

2. WHAT NEEDS TO BE IN PLACE BEFORE INITIATING INTERVENTION/S

It is difficult to implement Low Cost Community-based Care for drug users without a community presence and rapport with the community leaders. In absence of such community attachment, the implementing agency has to go through a process of identifying a 'host organisation' (which tend to be organisations based in the community and already have the credentials of being involved in social action) and implementing the programme through them. Examples of 'host organisations' are voluntary agencies, rural upliftment societies, churches, etc., mainly non-governmental agencies, (as were used by TTK, Chennai, for treatment of alcoholism through camp approach). Similarly in Sri Lanka, for the addiction treatment of heroin-dependent persons through the camp approach, community infrastructure like temples, school buildings, or community centres with basic residential facilities for 10-15 persons were used. In another instance, community members chose a 'gurudwara' (a religious centre of the Sikh community) for a drug addiction treatment camp.

The LCCS implementing agency must have some knowledge about the prevailing drug use scenario in the area. They should be able to identify, within which geographical area, they should carry out a quick assessment of:

- ♦ The drug use and HIV/AIDS situation - Rapid Situation and Response Assessment (RSRA) of

Box 3

"When an inquiry is needed at the country or community level it should ascertain whether or not the perception that drug and alcohol abuse has become problematic is real or not before a formal programme of assessment is developed. To validate these perceptions those involved should examine information already being gathered by specialised agencies, e.g., law enforcement agencies, medical services, social and welfare institutions.

The key questions to be addressed in an initial inquiry or situation assessment are:

1. What is the extent of drug and alcohol abuse?
2. Who are the persons involved in such use (e.g., age and sex of users)?
3. What is the nature of the abuse problem (e.g., types of drugs being used; frequency of use; route of administration, etc.)?
4. Why has such drug abuse occurred? Are there changes in availability of drugs, lower prices, or socio-economic changes, e.g., increased urbanisation, unemployment?
5. What are the possible factors initiating and supporting this drug use?
6. What are the resulting social, psychological and health related problems? Are they acute or chronic? How are such consequences affecting family, work and community institutions?
7. What are the social and other factors associated with alcohol and other drug use?"

WHO Guide to Drug Abuse Epidemiology, 2000.

drug use can be carried out, if there is not enough data to suggest extent, pattern and current drug use problem. Data collection schedules, may include questions to drug users about their opinion about community-based addiction treatment.

- ◆ The response to the problem of drug use and HIV/AIDS - for example, an analysis can be made of the existing gap between demand, availability and utilisation of addiction treatment services as well as other community responses to social issues.
- ◆ Resources - community, external as well as organisational.
- ◆ Stakeholders - identification of who can be the possible agencies (government, private), individuals who are concerned, affected and may contribute technical resources, material resources, infrastructure including essential supplies or financial support (e.g., families and friends of drug user clients and self-help group of ex-drug users can be of help).

A 10-step process may be helpful in organising the needs assessment. It should be noted that some steps can be done concurrently and that the starting point and sequencing may vary according to the scale and emphasis of the assessment exercise.

- Step 1.** Allocate resources and establish an agreed plan and methods for the needs assessment.
- Step 2.** Estimate the number of people in need of treatment in the target population and identify and profile subgroups and priority groups.
- Step 3.** Prepare a resource map of the treatment services provided in the locality, together with the services that are provided by facilities that are located in other areas.
- Step 4.** Conduct an audit of the demand profile of treatment services (capacity; number of episodes; and estimated number in need).
- Step 5.** Hold personal interviews with key informants across different stakeholder and professional groups to discuss strengths and weaknesses of current services and the areas of unmet need.
- Step 6.** Hold focus groups or other types of open discussions with key stakeholders to explore what they want from services.
- Step 7.** Compile a report containing an analysis of gaps in the current and desired profile of service provision, including the gap between financial and human resources and services needed or required.
- Step 8.** Offer recommendations for increasing treatment coverage, purchasing efficiency and service effectiveness based on available evidence.
- Step 9.** Undertake an assessment of reactions to recommendations from strategists, commissioners, service providers and service users.
- Step 10.** Develop an implementation plan based on the identification of activities, resources and timetables

(Adapted from *'Drug Abuse Treatment & Rehabilitation: A Practical Planning & Implementation Guide'* UNODC, 2003).