

GUIDELINES ON

DISHAA

(An Initiative for Rehabilitation of Victims of Substance Abuse)



**DEPARTMENT OF SOCIAL SECURITY AND
EMPOWERMENT OF PERSONS WITH DISABILITIES
GOVERNMENT OF ODISHA**

PROGRAMME COMPONENTS

- 1) Information, Education & Preventive Campaign
- 2) Drug Demand Reduction
- 3) Counselling, Training and Guidance Centres
- 4) De-addiction Camps
- 5) Community Based Rehabilitation
- 6) Skill Training
- 7) Self-Employment
- 8) Drug De-addiction Centre
- 9) State Project Monitoring Unit
- 10) Research & Documentation

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(An Initiative for Rehabilitation of Victims of Substance Abuse)

1. **Introduction:** Narcotic Drugs and Psychotropic Substances Act, 1985, was enacted, inter alia, to curb drug abuse. Within the purview of the Act, “Narcotic Drug” means “coca leaf, cannabis (hemp), opium, poppy straw and includes all manufactured goods”, whereas “Psychotropic substance” means “any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material included in the list of psychotropic substances specified in the Schedule”. Section 71 of the Act (**Power of Government to establish centres for identification, treatment, etc. of addicts and for supply of narcotic drugs and psychotropic substances**) contains provisions for setting up of rehabilitation and treatment centres for drug dependent persons. The demand reduction strategies consist of education, treatment, rehabilitation and social integration of drug dependent persons for prevention of drug abuse.
2. **Objectives:** Objectives of the Scheme for Prevention of Alcoholism and Substance (Drug) Abuse include the following:
 1. To create public awareness and educate community and people about the ill-effects of alcoholism and substance abuse on the individual, the family, the workplace and society at large;
 2. To provide for community based services for identification, motivation, counselling, de-addiction, referral services, after care and rehabilitation for Whole Person Recovery (WPR) of addicts to make victims drug and crime free;
 3. To alleviate the consequences of drug and alcohol dependence amongst the individual, the family and society at large through family counseling and moral education;
 4. To provide support for skill upgradation, self-employment, organization of Self Help Groups (SHGs) and other assistance for gainful employment;
 5. To organize outreach activities including de-addiction camps, moral education and yoga camps, youth activities, campaign at educational institution level for prevention of substance abuse;
 6. To facilitate research, training, documentation and collection of relevant information to strengthen the above mentioned objectives and support other activities which are in consonance with the programme objectives;
3. **Strategies:** Services will be provided through District Disability Rehabilitation Centres (DDRCs), Integrated Rehabilitation Centre for Addicts (IRCAs), Non-Government Organizations (NGOs) and other Project Implementing Agencies (PIAs). With a view to reducing the demand for and consumption of alcohol and dependence producing substances including all Narcotic Drugs and Psychotropic substances covered under the NDPS, Act, 1985 and other addictive substance, other than tobacco, the thrust would be on preventive

education programmes and Whole Person Recovery of the drug dependent persons. In order to achieve the objectives of the scheme the key strategies will be as follows:-

1. Evolve culture-specific models for the prevention of alcoholism and substance abuse and for rehabilitation of drug dependent persons;
 2. Promote collective initiatives and self-help endeavor among individuals and groups vulnerable to addiction or found at risk;
 3. Increase community participation and public cooperation in the reduction of demand for dependence-producing substances;
 4. Create and sustain an infrastructure of trained human resource personnel and service providers to strengthen the service delivery mechanisms;
 5. Establish and foster appropriate synergy between State interventions, corporate initiatives, the voluntary sector and other stakeholders in the field of substance abuse prevention;
 6. Facilitate networking among policy planners, service providers and other stakeholders, with an aim to encourage appropriate advocacy; and
 7. Promote and sustain a system of continuous monitoring and evaluation including self-correctional mechanism.
4. **Target Groups:** All victims of alcohol and substance (drugs) abuse with a special focus on:-
1. Children including street children, both in and out of school
 2. Adolescents/Youth
 3. Dependent women, children and young girls, affected by substance abuse
 4. High risk groups such as sex workers, Injecting Drug Users (IDUs), Transgender Persons, drivers etc.
 5. Prison inmates in detention facilities including children in juvenile homes addicted to drugs.
5. **Programme Components**
1. Information, Education & Preventive Campaign
 2. Drug demand reduction.
 3. Counselling, Training and Guidance Centres
 4. De-addiction Camps
 5. Community Based Rehabilitation
 6. Skill Training and self employment
 7. Construction of Drug De-addiction centres
 8. Research & Documentation

6. **Information, Education & Preventive Campaign:** Awareness and Preventive Education should address specific and vulnerable target groups in communities, educational institutions, workplace, slums and youth groups with the purpose of sensitizing them about the impact of addiction, and the need to take professional help. Parents/teachers should be sensitized to develop skills to understand the psychology of the youth and to help them keep away from substance abuse. The high-risk groups like commercial sex workers, mobile population like tourists and truck drivers, children of alcoholics and drug addicts, children of HIV affected parents, street children, prisoners and school dropouts, should be specifically addressed. Awareness generation among school going children in the age group 11 – 18 years will be a priority. Trained Teachers and selected NGOs with good track record will deliver sessions and other activities in the schools. Following activities will be admissible:
 1. IEC material preparation (print/ electronic)
 2. Organization of fairs/ festivals
 3. Publication of magazines/ news letters
 4. TV/ Radio/ Print media publicity
 5. Cultural shows/ street plays
 6. Community level meetings/ campaigns
 7. Posters, Hoardings, Banners
 8. Events for substance abusers (sports/cultural)
 9. Such other awareness activities
7. **Drug Demand Reduction:** Drug abuse and illicit drug trafficking cause adverse effects on health; an upsurge in crime, violence and corruption; the draining of human, natural and financial resources that might otherwise be used for social and economic development; the destruction of individuals, families and communities; and the undermining of political, cultural, social and economic structures. A rapidly changing social and economic climate, coupled with increased availability and promotion of drugs and the demand for them, have contributed to the increasing magnitude of the global drug abuse problem. The complexity of the problem has been compounded by changing patterns of drug abuse, supply and distribution. There has been an increase in social and economic factors which make people, especially youth, more vulnerable and likely to engage in drug use and drug-related risk-taking behavior.
 1. **Prevention of peddlers:** with the co-ordination with the Excise Deptt. and Home Deptt. drug trafficking can be controlled. By following strictly NDPS Act 1985, the Customs Act, 1962, the Drugs and Cosmetics Act 1940, and any other law having connection with the enforcement of the provisions of NDPS Act. Police stations will be ranked and recognized for operating highest number of cases under disobeying NDPS Act.
 2. **Establishment of Treatment Centres:** Availability of treatment facilities for addiction in the Government health care settings (apart from Integrated Rehabilitation Centre for Addicts) will be augmented in collaboration with Health Department and Addiction Treatment Facilities (ATFs) will be set up in the Government Hospitals. ATF will include In-patient service and out-patient service facility.

3. **Drug Defense:** Despite being prohibited; drugs always find their way into prisons/juvenile homes all over the world. Some prisoners stop using drugs during incarceration but when they are out of the prison, they are vulnerable to restart drug use. In this scenario, it is utmost important to establish De-addiction Centres with skill training facility in the prisons and juvenile home for the betterment of addicts as they start a new life as soon as they go out of prisons.
8. **Counselling, Training and Guidance Centres:** Substance abusers often seen moving on the streets, market places and are engaged in offensive activities. The prolonged oppression and deprivation often leads towards personality disorder. Such persons will be identified and provided with essential counselling and guidance services, behaviour therapy, personality development and socialization support under this programme. This envisage total recovery of the addicted person leading to his socio economic rehabilitation through an appropriate combination of individual counselling, group therapy, yoga, exposure to self-help/support groups, and introduction to other recovering addicts. It would also include support and care to families of the addicted person. The centre will be provided with support staff including 2 Counsellors, 2 Trainers, one IT Person and one Data Management Person/Call centre manager to run the services of the state unit. Following activities are planned:
 1. **At State level:** Virtual Learning, Resource & Counselling Centres (VLRCC) will be set up in State Headquarter to provide Counselling/training/guidance to field functionaries, Integrated Rehabilitation Centre for Addicts (IRCA in the Districts), Local NGOs, PIAs, School level awareness programme (also Schools for NAPDDR initiative). Following activities will be taken up there:
 1. Counselling Services for NGOs
 2. Counselling Services for Affected people of Drug abuse
 3. Training Programmes for field officials and NGOs
 4. Online Training Programme for Teachers and Service Providers
 5. Call Centre services for all type of queries related to Drug Addiction
 6. Teaching Learning Material preparation
 2. **At District level:** Two Counsellors will be engaged in existing DDRCs for implementation of the programme. Counselling and guidance services must make efforts to:
 1. Identify areas of necessary change, educate to become aware of risk factors leading to relapse and evolve positive coping skills, support for strengthening inter-personal relationships and sustaining their recovery through follow-up services.
 2. Promote commitment to a drug and alcohol free life, adaptation to work and responsibility, facilitate social re-integration, encourage personal growth and self-recognition, acceptance of higher values and encourage peer learning group working together for leading a drug free life.
9. **De-addiction Camps** De-addiction Camps may be organized in areas prone to substance (drug) abuse for mobilizing the community, promote awareness and collective initiative towards the prevention of alcoholism and substance (drug) abuse. District level functionaries/

local bodies/ IRCAs/ RRTCs/ CBOs/ Treatment Services/ Hospitals, etc., should be involved in planning and implementation of the camps. Each implementing agency would conduct regular camps. They would explore and utilize their staff and community resources for this purpose. In these de-addiction camps public education, motivation and campaign against substance abuse activities would also be taken up along with identification of abusers, listing and referral for treatment as well as follow –up services will also be undertaken. Financial assistance shall be admissible to eligible govt. & private organization for the activities to meet the objectives given in the guideline based on the merit of the proposal to be approved by the Department.

10. Community Based Rehabilitation: Implementing agencies need to develop innovative interventions to strengthen the community based approach towards rehabilitation of recovering addicts and in places of requirement may use services of half-way homes, drop-in-centers etc. The focus is on partnership among the victims of substance abuse, families, community, rehabilitation, treatment and health professionals to provide required services in a non-institutional setting, in an environment where services for victims of substance abuse are deficient. Introducing de-addiction and rehabilitation services at a local or community level removes many obstacles to care, which are associated with institutions. The difficulty of travel and its expenses are eliminated or reduced to a minimum. The individual is not isolated from the community; family members and community volunteers are part of the de-addiction and rehabilitation process. Training of community leaders, women’s groups, youth groups and local government officials may be conducted in local language with a focus on understanding the problem of addiction, the methodology of rehabilitation and relapse prevention.

11. Skill Training and self-employment:

1. Skill development trainings will be provided to the victim of substance abuse above 18 years of age to enable them to start income generating activities on their own or get gainfully employed in some sector or the other. All victims of substance abuse not hailing from families of Regular Government Servants/ Retired Government Servants/ Tax Payers / annual family income of 2.50 lakhs would be covered under the programme subject to submission of evidence or self-declaration to the effect. Skill Development, is essential to victims of substance abuse to get wage/self-employment and for higher earnings, and/or improved working conditions, such as getting formal certification for hitherto informal skills, and/or moving from informal to formal sector jobs or pursue higher education/training. Soft skills (which would include computer literacy, language and workplace inter-personal skills relevant for the sector/trade) will be an integral part of the skills training process and will be suitably integrated into the course modules. All Skill Development courses offered under the scheme framework will conform to the standards prescribed under National Skill Qualification Framework (NSQF). The training will be provided in running Integrated Rehabilitation Centres for Addicts IRCAs in the State. It will be Entrepreneurship Development Programme (EDP) of around 15-40 days programme. The programme will start from 2nd week of admission under IRCAs and will continue till the completion of the training. On successful completion of the training a certificate will be given to beneficiaries under signature of District Social Security Officer of the District. However, training institutions other than IRCA may also be considered to impart skill training.

2. **Self-Employment:** Socio-economic rehabilitation of victims of substance abuse is one of the core areas of concern. For this purpose, skill training along with entrepreneurship development training will be one of the priority activities. But, in many cases the victims of substance abuse instead of coming to vocational training centers are adopting to family professions or other economic activities with traditional training and practical experience by doing. Among all these categories a number of victims of substance abuse are not interested in any financial assistance but require a start up kit to start business. They face problems in availing such kits due to want of support they require for the purpose. Potential victims of substance abuse can be identified along with the trade they are interested in pursuing and can be provided assistance under relevant government programmes. Support may also be made available for group endeavors including production; marketing, service centres etc. can also be promoted by the beneficiaries.

12. Drug Deaddiction Centre:

Construction, Operation and maintenance of Drug De-addiction Centers are prioritized to address the increasing incidences of Drug abuse & addiction in the State. This Department would provide financial assistance to Institutions/ NGOs for Drug Treatment Centres for outpatient & permanent infrastructure at strategic locations for consultation and rehabilitation while for inpatients it will be provided for running and maintenance of Drug De-addiction Centers. Under this programme the following expenditure is permissible:

- a) Construction of Drug De-addiction Centers
- b) Maintenance of De-addiction Centers
- c) Procurement of Equipment

13. **Project Management Unit (PMU):** State level Project Management Unit (PMU) under this Department will work for collection of data, information and monitoring of the De-addiction Centre functioning in the State and Awareness Campaign on prevention of alcoholism and Drug Abuse in the District Head Quarters as well Block & GP level. The following positions are provided for the PMU.

Sl.No.	Designation of Consultant	No. of Post	Qualification
1	Sociologist	1	Masters degree in Sociology/ Social Science/ Social Work
2	Livelihood Expert	1	Any Post Graduate/MBA
3	Peon	1	8 th Class Pass
4	Hiring of Vehicle	1	—

14. **Research & Documentation:** With an aim to develop measures based on scientific evidence that are relevant to different socio-cultural environments and social groups, continuous research & studies would be undertaken in collaboration with other apex institutions on drug use pattern and relevant areas. The activities admissible in this category:

- 1. Conducting State Survey on Extent and Pattern of Substance Use;
- 2. Continues research, studies and innovation on drug use pattern and relevant areas;

3. Maintaining Drug Abuse Monitoring System (DAMS) and establishing database on substance use;
4. Any other activity relating to research under the programme.

15. **Role of District Administration:** District Administration will coordinate and converge the programmes and schemes of the Government for promoting comprehensive rehabilitation of the ex-addicts in the district. District Administration needs to undertake detailed survey to identify all victims of substance abuse living in the district so that an action plan to cover each person by appropriate benefits can be drawn up. Most of the problems of the victims of substance abuse could be dealt with by effectively bringing them into the fold of Government schemes that already exist. Roles may include:

1. Survey and identification of all victims of substance abuse and creation of database.
2. Convergence and synergy among various development schemes for victims of substance abuse such as homestead land, housing, Aadhaar Card, Ration Card etc.
3. Health care and restoration of their physical strength by diagnosis and treatment of their diseases and promote universal health insurance coverage.
4. Ensure coverage of victims of substance abuse in all programmes and schemes, employment and self-employment etc. and support for tool kits and CMRF assistance
5. Developing daily living and activity skills by restoring their psychological strength, confidence and self-esteem.
6. Provide opportunities to all victims of substance abuse for redressal of grievances, settlement of issues concerning social justice.
7. Basic literacy should be provided to develop sustainable life skills through training programme.
8. Enroll all victims of substance abuse in different social security programmes and develop social identity for them.
9. Promote participation of line departments, NGOs, Red Cross and other CSR agencies in the process of rehabilitation of victims of substance abuse.

16. **Role of Block/ ULB Administration:** The Block/ Urban Local Body Administration are expected to coordinate and converge the programmes and schemes of the Government for promoting comprehensive rehabilitation and due rights and opportunities for the victims of substance abuse in their respective jurisdiction through:

1. Coverage of victims of substance abuse under different schemes of poverty alleviation, housing, pension etc.
2. Sensitization of local leaders and PRI members on rights and issues concerning victims of substance abuse.
3. Participation of CBOs, BNVs, and other stake holders at the grass root level.
4. Survey and identification of victims of substance abuse, implementation of schemes and instructions issued by the Department/ District Administration.

17. . Monitoring

1. Monitoring of the scheme will be done by the Social Security & Empowerment of Persons with Disabilities Department, Government of Odisha through the on-line portal.
2. The DSSOs shall ensure that list of beneficiaries, with necessary particulars such as Aadhaar number, mobile number and address, is maintained properly and category-wise in respect of their districts concerned.

18. **Administrative Expenses:** For meeting administrative expenditure incidental to implementation of the scheme, a provision of not exceeding 3% of the total budget shall be kept as administrative expenditure. Following administrative expenses are likely to be involved:

1. Engagement of manpower at the Department for execution of the project. As the magnitude of data to be entered and processed would be enormous and the scheme gets implemented over the years there would be a need to engage qualified skilled personnel right from the beginning to ensure the data base of computerized systems are operational.
2. Travel and communication.
3. Publishing advertisements and other publicity materials to generate awareness among the targeted beneficiary group.

19. **Budget & Utilization:** The Collectors concerned should place the estimated budget requirement for their respective districts well in advance to the SSEPD Dept. for release of funds. In case of NGOs the application/ request for funds shall be submitted to the SSEPD Dept. in prescribed performa enclosed in **Annexure- A** along with support documents. Proper records of beneficiaries, the acknowledgement of receipt of appliances by them, the tender procedure followed etc. should be maintained as per govt. financial procedures. Utilization Certificates for the programme/ project should be sent to the Director SSEPD by 31st March of the ongoing financial year. Similarly, the NGOs shall submit utilization certificate (**Annexure-B**), audited statement and report cards along with such other documents as may be asked for. All soft copies must be sent to the Director, SSEPD at ssepsec.od@nic.in within one month of completion of programme/ activity.

20. **Litigations:** Any litigation on matters arising out of this scheme will be subject to sole jurisdiction of the courts situated in State Capital Territory of Bhubaneswar.

21. **Review & Changes:** Social Security & Empowerment of Persons with Disabilities Department, Government of Odisha may, at its discretion, undertake review of the scheme as and when required. SSEPD Department may, at its discretion, make necessary changes in the provisions of this scheme, as and when felt necessary, with the approval of Secretary of that Department in consultation with the Financial Adviser concerned.

Form of Application for Grant –in-Aid to NGOs/ VOs

1. Financial Year for which Grant –in- :
Aid Requested for
2. Project for which grant –in- aid :
applied for (enclose detail project
proposal & beneficiary list)
3. Amount of grant-in-aid applied for :
(enclose detailed estimate)
4. Name & complete address of :
managing organization (PIN Code,
Phone, Fax, website, Email etc.)
5. Date of Establishment :
6. Registration Details (Act under which :
registered with no. & date) (enclose
copies of certificates & Byelaws)
7. If registered under FCR Act, :
registration number, date & validity
period (Enclose copy)
8. Registration under Income Tax Act :
1961 (PAN number, 12 AA, 80G etc.)
(Enclose copies)
9. Registration under PWD Act 1995 :
and NTMR Act 1999 if any (enclose
copies)
10. Details of Governing :
Body/Managing Committee of the
Organization (in the format)
11. Financial status of the organization :
(enclose auditor’s report & balance
sheet with IT return certificate for
last 3 years.
12. Whether separate project -wise :
accounts have been maintained for

S. No.	Name & Address	Occupation	Tel. No.	Educational Qualification

grants sanctioned earlier?

13. Whether principle of jointoperation :

of Bank Accounts is beingfollowed?

14. Details of assets of the organization :
(in format)

Sl.	Items	No. of Units	Value

15. List of available staff :

Sl.	Name& Address	Qualification	Experience

16. Activities/ programmes of the organization (please enclose latest annual report) :

17. Projects/ programmes under implementation (in format) :

Sl.	Project Name	Location	Beneficiaries (category & no.)	Project cost

18. Weather the organization is ever black listed or charge sheeted by any authorities? If yes details thereof. :

19. Details of Bank Account (with branch address, account number, IFSC/ RTGS code etc.) :

20. Name and address of contact person with mobile & email address :

21. Utilization Certificate in respect of last year's GIA submitted or not. Enclose a copy of the same.

22. Any other (specify) :

Signature of Secretary/ President with Seal

FORM O.G.F.R. 7 A

(See Rule 172)

Form of "Utilization Certificate for the Year _____"

I hereby certify that the grant placed at my disposal/at the disposal of..... in the year,..... and the amount available for expenditure during the said year were as follows:—

- I. (a) Unspent balance at the end of the year : Rs.
 (b) Grant received during the year of : Rs.

Quote the number and date of authorization issued by Accountant-General, Odisha. Whenever

it is dependent on such authority and in other cases only the number and date of sanction and designation of sanctioning authority.

(F. D. Memo. No. 30007-(144) F-, dated the 27th July, 1962)

Total : Rs.

II. Expenditure during the year

- (i) Out of unspent Balance as in 1 (a) above : Rs.
 (ii) Out of the grant referred to in 1 (b) above : Rs.

Total : Rs.

III. unspent balance at the end of the year Rs.

2. I further certify that the expenditure of Rs..... shown as expenditure in the year has been expended solely on..... under my charge within the jurisdiction of..... and for no other purpose and that the sum of Rs. . (.....) shown as balance at the end of the year. is available for expenditure and no part or it has been diverted to other purposes.

3. I further certify that a list of works on which expenditure Rs..... has been incurred and the amount spent on each has been prepared and maintained in my office

..... in the office of the..... „

Dated, the.....

Chairman/President/ Secretary of

Dated, the.....

DISTRICT OFFICER

Dated, the.....

HEAD OF THE DEPARTMENT

MONTHLY PROGRESS REPORT

1.	Reporting Month	:	
2.	Programme / Component	:	
3.	Programme Location	:	
4.	Implementing Agency	:	

Part I – Physical Progress

A	Skill Upgradation Training for Drug addicts	Up to Last Month	Current Month	Total
1	Nos. registered for training			
2	Pre-training Counselling			
3	Skill training			
4	Post training support			
5	Post training employment			
6	Post training Self-employment			
7	Post-employment follow-up			
8	Others (Specify)			
B	Others	Up to Last Month	Current Month	Total
1	Counseling Services			
2	Personality Development Training			
3	Self-Employment			
4	Self- Employment Kits			
5	Others (Specify)			
C	Community Awareness (IEC)	Up to Last Month	Current Month	Total
1	Meetings Conducted			
2	Street Plays organized			

3	Video Shows organized			
4	Events for TGs			
5	IEC material prepared			
6	Cultural shows/ competitions organized			
7	Publication if any			
D	Virtual Learning Resource & Counselling Centres	Up to Last Month	Current Month	Total
1	No. registered for training of Field officials			
2	No. registered for training of NGOs/PIAs			
3	No. registered for training of Addicted persons			
4	Total Online Programme conducted			
5	Teaching Learning Material prepared			
D	Counselling Centres at DDRCs	Up to Last Month	Current Month	Total
1	No. of addicts identified			
2	No. of counseling sessions conducted			
3	No. of addicts placed at IRCAs			
4	No. of addicts placed at Hospitals			
5	Community awareness programme conducted			
6	No. of Family counseling conducted			
7	Any other (specify)			

Part II – Special Aspects

1	Details of Notable Events	:	
2	Special Achievements	:	
3	Success Stories	:	Enclose Case History with Photograph/ Video
4	Problems, if any during	:	
5	Others (Specify)	:	

Part III – Financial Performance

A Receipts							
Sl. No.	Approved Budget (Head Wise)	Grants			Other Sources	Grand Total	
		Receiptsup to Last Month	Receipts duringthe Month	Total Receipts			
1							
2							
3							
4							
5							
	TOTAL						
B Expenditure							
Sl. No.	Approved Budget (Head Wise)	Grants available for the Year	Expenditure			Balance Available	Remarks
			Up toLast Month	During the Month	Total Expenditure		
1							
2							
3							
4							
5							
	TOTAL						

(Signature of Authorized Signatory)

Name:

Designation: _____ Dated: _____