



“Strengthening the Drug De-addiction Programme: Establishment of DTCs” - Training Report

Title of Training:	Refresher Training for Staff under the scheme, “Strengthening the Drug De-addiction Programme: Establishment of DTCs”
Dates of training:	10-12 th May, 2016
Duration of training:	3 days
Venue for training:	Hotel Cosy Palace, B-11, New Delhi
No of participants:	16
Type of participants:	DTC Staff- Medical Officers, Counselor, Nurse; RRCC Staff- RRCC Coordinator, Field and training coordinator, Account & administrative assistant
Name of the resource person:	Dr. Atul Ambekar, Dr. Ravindra Rao, Dr. Alok Agarwal, Dr. Biswadip Chatterjee, Mr. Deepak Yadav.

Background

Substance use is a significant problem in the country and a matter of concern. Due to lack of large- scale surveys in the country, data has been extrapolated from the National Survey on Extent, Pattern and Trends of Drug Abuse (2004) and the National Family Health Survey, (2006). It has been estimated that there are about 1 crore people in India who are near daily alcohol users and would need treatment for alcohol abuse/dependence. Similar figures for cannabis are about 11 lacs and for opioids about 5 lacs. Clearly there is a huge treatment need in the country but a miniscule of them has received treatment and the existing services are not able to cater to this need.

In India, the demand reduction for alcohol and drug use is the mandate of primarily two ministries of the union government, (a) Ministry of Social Justice and Empowerment (MSJE) and (b) Ministry of Health and Family Welfare – through its Drug De-Addiction Program (DDAP). While the MSJE program is implemented by NGOs, the DDAP provided a one-time grant to establish about 122 De- addiction centres (DACs) associated with various district

hospitals and psychiatry departments of medical colleges. It has been a challenge to know the current state of functioning of most of these established de-addiction centres (DACs). In the past, evaluation exercises were carried out twice, once in the year 2002 through a collaborative project of WHO (India) and DDAP-MOH and again in 2006-7. Both these exercises involved on-site visits as well as postal questionnaires. Both the evaluations revealed that almost 1/3rd of the DACs existed only on paper, another one- third functioned partially and only remaining one-third functioned adequately.

Thus, it was proposed that the DDAP would enhance the functioning of the DACs through the entities called Drug Treatment Centres (DTCs). It was agreed that this scheme would be implemented by NDDTC, AIIMS under the support and supervision of DDAP, MOH&FW. It was decided that NDDTC, AIIMS would be responsible for identifying health facilities, which already have an infrastructure to run drug treatment centres and will be able to provide out-patient care for all type of drug users. Thus, the current scheme is managed, implemented and coordinated by National Drug Dependence Treatment Centre, AIIMS through the grant provided by the DDAP, MOH&FW. Till date, the scheme has two Regional Resource and Coordinating Centres (RRCC) at KEM, Mumbai and RIMS, Imphal and 14 DTCs in different parts of the country.

TRAINING

As per the capacity building component of the scheme, an induction training of four days was held in May 2015 for the DTC staff followed by a meeting of nodal officers. In this FY, it was planned to conduct a refresher training program for the DTCs established in 2014-15. The objectives of the training was to:

- Revisit the topics related to basics of substance use disorders as well as their management
- To discuss the current status and achievements of each centre
- To discuss and resolve the operational and logistic issues faced by DTC/RRCC
- To orient the staff to the online reporting system
- To discuss the work-plan for FY 2015-16

Thus, the three-days refresher training was organized by National Drug Dependence Treatment Centre, AIIMS and was held in Cozy Palace, New Delhi from 10th-12th May 2016. Sixteen Staff members, comprising of Medical officers, Nurses, Counsellors from all the four DTCs

participated and underwent the training (list enclosed). The details of the training are delineated as under.

Topics Covered

The following topics were covered during the three- day training programme.

- Introduction and overview of the training programme
- Group discussion:
 - Current status of functioning of the DTC
 - Challenges in implementation of DTC
 - Areas where knowledge/ skills need amplification
 - Revisiting agenda based on challenges observed/ areas identified
- Revisiting basics
 - Basics of drugs
 - Drug related harms
 - Drug use disorders
 - Drug abuse management strategies
- Revisiting principles of management of substance use disorders
- Revisiting assessment & diagnosis.
- Revisiting management of alcohol dependence
- Revisiting management of opioid dependence
- Management of other substance use disorders
- Client education and preparation
- Assessing & Enhancing Client motivation
- Family Counseling
- Relapse prevention
- Operational issues in managing DTC-1
- Operational issues in managing DTC-2
- DTC website and online reporting system

Day 1: 10th May 2016

The training program opened with registration of all the participants. All the participants were asked to fill their database forms, which contains their personal information with the qualification/experiences, and also to fill in a pre- training assessment proforma in order to ascertain their current level of understanding about drug use and its management. Subsequently,

a warm-up session was conducted by the team-members of DTC (faculty members at NDDTC, AIIMS) to help the participants know each other. Day 1 focused on Group discussion on the expectations of the DTC staff from the training, current status of functioning of the DTC and the challenges faced while implementation of DTC.

The expectations from training was as follows:

- Need to understand clinical issue (e.g., things to keep in mind for giving medicines to patient)
- To understand the clinical guidelines for prescribing injection Naloxone, BPN-N tablets, methadone especially challenging issues like prescribing OST to clients who are not ambulatory or termination of treatment
- Management of cannabis use disorders
- More knowledge about drug treatment as a whole and clarity about record maintenance
- Psycho-education and working with families
- Management issues with new DTCs (how RRCC need to manage and supervise the new DTCs).

The second session was on broad overview on basics of drugs, i.e., different types of drugs, various drug related harms, definition of use, abuse and dependence and drug abuse management strategies. The last session focused on the principles of management of substance use disorders. For the next day, two volunteers from the group were assigned the responsibility of doing a recap of day 1.

Day 2: 11th May 2016

The two volunteers presented the recap of the previous day's sessions. The focus of day 2 was to give the participants an understanding in management of different substance use disorders. The first session revisited the management of alcohol dependence. The different topics covered in this session were - assessment and diagnosis, management of acute alcohol withdrawal, long-term pharmacological management, psychosocial management and brief intervention. The second session focused on management of opioid dependence and the topics covered pertained to assessment and diagnosis, management of acute opioid withdrawal states, initiation, and maintenance of agonist as well as antagonist treatment, psychosocial interventions and managing comorbidities or other issues in managing opioid drug users (e.g. take home medication, pregnancy, adolescent drug user). The last session pre-lunch had an overview of

management of other substances like cannabis, tobacco and benzodiazepines. The sessions, post-lunch, primarily focused on psychosocial interventions including aspects such as psycho-education, enhancing motivation of clients through motivational interview, relapse prevention strategies and involvement of family-members in treatment. The session also involved role-play for hands-on training purposes. Again, for the next day, two volunteers from the group were assigned the responsibility of doing a recap of day 2.

Day 3: 12th May 2016

The two volunteers from day 2 presented the recap of the previous day's sessions. Pre-lunch the sessions emphasized on the operational issues in managing DTC. In this session some operational issues that were discussed :- staffing and infrastructure, clinic management registration and patient flow, record maintenance, supply chain and stock management, monthly reporting, and other disciplinary and administrative issues. None of the DTCs reported any problems with their infrastructure. However, there were staff issues in terms of lack of staff as well as a data entry operator at all DTCs. At DTC, Bhatinda and Kapurthala, there was not Medical officer. The staff had some doubts regarding the record maintenance and therefore, each form was discussed in details. Also, for the monthly reporting format, the last report sent by each centre was opened up and the columns were discussed in details. The DTCs, especially in Punjab, faced certain administrative issues like lack of proper security in the DTC premises. Post-lunch, programmer of NDDTC gave a virtual tour of the DTC website and an overview of the online login and reporting systems. The participants were informed that they will be provided with an official email through which they will be able to communicate more effectively. Also, they would be provided with login ID and password for the online reporting system. The participants were also encouraged to provide pictures, news items, IEC materials and events happening at their DTCs, so that the same could be uploaded on the website

Valedictory Session: During the interaction, participants shared their experiences and provided feedback related to this refresher training programme. They were also asked to fill the post-training proforma so as to understand the impact of training. Subsequently, certificates were distributed to participants.

Pre and Post Training Scores

A battery of 20 multiple choice questions were administered to the participants at the commencement of the Training programme. The same questions were then administered at the end of the training. The average pre-test score was found to be 41.75 and the average post-test score was at 47.87.

Also, questions were asked regarding the skill-sets and the participant's confidence in using those skills. Each participant was asked to rate the confidence in their skills from 0 to 10 with 0 being "no confidence" and 10 means "most confident". In this section, the average pre-test scores was 5.57 and the average post-test scores was found to be 6.2.

ANNEXURE 1: TRAINING AGENDA

DAY 1		
Time	Session	Resource Person
9.30 – 10.00 am	Registration of the participants Pre-test questionnaire	Project DTC Team, NDDTC
10.00 – 10.30 am	<ul style="list-style-type: none"> Welcome & Introduction Setting the agenda of the workshop 	Dr Alok Agrawal
10.30 – 11.30 am	Group discussion: <ul style="list-style-type: none"> Current status of functioning of the DTC Challenges in implementation of DTC Areas where knowledge / skills need amplification Revisiting agenda based on challenges observed / areas identified	Dr Biswadip Chatterjee
11.30 – 11.45 am	Tea / Coffee Break	
11.45 – 2.00 pm	Revisiting basics <ul style="list-style-type: none"> Basics of drugs Drug related harms Drug use disorders Drug abuse management strategies	Dr Biswadip Chatterjee
2.00 – 2.30 pm	Lunch Break	
3.00 – 4.00 pm	Revisiting principles of management of substance use disorders	Dr Ravindra Rao
4.00 – 4.30 pm	Tea / Coffee Break	
4.30 pm – 5.30 pm	Revisiting assessment and diagnosis	Dr Ravindra Rao
DAY 2		
Time	Session	Resource Person
9.30 – 10.00 am	Recap of DAY ONE	Volunteers among participants
10.00 – 11.30 am	Revisiting management of alcohol dependence <ul style="list-style-type: none"> Special issues in assessment and diagnosis Management of acute alcohol withdrawal Long-term pharmacotherapy (including pharmacology of medications) Psychosocial interventions Screening and Brief Intervention Managing complications due to alcohol use and special clinical situations	Dr Atul Ambekar
11.15 – 11.45 pm	Tea / Coffee Break	
11.45 - 1.00 pm	Revisiting management of opioid dependence	Dr Atul Ambekar

	<ul style="list-style-type: none"> • Special issues in assessment and diagnosis • Management of acute opioid withdrawal • Agonist and antagonist maintenance (including pharmacology of medications) <ul style="list-style-type: none"> ○ Setting treatment goals ○ Initiation of treatment and stabilization ○ Treatment completion and termination ○ Managing common clinical problems • Psychosocial interventions <p>Managing physical co-morbidities and special clinical situations</p>	
1.00 - 1.30 pm	Management of other substance use disorders (Tobacco, stimulants, benzodiazepines, etc.)	Dr Atul Ambekar
1.45 – 2.30 pm	Lunch Break	
2.30 – 3.00 pm	Client education and preparation How to educate. DOs and DONTs	Mr Deepak Yadav
3.00 – 3.45 pm	Assessing & Enhancing Client motivation <ul style="list-style-type: none"> • Stage of change model and RCQ • Key skills required and techniques used <p>Role Play</p>	Mr Deepak Yadav
3.45 – 4.00 pm	Tea / Coffee Break	
4.00 – 4.45 pm	Family Counseling <ul style="list-style-type: none"> • Importance of family involvement • Educating families about their roles in treatment process • Soliciting help for treatment supervision and compliance <p>Using family as co-therapist</p>	Mr Deepak Yadav
4.45 – 5.30 pm	Relapse prevention <ul style="list-style-type: none"> • When to plan and for whom • How to conduct RP sessions • Key skills and techniques 	Mr Deepak Yadav
DAY 3		
Time	Session	Resource Person

9.30 – 10.00 am	Recap of DAY TWO	Volunteers among participants
10.00-11.30 am	Operational issues in managing DTCs - 1 <ul style="list-style-type: none"> • Staffing and infrastructure • Clinic management • Registration and Patient flow 	Dr Biswadip Chatterjee
11.15 – 11.45 am Tea / Coffee Break		
11.45- 1.30 pm	Operational issues in managing DTCs - 2 <ul style="list-style-type: none"> • Record maintenance • Supply chain and stock management • Monthly reporting • Other disciplinary and administrative issues 	Dr Alok Agrawal
1.30 – 2.30 pm Lunch Break		
2.30 – 3.45 pm	DTC website and online reporting system	Mr Mohit
3.45 – 4.-00 pm Tea / Coffee Break		
4.00 – 4.45 pm	DTC website and online reporting system (contd.)	Mr Mohit
4.45 – 5.15 pm	Post-test questionnaire and other logistical wrap-up	Project DTC Team, NDDTC
5.15 – 5.30 pm	Valedictory session	DTC Team Faculty members

ANNEXURE 2: LIST OF PARTICIPANTS

S.NO	NAME	INSTITUTE	DESIGNATION
1	Dr. Kumar.J. Kamble	DTC, Mumbai	Medical Officer
2	Dr. Rimple Limbachiya	RRCC, Mumbai	RRCC Coordinator
3	Nawnath C. Hile	RRCC, Mumbai	Training and Field Coordinator
4	Deepak S. Karpe	RRCC, Mumbai	Accounts cum Administrative Assistant
5	Dhwani Parikh	DTC, Mumbai	Counsellor
6	Rekha Sidharthan Thaiparbil	DTC, Mumbai	Nurse
7	Shaminder Kaur	DTC, Kapurthala	Counsellor
8	Sharnjit Kaur	DTC, Kapurthala	Nurse
9	Dr. Amandeep Goyal	DTC, Bhatinda	Assistant Professor & Nodal Officer
10	Gurmit Kaur	DTC, Bhatinda	Nurse
11	Dr. N. Mahendra Singh	DTC, Imphal	Medical Officer
12	Ms. Thokchom Indira Devi	RRCC, Imphal	DTC Coordinator
13	Mr. Maisnam Rubie	RRCC, Imphal	Training and Field Coordinator
14	Namram Chanu Premica	RRCC, Imphal	Accounts cum Administrative Assistant
15	Ms. R.K. Shyamshri Devi	DTC, Imphal	Counsellor
16	Y.K. Donguila Thangal	DTC, Imphal	Nurse