

# **Minimum Standards of Services for the Treatment Interventions for Drug Dependents in Sri Lanka**

## **Introduction**

From late 1980s several government and non-government agencies initiated treatment intervention programmes to deal with heroin dependents. Each facility developed its own programme based on its understanding and the resources available. Later others followed suit. Although the number of treatment facilities are small both government, non-government and private sector facilities caters to the full demand. While the availability of services and treatment options has increased during the last decade quality of service has not received due attention. Providing treatment facilities cannot be justified on the basis that the country is responding to an existing need. At least the minimum standards should be maintained. This manual on “Minimum Standards of Services for the Treatment Interventions for Drug Dependents” presents a set of minimum standards for the service providers in drug treatment.

Implementing the Minimum Standards of Services will generate very important benefits to the government, service provider as well as the service receiver.

- i. The expectations of the Government are clearly perceived without ambiguity.
- ii. Facilitate adequate level of service delivery.
- iii. Service providers can structure their programmes to ensure minimum standards are met.
- iv. Service providers can review their services and make appropriate changes to their programmes.
- v. Helps staff to work in the focussed manner and improve teamwork.
- vi. Ensures optimum utilization of resources through networking and convergence.
- vii. Client satisfaction will be high.
- viii. Will enable us to keep to the international standards or requirements.

## **2. Minimum Standards on Access, Availability and Admission Criteria**

- 2.1 Services are easily accessible with regard to location.
- 2.2 Services are obtainable any day of the year without restrictions.
- 2.3 A range of treatment options/referral services are available (inpatient/residential, outpatient/non-residential, day care treatment and counselling).
- 2.4 Services are available without the need to undertake laboratory tests, such as tests for HIV.
- 2.5 Services are available irrespective of age or gender of the client.
- 2.6 Services are available irrespective of racial, ethnic, cultural, ideological, political, or religious background or beliefs of the client.
- 2.7 Services are available irrespective of the particular drug(s) involved, route of administration (e.g. intravenous, oral), or of the legal status of the drug(s) involved.
- 2.8 Services are available irrespective of the patient's legal status, or of past or ongoing prosecutions, including those related to drug use.
- 2.9 Services are available irrespective of the patient's ability to pay, socio-economic or employment status.
- 2.10 Paying facilities should have reasonable and transparent fee living system. Facilities and services provided should be commensurate with the charges.
- 2.11 Services are available irrespective of history of prior treatment.
- 2.12 Rights and responsibilities of the client should be explained to him/her and family members/guardian (please see Annex I) on admission.

## **3. Minimum Standards on Assessment**

- 3.1 An initial assessment is made in order to prioritise interventions in a coordinated treatment plan.
- 3.2 A medical examination is done to detect complicating physical or other disorders, if any.

3.3 The assessment of the patient employs standardised instruments and procedures, as well as being conducted utilising established systems of classification. (e.g. ICE-10).

3.4 Adequate records are kept on entry of the patient into the service.

#### **4. Minimum Standards on Treatment Content, Provision, and Organization**

4.1 A record of patient management, progress, and onward referral is kept and updated regularly (where possible) to ensure continuity of care.

4.2 The treatments provided are regularly reviewed and modified by staff in conjunction with the patient to ensure appropriate management.

4.3 Clearly defined protocols exist for interventions appropriate to the client.

4.4 The range of the relevant treatment options available is described to the client.

4.5 Access to self-help and other support groups is available.

4.6 Whether or not the goal of treatment is abstinence, measures are taken to reduce the harm from continued drug use experienced by the drug user.

4.7 Home based treatment is available, involving regular contact by trained staff to initiate treatment and supervise progress.

4.8 A mechanism exists to ensure continuity of client care.

4.9 There is regular assessment of the effects of the service to assess overall efficiency and efficacy (i.e. programme evaluation)

4.10 Link exists between the dependence treatment programmes and other services to facilitate intervention for children and other family members of the drug abuser who have suffered psychologically or socially.

4.11 There is availability of (or transport to) emergency support in the case of life threat from problems of drug abuse.

4.12 Clients to be provided with balanced diet and beverages.

## **5. Minimum Standards on Discharge, Aftercare and Referral**

- 5.1 There are defined criteria for the expulsion of patients due to violation of treatment service rules, violence, continued non-prescribed drug use, etc.
- 5.2 There are defined criteria for the retention of patients (e.g. intoxication, suicide risk).
- 5.3 Discharge is based on service package requirement and determination of client recovery status.
- 5.4 Attention is paid to further treatment and support based on the client's diagnoses, goals, and resources.
- 5.5 Care plans are explored which map out alternative pathways which might be followed in the event of partial or complete failure of the original plan, or expulsion from the drug treatment service.
- 5.6 Links (e.g. a directory, regular communication) exist with facilities with other drug abuse treatment services for use in referral.

## **6. Minimum Standards on Outreach and Early Intervention**

- 6.1 There is promotion of early intervention for drug related problems.
- 6.2 There is promotion of early intervention among specific population subgroups (e.g. commercial sex workers, women, students and at children open to risk).
- 6.3 Information about treatment resources is distributed to individuals who are initial contact points for potential clients.
- 6.4 Procedures exist for counselling family members, employers, and others who seek assistance in recruiting a drug user into treatment.
- 6.5 A record of onward referral is kept to ensure continuity of clinical care.

## **7. Minimum Standards on Client's Rights**

- 7.1 Human rights of clients are protected (See Universal Declaration of Human Rights).

- 7.2 Information about the client's progress or involvement in treatment is not divulged to any individual or authority without the client's consent.
- 7.3 Clients are fully informed of the nature and content of the treatment as well as the benefits to be expected.
- 7.4 No photographic, audio, video or other similar identifiable recording is made of clients without their prior informed consent after explanation of the purpose (e.g. training, research, public broadcast).
- 7.5 Client has the right to have contact with, and visits from, family or others (i.e. teacher, employer, religious leader).
- 7.6 Physical restraint is not used to detain or restrain clients who are legally competent to leave.
- 7.7 A documented complaint procedure exists and is made known to clients and/ or their relatives.
- 7.8 Treatment services are available irrespective of religion, race, caste, and political belief of clients.
- 7.9 Services will be provided with dignity, respect and safety in a supportive drug free environment.
- 7.10 Clients can wear their own cloths in keeping with their customs and traditions.
- 7.11 Clients and their relatives shall be informed of the nature and content of the treatment as well as the risks and benefits to be expected from treatment. They should be made aware of conditions and restrictions prescribed in the centre before admission.
- 7.12 Clients can have contact with, and visits from, family or support persons while in the treatment during visiting hours or with the prior approval of the Counsellor/Director.
- 7.13 Rights of the clients shall be prominently displayed in the premises of the centre for information of the clients and their family members.

## **8. Minimum Standards on Client's Responsibilities**

Clients and their family members/support persons shall have to abide by the following guidelines which will help in the smooth running of the centre and in ensuring them avail of their rights.

- 8.1 The treatment centres of NDDCB are drug free and no smoking is permitted.
- 8.2 The use and possession of drugs (including alcohol and tobacco) shall be prohibited. Anyone found to be in possession or use of these drugs shall be warned at first occasion and will be excluded from the residential programme if repeated.
- 8.3 The centre has the right to check the belongings of the patient for possession of drugs, weapons or other harmful/illegal objects.
- 8.4 Violence or using foul language shall be strictly prohibited.
- 8.5 Sexual relationships of any kind with other client of the centre/their family members shall be strictly forbidden.
- 8.6 Adhering to the rules set by the treatment centre regarding waking up time, meals, bed time, therapy programmes, meetings, counselling sessions etc. shall be mandatory.
- 8.7 Keeping the rooms, bed, kitchen, dining rooms, toilets/bathrooms, and garden of the centre is a duty of the clients.
- 8.8 Wastage of water and electricity shall be strictly prohibited.
- 8.9 Family members/and other visitors of clients shall follow the rules prescribed by the centre with regard to visits.
- 8.10 Responsibilities of the clients shall be prominently displayed in the premises of the centre for information of the clients and their family members.

## **9. Minimum Standards on Physical Aspects of the Treatment Setting**

- 9.1 The physical environment of the facility is designed to protect the well being of clients (e.g., hygiene, building safety, and protection from harm from self and others).

- 9.2 Clients being treated on an inpatient/ residential basis have an area of personal space in which they may safely keep personal belongings.
- 9.3 Clients being treated on an inpatient/residential basis have access to privacy.
- 9.4 Clients being treated on an inpatient/residential basis have access to recreational facilities.
- 9.5 Clients being treated on an outpatient basis have access to sanitary and other required facilities.
- 9.6 Minimum space of 2.5 sq. m per bed space.
- 9.7 Beds no narrower than 70cm.
- 9.8 At least one room should be provided for individual or small group counselling.
- 9.9 At least one room should be provided for the office of the centre manager.
- 9.10 Additional office space must be provided for administrative and programme staff.
- 9.11 Ample storage room must be provided for proper storage of materials and equipments.

## **10. Minimum Standards on Staffing**

- 10.1 Appropriately trained staff are either available on site in treatment programmes or are available on call at all times when treatment is being provided.
- 10.2 Regular updating of training is provided to existing staff (both permanent staff and other helpers).
- 10.3 Consideration is given to the characteristics (sex, racial, and ethnic mix) of the population who may use the services in determining the mix of staff.
- 10.4 Additional staff support is available for the management of violent clients to assure the safety of clients and staff.
- 10.5 There is more than one staff member on duty during hours when the treatment programme is in operation.

- 10.6 Staff has regular supervision by senior staff, peer review, and case conferences to maintain quality of service delivery.
- 10.7 Regular evaluation of the volume of service, and staff client ratios is carried out.
- 10.8 Maintenance of the personnel manual.