



**RULES AND REGULATIONS ON  
COMPULSORY TREATMENT OF PERSONS  
CHARGED WITH OFFENCE OF SUBSTANCE  
ABUSE 2018**

**Bhutan Narcotics Control Authority**

**Royal Government of Bhutan**

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## **PREAMBLE**

In the exercise of the powers conferred by Section 57 of the Narcotic Drugs, Psychotropic Substances and Substance Abuse (Amendment) Act of Bhutan 2018, the Narcotics Control Board hereby frames the Rules and Regulations on compulsory treatment of persons charged with offence of Substance Abuse 2018 as follows:

## **CHAPTER I**

### **PRELIMINARY**

#### **Title**

1. These rules are the Rules and Regulations on Compulsory Treatment of Persons charged with offence of Substance Abuse 2018.

#### **Commencement**

2. These rules come into force on the 19<sup>th</sup> day of the 5<sup>th</sup> month of the Earth Male Dog Year of the Bhutanese calendar, corresponding to the 2<sup>nd</sup> day of July 2018.

#### **Extent**

3. These rules extend to the whole of the Kingdom of Bhutan.

#### **Purpose**

4. The purpose of these rules is to:
  - (1) Set standard procedures to refer, assess, review and determine appropriate treatment interventions for persons charged with offence of substance abuse;
  - (2) Define clear terms of reference of the treatment assessment panel;
  - (3) Enhance compliance to compulsory treatment.

## **CHAPTER II**

### **TREATMENT ASSESSMENT PANEL**

5. As per the powers granted to the Board under Section 38 of the Act, the Board shall constitute a central Panel and may constitute sub-panels at different regions, dzongkhags or dungkhags as deemed necessary.
6. The members of the Panel shall be recommended by the Bhutan Narcotics Control Authority based on the expertise available.

#### **Composition of Central Panel**

7. The Central Panel shall consist of:
  - (1) A psychiatrist;
  - (2) A certified addiction professional;
  - (3) A legal officer of the Bhutan Narcotics Control Authority;
  - (4) A police officer nominated by the Royal Bhutan Police; and
  - (5) A Peer Counsellor nominated by the Bhutan Narcotics Control Authority as the member-secretary;

#### **Composition of Regional Panels**

8. A regional Panel shall comprise of;
  - (1) A medical professional nominated by the dzongkhag/dungkhag administration in consultation with BNCA
  - (2) A certified addiction professional nominated by the relevant agency in consultation with BNCA;
  - (3) A legal officer nominated by the Office of the Attorney General;
  - (4) A police officer nominated by the Royal Bhutan Police; and
  - (5) A peer counselor nominated by the Bhutan Narcotics Control Authority as member-secretary.
9. Additional experts may be invited by the Panel as co-opt members, if deemed necessary.

10. A member of the Panel other than the member-secretary shall be elected as the chairperson by majority.

11. In case of vacancy of membership, BNCA in consultation with the relevant agency shall appoint another person to fill the vacant position.

### **Quorum**

12. The quorum for the Panel meeting shall be two third of its members.

### **Tenure**

13. The chairperson or members of the Panel shall serve for a period of three years.

### **Disqualification**

14. The Board may disqualify a member on any of the following grounds:

- (1) Suffering from any incapacity that will adversely affect in the making of a decision required for the Panel;
- (2) Convicted for any criminal offence under the Act or any other laws in force;
- (3) Upon the transfer, secondment, resignation, suspension, termination, superannuation;
- (4) Absent for three consecutive Panel meetings without reasonable cause; or
- (5) Otherwise as the Board may deem fit.

### **Jurisdiction**

15. The Panel shall have jurisdiction to assess any person charged with offence of substance abuse.

### **Powers and Functions of the Panel**

16. The Panel shall function as an independent technical committee to assess the substance abusers and the BNCA shall function as the secretariat to the Panel.

17. The Panel shall:

- (1) Screen, assess, make decisions and recommend treatment orders against a person charged with offence of substance abuse;
- (2) Recommend a person charged with offence of substance abuse to undergo treatment in an approved treatment centre in accordance with the provisions of the Act and these rules;
- (3) Reassess a person charged with offence of substance abuse during or after treatment based on his or her need as recommended by the approved treatment centre through the Bhutan Narcotics Control Authority and where necessary, recommend for extension of the treatment period or discharge from treatment;
- (4) Assess and recommend a minor charged with offence of substance abuse for early release from an approved treatment centre as per section 154(4) of the Act; and
- (5) Report to the Board through Bhutan Narcotics Control Authority on any matters requiring the Board's attention.

**Meeting of the Panel**

18. The Panel shall meet at least once a month to assess and validate the results of preliminary intake and screening, and to provide final directives or orders.
19. The member-secretary shall coordinate the Panel meeting in consultation with the chairperson.
20. All members must declare conflict of interest before the meeting.
21. The member-secretary shall maintain records of the proceedings and details of the person assessed and submit a monthly report to the Bhutan Narcotics Control Authority in the form prescribed in Annexure VIII.
22. The member-secretary shall also maintain an individual file for persons charged with offence of substance abuse.

### **CHAPTER III**

#### **REFERRAL FOR ASSESSMENT**

##### **Referral by a police officer**

23. A police officer shall produce or direct a legal guardian to produce a person charged with offence of substance abuse before the Panel for assessment as per the provisions of these rules.

24. The police officer shall:

- (1) Have the power to stop and search any person suspected of abusing controlled drugs or substances as per the civil and criminal procedure code;
- (2) Keep the person charged with offence of substance abuse under custody until he or she is produced before the Panel till the completion of the treatment;
- (3) Seize any controlled drugs or substances found in possession of the person suspected and submit to the Bhutan Narcotics Control Authority;
- (4) Upon taking the suspected person under custody, take the sample of his/her urine or other samples as per the rules and regulations prescribed under the Act;
- (5) Inform the legal guardian irrespective of the age;
- (6) Record the details of the person charged with offence of substance abuse in the form prescribed in Annexure VI;
- (7) Produce or direct the legal guardian to produce the person charged with offence of substance abuse before the member-secretary of the Panel with a copy of the Annexure VI form for preliminary intake and assessment; and
- (8) Produce or direct the legal guardian to produce the person apprehended on the date of the Panel meeting.

##### **Referral by an authorized officer**

25. An authorized officer shall produce or direct a legal guardian to produce the person with positive drug test result (person charged with offence of substance abuse) before the Panel for assessment as per the provisions of these rules.



26. The authorized officer shall:

- (1) Conduct the mandatory drug tests as per the rules and regulations prescribed under the Act;
- (2) Keep the person charged with offence of substance abuse under custody until he or she is produced before the Panel till the completion of the treatment;
- (3) Seize any controlled drugs or substances found in possession of the person suspected and submit to the Bhutan Narcotics Control Authority;
- (4) Inform the legal guardian;
- (5) Record the details of the person charged with offence of substance abuse in the form prescribed in Annexure VI;
- (6) Produce or direct the legal guardian to produce the person charged with offence of substance abuse before the member-secretary of the Panel with a copy of the Annexure VI form for preliminary intake and assessment; and
- (7) Produce or direct the legal guardian to produce the person charged with offence of substance abuse on the date of the Panel meeting.

**CHAPTER IV**  
**INTAKE, SCREENING AND ASSESSMENT PROCEDURES**

**Intake and Screening**

27. Intake of a person charged with offence of substance abuse shall be conducted as prescribed in annexure I.
28. Screening of a person charged with offence of substance abuse shall be conducted using the forms prescribed in annexure II and III.
29. The member-secretary shall refer the person charged with offence of substance abuse to an out-patient approved treatment centre until the Panel meeting to ensure that the person is meaningfully engaged and do not resort to substance use.
30. In consultation with the medical or addiction professional, those experiencing withdrawal symptoms shall be referred to the nearest hospital with detoxification facilities.

**Assessment**

31. The Panel shall assess a person individually using the preliminary screening and assessment results as a reference.
32. The Panel shall identify the most appropriate treatment based on the treatment grading prescribed in Annexure IV and in accordance with Sections 153 and 154 of the Act.

**CHAPTER V**  
**TREATMENT ORDER AND COMPLETION**

33. The Panel shall issue a treatment order as prescribed in Annexure V based on the treatment grading prescribed in Annexure IV.
34. The treatment order prescribed in Annexure V shall bear the seal and signature of the Chairperson along with the reference number according to the jurisdiction as provided under the definition clause on reference number.
35. Treatment services shall include the following:
- (1) Detoxification at the hospitals with detoxification facilities;
  - (2) Out-patient and aftercare programmes at Bhutan Narcotics Control Authority Resource center or drop-in centers;
  - (3) Residential treatment programme at Compulsory Treatment Centre; and
  - (4) Institutional based counseling in schools.
36. The approved treatment centre shall:
- (1) Submit a monthly treatment progress report and a completion report of every person completing the treatment to the Bhutan Narcotics Control Authority; and
  - (2) Notify the Bhutan Narcotics Control Authority on any offences in relation to treatment order.

**Treatment Completion**

37. The treatment shall be deemed successfully completed on the completion of after-care and follow up programmes including drug testing programmes.
38. Upon completion of the after-care or follow up programme, the Bhutan Narcotics Control Authority shall report to the Panel which shall issue a treatment completion certificate as prescribed in Annexure X.

**Drug testing**

39. As per sections 85, 87 and 88 of the Act, an authorized officer shall conduct drug testing of a person:

- (1) During the course of the treatment;
- (2) Upon completion of treatment;
- (3) During or subsequent to after-care services; and/or
- (4) Whenever deemed necessary by the Panel to confirm abstinence.

40. The authorized officer shall submit the drug test report to the Bhutan Narcotics Control Authority with a copy to the Panel within three working days of the testing.
41. If a person undergoing treatment fails the drug test, he or she shall be treated as committing an offence in relation to treatment order and subject to the provisions of these rules.
42. The Bhutan Narcotics Control Authority shall inform the Royal Bhutan Police or the agencies concerned (workplace drug testing) and direct the person failing drug test under rule 41 to report before the Panel.

### **Offence in relation to treatment order**

43. Any person who, without reasonable justification, refuses or fails to comply with a treatment order, to inform the person-in-charge of a treatment centre of any change in the address of the person undergoing treatment; to appear before a panel as ordered, or to attend a treatment centre for assessment or treatment as ordered, commits an offence as per section 45 of the Act.
44. The Bhutan Narcotics Control Authority shall, upon knowledge of a violation under rule 43 of these Rules, inform the Royal Bhutan Police or the agency concerned (workplace drug testing) which shall take the person under custody and produce him or her before the Panel.

### **Consequence of offence in relation to treatment order**

45. A person committing an offence in relation to treatment order shall be treated as a repeated offender of substance abuse who shall be liable to undergo treatment prescribed under sections 153 and 154 of the Act.
46. The consequence for offence in relation to treatment order shall be recorded in the format given in Annexure VII.

**CHAPTER VI**  
**ROLE OF BHUTAN NARCOTICS CONTROL AUTHORITY**

47. The Bhutan Narcotics Control Authority shall:

- (1) Provide adequate treatment services and facilities for persons charged with offence of substance abuse referred by the Panel;
- (2) Enforce the decisions of the Panel;
- (3) Maintain record of persons assessed by the Panel and generate annual reports in the form prescribed in Annexure IX;
- (4) Demand information from any approved treatment centre or post-reintegration service providers on any of the persons undergoing treatment for substance abuse;
- (5) Propose the Panel to review its order if any of the persons charged with offence of substance abuse fail to abide by the terms and conditions of the treatment order;
- (6) Submit and present the reports to the Board during the Board meetings;
- (7) Secure financial resources for:
  - (i) Coordination of logistics for Panel meetings;
  - (ii) Remunerations/sitting fees and allowances for the Panel members;
  - (iii) Treatment recommended for persons charged with offence of substance abuse;and
  - (iv) Organize workshops, trainings for capacity building of Panel members.

## CHAPTER VII

### MISCELLANEOUS

#### Amendments

48. The Board shall revise these rules from time to time.

#### Interpretation

49. The power to interpret these rules shall vest with Bhutan Narcotics Control Authority who may issue such instructions or notifications as may be necessary to give effect to and implement the provisions of these rules and its interpretation shall be final and binding.

#### Rules of construction

50. In these rules, unless the context otherwise indicates, the masculine gender shall include the feminine gender and the singular shall include the plural and vice versa.

#### Definition

51. Unless the context otherwise requires:

- (1) **“Act”** means the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan;
- (2) **“Annexure”** means an annexure of these Rules;
- (3) **“Authorized Officer”** means designated official of the Bhutan Narcotics Control Authority and/or an official of an agency authorized by the Board to carry out the provisions of these Rules.
- (4) **“Board”** means the Narcotics Control Board;
- (5) **“Person charged with offence of substance abuse”** means a person with substance use disorder charged with the offence of substance abuse under section 152 of the Act;
- (6) **“Controlled drug or substance”** means a drug or substance controlled under the Act;

- (7) **“Custody”** means the legal charge or guardianship of a person charged with offence of substance abuse under a police officer or an authorized officer, whether or not under detention, till the completion of the treatment;
- (8) **“Legal guardian”** means a biological or legally adoptive parents or any relative or person to whom the legal custody of a person charged with offence of substance abuse is entrusted by the police officer or the authorized officer;
- (9) **“Panel”** means the Treatment Assessment Panel;
- (10) **“Reference Number”** means the reference number of each assessment as per the jurisdiction mentioned below:

Sl. no.	Dzongkhag	Reference Number <i>TAP/Dzongkhag/Year/serial no. of each assessment by the Panel</i>
1	Bumthang	TAP/Bum/
2	Chhukha	TAP/Chhu/
3	Dagana	TAP/Dag/
4	Gasa	TAP/Ga/
5	Haa	TAP/Haa/
6	Lhuentse	TAP/Lhu/
7	Monggar	TAP/Mon/
8	Paro	TAP/Pa/
9	Pemagatshel	TAP/PG/
10	Punakha	TAP/Puna/
11	Samtse	TAP/Sam/
12	Samdrup Jongkhar	TAP/SJ/
13	Sarpang	TAP/Sarp/
14	Thimphu	TAP/Thim/
15	Trashigang	TAP/TG/
16	Trashi Yangtse	TAP/TY/
17	Trongsa	TAP/Tron/

18	Tsirang	TAP/Tsi/
19	Wangdue	TAP/Wang/
20	Zhemgang	TAP/Zhem/

**Example:** First case decided in Thimphu would be stated as “**TAP/Thim/2018/01**”

(11) “**These rules**” means the Rules and Regulations on Compulsory Treatment of Persons Charged with Offence of Substance Abuse.



## ANNEXURE I: Intake Form

Photo

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

CID No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Referral by: \_\_\_\_\_

Drugs used: \_\_\_\_\_ Offence no.: \_\_\_\_\_

Present Address: \_\_\_\_\_

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Permanent Add: Village: \_\_\_\_\_ Gewog: \_\_\_\_\_ Dzongkhag: \_\_\_\_\_

Name of Person and Contact No. in case of emergency: \_\_\_\_\_

Educational Level: \_\_\_\_\_ Employment Status: \_\_\_\_\_ Profession: \_\_\_\_\_

Name of Spouse (if married): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Intake Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

## ANNEXURE II: Client Initial Assessment Form

### Screening and Assessment Protocol

Protocol outcomes:

1. People with problematic alcohol/drug use identified
2. Necessity for comprehensive assessment or case management is identified
3. Case manager assigned
4. Overview of wider needs for service user identified through comprehensive assessment

### GENERAL INFORMATION

Name	
CID No.	
Father's name & Contact no.	
Permanent address	
Present Address	
Referral by/referral letter no.	
Offence type	
Lives with	
Educational & professional qualification	
Occupation/employment status	
Substance use in Family	

## SUBSTANCE USE HISTORY

DRUGS USED	ROUTE OF TRANSMISSION	REASONS FOR USE	FREQUENCY	QUANTITY	DURATION	AGE 1 <sup>st</sup> USED	DATE LAST USED
ALCOHOL							
CANNABIS							
SPASMOP ROXIVON							
N10							
HEROIN							
INHALANT /SOLVENT							
AMPHETA MINE							
OTHERS							

## RISK MANAGEMENT

1. Ever injected	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Age first injected _____		
3. Injected in last month	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Unprotected sex	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Any History of STIs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. No. of times in Detention/prison: _____		

## PREVIOUS TREATMENT

Ever Treated for Substance Use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of previous treatments _____		
Treatment Type(s) _____		
Name of Treatment Centres: _____		

**Other Relevant History:**

Past medical History:

Ever seen by a Psychiatrist/counsellor:      Yes ☐                      No ☐

Details:

History of overdoses/attempted suicide:

**Comments:**

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**Initial assessment completed by:**

Name & Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

# ANNEXURE III: WHO - ASSIST V3.0

TAP JURISDICTION


DATE

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INTERVIEWER ID

PATIENT ID

## INTRODUCTION *(Please read to patient)*

*Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).*

*Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.*

**NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT**

## Question 1

*(if completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)*

In your life, which of the following substances have you <u>ever</u> <u>used</u> ? (NON--MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative:  
"Not even when you were in school?"

*If "No" to all items, stop interview.  
If "Yes" to any of these items, ask  
Question 2 for each substance ever used.*

## Question 2

In the <u>past three months</u> , how often have you used the substances you mentioned ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

*If "Never" to all items in Question 2, skip to Question 6.*

*If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.*

## Question 3

During the <u>past three months</u> , how often have you had a strong desire or urge to use ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6

#### Question 4

During the <u>past three months</u> , how often has your use of ( <i>FIRST DRUG, SECOND DRUG, ETC</i> ) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
j. Other - specify:	0	4	5	6	7

#### Question 5

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products					
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d. Cocaine (coke, crack, etc.)	0	5	6	7	8
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	5	6	7	8
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	5	6	7	8
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	5	6	7	8
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
j. Other - specify:	0	5	6	7	8

**Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)**

### Question 6

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

### Question 7

Have you <u>ever</u> tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3



## Question 8

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)	0	2	1

### IMPORTANT NOTE:

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

### PATTERN OF INJECTING

Once weekly or less or  
Fewer than 3 days in a row

More than once per week or  
3 or more days in a row

### INTERVENTION GUIDELINES

Brief Intervention including "risks associated with injecting" card

Further assessment and more intensive treatment\*

### HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: Q2C + Q3C + Q4C + Q5C + Q6C + Q7C

Note that Q5 for tobacco is not coded, and is calculated as: Q2a + Q3a + Q4a + Q6a + Q7a

### THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT'S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco		0 - 3	4 - 26	27 +
b. alcohol		0 - 10	11 - 26	27 +
c. cannabis		0 - 3	4 - 26	27 +
d. cocaine		0 - 3	4 - 26	27 +
e. amphetamine		0 - 3	4 - 26	27 +
f. inhalants		0 - 3	4 - 26	27 +
g. sedatives		0 - 3	4 - 26	27 +
h. hallucinogens		0 - 3	4 - 26	27 +
i. opioids		0 - 3	4 - 26	27 +
j. other drugs		0 - 3	4 - 26	27 +

NOTE: \*FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.

## A WHO ASSIST V3 .0 RESPONSE CARD FOR PATIENTS

### *Response Card - substances*

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
b. Alcoholic beverages (beer, wine, spirits, etc.)
c. Cannabis (marijuana, pot, grass, hash, etc.)
d. Cocaine (coke, crack, etc.)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)
j. Other - specify:

---

### *Response Card (ASSIST Questions 2 – 5)*

Never: not used in the last 3 months

Once or twice: 1 to 2 times in the last 3 months.

Monthly: 1 to 3 times in one month.

Weekly: 1 to 4 times per week.

Daily or almost daily: 5 to 7 days per week.

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### *Response Card (ASSIST Questions 6 to 8)*

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months

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## B ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (WHO ASSIST V3.0) FEEDBACK REPORT CARD FOR PATIENTS

Name \_\_\_\_\_ Test Date \_\_\_\_\_

### Specific Substance Involvement Scores

Substance	Score	Risk Level
a. Tobacco products		0-3 Low 4-26 Moderate 27+ High
b. Alcoholic Beverages		0-10 Low 11-26 Moderate 27+ High
c. Cannabis		0-3 Low 4-26 Moderate 27+ High
d. Cocaine		0-3 Low 4-26 Moderate 27+ High
e. Amphetamine type stimulants		0-3 Low 4-26 Moderate 27+ High
f. Inhalants		0-3 Low 4-26 Moderate 27+ High
g. Sedatives or Sleeping Pills		0-3 Low 4-26 Moderate 27+ High
h. Hallucinogens		0-3 Low 4-26 Moderate 27+ High
i. Opioids		0-3 Low 4-26 Moderate 27+ High
j. Other - specify		0-3 Low 4-26 Moderate 27+ High

### What do your scores mean?

Low: You are at low risk of health and other problems from your current pattern of use.  
 Moderate: You are at risk of health and other problems from your current pattern of substance use.  
 High: You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent

**Are you concerned about your substance use?**

a. tobacco	Your risk of experiencing these harms is:.....         Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	Regular tobacco smoking is associated with: (tick one)
	Premature aging, wrinkling of the skin Respiratory infections and asthma High blood pressure, diabetes Respiratory infections, allergies and asthma in children of smokers Miscarriage, premature labour and low birth weight babies for pregnant women Kidney disease Chronic obstructive airways disease Heart disease, stroke, vascular disease Cancers

b. alcohol	Your risk of experiencing these harms is:.....         Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	Regular excessive alcohol use is associated with: (tick one)
	Hangovers, aggressive and violent behaviour, accidents and injury Reduced sexual performance, premature ageing Digestive problems, ulcers, inflammation of the pancreas, high blood pressure Anxiety and depression, relationship difficulties, financial and work problems Difficulty remembering things and solving problems Deformities and brain damage in babies of pregnant women Stroke, permanent brain injury, muscle and nerve damage Liver disease, pancreas disease Cancers, suicide

c. cannabis	Your risk of experiencing these harms is:.....         Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	Regular use of cannabis is associated with: (tick one)
	Problems with attention and motivation Anxiety, paranoia, panic, depression Decreased memory and problem solving ability High blood pressure Asthma, bronchitis Psychosis in those with a personal or family history of schizophrenia Heart disease and chronic obstructive airways disease Cancers

d. cocaine	Your risk of experiencing these harms is:....			Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Regular use of cocaine is associated with: (tick one) Difficulty sleeping, heart racing, headaches, weight loss Numbness, tingling, clammy skin, skin scratching or picking Accidents and injury, financial problems Irrational thoughts Mood swings - anxiety, depression, mania Aggression and paranoia Intense craving, stress from the lifestyle Psychosis after repeated use of high doses Sudden death from heart problems					

e. amphetamine type stimulants	Your risk of experiencing these harms is:.....			Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Regular use of amphetamine type stimulants is associated with: (tick one) Difficulty sleeping, loss of appetite and weight loss, dehydration jaw clenching, headaches, muscle pain Mood swings –anxiety, depression, agitation, mania, panic, paranoia Tremors, irregular heartbeat, shortness of breath Aggressive and violent behaviour Psychosis after repeated use of high doses Permanent damage to brain cells Liver damage, brain haemorrhage, sudden death (ecstasy) in rare situations					

f. inhalants	Your risk of experiencing these harms is:.....			Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Regular use of inhalants is associated with: (tick one) Dizziness and hallucinations, drowsiness, disorientation, blurred vision Flu like symptoms, sinusitis, nosebleeds Indigestion, stomach ulcers Accidents and injury Memory loss, confusion, depression, aggression Coordination difficulties, slowed reactions, hypoxia Delirium, seizures, coma, organ damage (heart, lungs, liver, kidneys) Death from heart failure					

g. sedatives	Your risk of experiencing these harms is:	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Regular use of sedatives is associated with:	(tick one)		
	Drowsiness, dizziness and confusion Difficulty concentrating and remembering things Nausea, headaches, unsteady gait Sleeping problems Anxiety and depression Tolerance and dependence after a short period of use. Severe withdrawal symptoms Overdose and death if used with alcohol, opioids or other depressant drugs.			

h. hallucinogens	Your risk of experiencing these harms is:.....	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Regular use of hallucinogens is associated with:	(tick one)		
	Hallucinations (pleasant or unpleasant) – visual, auditory, tactile, olfactory Difficulty sleeping Nausea and vomiting Increased heart rate and blood pressure Mood swings Anxiety, panic, paranoia Flash-backs Increase the effects of mental illnesses such as schizophrenia			

i. opioids	Your risk of experiencing these harms is:	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
	Regular use of opioids is associated with:	(tick one)		
	Itching, nausea and vomiting Drowsiness Constipation, tooth decay Difficulty concentrating and remembering things Reduced sexual desire and sexual performance Relationship difficulties Financial and work problems, violations of law Tolerance and dependence, withdrawal symptoms Overdose and death from respiratory failure			

## C RISKS OF INJECTING CARD – INFORMATION FOR PATIENTS

Using substances by injection increases the risk of harm from substance use.

This harm can come from:

- The substance
  - If you inject any drug you are more likely to become dependent.
  - If you inject amphetamines or cocaine you are more likely to experience psychosis.
  - If you inject heroin or other sedatives you are more likely to overdose.
- The injecting behaviour
  - If you inject you may damage your skin and veins and get infections.
  - You may cause scars, bruises, swelling, abscesses and ulcers.
  - Your veins might collapse.
  - If you inject into the neck you can cause a stroke.
- Sharing of injecting equipment
  - If you share injecting equipment (needles & syringes, spoons, filters, etc.) you are more likely to spread blood borne virus infections like Hepatitis B, Hepatitis C and HIV.
- ❖ It is safer not to inject
- ❖ If you do inject:
  - ✓ always use clean equipment (e.g., needles & syringes, spoons, filters, etc.)
  - ✓ always use a new needle and syringe
  - ✓ don't share equipment with other people
  - ✓ clean the preparation area
  - ✓ clean your hands
  - ✓ clean the injecting site
  - ✓ use a different injecting site each time
  - ✓ inject slowly
  - ✓ put your used needle and syringe in a hard container and dispose of it safely
- ❖ If you use stimulant drugs like amphetamines or cocaine the following tips will help you reduce your risk of psychosis.
  - ✓ avoid injecting and smoking
  - ✓ avoid using on a daily basis
- ❖ If you use depressant drugs like heroin the following tips will help you reduce your risk of overdose.
  - ✓ avoid using other drugs, especially sedatives or alcohol, on the same day
  - ✓ use a small amount and always have a trial "taste" of a new batch
  - ✓ have someone with you when you are using
  - ✓ avoid injecting in places where no-one can get to you if you do overdose
  - ✓ know the telephone numbers of the ambulance service

## **D TRANSLATION AND ADAPTATION TO LOCAL LANGUAGES AND CULTURE: A RESOURCE FOR CLINICIANS AND RESEARCHERS**

The ASSIST instrument, instructions, drug cards, response scales and resource manuals may need to be translated into local languages for use in particular countries or regions. Translation from English should be as direct as possible to maintain the integrity of the tools and documents. However, in some cultural settings and linguistic groups, aspects of the ASSIST and its companion documents may not be able to be translated literally and there may be socio-cultural factors that will need to be taken into account in addition to semantic meaning. In particular, substance names may require adaptation to conform to local conditions, and it is also worth noting that the definition of a standard drink may vary from country to country.

Translation should be undertaken by a bi-lingual translator, preferably a health professional with experience in interviewing. For the ASSIST instrument itself, translations should be reviewed by a bi-lingual expert panel to ensure that the instrument is not ambiguous. Back translation into English should then be carried out by another independent translator whose main language is English to ensure that no meaning has been lost in the translation. This strict translation procedure is critical for the ASSIST instrument to ensure that comparable information is obtained wherever the ASSIST is used across the world.

Translation of this manual and companion documents may also be undertaken if required. These do not need to undergo the full procedure described above, but should include an expert bi-lingual panel.

Before attempting to translate the ASSIST and related documents into other languages, interested individuals should consult with the WHO about the procedures to be followed and the availability of other translations. Write to the Department of Mental Health and Substance Dependence, World Health Organisation, 1211 Geneva 27, Switzerland.



## Annexure IV: Treatment Grading

### 1<sup>st</sup> Time (Offence of Substance Abuse)

	Intervention		Setting		Intervention for Family Members	Remark
	Minor	Adult	Minor	Adult	Minor & Adult	
<b>Low Risk</b>	<b>2 weeks</b> Feedback & Brief Intervention. <b>1 month</b> Aftercare/ Follow up.	<b>30 days</b> Feedback & Brief Intervention. <b>1 month</b> Aftercare/ Follow up.	Out-patient (School/ Drop-in Centre/ BNCA Resource Centre)	Out-patient (Drop-in Centre/ BNCA Resource Centre)	Family therapy	Subject to Random Drug Testing
<b>Moderate Risk</b>	<b>2 weeks</b> Feedback & Brief Intervention. <b>2 months</b> Aftercare/ Follow up. <b>Drug test-</b> at least <i>1 during treatment &amp; 2 after treatment.</i>	<b>45 days</b> Feedback & Brief Intervention. <b>2 months</b> Aftercare/ Follow up. <b>Drug test-</b> at least <i>1 during treatment &amp; 2 after treatment.</i>	Out-patient (School/ Drop-in Centre/ BNCA Resource Centre)	Out-patient (Drop-in Centre/ BNCA Resource Centre)	Family Therapy	
<b>High Risk</b>	<b>30 days</b> Feedback & Brief Intervention. <b>2 months</b> Aftercare/ Follow up. <b>Drug test-</b> at least <i>2 during treatment &amp; 2 after treatment.</i>	Feedback & <b>90 days</b> Treatment programme. <b>2 months</b> Aftercare/ Follow up. <b>Drug test-</b> at least <i>2 during treatment &amp; 2 after treatment.</i>	Low Recovery Capital- <b>Residential</b>  High Recovery Capital- <b>Out-patient/ Residential</b>	Low Recovery Capital- <b>Residential</b>  High Recovery Capital- <b>Intensive Out-patient/ Residential</b>	Family Therapy	For Residential setting, a person with SUD will be subject to an additional 10 days orientation course prior to the commencement of the treatment programme

## 2<sup>nd</sup> Time (Offence of Substance Abuse)

	Intervention		Setting		Intervention for Family members	Remarks
	Minor	Adult	Minor	Adult	Minor & Adult	
Low Risk	N/A	N/A	N/A	N/A	N/A	N/A
Moderate Risk	<b>30 days</b> Feedback & Brief Intervention.  <b>3 months</b> Aftercare/ Follow up.  <b>Drug Test-</b> at least 2 during treatment, 2 after treatment.	<b>Feedback &amp; 90 days</b> Treatment programme.  <b>3 months</b> Aftercare/ Follow up.  <b>Drug Test-</b> at least 2 during treatment, 2 after treatment	Out-patient	Intensive Out-patient/ Residential	Family Therapy	For Residential setting, a person with SUD will be subject to an additional 10 days orientation course prior to the commencement of the treatment programme
High Risk	<b>Feedback &amp; 60 days</b> Treatment programme.  <b>3 months</b> Aftercare/ Follow up.  <b>Drug Test-</b> 2 during treatment, 2 after treatment	<b>Feedback &amp; 90 days</b> Treatment programme + <b>90 days</b> Intensive Out– patient.  <b>3 months</b> Aftercare/ Follow up.  <b>Drug Test-</b> 3 during treatment, 3 after treatment	Low Recovery Capital- Residential  High Recovery Capital- Out-patient/ Residential	Low Recovery Capital- Residential  High Recovery Capital- Intensive Out-patient/ Residential	Family Therapy	

### 3rd Time (Offence of Substance Abuse)

	Intervention		Setting		Intervention for Family members	Remarks
	Minor	Adult	Minor	Adult	Minor & Adult	
Low Risk	N/A	N/A	N/A	N/A	N/A	
Moderate Risk	N/A	N/A	N/A	N/A	N/A	
High Risk	Feedback & <b>90 days</b> Treatment programme + <b>90 days</b> Intensive Out– patient  <b>6 months</b> Aftercare/ Follow up. <b>Drug Test-</b> 3 during treatment, 3 after treatment	Feedback & <b>180 days</b> Treatment programme + <b>90 days</b> Intensive Out– patient  <b>6 months</b> Aftercare/ Follow up. <b>Drug Test-</b> 6 during treatment, 3 after treatment	Residential & Out/In-patient	Residential & Intensive Out/In-patient	Family Therapy	For Residential setting, a person with SUD will be subject to an additional 10 days orientation course prior to the commencement of the treatment programme

### 4<sup>th</sup> Time (Offence of Substance Abuse)

	Intervention		Setting		Intervention for Family members	Remarks
	Minor	Adult	Minor	Adult	Minor & Adult	
Low Risk	N/A	N/A	N/A	N/A	N/A	
Moderate Risk	N/A	N/A	N/A	N/A	N/A	
High Risk	Feedback & <b>180 days</b> Treatment programme + <b>90 days</b> Intensive Out– patient  <b>6 months</b> Aftercare/ Follow up. <b>Drug Test-</b> 6 during treatment, 3 after treatment	<b>Misdemeanour</b> and Feedback & <b>180 days</b> Treatment programme + <b>90 days</b> Intensive Out– patient  <b>6 months</b> Aftercare/ Follow up. <b>Drug Test-</b> 6 during treatment, 3 after treatment	Residential & Out/In-patient (Juvenile Correctional Centre)	Residential & Intensive Out/In-patient	Family Therapy	For Residential setting, a person with SUD will be subject to an additional 10 days orientation course prior to the commencement of the treatment programme

## ANNEXURE V: Treatment Order

Date: ...../...../.....

The Head,  
Bhutan Narcotics Control Authority  
Thimphu

The Treatment Assessment Panel established under Section 38 of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan assessed the following person in accordance with the Act and Rules and Regulations on compulsory treatment of persons charged with offence of substance abuse:

### Details of Person charged with offence of substance abuse

Name:..... CID No:.....  
DoB: ..... Sex:..... Occupation: .....  
Permanent Address: Village:..... Gewog:..... Dzongkhag:.....  
Current Address: ..... Contact No:.....  
Details of Previous record for Substance Abuse:.....  
Referral by: .....

As per the decision taken during the ..... Meeting of the Treatment Assessment Panel held on ...../...../..... under..... Jurisdiction, the person charged with offence of substance abuse was found suitable for:

Level of Risk of Substance Dependence	Type of Treatment Intervention	Duration of the treatment	Setting	Intervention for family members	Drug testing	Remarks (Whether detoxification required or under medication?)
Eg: Low Risk	Feedback and Brief Intervention	2 weeks (from ___/___/___ to ___/___/___)	School	Family therapy	At least once	
	Aftercare/follow up	1 month (from ___/___/___ to ___/___/___)	Drop-in Centre	N/A	At least once	

A person charged with offence of substance abuse failing to comply with this treatment order will be held liable for offence in relation to treatment order and shall be dealt as per the provisions of the Act and the Rules and Regulations on Compulsory Treatment of persons charged with offence of substance abuse.

### (Chairperson)

Name:..... Designation:.....

Copy to:

1. Police officer(jurisdiction)/authorized officer(organization) for kind information

## ANNEXURE VI: Details of Persons Charged with Offence of Substance Abuse

Date:.....

The Chairperson

Treatment Assessment Panel

.....

Referred under Section 153/154 of the NDPSSA Act 2015 for Assessment

Name	Age	Sex (F/M)	CID No.	Permanent Address	Present Address	Tested positive OR found consuming or to have consumed (name of the controlled drug or substance)	Repeated Offender		Quantity of controlled drug or substance in possession	Remarks
							(✓/x)	No. Of times repeated		

**Case Referred by:**

Name.....Designation..... Agency ..... Signature.....

*Copy to:*

1. Head, BNCA for information

## Annexure VII: Consequence for Offence in Relation to Treatment Order

Date:

<b>Name of the person</b>		<b>CID No.:</b>
<b>Type of offence in relation to treatment order</b>		
<b>Repeated Offender</b>	No. of times repeated:	
	Reference No. and date of earlier offences in relation to treatment order	
<b>Details of last assessment (if relevant)</b>		
<b>Tested positive for</b>		
<b>TAP assessment reference no. &amp; date</b>		
<b>Treatment Order</b>	Treatment: Detox/Counselling/Rehabilitation	Duration:
	Start date:	End date:
<b>Consequence</b>		
<b>New Treatment Order</b>	Treatment:	Duration:
	Start date:	End date:

The aforementioned person is liable for the above consequence for committing an offence in relation to treatment order as per section 45 of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan and the Rules and Regulations on Compulsory Treatment of persons charged with offence of substance abuse.

(Chairperson)  
Treatment Assessment Panel  
Jurisdiction:

*Copy to:*

1. *The client*
2. *The Head, Bhutan Narcotics Control Authority*
3. *The police officer (jurisdiction)/authorized officer(organization)*
4. *Relevant Approved Treatment center*

## ANNEXURE VIII: Monthly Report of the Treatment Assessment Panel

For the Month of: .....

Year: .....

Submission Date: ...../...../.....

SL. NO.	DETAILS OF THE MEETING				DETAILS OF PERSONS CHARGED WITH OFFENCE OF SUBSTANCE ABUSE						
	Meeting Reference No.	Date of Meeting	Member Present	Decisions of the Meeting	Name	Age	Sex (F/ M)	CID no.	Permane nt Address	Previous record	Remarks

Name and Signature of the Member Secretary

Jurisdiction: \_\_\_\_\_

**ANNEXURE IX: Annual Report of the Treatment Assessment Panel (Year .....)**

Sl. no.	Dzongkhag /Region	No. of cases	No. of Clients Assessed		Average Age	No. of clients sent for brief intervention	No. of clients sent for counselling	No. of clients sent for treatment	No. of clients sent for community service	No. of clients treated	No. of clients relapsed	No. of repeated offenders (1st/2nd/3rd/4th)	Remarks
			M	F									



## Annexure X: Treatment Completion Certificate

This certificate is issued by the Treatment Assessment Panel under ..... Jurisdiction to certify that Mr./Ms. .... has successfully completed the compulsory treatment programme at ..... (Name of the Approved Treatment Centre) from ...../...../..... to ...../...../..... in accordance with the Treatment Recommendation vide .....

(Chairperson)

Name:.....

*Copy to:*

*(1) The Head, Bhutan Narcotics Control Authority for information*

*(2) The police officer (jurisdiction)/authorized officer (organization) for information and necessary action*