



ASSESSMENT OF REHABILITATION CENTRES IN THE CONTEXT OF DRUG DE-ADDICTION

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Abstract

Drug addiction is one of the phenomenons of human pollution in society, which is an alarming situation in the state of Manipur. Not only the young boys and girls, many matured and distinguish persons of social status groups in the adult members of the society had also been found addicted day by day. Due to drug addiction and alcoholism, many precious life of the young and adult have been killed during last three decades and also the victims of HIV/AIDS have increasing in an alarming rate in the state. Many wives, children and persons have been becoming living death. For controlling these situations many social activists, social reformers and ONGs have made various attempts to eradicate the problems. They also establish many de-addiction centers for drug addition in the state under the funding of central government. Here, the investigator tried to find out strong and weak points of the different de-addiction centers that how far these centers tried to normalize the lives of addicted persons. And also tried to find out some to the remedial measures to improve the functions of the said centers for the welfare of the state as well as nation.

Keywords : Drug addiction, HIV/AIDS, Rehabilitation centers, Relapse and recovery.

Drug addiction or abuse is a global problem. No Country is free it Hundreds and Thousands of young men and girls are today victims of the evils and curs of drugs addiction. The worst form of drug addiction or abuse is "Heroin addiction". There are innumerable causes for drug addiction". There are innumerable causes for drug addiction. Some of them are Socio-economic condition and environment, psycho physical behavior problem including frustration, indiscipline acts, personality disintegration, low mentality, handicapped, anxiety, tension, conflicts, psycho neuroses etc. Using of drugs after starts out of Curiosity or to have pleasant enjoyment. People are generally induced to drug addiction through their friends or peer groups. Often these are initially taken to over come boredom, depression and fatigue. Parental negligence, frustration in life, broken family unemployment may also lead to the initial use of drugs and thereafter its easy availability makes the user dependent on its. The world Health Organization Expert committee (1969) defines, "Drug addiction as a state of periodic or chronic intoxication produced by repeated consumption of a natural or synthetic drug."

justification of the study: In Manipur, drug use issues emerge out since early 1980. Mass arrest of drug users and incarcerate them as the best tool in the response to drug use prevention and intervention. Sate is very close to drug production site i.e. Golden Triangle. Not only Manipur become a major drug routes but also a transit point that are transported to the rest of the world. Drug route associated with wide roped spread drug use. No direct super vision to the NGOs who are running centers along with non availability of drug policy as well as lack of state monitoring as cited below to bring about an understanding while imitating different steps for streamlining drug use responses and develop effective and update approaches to treatment, uniformly and consistent use of standard of services.

Table: Sentinel Surveillance Reports-1986 to 2011:

Number of blood samples screened	Sero-Surveillance	Sentinel Surveillance	Total
	393006	80563	473569
Number of positives	31256	6760	38016
Number of Females	10109		10109
Number of HIV Positive Children	2578 (M-1378 & F-1200)		2578 (M-1378 & F-1200)
Number of AIDS cases	4724		4724
Number of deaths	658		658
Sero-positively rate per 100 samples	8.0	8.4	8.02

Source: Epidemiological analysis of HIV/AIDS in Manipur: September, 1986 to Jan, 2011

There are 20 Drug treatment centers in Manipur (Social Welfare Director) currently running drug treatment with the support from MOSJE. And many more NGOs are also implementing 100 programs in the state which is supported by Manipur state AIDS control society. After 19/20 years of service delivery to prevent and control drug use, still we experienced unsatisfactory results contrary to the expected outcome 13 Narcotics Anonymous meetings congregates about 250-300 manage users daily on an overage to manage drug free lives through staring personal experiences and caring among peers. Maximum number of the meeting attendees is the products from treatment centers. However, if we consider un-reach population and those drop out population, we presumably understand that there is a large gap not only in treatment slot and service provision but also the system itself.

But from 2001 onwards, Regional Resource Training Centre North East was given staffs of the NGOs who are working in the drug program. Most of the rehabilitation centres working efficiently and effectively in their respective field and at one time in these 20 centres about 400 clients are given



treatment. The recoveries rate of this client is 45% to 50% considering the range of 3 to 4 years period. At the same time there are various self help group formed which helps in sustaining physically mentally and financially.

There were lots of program taken up by the various NGOs relating to drugs till now. we have lots of challenges and gaps in the drug program. In order to run rehab centre, we have challenges under three heads:

Programmatic Perspective: We do not have health screening facility.; We do not have Emergency Aid like overdose medicine.; Electricity the Biggest hurdle.; In the rehabilitation centre, we have clients from different age groups ranging from 15 to 40 years and above. We also do not have the facility to keep separately the client according to their age group. There is no facility to separate the clients according to the choice of chemicals.; In the rehab centre, there are clients who come for treatment who are HIV positive. For them, there are no specific facilities like treatment for opportunistic infection and TB since we offer treatment only for drugs. It may also causes relapses.

Environmental Perspective: In the drug program, 3 components is required the client himself, the parents and those are delivering the services. So during the treatment, the parents cannot involve in the program because of stigma and discrimination by themselves and society. Even after treatment, the neighbors and communities do not allow them to reintegrate in society nowadays, the environment becomes drug friendly due to westernization e.g. in the small birthday celebration ritual funeral, there is a fashion of using drug and alcohol. Even in television, there advertisement of various brands of alcohol which are very attractive to the youth.

3. Administration Perspective: All the rehab centers are funded by central govt. but it was irregular.; In the state govt. there is no budget relating to rehab program.; The fund given by central govt. is low cost.; There is case of staff drop out of law salary.; In the annual budget only Rs. 1.4 crores is sanction in drug program whereas in TI Program, Rs. 8 crores is sanction.

Methodology of the study: As the proposed study is the investigation into the existing conditions of the drug de-addiction and rehabilitation centers, the method to be adopted in the study will be "Normative Survey Method". Under this method, the quantitative and qualitative data are also required to collect and dealt with for achieving the objectives of the study. Certain suitable tools and techniques have to be prepared for the study.

Tools Used : The required tools which were used in the study : Observation: The investigator will adopt observation as a tool for surveying the location that enable to asses them whether the centers are located at a proper places and conducive environment.

Interview: Interview will be conducted with the Committee members, Head of the Centers, Doctors, Counselors inmates, employees. As a supplementary tools, published and unpublished records, reports, documents and others relevant printed materials will be collected as a primary and secondary sources of data.

Sample Population: In the present study two drug de-addiction and rehabilitation centers were covered as sample of the study.

There are 20 (twenty) centers in Manipur state under the Ministry of Social Justice and Empowerment, Government of India, (centers for Mental Hygiene). The two Centers that is related with the study on the performance & flexibility.

Case 1: New Life Drug Rehabilitation Center, Torbung Bangla, Churachandpur

The new life rehabilitation centre, Churachandpur has been working successfully since 1993 under the sponsorship of Ministry of Social Justice & Empowerment, Government of India, New Delhi. The Centre is a multi-disciplinary comprehensive service to create a social awareness to fight against the evils of abuse of alcohol and chemical substances by giving health care. Detoxification, Individual counseling, Group Counseling, Input session, family re-integration, Group therapy etc. During rehabilitation period and followed by after care services for maintaining close contact with individuals and family so as to prevent from relapse by encouraging forming a Self Help Group under the principles of Narcotics Anonymous.

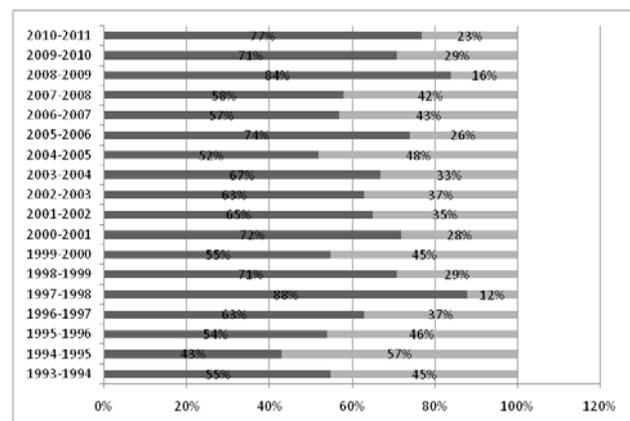
The staffs of New Life Rehabilitation Centre are all well trained in the field of drug abuse prevention and intervention. The categories of the staffs are counsellors, Doctor, Nurses and ward boy etc. This centre is a 20 bedded male residential facility for treatment and rehabilitation.

Table 3 – Year Wise Recovery and Relapse Rate

Year	Recovery rate	Relapse rate
April 1993 to March 1994	55%	45%
April 1994 to March 1995	43%	57%
April 1995 to March 1996	54%	46%
April 1996 to March 1997	63%	37%
April 1997 to March 1998	88%	12%
April 1998 to March 1999	71%	29%
April 1999 to March 2000	55%	45%
April 2000 to March 2001	72%	28%
April 2001 to March 2002	65%	35%
April 2002 to March 2003	63%	37%
April 2003 to March 2004	67%	33%
April 2004 to March 2005	52%	48%
April 2005 to March 2006	74%	26%
April 2006 to March 2007	57%	43%
April 2007 to March 2008	58%	42%
April 2008 to March 2009	84%	16%
April 2009 to March 2010	71%	29%
April 2010 to March 2011	77%	23%

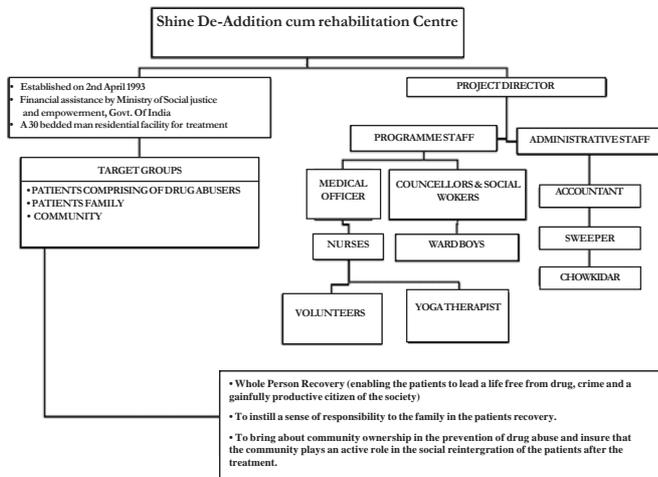
Source: Annual Reports of New Life Drug Rehabilitation Center, Churachandpur

Bar chart Showing Year wise Recovery and Relapse Rate (From April 1993 to March 2011)

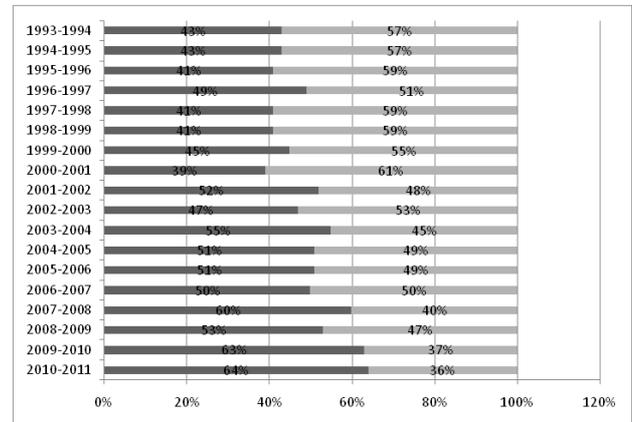




Case 2: Shine De-Addition cum Rehabilitation Centre, Imphal.
The Structure of Shine De-Addition cum Rehabilitation Centre



Bar chart Showing Year wise Recovery and Relapse Rate (From April 1993 to March 2011)



Year Wise Recovery and Relapse Rate Shine De-addiction cum Rehabilitation centre, Thangmeiband, Imphal West.

Year	Recovery rate	Relapse rate
April 1993 to March 1994	43%	57%
April 1994 to March 1995	43%	57%
April 1995 to March 1996	41%	59%
April 1996 to March 1997	49%	51%
April 1997 to March 1998	41%	59%
April 1998 to March 1999	41%	59%
April 1999 to March 2000	45%	55%
April 2000 to March 2001	39%	61%
April 2001 to March 2002	52%	48%
April 2002 to March 2003	47%	53%
April 2003 to March 2004	55%	45%
April 2004 to March 2005	51%	49%
April 2005 to March 2006	51%	49%
April 2006 to March 2007	50%	50%
April 2007 to March 2008	60%	40%
April 2008 to March 2009	53%	47%
April 2009 to March 2010	63%	37%
April 2010 to March 2011	64%	36%

Conclusion

Considering the present scenario of the issues relating drugs, it is the high time we have a state drug policy and for the sustainability of the program. We need to sensitize to relook the program run by the central Government through the concern department. At the same time the people from various sector time should involvled to reduce the problems relating to drugs since it is not only duties and responsibility of various NGOs who are responding in the issues. The main goal of rehabilitation centres – "A sustainable whole person recovery".

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