

#### INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION

CICAD

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GENERATION AND STRENGTHENING OF HUMAN TALENT IN NATIONAL HEALTH SYSTEMS FOR DRUG
DEMAND REDUCTION

# Generation and Strengthening of Human Talent in National Health Systems for Drug Demand Reduction

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**CICAD 62, Washington DC** 







### **CURRENT SITUATION**







#### Problems due to drug use

- World Drug Problem has political, economic, social and environmental costs
- Complex, dynamic and multi-causal phenomena
- Challenge to States and Governments
- Requires to be addressed by an integral, balanced and multidisciplinary approach
- Requires common and shared responsibility among all States



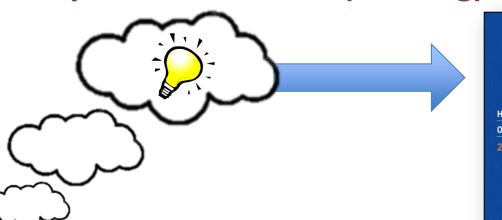


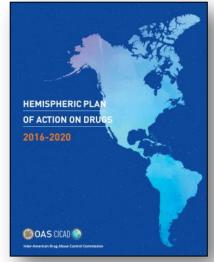






#### **Proposals for action (training)**







- Foster ongoing training and certification of human resources that provide prevention, treatment, rehabilitation and social reintegration services.
- Implementation of ongoing competency-based training mechanisms, in collaboration with academic institutions and those specializing in the area.







#### **Hemispheric Overview**



#### 2014

- per capita funding for Mental Health (not including specifically for SUD):
  - \$1.53 USD low income
  - \$1.96 USD middle income
  - \$58.73 USD high income
- Insufficient capacity and human resources



#### 2013

- Fragmented and segmented treatment network
- Limited professionals and services
- Treatment integration requires investment and specialized training





## Resources to Address Substance Use in the Americas

2014

- Incipient role in Primary Care
- Specific treatment programs with unknown coverage
- Systems not integrated to Health Services Network





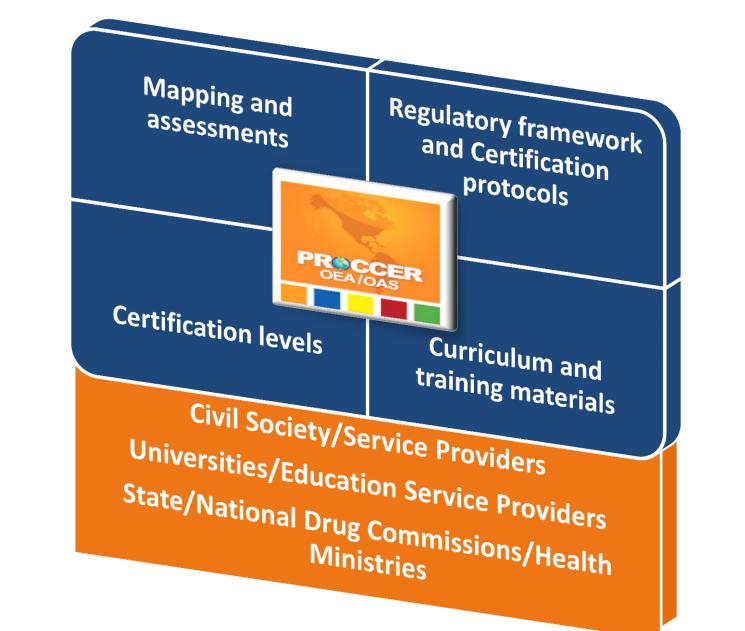


## ADDRESSING THE SITUATION















#### **UTC and UPC**

#### **Universal Treatment Curricula**

















#### **Universal Prevention Curricula**

















#### **Adaptation and Translation of Manuals**

Korea

Pakistan Afghanistan





Central Asia



Sri Lanka





Indonesia













#### **Inter-American Working Group**



Health professionals who care for persons with Drug Use Disorders

- Basic functions
- Competencies

- Screening & Early Intervention
- Treatment & Rehabilitation
- Monitoring & Follow-up







## PROPOSAL UTC for Healthcare Professionals







#### **UTC Materials for Healthcare Professionals**

	In-depth Manual	Trainer's Manual	Participant's Manual	Slides	©CUAED Foculted de Policologia Technological Innovation Moodle®	
Objectives	Textbook for indepth review of all topics	Pedagogical guide to conduct training activities	<ul> <li>Provide print material to participants</li> <li>Diary/journal</li> </ul>	Convey knowledge/content and information of In-depth Manual	<ul> <li>Technologic resources for on-line training</li> <li>Permanent availability</li> </ul>	
Target population	Healthcare professionals that will be trained on UTC	Trainers that will conduct different training activities	Healthcare professionals that will be trained on UTC	Healthcare professionals that will be trained on UTC	Healthcare professionals that will be trained on UTC	
Formats	<ul> <li>Print</li> <li>Electronic (PDF, to spread through internet)</li> </ul>	<ul><li>Print</li><li>Electronic (PDF, available only for trainers)</li></ul>	<ul><li>Print</li><li>Electronic</li><li>(PDF, to spread through internet)</li></ul>	• Electronic  ✓ PDF (open access)  ✓ Power (trainers)	Moodle® platform with log-in controlled access	

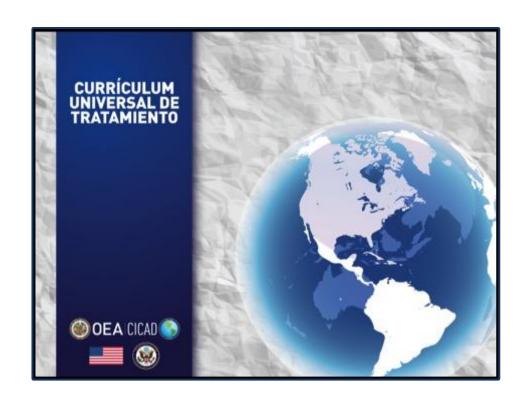






#### **Slides**

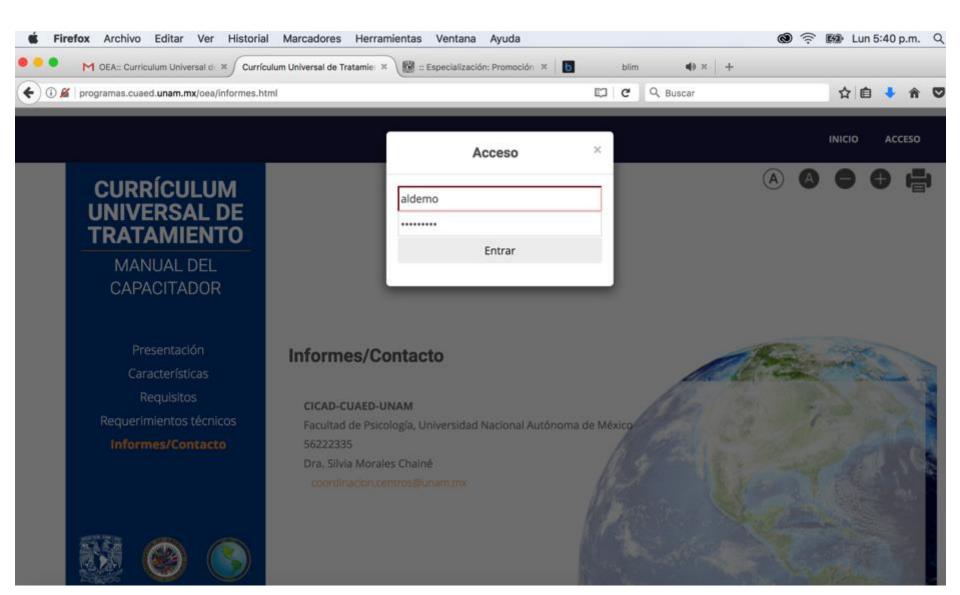
- Main pedagogic resource
- Provide information from training content
- Standard format
- Useful to illustrate the content









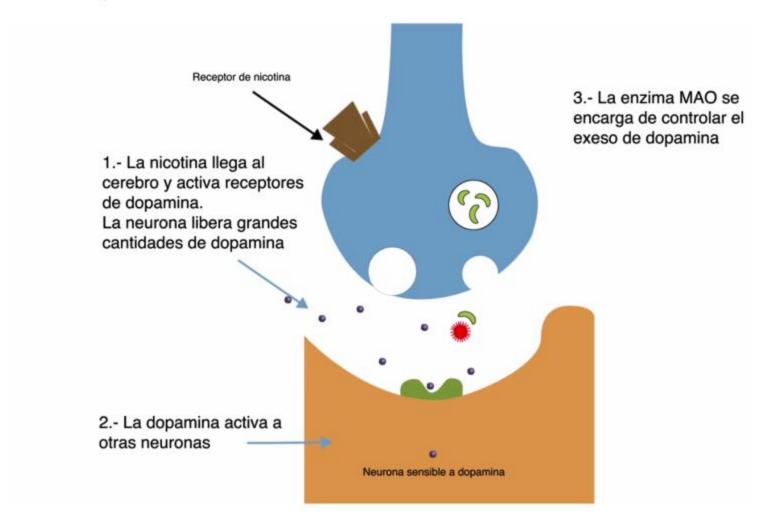








Pulse O para ver la animación.

















Situación

Consecuencias del consumo

Alternativa

Riesgos

- Dígame, ¿en qué situación le sería difícil no consumir y que se pudiera presentar durante estos tres meses en que estableció su periodo o muestra para no consumir?
- Sí, la verdad no sé si pueda mantener mi meta el día de mi cumpleaños, porque siempre tomo para celebrar
- Bien. Entiendo que es un día especial al año donde siempre acostumbra festejar consumiendo. Pero dígame, ¿cuáles serían las razones por las que le conviene no consumir en esta ocasión?

Cerrar

#### Consecuencias del consumo



amiento







#### Peer Review at Cartagena, Colombia

















### TRAINING PILOT

**UTC for Healthcare Professionals** 









#### **Participants in UTC Healthcare Professionals pilot**

IVI										
Т	Psychology	Medicine	Social Work	Nurses	Psychiatry	Other	TOTAL			
ntina	71 8	4 1	3 0	3 2	1 1	13 3	95 15			
Argentina	79	5	3	5	2	16	110			
Colombia	25 8	2 1	1 0	3 0	0 1	0 0	31 10			
	33	3	1	3	1	0	41			
El	21 6	14 11	4 0	14 3	3 1	0 0	56 21			
El	27	25	4	17	4	0	77			
Mexico	154 46	7 14	67 4	8 3	1 0	24 15	261 82			
	200	21	71	11	1	39	343			
Uruguay	57 15	4 1	17 2	6 5	0 0	14 7	98 30			
Urug	72	5	19	11	0	21	128			
TOTAL	328 83	31 28	92 6	34 13	5 3	51 25	541 158			
	411	59	98	47	8	76	699			







#### Tools for evaluation of participants in pilot

#### All modalities

Written knowledge evaluation: 90 multiple choice questions about: 1) basic concepts, 2) modification of drug use behavior 3) brief intervention

Mixed and On-line modalities

**Skills evaluation:** 12 case studies: skills (questions 1-8) and attitudes (questions 9-12). Scale: 0 points = "no domain", 1 point = "in process" and 2 points = "full domain"

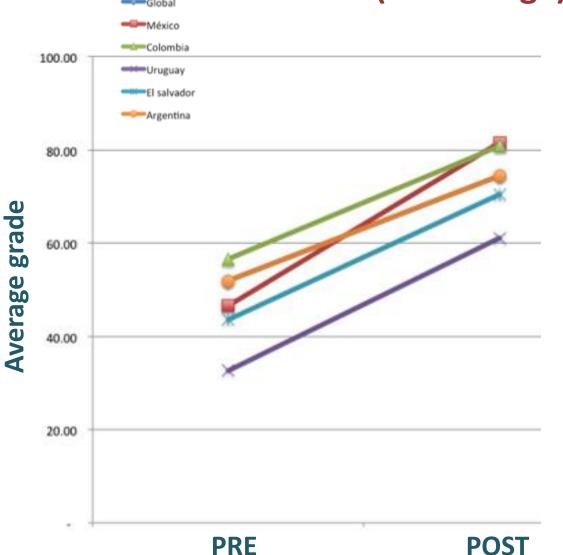
**Conduct evaluation:** 29 skills and 13 attitudes through direct observation of simulated situation (implementation of Brief Intervention linked to ASSIST). Scale: 0 points "no presence of skill/attitude", 1 point "presence of skill/attitude"







## UTC training pilot results (knowledge)



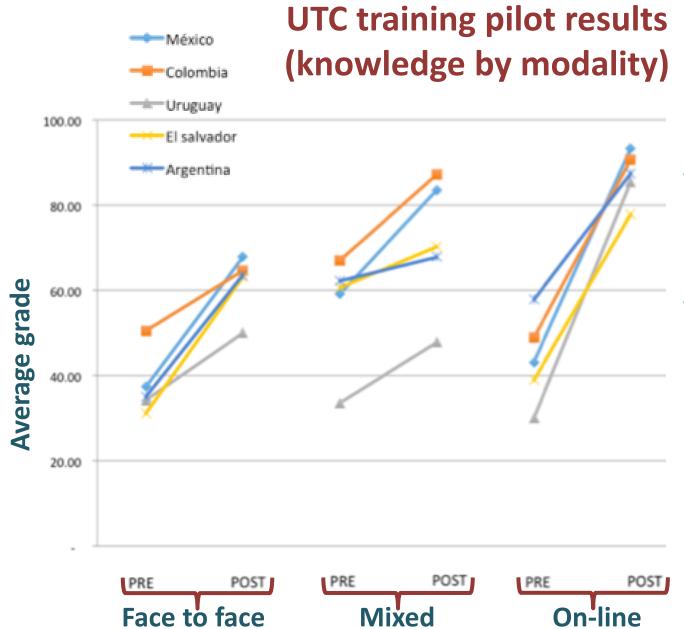
After training (40 hours long), participants increased their knowledge about:

- Neurobiological basis
- Psychosocial foundation
- Screening
- Brief intervention
- Treatment foundation









- All modalities provide 40 hours of training
- The greatest increase of knowledge happened in the online modality (low cost)







## UTC pilot results Direct Observation (face-to-face and mixed modalities)

#### **Competencies acquired**

- Identify drug use pattern
- Identify problems due to drug use
- Discuss need for screening
- Provide feedback
- Encourage change
- Offer Brief Intervention
- Help to generate plans of action
- Perform reference
- Attitudes towards emotional dealing with persons

#### **Brief intervention**

- Ask
- Discuss
- Establish Therapeutic Goals
- Walk along during therapeutic process
- Provide feedback
- Perform follow-up

#### **Attitudes**

- Motivation
- Communication skills
- Empathy







#### **UTC** pilot results (participant satisfaction)

Percentage of Satisfaction (%)				
This training will allow me to perform early detection and reference of problematic drug use cases (when needed)	90.41			
This training expanded my knowledge about drug use disorders	92.45			
I'm satisfied with the performance of trainers	91.33			
Training material used in the training, of which I received a copy, helped me to learn	89.34			
This training will allow me to train other non-specialized healthcare professionals	81.51			







#### **Conclusions**

- With 40 hours of training, there was an increase in knowledge
- Use of Technologies of Information greatly favored the acquisition of knowledge compared to traditional face-to-face strategies
- The behavioral evaluation determined **skills** for the **brief intervention**: **ask, dialogue, goal setting, walk together along** the elaboration of action plans, provide **feedback** on the execution and planning the **follow-up (IDEARSE in Spanish)**, as a result of the training of 40 hours in face-to-face and mixed modalities.
- The developed materials allow the acquisition of competencies: knowledge, skills and attitudes in non-specialized health professionals that provide primary care of addictions

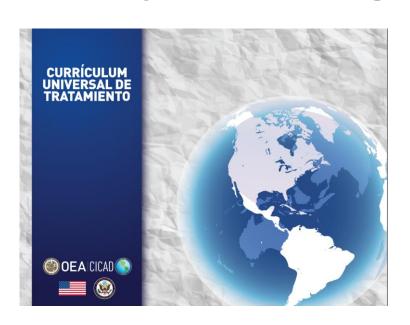






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#### THANK YOU SO MUCH FOR YOUR ATTENTION