

Ministry of Health and Family Welfare, Government of India
Drug De-Addiction Programme (DDAP)

Strengthening the Drug De-addiction Programme: Establishment of DTCs

Training Report

Title of Training:	Training and Workshop for Staff and Nodal Officers under the scheme, "Strengthening the Drug De-addiction Programme: Establishment of DTCs"
Dates of training:	4-8 May, 2015
Duration of training:	5 days
Venue for training:	Hotel Cosy Palace, B-11, East of Kailash, New Delhi
No of participants:	10 (Training) + 5 (Workshop/Meeting)= 15
Profile of participants:	Medical Officers, Counsellor, Nurse and Nodal Officers
Name of the resource persons from NDDTC, AIIMS:	<ul style="list-style-type: none">• Prof. SK Khandelwal, Chief• Dr. Atul Ambekar, Additional Professor• Dr. Ravindra Rao, Assistant Professor• Dr. Alok Agarwal, Assistant Professor• Dr. Biswadip Chatterjee, Assistant Professor• Mr. Deepak Yadav, Supervising Medical Social Services Officer• Dr. Swati Kedia, DTC Coordinator

Background

Substance use is a significant problem in the country and a matter of concern. Since there have been no recent, large-scale surveys in the country, data which has been extrapolated from the older surveys¹ indicates 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 those who need treatment are able to access it 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

¹ National Survey on Extent, Pattern and Trends of Drug Abuse (UNODC and MSJE, 2004) and the National Family Health Survey (MoH&FW, 2006)

grant to establish about 124 De-addiction centres (DACs) associated with various Government district hospitals and psychiatry departments of medical colleges. It has been a challenge to know the status 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 2006-07. Both these exercises involved on-site visits as well as postal questionnaires. Both the evaluations revealed that almost one-third of established DACs were not functional at all, one-third functioned partially and only remaining one-third functioned adequately. It may be noted that out of 124 de-addiction centres established under DDAP, only a handful have the provision of receiving recurring grant; rest are dependent on the state health department for all the resources required for their functioning. Clearly, there was a need to strengthen the Drug De-addiction Programme (DDAP).

Thus, it was proposed that the DDAP would be strengthened by a Scheme “**Strengthening the Drug De-addiction Programme.**” This involves enhancing the functioning of some of the DACs through the entities called as Drug Treatment clinics (DTCs). It was agreed that this scheme would be implemented at the National level by NDDTC, AIIMS under the financial support of DDAP, MOH&FW. It was decided that NDDTC, AIIMS would be responsible for identifying health facilities, which already have an infrastructure to run the proposed drug treatment centres and will be able to provide out-patient care for all type of substance use disorders. This scheme was accepted by the DDAP, MOH&FW and the administration of AIIMS, New Delhi.

As per the Action Plan of the scheme, in the first year (2014-15), a total of five DTCs were envisaged to be made functional, out of which four new DTCs have been initiated, while the fifth-one had already been functional as a community clinic in New Delhi as part of routine service delivery of NDDTC. The location of four ‘new’ DTCs includes: Regional Institute of Medical Sciences (RIMS), Imphal; King Edward Memorial (KEM) hospital, Mumbai; Civil Hospital, Kapurthala, Punjab; and Civil Hospital, Bathinda, Punjab. All the four listed institutes have entered into an agreement with NDDTC to implement this scheme at their respective hospitals. As per the provisions of the agreement, Three staff comprising of a doctor, a nurse and a counsellor have been appointed to manage these DTCs under the overall supervision of a Nodal Officer, who is a consultant psychiatrist working in the hospital.

These newly appointed staff members required training to carry out their responsibilities. Additionally, the nodal officers required a workshop with NDDTC, AIIMS to develop a consensus on the operational aspects. Thus a training programme cum workshop was organized. This document provides an overview of this event.

TRAINING-CUM-WORKSHOP

As per the capacity building component of this scheme, a five-day event (a four-day training programme followed by one day workshop) was organized by NDDTC, AIIMS from 4th-8th May 2015. The venue was Hotel Cozy Palace, New Delhi. The purpose of the training was to train the newly inducted staff of the DTCs on various aspects of substance use disorder, while the workshop was organised with nodal officers of the four DTCs along with their staff as well as faculty members from NDDTC to discuss operational and management issues related to DTCs.

A. Training programme

Ten participants, comprising of medical officers, nurses, and counsellors from all the four DTCs participated and underwent training for the first four days from 4th-7th May (list enclosed).

Topics Covered

NDDTC has a long experience of conducting such training programmes for various cadres of staff. Thus, the previous experience of NDDTC was relied upon to develop the training curriculum, as well as the resource material. It was felt that this induction training should be comprehensive enough to enable the staff members to initiate the delivery of services under the supervision of their nodal officers who are experienced psychiatrists.

The following topics were covered during the four-day training programme (agenda annexed).

- Introduction and overview of the training programme
- Basics of Drugs and drug related harms
- Drug use disorders – Use, Abuse and Dependence
- Drug Abuse Management Strategies
- Overview of Management of Drug Dependence: Short and Long-term Pharmacotherapy
- Overview of Management of Drug Dependence: Psychosocial interventions
- Assessment and Diagnosis: Presentation followed by Role Play
- Overview of Opioids including Opioid Pharmacology
- Injecting Drug Use and HIV
- Management of Opioid Dependence: Practice Guidelines for Detoxification
- Management of Opioid Dependence: Practice Guidelines for Agonist Maintenance (Buprenorphine and Methadone)
- Agonist Maintenance – Standard operating procedures
- Overview of Alcohol Dependence and its complications
- Assessment and Diagnosis of Alcohol Dependence: Role Play
- Management of Alcohol Dependence: Practice Guidelines for Detoxification
- Management of Alcohol Dependence: Practice Guidelines for Deterrence Treatment
- Practice Guidelines for use of Naltrexone in Alcohol and Opioid Dependence
- Special Clinical Situations in Alcohol and Opioid Dependence (Co-occurrence, Pregnancy & Lactation, Adolescence Comorbidities, Dual Diagnosis, etc.)
- Basics of Counselling
- Assessing & Enhancing Client motivation
- Client education and preparation
- Family Counselling
- Relapse prevention
- Brief Intervention for Alcohol Abuse
- Management of Tobacco Dependence

Day 1: 4th May 2015

The training program opened with registration of all the participants. All the participants were asked 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 faculty members at NDDTC, AIIMS to help the participants know each other. Day 1 focused on a broad overview of alcohol and drug use, that is, various types of drugs, classification, diagnostic issues, management strategies (both psychosocial and pharmacological) and finally how to conduct an assessment interview and reach a diagnosis. Role- play, as a hands-on technique was used to teach aspects related to assessment and diagnosis as well as to develop their clinical skills. For the next day, two volunteers from the group were assigned the responsibility of doing a recap of day 1.

Day 2: 5th May 2015

The two volunteers from day 1 presented the recap of the previous day's sessions. The focus of day 2 was to give the participants an understanding of opioid use disorders and its management. The first session was an overview on opioids and its pharmacology. The second session focused on injecting drug use, its epidemiology, complications and HIV. Role play, as a hands-on training method, was used to teach aspects related to assessment and diagnosis of opioid use disorders, including eliciting information about injecting drug use, sexual behaviors and HIV status. Post- lunch, the sessions focused on pharmacological management, including practice guidelines for detoxification and agonist maintenance. The day ended with a discussion on standard operating procedures with respect to agonist maintenance in which information was given regarding suitability for starting OSTs, taking informed consent, steps in starting and terminating Buprenorphine or Methadone and taking into consideration the side-effects and its management. Again, for the next day, two volunteers from the group were assigned the responsibility of doing a recap of day 2.

Day 3: 6th May 2015

The two volunteers from day 2 presented the recap of the previous day's sessions. Alcohol use disorders and its management was the focus of the third day training. The sessions started with an overview of alcohol use disorders and its complications like alcoholic liver diseases etc. This was followed again by a role- play on assessing alcohol use and reaching a diagnosis. The next session focused on practice guidelines with respect to detoxification in which both complicated as well as uncomplicated withdrawals and their management was discussed. Post- lunch, the sessions emphasis was to teach the participants in the long- term management of alcohol use disorders. Long- term pharmacological management included practice guidelines and caution for the use of anti-craving medicines like acamprosate, Baclofen or SSRIs; use of deterrent agents like Disulfiram and opioid antagonist such as Naltrexone. The day ended with focus on managing drug use in special populations such as pregnant women, adolescent and prison population. Again, for the next day, two volunteers from the group were assigned the responsibility of doing a recap of day 3.

Day 4: 7th May 2015

The two volunteers from day 3 presented the recap of the previous day's sessions. The focus of the last day of the training programme was on psychosocial interventions. The day started with discussing about the basics of counselling, that is, how to open a session, types of questions that should be asked, how to establish rapport with a client and different skills required by an effective counsellor or doctor. The next session focused on teaching the participants how to enhance motivation of the client and the session ended by giving the participants a hands-on training on use of "Readiness to Change" questionnaire. The third session focused on how and when to provide psycho-education to a client and his/her family members. Subsequent to that, a session on family counselling was taken in which the need to involve family, issues that arise in families of drug users and how to help family deal with a drug- using family member were discussed. The next session dealt with principles of relapse prevention and conducting a relapse – prevention session, that is, eliciting triggers and helping clients deal with them. Next to that, a session was held on brief intervention that would be used for clients with alcohol harmful use. The day ended with a session on management of nicotine use.

B. Workshop/Meeting - 8th May 2015

The last day's meeting and workshop was conducted under the leadership of Professor SK Khandelwal, Chief, NDDTC, AIIMS. All the team-members looking after this scheme at NDDTC, all participants of the training, and the nodal officers from the four DTCs participated in the workshop. The primary objective of the workshop/meeting was to discuss the operational, logistics and administrative issues with regard to the functioning of the DTCs and plans for trouble-shooting. The workshop began with professor Khandelwal welcoming the participants. This was followed by Dr. Atul Ambekar highlighting the aims and objectives of the meeting and Dr. Biswadip Chatterjee presenting an overview of the scheme. The nodal officers were provided with a synopsis of the past four day's training. Dr. Ravindra Rao discussed about the service delivery at the various DTCs including services that would be provided, existing infrastructure, refurbishments undertaken by each DTCs and further requirements, staff and their roles and the role of each DTC in capacity building. Further, Dr. Biswedeeep Chatterjee brought forth the issues related to functioning of the DTCs, like budgets and accounts, procurement of medicines, that is, those supplied by NDDTC vis-à-vis those procured locally and other administrative issues. A detail discussion was undertaken by Dr. Alok Agrawal with respect to the various reporting formats and proformas that need to be filled and maintained by each DTC. Each proforma was discussed in details with respect to the correct ways of filling them and suggestions, if any, were taken into consideration for further refinement. Subsequently, Dr. Atul Ambekar discussed about the role of the regional centres and the timelines for taking the work forward. The day was concluded by Dr. Khandelwal, Chief, NDDTC, AIIMS.

Some of the key issues raised and discussed included:

- All the four centres expressed their confidence and agreement on their ability to run the DTCs as an extension to their ongoing work/responsibilities in their individual institutions
- The overall composition of staff for DTCs was agreed-upon as being appropriate and adequate. However, the remuneration for the staff was discussed, and it was felt that at some places, there may be a need to revise the salaries in keeping with the local-institution norms. It was agreed that the individual institutions would make specific requests to NDDTC in this regard and NDDTC may examine the matter on a case-by-

case basis. It will be ensured that all such revisions in the budget do not exceed the total budget agreed-upon, under this scheme.

- Some centres requested for inclusion of a number of medicines (not directly related to treatment of substance use disorders) to be procured through the DTC budget. It was impressed upon the participants that general medicines such as antibiotics, antipyretics, etc. can be made available to the registered patients of DTCs through the existing mechanisms of the hospital.
- It was strongly insisted that every DTC must liaise and establish active linkages with the tobacco control initiatives / activities being implemented in their hospital.
- As part of the plan for 2nd year of the scheme, two regional resource centres are supposed to be established. Two of the four DTCs (KEM, Mumbai and RIMS, Imphal) were asked for their readiness to function as Regional Centres. Both the centres expressed their keenness for the same. The operational modalities of regional centres, and distinction between DTC and Regional Centre functioning was explained in detail.
- The modalities of choosing potential centres (as DTCs) by the Regional Centres were also discussed.
- The meeting ended with a consensus on some of the future steps. Ongoing technical support of NDDTC, AIIMS was assured to all the centres. All the participants expressed their enthusiasm to take the scheme forward and demonstrate the feasibility and effectiveness of this model of delivery of services.

Valedictory Session: During the interaction participants shared their experiences with the ongoing programme and provided feedback related to training programme. All the participants expressed their satisfaction with all the substantive and logistic aspects of the training programme. Finally, certificates of participation and CDs containing all the resource material were distributed to the participants.

Impact of the training

A battery of 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 44.4 (out of 100) and the average post-test score was 53.5. Thus the training programme succeeded in enhancing the knowledge of the participants.

ANNEXURE 1: TRAINING AGENDA

Time	Session	Presenter / Moderator
DAY 1		
8.30 – 9.30 am	Registration & Pre-training assessment	DTC Team, NDDTC
9.30 – 10.00 am	Introduction Overview of the training programme	Dr Atul Ambekar
10.00 – 11.00 am	Basics of Drugs and drug related harms	Dr Atul Ambekar
11.00 – 11.15 am	TEA BREAK	
11.15 – 12.15 pm	Drug use disorders – Use, Abuse and Dependence	Dr Atul Ambekar
12.15 – 1.00 pm	Drug Abuse Management Strategies	Dr Atul Ambekar
1.00 – 2.00 pm	LUNCH	
2.00 – 3.00 pm	Overview of Management of Drug Dependence – 1 Short and Long-term Pharmacotherapy	Dr Ravindra Rao
3.00 – 3.45 pm	Overview of Management of Drug Dependence – 2 Psychosocial interventions	Dr Ravindra Rao
3.45 – 4.00 pm	TEA BREAK	
4.00 – 5.30 pm	Assessment and Diagnosis Presentation followed by Role Play	Dr Ravindra Rao
DAY 2		
Time	Session	Presenter / Moderator
9.30 – 10.00 am	Recap of Day 1	DTC Team
10.00 – 11.00 am	Overview of Opioids including Opioid Pharmacology	Dr Alok Agrawal
11.00 – 11.15 am	TEA BREAK	
11.15 – 12.00 pm	Injecting Drug Use and HIV	Dr Alok Agrawal
12.00 – 1.00 pm	Assessment and Diagnosis of Opioid Dependence – Role Play	Dr Alok Agrawal
1.00 – 2.00 pm	LUNCH	
2.00 – 2.45 pm	Management of Opioid Dependence – Practice Guidelines for Detoxification	Dr Alok Agrawal
2.45 – 4.00 pm	Management of Opioid Dependence – Practice Guidelines for Agonist Maintenance (Buprenorphine and	Dr Alok Agrawal

Time	Session	Presenter / Moderator
	Methadone)	
4.00 – 4.15 pm	TEA BREAK	
4.15 – 5.30 pm	Agonist Maintenance – Standard operating procedures	Dr Alok Agrawal
DAY 3		
Time	Session	Presenter / Moderator
9.30 – 10.00 am	Recap of Day 2	DTC Team
10.00 – 11.00 am	Overview of Alcohol Dependence and its complications	Dr Biswadip Chatterjee
11.00 – 11.15 am	TEA BREAK	
11.15 – 12.00 pm	Assessment and Diagnosis of Alcohol Dependence – Role Play	Dr Biswadip Chatterjee
12.00 – 1.00 pm	Management of Alcohol Dependence – Practice Guidelines for Detoxification	Dr Biswadip Chatterjee
1.00 – 2.00 pm	LUNCH	
2.00 – 2.45 pm	Management of Alcohol Dependence – Practice Guidelines for Deterrence Treatment	Dr Ravindra Rao
2.45 – 3.45 pm	Practice Guidelines for use of Naltrexone in Alcohol and Opioid Dependence	Dr Ravindra Rao
3.45 – 4.00 pm	TEA BREAK	
4.00 – 5.30 pm	Special Clinical Situations in Alcohol and Opioid Dependence (Co-occurrence, Pregnancy & Lactation, Adolescence Comorbidities, Dual Diagnosis, etc.)	Dr Ravindra Rao
DAY 4		
Time	Session	Presenter / Moderator
9.30 – 10.00 am	Recap of Day 3	
10.00 – 10.45 am	Basics of Counselling <ul style="list-style-type: none"> • Attitude towards a patient with drug dependence • How to establish rapport / deal with resistance • Key skills required for assessment and intervention 	Dr Swati
10.45 – 11.00 am	TEA BREAK	

Time	Session	Presenter / Moderator
11.00 – 12.00 pm	Assessing & Enhancing Client motivation <ul style="list-style-type: none"> • Stage of change model and RCQ • Key skills required and techniques used • Role Play 	Mr Deepak
12.00 – 12.30 pm	Client education and preparation <ul style="list-style-type: none"> • How to educate • DOs and DONTs 	Mr Deepak
12.30 – 1.15 pm	Family Counselling <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 • Using family as co-therapist 	Mr Deepak
1.15 – 2.00 pm	LUNCH	
2.00 – 3.00 pm	Relapse prevention <ul style="list-style-type: none"> • When to plan and for whom • How to conduct RP sessions • Key skills and techniques 	Dr Swati
3.00 – 3.45 pm	Brief Intervention for Alcohol Abuse	Mr Deepak
3.45 – 4.00 pm	TEA BREAK	
4.00 – 5.30 pm	Management of Tobacco Dependence	Dr Biswadip Chatterjee
DAY 5: WORKSHOP/MEETING		
Time	Session	Presenter / Moderator
9.30 – 9.45 am	Welcome Address and Introduction of participants	Prof S K Khandelwal and Team at NDDTC, AIIMS
9.45 – 10.00 am	Aims and Objectives of the meeting	Dr Atul Ambekar
10.00 – 10.30 am	Overview of “Scheme for Strengthening DDAP”	Dr. Biswadip Chatterjee
10.30 – 10.45 am	TEA BREAK	
10.45 – 11.00 am	Recap and overview of the training programme	Dr Swati Kedia
11.00 – 11.45 am	Discussion: Service Delivery at DTCs <ul style="list-style-type: none"> • Package of Services • Infrastructure and equipment • Staffing and roles / responsibilities • Capacity building 	Dr. Ravindra Rao

Time	Session	Presenter / Moderator
11.45 – 12.15 pm	Discussion: Management of DTC functioning <ul style="list-style-type: none"> • Funding and Accounting • Procurement & Supplies (medicines and equipment) • Other administrative issues 	Dr. Biswadip Chatterjee
12.15 – 1.00 pm	Record maintenance – 1: Clinical records	Dr Alok Agrawal
1.00 – 2.00 pm	LUNCH	
2.00 – 2.30 pm	Address by Director, DDAP, Ministry of Health & Discussion: DTC operational issues – Potential challenges and solutions <ul style="list-style-type: none"> • KEM Mumbai • RIMS Imphal • Civil Hospital, Kapurthala • Civil Hospital, Bathinda 	Prof S K Khandelwal
2.30 – 3.30	Record maintenance – 2: <ul style="list-style-type: none"> • Dispensing related records • Stock related records • Reporting formats 	Dr Alok Agrawal
3.30 – 3.45 pm	TEA BREAK	
3.45 – 4.30 pm	Role of regional coordinating centres Next steps and timelines	Dr. Atul Ambekar
4.30 – 5.00 om	Open session	
5.00 – 5.15 pm	Concluding remarks by Chief, NDDTC and Valedictory	Prof S K Khandelwal
5.15 – 5.20 pm	Vote of thanks	Dr Swati Kedia

ANNEXURE 2: LIST OF PARTICIPANTS

STAFF (attended all the five days)

S.NO	NAME	INSTITUTE	DESIGNATION
1	Dr. N Mahendra Singh	DTC, Imphal	Medical Officer
2	Th. Indira Devi	DTC, Imphal	Counsellor
3	Y.K. Donguila Thangal	DTC, Imphal	Nurse
4	Shaminder Kaur	DTC, Kapurthala	Counsellor
5	Sharanjit Kaur	DTC, Kapurthala	Nurse
6	Dr. Rimple Limbachiya	DTC, Mumbai	Medical Officer
7	Poonam Gala	DTC, Mumbai	Counsellor
8	Rekha Thaiparbil	DTC, Mumbai	Nurse
9	Roop Singh Mann	DTC, Bhatinda	Counsellor
10	Gurmeet Kaur	DTC, Bhatinda	Nurse

NODAL OFFICERS (attended the workshop of fifth day)

S.NO	NAME	INSTITUTE	DESIGNATION
1	Dr. R.K. Lenin Singh	DTC, Imphal	Nodal Officer
2	Dr. S. Gojendra Singh	DTC, Imphal	Asst. Nodal Officer
3	Dr. Sandeep Bhola	DTC, Kapurthala	Nodal Officer
4	Dr. Shilpa Adarkar	DTC, Mumbai	Nodal Officer
5	Dr. Shubhangi Parker	DTC, Mumbai	HOD
5	Dr. Satish Thapar	DTC, Bhatinda	Nodal Officer