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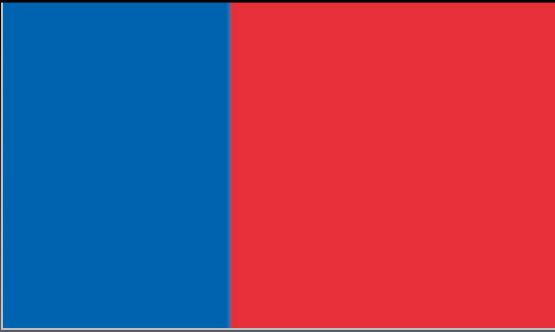
**INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION
CICAD**

Secretariat for Multidimensional Security

**FIFTY-SECOND REGULAR SESSION
November 28 - 30, 2012
San José, Costa Rica**

**OEA/Ser.L/XIV.2.52
CICAD/doc.1987/12
28 November 2012
Original: Español**

**ORGANIZATION OF TREATMENT SERVICES
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Organization of Treatment Services



Technical Treatment Area. Program Area



National Treatment System

Definition:

➤ It corresponds to a set of treatment services organized in service provisions from lower to higher complexity integrated into a network of public and private providers.

Objective:

➤ To provide treatment and rehabilitation to people with problems derived from substance use/abuse under quality standards.

Guiding Principles

- **Treatment opportunities for a public health issue.**
- **Change opportunities for a public security issue.**
- **Working within a Network.**

Regulatory Frameworks

- **National Drug Strategy**
- **National Plan for Mental Health and Psychiatry**



- **Technical organization**
- **Administrative and financial organization**



Design *Technical Organization*

- In 2001, based on available scientific evidence and national and international experiences, treatment programs were designed together with the Ministry of Health in the modality of *customized plans for different drug user/abuser profiles* with different levels of biopsychosocial involvement, with the objective of bringing technical and administrative order to the provision of services to this population.
- This model was incorporated into a pre-existing public and private solidarity-based healthcare network.
- In these 11 years, the number and characteristics of treatment service providers has increased. To be a part of this system, they must fulfill criteria of *health approval* and the *accreditation* of their technical operations.

Technical Organization

Clinical Diagnostic:

- Diagnostic classification systems are used for Dependency, Abuse and Harmful Use, CIE – 10 & DSM IV.

Biopsychosocial Commitment:

It is assessed considering the following aspects:

- Physical and mental health
- Support network
- Social, family and judicial adjustments
- Willingness to change
- Social integration profile
- History of previous treatments

Technical Organization *Treatment Network*

- There is a network of public and private centers that provide treatment services by level of complexity. They are organized and coordinated within a territory attached to a Healthcare Jurisdiction (Representative from the Ministry of Health in the territory).

Technical Organization *Treatment Network*

- In each region of the country, there is a Technical Round Table that provides coordinated operating management per SENDA treatment area at the regional level, with the participation of public and private institutions related to the Chilean Association of Therapeutic Communities. This stems from a regional action plan that facilitates the management of resources to expand the service offering of quality treatment.

Technical Organization *Treatment Service Offering*

Plans:

- First Response Plan
- Basic Outpatient Plan
- Intensive Outpatient Plan
- Residential Plan
- Detoxification and Withdrawal Stabilization Plan
- Dual Pathology Offset Plan
- Pilot Plan for people living on the streets

| Treatment Plan | Brief Description | Approx. Duration of Treatment | Type of Center under Agreement |
|----------------------|--|-------------------------------|---|
| First Response | Evaluate, diagnose BPS compromise, resolve or derive into plans of greater complexity. | 1 month | <ol style="list-style-type: none"> 1. Healthcare Centers 2. Hospitals 3. COSAM 4. NGOs |
| Basic Outpatient | People who are substance dependent or abusers with moderate BPS compromise and medium containment. | 6 months | <ol style="list-style-type: none"> 1. Healthcare Centers 2. Hospitals 3. COSAM 4. NGOs 5. CT |
| Intensive Outpatient | People who are substance dependent or abusers with moderate to severe BPS compromise and high containment. | 8 months | <ol style="list-style-type: none"> 1. Healthcare Centers 2. Hospitals 3. COSAM 4. CT |

| Treatment Plan | Brief Description | Approx. Duration of Treatment | Type of Center under Agreement |
|---|---|-------------------------------|---|
| Residential | People who are substance dependent or abusers with severe BPS compromise and high containment. | 12 months | <ol style="list-style-type: none"> 1. CT 2. Private Clinics |
| Detoxification and Withdrawal Stabilization | People who are substance dependent or abusers with severe BPS compromise and high containment. | 15 to 21 days | <ol style="list-style-type: none"> 1. Specialized Units |
| Dual Pathology Offset | People who are substance dependent or abusers with severe BPS compromise and severe associated psychiatric disorders, high containment. | 45 to 60 days | <ol style="list-style-type: none"> 1. Specialized Units |

Technical Organization *Treatment Service Offering*

- Individual, group and family therapeutic activities
- Exams
- Medication

Frequency, duration and suitable professional or technical profile are detailed to carry out all activities, and supported by **Technical Standards**.

Administrative and financial organization

- Each treatment plan is valued at a monthly cost.
- Then, taking into account the epidemiological evidence supplied by the national studies, the decision is made to implement the Program throughout the country; according to the number of people with substance abuse issues and the existing service offering regarding therapy care, both the plans and investments are allocated.
- The Ministry of Health is party to the decision-making process on technical matters and the implementation of certain plans.

Human Resource Training

- All teams belonging to service providers with an Agreement.
- Theoretical concepts for each Plan.
- Tools and practical skill sets for the execution of the plans.
- Continuous subject matter training.

Oversight and Consulting



- All service providers with an Agreement.
- Carried out by experienced professionals in coordination with local health authorities.
- Use of oversight guidelines.
- Consulting to improve the quality of execution for the Plan.
- Identification of critical situations and contingency plans.




Information and Treatment Management System, SISTRAT

Technical objectives:

- a) Epidemiological
- b) Clinical

Management objectives

Policy and Promotion objectives



Technical and Financial Management Model

Treatment Programs

- Program with treatment plans for the General population.
CONACE – FONASA – MINSAL Agreement.
- Specific treatment program targeting the Female population.
CONACE – FONASA – MINSAL Agreement.
- Comprehensive treatment program for juvenile offenders with problematic alcohol – drug use and other mental disorders.
- CONACE – FONASA – MINSAL – SENAME Agreement.

Other Programs

- Program of Treatment Courts for adult offenders under judicial supervision. Agreement with the Public Prosecutor's Office.
- Pilot Plan for people living on the streets. Agreement with MIDEPLAN.
- Treatment Program for the adult prison population. Agreement with Chile's Gendarmerie.

Evaluation

- Recommendations aimed at the design of policies and interventions.
- Follow-up of a cohort of beneficiaries to evaluate the impact of the care plans provided by those institutions that have an Agreement with CONACE (now SENDA) - FONASA (2007 Final Report).

Evaluation of the impact of the care plans in those institutions under Agreement

To 36 months

Substance Use

- Abstinence drops from 65% at the time of discharge to 37% at 36 months (3 years); 22% in therapy Discharge and 47% in Desertion, comparatively speaking.
- Considering all study measurements, the substance with the highest rate of use/consumption is OH, followed by THC, PBC and Hydrochloride.
- Problematic use: The perception of the problem is 90% in PBC and Hydrochloride, but only 50% for OH and THC.

Evaluation of the impact of the care plans in those institutions under Agreement

Employment Status

- Perception is better in therapy Discharge than Desertion
- Were studying or working at 3 years: 71% of the therapy discharge sample and 51% of the desertion sample
- Low presence of psychopathology numbers (lower in therapy discharge compared to desertion)
- 75% of those in the sample consider they have a good Mental Health status

Evaluation of the impact of the care plans in those institutions under Agreement

Family Functionality (Family APGAR)

- 25% family dysfunction found at 3-year follow-up. No great variations between therapy discharge and desertion.
- Exploration findings using both instruments (DUKE and MOS) are above intermediate levels of social support; they were similar throughout the study. Better in Social Support (DUKE and MOS) than Desertion.

Thank You



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