



Community Based Treatment and Care for Drug Use and Dependence

Information Brief for Southeast Asia

Community Based Treatment refers to a specific integrated model of treatment for people affected by drug use and dependence in the community which provides a continuum of care from outreach and low threshold services, through detoxification and stabilisation to aftercare and integration, including maintenance pharmacotherapy. It involves the coordination of a number of health, social and other non-specialist services needed to meet the patient's needs. Strong support is also given to the patient's family and the community to address the drug and alcohol problems in their complexity and to ensure efficient and long-term results.

What do we mean by “community-based” treatment?

- Located in the community
- Community empowerment: Mobilisation of community resources and participation
- Bio-psycho-social approach
- Primarily outpatient setting
- Continuum of care
- Integrated in community health and social services

→ Voluntarily Accessible and Affordable

Community Based Treatment services are designed to:

- Help patients develop the skills to manage their drug and alcohol dependence and related problems in the community
- Stop or reduce the use of drugs and alcohol
- Respond to a wide range of individual needs and ensure the best possible outcomes
- Actively involve local organizations, community members and target populations in the establishment of an integrated network of community-based services in a manner that is empowering
- Reduce the need and demand for residential treatment and custodial services for people with drug and alcohol problems

Key characteristics of good services are that they integrate drug and alcohol treatment and rehabilitation programmes into community health and social services and provide sustainability and accountability to the community.

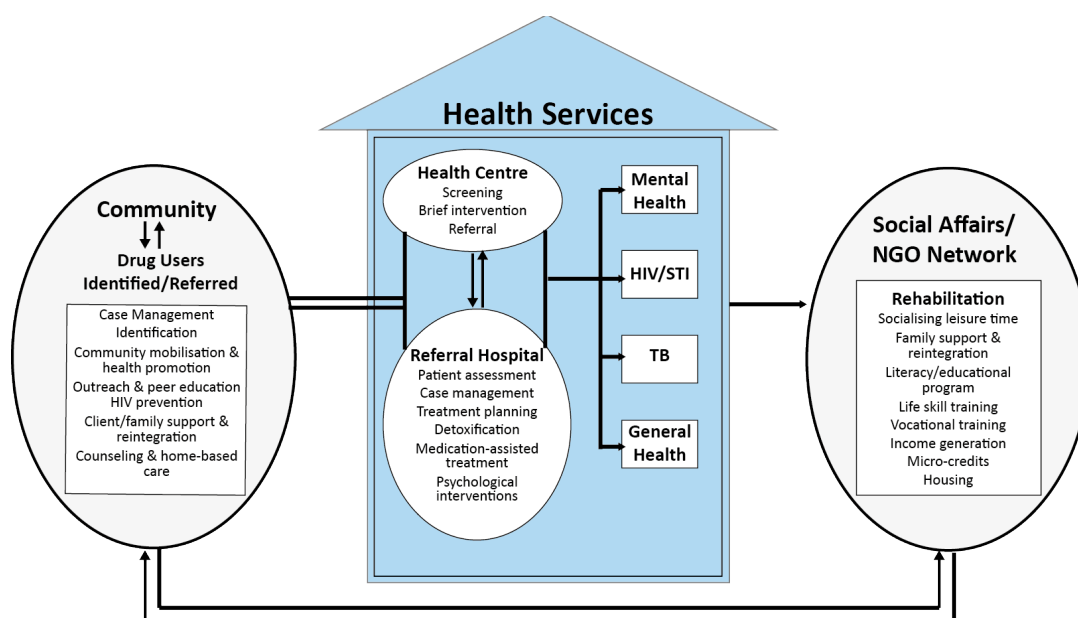
Benefits of Community Based Treatment

Community Based Treatment is the most cost-effective approach to support people affected by drug use and dependence: Evidence from across the world has shown that patients using community-based services have a significant decrease in the number of hospital stays, emergency-room visits and criminality.

Some of the other advantages of community-based treatment (versus residential based services) include:

- Facilitating patients' access to treatment
- Appealing for patients
- Affordable for patients, families and the community
- Fostering patients' independence in their natural environment
- Flexibility compared to other modalities of treatment
- A focus on social integration from the beginning and community empowerment
- A less intrusive approach than other treatments (e.g., residential, hospitalization, intensive treatments, custodial, etc.) which is less disrupting to family, work, and social life
- Facilitating reduction of stigma and promoting community expectation of positive outcomes

Model of community-based treatment



The service delivery model for community-based treatment provides comprehensive care for people who are affected by drug use and dependence and includes services in and by the community, primary health services and expert medical and psychiatric diagnosis and services in hospitals or specialized clinics. Clients are referred to whichever services are appropriate, based on screening of drug and alcohol problems, and referred back to the community for support and aftercare. This approach ensures community participation and linkages to ongoing drug use prevention and low threshold services in the community.

There are three major components to the model:

- Community organisations including NGOs help identify drug users, conduct basic screening of drug problems and refer to primary health services when required. Community organisations focus on preventive education and health promotion and on the delivery of basic support, reintegration and rehabilitation services
- Screening, counseling, primary health and referral services are provided in health centres. Patients are referred to hospitals or clinics as required for specialized treatment of drug dependence, infectious diseases, or mental disorders
- Social welfare agencies and NGOs offer education, counselling, vocational and skills training, income generation opportunities, micro-credits, and other psychological and social support

Principles of Community Based Treatment

The nine principles of drug dependence treatment as outlined by the 2008 UNODC-WHO discussion paper on “Principles of Drug Dependence Treatment,” provide guidance for gradually making available treatment of quality to those in need.

Principle 1: Availability and Accessibility of Dependence Treatment

Treatment services need to be available, accessible, affordable and evidence-based to deliver quality care for all people in need of support.

Principle 2: Screening, Assessment, Diagnosis and Treatment-Planning

Comprehensive assessments, diagnosis and treatment planning are the basis for individualized treatments that address the specific needs of each patient and that will also help to engage him/her into treatment.

Principle 3: Evidence-Informed Dependence Treatment

Evidence-based good practice and scientific knowledge on dependence should guide interventions.

Principle 4: Dependence Treatment, Human Rights, and Patient Dignity

Treatment interventions should comply with human rights obligations, be voluntary and provide for the highest attainable standards of health and well-being.

Principle 5: Targeting Special Subgroups

Several groups within the larger population of those affected by dependence require special attention including adolescents, women (including pregnant women), individuals with co-morbid disorders (either mental or physical), sex-workers, ethnic minorities and homeless people.

Principle 6: Dependence Treatment and the Criminal Justice System

Dependence should be seen as a health care condition and dependent individuals should be treated in the health care system rather than the criminal justice system with community-based treatment offered as an alternative to incarceration where possible.

Principle 7: Community Involvement, Participation, and Patient Orientation

Community-based treatment responses to drug and alcohol abuse and dependence can promote community change, active involvement of local stakeholders and support for community funding models.

Principle 8: Clinical Governance of Dependence Treatment Services

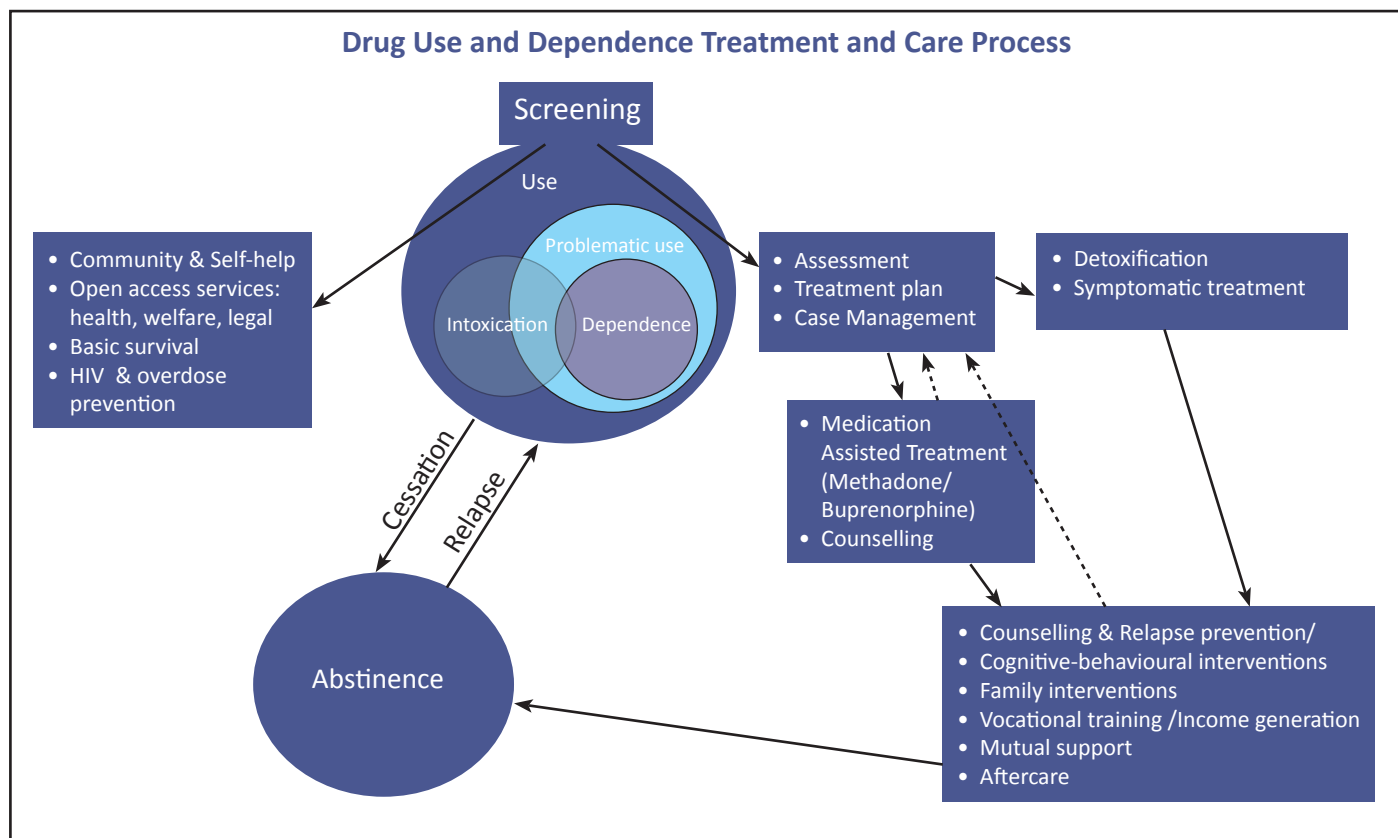
It is important that treatment services have clearly defined policies, treatment protocols, programs, procedures, definition of professional roles and responsibilities, supervision and financial resources.

Principle 9: Treatment Systems: Policy Development, Strategic Planning and Co-ordination of Services

A systematic high level policy approach to substance use disorders and individuals in need of treatment, as well as logical, step-by-step sequence that links policy to needs assessment, treatment planning, implementation, and to monitoring and evaluation is most beneficial.

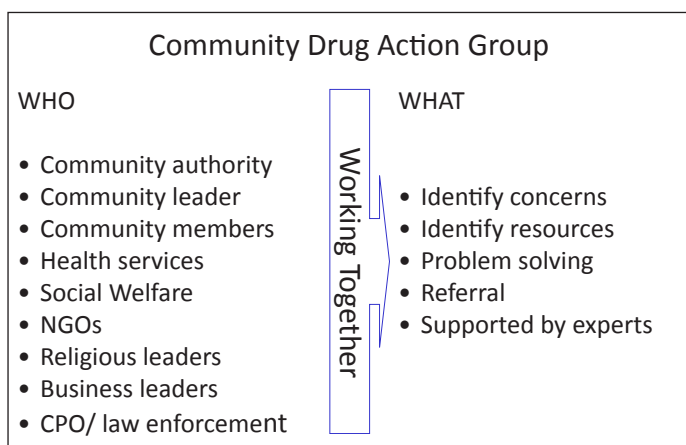
Key Steps for the Provision of Community Based Treatment

The treatment process described below applies to all drug use disorders, the main difference between them being that effective medications to support the treatment of opioid dependence (methadone and buprenorphine) are available, while currently there is no sufficient evidence on the effectiveness of medications for the treatment of stimulant dependence. Therefore the treatment of methamphetamine use disorders, of significant concern in Southeast Asia, relies heavily on counselling and psychosocial interventions.



Treatment services are most effective and attractive to patients when they are easily available, voluntary, unconditional, free of any legal consequences, address all the individual needs, and are diversified, since no single treatment is right for all individuals. They also offer longer term approaches as recovery from drug dependence can be a long-term process and, as with other chronic illnesses, often needs many episodes of treatment.

Community-Based Treatment and Care services need to frequently analyse and prioritize interventions in response to limited resources and, where a community does not have sufficient resources, the facilitation of a coordinated network of staff with volunteers for the community programme remains an important response.



The development and provision of community based services for drug use and dependence requires partnerships with all stakeholders, as well as community awareness and mobilisation aimed at changing perceptions and mobilising support for people who use drugs.

Outreach and repeated engagement are essential components in community-based interventions to target and engage people affected by drug use and dependence out-of-treatment, particularly those at high-risk for HIV infection.

Services need to be tailored to the level of individual involvement in drug use, as a minority of people who use drugs progress to harmful drug use and dependence. Screening tools such as WHO's ASSIST help differentiate individuals in earlier stages of drug use from those suffering from drug dependence and consequently refer them to the most adequate services.

Brief interventions consist of simple one-off interventions of an educational, motivational or harm reduction nature that might be conducted on the streets, homeless shelters, abandoned buildings, medical consultations or needle & syringe programmes.

Harm reduction interventions are an effective, pragmatic and practical approach employing a range of different strategies with the goal of preventing and minimizing the risk of the patient contracting infectious diseases, such as HIV and Viral Hepatitis, and suffering drug overdose, injury or other consequences related to the use of substances.

Facilitating support from peers and other community and family members plays an important role in identifying, encouraging and supporting patients into and through treatment.

Motivational interviewing is an evidence-based, directive, patient-centred style of therapeutic interaction aimed at helping people explore and resolve the ambivalence about their substance use and to make positive changes.

Initial patient assessments are kept brief yet evaluate key areas of drug and alcohol use, physical



and mental health, employment, family and social interactions, and criminal justice involvement with the goal to match the patients with suitable primary and ancillary services. As far as possible family members or close friends are involved in the assessment process. Assessment includes voluntarily testing for HIV, HCV/HBV, TB and other infectious diseases.

Treatment staff provide the patient a clear, realistic orientation on the treatment and services that can be provided by the organization or institution and a personal treatment plan is jointly developed to respond to the specific needs of the patient. The treatment plan provides guidance for the clinician, the patient and others involved in the treatment process. The patient's treatment and services plan is checked and changed regularly to ensure it continues to meet the person's changing needs.

Case management is a patient-centred approach for people with complex problems oriented towards finding solutions and is substantially determined by the availability of community resources.

The first weeks of treatment include very simple and straightforward goals and activities, including stopping and reducing drug and alcohol use, and reducing the harms related to any ongoing drug use, the provision of medications to control withdrawal symptoms.

Initial drug or alcohol withdrawal, often referred to as "detoxification" or simply "detox" is a physical, mental, and emotional state that occurs when substance use is stopped or suddenly reduced, has variable severity and has characteristics associated with a particular substance. In most cases withdrawal management can take place in a community-based setting. Medical detoxification may be the first stage of drug and alcohol dependence treatment but by itself does little to change long-term drug use.

The role of the trained medical practitioner and dependence counsellor in community-based treatment is to support the patient in acquiring new skills for behaviour change and self-control. This includes time planning, engaging in non-drug related recreational and work behaviour,

and avoiding or leaving a drug or alcohol use situation. Individual and/or group counselling and other behavioural therapies are important parts of effective treatment for drug and alcohol dependence.

Medications have a key role in the overall care plan for persons beyond management of withdrawal symptoms, including treatment of concurrent mental disorders, managing the medical complications of prolonged substance use and the provision of maintenance therapy for opioid dependence. Community-based maintenance pharmacotherapy, often combined with counselling and other behavioural therapies, is a critical part of effective heroin dependence treatment. Methadone and buprenorphine have been repeatedly proven effective in helping to stabilize and reduce heroin consumption, improve health and quality of life, and reduce crime.

As community-based treatment continues into recovery, more emphasis is given to cognitive treatment, including teaching about drug and alcohol dependence, triggers to use and craving, cognitive skills and other relapse prevention strategies. Emphasis is given to proactively maintaining regular contact with the patient, involving family and friends, addressing multiple drug use and co-dependence, addressing co-morbidity, including mental health problems, and facilitating vocational training and employment.



Resources

NIDA (1999) Principles of Drug Addiction Treatment. A Research-Based Guide

http://www.drugabuse.gov/sites/default/files/podat_1.pdf

United Nations (2012) Joint Statement: Compulsory drug detention and rehabilitation centres

http://www.unodc.org/documents/southeastasiaandpacific//2012/03/drug-detention-centre/JC2310_Joint_Statement6March12FINAL_En.pdf

UNODC (2003) Investing in Drug Abuse Treatment. A Discussion Paper for Policy Makers

http://www.unodc.org/docs/treatment/Investing_E.pdf

UNODC (2003) Drug Abuse Treatment and Rehabilitation: a Practical Planning and Implementation Guide

http://www.unodc.org/docs/treatment/Guide_E.pdf

UNODC (2007) TREATNET - Drug Dependence Treatment: Training Package

<http://www.unodc.org/treatment/en/training-package.html>

UNODC (2008) TREATNET – Drug Dependence Treatment: Community-Based Treatment. Good Practice Document

http://www.unodc.org/docs/treatment/CBTS_AB_24_01_09_accepted.pdf

UNODC (2008) TREATNET – Drug Dependence Treatment: Sustained Recovery Management. Good Practice Document

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UNODC (2008) TREATNET – Drug Dependence Treatment: Role in the Prevention and Care of HIV and AIDS

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a comprehensive approach. Discussion paper

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UNODC (2010) From coercion to cohesion: Treating drug dependence through health care, not punishment. Discussion paper

http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf

UNODC (2012): TREATNET Quality Standards for Drug Dependence Treatment and Care Services

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UNODC/WHO (2009) Principles of Drug Dependence Treatment. Discussion Paper.

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UNODC/WHO (2013) Opioid overdose: preventing and reducing opioid overdose mortality. Discussion paper

<http://www.unodc.org/docs/treatment/overdose.pdf>

WHO (2008) mhGAP : Mental Health Gap Action Programme : scaling up care for mental, neurological and substance use disorders

http://www.who.int/mental_health/mhgap/en/index.html



UNODC

United Nations Office on Drugs and Crime

UNODC: Promoting Community-based Treatment for Drug Use Disorders

Drug use disorders are health conditions that can affect any individual, family and community. Yet misperceptions, fears of social and legal consequences, and discrimination all tend to keep people away from the services they need. On the other hand, if they get help, people suffering from drug use disorders can and do manage their condition, recover and lead happy, productive, and full lives.

UNODC promotes a health-oriented approach to drug dependence. Together with WHO it has launched a Joint Programme on drug dependence treatment and care which promotes and supports worldwide evidence-based policies, strategies and interventions that are based on a public health and human rights approach, in order to reduce drug use and the health and social burden it causes. The Joint Programme encourages investment in comprehensive and results-oriented programmes for drug dependence treatment and care, particularly community-based interventions.

The dominant response in Southeast Asia to drug use and dependence are compulsory centres for drug users, which are not consistent with a number of Principles of Drug Dependence as proposed by UNODC and WHO in 2009. Community-based treatment for drug use disorders, a cost-effective alternative, is not well understood in the region.

This Information Brief outlines community-based treatment as an alternative model to compulsory centres, which results in less restriction of liberty, provides better health and social care, is more cost-effective, less stigmatizing and offers better prospects for the future of the individual and society. The brief is aimed at helping decision makers, community leaders and practitioners in the health, social work and law enforcement sectors develop a common understanding of Community-based Treatment for drug use disorders.

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