

Appendix 1

Suggested Performa for Clinical Assessment in Substance Use Disorder

A. Socio-demographic profile

Name, age, sex, marital status, qualification, occupation, type of family and place of residence

B. Details of substance use

1. Age of initiation
2. List of substances abused
3. Frequency of use
4. The quantity taken usually (usual dose)
5. The time lag since last use (last dose)
6. Whether need to increase the quantity of substance consumed in order to produce the same effect (tolerance)
7. The effect of the use of a particular substance and signs and symptoms of intoxication
8. Presence/ absence of physiological/ psychological symptoms and signs when the particular substance is not taken/ reduced. (withdrawals)
9. Compelling need/ urge to take the substance

C. Complications associated with substance use

1. Physical: long term health hazards associated with substance use
2. Psychological: chronic mental effects associated with substance use.

3. Financial: losses suffered/debts incurred
4. Occupational: frequent absenteeism at work, constant change of job, memos issued, periods of unemployment
5. Familial – social: frequent fight with spouse/ other family members, neglect of responsibility at home, social outcast
6. Legal: involvement in illegal activities to sustain substance use, arrests/ charges on account of substance use, caught driving under intoxicated state, drinking brawl.

D. High risk behaviors: presence of injection use/ unsafe sexual practices

1. Injection risk: sharing of needles/ sharing syringes/ water used for rinsing; reuse of needles, syringes, unhealthy practice of injecting
2. Sexual risk: contact with commercial sex workers, unprotected sexual intercourse

E. Past abstinence attempts:

1. Number of attempts made
2. Duration of each attempt
3. Reason for abstinence
4. Whether treatment sought
5. Nature of treatment sought: pharmacological, psychological or combined
6. Reason for relapse

F. Reason for seeking treatment and motivation level of individual: whether seeking treatment by self or brought forcibly by family member;

G Presence of co-morbid psychiatric illness such as affective disorder, psychotic disorder and personality disorder/ traits.

H. Presence of family history of Substance use, psychiatric illness, current living arrangements

I. Premorbid personality: especially presence/absence of Antisocial personality disorder.

J. Physical examination

Vital signs – Pulse, Blood pressure, Respiratory rate

Systemic examination – Cardiovascular, Respiratory, Abdominal and Nervous system

K. Mental status examination

General appearance and behavior of the patient (dressing, grooming, mannerism, motor activity, and eye contact); Affect (mood) (does he appear happy, sad, anxious? Is it sustained throughout the interview?); Speech (rate, volume, pitch, coherence, relevance); The content of the patient's thought (delusions, obsessions, depressive thought, suicidal ideas); Perceptual disturbances (illusions, hallucinations) and Cognitive functions of the patient.

Appendix 2

Drug Abuse Screening Test (DAST)

The following questions concern information about your involvement and abuse of substances. Substance abuse refers to:

- (1) The use of prescribed or "over the counter" substances in excess of the directions
- (2) Any non-medical use of substances

The questions DO NOT include alcoholic beverages.

The questions refer to the past 12 months. Carefully read each statement and decide whether your answer is yes or no. Please give the best answer or the answer that is right most of the time. Click on the box for Yes or No.

Top of Form

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you used substances other than those required for medical reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you abused prescription substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you abuse more than one substance at a time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Can you get through the week without using substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you always able to stop using substances when you want to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you had "blackouts" or "flashbacks" as a result of substance use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you ever feel bad or guilty about your substance use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does your spouse (or parents) ever complain about your involvement with substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Has substance abuse created problems between you and your spouse or your parents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you lost friends because of your use of substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you neglected your family because of your use of substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you been in trouble at work because of your use of substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you lost a job because of substance abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Have you gotten into fights when under the influence of substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Have you engaged in illegal activities in order to obtain substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Have you been arrested for possession of illegal substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Have you had medical problems as a result of your substance use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Have you gone to anyone for help for a substance problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Have you been involved in a treatment program especially related | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Score 1 point for Yes (1-3; 6-20) 1 point for No (4,5) Cut Off Score: 6
Skinner HA. *The Substance Abuse Screening Test. Addictive Behaviours, 1982;7:363-71.*

Appendix 3

The Alcohol Use Disorders Identification Test

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
 - (0) Never [Skip to Qs 9-10]
 - (1) Monthly or less
 - (2) 2 to 4 times a month
 - (3) 2 to 3 times a week
 - (4) 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
 - (0) 1 or 2
 - (1) 3 or 4
 - (2) 5 or 6
 - (3) 7, 8, or 9
 - (4) 10 or more
3. How often do you have six or more drinks on one occasion?
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly

- (3) Weekly
 - (4) Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
- (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?
- (0) No
 - (2) Yes, but not in the last year
 - (4) Yes, during the last year
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
- (0) No
 - (2) Yes, but not in the last year
 - (4) Yes, during the last year

Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

Interpretation of AUDIT scores:

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence. AUDIT scores in the range of 8-15 represent a medium level of alcohol problems whereas scores of 16 and above represented a high level of alcohol problems.

Bottom of Form

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks." Place the correct answer number in the box at the right. Saunders JB, Aasland OG, Babor TF, DeLaFuente JR and Grant M. Development of the Alcohol Use Disorder Identification Test (AUDIT) : WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction*, 1993;88:791-804.

Appendix 4

CAGE questionnaire

Alcohol dependence is likely if the patient gives 2 or more positive answers:

- * Have you ever felt you should CUT down your drinking?
- * Have people ANNOYED you by criticising your drinking?
- * Have you ever felt bad or GUILTY about your drinking?

- * Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE-opener)?

Mayfield D, McLoed G and Hall P. The CAGE Questionnaire : Validation of a new alcoholism instrument. *American Journal of Psychiatry*, 1974;131:1121-23.

Appendix 5

The 12 Suggested Steps of Alcoholics Anonymous 1.

1. We admitted we were powerless over alcohol-that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed,

and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Source: ALCOHOLICS ANONYMOUS

The Story of How many Thousands of Men and Women Have Recovered from Alcoholism Second Edition Alcoholics Anonymous Publishing, inc. New York City 1955 pp. 59-60

Appendix 6

Michigan Alcohol Screening Test

The MAST Test is a simple, self scoring test that helps assess if you have a drinking problem. Please answer YES or NO to the following questions:

Please answer YES or NO to the following questions:

1. Do you feel you are a normal drinker?
("normal" - drink as much or less than most other people) YES or NO
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening? YES or NO
3. Does any near relative or close friend ever worry or complain about your drinking? YES or NO
4. Can you stop drinking without difficulty after one or two drinks? YES or NO
5. Do you ever feel guilty about your drinking? YES or NO
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)? YES or NO
7. Have you ever gotten into physical fights when drinking? YES or NO
8. Has drinking ever created problems between you and a near relative or close friend? YES or NO
9. Has any family member or close friend gone to anyone for help about your drinking? YES or NO
10. Have you ever lost friends because of your drinking? YES or NO
11. Have you ever gotten into trouble at work because of drinking? YES or NO
12. Have you ever lost a job because of drinking? YES or NO
13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? YES or NO
14. Do you drink before noon fairly often? YES or NO
15. Have you ever been told you have liver trouble such as cirrhosis? YES or NO
16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations? YES or NO
17. Have you ever gone to anyone for help about your drinking? YES or NO
18. Have you ever been hospitalized because of drinking? YES or NO
19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward? YES or NO

20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem? YES or NO
21. Have you been arrested more than once for driving under the influence of alcohol? YES or NO
22. Have you ever been arrested, even for a few hours because of other behavior while drinking? YES or NO
(If Yes, how many times _____)

Scoring

Please score one point if you answered the following:

1. No
2. Yes
3. Yes
4. No
5. Yes
6. Yes
- 7 through 22: Yes

Interpretation of the scores:

Add up the scores and compare to the following score card:

- 0 - 2 No apparent problem
- 3 - 5 Early or middle problem drinker
- 6 or more Problem drinker

Selzer ML. The Michigan Alcoholism Screening Test : The quest for a new diagnostic instrument. American Journal of Psychiatry, 1971;127:1653-58.

Appendix 7 _____

Nurses' Observation Scale For Inpatient Evaluation (NOSIE=30)

Subject's Name _____ Rater's Signature _____

Sex _____ Male _____ Female _____ Date _____ Time _____ AM/PM

Directions Please rate the patient's behavior as you observed it during the last three days only. Indicate your choice by filling in one block for each item, using this key.

1. Is sloppy. 0__ 1__ 2__ 3__ 4__
2. Is impatient. 0__ 1__ 2__ 3__ 4__
3. Cries. 0__ 1__ 2__ 3__ 4__
4. Shows curiosity and interest in activities around him/her. 0__ 1__ 2__ 3__ 4__
5. Sits, unless directed into activity. 0__ 1__ 2__ 3__ 4__
6. Gets angry or annoyed easily. 0__ 1__ 2__ 3__ 4__
7. Hears things that are not there 0__ 1__ 2__ 3__ 4__
8. Keeps his/her clothes neat. 0__ 1__ 2__ 3__ 4__
9. Tries to be friendly with others 0__ 1__ 2__ 3__ 4__
10. Becomes upset easily if something doesn't suit him/her. 0__ 1__ 2__ 3__ 4__
11. Refuses to do the ordinary things expected of him/her. 0__ 1__ 2__ 3__ 4__
12. Is irritable and grouchy. 0__ 1__ 2__ 3__ 4__
13. Has trouble remembering. 0__ 1__ 2__ 3__ 4__
14. Refuses to speak. 0__ 1__ 2__ 3__ 4__
15. Laughs or smiles at funny comments or events. 0__ 1__ 2__ 3__ 4__
16. Is messy in his/her eating habits. 0__ 1__ 2__ 3__ 4__
17. Starts up a conversation with others 0__ 1__ 2__ 3__ 4__
18. Says he/she feels blue or depressed 0__ 1__ 2__ 3__ 4__

19. Talks about his/her interests. 0__ 1__ 2__ 3__ 4__
20. Sees things that are not there. 0__ 1__ 2__ 3__ 4__
21. Has to be reminded what to do. 0__ 1__ 2__ 3__ 4__
22. Sleeps, unless directed into activity. 0__ 1__ 2__ 3__ 4__
23. Says that he/she is no good. 0__ 1__ 2__ 3__ 4__
24. Has to be told to follow hospital routine. 0__ 1__ 2__ 3__ 4__
25. Has difficulty completing even simple tasks on his/her own. 0__ 1__ 2__ 3__ 4__
26. Talks, mutters, or mumbles to him/herself. 0__ 1__ 2__ 3__ 4__
27. Is slow moving or sluggish. 0__ 1__ 2__ 3__ 4__
28. Giggles or smiles to him/herself for no apparent reason. 0__ 1__ 2__ 3__ 4__
29. Is quick to fly off the handle. 0__ 1__ 2__ 3__ 4__
30. Keeps him/herself clean. 0__ 1__ 2__ 3__ 4__

Source: Honigfeld G, Gillis RD, Klett CJ. (1965). Nurses' observation scale for inpatient evaluation: a new scale for measuring improvement in chronic schizophrenia. Journal of Clinical Psychology, 21, 65-71 Honigfeld G, Gillis RD, Klett CJ. (1966). NOSIE-30: A treatment-sensitive ward behavior scale. Psychological Reports, 19, 180-182. Copies and Score Available Online; E-mail: hunter.hansen@bubbs.biola.edu

Appendix 8

CONSENT FORM FOR DISULFIRAM THERAPY

CONSENT FOR THE ADMINISTRATION OF DISULFIRAM

Disulfiram alcohol reaction: Disulfiram plus alcohol may produce reactions. Even a small amount of alcohol taken while on disulfiram may produce redness of the face, throbbing in the head and neck, headache, breathing difficulties, stomach distress, vomiting, sweating, thirst, chest pain, fast heartbeat, faintness, marked uneasiness, weakness, sensation of surroundings revolving around you, blurred vision, and confusion. Rarely in severe reactions, there may be a decrease in breathing, shock, acute heart failure, unconsciousness, convulsions, and death.

Side effects: Side effects of disulfiram taken alone may include drowsiness, numbness in extremities, metallic taste, and/ or allergic skin reaction. Liver damage is an uncommon reaction.

I have been informed that I must not drink alcoholic beverages while receiving disulfiram. I have been warned to avoid alcohol in disguised form i.e. sauces, vinegars, cough mixtures, mouthwashes and even aftershave lotions and backrubs. I understand that reactions, as described above, may occur with alcohol up to 14 days after ingesting disulfiram.

I have been counseled by the undersigned physician about disulfiram, the dosage, the need for administration of the disulfiram and the

precautions and possible complications resulting from drinking alcoholic beverages, and the absorption or inhalation of alcohol in disguised form while taking disulfiram. I have had an opportunity to ask questions, and understand the benefits and risks of disulfiram.

I have been given the disulfiram booklet. This contains an identification card along with relevant information about disulfiram alcohol reaction with consequent treatment in advent of a disulfiram alcohol reaction.

I understand that disulfiram will be given to me on a monitored/ unmonitored basis.

Signature of person to receive disulfiram Date and Time

Signature of witness Date and Time

Signature of the counseling physician Date and Time

*Reference for 'Addiction Severity Index' Scale:
http://www.tresearch.org/resources/instruments/ASI_5th_Ed.pdf*

Appendix 9

Readiness To Change Questionnaire

Please think about your current situation and drinking habits, even if you have given up drinking completely. Read each question below carefully, and then decide to what extent you agree or disagree with the statements

SD-Strongly Disagree D-Disagree U-Unsure A-Agree SA-Strongly Agree

		SD	D	U	A	SA
1.	There is no need for me to change my drinking habits.	_____	_____	_____	_____	_____
2.	I enjoy my drinking, but sometimes I drink too much.	_____	_____	_____	_____	_____
3.	I have reached the stage where I should seriously think about giving up or drinking less alcohol.	_____	_____	_____	_____	_____
4.	I am trying to stop drinking or drink less than I used to.	_____	_____	_____	_____	_____
5.	I was drinking too much at one time, but now I've managed to cut down (or stop) my drinking.	_____	_____	_____	_____	_____
6.	It's a waste of time thinking about my drinking because I do not have a problem.	_____	_____	_____	_____	_____
7.	Sometimes I think I should quit or cut down on my drinking.	_____	_____	_____	_____	_____
8.	I have decided to do something about my drinking.	_____	_____	_____	_____	_____
9.	I know that my drinking has caused problems, and I'm now trying to correct this.	_____	_____	_____	_____	_____
10.	I have changed my drinking habits (either cut down or quit), and I'm trying to keep it that way.	_____	_____	_____	_____	_____
11.	There is nothing seriously wrong with my drinking.	_____	_____	_____	_____	_____

12.	My drinking is a problem sometimes.	_____	_____	_____	_____	_____	
13.	I'm preparing to change my drinking habits (either cut down or give up completely).	_____	_____	_____	_____	_____	
14.	Anyone can talk about wanting to do something about their drinking, but I am actually doing something about it.	_____	_____	_____	_____	_____	
15.	It is important for me to hold onto the changes I've made, now that I've cut down (or quit) drinking.	_____	_____	_____	_____	_____	
16.	I am a fairly normal drinker.	_____	_____	_____	_____	_____	
17.	I am weighing up the advantages and disadvantages of my present drinking habits.	_____	_____	_____	_____	_____	
18.	I have made a plan to stop or cut down drinking, and I intend to put this plan into practice.	_____	_____	_____	_____	_____	

Heather, N., Luce, A., Peck, D., Dunbar, B. & James, I. (1999). The development of a treatment version of the Readiness to Change Questionnaire. Addiction Research, 7(1), 63-68.

Appendix 10

Job description for chief of nursing services for Substance Dependence treatment Centre

Nursing superintendent

Job summary

The Nursing Superintendent is responsible for the nursing services. She works under the guidance of Center chief and is assisted by the head nurses, staff nurses, ancillary staff and the hospital attendants. She is also in charge of training of students and staff.

Job Specification

- o Educational qualification and experience: B.Sc Nursing. Specialized training is desirable.
- o Work experience in general areas - 10 years.
- o Prior experience of working in substance/ substance dependence treatment facility is desirable
- o Good physical and mental health
- o Administrative and Human relation skills.

Details of the duties performed

She coordinates the activities of the nursing and ancillary personnel in her unit to provide highest quality of nursing care. Nursing Superintendent of center will carry out all functions with the help of Assistant Nursing Superintendent and Head nurses.

I-Administrative

- * Management of patient care through

delegation of duties for the following functions

- * Admission of patients, according to the hospital policy. It should be ensured at the time of admission that the patients are not carrying any substances or alcohol bottles with them (repeated appraisals to be made during visitors' hours to make sure they do not supply patients with substances.).
- * Orientation of patient and his family to the ward regulations and routine.
- * Assessment of nursing needs and assigning patient care to the staff.
- * Observing, recording and reporting of vital signs, intake and output and other parameters, to the concerned authorities.
- * Ensuring safety of the patients – patients in delirium, psychotic, suicidal tendencies, potentially violent
- * Assisting in planning and administering therapeutic diets to the patients – patients with hepatitis, hepatic cirrhosis, diabetes mellitus, hypertension, anemia, vitamin deficiencies, etc.
- * Meeting the psychological, social, spiritual and rehabilitative needs of the patients.
- * Imparting health education to patients and their relatives
- * Accompanying the doctor during rounds and implementing the instructions
- * Assisting in direct care of patients when required
- * Planning and carrying out individual and group sessions for the patients and families

- * Discharging patients according to the policy and collection of hospital bills etc.
- * Coordinating patient care with the other members of the health team and maintaining good interpersonal relationships
- * Delegating staff on rotation basis for any special services run by the hospital - community clinics, day care clinics, tobacco cessation clinics, etc.
- * Ensuring regular follow-up of the patients. A register should be maintained, to note when the patients are due for follow-up, depending on the date of discharge from the treatment center.
- * Ensuring that any helpline run by the hospital is attended to on a 24-hour basis. At least one nurse per shift should be responsible to answer the phone calls, or take any messages. The patients should be made aware of this facility at the time of discharge.
- * Management of personnel through delegation of duties for the following functions
 - * Assisting in recruitment of staff
 - * Orientation of new personnel to the ward situation and their duties and responsibilities
 - * Establishing good interpersonal relationships between members of the nursing team
 - * Supervision of the staff, students and non-nursing personnel
 - * Acting as a liaison officer between the ward staff and the hospital administration
 - * Writing and submitting confidential reports of the staff working under her
 - * Assisting the administration in the assessment of personnel for fixation of

- salaries, promotion or other benefits
- * Work for staff development by arranging in-service and continuing education programs, providing opportunities for becoming members of professional and community organizations
- * Maintenance of supplies and equipments through delegation of duties for the following functions
 - * Indenting, stock verification, emergency substances, etc.
 - * Management of emergencies through delegation of duties for the following functions
 - * Deals appropriately with emergencies such as shock, seizures, patient violence, acute withdrawal-related complications, etc.
 - * Writes reports of critical incidents and sends to concerned authorities
 - * Information processing

Handing and taking over of duties, maintenance of records and reports, including reports of group meetings held for the patients, giving information about any convening ward conferences, and sending circulars, etc.

II- Supervision and Teaching through delegation of duties for the following functions

Delegation and direct supervision of the care provided by the nursing personnel and auxiliary staff working under her, including individual and group counseling sessions conducted, holding informal and formal education programs in the ward about relevant topics such as motivation enhancement, relapse prevention, follow-up care, findings of current research, etc. Staff meetings should be held at least once a week to discuss specific patient concerns. The staff meetings should also be utilized to address any difficulties

the nurses may be facing, to prevent staff burnout in the long run.

III- Self-Development and Staff Development

Utilizing available learning opportunities, attending continuing education programs and refresher courses, go for higher studies. Organize training programs and workshops.

IV-Relationship to other Jobs

The Nursing Superintendent works in collaboration with almost all the other departments in the hospital – laboratory, central supply room, dietary department, physiotherapy, occupational therapy, and radiology etc.

V- Research

Participating in any ongoing research studies, and being constantly alert for possible nursing issues / problems in the ward, which can be tested through systematic research to improve quality of care, are important functions of Nurse manager.

B-Job Description for Staff Nurse

Job Title: Nursing sister grade I or grade II

Job Specification

- o Educational qualification and experience: Diploma/B.Sc Nursing. Specialized training is desirable.
- o Prior experience of working in substance/ substance dependence treatment facility is desirable
- o Good physical and mental health

Details of the Duties to be Performed

- * Admission of Patients: Patient interviewing and detailed work-up, physical examination of various body systems, and use of appraisal data to formulate appropriate nursing diagnosis.
- * Patient Care: The nurse is responsible for providing direct nursing care to the patients, based on the plan of care formed according to the nursing diagnoses.
- * Participate in assessing and treating emergencies i.e. delirium tremens, withdrawal-related psychosis, and seizures, etc.
- * Administration of medications as per prescription: detoxifying agents, anti-psychotics, and vitamin supplements, etc.
- * Observation of patients for continued withdrawal signs, side-effects of medications, vitals, intake and output; close monitoring to be carried out especially in patients with delirium tremens, frankly psychotic patients, and patients admitted to the ICU etc.
- * Deals appropriately with emergencies such as shock, seizures, violent behaviour, acute withdrawal-related complications, etc.
- * Maintain records and reports.
- * Provide routine physical care, for patients in acute withdrawal, delirium and patients unable to care for themselves.
- * Psychosocial aspects of care: this is important components of care for patient and their family members, which involves motivational counseling, carrying out individual counseling sessions, group meetings addressing various issues of relapse prevention, conducting special sessions, both individual and group, for spouses and children of the patients.
- * Discharge: instructions about medications, follow-up days, should be clearly explained

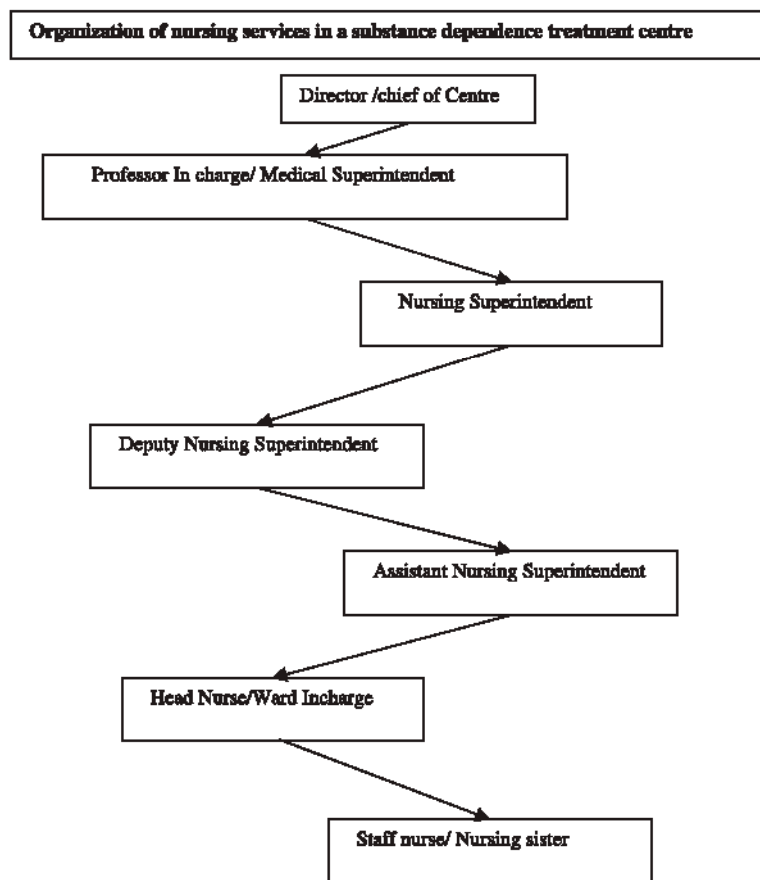
to the patients and their families. Information about Alcoholic Anonymous, Al-Anon and other self-help groups or any rehabilitation facilities available in the community should be provided as part of discharge counseling.

- * Follow-up and after-care: a register should be maintained, to note when the patients are due for follow-up, depending on the date of discharge from the treatment center. The nurse should ensure that the patients allotted to her during in-patient care, come for follow-up regularly, at least for the first 6 months following discharge, through telephone or email contacts, letters, etc. Home visits should be planned if the patient fails to turn up, despite these efforts. Reinforcement of relapse prevention aspects, appropriate handling of lapses and relapses, are integral part of follow-up services. All positive behavioral changes made should be duly acknowledged and positive reinforcement given.

- * Maintenance of supplies and equipments
Indenting, maintain inventory of equipment and substances etc.

Appendix 11

Organizational set up of a Substance dependence treatment centre



Appendix 12

Nursing services in a community mental health centre/PHC

