Assessing Standards of Care for the Treatment and Rehabilitation for Substance Abuse

CARICOM Universal Standard of Care Manual: Guidelines and Criteria for the Assessment of Standards of Care in the Treatment of Substance Abuse

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Definitions

- Drug rehabilitation is the processes of medical or psychotherapeutic treatment for dependency on psychoactive substances such as alcohol, prescription drugs, and street drugs such as cocaine, heroin or amphetamines, marijuana etc.
- Drug treatment a recovery plan that combats addiction on a physical, mental, emotional, nutritional and spiritual level and increases chances of recovery

Why the Focus on Standard of Care?

- Human Rights/Ethical consideration includes non discriminatory, non stigmatised care and the right to enjoy the highest standard of health and well being
- For effective treatment Drug addiction is a treatable medical condition, treatment, as with other medical conditions should be evidence-based
- Efficient use of scarce resources Improving treatment and rehabilitation systems and programmes can lead to reduction in economic and social burden to individuals and families caused by drug addiction/dependency

Standards of Care

- Set of requirements/attributes that, regardless of treatment philosophy or setting (outreach, treatment, rehab or recovery), must be in place to initiate any form of service
- Standards of effective treatment evidence-based
- Must be set/vetted/modified by each country to meet local needs/settings
- Some may be essential others advisable to good care
- Number of descriptive statements associated with each standard

The Caribbean Context

 Unmet needs leading to proliferation of 'treatment and rehabilitation' facilities

Non standardized and unregulated services/programmes

 Trend/intent towards providing harmonized standards and regulations for treatment programmes

The CARICOM Universal Standard of Care Handbook (2011)

- Minimum set of standards for high quality effective treatment which each country/organization should strive to achieve/put in place
- Relevant
 - Input from Caribbean DDR practitioners
 - Addresses existing/current needs
- Appropriate
 - Implementable
 - Complies with international standard for safety and efficacy (OAS/CICAD, PAHO, WHO)

STANDARD OF CARE

STANDARD	DESCRIPTION
A. Standards of access, availability and admission criteria	population to receive treatment in terms of proximity of service, hours of operation, options available, admission requirements
B. Standards on Patient Assessment	Characteristics of patient evaluation, emphasis on comprehensiveness, use of supplemental diagnostic procedures
C. Standards on treatment content, provision and organization	Characteristics of therapeutic intervention, the basis for such intervention, structure and application of treatment
D. Standards on discharge, aftercare and referral	Criteria for discontuining treatment, including the concept of therapeutic success or failure, outcome measures, follow up activities, procedure for referral and derivation of cases

STANDARD OF CARE

STANDARD	DESCRIPTION
E. Standards on outreach and early intervention	Definition of coverage of treatment, activities designed to satisfy the needs of the pop. for immediate attention, basis of treatment programme among potential users structuring of treatment networks
F. Standard on patients' rights	Designed to ensure respect for human rights of persons with emphasis on those circumstances that are intrinsic to treatment – confidentiality, anonymity, informed consent in respect of interventions
G. Standards on physical aspects related to the treatment setting	Intended to ensure that the institutions used for the purposes of treatment are suitable in terms of technical specifications for health establishments

STANDARD OF CARE

STANDARD	DESCRIPTION
H. Standards on staffing	Profile of treatment service providers, (specialised or general) their selection, description of their responsibilities and functions, implementation of training activities, evaluation of performance, refresher training programmes
Promoting treatment of drug use disorders by effective coordination between the criminal justice systems and health and social sectors	Drug use disorder seem primarily as a health condition rather than a criminal behaviour treated in health care system, collaboration between the two, offers option of alternative to incarceration
Responding to the needs of special subgroups and conditions	Adolescents, elderly, women, pregnant women, sex workers sexual and gender groups, individuals involved with criminal justice system

The Assessment Instrument

- Used to determine the degree to which the treatment needs of the population are being met
- Provides guidelines for the evaluation of existing services and for the development of treatment standards
 - defining the ideal treatment situation
 - comparison of treatment ideal with treatment actually provided

Phases of Assessing Standard of Care in Treatment and Rehabilitation

Preparation

In this phase, a
 diagnostic assessment
 of the care being
 provided is conducted
 and minimum
 standards for care and
 evaluation defined

Motivation and Committment

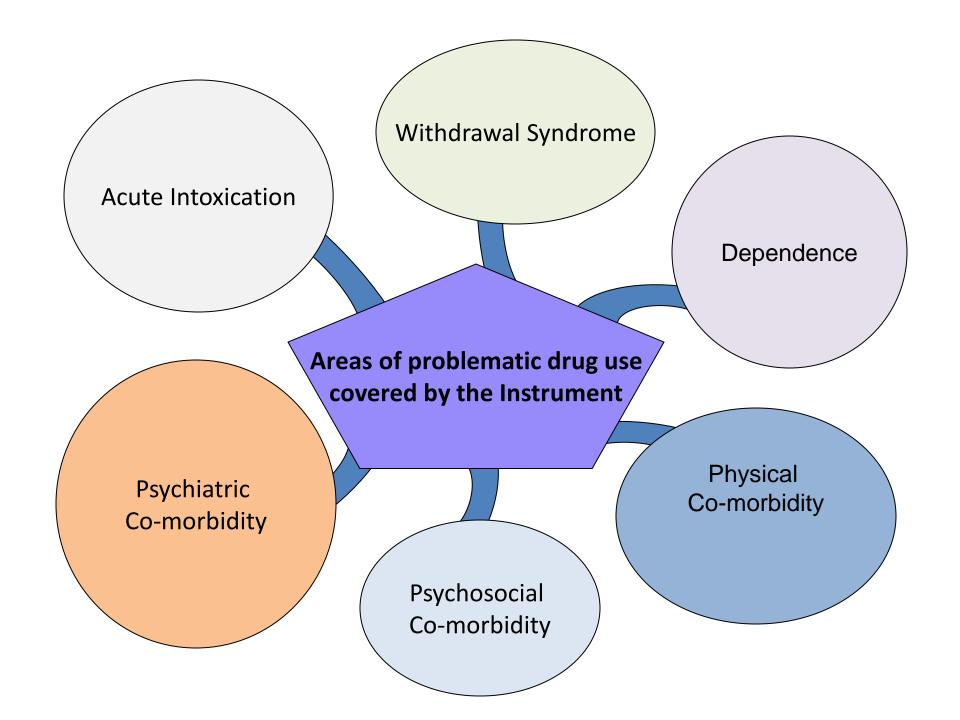
 This phase consists of national workshops on the assessment standards of care in the treatment of drug dependence, intended for govt. and privatesector policy-makers, and practitioners responsible for administering and executing the programmes

Assessment of the T and C provided

 This phase consists of comparing the ideal treatment model developed in the earlier phases with the actual situation in the country by applying the appropriate instrument

Application Methodology

Steps		Classification of Standard				
Steps 1 Relevance of applying each strespect to the different treaddifferent levels of operation		Essential (E), Advisable (ADV), Not Indicated (NI)				
Step 2 Degree to which standards can advisable is met	lassified as essential or	Adequately Met (AM), Inadequately Met (IM), Not Met At all(NM)				
Step 3						
Review of standards that are not met (NM)	inadequately met (IM) or	Indicate why this is the case and how it is proposed to rectify the situation				



Step 1: Indicate if the standard is: Essential (E) Available (A) Not ndicated (N)	standar Met (Al	Indicate if d is Adeqi M) Inadeq I) Not Me	uately uately																Step 3:For standards that either inadequately met (Not Met (NM), indicate w the case and how it is pro rectify the situation
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TANDARD	/ AND A	MICCIONI	CDITEDIA																
A STANDARDS OF ACCESS, AVAILABILITY A 1 services are easily assessable with regard to location, traveling, time and transportation	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	
	AM	1	NM	AM	l	NM	AM	I	NM	АМ	I	NM	AM	I	NM	AM	l	NM	
A 2 Scheduled services are obtainable without restrictions on time orf day	E	AV	N	E	AV	N													
	AM	l	NM	AM	ı	NM				Not Applicable									
A 3 Necessary treatment is available without delay(s)which might lead to worsening of the condition	E	AV	N	E	AV	N	E	AV	N	E	AV	N	Е	AV	N	E	AV	N	
	AM	l	NM	AM	I	NM	АМ	I	NM	AM	l	NM	AM	1	NM	AM	I	NM	
A 4 A variety of treatment modalities and therapeutic options are available in-patient, out-patient and daily care)	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	
	AM		NM	AM	l	NM	AM	ı	NM	АМ	ı	NM	AM	I	NM	AM	I	NM	

Step 1: Indicate if the standard is: Essential (E) Available (A) Not Indicated (N)	standar Met (AI Met (IN (NM)	Indicate i d is Adeq M) Inadeq 1) Not M	uately quately et at All																Step 3:For standards that ar either inadequately met (IM Not Met (NM), indicate why is the case and how it is pro to rectify the situation
	Manage Intoxica	ement of a	Acute		gement Withdra			Management of Drug Dependence			Management of Management of Physical Conditions Psychiatric Disorders						ement of logical Di		
STANDARD B <mark>STANDARDS ON PATIENT EVALUATIO</mark>	N																		
B 1 An initial evaluation is conducted in E order to establish the priority of interventions according to a coordinated treatment plan	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	
	AM	l	NM	AM	I	NM	AM	l	NM	AM	l	NM	AM	I	NM	AM	ı	NM	
B 2 An evaluation is conducted in order to direct physical and neurological complications	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	
	AM	l	NM	AM	ı	NM	АМ	I	NM	AM	I	NM	AM	I	NM	AM	l	NM	
B 3 A psychiatric / psychological evaluation is conducted in order to detect complications (e.g Depression) that might influence the patients treatment	E	AV	N	E	AV	N	Е	AV	N	E	AV	N	E	AV	N	E	AV	N	
	AM	1	NM	AM	I	NM	AM	l	NM	AM	ı	NM	AM	l	NM	AM	I	NM	
B 4 An initial evaluation is conducted in order to establish the priority of interventions according to a coordinated treatment plan	Not App	olicable		E	AV	N	E	AV	N	E	AV	N	E	AV	N	E	AV	N	
				AM	ı	NM	AM	ı	NM	AM	I	NM	AM	I	NM	AM	I	NM	

Spectrum of Services that can be subjected to Assessment

PRIMARY CARE SYSTEM

- Community Clinics Ambulatory
- Community Mental Health Services

GENERAL HOSPITALS

- Emergency Rooms
- Hospitalization Services
- Detoxification Aided Drug Treatment

SPECIALIZED SERVICES

- Psychiatric Hospitals and Ambulatory Facilities
- Establishments Specialized in Drug Dependence
- Therapeutic Communities

Spectrum of Services that can be subjected to Assessment

SPECIALIZED SERVICES

- Police Detention Centres
- Prisons

SPECIALIZED SERVICES

- Medication Aided Drug Treatment
- Community Clinics/Low Threshold Services Conducting Primary Treatment Activities

SPECIALIZED SERVICES

Self Help Groups and National Centres for Troubled Youths

Next Steps

Translation of Manual (Spanish French Dutch)

- Pilot implementation of Standard of Care in OECS
 - Sub-regional training
 - In country technical support for the implementation of the pilot

THANK YOU