"NIATx Goes International" – The UNODC Treatnet Project





UNITED NATIONS Office on Drugs and Crime

Presented by Beth Rutkowski and Michael Boyle, June 25, 2008

Introduction

 In December 2005, the United Nations Office on Drugs and Crime (UNODC) launched the "International Network of Drug Treatment and Rehabilitation Resource Centres," a global initiative to address the growing demand for accessible and quality drug treatment and rehabilitation services.



Introduction, continued

 UCLA Integrated Substance Abuse Programs (ISAP) was chosen as the lead Centre for the treatment capacity building arm of this UNODC effort. This capacity building plan was implemented in collaboration with the Resource Centres, a taskforce of experts on drug treatment, and **UNODC** professionals.

Treatnet Vision and Mission

• VISION:

All persons whose lives are impaired by drug use receive a wide range of services.

• MISSION:

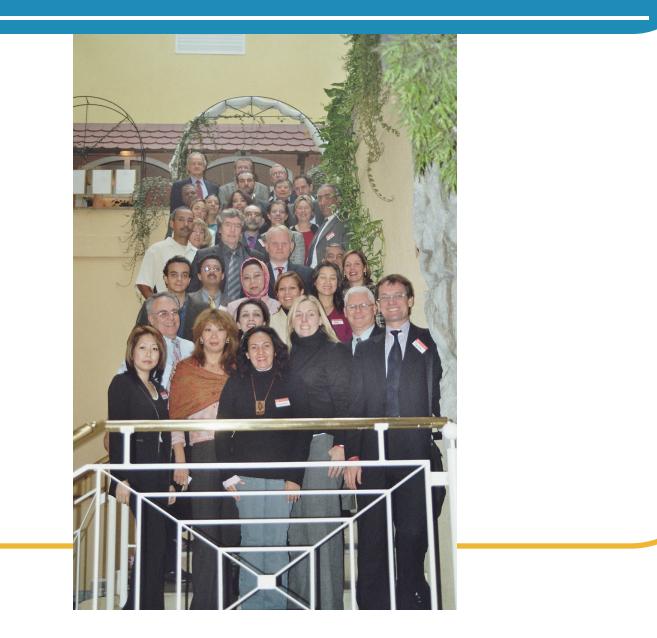
To reach out to service providers to improve the quality, accessibility, and affordability of drug treatment and rehabilitation services.



Participating Worldwide Resource Centres By Country



Treatnet Members



Treatnet Aim

 Promoting and supporting worldwide evidence-based and ethical prevention and treatment policies, strategies and interventions to reduce drug use and dependence, including

their related health, social and economic consequences.



Three Key Components

- Advocacy for drug use and prevention and treatment
- Dissemination of good practices/training
- Development of addiction treatment services

Overall strategy = to build a worldwide bridge between research evidence and practices

Work Groups & Manuscripts

Community based treatment
Treatment in prisons
Role of drug dependence treatment on HIV/AIDS prevention and care
Sustained Recovery Management

Treatnet Training Package

- Increase the level of knowledge on substance abuse around the world.
- Comprehensive addiction training materials designed to be used by professional trainers to improve the treatment practices of health care professionals in substance abuse treatment settings.
- Developed by a consortium of clinical experts, researchers, and trainers from around the world.
- Most current, accurate, and empirically supported information incorporated.

Treatnet Capacity Building Volumes and Modules

Volume A: Screening, Assessment and Treatment Planning

Module 1: Screening and Brief Intervention (ASSIST)

Module 2: Client Assessment using the ASI

Module 3: M.A.T.R.S. Treatment Planning Utilizing the A.S.I Volume B: Elements of Psychosocial Treatment

Module 1: Drug Addiction and Basic Counselling Skills

Module 2: Motivating Clients for Treatment & Addressing Resistance

Module 3: Cognitive Behavioural and Relapse Prevention Strategies Volume C: Medical Treatment of Addiction

Module 1: Basics of Addiction: Alcohol, Benzos, Stimulants, Inhalants

Module 2: Basics of Addiction: Opioids (agonist, partial agonist, and antagonist therapies)

Module 3: Special Population Issues: Women, Adolescents, & COD Volume D: Program Management Strategies

Topic 1: Improving Patient Access and Retention (NIATx)

Topic 2: Clinical Supervision

Topic 3: Program Evaluation

Topic 4: Harm Reduction

Training Package Content

- 1,346 PowerPoint slides with Instructors' Guide corresponding to each slide
- 112 Clinical Worksheets
- 6 Training and Content Manuals
- Administrative Toolkit (Volume D)
- Pre/Post Assessment for each module
- Trainee Satisfaction Feedback Forms
- Extensive Reference Section

The Audience

- Service providers (physicians, psychiatrists, psychologists, counselors, social workers, case workers, nurses, health educators, prison staff, etc.);
- Service managers;
- Planners; and
- Students from throughout the world.
- The materials have been designed for use by Treatnet trainers in the existing network of Treatnet Resource Centres.

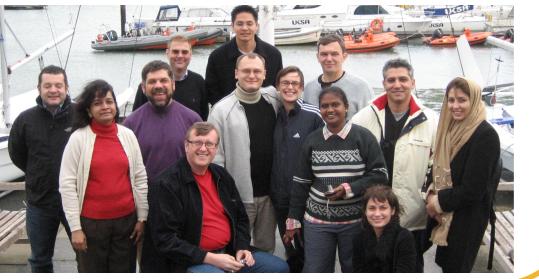
Capacity Building Activity Participants – November/December 2006



December 2006

USA

November 2006 United Kingdom



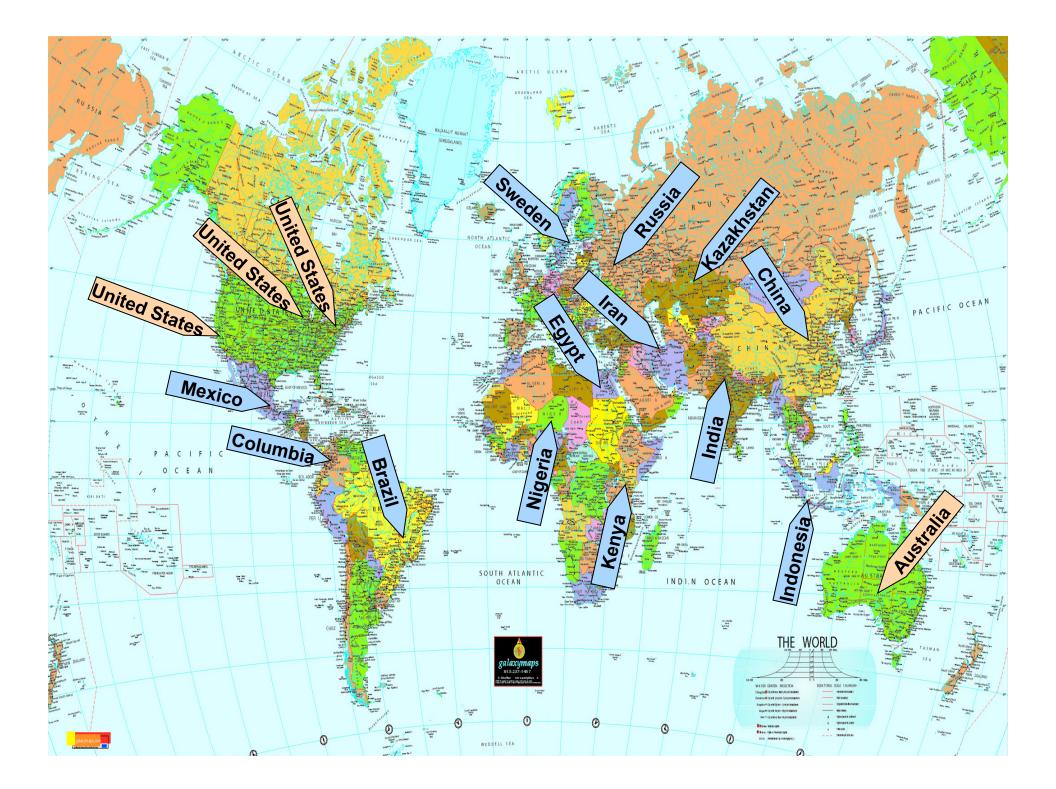
Capacity Building Activity Participants – December 2006



December 2006 USA

December 2006 Australia





Treatnet Training Activities – Impact

Treatnet Training Activities	Volume A (7 Trainers)		Volume B (18 Trainers)			Volume C (4 Trainers)			Totals	
ITEMS	Mod 1	Mod 2	Mod 3	Mod 1	Mod 2	Mod 3	Mod 1	Mod 2	Mod 3	
Number of participants	125	67	74	274	289	307	112	112	65	1361 people trained
Number of cohorts	7	5	3	9	14	22	5	5	2	72 cohorts
Training Satisfaction Survey (average score out of 4)	3.7	3.5	3.5	3.6	3.6	3.8				3.6 (out of 4)

Training Impact as of Sept 1, 2007

- Over 210 training sessions conducted in 22 countries
- Over 3,500 individuals trained in one-day training plus follow-up mentoring
- Training materials to be adopted by a number of countries as core national addiction training package
- Training Materials translated into at least 8 languages
- Influenced National Drug Plan for 4+ countries
- Two major evaluations conducted, results pending

Trainee Comments

- "[The training was] focused, intelligent and precise"
- "I've learned new counseling skills that I didn't know. I appreciate and thank all who are concerned with our learning."
- "It was very motivating and important knowledge for health workers to be equipped to handle patients."

• "[The training could be improved by] increased training time."

Trainer Comments

• "[My Treatnet colleagues] are wonderful. In fact we are all like brothers and sisters. What a pleasant surprise. The whole world in the cozy training room."

• "The problem of drug abuse is rampant in our society. It is my wish that I shall be able to extend tentacles and reach ... in the smallest health units and other N.G.O.s, train them and supervise them as they put knowledge and skills in practice. I believe that with proper training, there will be a relief of the disease burden on the national economy."

Volume D: Administrative Toolkit

- The format and content of Volume D differs from that of Volumes A, B, and C.
- Volume D comprises a set of administrative and operational procedures that have been found to improve the delivery of substance abuse services.
- The material in this toolkit is organized as summaries of administrative topics with links to resource documents.

Volume D: Administrative Toolkit

- Topic 1: Improving Patient Access and Retention (NIATx)
- Topic 2: Clinical Supervision Techniques
- Topic 3: Program Evaluation Methods
- Topic 4: Harm Reduction and HIV Risk Reduction Strategies

Improving Patient Access and Retention (NIATx) – Screen Shot from Website

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International network of o treatment and rehabilitation	vg dependence resource centres » UNODC Treatnet Site		
We would love to you. Contact the p			
director, Anne Bel abellows@medne	ows, at:	Toolkit	
SITE LINKS:	The format and content of Volume D differs from that of Volume a set of administrative and operational procedures that have b substance abuse services. The material in this toolkit is not or slides but as summaries of administrative topics with links to	een found to improve the delivery of ganized as lectures with PowerPoint	
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» Treatnet Missi	on Topic 1: Improving Patient Access and Retention (NIATx) One of the most important clinical challenges that many sub treatment organizations face is the development of procedur		
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UCLA PROJEC			
Richard A. Ravsor Principal Investig			
Walter Ling,	Topic 2: Clinical Supervision Techniques	nedications and behavioural	
Co-Principal Inves Maria Zarza, Seni	treatment practises is the shortage of qualified clinical super	rvisors to properly guide the	
Research Associal Anne Bellows, Project Director			
Thomas Freese, Content Expert	Clinical Supervision Overview [PDF][MS Word] Clinical Supervision: Building Chemical Dependency (
	Clinical Supervision - Part 1: Models of Clinical Super	vision	• 100%

Individuals Involved in International Learning Collaborative/Demonstration Project

- Juana Tomas Rossello and Anja Busse UNODC
- Rick Rawson, Beth Rutkowski, and Anne Bellows UCLA ISAP
- Todd Molfenter and Jay Ford NIATx NPO
- Michael Boyle and David Moore Fayette Companies (USA)
- Nancy Paull SSTAR (USA)
- Nael Hasan (Egypt)
- Max Hopperdietzel (Germany)
- Adline Andrews (India)
- Riza Sarasvita (Indonesia)
- Parviz Afshar (Iran)
- Akin O. Akinhanmi (Nigeria)

NIATx-Related Materials Developed/ Adapted for Volume D

NIATx Overview
NIATx Website Guide
NIATx Smart Chart: A Quick Guide to the NIATx Model of Process Improvement
Conducting a Change Project

Demonstration Project – Timeline of Activities

- Jan 2007 Planning/material development
- Feb 2007 Group conference call
- Feb-August 2007 coaching/change project experimentation and implementation
- May 2007 Group conference call
- July-August 2007 Project write-ups

Coach/Focal Point Pairings

NIATx/PI Coach	Focal Points/ Countries
Michael Boyle, Fayette Companies (IL)	Max (Germany) and Akin (Nigeria)
Nancy Paull, SSTAR (MA)	Adline (India), Riza (Indonesia), and Nael (Egypt)
Beth Rutkowski, UCLA (CA) and David Moore, Fayette Companies (IL)	Parviz (Iran)

Primary Communication Methods

- Group and individual coaching conference calls held via Skype and UNODC international conference call line
- Written communication/e-mail correspondence

Focal Point Case Studies

Germany, Indonesia, and India





- Clients of methadone services employed in agency firewood business
- Three month wait for employment with average 20% vacancies
- Rapid cycle change: Offer weekly walkin employment assessments
- Results: full work slots and increased revenues

Results, continued:

- No shows reduced from 45-55% to less than 10%
- Savings in staff time
- Unoccupied employment slots reduced to zero
- Increased revenues

Another walk-through and more changes:

- New phone system and improved processes
- Physical plant improvements for clients areas

Next steps:

- Change team to improve services to persons from the Middle East
- Applying to EU to start a European Treatnet
- " *NIATx will be one of the main topics in the Network*" Max Hopperdietzel, Mudra

NIATx at the Drug Dependence Hospital Jakarta, Indonesia

- Non-maintenance program (NMP) outpatient patients
- No specific treatment plan and low treatment adherence (1.3 sessions, avg. LOS <2 weeks)
- Rapid cycle change: structured treatment plan established (for 5+ sessions)
- Interim results: 3 of 7 potential patients joined NMP program (1 of the 3 patients attended 7 sessions; 2 of the 3 attended 2 sessions)

Lessons Learned, Drug Dependence Hospital in Jakarta, Indonesia

- GPs involved in NMP admitted restructured program gave them more confidence to handle patients
- GPs felt secure because of the teamwork approach to treatment
- Change Team made request to extend the pilot project until the end of the year (to see potential long-term impact of change)

NIATx at TT Ranganathan Clinical Research Foundation, India

- Inpatient treatment clients
- No-shows to admission following assessment (ranged from 19-44/month)
- Rapid cycle changes: patient meets with Medical officer, receptionist/intake counselor calls patient if they miss admission appointment
- Results: Between 57-80% of patients who originally did not show for admission appt. were eventually admitted into program

Lessons Learned/Next Steps, TT Ranganathan Clinical Research Foundation, India

- Family members were happy to receive phone call to reschedule admission appointment
- If date of admission occurs more than 20 days from assessment, there is a good chance the patient will not show up
- Next steps include decreasing waiting time for an inpatient bed

Vol. D Demonstration Project – Lessons Learned

- Access and engagement issues are similar in other parts of the world;
- With a little coaching and information sharing, NIATx can be adapted for use in other countries; and

 Agency representatives in several countries were able to experiment with the NIATx PI model to positively impact their agencies' procedures

The End....Thank you for your attention!

For more information, contact: Beth Rutkowski brutkowski@mednet.ucla.edu

Mike Boyle

mboyle@fayettecompanies.org