

Addiction Treatment Facilities (ATF) at the Government Health Care settings

Brief Overview

Coordinated and Implemented by

National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences
(AIIMS), New Delhi (scheme.atf@gmail.com)

Supported by

**Ministry of Social Justice and Empowerment (MOSJE) ,
Government of India**

A. BACKGROUND

In order to enhance the avenues for treatment of substance use disorders ('addictions') in the country, MoSJE has asked NDDTC, AIIMS to coordinate a scheme at the National level, for establishing Addiction Treatment Facilities (ATFs) in government health care facilities, in a phased manner in collaboration with other medical institutions.

These services may include:

1. **Outpatient-only services (in the form of a clinic):** Any government hospital, which is functioning regularly for at least 1 year, has a well-established out-patient facility will be eligible to receive support for out-patient addiction treatment services. Preference will be given to a) hospitals where only inpatient addiction treatment facilities are already functional and b) hospitals which have a psychiatrist (on regular service) to supervise the facility as Nodal officer.
2. **Inpatient-only Services (admission facility in the hospital):** Any government hospital, which is functioning regularly for at least 1 year, has a well-established in-patient facility (minimum 50 beds) and where outpatient addiction treatment services are already fully operational (irrespective of the source of support for those services). Preference will be given to a) District hospitals and medical college hospitals and b) hospitals which have a psychiatrist (on regular service) to supervise the facility as Nodal officer.

B. RESPONSIBILITIES OF THE PARTICIPATING HOSPITAL:

The participating hospital would enter into an agreement / MOU with the NDDTC, AIIMS or its collaborating institutions to implement the scheme and will be responsible for:

- Providing the required infrastructure including necessary furniture and equipment
- Providing the services of Nodal officer, back-up staff and support staff
- Manage and utilize the funds available for the scheme as per prescribed norms
- Recruit, supervise and monitor the contractual staff
- Provide services to the patients affected by substance use disorders in accordance with guidelines and norms prescribed by the MoSJE / NDDTC, AIIMS
- Make available all the other services provided by the hospital to the patients receiving treatment from the Addiction Treatment Facility as per the prevailing norms
- Submit periodic reports / statement of accounts / utilization certificates to the MoSJE / NDDTC, AIIMS

C. FRAMEWORK OF SERVICES

1. **INFRASTRUCTURE:** In general, the hospital, selected for establishment of addiction treatment services, will be responsible for providing adequate space for the same from the existing infrastructure of the hospital. There should be no need of new constructions to

meet the infrastructure requirements. However, some refurbishment may be required to make the space conducive to provide services, for which some amount of support has been budgeted under the scheme.

Infrastructure for Outpatient-only services

- Location of the clinic: to the extent possible, the outpatient clinic needs to be located within or close to the general OPD of the hospital. Only in case where an exclusive building is being used for the addiction treatment services, the OPD clinic may be located there.
- Adequate space is required in the outpatient clinic for the following purpose: Doctors' chamber; Counsellor's chamber; Nursing / dispensing room; OPD Store (for medicine stock and clinical records); Registration cum waiting area for patients (may be shared with other out-patient services)
- Other infrastructure requirements: Equipment and Supplies (stationery); Computer with internet connectivity; Office Furniture; Storage cupboards
- Optional / preferable facilities: Suitably equipped space for Recreation/rehabilitation/group activities

INFRASTRUCTURE for Inpatient services

- **Hospital ward:** with provision of minimum 10 beds (along with standard hospital facilities, as per the norms). To the extent possible, the ward for addiction treatment services should be exclusive (i.e. beds should not be shared with other clinical services).
- Facilities expected to be available for inpatient ward (can be shared facilities; need not be exclusive; as per the hospital norms): Nursing station, Doctor's Duty room, Nurses changing room / duty room, Ward store, Sluice room, Toilets (separate for male and female patients and for staff)
- Optional / preferable facilities: Recreation/rehabilitation/group activity room; Interview rooms
- There should be provision of: Round the clock security at the gates of ward; Adequate signage; Provision of safe drinking water; Waste disposal system
- Shared services with the main hospital: Emergency, Laboratory and Radio diagnostic services, Kitchen / dietary services, Laundry services, Housekeeping and other support services

2. Staff : The following staff strength is essential for providing treatment through the ATFs:

1. Provision of Staff in case of OUTPATIENT ONLY ATFs				
S. No.	Staff designation	Minimum Qualification	Numbers required	Remarks
1	Doctor (Medical officer)	MBBS from a recognized institution along with medical council registration (preferable: MD or equivalent qualification in Psychiatry)	1	Contractual appointment with support from the scheme. Selection of staff and emoluments as per the norms
2	Nurse	ANM (preferable: GNM / BSc Nursing)	1*	
3	Counsellor	Graduate in Psychology / Social work	1	

		/ Sociology (preferable: Masters in above disciplines)		and procedures under the
4	Data Manager	Graduate (preferably with qualification / experience in computer applications)	1	National / State Health Mission (or other central sector schemes)
5	Nodal Officer	A Senior doctor from the hospital (preferably a Psychiatrist / Specialist in some other discipline, in case Psychiatrist is not available) Has to be in the regular service at the hospital	1	To be nominated by the competent authority of the hospital from the regular staff working at the facility
6	Back up Medical Officer(s)	MBBS or above Has to be in the regular service at the hospital	1	
7	Back up Nurse	Has to be in the regular service at the hospital	2	
8	Security staff	To be made available by the hospital	as per requirement	
9	Support staff	To be made available by the hospital	as per requirement	

** additional nurses will be sanctioned as per the case load in the OPD @ 1 nurse for every 100 patients.*

2. Provision of Staff in case of INPATIENT ONLY ATFs (for a 10-bedded facility)				
S. No.	Staff designation	Minimum Qualification	Numbers required	Remarks
1	Doctor (Medical officer)	MBBS from a recognized institution along with medical council registration (preferable: MD or equivalent qualification in Psychiatry)	1	Contractual appointment with support from the scheme. Selection of staff and emoluments
2	Nurse	ANM (preferable: GNM / BSc Nursing)	4*	

2. Provision of Staff in case of INPATIENT ONLY ATFs (for a 10-bedded facility)				
S. No.	Staff designation	Minimum Qualification	Numbers required	Remarks
3	Counsellor	Graduate in Psychology / Social work / Sociology (preferable: Masters in above disciplines)	1*	as per the norms and procedures under the National / State Health Mission (or other central sector schemes)
4	Data Manager	Graduate (preferably with qualification / experience in computer applications)	1	
5	Nodal Officer	A Senior doctor from the hospital (preferably a Psychiatrist / Specialist in some other discipline, in case Psychiatrist is not available) Has to be in the regular service at the hospital	1	To be nominated by the competent authority of the hospital from the regular staff working at the facility
6	Back up Medical Officer(s)	MBBS or above Has to be in the regular service at the hospital	1	
7	Back up Nurse	Has to be in the regular service at the hospital	4	
8	Security staff	To be made available by the hospital	as per requirement	
9	Support staff	To be made available by the hospital	as per requirement	

**The in-patient ATFs supported under this scheme shall follow NHM norms for provision of these staff positions which will be linked with the number of beds sanctioned to the hospital under the scheme.*

**For OPD services, additional nurses will be sanctioned as per the case load in the OPD @ 1 nurse for every 100 patients. The in-patient ATFs supported under this scheme shall follow NHM norms for provision of these staff positions which will be linked with the number of beds sanctioned to the hospital under the scheme.*

Terms of reference for the staff at ATF

Every ATF shall function under the direct supervision of a regular / full-time medical officer of the hospital, (preferably a psychiatrist), who will be designated as the **Nodal Officer** by the competent authority. The nodal officer shall be responsible for the overall functioning of the ATF.

Nodal Officer

- Minimum Qualification: Psychiatrist (MD in Psychiatry of equivalent qualification). In case a psychiatrist is not available in the hospital, Post Graduate in any discipline (MD/MS or equivalent) / MBBS doctor with at least 5 years of service may be designated as Nodal Officer.
- Regular and full-time employee of the hospital
- Willing to provide necessary administrative and supervisory role

In connection with the human resources at the ATF, the hospital authorities / nodal officer shall be responsible for

- Recruitment of the contractual staff (as per the standard procedures of the hospital / State / NHM or as per the procedures agreed upon in consultation with NDDTC, AIIMS)
- Fixing the salary of the contractual staff (as per the NHM / State health mission norms, with adequate supportive-documentation)
- Monitoring the day-to-day functioning of the staff of ATF
- Making back-up staff available, (in case of non-availability of the ATF staff) to ensure that services are provided uninterruptedly
- Ensuring availability of contractual and back-up staff for induction and refresher training programmes being organized by NDDTC / Regional centres from time to time
- Ensuring that the staff engaged under the scheme is utilized for delivery of services related to the ATF (and not for any other task)

Every participating hospital will be provided with funds for recruitment of the staff who will be full-time employed to run the ATF services. The employment shall be strictly on contract basis (annual, renewable), and will not be considered as a regular government job. The staff shall function under the overall supervision of the nodal officer, who shall ensure that the ATF staff is appointed following norms laid down by the hospital / National / State health mission. The Nodal Officer shall be the point person for liaising with the hospital authorities and other departments of the hospitals for smooth functioning of the ATF. S/he shall be the main authority for ensuring that budgets are spent in accordance with the norms laid down in the scheme.

The staff available at ATFs and their terms of reference are listed below:

- **Medical Officer:** Minimum Qualification of MBBS with Medical Council registration/statecouncil registration.
Roles/responsibilities
 - Providing assessment and diagnostic services to the patients
 - Providing initial short term treatment as well as long term pharmacotherapy to the patients
 - Providing referral services to the patients – including referral for other health conditions, other social needs, as well as referral to the higher centre for management of complex cases of substance use disorders
 - Providing orientation to other departments / staff of the hospital (to enhance referrals to the clinic)
 - Assisting the nodal officer in Day-to-day management and supervision of the functioning of the ATF
- **Nurse:** Minimum qualification, ANM recognized from the state/national nursing council body.

Roles/responsibilities

- Dispensing medications as prescribed by the doctor
 - Maintain records related to dispensing as applicable
 - Provide first-aid in case of absence of the medical doctor
 - Maintain records related to stock management
- **Counsellor:** Minimum qualification, Bachelor in Psychology/Social Work/Sociology. Those who have undergone certificate training in counselling (recognized by Ministry of Social Justice and Empowerment / Ministry of Health & Family Welfare) would be preferred.

Roles/Responsibilities

- Assisting the medical officer in assessment and diagnosis of patients
 - Providing initial counselling and Motivation Enhancement to the patients
 - Ensuring follow-up with patients
 - Ensuring regular one-to-one psychosocial sessions as well as group sessions with patients and family-members
 - Undertake field visits, if required
 - Providing referral services to the patients – including referral for other health conditions, other social needs, as well as referral to the higher centre for management of complex cases of substance use disorders
 - Liaise with other departments of the hospital to enhance referrals to the ATF
 - Conducting awareness activities in the community (to enhance help-seeking)
 - Establishing linkages with the NGOs working in the community (to enhance help-seeking)
- **Data Manager:** Minimum bachelor degree with working knowledge of computers. Those with certificate training / degree in computers would be preferred.

Roles/Responsibilities

- Registering new and follow-up patients
 - Making clinical file for all new patients
 - Ensuring that records are maintained as prescribed under the scheme
 - Preparing monthly reports under supervision of other staff of ATF
 - Assisting in maintaining stock records with nursing staff
 - Assisting in account maintenance under the guidance of the ATF staff as well as account personnel of the hospital

The salaries of the ATF staff will commensurate with the norms laid down by the National / State health mission. The staff members shall be eligible for an annual increment of 5% upon certification and recommendation by the nodal officer, after each year of continuous service.

Numbers of staff at any ATF shall be decided according to the expected work load and type of services (Outpatient / Inpatient). The position of Nurse is one per outpatient centre, for a daily footfall at the centre for dispensing of medication to 100 patients. As and when the average footfall exceeds this number then the ATF shall be eligible for more nursing staff (@one nurse per 100 patients). The norms for the salaries for the contractual staff of DTC shall be in accordance with the norms followed by the National / State Health Mission for the particular state and city. The salary of a given staff shall be decided depending on the state and the district/city where the ATF is located. As of now, for the purpose of budgeting average NHM norms (as per the existing experience of scheme implementation) have been followed for estimation of the expenditure. The staff shall be eligible for receiving revised salaries as and when the salary norms undergo revision by the government, upon discretion of the competent authority.

3. Dispensing of medicines

Pharmacotherapy plays the central role in the treatment of substance use disorders. All the patients seeking treatment from addiction treatment facilities should have access to the necessary medications – free of cost – from the dispensary. In addition, the centre should strive to also make available medications listed as ‘Other medications’, though they have not been put on the essential list.

Table: List of medicines for an Addiction Treatment Facility

S. No.	Name of medicine	Formulation / strength	Remarks / Indications
1	Disulfiram	Tab. 250 mg	Essential. Indicated for long-term treatment of Alcohol dependence
2	Buprenorphine	Tab. 0.4 / 2 mg	Essential (where patients with opioid dependence are seen). Indicated for treatment of withdrawal symptoms long-term management in opioid dependence
3	Naltrexone	Tab. 50 mg	Essential. Indicated specifically for long term treatment of Alcohol and Opioid dependence.
4	Buprenorphine + Naloxone	Tab. 2+0.5 mg	Essential. Indicated for long term treatment of opioid dependence. Standard guidelines and procedures necessary.
5	Methadone	Syrup 5mg/ml	Essential. Indicated for long term treatment of opioid dependence. Standard guidelines and procedures necessary.
6	Diazepam	Tab. 5/10 mg Inj. 5 mg	Essential. Indicated for treatment of withdrawal symptoms in Alcohol dependence Can be used as sedative / adjunct in treatment of withdrawal symptoms in opioid dependence

Table: List of medicines for an Addiction Treatment Facility

S. No.	Name of medicine	Formulation / strength	Remarks / Indications
7	Lorazepam	Tab. 1/2 mg	Essential. Indicated for treatment of withdrawal symptoms in Alcohol dependence with liver damage
8	B-complex / Multivitamin	Capsules / Injections	Essential. Indicated for treatment of withdrawal symptoms in Alcohol dependence
9	Tramadol	Tab / Cap 50 Mg.	Essential (where patients with opioid dependence are seen). Indicated for treatment of withdrawal symptoms in opioid dependence
10	Naloxone	Inj. 0.4 mg	Essential. Indicated for treatment of overdose of opioids (should be available in hospital emergencies)
11	Nicotine gums	Chewing gum 2/4mg	Indicated for management of tobacco dependence
12	Other medications (supportive treatment):	<i>Antacids, Antibiotics, NSAIDs, Antipsychotics, Antidepressants, Antiepileptic drugs, etc.</i>	Indicated for treatment of associated co-morbid symptoms / disorders.

In the list above, medications from S. No. 1 to 5 are usually not available in general hospital supply and hence, shall be procured and supplied to the ATFs through the financial support of the scheme (by NDDTC AIIMS and its affiliated institutions). Supply of medications listed from S. No. 6-12 will be the responsibility of the hospital. However, NDDTC may approve financial support for medicines listed from S. No. 6-12 for some hospitals on a case to case basis provided suitable justification is provided by the concerned facility.

If the hospital, has a dispensary, the same may be used for dispensing these medicines centre as well. Otherwise, for dispensing of medications from the addiction treatment facility, a system should be put in place, which allows for monitoring and auditing the dispensing procedure. It must be remembered that some of the medications used for treatment possess addiction liability and risk of diversion. Only authorised persons (such as trained nurse / pharmacist) must be allowed to handle / dispense medicines. SOPs for ensuring regular procurement, storage, and dispensing of medications must be in place.

4. Financial Management

The scheme will be implemented through 100% financial support by the MoSJE, Government of India under the National Action Plan for Drug Demand Reduction (NAPDDR). The funds will be made available directly to the participating hospital through NDDTC AIIMS or collaborating

regional institutions. For the purpose the participating hospital will open an exclusive bank account operated by the competent authorities including the nodal officer. An agreement shall be signed between NDDTC AIIMS (or collaborating regional institution) for this purpose.

5. Annual budgets for implementing one ATF

A Budget for one ATF - Outpatient Only services (Annual, in Rs.)						
S. No.	Budget Head	Description	Unit Cost	No.	Duration	Total
1	Infrastructure Refurbishment / Furniture / Equipment	Annual Cost for refurbishment / maintenance / Equipment etc.)	200000	1	1	200000
2	Salary - Doctor	To be paid as per the NHM / Local norms for Central Sector Scheme	60000	1	12	720000
3	Salary - Nurse	To be paid as per the NHM / Local norms for Central Sector Scheme	20000	1	12	240000
4	Salary - Counsellor	To be paid as per the NHM / Local norms for Central Sector Scheme	20000	1	12	240000
5	Salary - Data Manager	To be paid as per the NHM / Local norms for Central Sector Scheme	15000	1	12	180000
6	Communication / Stationery / Other office expenses					50000
7	Medicines*					50000
8	Gross Total					1680000
9	Contingency / Management cost (@ 5% of total)					96500
10	Grand Total					1764000

B Budget for one ATF – Inpatient Only services, 10-bedded (Annual, in Rs.)						
S. No.	Budget Head	Description	Unit Cost	No.	Duration	Total
1	Infrastructure Refurbishment / Furniture / Equipment	Annual Cost for refurbishment / maintenance / Equipment etc.)	300000	1	1	300000
2	Salary - Doctor	To be paid as per the NHM / Local norms for Central Sector Scheme	60000	1	12	720000
3	Salary - Nurse	To be paid as per the NHM / Local norms for Central Sector Scheme	20000	4	12	960000

B	Budget for one ATF – Inpatient Only services, 10-bedded (Annual, in Rs.)					
S. No.	Budget Head	Description	Unit Cost	No.	Duration	Total
4	Salary - Counsellor	To be paid as per the NHM / Local norms for Central Sector Scheme	20000	1	12	240000
5	Salary - Data Manager	To be paid as per the NHM / Local norms for Central Sector Scheme	15000	1	12	180000
6	Communication / Stationery					50000
7	Medicines*					100000
8	Gross Total					2550000
9	Contingency / Management cost (@ 5% of total)					132500
10	Grand Total					2677500

*Note: for the item at S. No. 7. 'Medicines', indicated here is only the total estimated budget for medicines to be procured directly by the participating hospital. Most of the specific medicines (which are required in larger amounts and are relatively expensive) will be procured centrally and supplied to the hospital to enhance the cost efficiency and prevent stock-out.