

Indispensable criteria for the opening and operation of treatment centers, joint work between CICAD- PAHO-COPOLAD

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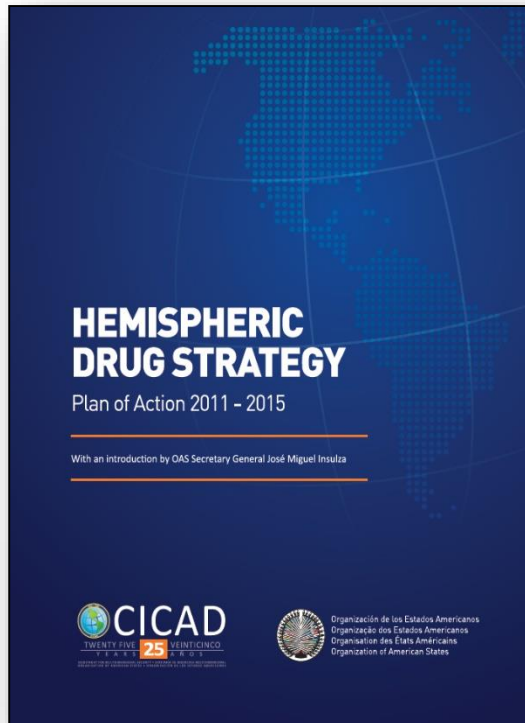


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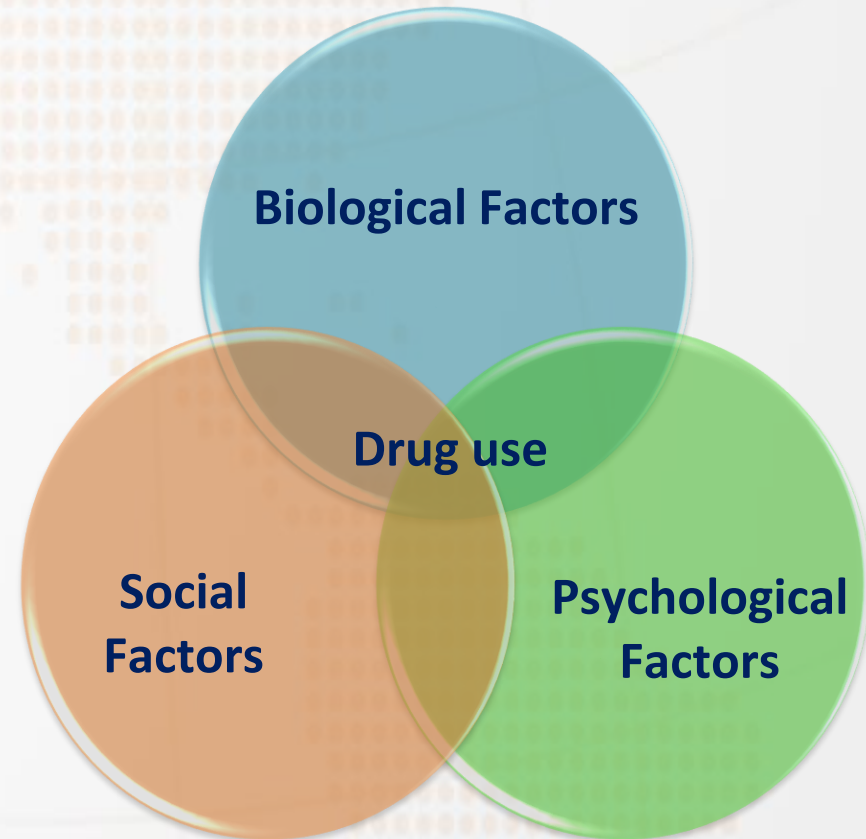


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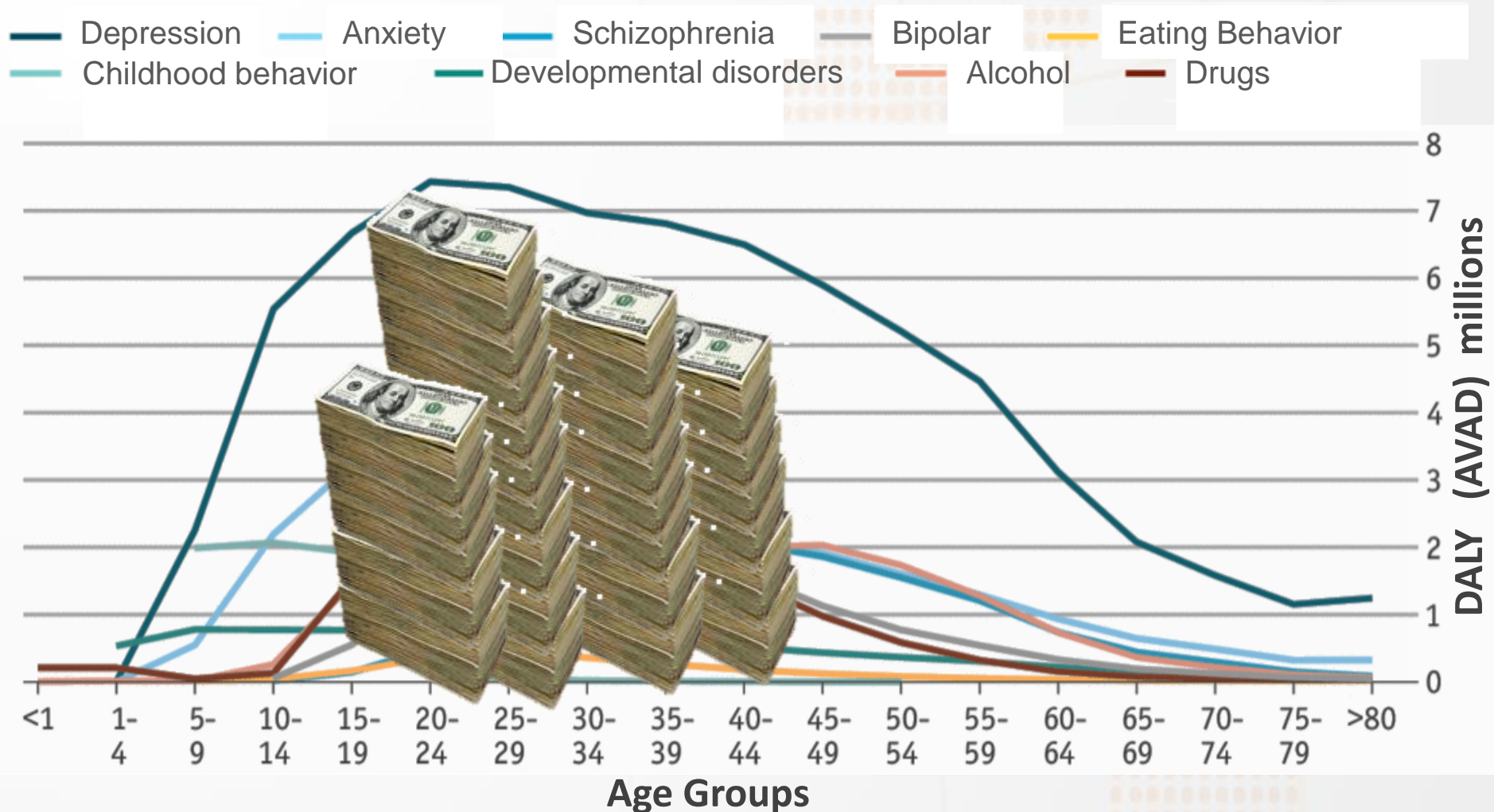
- World Drug Problem has political, economic, social and environmental costs
- Complex, dynamic and multi-causal phenomena
- Challenge to States and Governments
- Requires an integral, balanced and multidisciplinary approach as a **common and shared responsibility among all States**

Drug **dependence** is a chronic, relapsing disease that is caused by many factors, including biological, psychological or social, which must be addressed and treated as a **public health matter**, consistent with the treatment of other chronic diseases.





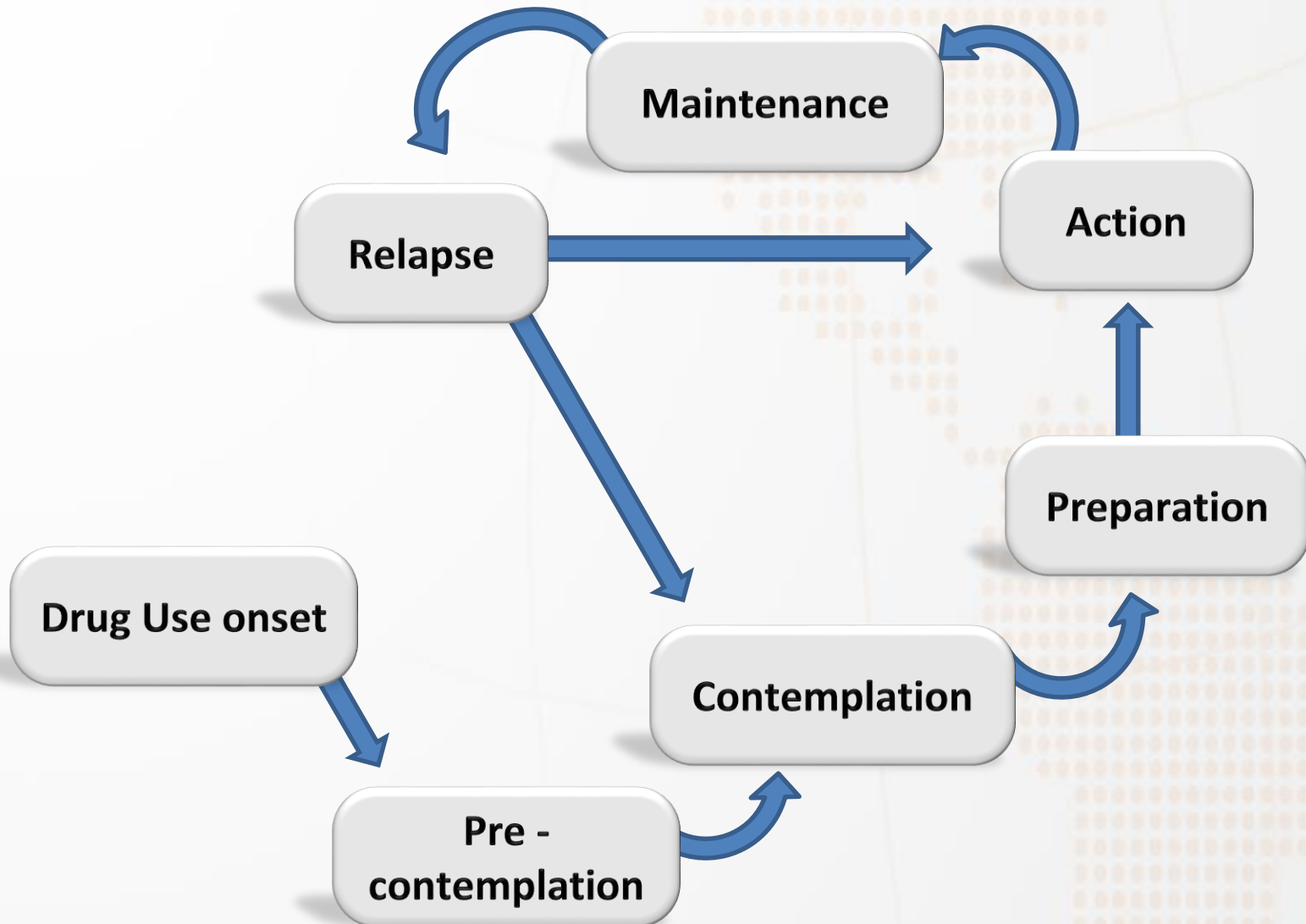
Drug Use Impact on Public Health



Source: Whiteford y cols. 2013. Global Burden of disease attributable to mental and substance use disorder. The Lancet



Stages of Change



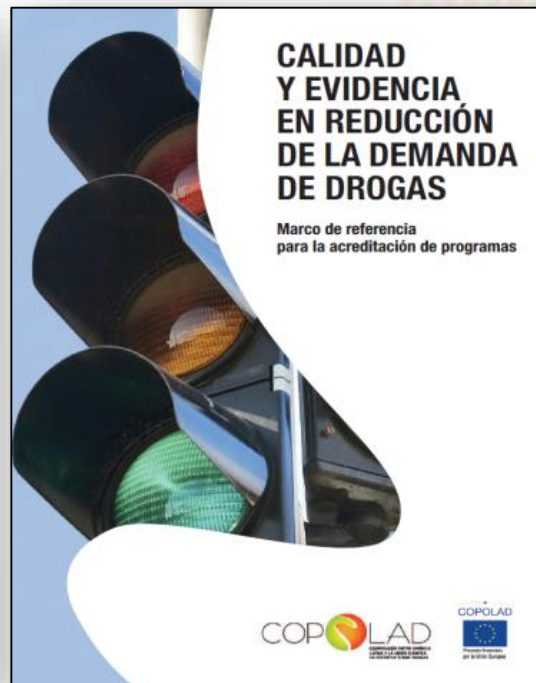
Hemispheric Challenges



Indispensable Criteria for Treatment Centers



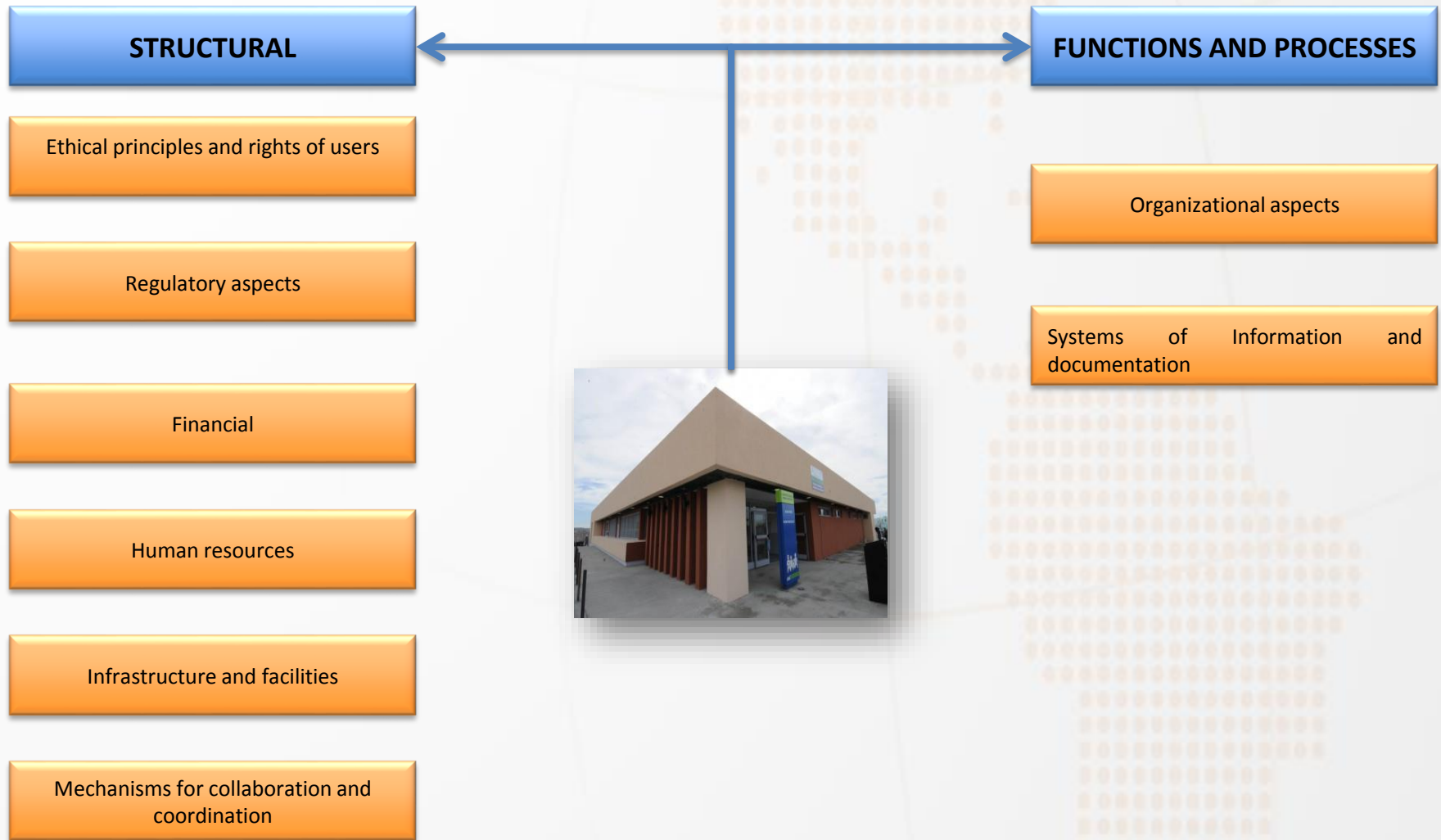
Indispensable Criteria



Basic and Advanced Criteria

- Review of legislation
- In coordination with PAHO and COPOLAD
- Background: 2010 DR Expert Group recommendations
- Approved by DR Expert Group in 2014

Guide of indispensable criteria for treatment centers



Phoenix Recovery Project

Category 1: Infrastructure and Facilities	Comments
<ul style="list-style-type: none">• The facilities that house treatment and the surrounding environment should meet the indispensable requirements for guaranteeing the safety of the user and the people that work there:<ul style="list-style-type: none">◦ Safety characteristics of the property (for example assessing natural conditions such as flooding and sinkholes)◦ Meeting the current norms and regulations for infrastructure and sanitation (building regulations for earthquakes and materials)◦ Sufficient environment avoiding the overcrowding of patients and facilitating evacuation in cases of emergency (clearly marked evacuation routes)• Residential treatment centers carrying out detoxification or hospitalization procedures meet current sanitary regulations.	<ul style="list-style-type: none">✓ This facility has two separated but adjacent buildings, one for male and one for female patients, which are spacious enough.✓ There are also different facilities, according to the treatment phase. The first phase is for residential treatment (six to twelve months long), and the second is for outpatient services, focusing on aftercare (up to 12 months long).✗ There are no signs for evacuation routes.✗ a

Category 2: Ethical Principles and Patient Rights	Comments
<ul style="list-style-type: none">• The centers should explicitly tell users about the laws that protect their rights, prohibiting degrading and inhumane treatment, in accordance with the United Nations Universal Declaration of Human Rights• Prior to admission, through written communication, inform the user, his/her family, and the legal guardian about the treatment process and its cost, and receive their expressed informed consent to the treatment methods.	<ul style="list-style-type: none">✓ The treatment center informs patients and family about their rights.✓ Before admission, providers inform patients and family members of the cost and structure of the treatment program.✓ The staff obtains written proof of informed consent.



Category 3: Normative Aspects

- The center completes registration and notification processes in accordance with current legislation and regulations
- The center should provide an Internal Operation Regulation and written Operation Manual and is responsible for ensuring the staff, users, and families know the content.
- Hard copies of the Treatment Program Manual developed by the center should be available, specifying the developed treatment model and its scientific basis, the schedule of activities and the staff responsible for its execution.
- The center should provide expressed procedures for the delivery of treatment to persons with special considerations (minors, populations in conflict with the law, homeless persons, etc.).
- The center should have a Civil Protection Plan, which is the responsibility of a designated committee for attending to contingencies and emergency situations.

Comments

- ✓ There are hard copies of the treatment program, specifying the treatment modality and a detailed schedule of activities, day by day.
- ✓ The centers provide services to people diagnosed with mental disorders and assist in providing their medication and taking them to their doctors visit. Similarly, if the users have a physical condition.
- ✗ There is no Civil Protection Plan.

Category 4: Financial Aspects

- The center should maintain an administration unit, responsible for all aspects related to financial services and recordkeeping.

Comments

- ✓ There is full-time staff as the administrator responsible to coordinate all matters related to financing and record keeping. Until recently the center started to receive a Government subvention.

Category 5: Human Resources

- The treatment center should have a legal representative, with his/her function clearly identified.
- The treatment center should have a technical director, who is a professional or has an associate's degree, ideally with training and experience in addictions treatment and management.
- The treatment center should be staffed with professionals and health technicians in accordance with the treatment plan.

Comments

- ✓ Clinical staff (counselors and nurses) is available, as well as administrative staff and security guards.
- ✓ The clinical staff has received training for addiction treatment and some have been certified as counselors by University of West Indies.
- ✓ The center has a CEO who oversees all administrative and clinical activities of the center.
- ✓ The center has what is called "house mother" and "house

<p>They should follow the ratio of professionals to patients established in the Treatment Protocols.</p> <ul style="list-style-type: none"> • The professionals, technicians, and assistants that participate in the program should possess the necessary competencies. • Supervision mechanism and staff training courses should be in place. 	<p>father" who are the staff that work shifts and provide 24 hours services.</p> <p>✗ There is no formal clinical supervision mechanism in place.</p>
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Category 6: Organizational Aspects	Comments
<ul style="list-style-type: none"> • It is necessary to have a written report of all the planned and executed activities of the treatment and rehabilitation program. • Staff and users should practice the emergency procedures (for example, evacuation plans and contingency plans), based on the Civil Protection Plan. • Comply with labor and financial regulations. • The center should have an established performance-monitoring program for all staff levels. • The center should have training courses and refresher workshops for all staff levels based on the center's model of care. 	<ul style="list-style-type: none"> ✓ The center has a written report of all the planned activities related to the rehabilitation program. ✓ The center complies with labor and financial regulations. ✓ The center has detailed job descriptions for staff. ✓ Staff is encouraged to attend training sessions. ✗ There are no drills of evacuation processes. ✗ There is no performance-monitoring program for staff in place.

Category 7: Information and Recordkeeping Systems	Comments
<ul style="list-style-type: none"> • The treatment center should have a patient registry and tracking systems. The information in patient files should be secure, guaranteeing patient confidentiality. • The treatment centers should be linked to institutions with a background in the collection, analysis, and dispersal of information on executed activities and their impacts. • The treatment centers should provide a report of its activities and statistical information through a centralized system, 	<ul style="list-style-type: none"> ✓ The center has its own patient registry and tracking systems. ✓ Patients files are managed with confidentiality and stored securely. ✓ The treatment service collects information using the CICAD standardized form. ✓ The treatment service reports periodically to the GUYDIN, at least annually.



accessible by authorities (health, demographics, and the National Drug Commission) in accordance with the current laws and legislation.

Category 8: Coordination and Collaboration Mechanisms

- The treatment center should be linked to existing social and health institution networks, especially those providing support services in the community.
- A mechanism should be developed for the systematical referral of patients to various health, social and community support networks.
- Treatment centers, especially those operating under a residential modality, should clearly define the patient intake mechanism, in accordance with legal regulations and ethical considerations.
- Treatment centers, especially those operating under a residential modality, should have first aid procedures and references for emergency procedures, in congruence with its capacity and respecting health regulations and current norms regarding human rights.

Comments

- ✓ Although there is no written formal agreement to link the center with existing social and health institution networks, there is an informal communication.
- ✓ If needed, the treatment centers refers patients to the psychiatric clinic and other medical services.
- ✓ The treatment center has an informal but strong relationship with local law-enforcement authorities.
- ✓ Formal first aid procedures are in place.

EXTRA: This NGO already carries out detoxification and treatment by judicial order.



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Thank you for your attention