5. MONITORING AND QUALITY CONTROL OF INTERVENTIONS

Description

Quality improvement is based upon measuring and monitoring the processes and outcomes of treatment, and making use of the information to improve the delivery of care. The practitioner works within a treatment system, and implements quality improvement approaches to ensure that the system delivers care in ways, which are effective and accountable.

Important Tasks

To ensure the following:

- Rapid and client-centred assessment and induction
- Flexible but adequate dose of methadone after stabilisation is provided
- Adequate duration of treatment
- Psychosocial services to deal with other concerns
- Trained staff
- Engagement with clients rather than punishment of continuing illicit drug use

The project should take the following *quality assurance indicators* in to consideration

Accessibility- These programmes should be community based to ensure accessibility and to keep the cost low. The NGO collaborating with the community-based methadone clinic can provide psychosocial support services and emergency services such as overdose management should be provided by a hospital.

Safety- Guidelines to ensure patient safety should be laid down. Adequate training of staff is required to ensure patient referral in case of an emergency.

Safe methadone use	
Risks	**Preventive measures**
Overdose during induction	Initial doses in range 15-30 mg Supervised ingestion of doses
Accidental poisoning of children	Take-home doses in childproof containers
Diversion	Take-home doses require a good response to treatment by patients

Preventing diversion- There is a valid public health basis for concern over inappropriate prescribing, and a need to differentiate between patients who are likely to divert drugs to the black market and those who obtain prescribed opioids for their own use. Towards this end, all the regulatory procedures must be strictly adhered to. To minimise the risks and maximise the benefits, opioids, should only be prescribed in the context of a comprehensive assessment and treatment plan, with regular reviews of whether the treatment is beneficial. One of the ways of preventing diversion by clients is to have strict criteria for take-home doses (see Section 4: III).

Efficacy- Adequate dose of medicine should be given. Wherever possible, along with the maintenance drug, psychosocial intervention should be provided to the patients. Low intensity psychosocial intervention (3-4 sessions in a group setting) with minimal staff investment should be planned.

Intake criteria- Specific selection criteria should be laid down (see Section 4: II).

User participation-The programme should be flexible and should involve patient participation at the level of planning and implementation. It should incorporate changes based on the requirements of the patients.

Cost effectiveness- The programme can function with minimal staff (See Section 4: IV)

Patient coverage-An outreach team supported by the NGO collaborating with the methadone clinic can facilitate referral of patients to the clinic for assessment relating to suitability for methadone substitution. By publicising the programme, adequate utilisation of services can be ensured. Various methods can be used for this purpose depending on the suitability in the particular community such as street plays, advertising in local cable, television or radio, distribution of pamphlets, etc. Further recruitment can be done with the help of registered drug users using a snowball technique.

Patient retention-This can be enhanced by using adequate doses, empathic staff, having a programme that is receptive to the patients' needs, flexibility in the programme, other adjunctive facilities for which a liaison with other local NGOs can be made. The retention of patients in a maintenance programme is related to its efficacy as well as its "user-friendly" attitude.

Training of staff-Training that provides basic information about opiates, concept of abuse and dependence, complications related to opioid use, history taking, psychosocial assessment, information about effective approaches and methadone maintenance should be given to the staff. They should also be trained in identification of complications, including intoxication and overdose

(see Annex), and should be aware of when to refer a case to the hospital. The training should also address issues relating to patient care - concern, empathy and user friendly services.

Evaluation of benefits of methadone maintenance treatment

The success of Methadone Maintenance Therapy can be measured through outcome indicators. An independent outcome evaluation will indicate the benefits of methadone substitution. These indicators include:

- Use of illicit drug while on methadone substitution
- Associated criminal activities while on methadone maintenance
- Incidence of blood-borne infectious diseases
- Restoration/ improvements in quality of life
- Social/familial reintegration of the person

Reduction in illicit drug use, reduction in criminal involvement and reduction in high risk behaviour have been observed in several settings including Hong Kong,[16] a high-income Asian country. Continuation in treatment, reduction in crime and improvement in health has been observed among methadone maintenance clinic attendees in Nepal, a developing country setting (see case study below).

Methadone Maintenance Treatment in Nepal - A Case Study

Nepal was the first developing country to establish a "Harm Reduction" Programme for injecting drug users. Similarly, the methadone treatment programme in Nepal is considered as one of the firsts in South Asia. Methadone treatment was started in 1994 at the Mental Hospital. The number of new patients enrolled during 1994-95 was 69 and increased to 162 in 2002-03. More than half the patients (54 per cent) were in the age group of 26-35 years. About two-thirds of the patients (73 per cent) have used opioids for more than six years. The treatment was evaluated and found to be beneficial for the opioid dependents.

There were also savings due to the methadone maintenance treatment. Whereas the average cost of maintaining the illicit drug use for one person per year was estimated at NRs. 100,375 (approximately US$1,400), the average cost of methadone for one person per year was calculated at NRs. 7,330 (approximately US$105) resulting in savings of NRs. 93,075. Improvement in health, reduction in criminal activities and decline in quarrel with family members was observed among patients maintained on methadone.

Source: Mental Hospital, Nepal

[16] The methadone maintenance treatment programme in Hong Kong as of October 2000, has registered 9,434 patients out of 12,904 known heroin users and 69 per cent of the registered patients attend the methadone clinics daily. For those attending the clinics, the use of illicit drugs has been reduced. While attending the programme, about 50 per cent patients reported committing less crime. Their employment improved slightly following treatment. The incidence of HIV infection among the clinic attendees remained low. Unlinked anonymous screening found 0.27 per cent prevalence rate for the year 2000.