

# **VOLUME A**

## **Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination**

**Treat****net**

# Module 1

## Screening and brief intervention using ASSIST



**Rationale for  
screening and  
brief  
intervention**



**ASSIST  
screening  
basics**



**ASSIST brief  
intervention  
basics**



**Planning and  
implementation  
of ASSIST**

A person wearing a pinstriped suit jacket and a white collared shirt is holding a white banner. The banner contains the text 'idea → plan → action' in a grey, cursive font. Two grey arrows point from 'idea' to 'plan' and from 'plan' to 'action'.

*idea* → *plan* → *action*

**Workshop 4**

**Planning and  
implementation of  
ASSIST**

# What will we do today?

- 
- ▶ Learn how to develop an implementation plan for a screening and brief intervention program using the WHO ASSIST
  - ▶ Learn how to organize training in screening and brief intervention

# Training objectives

## At the end of this workshop, you will be able to:

- ▶ Develop a plan to implement a screening and brief intervention program using the WHO ASSIST
- ▶ Organize the training in screening and brief intervention
- ▶ Identify components of comprehensive drug abuse treatment
- ▶ Identify at least 5 principles of effective treatment
- ▶ Explain the importance of integrated care



# Implementation

Requires a commitment from management and staff, and the appointment of a coordinator. There are 4 main aspects:

- ▶ Planning (situation assessment and developing a program plan)
- ▶ Training
- ▶ Monitoring (pilot testing and evaluating)
- ▶ Feedback (maintaining and improving the program)

# Planning

## Carry out needs assessment

- ▶ What is the current situation? What is the desired situation? What are the gaps and objectives?
- ▶ Is there a need for a SBI programme? Is there any previous experience with a SBI programme?
- ▶ What can be done? What are the possible facilitators and barriers?



# Planning

## Developing a program plan

- ▶ Develop a common perspective: Why are we implementing SBI?
- ▶ Setting goals and objectives. Decide:
  - Where (settings)
  - Who will be screened (target group)
  - Who will conduct the screening (time, experience, skills)
- ▶ Organizing the program
  - Protocols and roles of those involved
  - Supporting strategies
- ▶ Communicate and advocate

# Planning:

## Settings, target groups and screening personnel

Setting	Target group	Screening personnel
Primary care clinics or offices (general, dental, OBGYN, TB, etc.) or hospital wards	Medical patients Dental patients Pregnant women Surgical patients	Nurse, social worker, health educator, community health worker, physician, other staff
Emergency departments	Accident victims Trauma patients	Same as above
Mental health clinic or office	Psychiatric patients, particularly those who are suicidal	Psychologist, social worker, psychiatrist, nurse
Other health and welfare facilities	Individuals with impaired social or occupational functioning	Health care and social workers
Court, jail, prison	Incarcerated individuals	Health care workers, social workers, counselors

# Planning: Who should be screened?

- ▶ All patients over 18 as a part of a routine health examination
- ▶ Patients whose presenting complaint suggests it is/ may be related to substance use
- ▶ Patients with psychiatric conditions as depression, suicide attempts, etc.
- ▶ Patients attending casualty and emergency services
- ▶ Pregnant women
- ▶ People newly admitted to detention centers and correctional facilities or cited with legal offences
- ▶ Hard to reach groups who are at high risk

# Planning: Protocols and roles



- ▶ Decide screening procedures
  - Tools and scoring
  - Targeted (those at risk) vs universal (all)
- ▶ Decide on Brief Intervention procedures
  - How long?
  - Materials
  - Chart documentation
  - Handling resistant patients
- ▶ Decide on referral procedures
  - What services are available?

# Planning: Supportive strategies

- ▶ Awareness raising strategies at the waiting room (posters, newsletters, leaflets and patient education material)
- ▶ Include health summary sheets in the patient's medical record to provide the health care provider with the following:
  - whether and when the client has been screened, their ASSIST scores and risk status
  - what interventions have been undertaken
  - when they are next due to be screened

# Planning: Supportive strategies

- ▶ Implement reminder systems to:
  - invite clients to take part in the screening programme
  - prompt the health worker to administer it during the client visit
  - invite the client for follow-up if needed (recall)
  - remind when repeated screening is due
- ▶ Computerized information systems

# Monitoring

- ▶ There is a number of ways to measure the success of a screening programme.
- ▶ Percentage of patients screened to the number of patients eligible
- ▶ Percentage of positive screens for each substance
- ▶ Percentage of positive screens who receive the appropriate intervention
- ▶ Percentage of patients who change their substance use after intervention

# Feedback

- ▶ Frequent feedback of monitoring results to all participating staff is essential for ongoing improvement to the programme
- ▶ Helps to maintain staff commitment to the programme
- ▶ Provides information about how the implementation processes are working
- ▶ Enables problems to be identified and solutions developed

# Let's practice!



## Drafting an implementation plan

The questions are to help you planning...

- ▶ Which patients will be screened?
- ▶ How will patients, who need screening be identified?
- ▶ How often will patients be screened?

# Planning exercise

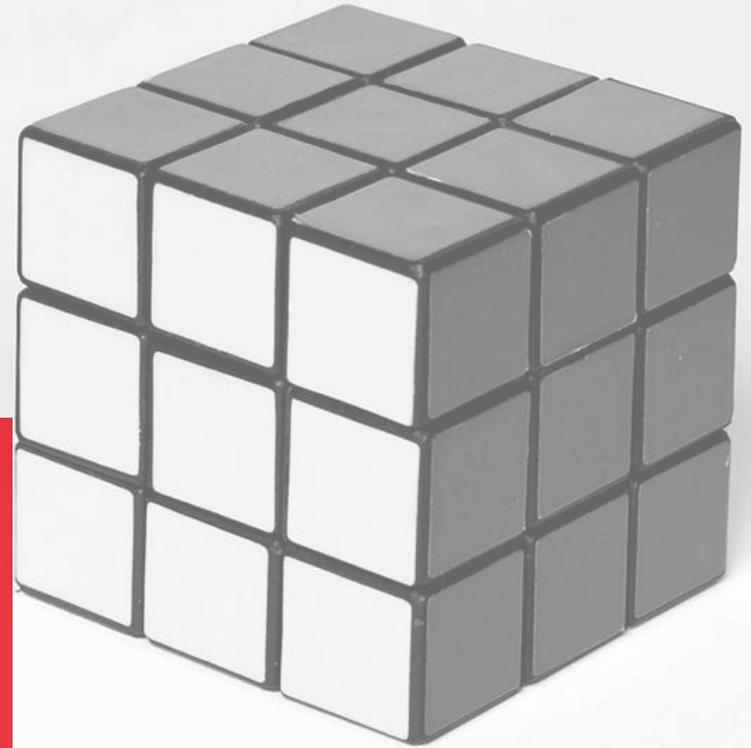
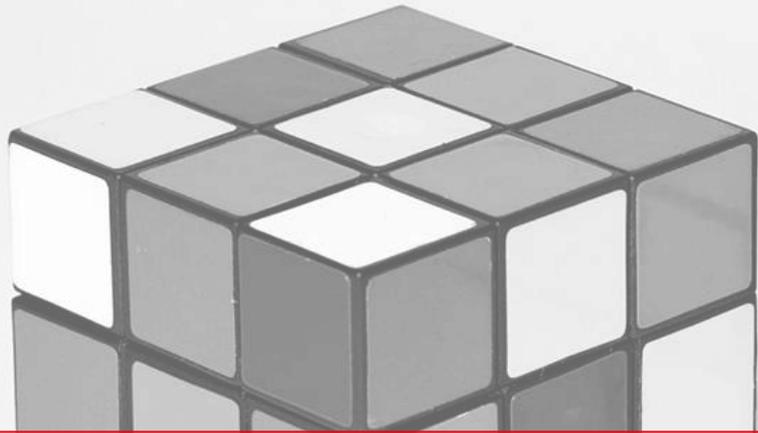
- ▶ Who will administer the ASSIST?
- ▶ When during the patient's visit will the ASSIST be administered?
- ▶ Who will interpret the results and help the patient?

# Planning exercise

- ▶ What follow-up actions will be taken?
- ▶ How will records of screening and follow-up actions be kept?
- ▶ How will copies of the ASSIST and information materials be obtained, stored and managed?
- ▶ How will follow-up be scheduled?

# Planning exercise

- ▶ Which staff will be involved in the SBI process?
- ▶ What will be their roles?
- ▶ What resources and processes do you have in the practice which will help you manage the SBI program?



**Comprehensive  
treatment**

# Treatment of substance use disorders

The goals of treatment are to help the individual:

- ▶ Stop or reduce the use of drugs
- ▶ Reduce health and social consequences of drug use
- ▶ Achieve productive functioning in their family, at work, and in society

# Why is comprehensive drug treatment needed?

- ▶ Individuals affected by drug use disorders usually suffer from mental health, occupational, health or social problems that make treatment process more difficult
- ▶ For most people, treatment is a long-term process that involves multiple interventions and attempts at abstinence

# Treatment duration

- ▶ Individuals progress through drug addiction treatment at various speeds, so there is no predetermined length of treatment
- ▶ In general, longer retention in treatment of results in better outcomes. However, this is should not be seen as a written rule for everyone
- ▶ It is however acknowledged that with good psychosocial follow up support, the recovery outcome are better

# Treatment compliance

Client factors that affect treatment compliance are:

- ▶ Readiness to change drug-using behaviour
- ▶ Degree of support from family and friends
- ▶ Pressure to stay in treatment from the criminal justice system, child protection services, an employer, or family members



# Treatment compliance

Factors within the program that affect treatment compliance are

- ▶ A positive therapeutic relationship between the counsellor and client
- ▶ A clear treatment plan, which allows the client to know what to expect during treatment
- ▶ Medical, psychiatric, and social services
- ▶ Medication available when appropriate
- ▶ Transition to continuing care or “aftercare”

# Treatment of substance use disorders

- ▶ Treatment of drug use disorders is generally offered in specialized facilities and mental health clinics by a variety of professionals
  - medical doctors
  - nurses
  - psychiatrists
  - case managers
  - psychologists
  - certified counsellors
  - social workers
  - other professionals working with SUDs
- ▶ It should be noted also that drug treatment are nowadays also offered in prison settings, NGO partners and other contracted providers

# Let's think!



Identify factors within your program that may do the following:

- ▶ Help patients to comply with their treatment plan
- ▶ Affect the compliance of patients with their treatment plan

# PRINCIPLES OF DRUG ADDICTION TREATMENT

A RESEARCH-BASED GUIDE

**Principles of  
addiction treatment**

# Principles of effective treatment

1. **No** single treatment is **appropriate for all**
2. Treatment needs to be **readily available**
3. Effective treatment attends to **multiple needs**, not just to drug use problems
4. The treatment plan must be **assessed continually** and **modified as necessary** to insure that it meets the client's changing needs
5. Remaining in treatment for an **adequate period of time** is critical for treatment effectiveness

# Principles of effective treatment

- 6. Counselling** (individual and/or group) and other behavioural therapies are **critical**
- 7. Medications are important** elements of treatment for many clients, especially when combined with behavioural therapy
- 8.** People with coexisting mental disorders should be treated in **an integrated** way
- 9. Detoxification** is only the **first stage** of addiction treatment and by itself does little to change long-term drug use

# Principles of effective treatment

10. Treatment does **not** need to be voluntary to be effective
11. Possible drug use during treatment must be **monitored** continuously
12. Treatment programs should provide assessment for HIV/AIDS and other infectious diseases as well as counselling to help clients change behaviours that place themselves or others at risk of infection
13. Recovering from drug addiction can be a **long-term process** and frequently requires multiple episodes of treatment

A

B

**Components of  
comprehensive  
and integrated  
treatment system**



# Types of treatment interventions

- ▶ Detoxification
- ▶ Psychosocial interventions
- ▶ Pharmacological treatment
- ▶ Residential treatment

# Medical detoxification

- ▶ Detoxification is a process where individuals are treated for withdrawal symptoms upon discontinuation of addictive drugs
- ▶ Detoxification treatment is conducted under the care of a physician in an inpatient or outpatient setting

# Psychosocial interventions

Specific behavioural treatment techniques include:

- ▶ Social skills training
- ▶ Contingency management
- ▶ Cognitive-behavioural therapy
- ▶ Therapeutic community
- ▶ Group therapy
- ▶ Family therapy

# Pharmacological treatment

- ▶ Medications to reduce the severity and risk of withdrawal symptoms
- ▶ Medication to reduce relapse to illicit drug use
- ▶ Agonist maintenance treatment for opiates (methadone, buprenorphine)
- ▶ Antagonist treatment for opiates (naloxone, naltrexone)

# Residential treatment

Residential treatment programs provide care 24 hours/day in non-hospital settings.

Models of care include:

- ▶ Therapeutic community (TC)
  - highly structured treatment (6-12 months)
  - focus on re-socialization
  - developing personal accountability
- ▶ Residential or “rehab” program



# Effective treatment



Effective treatment increases individual, family and the community well-being

# Key standards

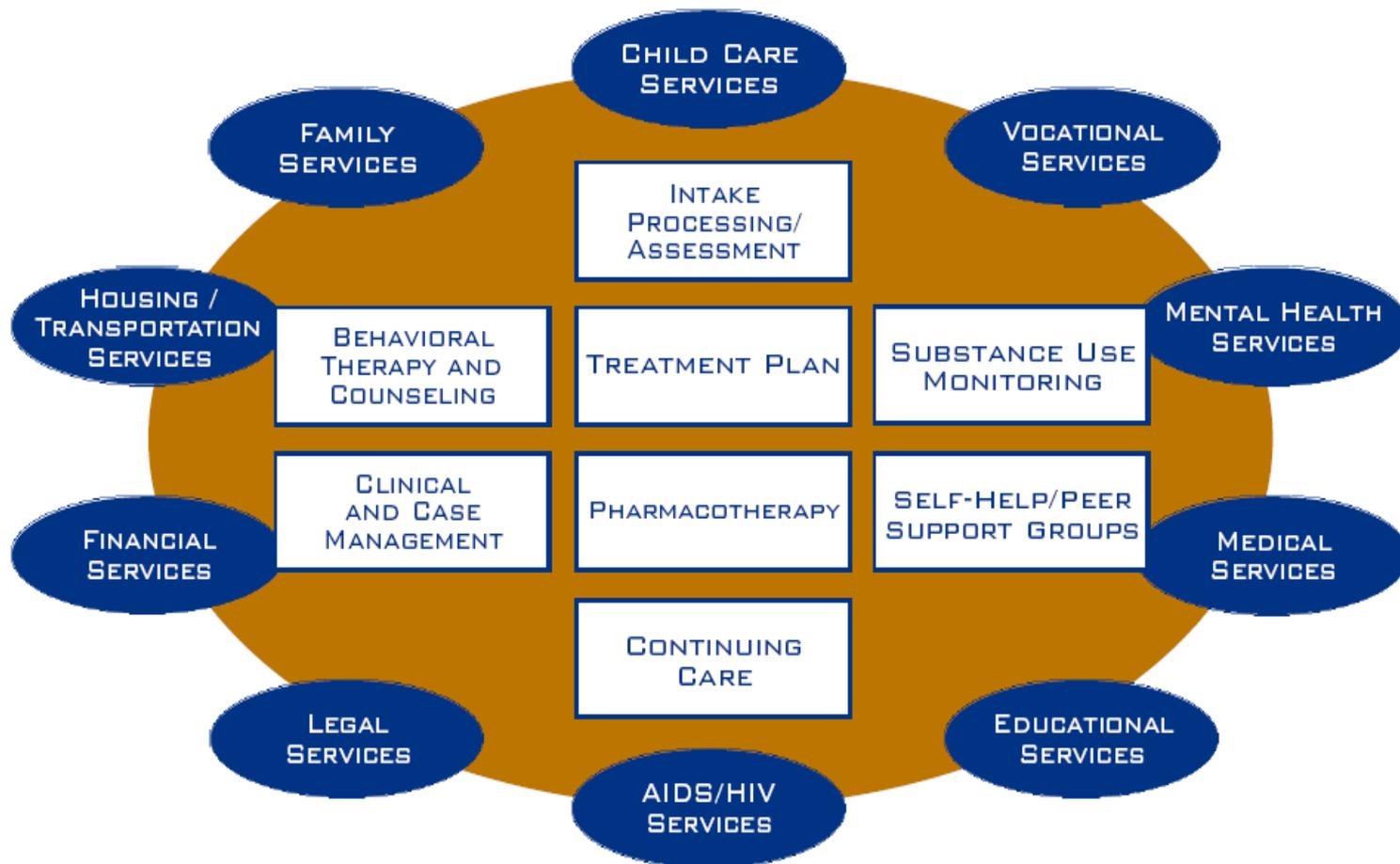
- ▶ Respect for human rights and dignity/confidentiality
- ▶ Continuum of care
- ▶ Community-based service delivery
- ▶ Minimal disruption of social links and employment
- ▶ Involve/build on community resources
- ▶ Integrated into health and social services

# Key standards

- ▶ Relevant services for special populations
- ▶ Comprehensive approach
- ▶ Close collaboration between civil society, law enforcement, health and social sector
- ▶ Evidence-based interventions
- ▶ Acceptance of relapse as part of process



# Components of comprehensive drug treatment



# Suggested interventions at different settings

Settings	Possible Interventions
Informal community care	Outreach/self-help groups
Primary health care services	Screening/brief interventions/health care referrals/contact with specialized treatment service/continued support
Generic social welfare	Housing/shelter/food
Specialized drug dependence treatment (In- and outpatient)	Assessment/case management/treatment planning/detoxification/psychosocial interventions/medication-assisted treatment/relapse prevention
Specialized health care services	Mental health treatment/internal medicine/dental treatment/Hep/HIV/TB/STIs
Specialized social welfare services	Family support/reintegration/vocational training/education programs/income generation/microcredits/leisure time
Long term residential service	Housing/vocational training/protected environment/life skills/ongoing support

# Outreach services

## **Outreach services provide at minimum the following 'core services':**

- ▶ Provision of basic support (safety, food, shelter, hygiene and clothing)
- ▶ Education on drug-effects and risks involved in drug use
- ▶ Screening for substance use disorders
- ▶ Brief Intervention to motivate change in substance use
- ▶ Referral to substance use treatment
- ▶ Needle exchange and condom distribution
- ▶ Outreach interventions can be delivered through various modes of delivery

# Screening, brief interventions and referral to treatment

## Candidates include:

- ▶ General practice/primary/mental healthcare patients
- ▶ Hospital patients
- ▶ Individuals in contact with social service and welfare agencies
- ▶ Patients in infectious disease clinics
- ▶ People in contact with outreach services
- ▶ People with alcohol- or drug-related legal offenses (e.g., driving under the influence)

# Outpatient treatment services

- ▶ Treatment and care for people who **do not reside** in the facility
- ▶ Services **vary** considerably in terms of their components and intensity
- ▶ Ideal for providing **long-term maintenance care** for patients with sufficient social support and resources at home and in the community
- ▶ Both **psychosocial and pharmacological interventions** can be provided
- ▶ Suitable for high-intensity and mid to low-intensity interventions

# Short-term in-patient or residential treatment

## Combinations of models and methods should be used in short-term residential treatment:

- ▶ Pharmacotherapy
- ▶ Motivational counselling
- ▶ Psycho-education
- ▶ Support through drug withdrawal
- ▶ Introduction to behavioural therapy
- ▶ Orientation to self-help groups
- ▶ Referral and introduction to social services



# Short-term in-patient or residential treatment

## Other models and methods to be used in short-term residential treatment:

- ▶ Comprehensive bio-psychosocial assessment of the incoming patient
- ▶ Treatment plan which best addresses the needs of the individual
- ▶ Strategy to foster patients' motivation for change
- ▶ Medication-assisted detoxification and maintenance treatment
- ▶ Group counselling and educational interventions
- ▶ Individual and family counselling and education

# Long-term residential treatment services

- ▶ Comprehensive bio-psychosocial assessment of the incoming patient
- ▶ Treatment plan which best addresses the needs of the individual
- ▶ Strategy to foster patients' motivation for change
- ▶ Medication-assisted detoxification and maintenance treatment
- ▶ Group counselling and educational interventions
- ▶ Individual and family counselling and education

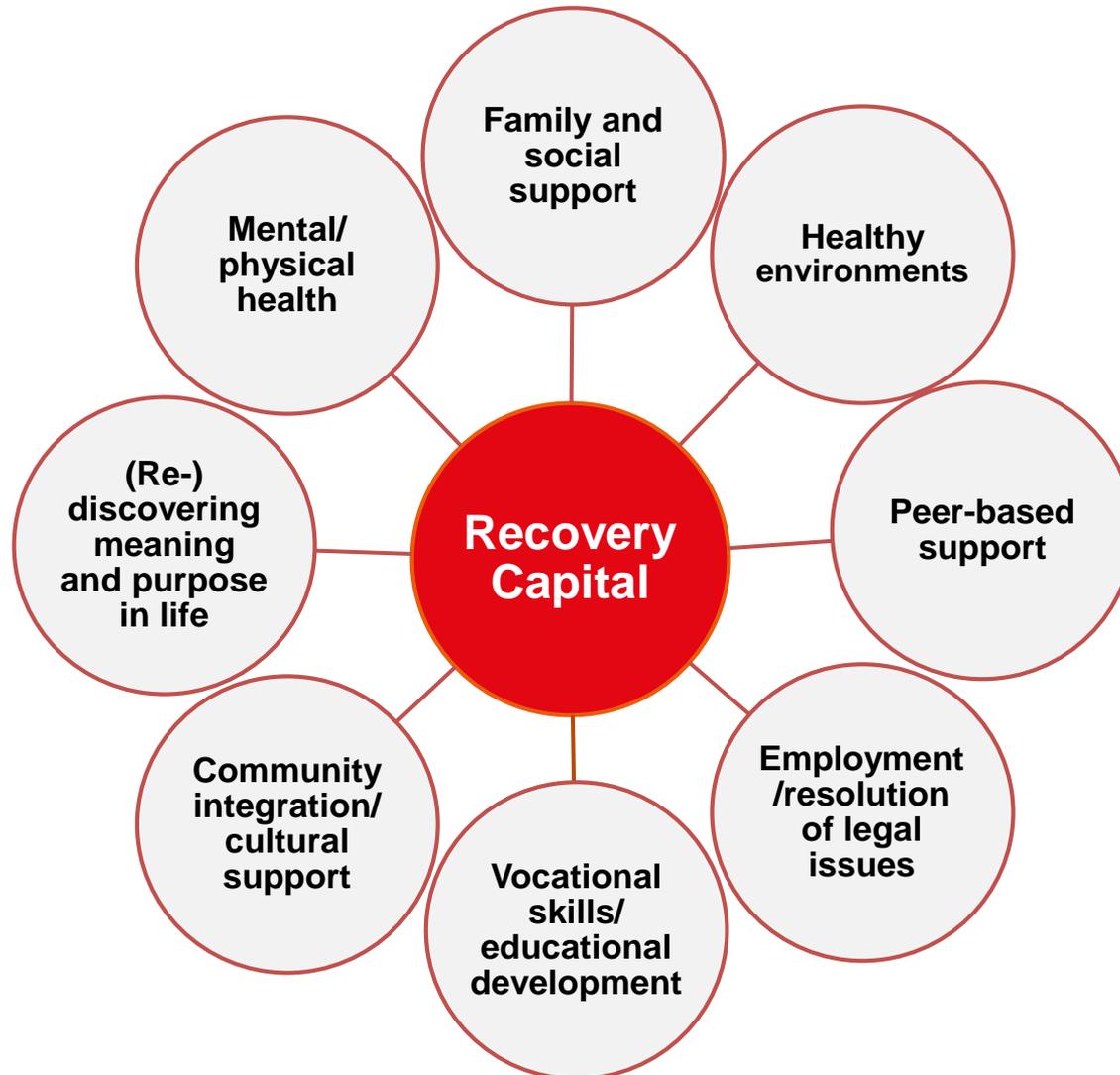
# Long-term residential treatment services

- ▶ Initiation of behavioral treatment strategies for addiction treatment
- ▶ Initiation of treatment for co-occurring medical and psychiatric disorders, if time and resources permit
- ▶ Ongoing evaluation of patient's progress in treatment and continuous clinical assessment that is built into the programme

# Long-term residential treatment services

- ▶ Address special needs
- ▶ Discharge planning with relapse prevention and continuing care strategies for the period after residential treatment, including:
  - maintenance medication (if indicated)
  - an appropriate level of psychosocial treatment for the addiction
  - ongoing treatment for co-occurring medical and psychiatric problems

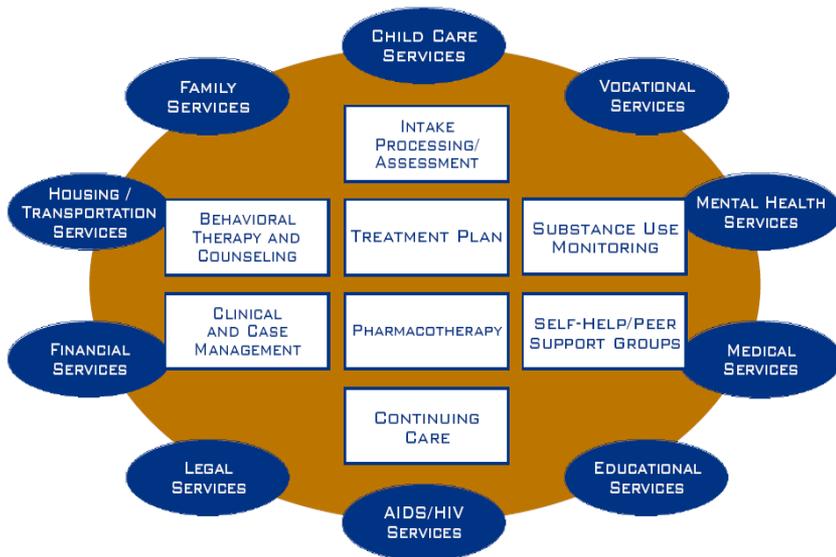
# Sustained recovery management services



# Let's think!



## Your organization



Look at the chart and think about all the services that your organisation provides.

- ▶ What services do your clients most often need?
- ▶ What services could your organization add to meet your clients' needs?



**Break**

LEGAL

**Ethical and legal  
issues**

LEGAL

# Ethical guidelines

## Ethical Values:

- ▶ Be good!
- ▶ Do good!
- ▶ And above all: Do no harm!



# Ethical and legal issues

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## Ethical guidelines are

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- ▶ A set of professional standards
- ▶ A set of principles to guide professional behaviour
- ▶ Often a matter of opinion and cultural context
- ▶ Not always a legal concern

## Legal guidelines are

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- ▶ Determined by laws
- ▶ Implemented if ethics are consistently violated
- ▶ Often enforced by civil or criminal penalties

# Professional and ethical issues



Treatment professionals should have a copy of the following:

- ▶ Relevant ethical guidelines or code of conduct for their region
- ▶ Laws or regulations affecting their clinical professions

# Professional boundaries

## **Maintain a professional relationship with a client at all times**

- ▶ Avoid dual relationships with clients
- ▶ Avoid sexual relationships with clients
- ▶ Avoid personal relationships with clients

# Confidentiality

- ▶ The client's rights and the limits of confidentiality should be explained at the beginning of treatment
- ▶ The relationship with any client should be private and confidential
- ▶ Client information should not be communicated outside of the treatment team
- ▶ Information should only be released with the client's or guardian's permission

# Confidentiality



Confidentiality must be maintained **at all times**, except when to do so could result in harm to the client or others.

# Let's think!



How should the clinician act in the following cases?

- A. A client who inject drugs (female, 30 years old) tells her clinician she has HIV. She asks not to inform her husband, assuring she would do it herself, but some time later.*
- B. A client's employer comes to you asking for information on your client's test results.*



**Developing  
standards of care**

**TREATNET**  
**Quality Standards**

for Drug Dependence Treatment  
and Care Services

# Why developing standards of care for drug dependence treatment?

## To reduce the following:

- ▶ Demand for illicit and licit drugs
- ▶ HIV transmission amongst drug users as well as other blood born infections
- ▶ Drug related crime and incarceration
- ▶ Relapse to AOD use

# The UNODC TREATNET objective

## **Reduce the negative social and health consequences of drug dependence by:**

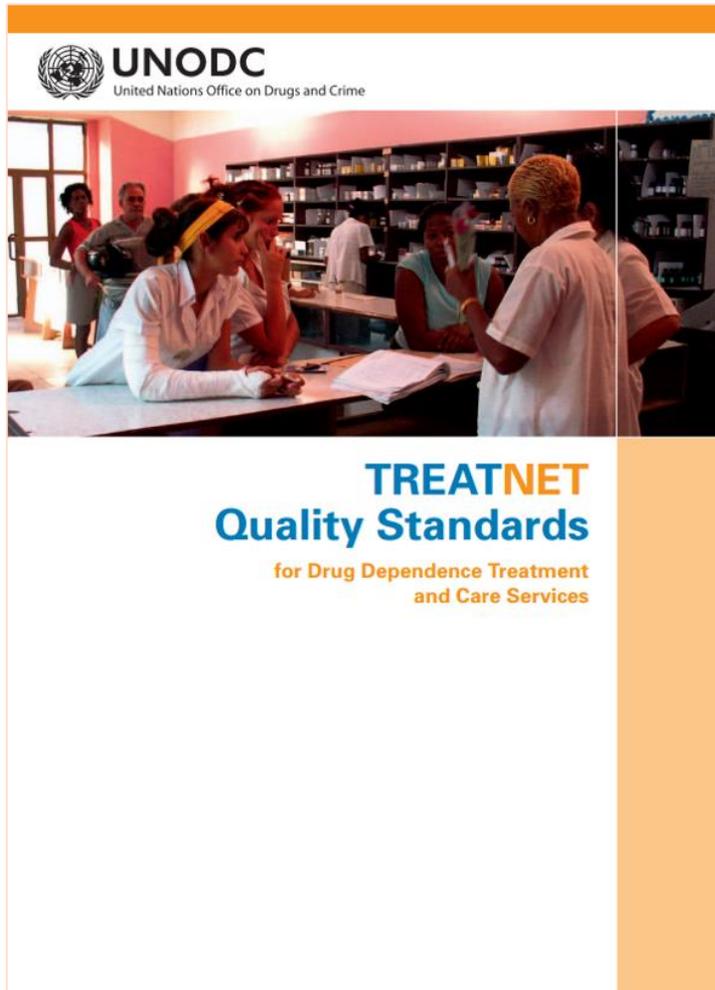
- ▶ Improving the quality of drug dependence treatment and care services
- ▶ Increasing the accessibility of drug dependence treatment for all those in need
- ▶ Understanding of drug dependence as a health disorder requiring treatment, and
- ▶ Counteract stigma and discrimination

# The UNODC TREATNET objective

- ▶ Address gaps in the capacity of drug dependence treatment and care
- ▶ Create a high-quality system of drug dependence treatment services
- ▶ Implement adequate services that correspond to the various and complex needs of drug users



# TREATNET Quality Standards



## Components of drug dependence treatment include:

- ▶ Availability and accessibility of drug dependence treatment
- ▶ Screening, assessment, diagnosis and treatment planning
- ▶ Evidence-based drug dependence treatment

# Treatnet Quality Standards

## **Treatnet Quality Standards for Drug Dependence Treatment also include the following components:**

- ▶ Human rights and the dignity of the patient/client
- ▶ Targeting special subgroups and conditions
- ▶ Drug dependence treatment as an alternative to prison and in prison settings
- ▶ Community-based treatment
- ▶ Clinical governance
- ▶ Policy development, strategic planning and coordination of services

# Integrated care planning and recovery

**Integrated Care Pathways (ICPs) provide a template for multi-disciplinary care that is evidence-based and coordinated.**

## **Definition**

An ICP determines locally agreed multidisciplinary and multi-agency practice, based on guidelines and evidence where available for a specific patient/client group. It forms all or part of the clinical record, documents the care given, and facilitates the evaluation of outcomes for continuous quality improvement.

*(Sue Overill, 1998)*

# Why is integrated care important?

- ▶ People with drug or alcohol misuse problems have a range of other difficulties in their lives including problems with housing, family relationships, employment, offending behaviour and debt
- ▶ A wide range of interventions and a range of organisations will need to be involved to assist individuals with substance misuse problems
- ▶ Service users as well as providers often feel that there is no communication between the various agencies leading to fragmentation and inconsistency of care and treatment

# Why is integrated care important?

- ▶ Service providers may not deliver an effective service because they do not have access to all the relevant information
- ▶ Service users also commonly feel that support too is chaotic and not meeting their overall needs, thereby negatively impacting on their retention into treatment
- ▶ An integrated care approach founded on co-operation and collaboration between all relevant providers
- ▶ It helps to remove barriers to progressing towards recovery: supporting the service user to identify and achieve their own goals whilst acknowledging their own beliefs and culture

# Integrated care pathways

## Developing the care pathway to recovery journey covers:

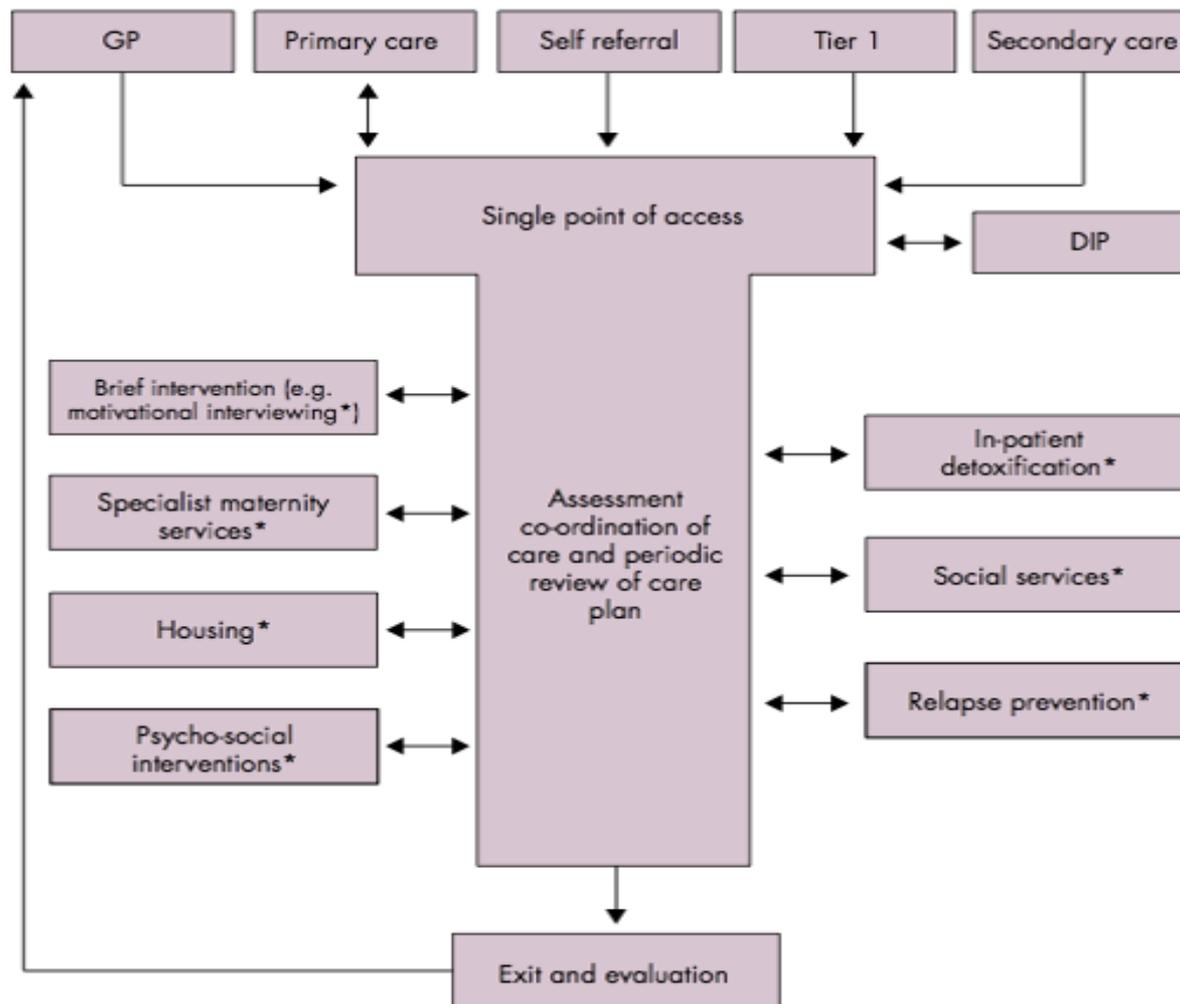
- ▶ Initial and comprehensive biopsychosocial assessment to identify needs/problems
- ▶ Care planning
- ▶ Shared decision making with user involvement
- ▶ Identifying other relevant partners/providers for shared care
- ▶ Care coordination arrangement
- ▶ Continuous monitoring and evaluating



# Integrated care pathways

- ▶ Place service users at the centre of service
- ▶ Identifies what treatments and interventions are available at each stage of the user's treatment and recovery journey
- ▶ Provide a single record of care which will accompany service user throughout that journey
- ▶ Enhance multidisciplinary and multiagency communication, care planning and information sharing by breaking down traditional boundaries to focus on the service user journey.
- ▶ Ensure consistency and parity of approach across services

# Aspirational model of the service user journey



# Treatment road map

## Identifying needs/problems

- ASSIST - Alcohol, Smoking and Substance Involvement Screening Test
- ASI- Addiction Severity Index
- Care planning

## Identifying state of readiness to change

- Cycle of Change: pre-contemplation, contemplation, preparation, action, maintenance, relapse
- Setting Priorities: define goals, set targets, set time scales

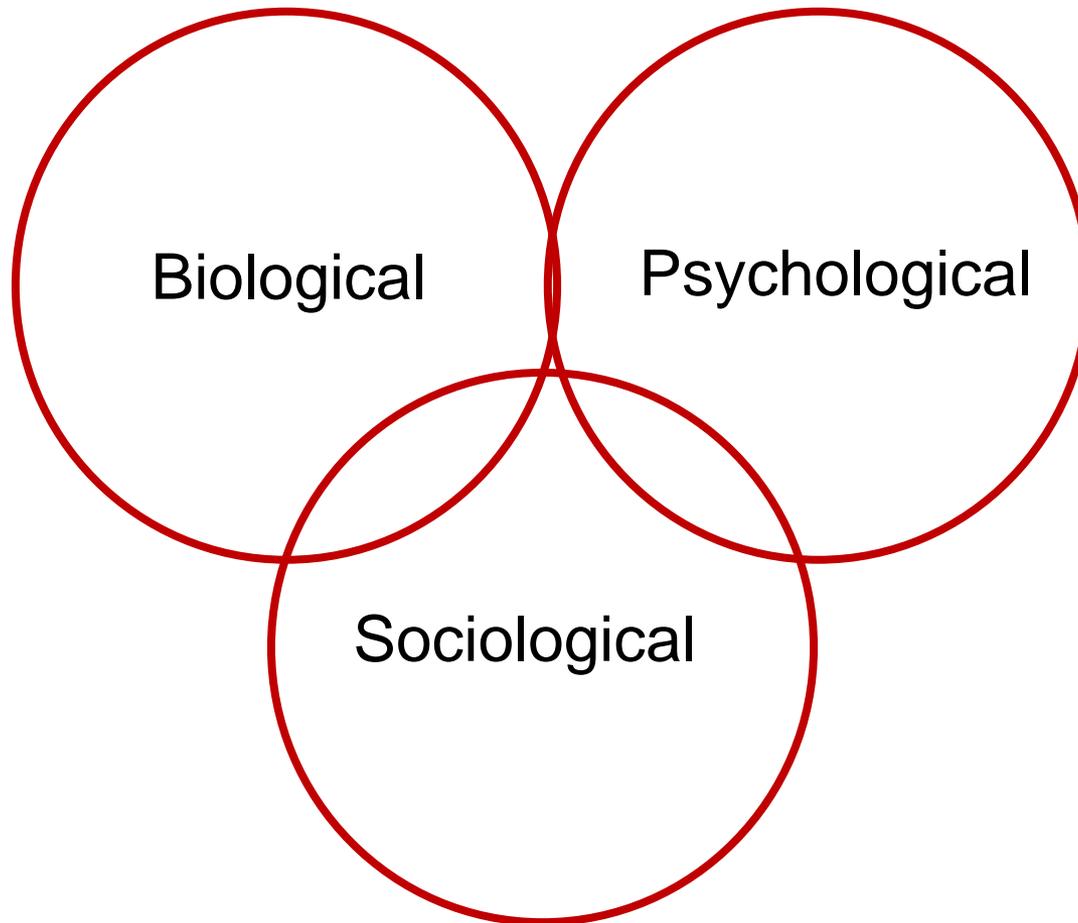
## Mapping of personal S.W.O.T:

- Strength (recovery capital)
- Weaknesses
- Opportunities
- Threats

# Shared decision making

- ▶ Individualised, not programme driven
- ▶ Addressing personal values
- ▶ Agreeing preferred choices with user involvement
- ▶ Developing a care plan with recovery goal
- ▶ Agreeing who is going to do what?

# Shared decision making with user involvement and using a biopsychosocial model of care



# Building the care pathway journey together

## Processes:

- ▶ Agreement on shared policies and protocol with partner agencies
- ▶ Agreement of shared decision making with the user
- ▶ Linking and networking with advocacy groups
- ▶ Agreeing of care coordination plan
- ▶ Agreeing on care plan implementation, review, monitoring and evaluation processes

# Roles and responsibilities of the care co-ordinator

- ▶ Act as a 'champion' and 'advocate' for service users ensuring that their goals are identified and met
- ▶ Undertake continuous assessment, proportionate to the needs of service users
- ▶ Identify and prioritise needs
- ▶ Co-ordinate care in collaboration with service users, and where appropriate, their significant other
- ▶ Adequate knowledge of the treatment, interventions and pathways available
- ▶ Make appropriate referrals
- ▶ Perform periodic review of care plans

# Implementation

**STEP 1 – success through partnerships**



**STEP 2 - understanding differences**



**STEP 3 - integration models**



**STEP 4 – critical steps**

# Mapping the dependent drug user's journey from treatment to recovery...

## Working together



**Questions**



# Wrap-up



- ▶ What are the components of comprehensive drug dependence treatment?
- ▶ What are the principles of effective treatment?
- ▶ Why is integrated care important?



**Post-assessment**

Thank you for your time!

End of module 1

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