilities to the affected population.

Since substance abuse has become a huge problem in our country and it involves complicated health and other problems like mental issues, infections, social stigma, criminal activities. There are many sectors involved and trained to rehabilitate and deliver comprehensive care to the affected population, it is very essential to enhance the knowledge and practices about the services being provided to the substance users. There are no satisfactory, widely accepted answers to the questions like, what should be the minimum bed strength in these centres? What is the staff pattern and how many of the staff is required for this purpose? How should the staff members be trained? What should be done to ensure that the facilities and services are running as per the accepted standards? It is still a challenge as to what are the standard methods and techniques to overcome this crucial problem. [2]

This study aims to find out about the structure and functioning of Integrated Rehabilitation Centre for Addicts (IRCA). Very few studies related to this research has been done and no study has aimed to provide whether the objectives of the drug rehabilitation has been met fully or not. This study focused on the management of structure, staff pattern and their roles and management of services provided to the rehabilitees and the financial resources provided in the rehabilitation centre so as to improve the quality of the services and to suggest remedial measures if necessary. The purpose of this study was to have an approximate or exact figure about the number of beds, staff members and facilities provided to the drug users and other various constituting factors necessary for functioning of a well-organized rehabilitation centre.

The Ministry of Social Justice and Empowerment fund the IRCA, New Delhi and there are revised guidelines, which are implemented in this centre since 1st April

2018. It was thus important to find out how effective were the guidelines currently being implemented in these centres, how far have the objectives of this centre been met, how effectively were the human resources managed and how were the finances being distributed among the members of the centre and for the services rendered.

MATERIAL AND METHODS

GENERAL OBJECTIVE:

To assess the structure and functioning of an Integrated Rehabilitation Centre for Addicts, New Delhi.

SPECIFIC OBJECTIVES:

1. To find out the organizational structure of the Integrated Rehabilitation Centre for Addicts
2. To ascertain the functioning of the Integrated Rehabilitation Centre for Addicts
3. To determine the challenges faced by the Integrated Rehabilitation Centre for Addicts
4. To suggest remedial measures to improve the functioning of the centre and to overcome the challenges.

Study type: It is a qualitative study.

Study Design: The study design is Case Study design.

Study unit:

Area: Integrated Rehabilitation Centre for Addicts, Society for Promotion of Youth and Masses (SPYM), Kotla Mubarakpur, New Delhi.

Population: Staff and other officials associated with the centre, which included:

Project coordinator cum vocational counselor

- a. Accountant cum clerk
- b. Cook
- c. Security Guards
- d. Nurse
- e. Counselors/Social Workers
- f. Doctor
- g. Yoga Therapist

- h. Ward boy
- i. Peer educator

Sampling Technique: Purposive Sampling
Data collection tools:

- Primary Data:
 - Interview was done with the Project manager,
 - Questionnaire was administered to all the staff members to know about the job satisfaction
 - Observation checklist was made for the infrastructure, material resources and various activities in the centre.
- Secondary data: Records of the centre from the head office of SPYM, articles, research paper, thesis, books and journals. [5-8]

Study Procedure: Written consent was obtained from the Head Office of the centre before data collection. This study focused on the ongoing IRCA project under the following headings:

A. ORGANIZATION

- Location
- Objectives of the organization
- Organizational structure
- Staffing pattern and their roles

B. RESOURCES AND FACILITIES

- Human resource and its utilization
- Financial resources and its utilization
- Treatment facilities
- Administrative activities

Firstly, a written consent was obtained from the director of the organization. The study population was identified. The project manager of the centre was interviewed regarding the general working of the centre, his roles and responsibilities, training programs conducted in the centre and challenges faced by the centre.

Secondly, each staff member was identified and a job satisfaction level was

done among him or her after taking their written consent for the same.

To assess the organizational structure, financial resources, treatment facilities and administrative activities, observatory method was done and secondary data from the records of the centre was obtained.

Inclusion Criteria: - Officials associated with the study area

- Willing to participate

Exclusion Criteria: - Absent at the time of study

- Not willing to participate

Statistical Analysis:

The data collected was analysed using MS Excel and was computed in the form of tables, charts and graphs and in proportions.

Limitations of this study:

1. Study cannot be generalized because the study was based on only on one rehabilitation centre.
2. Centres administering female, child and adolescent population were not undertaken.

RESULTS

A. BACKGROUND OF ORGANIZATION

Location: The study unit is situated in Kotla Mubarakpur, New Delhi. Kotla Mubarakpur Complex, which is an upscale market with a residential colony, is situated in south central part of New Delhi. Delhi Development Authority (DDA) classifies it as an urban village. It is easily approachable by road and rail communications. Nearest metro station is South Extension and INA. Nearest tertiary healthcare facilities available are AIIMS New Delhi and Ram Manohar Lohia Hospital.

Infrastructure: It is a two storey building where ground floor is reserved as a shelter for homeless addicts, while the upper two floors have rehabilitation and healthcare facilities for addicts including IRCA, OPD services, pharmacological assistance etc.

The IRCA is situated on the second floor with one staff office, one quarter for staff, a 15-bedded dormitory, an activity hall for different counseling and therapeutic sessions along with kitchen and bathroom facilities (Table 1).

There is also an availability of OPD facilities and medicine dispensing room where various medicines are dispensed to the addicts based on their respective therapies (Table 2).

TABLE 1: PARTICULARS OF THE INFRASTRUCTURE OF IRCA

S.NO.	TYPE OF ROOMS	NUMBER OF ROOMS	PURPOSE
1.	Dormitory	1	Accommodation for the drug addicts
2.	Staff Room	1	For counseling and other activities carried out by staff
3.	Quarter for Staff	1	For accommodation of a staff member
4.	Activity Hall	1	For various sessions like yoga, meditation etc.
5.	Bathroom	6 (2 on each floor)	For bathing
6.	Toilets	12 (4 on each floor)	Hygienic facilities
7.	Kitchen	1	For cooking purpose
8.	Library	1	For reading purpose
9.	Stitching Training Room	1	As a recreational activity
10.	OPD Room	1	For diagnosis and treatment plan of drug addicts
11.	Medicine Dispensing Room	1	For storage and delivery of medicines to patients

There are no other classrooms; all the activity programs are adjusted in the same activity hall with the capacity of 20 patients.

TABLE 2: LIST OF MEDICINES AVAILABLE IN IRCA

S. NO.	NAME OF MEDICINE	FORMULATION/ STRENGTH	INDICATIONS
1.	Diazepam	Tab 5 mg	Essential. Indicated for the treatment of withdrawal symptoms in alcohol dependence. Can be used as sedative/adjunct in treatment of withdrawal symptoms in opioid dependence.
2.	Lorazepam	Tab 2 mg	Essential. Indicated for treatment of withdrawal symptoms in alcohol dependence in liver damage
3.	B complex/ Multivitamin	Capsules/ Injections	Essential. Indicated for the treatment of withdrawal symptoms in alcohol dependence.
4.	Buprenorphine	0.4 mg	Essential. Indicated in treatment of withdrawal symptoms in opioid dependence.
5.	Naloxone	Inj. 0.4 mg	Essential. Indicated for treatment of overdose of opioids
6.	Naltrexone	Tab 50 mg	Indicated specifically for long term treatment of Alcohol and opioid dependence
7.	Buprenorphine + Naloxone/ Methadone	2 + 0.5 mg/ Syrup	Indicted for long term treatment of opioid dependence
8.	Other medications Antacids, Antibiotics, NSAIDs, Antipsychotics, Antidepressants, Antiepileptics		Supportive. Indicated for treatment of associated co-morbid symptoms or disorders

B. RESOURCES AND FACILITIES

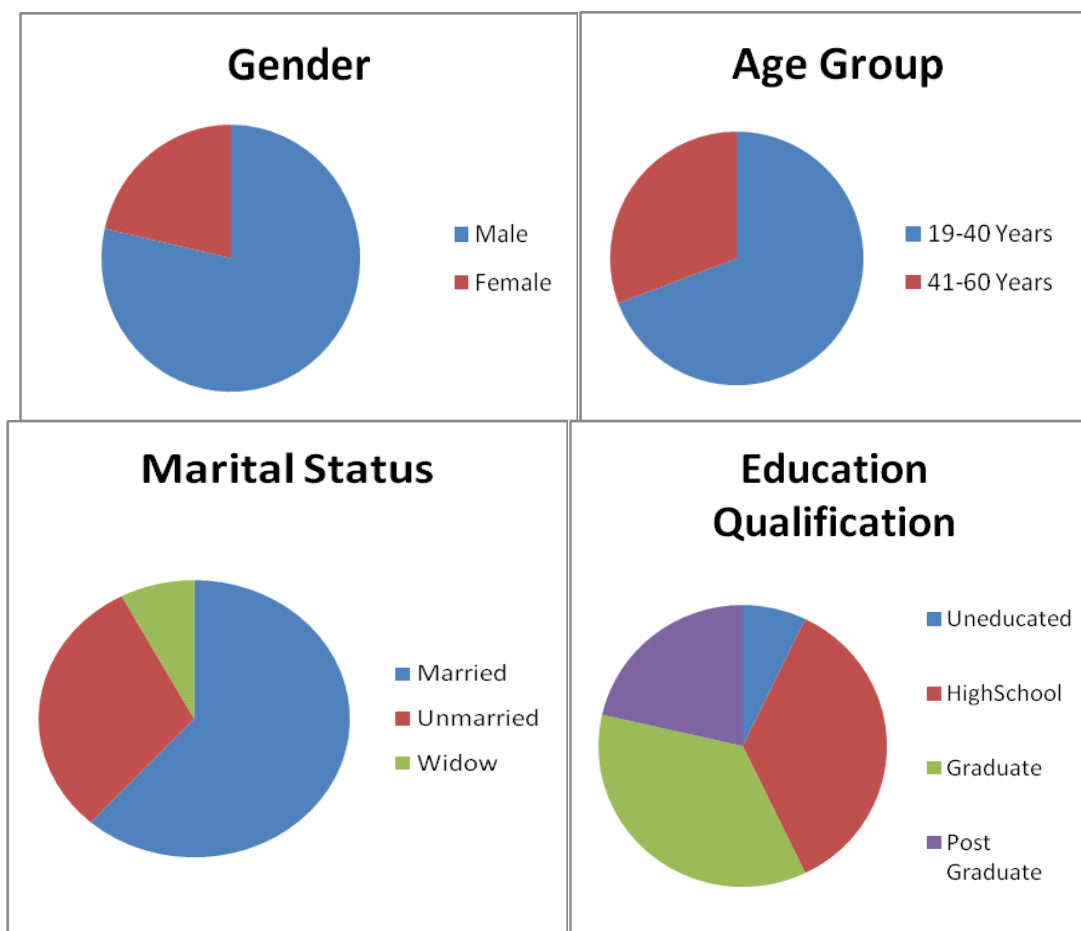
1. Human resources and its utilization:

In health care settings, human resources are various clinical and non-clinical staff members responsible for health intervention both for an individual and for public. The inputs and outputs, the performance and the benefits of any health system or health organization depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services. In health organization, human resource is a significant input which directly affect the quantitative and qualitative aspects of the work output.

The staffs of this centre are divided into administrative staff and medical staff. 43.75% of the staff looks after the administrative activities and 56.25% is responsible for treatment and recreational activities. Most of the staff has been working in this centre for more than a year (Table 3).

TABLE 3: CURRENT STATUS OF STAFFING PATTERN OF SPYM IRCA

S.NO.	NAME OF THE POST	POST SANCTIONED	FILLED
Administrative			
1.	Project Manager	1	1
2.	Project Coordinator cum vocational counselor	1	1
3.	Accountant cum clerk	1	1
4.	Cook	1	1
5.	Security Guard	2	2
6.	Sweeper	1	0
Medical			
7.	Doctor	1	1
8.	Counselor/Social Worker/Psychologists	2	2
9.	Yoga therapist/Dance/Music/Art teacher	1	0
10.	Nurse	2	2
11.	Ward Boy	2	2
12.	Peer Educator	1	1
TOTAL		16	14



Graph 1: Socio-demographic characteristics of the Staff

Number of Recruitments: 2 recruitments in the past year i.e. of the Cook and the Nursing Officer.

Motivation of the Staff: Most of the staff was found to be motivated to work for the centre. Proper feedback is taken from the staff regarding the functioning and management of the centre. There are certain measures taken to further motivate the staff by the management, which includes

Surveys, Training Programs and Promotion of the staff to other projects. However, the promotion is not in terms of salary raise but involving the person in other functional projects.

Communication among the members of the organization: The manager of the centre communicates with the staff efficiently. The primary mode of communication is via Social media like

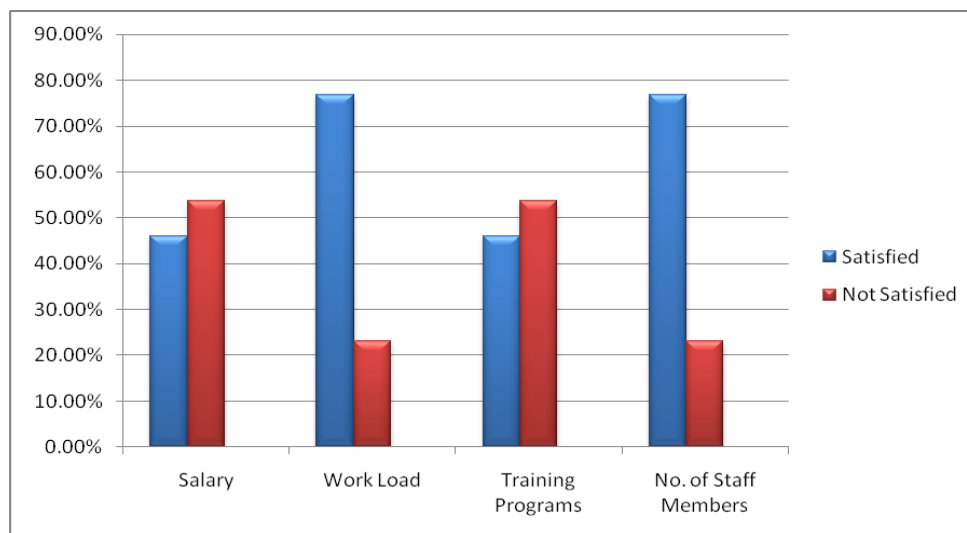
WhatsApp Groups. The further communications happen by conducting meetings with the staff members to address their issues and challenges or to improvise IRCA.

Selection of the Staff: The staff members of this centre are selected through examination and/or interviews. Most of the staff members are on a one-year contract basis (usually April-March).

Training Programs: The half yearly reports were consulted for assessing the training programs conducted for the service providers. Administration was reviewed in order to assess the changes, number, methodology and content of the training programs. It was evident from the reports that these training activities did not happen after certain period of time. It was observed that no staff member received any training activities from past 1 year. (Table 4)

TABLE 4: TRAINING PROGRAMS CONDUCTED FOR STAFF MEMBERS OF SPYM IRCA, KOTLA

S.NO.	TRAINING PROGRAMS	DURATION AND DATES	ORGANIZED BY	CATEGORY OF BENEFICIARY
1.	Drug Abuse Prevention	3-days (4 th -6 th July 2016)	SPYM	Nurse
2.	Life Skill	2-days (4 th -5 th July 2016)	SPYM	Social Worker
3.	RDS	4-days (20 th -23 rd December 2017)	AIIMS	Social Worker
4.	Substance Abuse Prevention	5-days (21 st -25 th August 2017)	SPYM	Social Worker
5.	Drug Abuse Prevention	5-days (16 th -20 th August 2017)	SPYM	Counselor/Social Worker
6.	Oriental Source of counseling	13 th -17 th September 2016	SPYM	Project coordinator cum vocational counselor
7.	Drug De-addiction Program	8 th -12 th August 2016	AIIMS	Project coordinator cum vocational counselor
8.	RDS	20 th -23 rd December 2017	AIIMS	Project coordinator cum vocational counselor



Graph 2: Satisfaction level of the staff members

In NGOs it is very important for healthcare workers to be satisfied with the noble work they are doing for the betterment of the society. However, some factors like lack of motivation, pay and benefits, healthy environment and work stress can lead to dissatisfaction of these workers.

It was observed that most of the staff members were found to be dissatisfied with their salaries and the number of training programs as shown on the graph above. Around 50% of the staff was not happy with their pay and around 53% felt that there was lack of training programs which could have enhanced their job performances and clear their job roles. However, most of the staff members were satisfied with the workload and work distribution among themselves.

2. Financial Resources and its utilization:

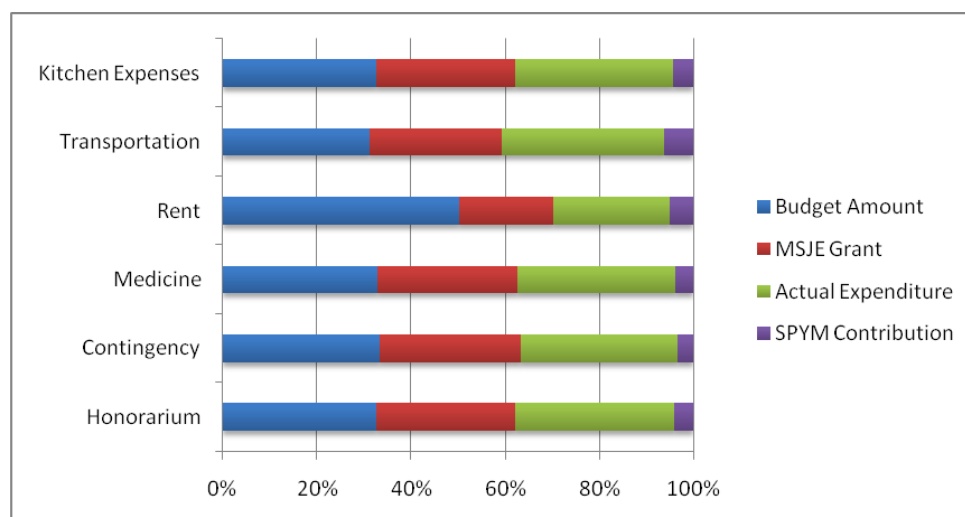
a. Budget Allocation: This centre is fully funded by the Ministry of Social Justice and Empowerment (MSJE). This budget was effective from 1st April 2018.

TABLE 5: Current Status of the Staff Remuneration

S.NO.	NAME OF THE POST	NUMBER	BUDGET ALLOCATED
1.	Project Coordinator	1	15,000
2.	Accountant cum clerk	1	10,000
3.	Cook	1	8,000
4.	Guard	2	8,200
5.	Doctor	1	55,000
6.	Counselor/ Social Worker	2	25000
7.	Nurse	2	22,000
8.	Ward Boy	2	22,000
9.	Peer Educator	1	10,000
TOTAL		14	175,200

b. Expenditure:

As checked from the records SPYM has not been receiving the grants due to which the organization had to take loans and try its best to function through the donations. Around 80% of the total expenditure is borne by SPYM itself.



Graph 3: expenditure for the period of 1st April 2018- 31st March 2019

c. Treatment Facilities and other Services:

The centre adapts an integrated approach when it comes to the providing treatment to the addicts. Most of the patients admitted to this centre were heroin addicts (90%). Very few were alcohol addicts. Following services are provided in this centre in order to maintain and achieve its goals and objectives:

➤ **Registration:** All the patients receiving de-addiction treatment services, whether inpatient or outpatients are registered both manually in a register and on a record database system called Drug Abuse Monitoring System (DAMS).

Each patient has its unique registration number and is reflected in all the records of the patient.

➤ **Outpatient Services:** The outpatient services in this centre are in collaboration with AIIMS, Delhi. A full-fledged doctor's team from the National Drug Dependence Treatment Centre is available twice a week for this purpose. The outpatient clinic has the following services:

Diagnosis: Patients with a positive screen or an indication of any drug addiction problem/illness receive further assessment and determine a diagnosis. Patients who are

then diagnosed with a substance use illness receive a comprehensive and integrated assessment with appropriate treatment planning.

Counseling or psychosocial intervention: All patients along with their attendants/family members (only if the patients agree to involve them) assessed by the trained doctor receive Counseling/psychosocial interventions, as per their clinical needs. A trained medical social worker/counselor/psychologist is always present at the centre to provide these services.

Treatment Prescription: Each patient receives a prescription of the treatment advised to him. Patients are also provided with a dispensing slip if and when needed during certain dispensing procedures.

The outpatient services are available for both new and old cases so that it is easier to follow-up.

➤ **Inpatient Services:** The patients diagnosed with severe condition and require admission in a de-addiction centre receive these services. Record of each patient living in this centre is maintained in a register and his daily activities are recorded. The registration requires essential information about them like their identity and photos. The centre only admits the person after taking their consent. The period of stay for the patients is 90 days. There are certain restrictions for the patients living in the centre like they are not allowed to bring any money, phone or any sharp objects. This step is taken to prevent them from any activities that can dismantle in their treatment process. However, the visitors are allowed to visit the patient with prior permission from the coordinator. The half-yearly report provided by the Project coordinator of the centre stated that there were total of 53 patients admitted to the centre. The period of stay in this centre is 90 days but varied for patients. However, 3.7% of total patients were

unable to cope with the treatment and hence dropped out. The inpatient system includes the following:

Pharmacotherapy: Pharmacotherapy is available to all adult patients diagnosed with opioid and alcohol dependence. Patients with substance use illnesses are offered long-term care for not only substance use illness but also for any coexisting conditions. This care management is adapted based on continuous monitoring of their progress. For this purpose all the essentials and supportive drugs are available and accessible to the patients which are mentioned in Table 2. An authorized person like a nurse or a pharmacist is responsible for dispensing these medicines.

Food: Food is prepared inside the centre for all the patients throughout the day. A cook is hired to do the job. A special facility is given to the addicts where their family member can bring eatables for them once/twice a month.

Furniture and other amenities: The centre is equipped with adequate furniture like beds, mattresses, chairs, tables, almirah, lockers, pillow, blankets, towels, curtains etc with other special requirements like water supply, security, waste management, laundry services and signage services.

Leisure/Recreational Activities: There are facilities like provision of library, Games/Sports, Art and Craft to engage the addicts in different activities for their capacity building. These activities are done routinely and each patient is encouraged to participate in such activities and are praised on their performances.

Psychosocial Interventions: Trained professionals are designated for activities like individual and group counseling, basic psycho-education about the nature of illness, important of treatment adherence, motivation, relapse prevention, counseling for occupational rehabilitation.

It was observed that the centre aims to provide various services. One of them is effective counseling of the drug users to make them aware of the harmful effects of

drug use and the impact of it on the society as a whole. In the past 6 months there were total of 276-group counseling conducted, which was 40-50 minutes of duration per session. A total of 582 individual counseling were conducted giving 15-25 minutes to each patient. A total of 67 family counseling were also conducted. Counselor reported that they sometimes face difficulty in counseling the patients during the first month of rehabilitation when withdrawal symptoms are present. Hence, the procedure of counseling was effectively done in order to spread the awareness and educate not only the drug users but also their family.

It was also observed that the center provides food and clothes for homeless addicts who take shelter in this center. Any homeless addict who is willing for the de-addiction treatment is welcomed and has access to all the facilities of the center like medicines, food, OPD services etc.

This center provides the motivational sessions and counseling in both group and individual settings. Daily sessions are taken named 'Just for Today Sessions' where

struggles of substance-abused patients are discussed and how to tackle these struggles. Activities like Yoga and Meditation are carried to enhance the spiritual health of the patients. There are two social workers in the center who conducts these exercises.

Since most patients admitted in the center suffer from withdrawal symptoms, all efforts are made to make their stay comfortable. The in-patient treatment period is used to formulate the plans for long-term treatment and rehabilitation and the same is discussed with the patient.

- **Monitoring and Evaluation:** To ensure whole person recovery, follow-up activities are conducted to keep a check on the status of the patient. All admitted patients are provided with a discharge summary with a detailed plan for further treatment from the OPD. They are put on follow up for 1 year. The recovered addicts reports to the center to seek support, counseling and medications. (Table 6)

TABLE 6: FOLLOW-UP ACTIVITIES
I. TOTAL NUMBER OF LETTERS SENT/TELEPHONE CALLS MADE TO EX-PATIENTS:

	Twice in a month	Once in a month	Quarterly	Total Half-yearly
Letters/ phone calls sent to ex-patients	120	90	232	442

II. HOME VISITS:

No. of ex-patients visited	Total no. of visits undertaken
78	78

d. Administrative Activities:

Apart from IRCA, the SPYM Kotla is involved in other projects associated with Drug Abuse Treatment and Prevention.

- The center has collaborated with NDDTC, AIIMS Delhi that provides OPD services through their expert and trained professionals. These services are accessible to patients living in IRCA, twice a week. Proper assessment by detail history taking and correct diagnosis of addicts are done. A counselor is also the part of the team who discusses the issues faced by the patient.

- Another project that is currently functional in the center is shelter to homeless addicts. These homeless individuals have access to all the services including OPD, food, water, electricity and entertainment materials like television and library.
- Targeted Intervention is another project, which is funded by National AIDS Control Organization (NACO). This program is used to implement HIV prevention in settings with low level and concentrated HIV epidemics. Focuses on high-risk population like female sex workers, truck drivers, LGBT community and injecting drug users

(IDUs). They make provision for needle exchange programs to prevent infection transmission. There are several awareness camps, which are held in these identified areas to educate people about the treatment options available for addiction.

- These Programs along with collaboration with various ministries ensure the smooth functioning of these centers. SPYM has a total of 6 de-addiction centers in Delhi.

Challenges faced by the rehabilitation center:

It is observed and stated that the center face many challenges in the field of drug rehabilitation. The major challenge faced by the center is inability to access funds timely from the government. There are few other challenges like lack of staff during the nighttime, lack of training activities, lack of educational and vocational activities for the drug addicts and maintaining the motivation of the patients to adhere to the treatment.

On observation and through interviews with the staff members, following challenges came in to light:

- The biggest challenge faced by the organization is not receiving MSJE grant timely, which puts a lot of financial burden on the organization.
- Another major challenge for the staff members were lack of training programs conducted. According to 2013-14 annual report of National Institute of Social Defense, the training programs have been implemented in the past. But since 1 year there were no training programs for the functionaries.
- It was observed that it was a major challenge to tackle the rehabilitees, as these patients tend to show withdrawal symptoms frequently like mood swings, anger, frustration, use of abusive language etc.
- Due to less availability of manpower during night, it was very difficult for the

staff to maintain the security of the patient and the center.

- Recreational activities like music, art, dance, educational activities and other tasks, which can help the reintegration of rehabilitees, were lacking.
- It was observed that it was difficult to maintain the motivation of a willing patient for de-addiction treatment because there was frequent withdrawal of the patients from the center due to different reasons.

Recommendations

To overcome and to mitigate the effects of these challenges, we suggest the following remedial measures:

1. Government and concerned ministry should take the responsibility of allocating funds to the center effectively and efficiently. All the necessary funds should be received by the center timely for the smooth functioning of the center.
2. Advocate and encourage for policies, schemes, and/or laws that incorporate the concept of the 'whole person recovery' in order to offer opportunities to recovering drug users to receive basic education, vocational education and social livelihood skills from all types of drug treatment and rehabilitation services at a national and state level. This will help the in the process of reintegration of the addicts into the society. This can be done by improving the coordination with the organizations associated with enhancing education, vocational education and skill development of the drug users.
3. Improve and provide training opportunities for appropriate social workers working for the drug treatment and rehabilitation of drug users. This will help staff members to handle the addicts more efficiently. Capacity building and various skills like to be able to prepare the patient for job interviews or to prepare patients for a structures life after their recovery. Their knowledge should be updated about the

latest advancements and technologies in this area.

4. Salaries and incentives should be revised on regular basis to ensure motivation of the staff. This increases the job satisfaction of the staff members and helps them to stay motivated in providing the necessary care and services to the drug abusers.
5. Activity programs that provides training in tailoring, carpentry or computer courses must be financed and supported at the center, in order to reintegrate the de-addicted persons into the social system.
6. Necessary steps should be taken to minimize the stigma and discrimination and provide health and welfare services to people affected by substance use.

DISCUSSION

This section presents the discussion on the major issues emerged from the findings in relation to similar studies conducted in other countries as well as different parts of India. The discussion is focused on the knowledge and awareness of structure and function of de-addiction centers and what are the factors that influence the smooth functioning of the de-addiction centers.

The general objective of this study was to assess the structure and functioning of Integrated Rehabilitation Centre for Addicts (IRCA).

The data collected is more in terms of assessing the utilization and management of money, manpower, material and time in a drug rehabilitation center. A detailed study describing how essential it is to have a proper management system is providing the best care to the drug addicts.

According to the scheme for prevention of alcoholism and substance (drugs) abuse, IRCAs should ordinarily have 15-bedded or 30-bedded facilities with specified staff, as per the norms. The centers receive financial assistance, with up to 90% of the approved expenditure. The project directors of the IRCAs were made aware of

the fact that they could apply for a grant-in-aid after running the center successfully for one year and fulfilling the requirements, which were laid down by the MSJE.

In a study DDCs in Punjab at Kharar, Nawan Shahar, Faridkot, and Bathinda had more beds than were sanctioned, due to an increase in the number of patients and requests made by families of the patients. A similar scenario was observed in SPYM IRCA, Kotla Mubarakpur due to increased number of demands for the admission of drug addicts.^[9]

Family members and social workers referred a majority of the patients to the IRCAs. Families play an important role in the motivation of addicts in getting treatment. Social workers can go and talk to the addicts and their families and motivate them to get treatment.

The most common type of organization delivering the treatment services are the government general hospital but substance abuse requires vast demand of treatment which NGOs and certain de-addiction programs are unable to meet. However, in this study it was found out that SPYM, being a NGO, aims to deliver the best possible care required for the rehabilitation of the drug addicts.

The study shows that various drugs were consumed and poly drug use was widespread. While it was true, smoking was the main mode of administration; the degree of injecting was substantial (29%), and sufficiently widespread among the various groups.

The literature identified the 'whole person recovery' model as part of the rehabilitation procedure and focus should not just be on clinically treating of treating drug dependency. Needs like basic education, vocational education and the affinity towards developing livelihood skills for drug users were adapted and considered to be important but overall application and implementation of such activities was lacking.

HIV and drug education was undertaken by most of the staff members and a group session discussion was the most common mode of education in the various settings.

It was observed from the records that 89% of rehabilitees were either unemployed or involved in casual work with an irregular income. This center did not provide any skills for drug users. However, focus group discussions with drug users showed an improved preparation for employment.

It is mentioned in many studies that there are no linkages of a drug abuse associated NGO with other organizations. SPYM is associated with NDDTC, AIIMS, Delhi, which is a well-established drug treatment center with trained professionals from the department of Psychiatry. This collaboration helps in giving an addict an elaborate treatment plan with the help of the specialists and is also useful for referral and linkages services to a higher organization wherever necessary. However, there is no partnership with any kind of organization, which helps the economical and social re-integration of drug users.

The majority of the staff felt the need for government improvement in policies and practices in the area of broad based education and/or vocational education and livelihood skills for drug users.

To aid the process of whole person recovery, basic education, provision of appropriate vocational education and skill development compatible with the needs of the society will be necessary.

CONCLUSION

From the findings of this study, it is clear that due to inconsistencies in the flow of financial resources there is an interference with the efficient functioning of this center, which aims to provide a comprehensive care to the drug addicts. This directly puts a financial burden on the organization resulting in demotivation of the staff members and further delaying delivery of the services needed. Therefore, more research should be done in this area so as to

explore the financial constraints on such NGOs.

IRCA aims for whole patient recovery and has successfully made the patients' crime and drug free. However, it has failed to achieve its objective to make a patient gainfully employed after their recovery. There have been very few educational and vocational workshops to help patients gain any employment opportunities. This study was unable to take into account the reasons why this objective was not fulfilled due to limited period of time.

It was observed that the staff was highly motivated and educated but highly dissatisfied with their honorarium. It works efficiently with patients in recovery and is able to create a positive environment. There have not been any major training programs for the past one year. This has rendered their growth and lack of knowledge in the latest advancements and is a major contributing factor for the de-motivation of the staff members.

It was found that IRCA works towards an objective of systematic monitoring and evaluation. The follow-up on patients showed that 45% cases relapsed in past 6 months. From these findings it can be concluded that though the process of monitoring and evaluation was smoothly done and outreach programs and self help programs were in place but it failed to achieve relapse prevention.

Thus, it is concluded that the structure and functioning of the center, Kotla Mubarakpur is smooth. However factors like lack of funds, training activities, consistent remuneration hinders the growth of the center in several ways and leads to de-motivation of the staff.

SPYM has worked towards a systematic and comprehensive approach towards those who wish to cease drug use has benefited thousands of people over the years and has greatly contributed to the welfare of the society. Many individuals and families have benefitted from the organization's services.

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