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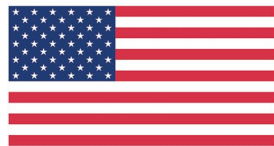
International Technology Transfer Center

A program of the International Consortium of Universities
for Drug Demand Reduction

Assessing Needs to Design Context-Specific Technology Transfer: The ITTC Network Approach

International Technology Transfer Center (ITTC) Network:

Sherry Larkins (ITTC Network Coordinating Office); Irina Pinchuk, Igor Koutsenok (Ukraine ITTC); Le Minh Giang, Nguyen Bich Diep (Vietnam ITTC); Goodman Sibeko (South Africa ITTC); Marina Piazza, Cecilia Chau (Peru); Eva Suryani (Indonesia)



Agenda

1. Learning Objectives
2. Overview of ITTC Network and Technology Transfer Process
3. Four-phase Approach to Needs Assessment
 - Describe situation
 - Map existing services
 - Identify gaps
 - Detail training/consultation needs
4. Other Country-specific Examples
 - Ukraine
 - Vietnam
 - South Africa
 - Peru
5. Conclusion; Q & A



Learning Objectives

By the end of this panel presentation, participants will be able to:

1. Explain why needs assessment is an important aspect of the technology transfer process.
2. Describe the four phases of the ITTC Network's four-phase approach to needs assessment.
3. Explain how the ITTC needs assessment approach has been implemented in various settings.
4. Identify ways to use needs assessment data to design strategies to advance evidence-based interventions and policies.



Overview

1. International Technology Transfer Center (ITTC) Network
2. Technology Transfer Process
3. Importance and Relevance of a Needs Assessment:

Why is a needs assessment an important aspect of the technology transfer process?



International Technology Transfer Center (ITTC) Network

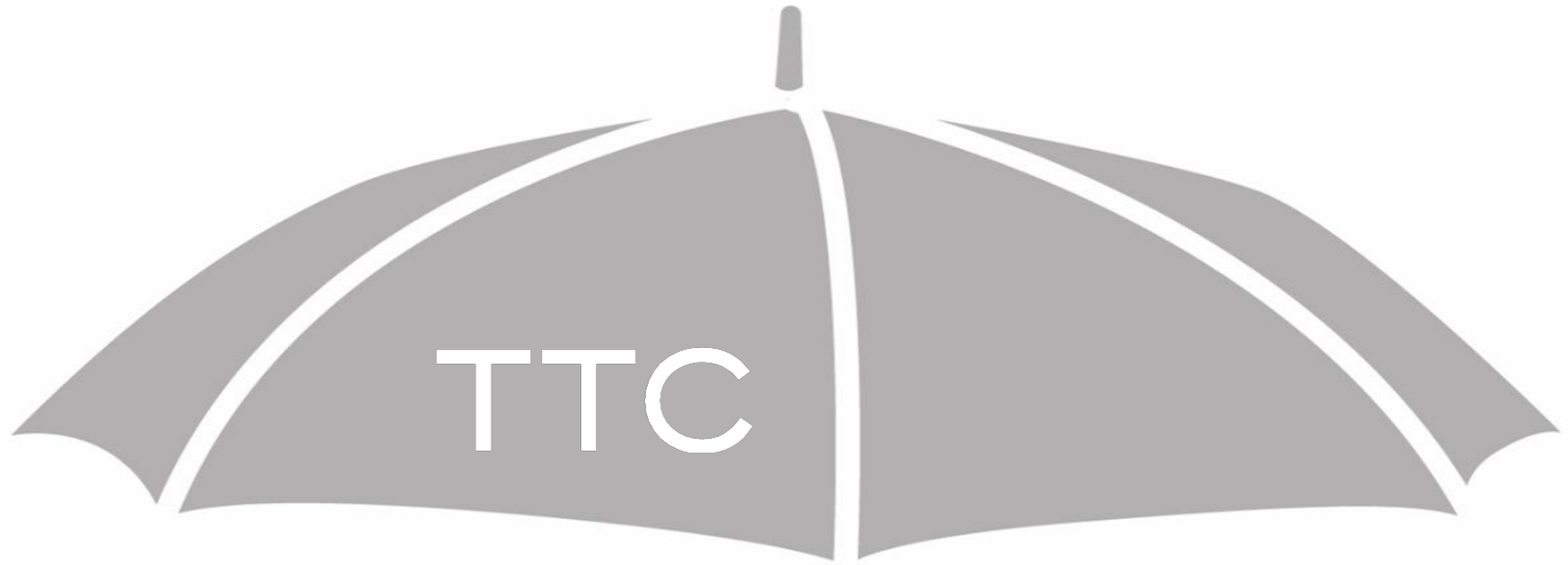


Established in 1993 by SAMHSA, the US-based TTCs:

PURPOSE: The purpose of the Technology Transfer Centers is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment and recovery support services for substance use disorder (SUD) and mental illness.

MISSION: Helping people and organizations incorporate effective practices into substance use disorder and mental health prevention, treatment and recovery services.





ATTC



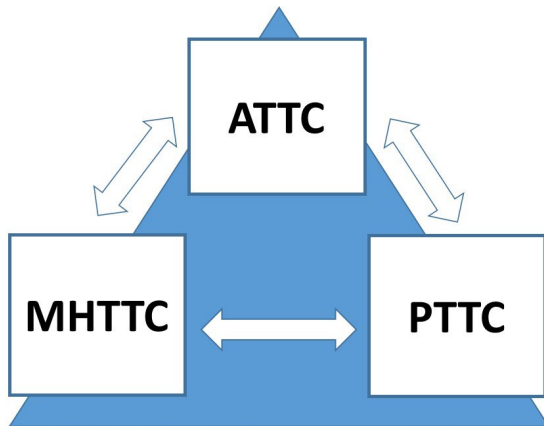
MHTTC



PTTC



Technology Transfer Centers - 3 Networks



Addiction Technology Transfer Centers - ATTC

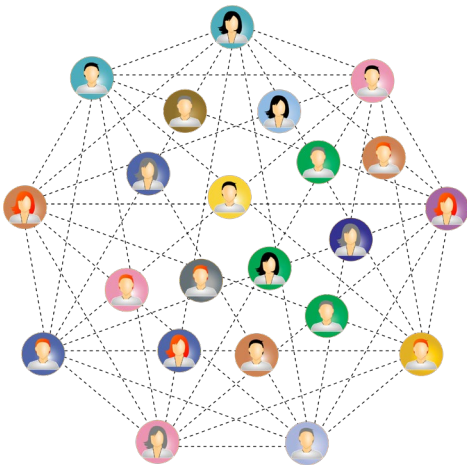
<https://attcnetwork.org/>

Mental Health Technology Transfer Centers - MHTTC

<https://mhttcnetwork.org/>

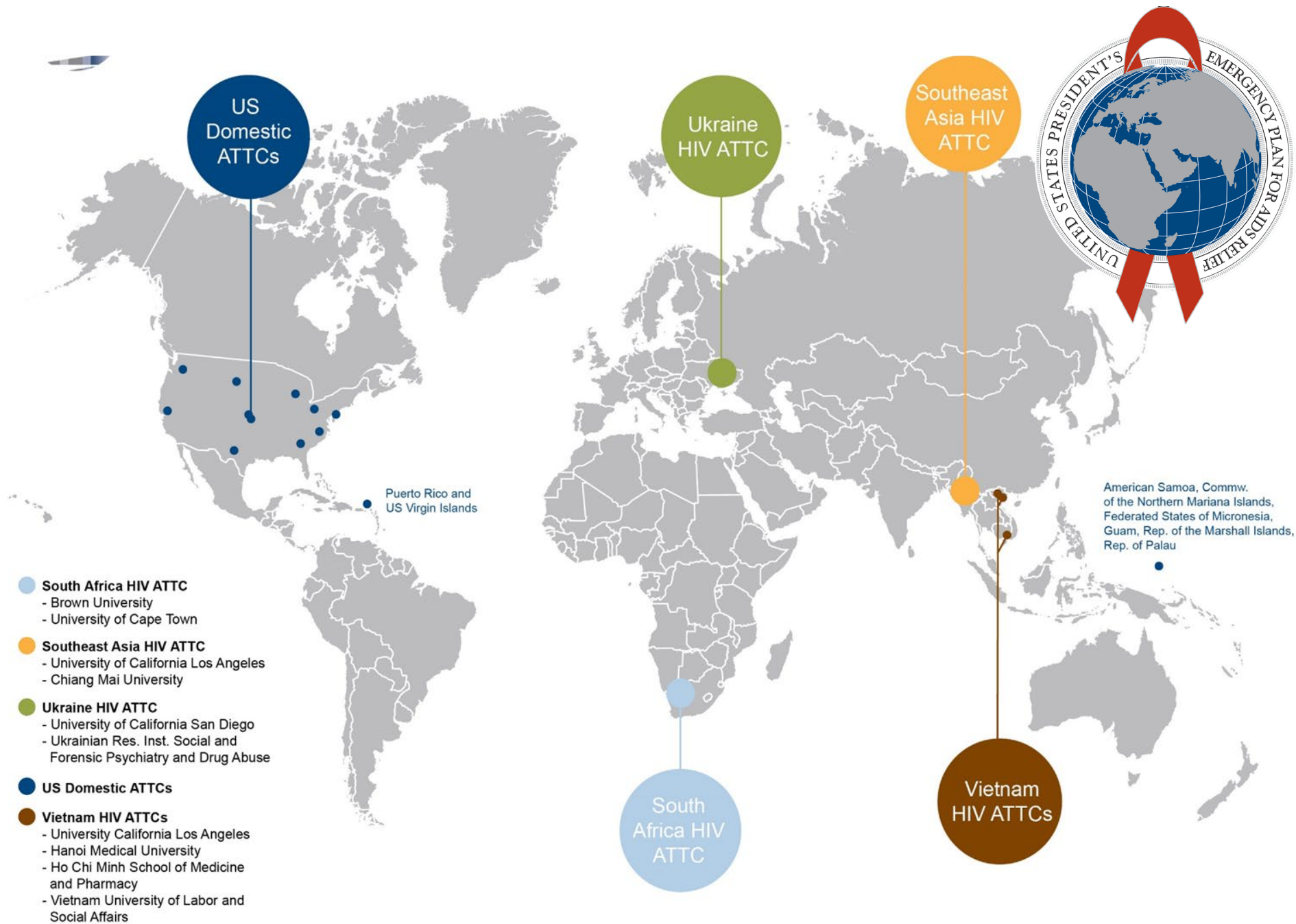
Prevention Technology Transfer Centers - PTTC

<https://pttcnetwork.org/>

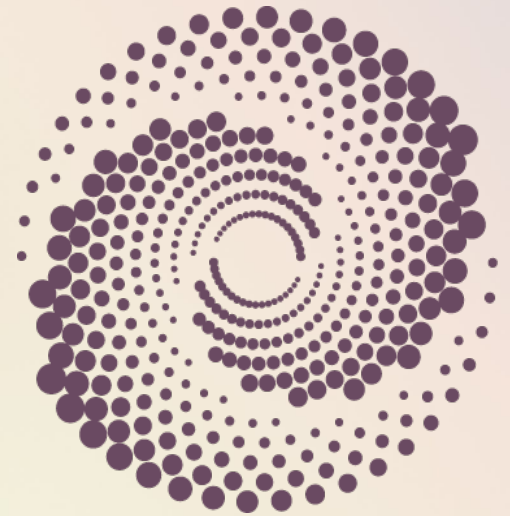
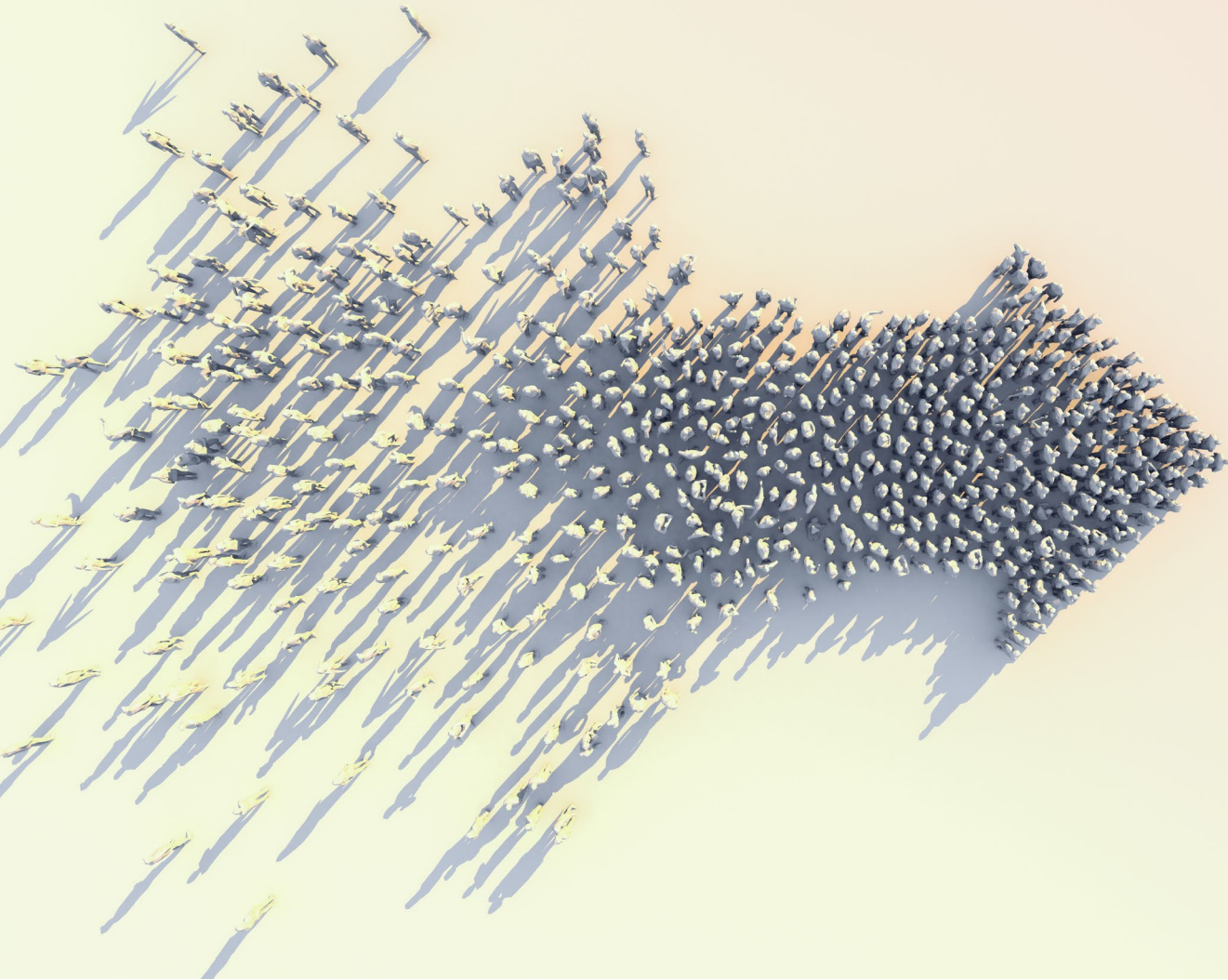


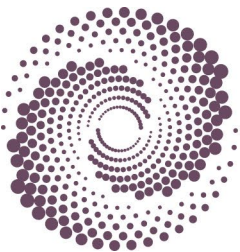
International Technology Transfer Centers - ITTC

<https://pttcnetwork.org/>



Transitioning from the ATTC to the ITTC





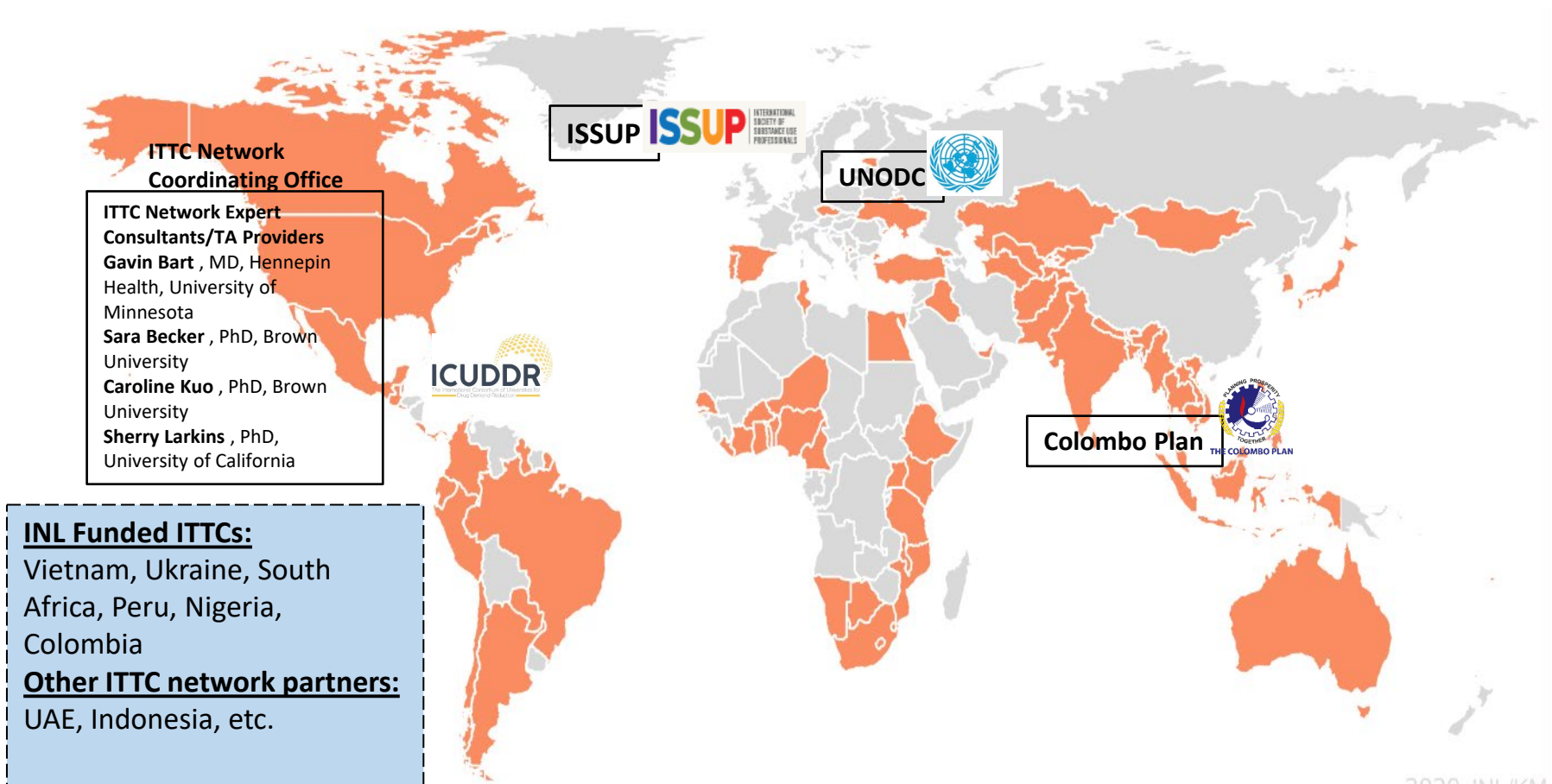
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- ITTCs accelerate the diffusion of scientifically-based practices in substance use prevention, treatment and recovery.
- In order to advance drug demand reduction efforts to meet international standards, ITTCs may serve as
 - strategists
 - conveners
 - educators
 - capacity builders

INL Supported: International Technology Transfer Center's (ITTC's) Partners



**ITTC Network
Coordinating Office**

**ITTC Network Expert
Consultants/TA Providers**
Gavin Bart , MD, Hennepin
Health, University of
Minnesota
Sara Becker , PhD, Brown
University
Caroline Kuo , PhD, Brown
University
Sherry Larkins , PhD,
University of California

ISSUP **ISSUP** INTERNATIONAL
SOCIETY OF
SUBSTANCE USE
PROFESSIONALS

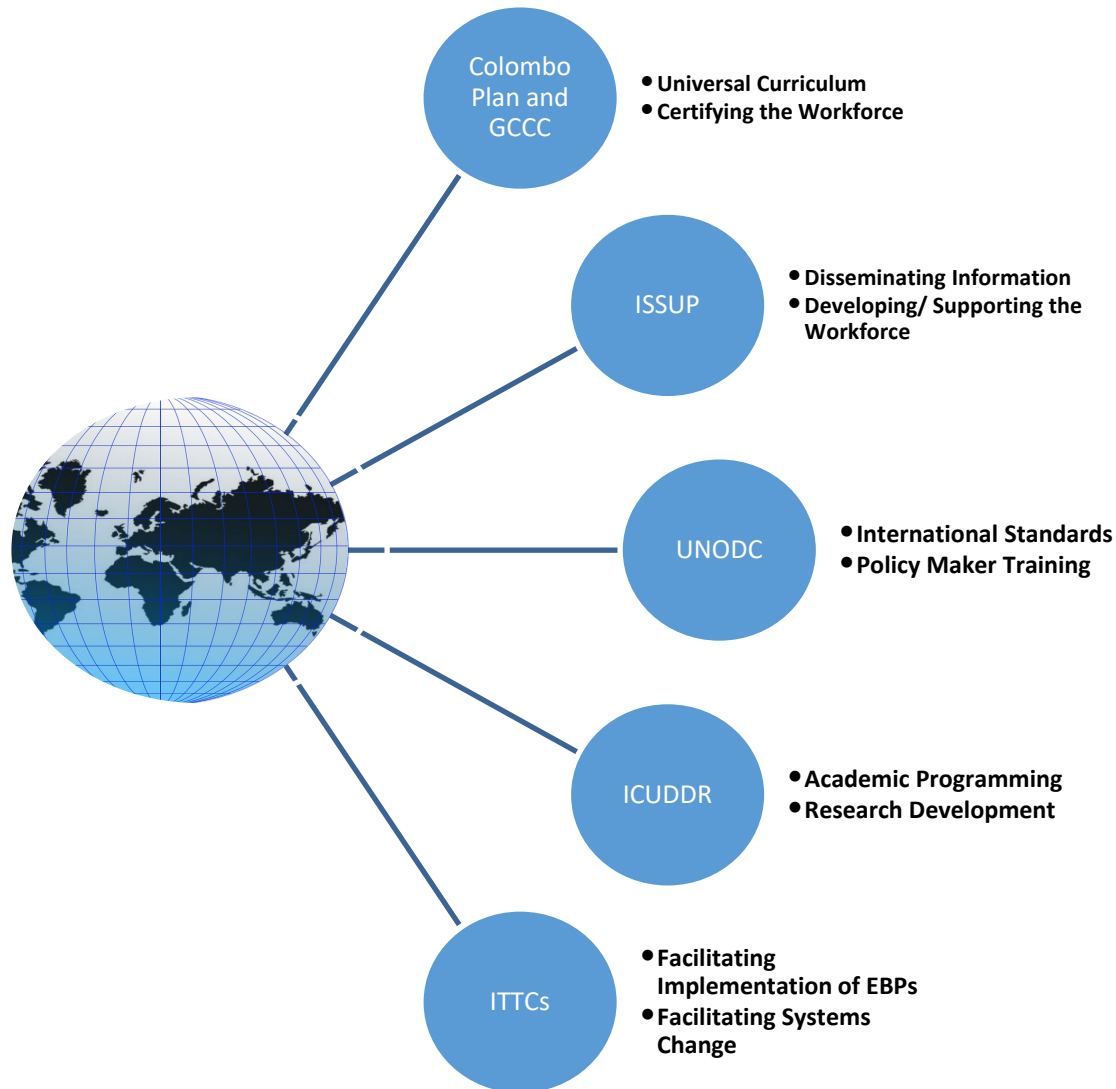
UNODC 

ICUDDR
International Center for
Urine-Directed Drug
Rehabilitation

Colombo Plan 

INL Funded ITTCs:
Vietnam, Ukraine, South
Africa, Peru, Nigeria,
Colombia
Other ITTC network partners:
UAE, Indonesia, etc.

A Vision for Including ITTCs in the INL Family: Technology Transfer



Technology Transfer Process





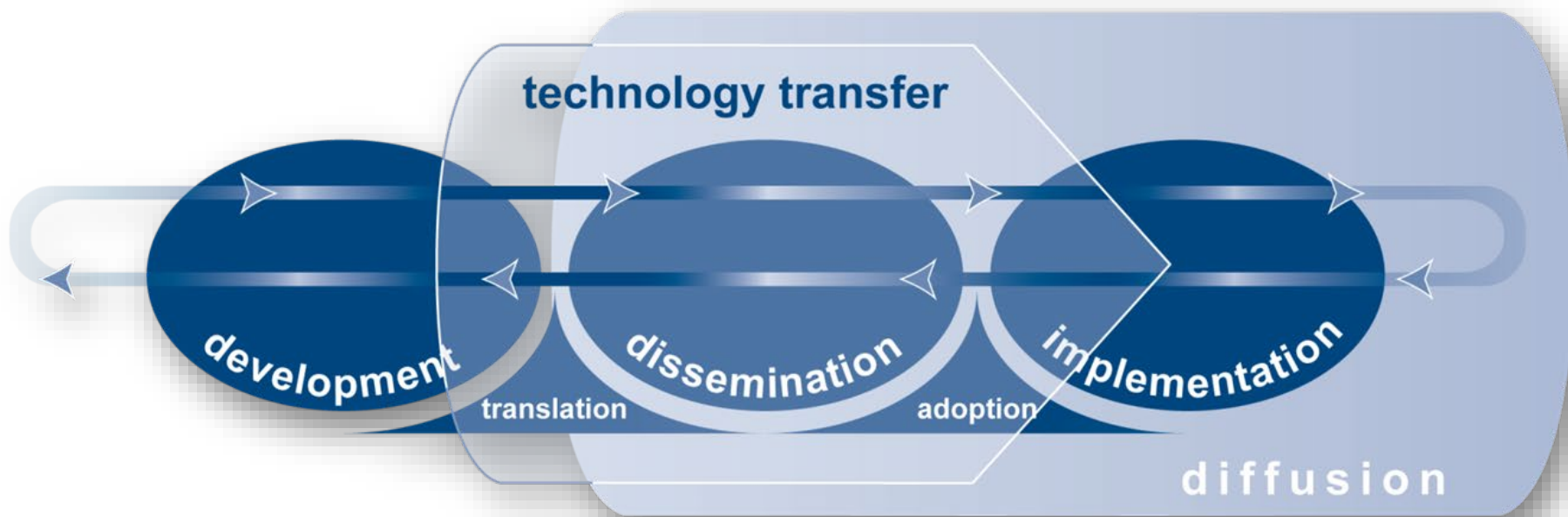
SCIENCE

**PRACTICE
& POLICY**



SCIENCE

**PRACTICE
& POLICY**



Gotham, Heather & Hagle, Holly & Hulseley, Eric & Krom, Laurie & Roget, Nancy & Squires, Daniel & Waters, Pamela & Williams, Aaron. (2011). Research to practice in addiction treatment: Key terms and a field-driven model of technology transfer Addiction Technology Transfer Center (ATTC) Network Technology Transfer Workgroup. Journal of Substance Abuse Treatment. 41. 169-178. 10.1016/j.jsat.2011.02.006.



Actions that Accelerate Technology Transfer

stages in the diffusion of an innovation

development ← translation ← dissemination ← adoption ← implementation

suggested actions for: States and Systems

States and Systems

> Provide objective information/data about current practices within the addiction field that can: 1) be used to determine which practices should be discontinued; or 2) be used as a point of comparison for testing new clinical practices.

> Encourage organizational quantitative and qualitative analysis of client outcomes.

> Establish an enduring and flexible infra-structure to foster bi-directional communication and promote the use of evidence-based practices (EBPs) in addiction services.

> Have a current and thorough understanding of the treatment system, the interventions that are utilized, and the outcomes being achieved.

> Be involved in a systematic approach to review available evidence and recommend changes in intervention and treatment strategies, as appropriate.

> Increase awareness of new service practices among individual practitioners, service provider organizations, and state agencies.

> Increase knowledge about effective implementation strategies.

> Encourage state universities with addiction studies programs to include evidence-based practices in curricula.

> Remove policy and fiscal barriers that foster resistance to adopt new practices.

> Identify and connect relevant networks that may have a vested interest in using evidence-based practices.

> Create learning community cultures at state, regional and local levels.

> Support providers whenever possible by investing (funds, resources etc.) to assist providers who seek to adopt new practices.

> For state contracted providers, set cost centers and provide reimbursement for clinical supervision service hours.

> Offer financial incentives for state-contracted providers' use of evidence-based practices, i.e. support a service reimbursement rate commensurate with the level of work required to implement new interventions.

> Track the utilization of specific practices among service providers.

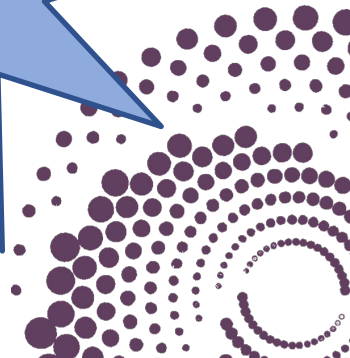
> Provide cross-state trainings on EBPs when possible.

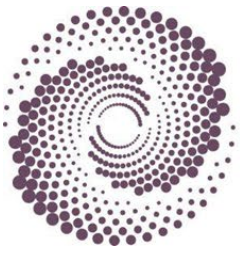
> Assist providers with implementation and fidelity strategies by having state-level staff and/or a cadre of consultants who are trained in specific evidence-based practices and can provide additional guidance.

Importance and Relevance of a Needs Assessment

Identify where ITTC will have the most impact in improving DDR services

Help develop effective and responsive strategic plan for country/region





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Four-Phase Approach to a Needs Assessment



What are the four phases?

1. **Describe** the **current drug use situation** in a country or region
2. **Map** where substance use services are provided
3. **Identify gaps** in services, and
4. **Detail** training and consultation **needs**





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Country-Specific Examples

How have ITTC sites implemented the four-phase approach?



Case Examples: Ukraine, Vietnam, S. Africa, & Peru

- What was their process?
- Key lessons learned?
- How have they used the needs assessment data to design strategies to advance evidence-based interventions and policies?





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Training needs assessment UKRAINE



Igor Koutsenok, Director, ITTC Ukraine
Irina Pinchuk, Country director, ITTC Ukraine
Abu Dhabi, 13.05.2022

The National Surveys



REPORT

Ukraine: National Survey of
Addiction Treatment Services

KIEV 2018



REPORT

Assessment of Training Needs
among specialists who provide
help to people with substance
use disorders

KIEV 2018



REPORT

The National Survey of
Institutions of the State Penal
Enforcement Service of Ukraine
on the Provision of Treatment
and Rehabilitation Assistance to
Individuals due to Substance Use
Disorders

KIEV 2018



Training needs assessment



Ukraine
ITTC

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TRAINING NEEDS ASSESSMENT

FOR FURTHER SUPPORT
OF ADDICTION TREATMENT
WORKFORCE IN UKRAINE

The study was conducted within the The International Technology Transfer Center (ITTC) Network for Drug Demand Reduction Initiative implemented by ITTC Ukraine in partnership with University California San Diego with the financial support of Colombo Plan Secretariat

Aim:

- to assess the current training needs of professionals who provide assistance to people with SUD to support further professional development and implementation of EBP and improvement of care



2021

Institute of Psychiatry
of the Taras Shevchenko
National University of Kyiv



Methods



Desk review

Survey of national trainers

Survey of the advisory board members

Focus groups

Survey of healthcare facilities



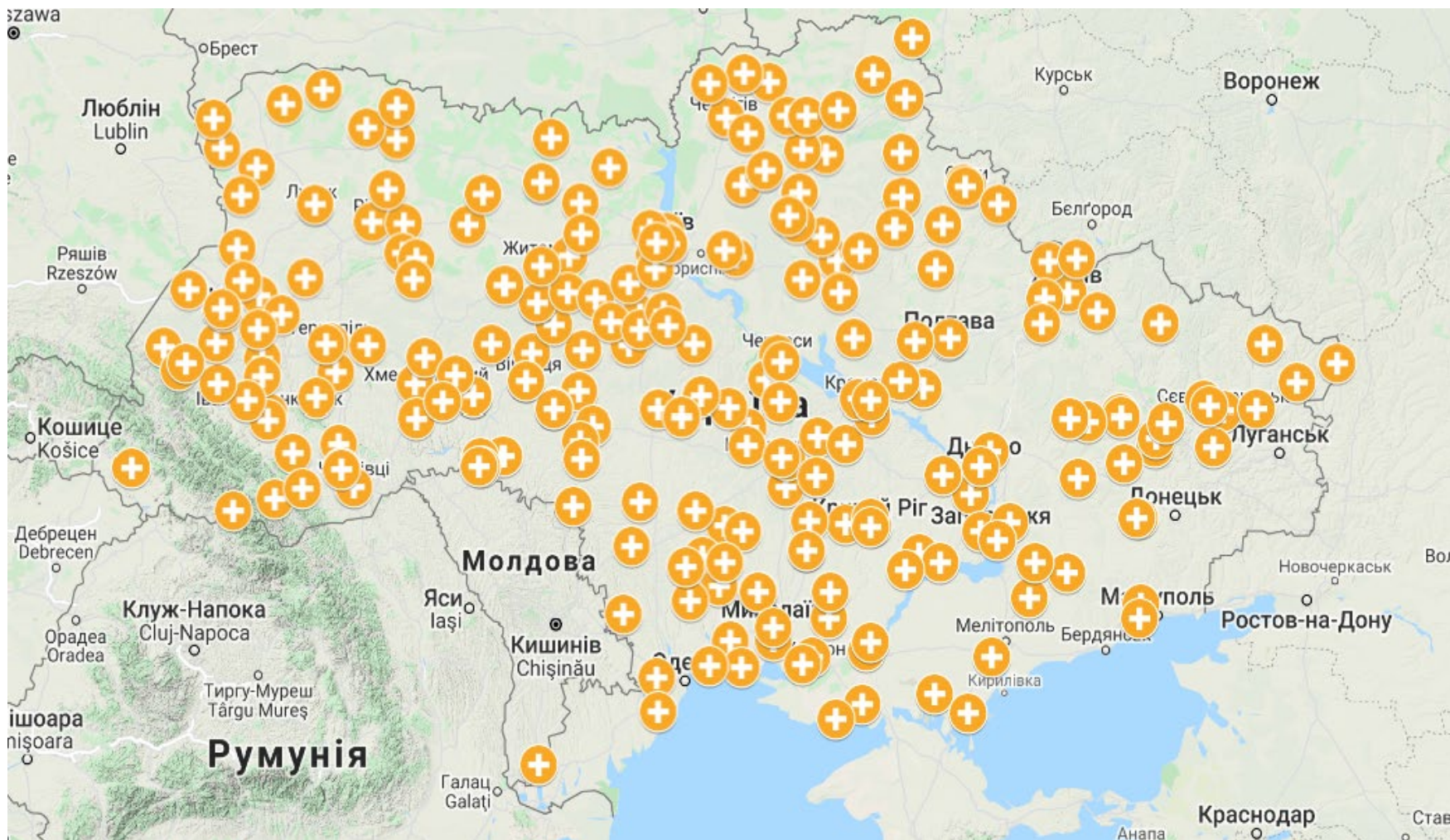
Desk review

Data were gathered from:

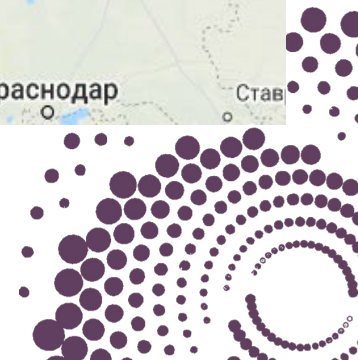
- The Center for Mental Health and Monitoring of Drug and Alcohol Abuse of the Ministry of Health of Ukraine
- WHO Special Initiative for Mental Health Situational Assessment
- EMCDDA reports and EMCDDA funded initiatives
- 2017 Global Burden Disease Study
- World Bank
- Demographic and Health Surveys
- Published peer-reviewed literature



Facilities survey



The **261** healthcare facilities that were involved in this survey are situated in all regions of Ukraine



Focus groups

Two online focus groups (8 participants per group)

- First group: Faculty members
- Second group: Psychiatrists, addiction psychiatrists, representatives of NGOs, representatives of rehabilitation centers



Geography of participants:
Kyiv, Dnipro, Vinnitsa,
Odesa, Lviv, Zhytomyr



Survey of the Advisory Board members



- ITTC Advisory Board online meeting
- Each participant identified 3-5 priority topics for further training of addiction professionals



National trainers survey



- An online survey of a group of national trainers
- 28 out of 35 ToT participated in the study
- The questionnaire was created based on UTC modules



Existing gaps and challenges

- ✓ Changes in the drug scene towards an increase in the use of stimulants and NPS;
- ✓ Lack of treatment and rehabilitation standards;
- ✓ Lack of funding;
- ✓ An absence of continuity of care for people with SUDs;
- ✓ High prevalence of AUD and lack of evidence based treatment approaches;
- ✓ Lack of treatment programs for youth, women, veterans;
- ✓ Gaps in comprehensive addiction treatment provision in criminal justice settings;
- ✓ Underrecognized psychosocial component of MAT programs;
- ✓ Low number of training programs on addiction medicine at public universities and main focus on doctors;
- ✓ Dual diagnoses;
- ✓ Lack of families involvement in treatment;
- ✓ Lack of addiction professionals;
- ✓ Stigmatization;
- ✓ Lack of evidence based prevention programs.



Training needs

- ✓ Drug market and new trends;
- ✓ Neurophysiology of addiction;
- ✓ Standards of treatment and rehabilitation;
- ✓ Recovery approach;
- ✓ Stimulant use disorder
- ✓ Treatment of AUD;
- ✓ Psychosocial support in MAT programs;
- ✓ EBP: MI, SBIRT, Case management, Contingency management, CBT of people with SUD, Crisis interventions, Relapse prevention, Trauma informed approach;
- ✓ Polysubstance use;
- ✓ Addiction treatment of different groups (women, children, elder people, veterans);
- ✓ SUD treatment for people in conflict with law;
- ✓ Work with families of people with SUDS;
- ✓ Dual diagnoses;
- ✓ Behavioral addictions;
- ✓ Treatment during COVID-19 pandemic;
- ✓ Multidisciplinary approach to treatment;
- ✓ Clinical supervisions;
- ✓ Destigmatization of people with SUDS;
- ✓ Burnout prevention for specialists;
- ✓ Substance use preventio



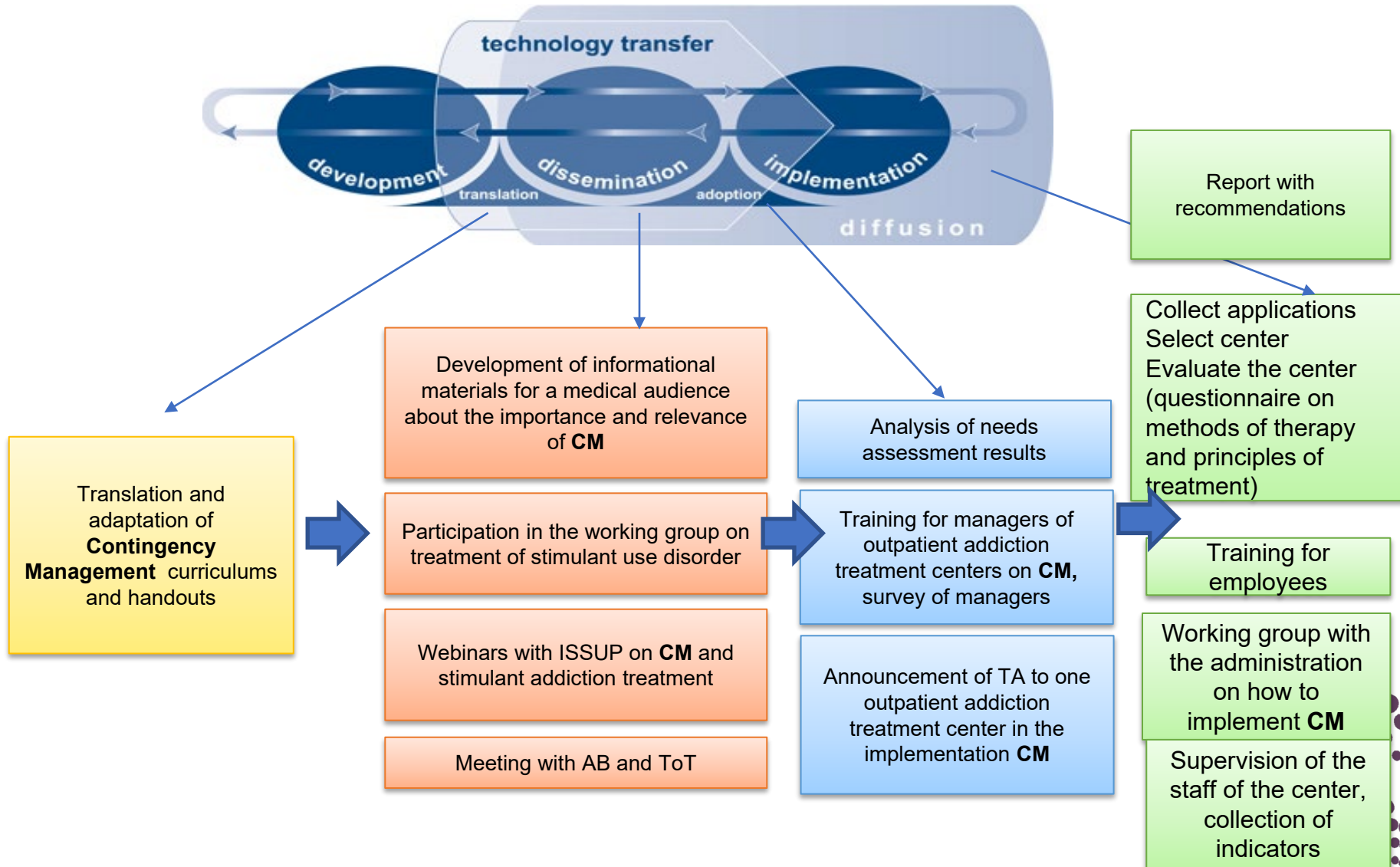
Conclusions

The results of the study show the need in

- further improvement of the internal educational system for addiction specialists, education on EBP and technical assistance
- improvement of mental health service availability for people with mental and behavioral disorders caused by psychoactive substance use



It was planned.... (Dual disorders and Stimulants and Contingency Management)



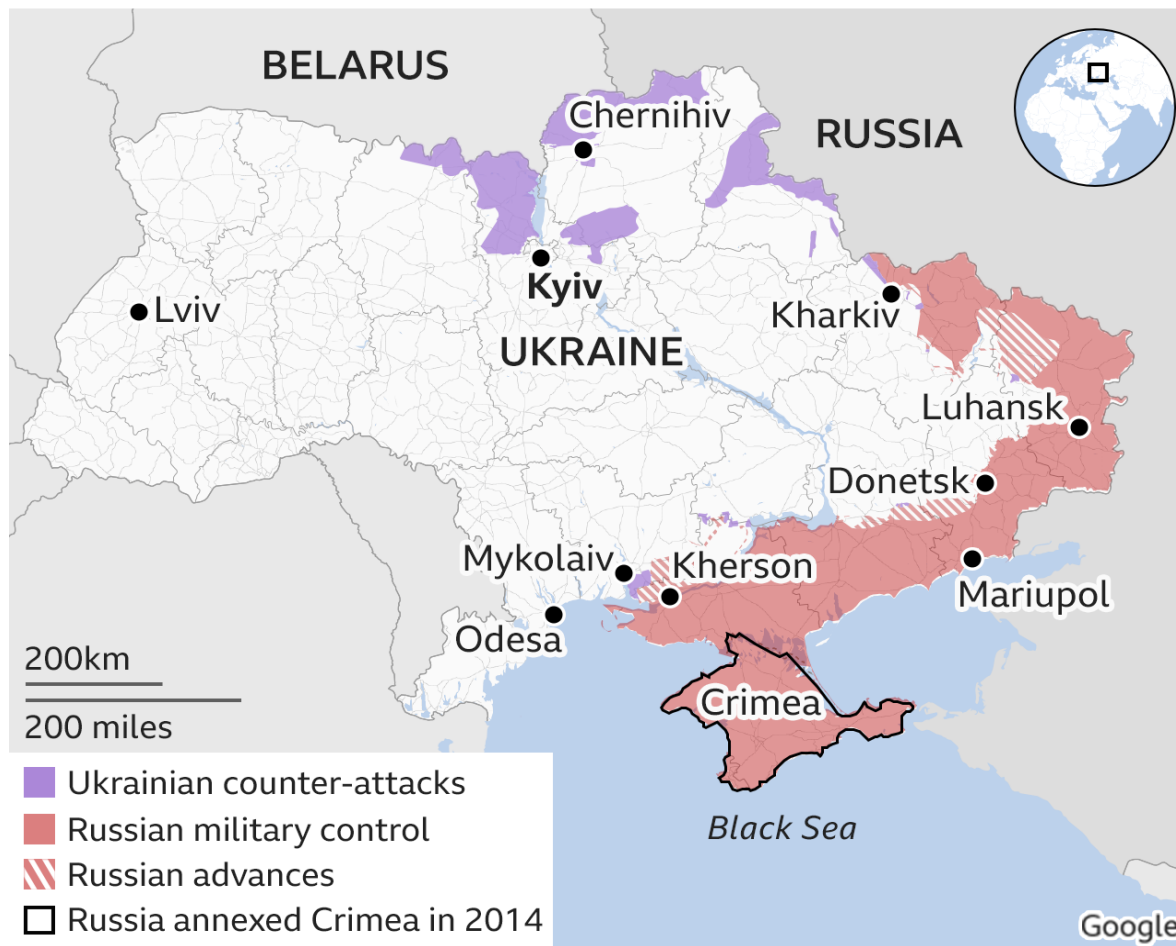
War in Ukraine



War in Ukraine

Areas of Russian military control in Ukraine

- Since 2014, 24.02.22 – full scale invasion
- Active hostilities in Northern, Eastern and Southern regions, Air attacks - almost all regions
- > 6,5 mln internally displaced people
- > 4 mln moved outside Ukraine
- 324 healthcare facilities damaged (15.04.22)
- 928 education facilities damaged (12.04.22)



Source: Institute for the Study of War (21:00 GMT, 13 April)



Impact of War in Ukraine on Drug Situation

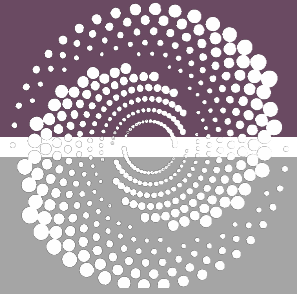
- Healthcare provision - destruction of facilities, shortage of staff, shortage of medicines and medical supplies pose a risk to the continued delivery of drug treatment services
- Access to drug treatment services, incl. to internally displaced persons and refugees
- The war may displace existing drug trafficking routes outside Ukraine, but it can also exacerbate the instability that makes drug trafficking and manufacturing flourish
- The war is also likely to have an impact on future drug use



New needs assessment UKRAINE?

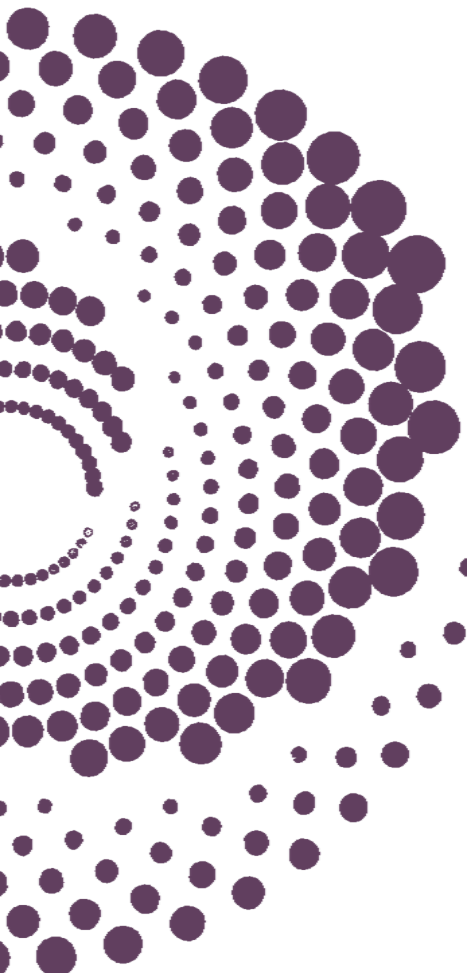
Focus on trauma and
comorbidities

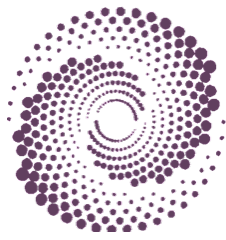




THANK
YOUü

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VIETNAM'S NEEDS ASSESSMENT 2021

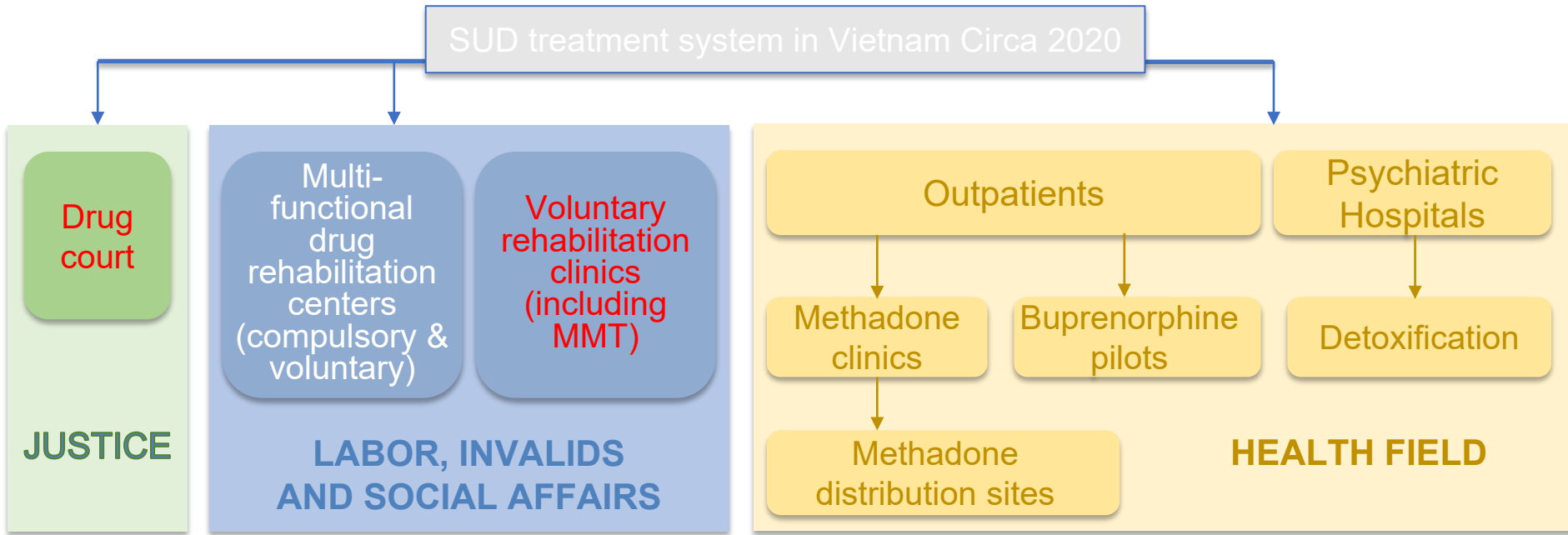
Nguyen Bich Diep
V-ITTC Project Coordinator
Center for Training and Research on Substance Abuse – HIV
Hanoi Medical University
ISSUP Conference, Abu Dhabi
12 – 16 May 2022

OVERVIEW

- Vietnam is a country in Southeast Asia, located at the eastern edge.
- Landmass: 331,212 km²
- Population: > 97 million, the world's 15th-most populous country (2020).
- Vietnam borders China to the north, Laos and Cambodia to the west, and shares maritime borders with Thailand.
- Vietnam's political capital is Hanoi while the economic capital is Ho Chi Minh City.



OVERVIEW OF SUBSTANCE USE TREATMENT



- FAMILY
- PEER
- SOCIAL SERVICES
- HEALTH CARE SYSTEM



OBJECTIVES

- To describe the characteristics of addiction treatment staff in the healthcare and the invalids and social affairs system in 2021.
- To assess the training needs of staff working in the field of addiction treatment.
- To identify challenges and strategies in planning and designing appropriate training programs in Vietnam.



NEEDS ASSESSMENT CONTENTS

1. A survey of staff working in the addiction field
2. A survey of potential national trainers
3. National mapping services



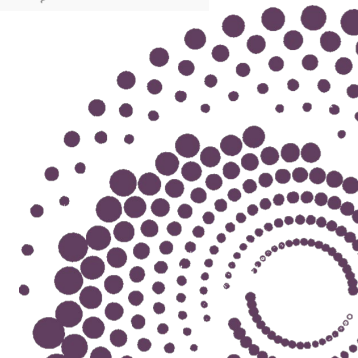
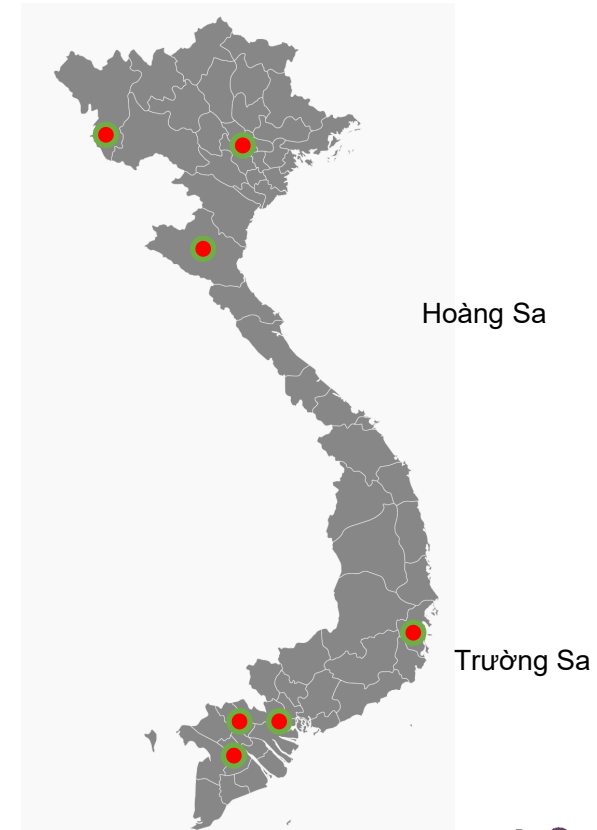
I. SURVEY OF NATIONAL WORKFORCE

1. Study period:

12/2021 – 1/2022

2. Settings: 7 provinces and cities that are known for their drug-use situations and HIV epidemic in Vietnam

- Dien Bien
- Hanoi
- Nghe An
- Khanh Hoa
- Ho Chi Minh
- Long An
- Can Tho



METHODS (2)

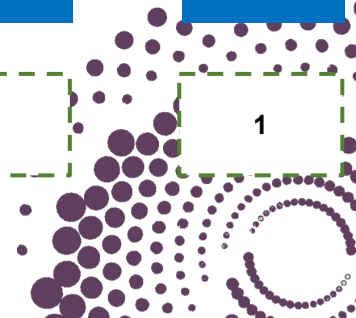
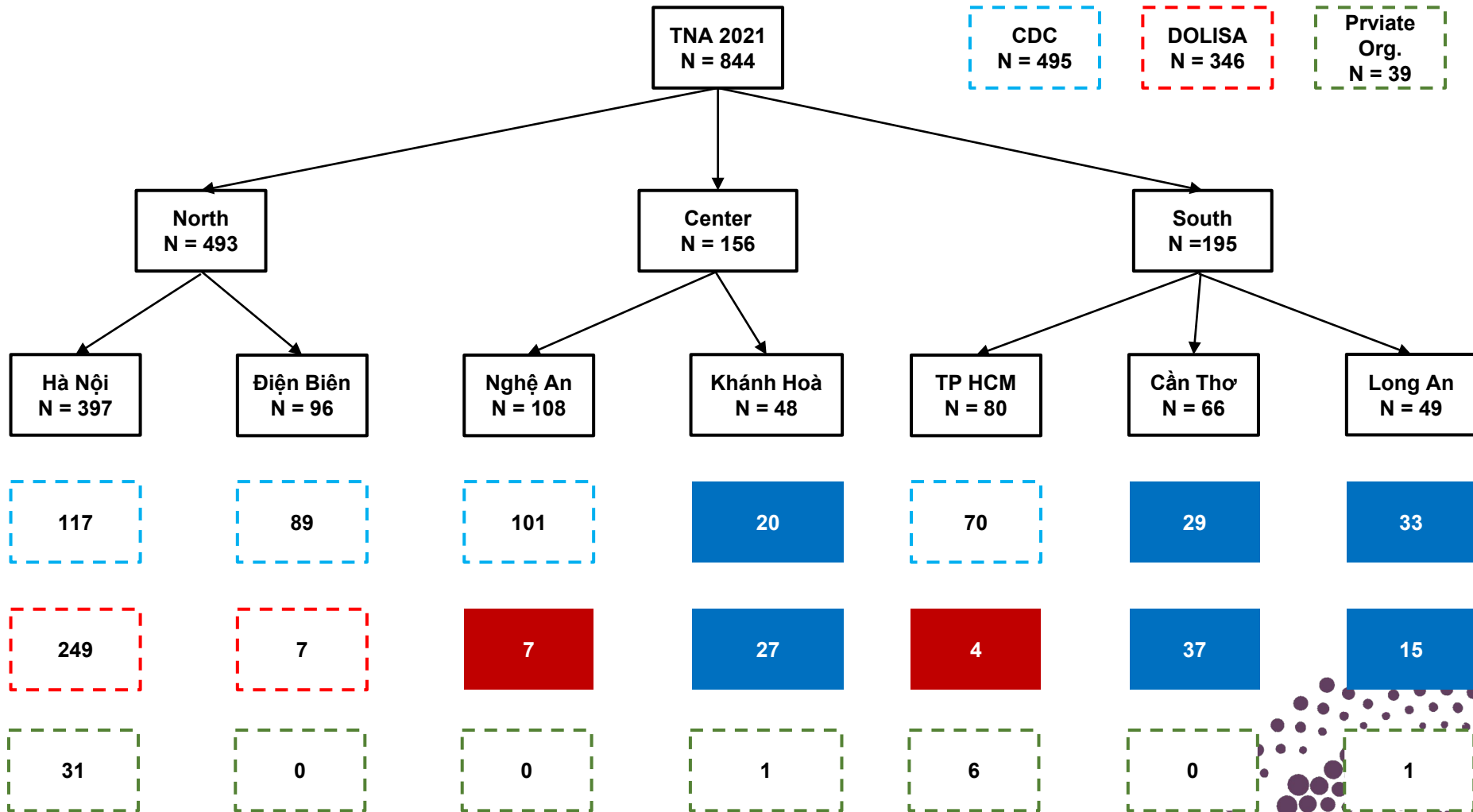
3. Study design: A cross sectional survey

4. Participants:

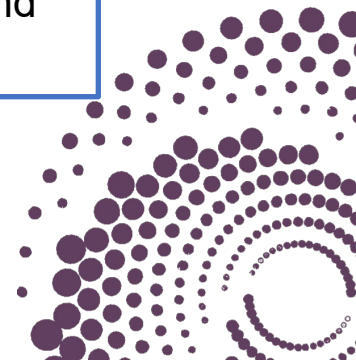
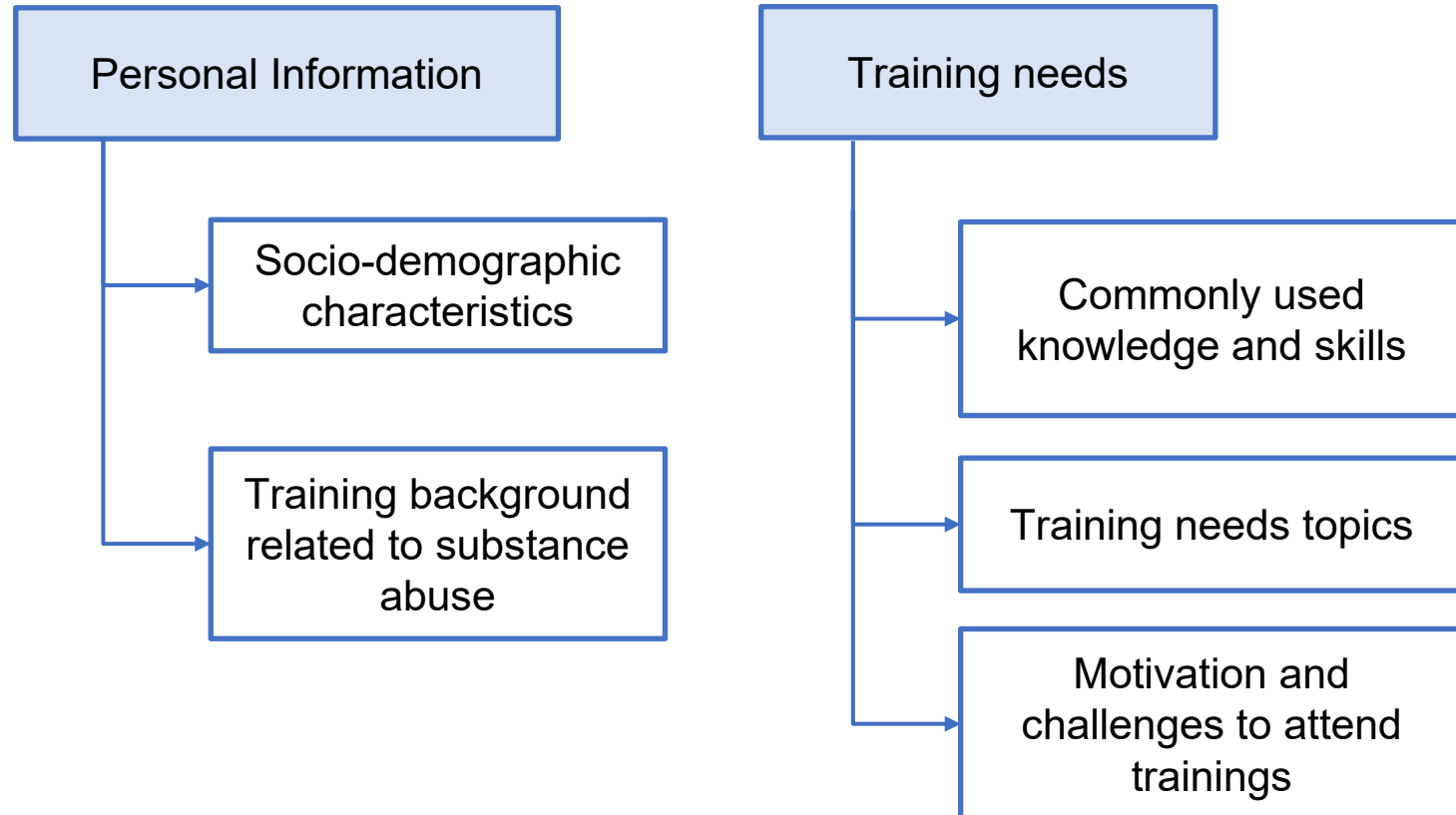
- Staffs working at MMT clinics under the management of Centers for Disease Control and Prevention (CDC)
- Staffs working at rehab centers under the management of Department of Labor, Invalids and Social Affairs (DOLISA)
- Staffs working in private (religious) organizations



PARTICIPANTS

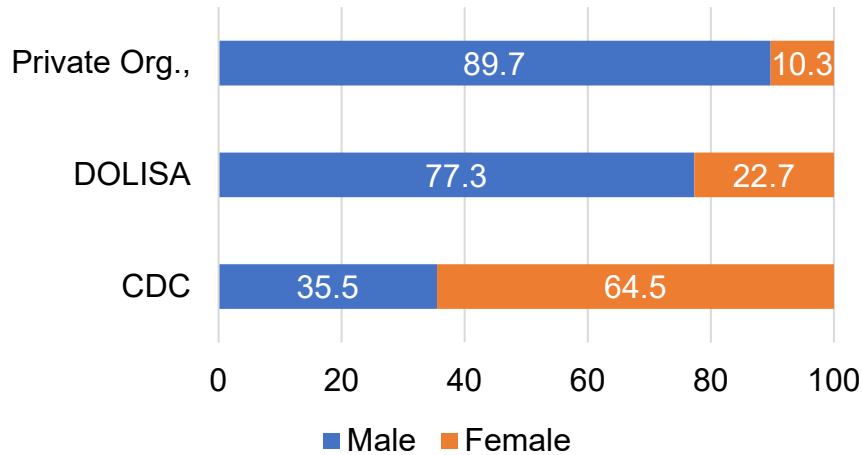


COLLECTED INFORMATION

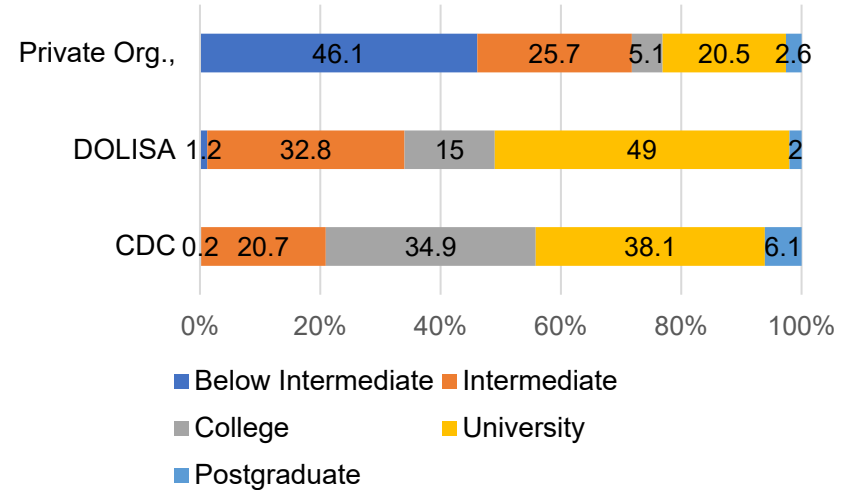


DEMOGRAPHIC CHARACTERISTICS (1)

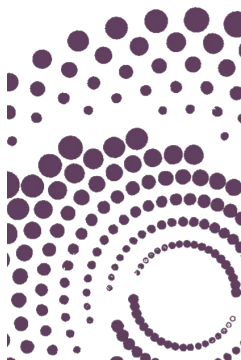
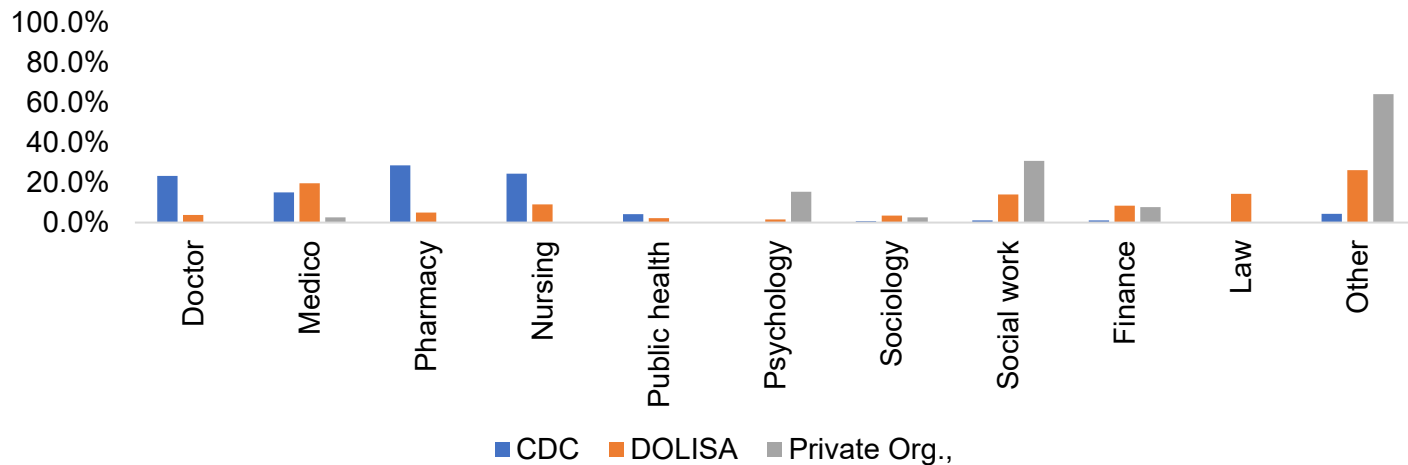
Gender



Educational level

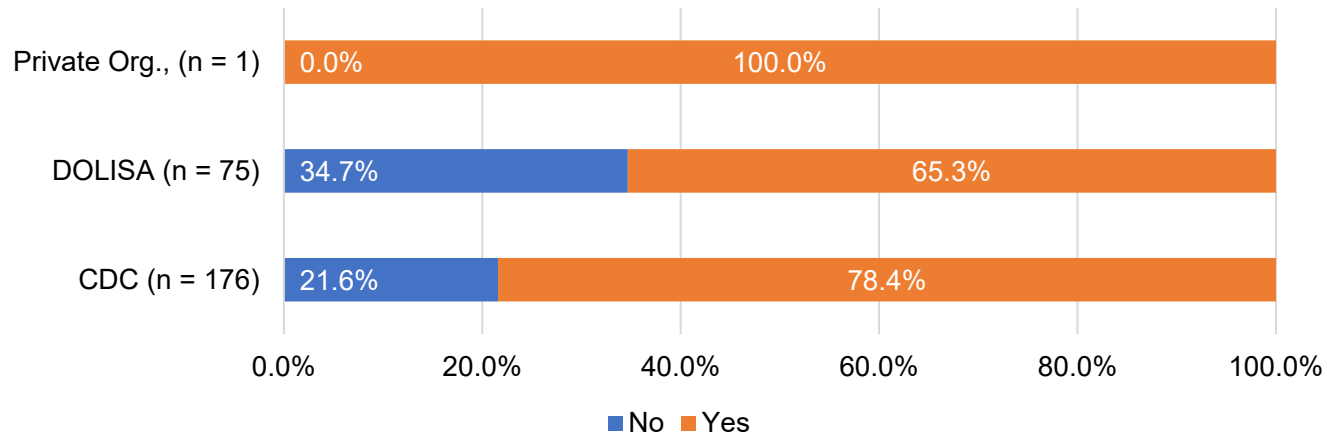


Specialized training

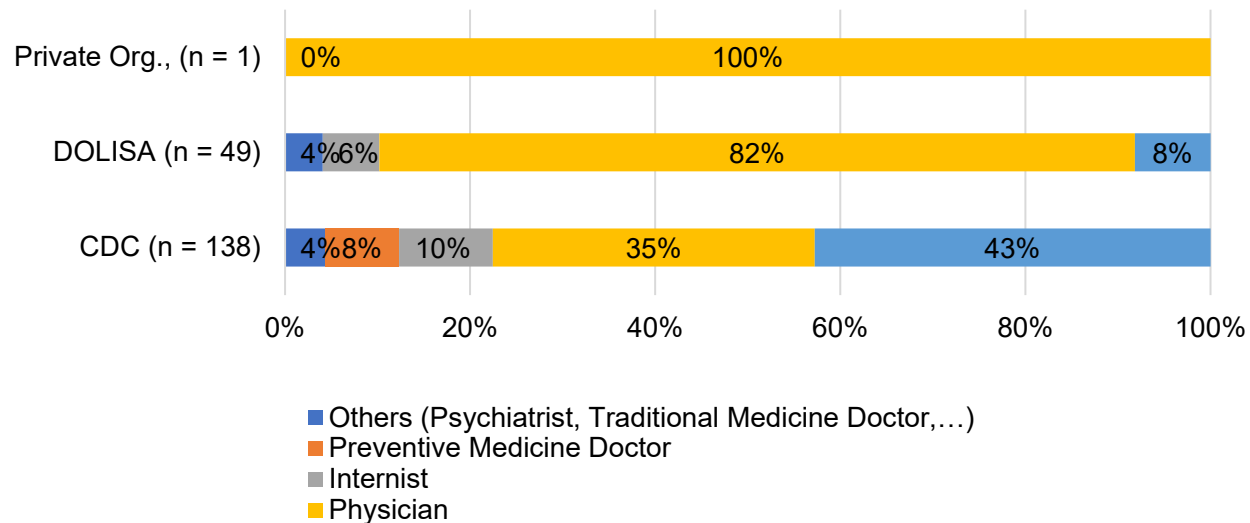


DEMOGRAPHIC CHARACTERISTICS (2)

Proportion of doctors/physicians have practicing certificate

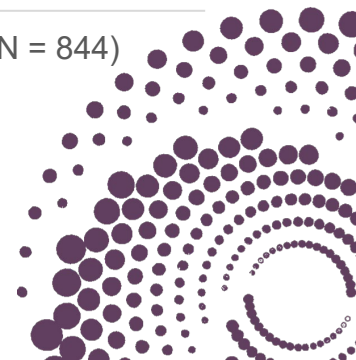
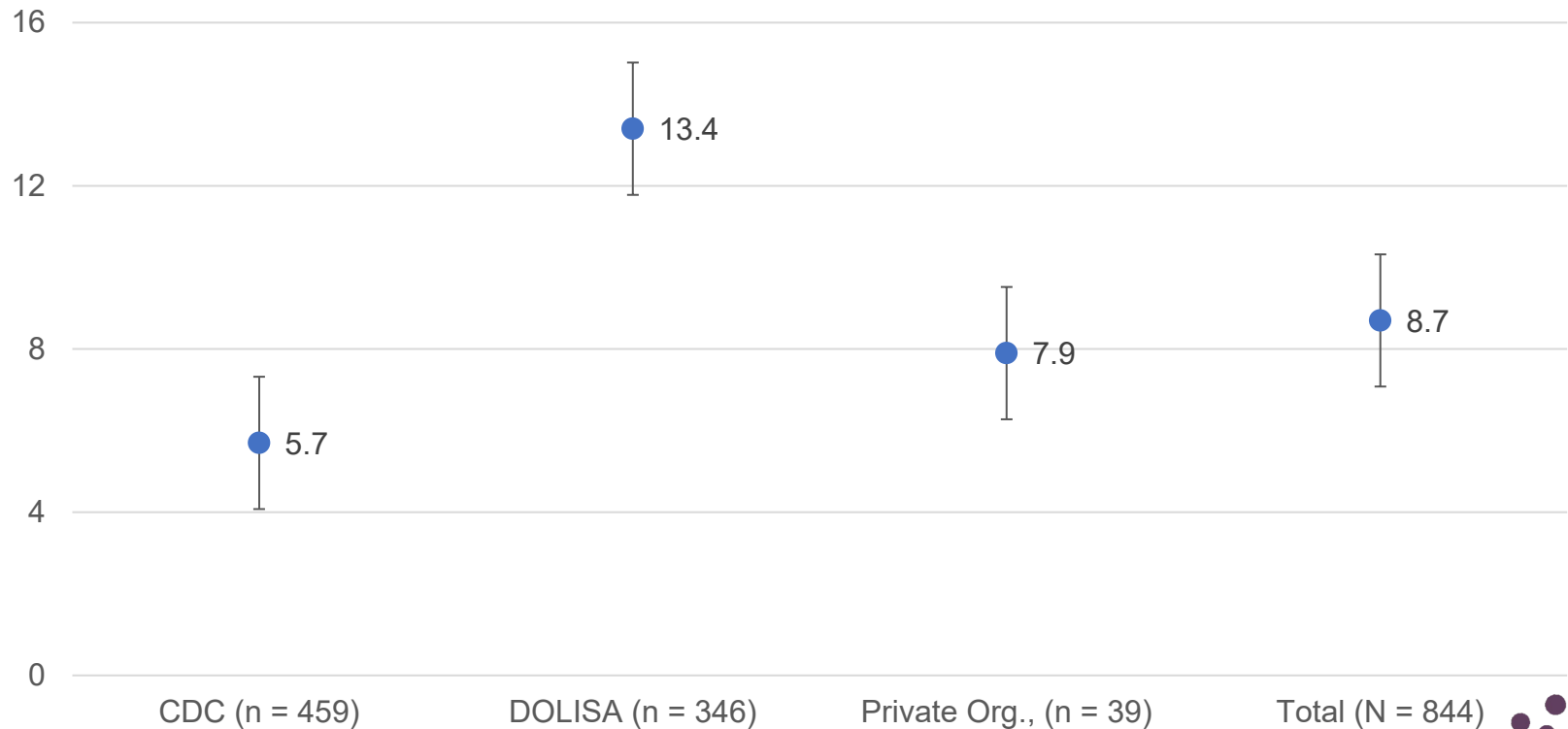


Professional activities on practicing certificate



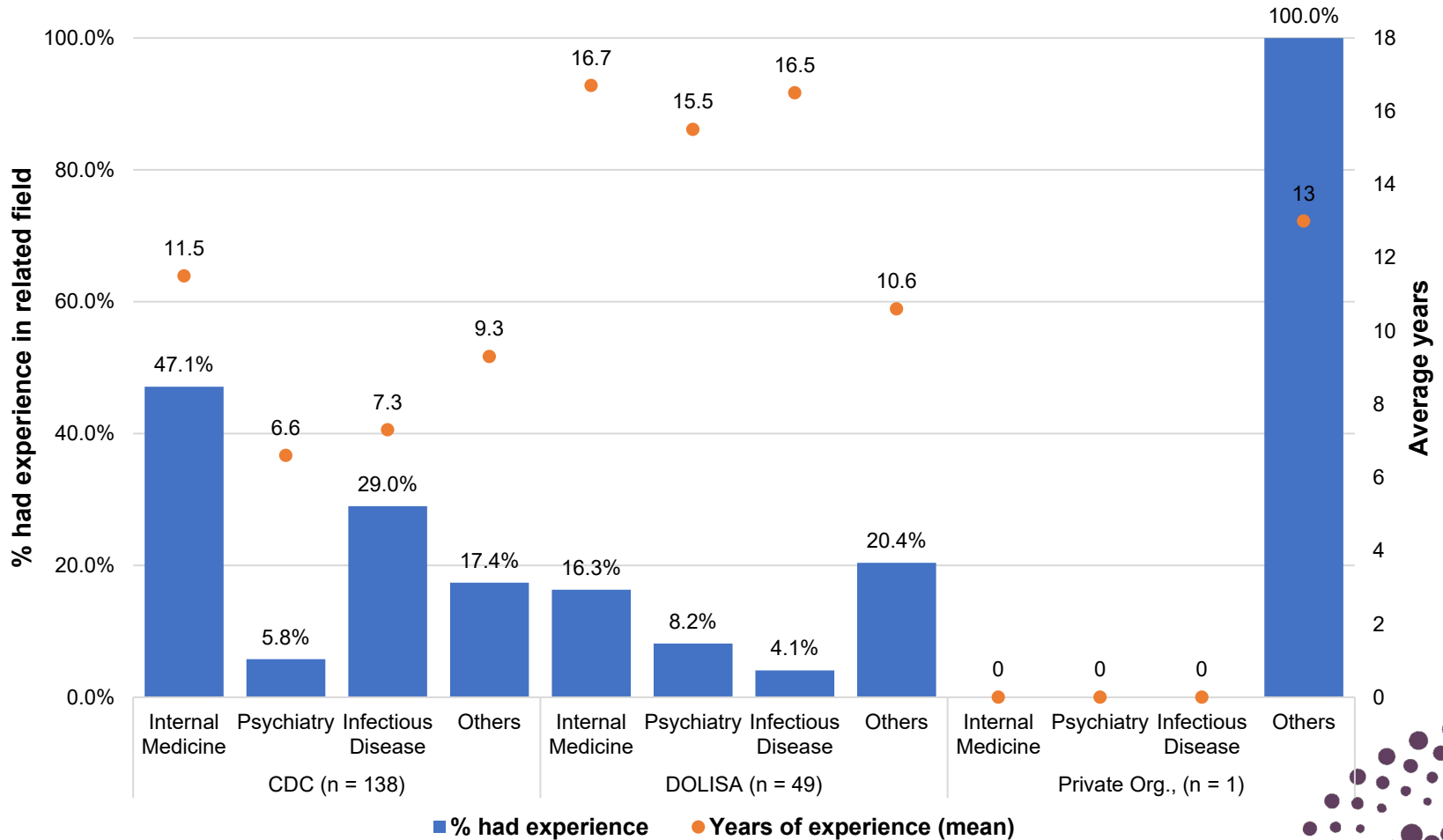
DEMOGRAPHIC CHARACTERISTICS (3)

Average years working in the addiction field



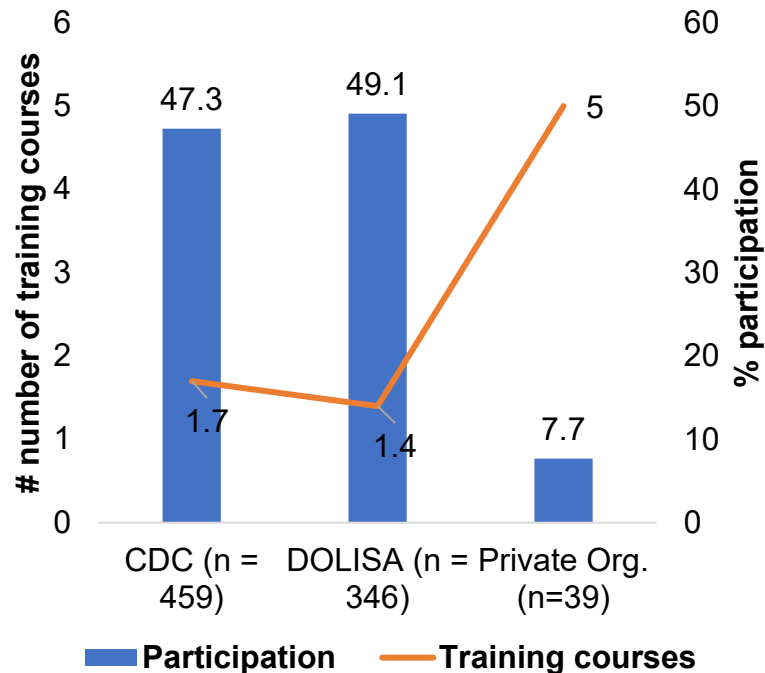
DEMOGRAPHIC CHARACTERISTICS (4)

Experience of working in the related field

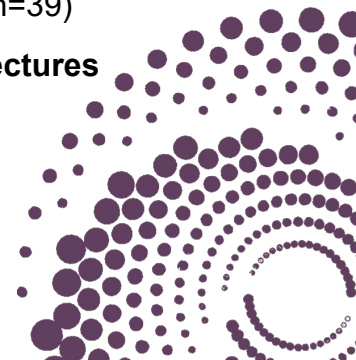
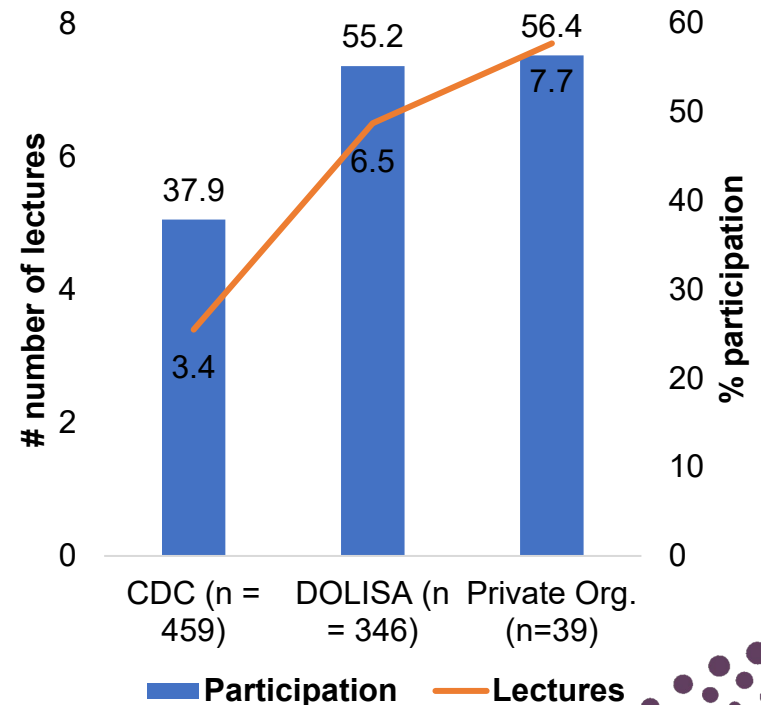


TRAINING EXPERIENCES

Participation in **certified training courses**
in the last 2 years



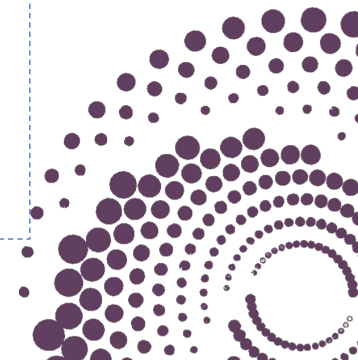
Participation in (single) **lectures**
in the last 2 years



FREQUENTLY USED KNOWLEDGE AND SKILLS

Doctor	Pharmacist	Counselor	Nurse
<ul style="list-style-type: none"> • Methods on drug addiction treatment (75.4%) • Diagnosis of addiction (76.8%) • Treatment adherence (77.5%) 	<ul style="list-style-type: none"> • Methadone side effects management (63.4%) • Treatment adherence (63.4%) • Methadone managing and dispensing technical procedure (82.1%) 	<ul style="list-style-type: none"> • Motivational interviewing (84.7%) • Counselling skills (87.5%) • Treatment adherence (87.5%) 	<ul style="list-style-type: none"> • Methods on drug addiction treatment (61.8%) • Basic knowledge on HIV (64.7%) • Treatment adherence (69.6%)

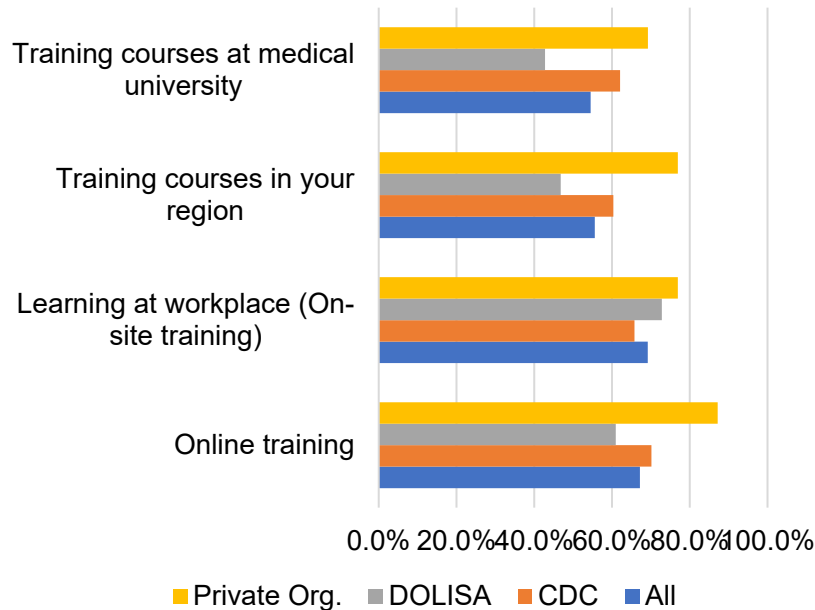
Manager	Laboratory technician	Administrative staff
<ul style="list-style-type: none"> • Basic knowledge on HIV (53.2%) • Drug prevention regulation (62.1%) • Counselling skills (65.0%) 	<ul style="list-style-type: none"> • Methadone Maintenance Treatment guidelines (55.6%) • Basic knowledge on HIV (55.6%) • Treatment adherence (66.7%) 	<ul style="list-style-type: none"> • Methadone Maintenance Treatment phases (65.6%) • Methadone Maintenance Treatment guidelines (67.2%) • Treatment adherence (68.7%)



PREFERRED TRAINING TOPICS

Training Topics	MANAGER	DOCTOR	NURSE	PHARMACIST	COUNSELOR
Addiction and addiction treatment	<ul style="list-style-type: none"> • New amphetamine-type stimulants (81.8%) • General knowledge of addiction: mechanism, diagnosis, substance abuse treatment (74.7%) 	<ul style="list-style-type: none"> • Treatment of substance use disorders related to amphetamine use (85.9%) • New amphetamine-type stimulants (83.8%) 	<ul style="list-style-type: none"> • Opioid addiction treatment (85.3%) • New amphetamine-type stimulants (83.3%) 	<ul style="list-style-type: none"> • Opioid addiction treatment (77.9%) • New amphetamine-type stimulants (75.2%) 	<ul style="list-style-type: none"> • Opioid addiction treatment (86.1%) • New amphetamine-type stimulants (84.7%)
Addiction treatment counselling and prevention	<ul style="list-style-type: none"> • Rehabilitation and social reintegration (73.4%) • Contingency management (73.9%) 	<ul style="list-style-type: none"> • Drug overdose prevention (78.9%) • Relapse prevention (78.9%) 	<ul style="list-style-type: none"> • Craving coping skills (78.4%) • Basic counselling skills (81.4%) 	<ul style="list-style-type: none"> • Drug overdose prevention (68.3%) • Basic counselling skills (69.7%) 	<ul style="list-style-type: none"> • Basic counselling skills (88.9%) • Motivational interviewing (90.3%)
Co-occurring disorders	<ul style="list-style-type: none"> • Suicide management and prevention (63.5%) • Stress management (65%) 	<ul style="list-style-type: none"> • Mental health disorders intervention (78.2%) • Mental health disorders screening (80.3%) 	<ul style="list-style-type: none"> • HIV testing counseling (74.5%) • HIV screening (75.5%) 	<ul style="list-style-type: none"> • HIV screening (64.1%) • Strategies to reduce SUD stigma and HIV/AIDS (67.6%) 	<ul style="list-style-type: none"> • Mental health disorders intervention (77.8%) • Strategies to reduce SUD stigma and HIV/AIDS (83.3%)
Administration and management	<ul style="list-style-type: none"> • Executive skills (76.8%) • Management skills (83.7%) 	<ul style="list-style-type: none"> • Drug use during COVID-19 pandemic (77.5%) • Ethics in addiction treatment (78.9%) 	<ul style="list-style-type: none"> • Ethics in addiction treatment (71.6%) • Drug use during COVID-19 pandemic (77.5%) 	<ul style="list-style-type: none"> • Ethics in addiction treatment (67.6%) • Drug use during COVID-19 pandemic (68.3%) 	<ul style="list-style-type: none"> • Ethics in addiction treatment (80.6%) • Drug use during COVID-19 pandemic (86.1%)

PREFERRED TRAINING FORMATS



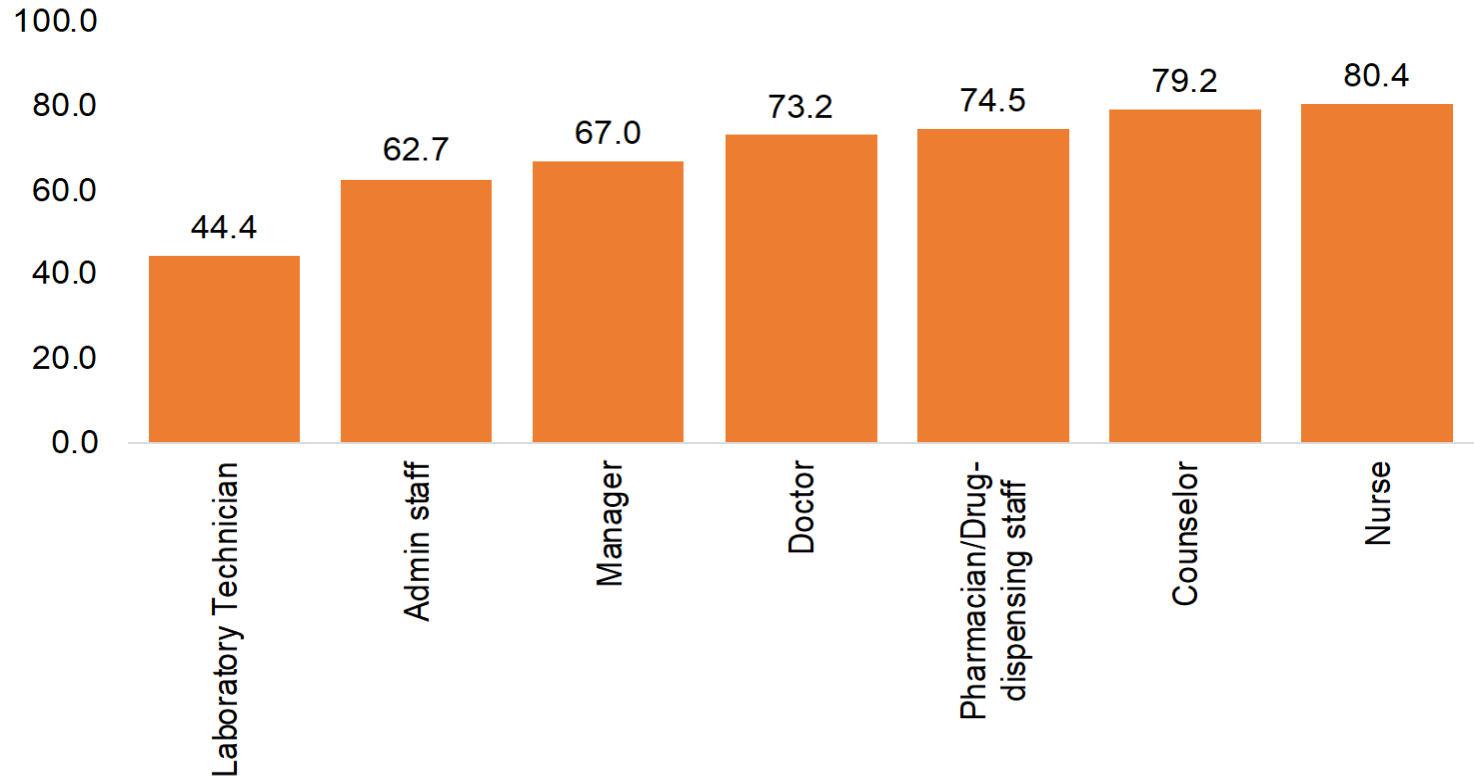
Training formats by management agency

Training methods	All Participants (N = 844)	CDC (n = 459)	DOLISA (n = 346)	Private Org., (n = 39)
Telephone consultations following training would be useful	57%	61%	49%	87%
Training made available over the Internet would be useful	63%	64%	58%	82%
Exchanging ideas with other programs that have interests similar to yours would be helpful	63%	66%	59%	77%
General introductory sessions on multiple topics is an effective course format	66%	68%	63%	72%
Training courses should include role playing and group activities	68%	68%	65%	82%
On-site consultation following training would be helpful	68%	67%	66%	82%
Training courses should include hands-on training	71%	75%	64%	79%
Training course should spend more time for practice	73%	71%	72%	92%
Training courses should be on evidence-based interventions	73%	76%	69%	77%
Intensive training on a specialized topic is an effective format	74%	74%	72%	85%



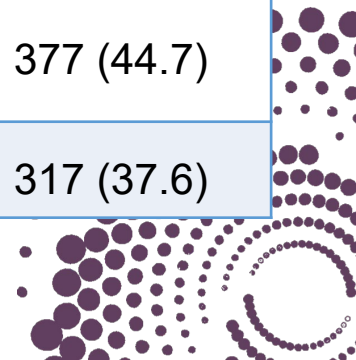
MOTIVATION TO ATTEND TRAININGS

% prefer continuing medical education (CME)



BARRIERS TO ATTEND TRAININGS

	N (%)
Work overload negatively affects motivation to participate in training courses	534 (63.3)
Limited budget does not allow most staff to attend training when necessary	549 (65.0)
Too little reward to change the current established treatment or procedure	439 (52.0)
Recent training topics are too limited	418 (49.5)
The quality of lecturers of recent training courses is not good	208 (24.6)
Training activities take up too much time compared to the main job	255 (30.2)
Applying from training materials to actual work is too complicated	314 (37.2)
Limited resources (e.g., office space or budget) make it difficult to adopt new practices	377 (44.7)
Staff background limits the implementation of new practices	317 (37.6)



II. SURVEY OF POTENTIAL NATIONAL TRAINERS

- 13 potential national trainers
- 5 HMU, 2 UMP, 2 ULSA, 1 DSEP, 3 NGO/FBO
- Educational level: 1 Intermediate, 1 College, 3 University, 8 Post-graduate
- Specialized training: 5 psychology, 3 social work, 2 sociology, 2 doctors, 1 nurse, 1 technician, 1 public health
- Average years of experiences: 10 years



TRAINING AND CREDENTIALING

- ***UTC basic (1-8)***

- 12/13 ever participated in UTC basic courses
- Average participation ~ 6,3 courses
- 8/13 participated in all UTC basic courses

- ***UTC advances (9-18)***

- 3/13 ever participated in UTC advanced courses

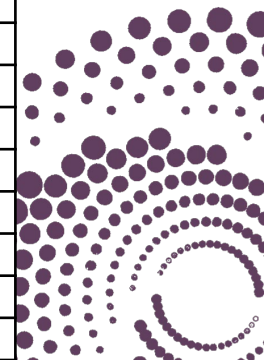
- ***ICAP-I***

- 2/13 received ICAP I



PREFERRED TRAINING TOPICS

Training needs topics	N=13
Topics related to addiction treatment	
Treatment of acute poisoning with Opiates/ATS/Alcohol/Other drugs	85%
Treatment of withdrawal syndrome of Opiates/ATS/Alcohol/Other Drugs	77%
Methadone Maintenance Treatment	77%
Buprenorphine Treatment	85%
Topics related to co-occurring disorders	
Mental health disorders screening and prevention	100%
Mental health disorders related to drug abuse	100%
Other topic	
Supervision and technical support	100%
Topics related to addiction prevention and counseling	
Screening with ASSIST	85%
Substance abuse prevention	92%
Relapse prevention	85%
Drugs overdose prevention	85%
HIV screening (Rapid test and diagnosis)	69%
Early prevention for people with HIV	85%
Short interventions and referrals for drug and alcohol users	100%
Intervention for ATS abuse	100%
ATS screening and diagnosis	69%
Counseling and treatment related to substance use disorders (SUD)	100%
Social support for drug addiction treatment	100%
Individual counseling skills	85%
Group counseling skills	92%
Treatnet Family Intervention (TFI)	100%
Motivational Interviewing (MI) skills	100%
Case management	100%
Cognitive-behavioral Therapy (CBT)	100%
Contingency Management (CM)	100%
Work therapy	92%
Drug and society	92%

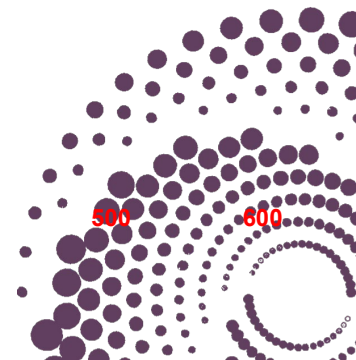
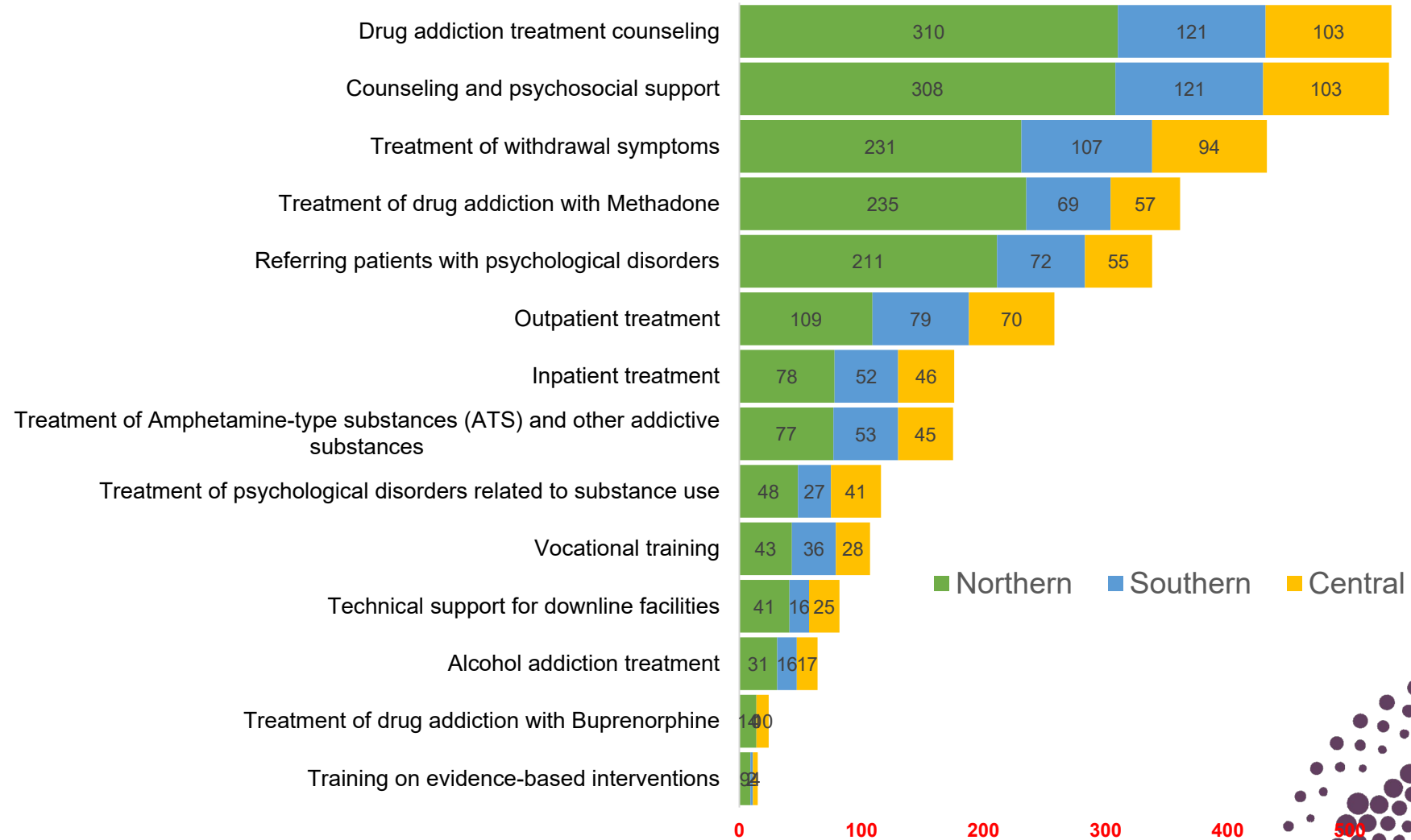


III. MAPPING SERVICES - Types of facilities

	Nothern	Central	Southern	Total
MMT under MOH (main clinics)	203	70	68	341
MMT under MOLISA	-	-	-	21
BUP	33	11	0	41
Public Rehab Center	46	28	32	106
Private Rehab Center	-	-	-	16
Psychiatric Hospital	19	8	12	39
Psychiatric Department (under provincial hospital)	10	2	6	18
Psychiatric Clinic (private)	-	-	-	N/A



III. MAPPING SERVICES - Types of services



KEY FINDINGS

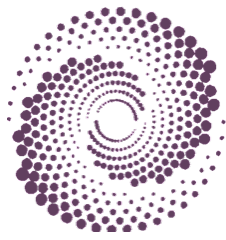
- Staff working in substance use disorders
 - There are differences in the characteristics and training needs of staff from different treatment systems
 - Most surveyed staffs have training needs with relatively diverse topics
 - Staffs working in private organizations have high training needs
- National trainers are unevenly qualified and also face high training needs
- Most available services are MAT, basic counselling and referring for co-occurring disorders



THE UPCOMING IMPLEMENTATION PLAN

- Sharing assessment results with MOH and MOLISA and discuss future training plan to meet the needs.
- In addition to training, technical support and clinical supervision will need to be enhanced.
- Plan to strengthen Quality Assurance at treatment facilities
- Accelerate training and credentialing national trainers.





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THANK YOU FOR LISTENING!

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Facebook page: Vietnam ITTC

Vietnam ITTC
101 người đăng ký

ĐĂNG KÝ

TRANG CHỦ VIDEO DANH SÁCH PHÁT KÊNH THẢO LUẬN GIỚI THIỆU

Video tải lên PHÁT TẤT CẢ

[BÀI GIẢNG VỀ ĐIỀU TRỊ NGHIỆN BĂNG... 37:52 2 lượt xem • 1 ngày trước

[BÀI GIẢNG VỀ ĐIỀU TRỊ NGHIỆN BĂNG... 42:35 0 lượt xem • 1 ngày trước

[BÀI GIẢNG VỀ ĐIỀU TRỊ NGHIỆN BĂNG... 1:12:23 1 lượt xem • 1 ngày trước

[ITTC] SỨC KHỎE TINH THẦN CỦA NHÂN VIÊN Y T... 1:39:36 118 lượt xem • 1 tuần trước

[BÀI GIẢNG VỀ ĐIỀU TRỊ NGHIỆN BĂNG... 3:52:38 17 lượt xem • 3 tuần trước

Mạng lưới Trung tâm Chuyển giao Công nghệ Quốc tế (ITTC) về Giảm cầu ma túy

Vietnam ITTC
Trang web tin tức & truyền thông

Đăng theo dõi

Trang chủ Đánh giá Video Ảnh Xem thêm

Đã thích Nhân tin

Giới thiệu Xem tất cả

1 Fanpage chính thức của Trung tâm Chuyển giao Công nghệ Quốc tế Việt Nam, Đại học Y Hà Nội. Official Fanpage of Vietnam International Technology Trans... Xem thêm

2 ITTC Việt Nam phối hợp chặt chẽ với các trường Đại học, cũng như chuyên gia trong nước và quốc tế nhằm đóng góp cho quá trình phát triển của lĩnh vực... Xem thêm

3 49 người thích trang này, trong đó có 13 người là bạn của bạn

Vietnam ITTC
23 tháng 6 lúc 16:28

Mạng lưới Trung tâm Chuyển giao Công nghệ Quốc tế (ITTC) về Giảm cầu ma túy

MESSANGER
Vietnam ITTC đã cập nhật thông tin

Gửi tin nhắn



ITTC

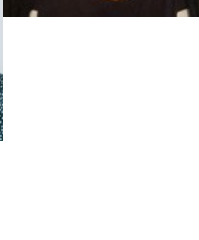
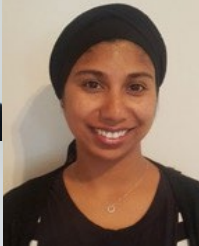
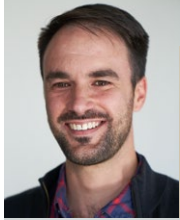
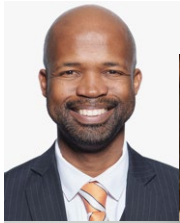
International Technology Transfer Center
A program of the International Consortium of Universities
for Drug Demand Reduction

Needs Assessment South Africa ITTC

13 May 2022 ISSUP Abu Dhabi 2022

Associate Professor Goodman Sibeko

Overview



Who and where ITTC is

Aims outline

Strategies and outcomes for needs assessment

Lessons



Location



Aims and Activities of SA ITTC

Aim

- 1** Support the development of national and ***regional drug and alcohol policies*** that promote the implementation of evidence-based best practices for substance use prevention, treatment, and recovery services in South Africa

- 2** ***Expand the uptake of evidence-based best practices*** for substance use prevention, treatment and recovery services including related health conditions in South Africa

- 3** ***Assess and remove barriers*** to evidence-based best practices for substance use prevention, treatment, and recovery services in South Africa



Aims and Activities of SA HIV ATTC

Aim

- 1** **Develop and deliver training and technical assistance** for individuals and organizations addressing substance use disorders, mental health, and/or HIV
 - Develop and deliver training and technical assistance curricula for the workforce addressing HIV, SUD, and mental health
 - Expand curriculum and capacity to train the HIV-SUD-mental health workforce
 - Prepare accessible, scalable training materials to support task shifting
- 2** **Develop, implement, and/or participate in the development of national or local standards of professional practice**
 - Assist at local and national level in addressing HIV, SUDs, and/or mental illness including helping policy makers in developing best practices
- 3** Foster provincial and national **collaborations** among key stakeholders addressing HIV, SUD, and mental health



ATTC -> ITTC

- Maintenance of key ATTC activities and relationships
- Pivot focus on DDR with stronger University engagement
- Closer collaboration with ISSUP and ICUDDR
- Repurpose and reengage Advisory Board as DDR collaborators
- Reflect on original needs assessments and appraise indication for new assessment
 - Continued relevance of existing resources
 - Adaptation of resources to fit current purpose and circumstances
 - Strategic collaborative engagement



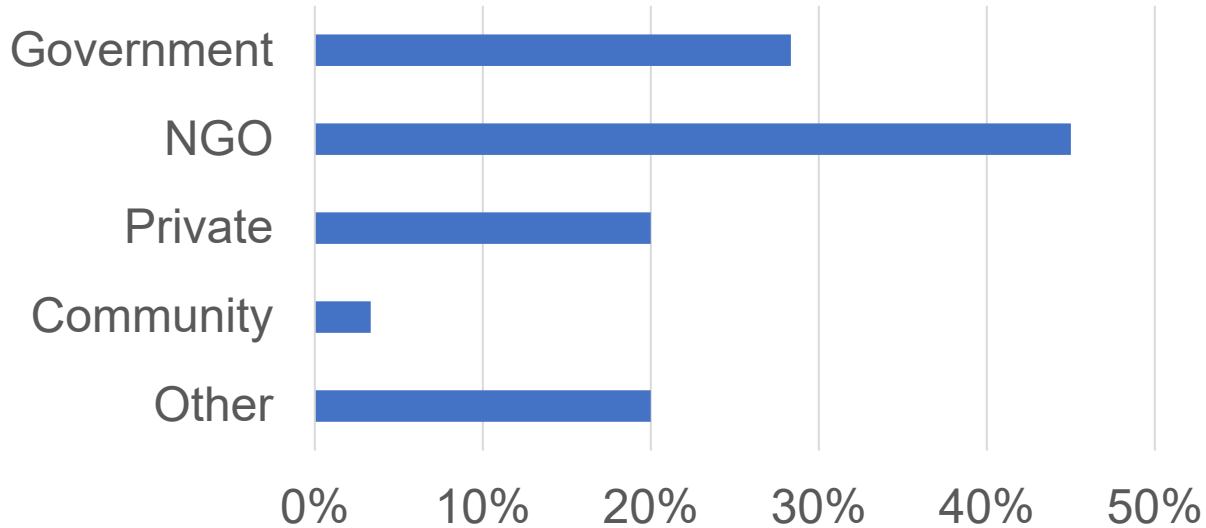
Strategies for SA needs assessment

- Initial formative needs assessment
- National Advisory Board feedback (Initial and ongoing)
 - With view to responsiveness as well as cooperative implementation
- Follow up needs assessment
- Iterative and consultative product review and evolution
 - Stakeholder input
 - Recipient input
 - Circumstantial demands (Covid-19)



Needs assessment results

Organization type

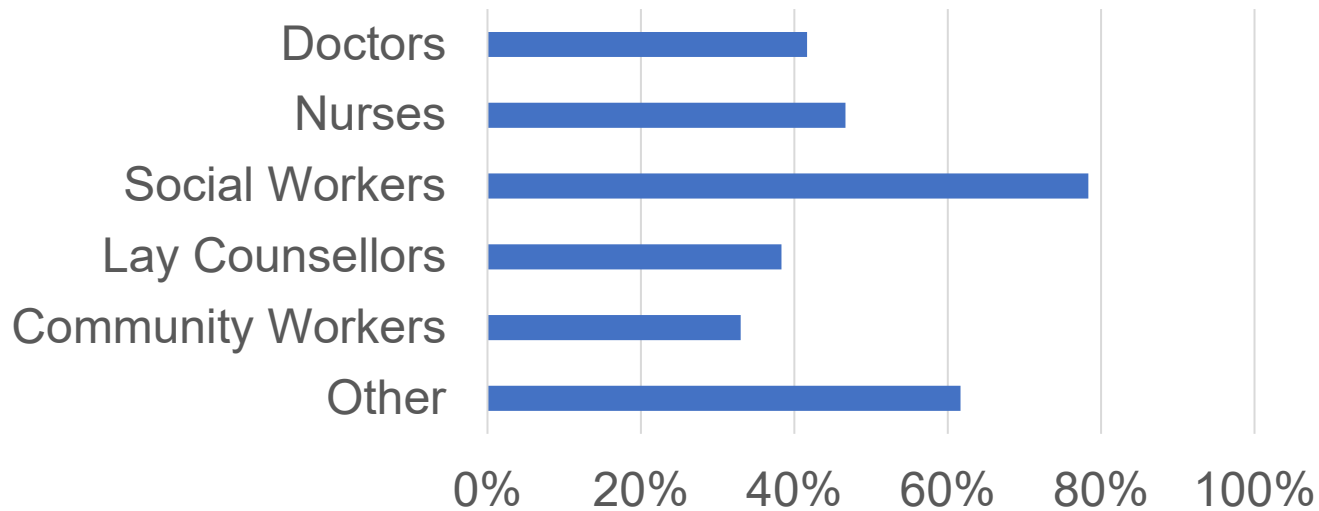


Other included: Research, Universities, multiple choices



Needs assessment results

Organization Staffing

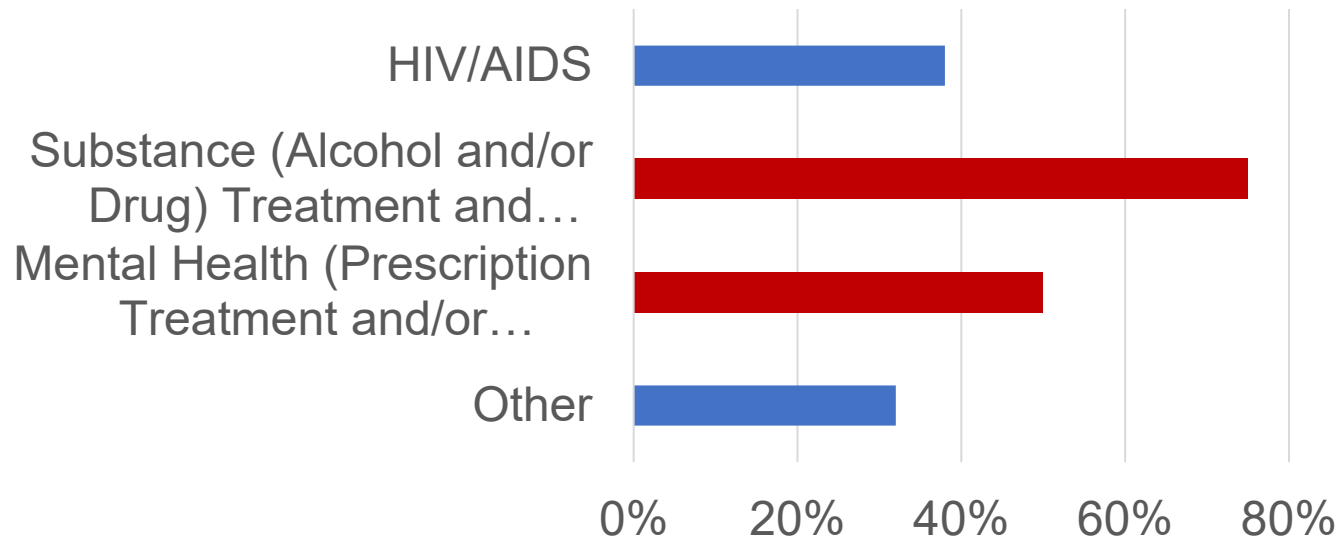


Other included: Psychologist, students, registered counsellors, and occupational therapists



Needs assessment results

Services Rendered by Organization

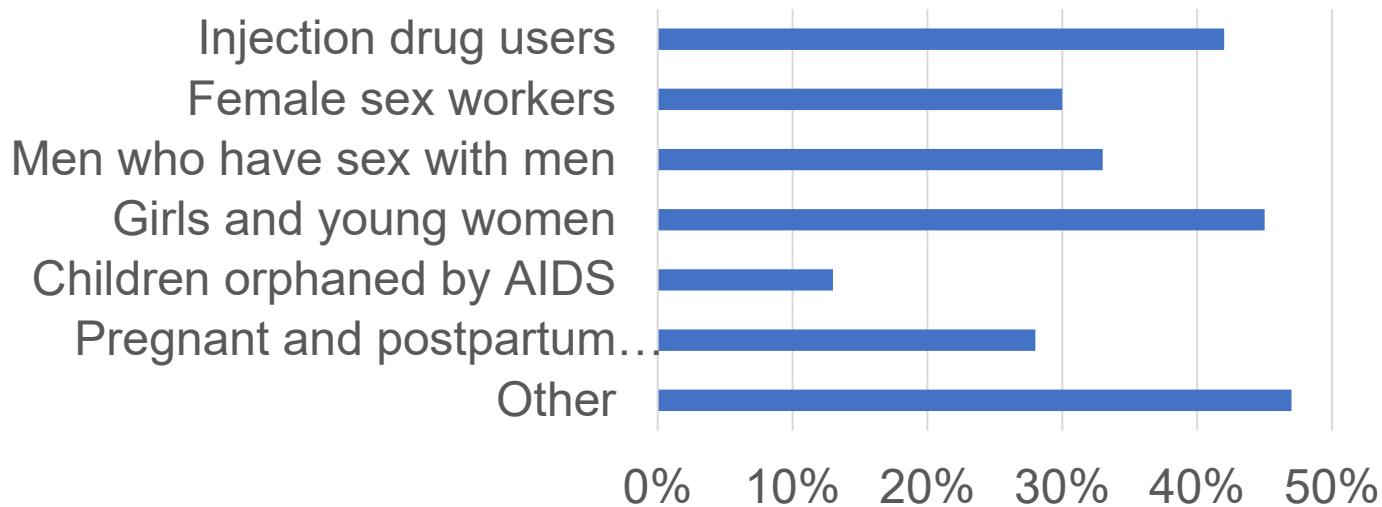


Other included: Foster care, early intervention, and community harm reduction



Needs assessment results

Key populations supported by organization

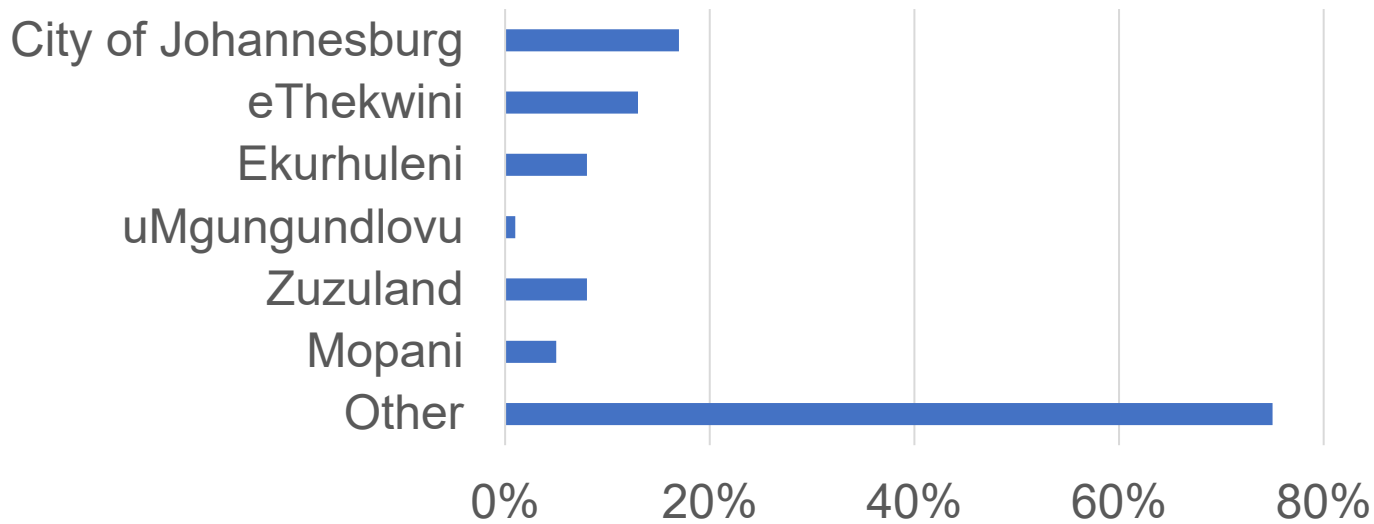


Other included: Severe mental illness, intellectual disabilities, child protection, homeless, and unemployed



Needs assessment results

Key populations supported by organization

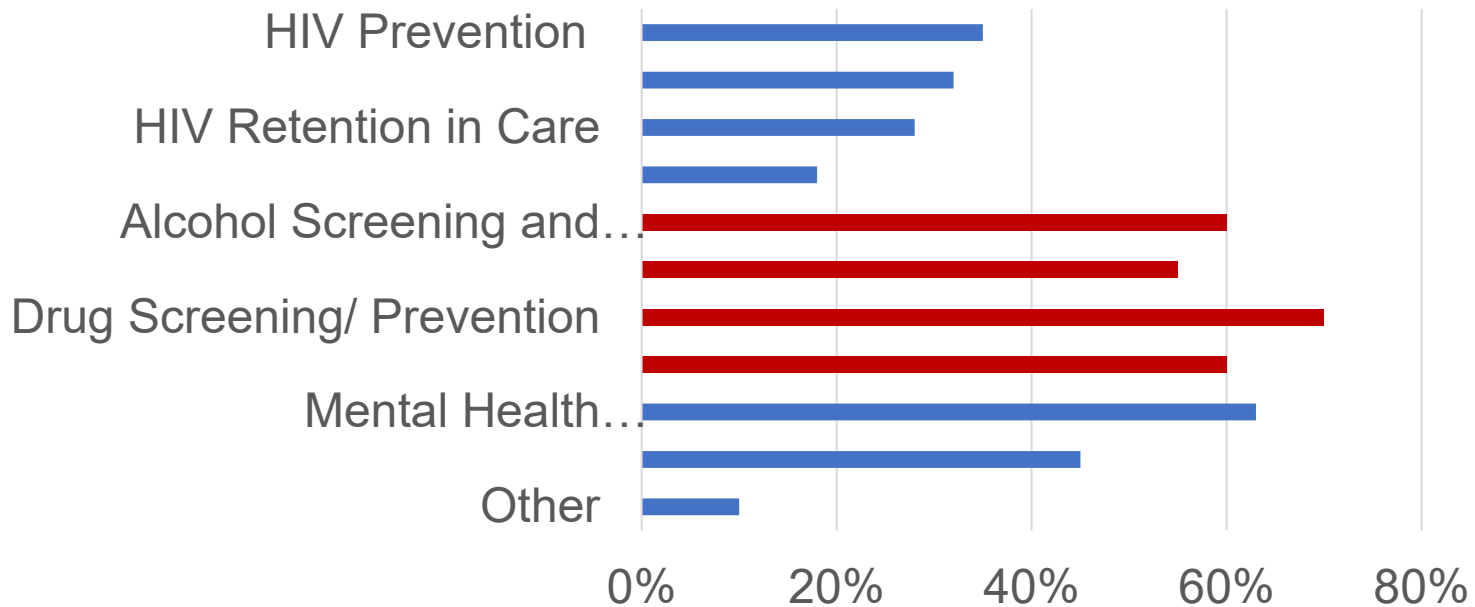


Other included: KwaZulu Natal, Matzikama, Khayelista, O.R. Tambo, Alfred Nzo, Joe Gqabi



Needs assessment results

Desired training focus

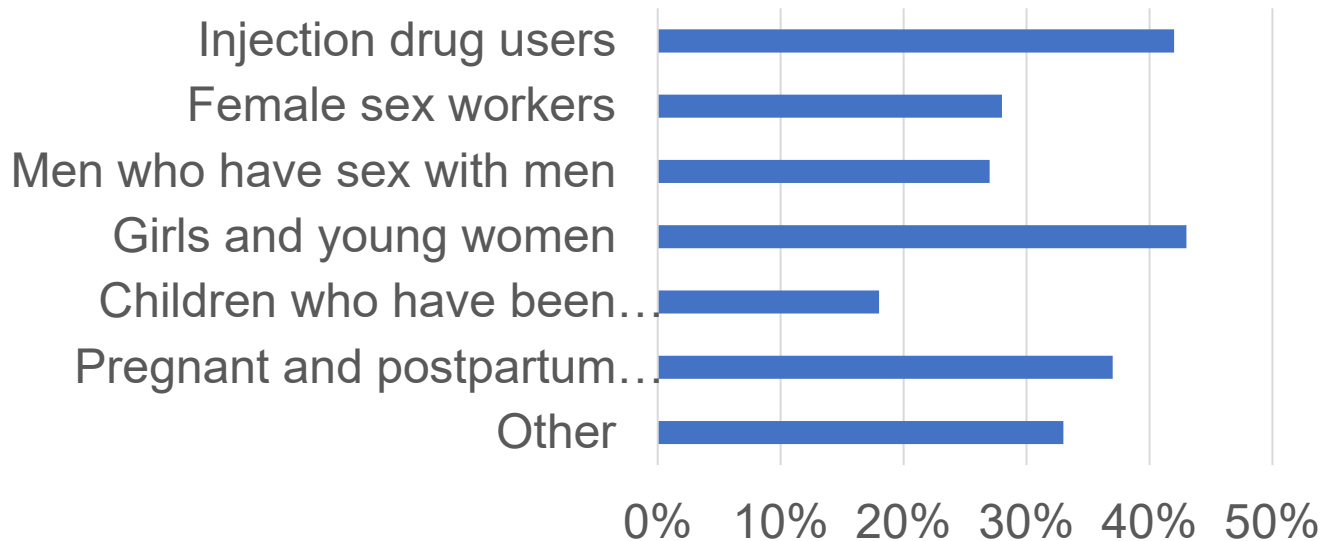


Other included: Opioid treatment, case management

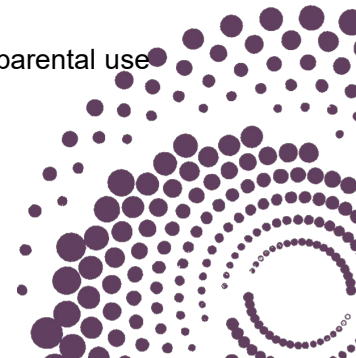


Needs assessment results

Desired training focus in terms of populations



Other included: Adolescents, HIV positive men, HIV treatment failure, mentally disabled, and preschoolers impacted by parental use

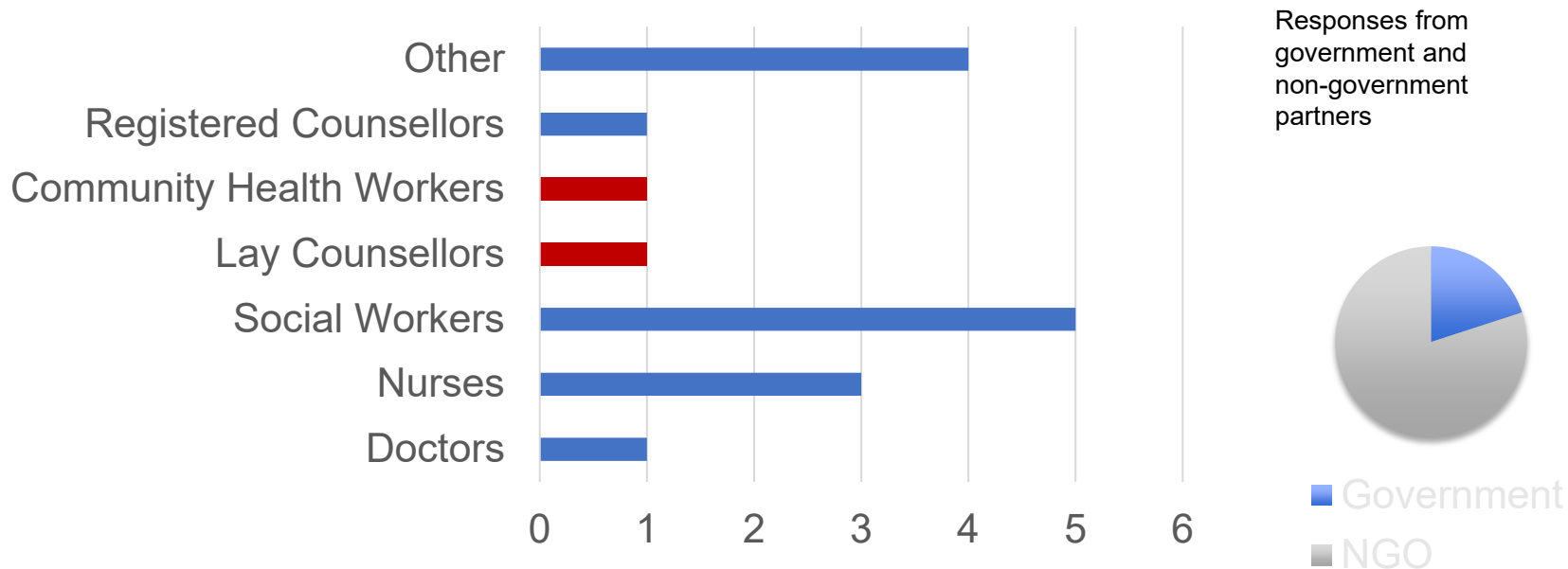


F/U needs assessment results



South Africa
ITTC

Organization staffing needing capacity building support



Other includes Home based carers, Managers, Policymakers, and Psychologists.

Advisory Board as ongoing input



Results of Advisory Board input

- SBIRT Policy framework
- SBIRT capacity building programme KZN Health
- Integration of self care and provider-oriented capacity building (over and above recipient care focus)
 - Evolution into development of community level tools for DDR
- Nuanced focus on content to align with local policy and legislation
- Identification and development of novel focus for interventions
 - E.g. Department of Corrections interventions
 - UTC Trainer support
 - ADDICTION Conference and Addiction Professionals Forum



Results of circumstantial demand

South Africa ITTC International Technology Transfer Centre

The Alcohol Use Disorders Identification Test (AUDIT)

Training Video

South Africa ITTC International Technology Transfer Centre

The Drug Use Disorders Identification Test (DUDIT)

Training Video

South Africa ITTC International Technology Transfer Centre

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Training Video

UNIVERSITY OF CAPE TOWN
MENTAL HEALTH, MINDFULNESS, AND SELF-CARE
2-WEEK ONLINE MINDRO COURSE
ONLINE SAFETY COURSE



MI In Africa Webinar Series

MI IN AFRICA ITTC; Motivational Interviewing South Africa; Profs Rollnick and Miller, MI & Beyond

Stories from the Frontline of Care

Tuesday, 20th April, 4pm-5:30pm SA time

South Africa ITTC International Technology Transfer Centre

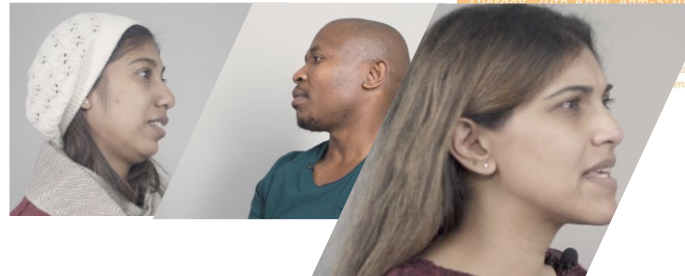
Screening, Brief Intervention Referral to Treatment (SBIRT)

Trainer's Guide

South Africa ITTC International Technology Transfer Centre

Screening, Brief Intervention Referral to Treatment (SBIRT)

Participant's Resource





South Africa
ITTC



HHS Public Access

Author manuscript

Train Educ Prof Psychol. Author manuscript; available in PMC 2021 June 07.

Published in final edited form as:

Train Educ Prof Psychol. 2020 February ; 14(1): 78–85. doi:10.1037/tep0000286.

Training the Addiction Treatment Workforce in HIV Endemic Regions: An Overview of the South Africa HIV Addiction Technology Transfer Center Initiative

Kelli Scott,

Brown University

Goodman Sibeko,

University of Cape Town

Beverley Cummings,

United States Substance Abuse and Mental Health Services Administration, Rockville, Maryland

Bronwyn Myers

University of Cape Town and South African Medical Research Council, Tygerberg, South Africa

Katherine Sorsdahl, Dan J. Stein

University of Cape Town

Caroline Kuo, Sara J. Becker

Brown University



Lessons

- Initial needs assessment
 - Participation makes collaborators feel considered
 - Responsiveness sustains buy-in
- Genuine collaboration builds relationships supporting success
- Iterative responsiveness garners trust
- Consistent engagement yields evolving strategies to meet changing needs and circumstances
- The Advisory Board can be an effective active collaborator



Thank you!



A screenshot of the ICUDDR website. The header includes the ICUDDR logo and a "BACK TO ICUDDR MAIN" link. The main content area is titled "South Africa ITTC" and describes the center as a program of the International Consortium of Universities for Drug Demand Reduction. It mentions funding from the Bureau of International Narcotics and Law Enforcement Affairs (INL), the US Department of State, and the Colombo Plan Drug Advisory Programme. A sidebar on the left lists navigation options like "ABOUT THE ITTC NETWORK", "TECHNOLOGY TRANSFER CENTRES", and "FIND AN ITTC". A "CONTACT US" box provides contact information for the Division of Addiction Psychiatry at the University of Cape Town. A "PARTNERS" section lists the Addiction Technology Transfer Centre (ATTC) Network and the University of Cape Town. A "TRAININGS AND RESOURCES" section lists a "Tour of Motivational Interviewing Online Course" and "Motivational Interviewing In Practice, An African Journey".

A screenshot of the Facebook profile for the South Africa International Technology Transfer Centre. The profile picture shows a scenic view of a city with mountains in the background. The name is "South Africa International Technology Transfer Centre" with the handle "@SouthAfricaITTC". It is a non-profit organization with 5 reviews. The profile includes an "Edit" button and a "Follow" button.

A screenshot of the YouTube channel content page for the South Africa ITTC. The channel name is "South Africa ITTC". The page shows a list of videos, including several "ITTC ATTC Live Training Sessions" and a "2021 Training Year Training Video (South Africa)". Each video entry includes a thumbnail, title, upload date, and view count.

ittc@uct.ac.za
addictions@uct.ac.za

goodman.sibeko@uct.ac.za

A graphic of a pair of glasses with four circular lenses. Each lens is positioned over a URL.

<https://ittcnetwork.org/ITTC/ittc-south-africa.aspx>

<https://www.facebook.com/SouthAfricaITTC>

https://www.youtube.com/channel/UC7fesK4Stir_n2sDYp4asug/featured

<http://www.psychiatry.uct.ac.za/psych/addiction-psychiatry>



Assessment of training needs of professionals in the field of psychoactive substances research, policy, prevention, and treatment in Peru

Abu Dhabi, May 2022

Marina Piazza
Alejandra Burela

Cecilia Chau
Liz Valentín

Inés Bustamante
Norma Rodríguez



Peru

ITTC

International Technology Transfer Center

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UNIVERSIDAD PERUANA
CAYETANO HEREDIA



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1. Introduction



- Peru International Technology Transfer Center is hosted at the Universidad Peruana Cayetano Heredia in collaboration with the Pontificia Universidad Católica del Perú.
- Peru ITTC is a convening body to develop capacity and networks in order to connect the different organizations as a system for substance use design, implementation and evaluation of preventive, treatment, and rehabilitation programs and policies.
- Peru primary health centers (PHC) provide screening, brief intervention, and referral of psychoactive substance problems to CMHC.
- Community Mental Health Services CMHC are specialized centers with mental health professionals that provide treatment to users that are referred from PHC.



2. Study Objectives

To generate knowledge about the perceived needs for training and technical support to improve the design and implementation of policies, treatment, rehabilitation and prevention of psychoactive substance use, by actors who work in the field.

1. Characterize the organization/institution regarding the type of service and professionals who work in it.
2. Identify the type of work that the institution develops, of population it serves, and the geographical jurisdiction in which it develops its activities.
3. Determine institutional priorities regarding skills that they would like to strengthen.
4. Identify didactic and pragmatic aspects for the design of training.



3. Methodology

The study had a descriptive cross-sectional design. Institutions were identified from existing records of public and private entities including:

1. Responsible for the country's demand reduction policy.
2. Public and academic institutions responsible for research and training.
3. MINSA public institutions that provide screening, counseling, treatment or rehabilitation services for the use of psychoactive substances such as Primary Care Centers, Community Mental Health Centers, General Hospitals, Specialized Mental Health Hospitals, among others.
4. Non-governmental organizations that carry out prevention and treatment activities such as community organizations, collectives, or coalitions
5. Private institutions that provide counseling, treatment or rehabilitation services for the use of psychoactive substances
6. Other organizations, such as municipalities and faith-based organizations.



- Sample size was defined based on the institutions that exist in the area of drug demand reduction in the country with a total of approximately 61 study participants.
- The questionnaire used by other ITTC Centers was adapted to the local context.
- The questionnaire was hosted on the UPCH RedCap platform, which has high security to maintain confidentiality.
- The protocol was approved by the Institutional Ethics Committee of the Cayetano Heredia Peruvian University.
- The information was analyzed using descriptive statistics methods.

4. Results

- The professional group most represented was psychologists (22%), followed by social workers (14%), doctors and nurses.
- Organizations carry out their activities throughout the national territory.

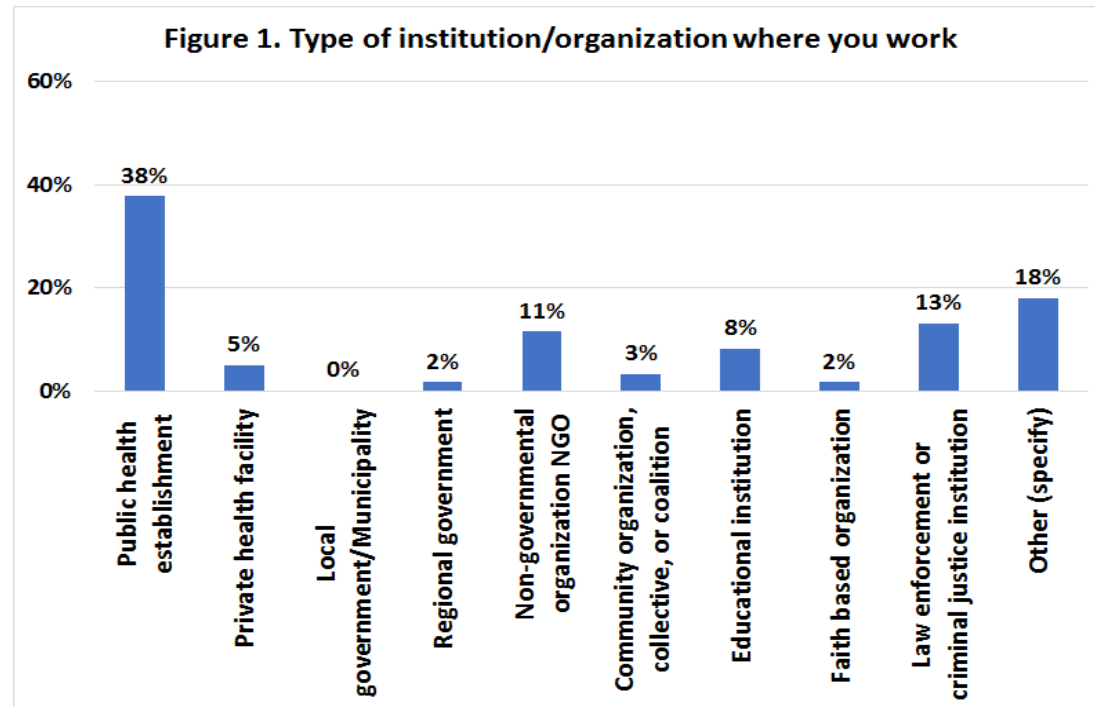
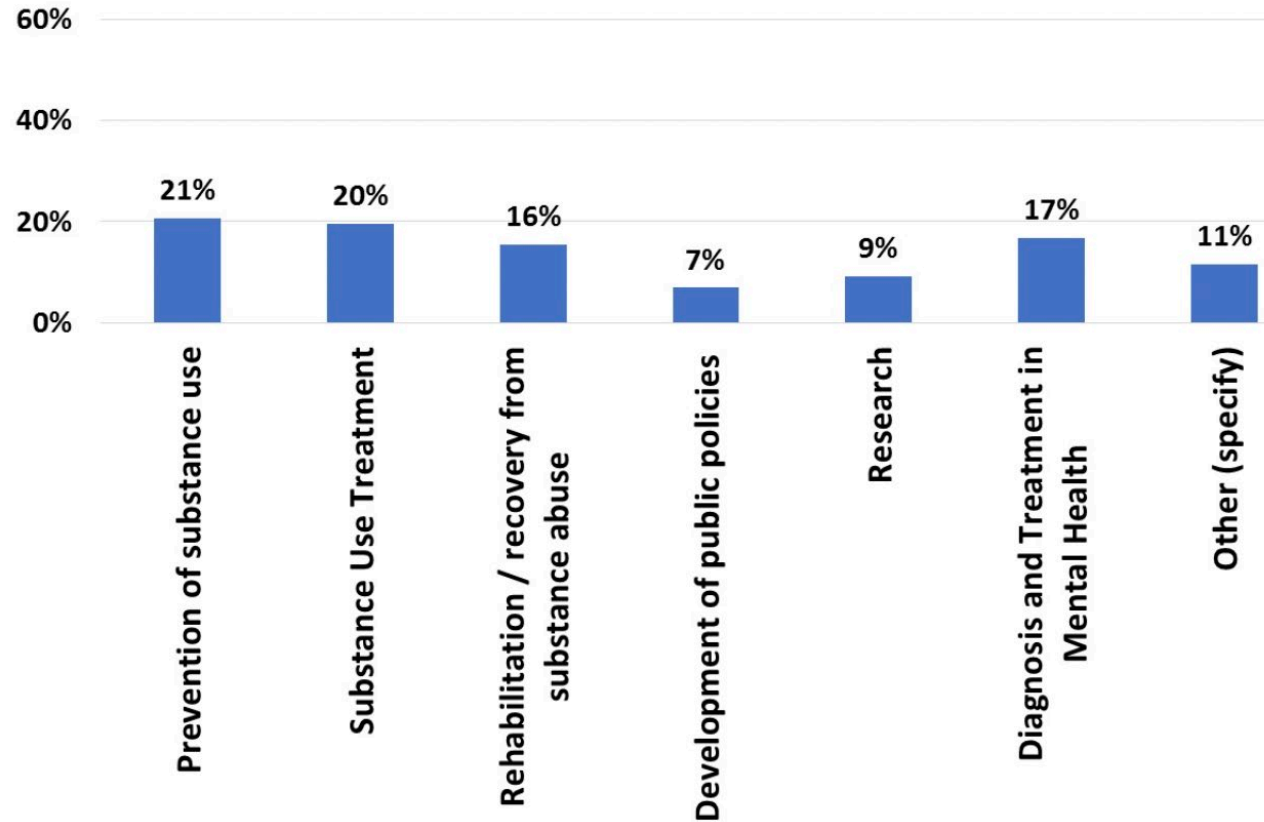
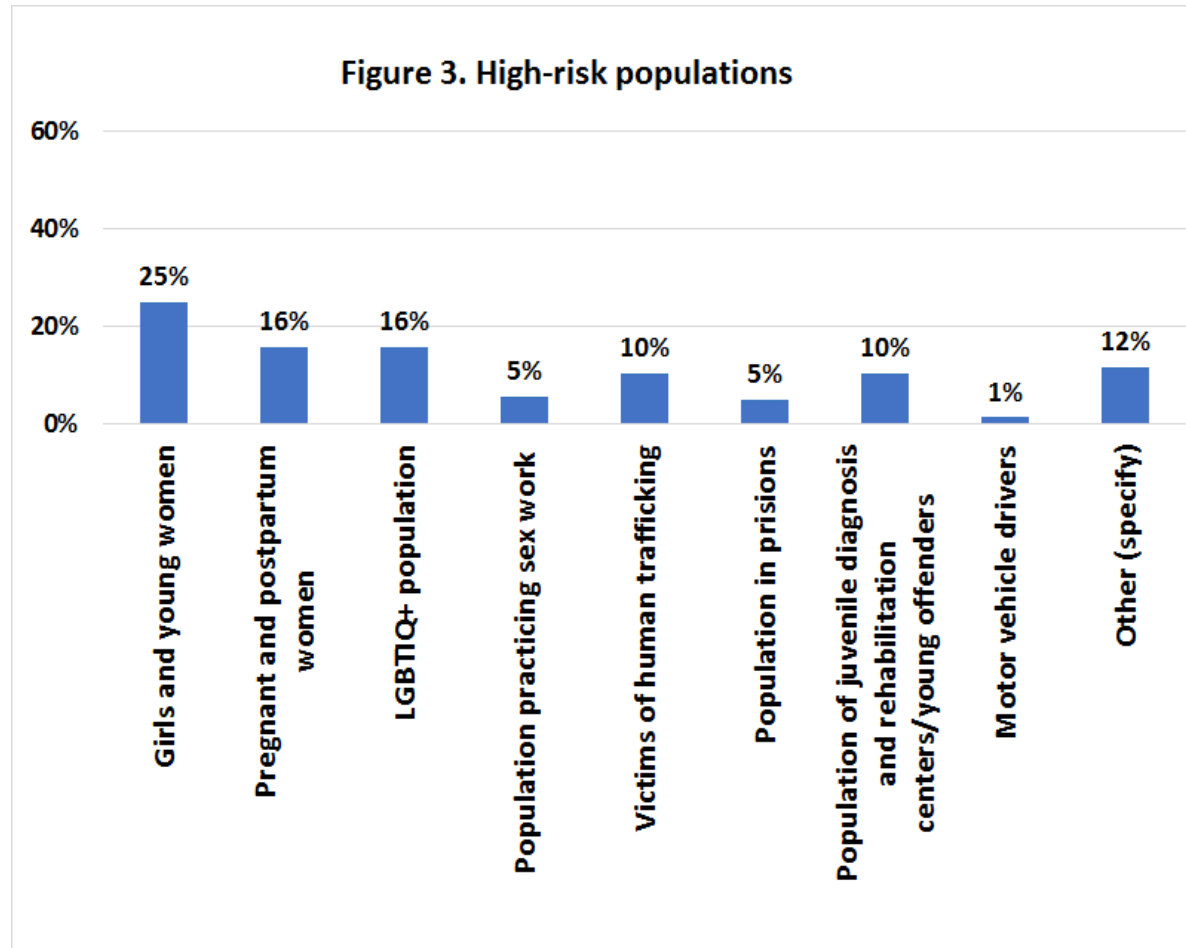


Figure 2. Type of service developed by the institution/organization



- Institutions represented in the study mainly carry out prevention, treatment and rehabilitation activities
- They also, less frequently, carry out research as well as policy development activities

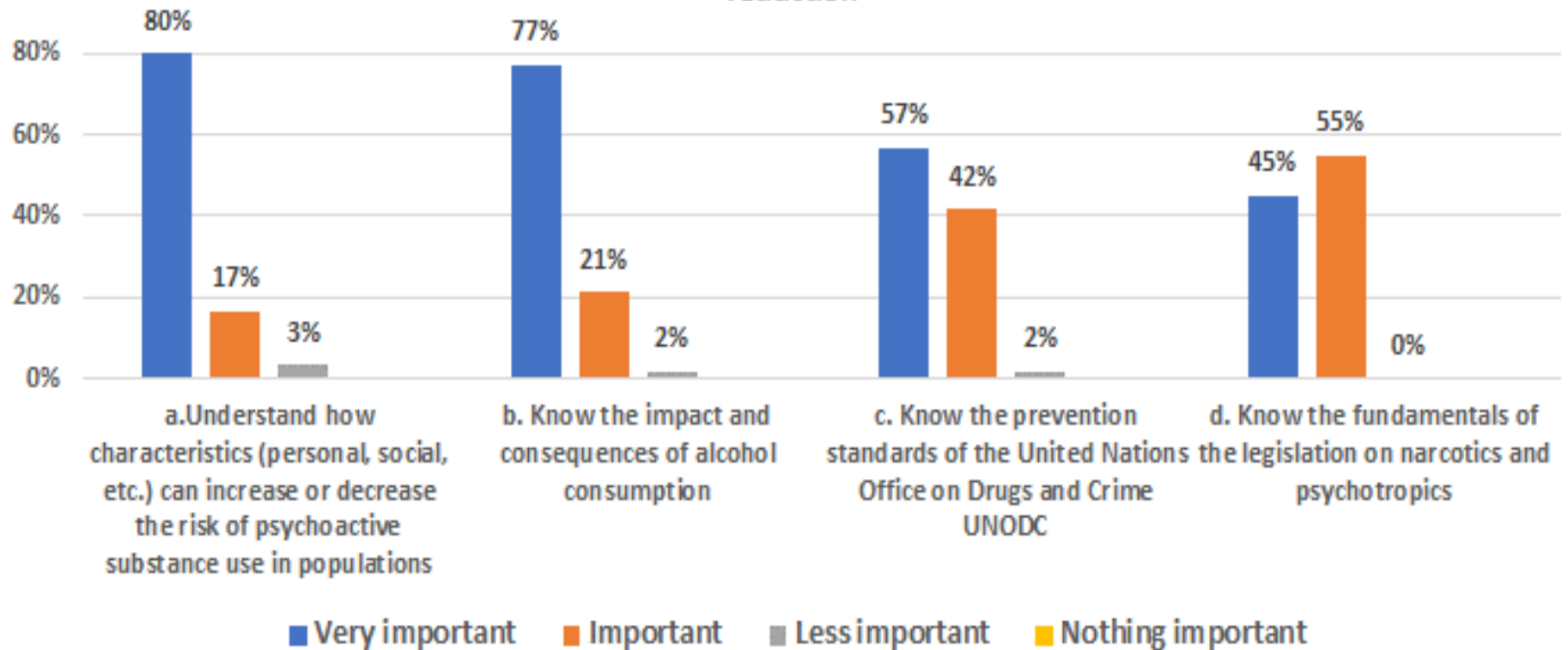
- The type of population at risk served includes girls and young women (25%), pregnant and postpartum women (16%), and the LGBTIQ+ population (lesbian, gay, bisexual, transsexual, intersex, and others) (16%).
- Other high-risk populations served that followed in frequency were victims of trafficking (10%) and the population of juvenile diagnostic and rehabilitation centers/young offenders (10%)



Institutional priorities for training and technical assistance

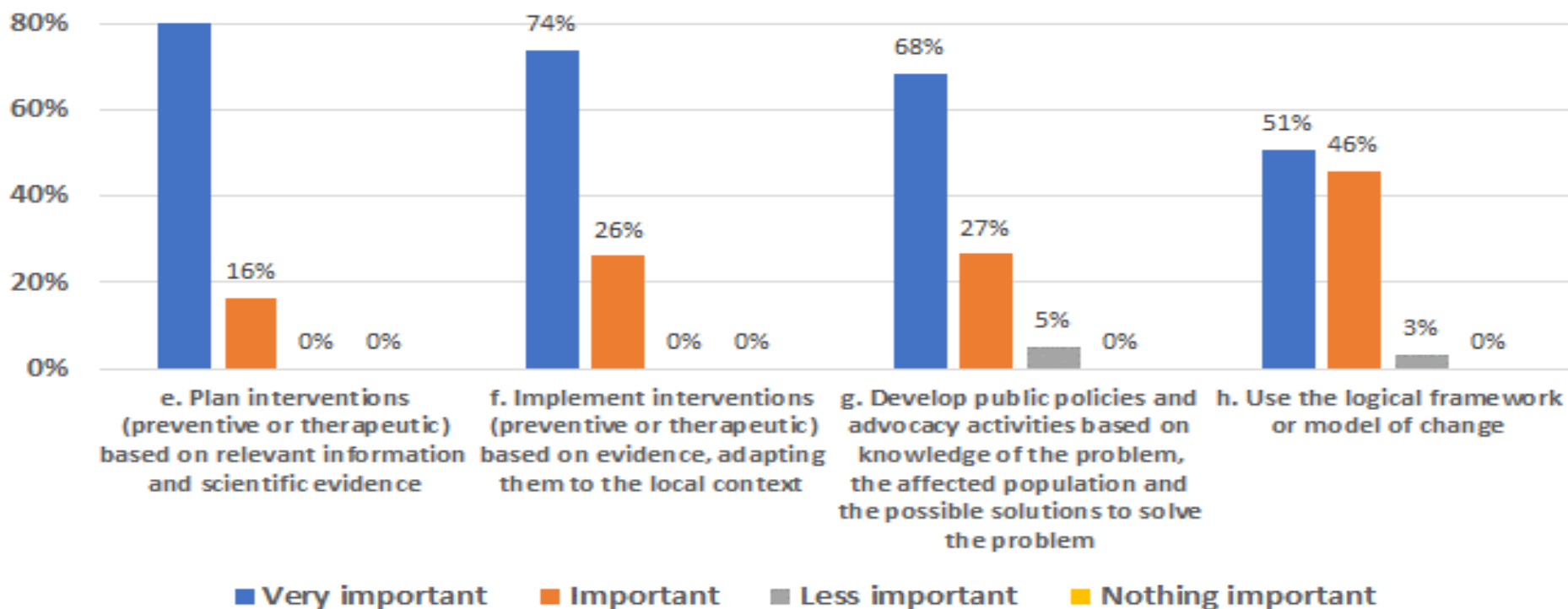
- Information on the magnitude and consequences of substance use, standards and legislation on demand reduction.
- Competencies for the planning and implementation of interventions and policies for the prevention and treatment of drug use.
- Competencies for screening, treatment, and rehabilitation.
- Skills for working in health networks in the community.
- Research skills for evaluation of interventions and policies.

Figure 6. Information on magnitude, consequences, standards and legislation in demand reduction



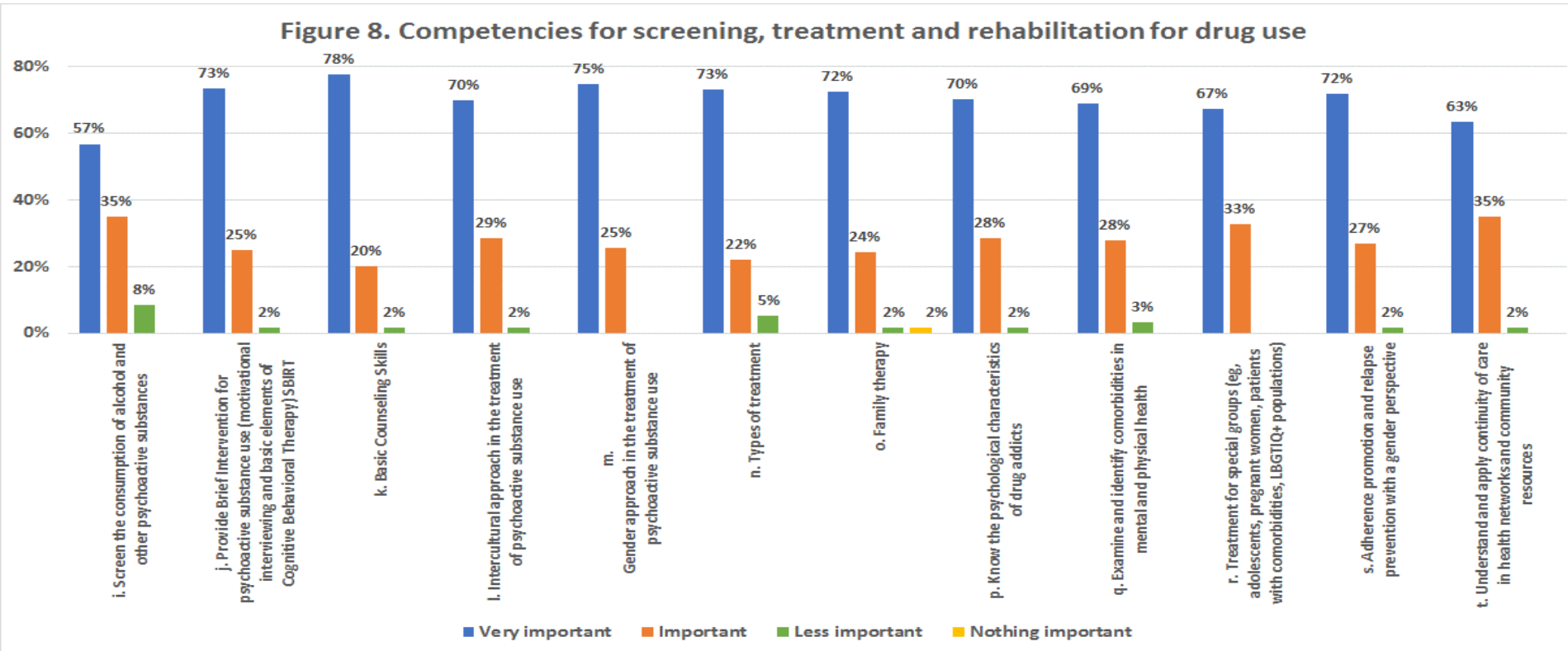
Respondents consider particularly important to develop capacity to design and implement demand reduction interventions based on evidence

Figura 7. Competencies for the planning and implementation of interventions and policies for the prevention and treatment of drug use



Skills for screening, treatment, and rehabilitation are considered of great need, especially those related to counseling, cognitive-behavioral therapy, and family therapy.

Figure 8. Competencies for screening, treatment and rehabilitation for drug use



Another priority to strengthen skills for work in health networks (referral from primary care to community mental health centers and against referral to primary care centers and other available devices) and collaboration and formation of coalitions at the community level.

Figure 9. Skills for working in health networks in the community

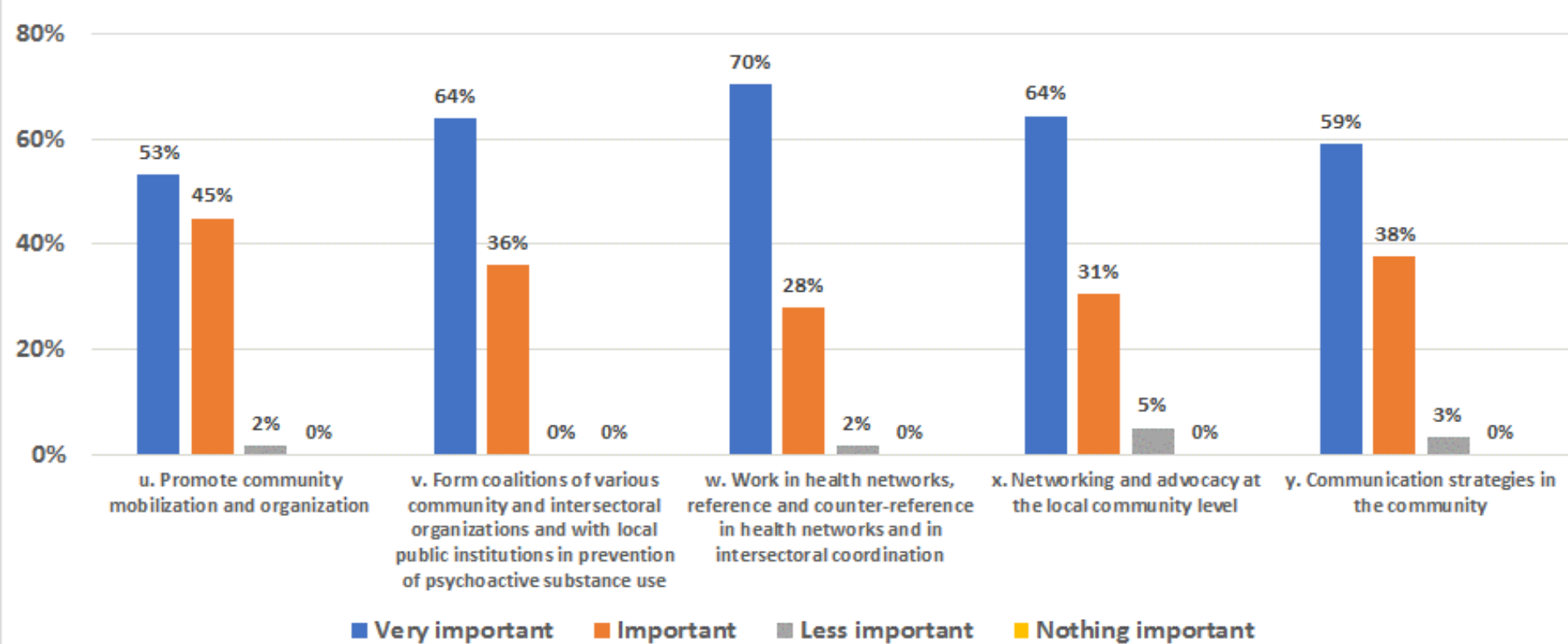
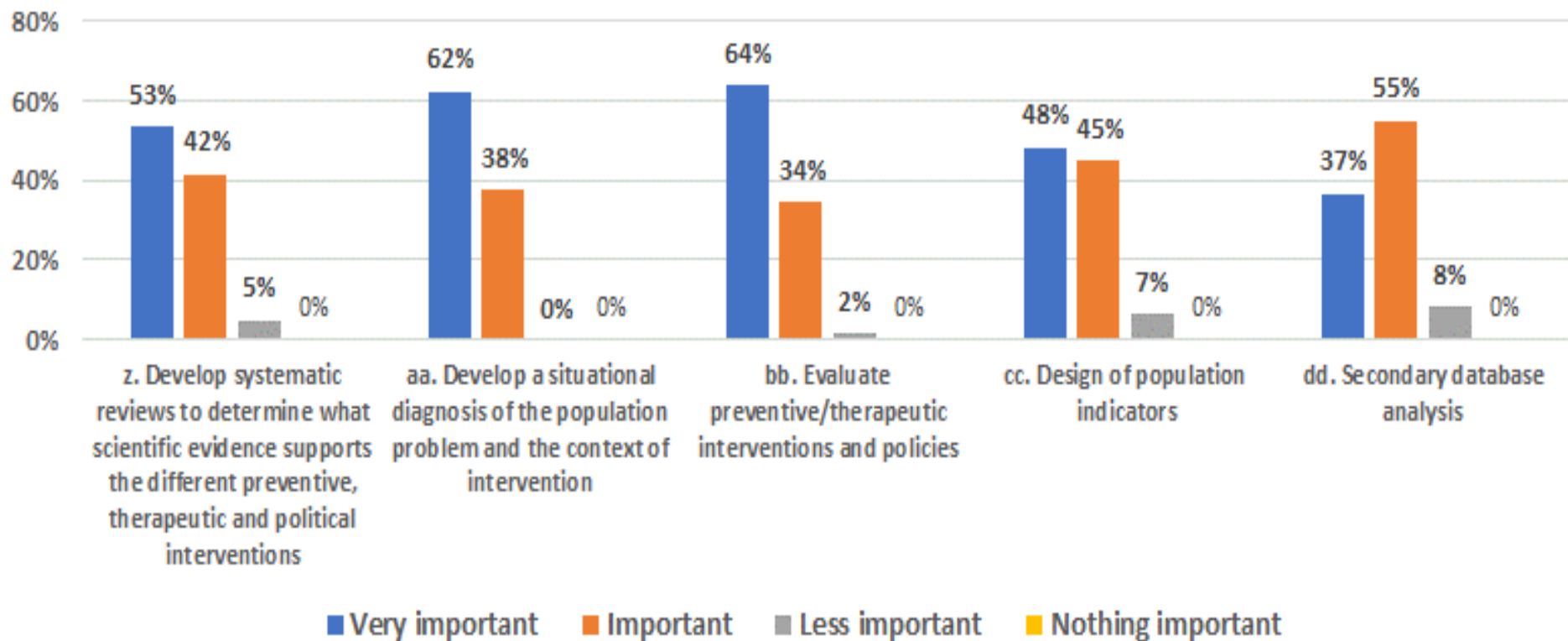


Figure 10. Research skills necessary for the design and evaluation of interventions and policies in demand reduction



Didactic, pragmatic aspects and demand for training

- A third of the participants express interest in training in programs such as diplomas and specializations.
- There is also a demand to participate in courses (23%) or workshops (23%) in the continuing education modality.
- In general, the demand for training is high, they generally state that within the institution it could train between six and fifteen participants. That is, they require training for teams from the institutions.



5. Conclusions

- There is interest in learning about factors associated with the increase and decrease in the consumption of psychoactive substances, as well as the consequences of the consumption.
- Skills for screening, treatment and rehabilitation for drug use are considered to be of great need, especially those related to aspects, counseling, cognitive-behavioral therapy and family therapy.
- Likewise, it is recognized as very important to strengthen skills for work in health networks, including referral from primary care to community mental health centers and counter-referral to primary care centers and other available devices. The strengthening of skills for collaborative work and coalition formation at the community level is also demanded.
- Regarding research skills, they highlight the importance of those necessary for the design and evaluation of interventions and policies in demand reduction.

6. Recommendations

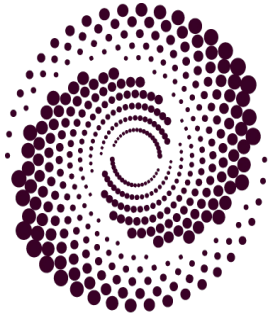
1. trainings aimed at improving the skills of teams of professionals from each institution, in order to facilitate the strengthening of skills among team members. This strategy also facilitates sharing new technologies and knowledge as a team.
2. diversify the training offer to multiple actors in both the public and private spheres addressing intervention capacities aimed at populations with different consumption profiles and levels of severity of consumption. For this, the offer of interventions in the different devices and levels of care must be strengthened from primary care, and specialized services such as community mental health centers, specialized services in outpatient hospitals, as well as solutions for critical events, hospitalizations and rehabilitation activities.
3. training offer must reduce gap in care for the general population and specific strategies to target specific populations, including women and the LGBTQ+ population.
4. provide training with a public health perspective articulating activities within the health system with between the health system and community organizations.



7. Implementation of results

- According to mental health policy in Peru, professionals in CMHC are responsible to train and provide follow up to professionals in PHC.
- Therefore, the focus of the current ITTC training activities will target professionals of CMHC .
- Course on of Treatment and rehabilitation for patients with substance use disorders.
- Professionals in CMHC will also be the target population of a Course of Screening and Brief Intervention of Alcohol and Drug use in primary health centers so that they will train PHC professionals and replicate their training.
- These courses are integrated in a Masters in Addiction that the PUCP is launching in March to provide sustainability to these courses.

OBJECTIVES	ACTIVITIES
1. Strengthen capacities of researchers to generate evidence to support the design and evaluation of policies and programs in drug use prevention, detection, intervention, treatment and rehabilitation	1.1. Organize workshop on design of populations-based indicators to measure impact of Drug Demand Reduction Programs and Policies (for researchers and implementors)
	1.2. Organize course on Monitoring and Evaluation of Treatment for Substance Disorders (for researchers and implementors)
	1.3. Provide technical assistance in the development of drug use research in populations of high levels of consumption (juvenile delinquents, nightclubs, public transportation drivers etc.)
2. Strengthen capacities of policy and program implementation professionals to use evidence for the design and evaluation of policies and programs in drug use prevention, detection, intervention, treatment and rehabilitation	2.1. Organize Course on Screening and Brief Intervention of Alcohol and Drug use in primary health centers (SCALA, SBIRT)
	2.2. Organize Course of Treatment and rehabilitation for patients with substance use disorders in Community Mental Health Services
	2.3. Organize Course of Fundamentals of prevention in school and university contexts (UPC)
3. Generation of evidence to support the design and evaluation of policies and programs in drug demand reduction	3.1. Develop Needs Assessment Study to Design ITTC
	3.2. Develop Needs Assessment Study of Training Needs for Drug Demand Reduction
4. Strengthen availability of data and resources to generate evidence to support the design and evaluation of policies and programs in drug demand reduction	4.1. Promote funding for research of populations of high levels of consumption
5. Knowledge Translation/Dissemination	5.1. Peru's conferences, workshops and meetings of the ITTC local and international network members
	5.2. ITTC Webpage and social media networks to disseminate information, training, and research resources linked to the ITTC international, UPCH, PUCP, Advisory Board members webpages
6. Promote the generation of multisector teams to interconnect those who generate and those who use evidence, through sharing of information and resources	6.1. Advisory Team
	6.2. Creation of Team to Create National Plan for Monitoring and Evaluation of Drug Use Treatment Networks



Peru

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for Drug Demand Reduction

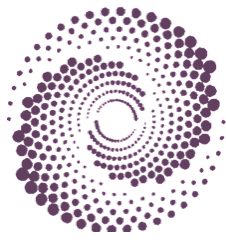
<https://ittcnetwork.org/ITTC/ittc-peru.aspx>

marina.piazza@upch.pe

cchau@pucp.edu.pe

Thank you!





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for Drug Demand Reduction

TRAINING NEEDS ASSESSMENT FOR STAFF WORKING IN ADDICTION TREATMENT FIELD INDONESIA

ITTC Network



ITTC Indonesia



- 26 August 2018: HATTC (funded by SAMHSA) is the fore runner of the formation ITTC Indonesia.
- In 2020 HATTC Indonesia made a change name to Indonesian Consortium of Addiction Technology Transfer (ICATT).

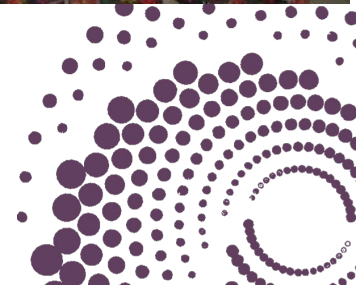


Drug Used in Indonesia



Country Profile

- Population: 279.134.505 people
- Area: 1,919,440 sq. km
- Islands: 17,508 islands
- GDP per capita: 3,870 US\$
- Ethnic groups: Javanese, Sundanese, Malay, Batak, Madurese, Betawi, Minangkabau, Buginese, Balinese, Acehnese, Dayak, Papua, Chinese, etc.
- Language: Bahasa Indonesia (official language); > 700 regional languages



Inequality: Widening Wealth Gap



Welcome to Indonesia Death Penalty for Drug Traffickers!

Selamat Datang di Indonesia
Hukuman Mati Bagi Pengedar Narkoba!

National Narcotics Board

BNN



"Bersih, Aman, Berkeadilan"



Pindah pesawat
Transfer

过境和
中转
موزون ونحو
الطيران
乗り換え

SI 行李
提取

مطبخ
الاشعة

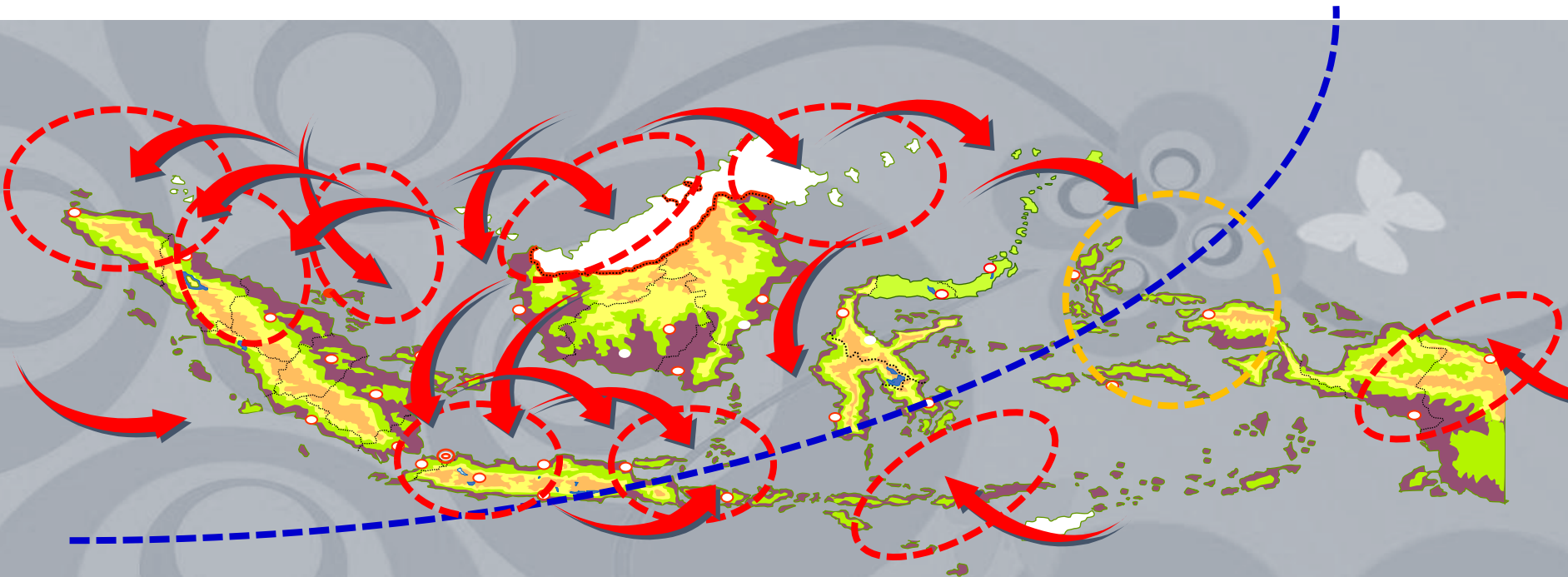
荷物
検査
フォーム



Transit dan pindah
Transit and



INDONESIA NARCOTIC SITUATIONS

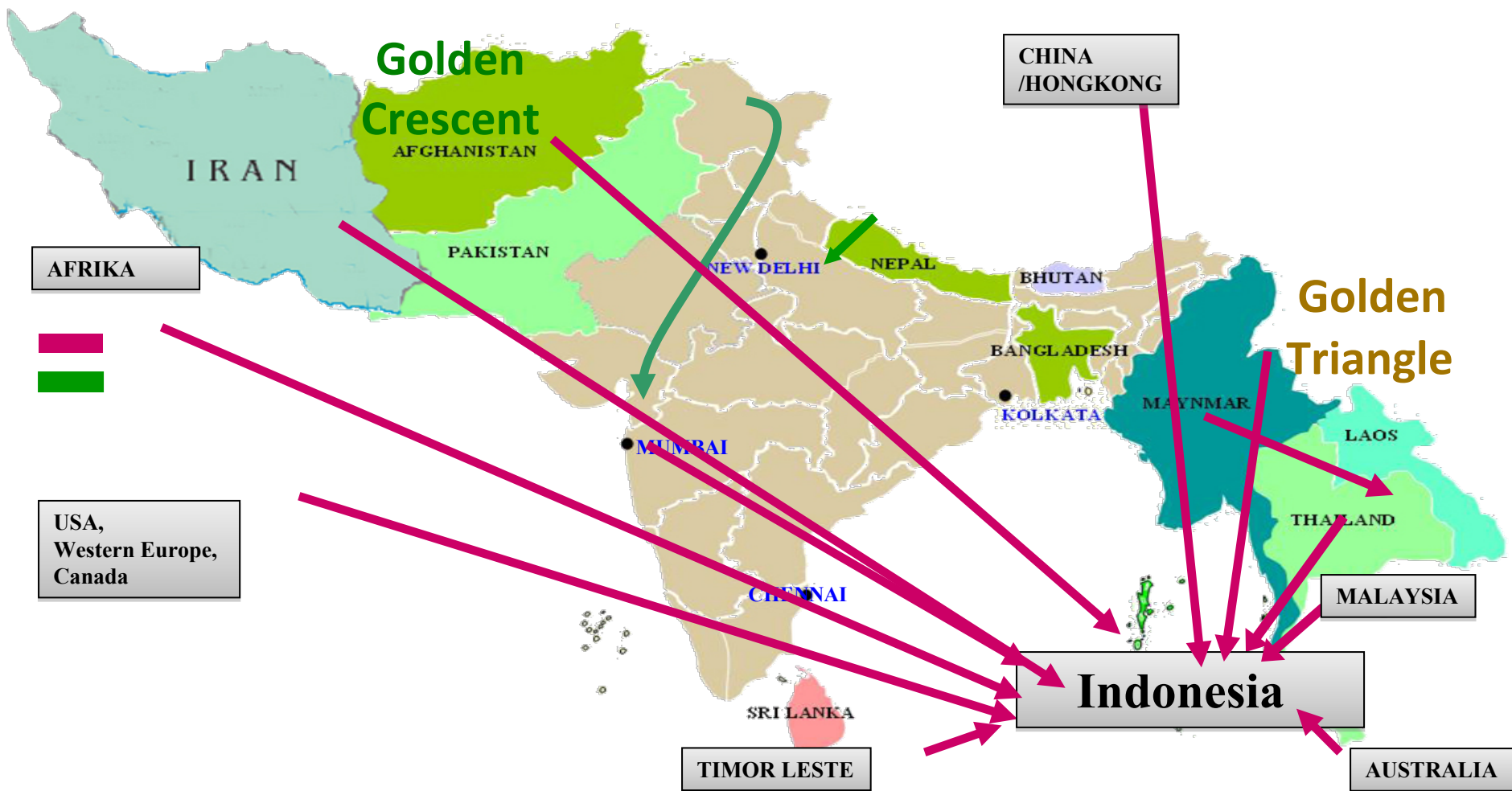


- ECONOMIC FACTOR**
- ❑ DISPARITY OF PRICE
 - ❑ HIGH DEMAND
 - ❑ GAP OF INCOME : EASY TO RECRUIT Courier
 - ❑ Free Trade Effect

- GEOGRAPHY & DEMOGRAPHY FACTOR**
- a. GEOGRAFI:
17,508 ISLAND AND LENGTH OF BEACH 85,000 km.
 - b. DEMOGRAPHY :
HUGE POPULATION 250 million

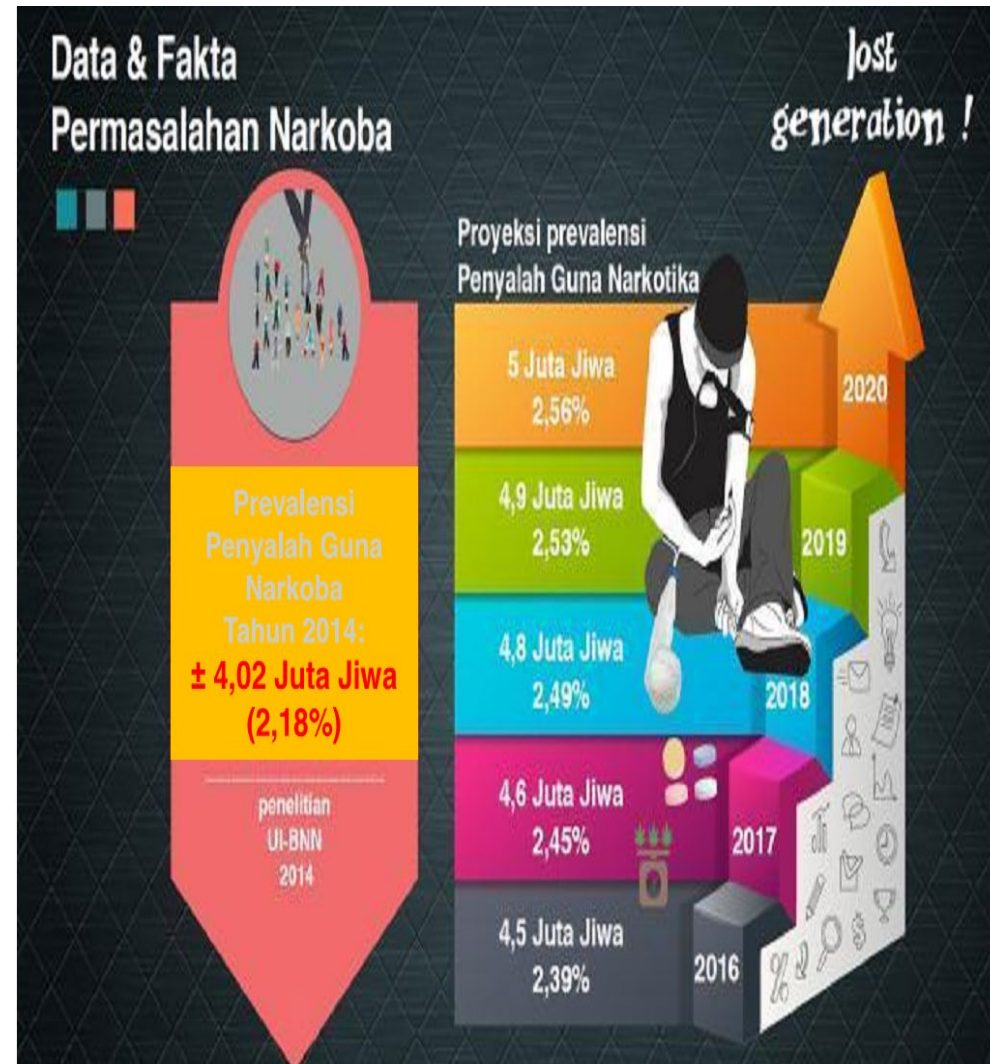
- METHOD OF TRANSPORTATION FACTOR**
- ❑ BY SEA ; 39 INT SEA PORT
 - ❑ BY AIR; 17 INT Airport
 - ❑ BY LAND CROSS BORDER ; 3 COUNTRY
 - ❑ Through Small Port / Rat Port run by Civillian

TRAFFICKING TRENDS OF DRUG



Data and Facts about Drugs Problem

- The prevalence of drug abuse (2014) is 4.02 million people (2.18%)
- Estimation
 - 2016: 4.5 million people (2.39%)
 - 2017: 4.6 million people (2.45%)
 - 2018: 4.8 million people (2.49%)
 - 2019: 4.9 million people (2.53%)
 - 2020: 5 million people (2.56%)



Prevalence of Drug Use

Life-time prevalence

- 2.4% Indonesian aged 15-64 years have tried drugs (4.534.744 millions people)

Usage Within the Past Year

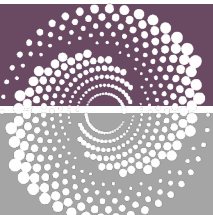
- 1.8% Indonesian aged 15-64 years admitted to drugs usage within the past year (3.419.188 millions people)

Male is more prone to drug use than female

Most of the users are in productive age (35-44 years old), while the first usage took place in adolescents (17-19 years old)

Most of them living in urban area.

- North Sumatera 6.5%
- South Sumatera 5%
- Jakarta 3.3%
- Central Sulawesi 2.8%
- Yogyakarta 2.3%



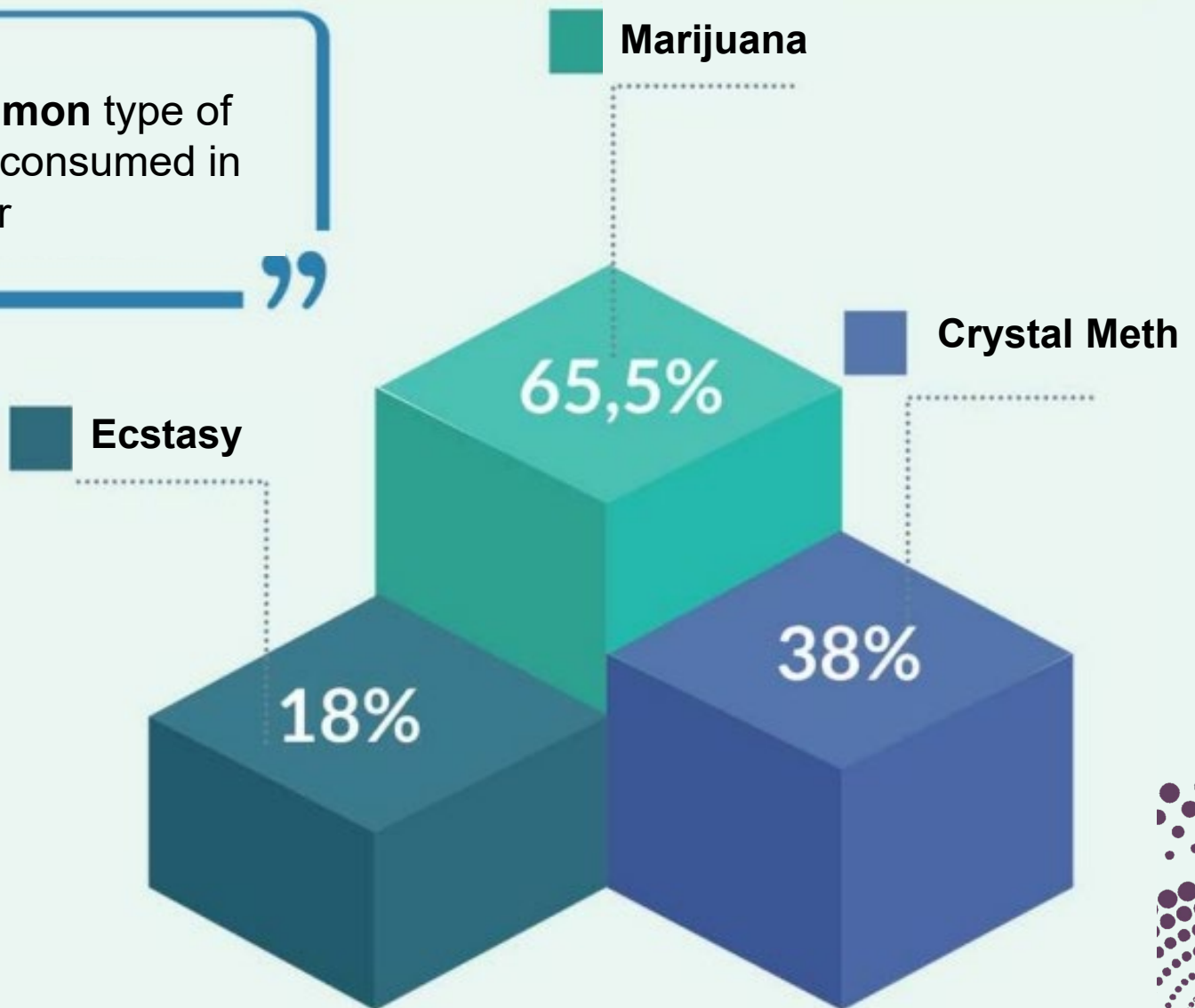
Urgency of Drug Abuse Problems

- 12,044 people died yearly or 33 died daily.
- 56.1 trillion IDR (around 4.2 Billion USD) personal loss.
- 25.49% of abusers are women, 74.5% of abusers are men.
- 22.34% of abusers are unemployed, 27.32 % of abusers are students, and 50.34% of abusers are private, government, or entrepreneur.



Most Common Type of Drugs

“
3 most common type of drugs being consumed in the past year
”



NPS Trends in Indonesia

JUMLAH NPS YANG TERIDENTIFIKASI DUNIA DAN INDONESIA

Jenis NPS yang teridentifikasi di **DUNIA** (UNODC - Current NPS Threat Vol II, January 2020)

950

Jenis NPS yang teridentifikasi di **INDONESIA**

77

NPS
New Psychoactive Substances

Jenis NPS yang **SUDAH** diatur dalam **PERMENKES** Nomor 5 tahun 2020

72

Jenis NPS yang **BELUM** diatur dalam **PERMENKES**

5

JENIS NPS YANG TERIDENTIFIKASI DI INDONESIA

77 NPS

yang sudah teridentifikasi di Indonesia

1 Synthetic Cannabinoids
30 Jenis

2 Synthetic Cathinones
21 Jenis

3 Phenethylamine Derivates
14 Jenis

4 Plant-based Substances
4 Jenis

5 Ketamine and PCP
4 Jenis

6 Tryptamines
2 Jenis

7 Piperazines
2 Jenis

Indonesian Characteristics



4 million drugs abusers

24 addiction psychiatrists in
Indonesia

Collaborate with Counsellors,
Psychologists, General
Practitioners

Difficulty of Rehabilitation for Convicts of Narcotics Use

- Judge's verdict prefer prison to medical rehabilitation
- There are not any agreement between medical officer and law officer about people with SUD status who is sentenced to medical rehabilitation, yet: is the addicts is a patient or a convict?



Categories of Narcotics and Psychotropic Drugs

- Narcotics
- Category I: Has **very high** potential to make addiction, not used in therapy
- Category II: Has **high** potential to make addiction, can be used in therapy as last resort
- Category III: Has **mild** potential to make addiction and often used in therapy
- Psychotropic Drugs
- Category I: Has **very high** potential to make addiction, not used in therapy
- Category II: Has **high** potential to make addiction, rarely used in therapy
- Category III: Has **medium** potential to make addiction, sometime used in therapy
- Category III: Has **mild** potential to make addiction and often used in therapy



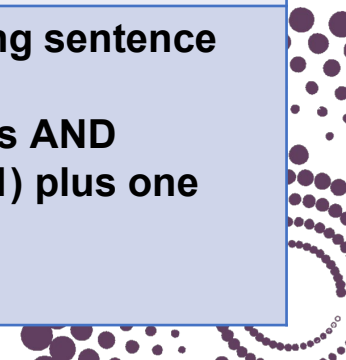
Substance Use Regulations

- Law Number 35 Year 2009 about Drugs (Narcotics) was issued by House of Representative of Republic of Indonesia (DPR RI)
- Reasons to be made
 - Narcotics can be useful in treatment or health service and science development
 - Narcotics can be harmful if abused or used without supervision
 - Importing, Exporting, Production, Plant, storing, and/or using narcotics without heavy supervision is a danger to society and population and is a criminal act

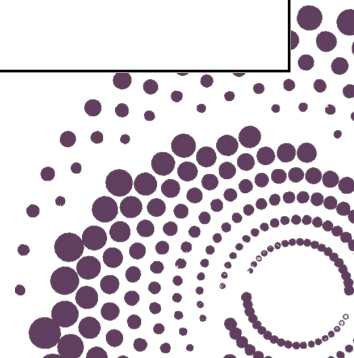
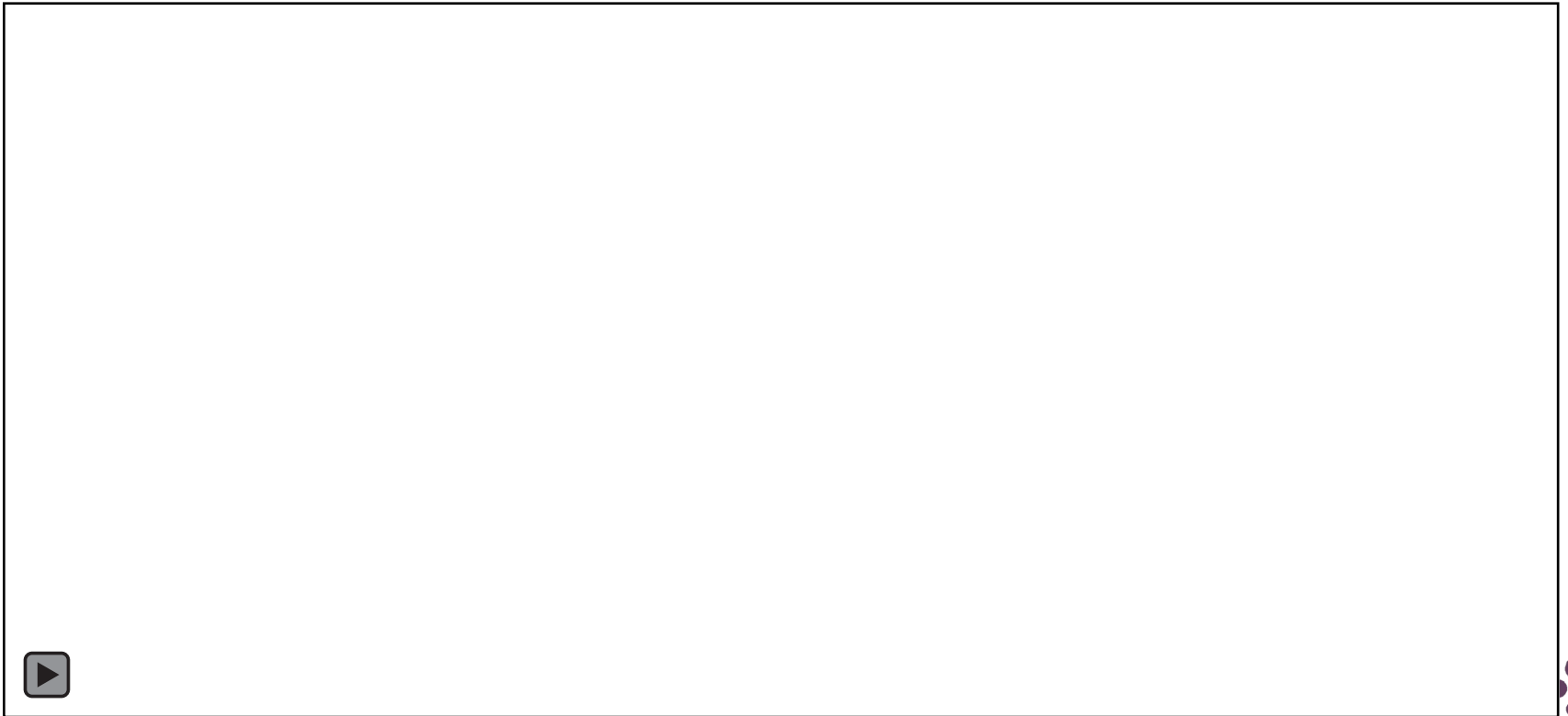


Incarceration, Fine and Death Penalty

<p>Article No. 113 Clause 1</p>	<p>Illegal or without rights to produce, import, export, distribute drugs of category I</p>	<p>Incarceration: 5-15 years AND Fine: 1-10 billion rupiahs</p>
<p>Article No. 113 Clause 2</p>	<p>Plants of weight more than 1 kg OR 5 trees OR not plants but of weight more than 5 kgs</p>	<p>Death penalty OR lifelong sentence OR Incarceration: 5-20 years AND Fine: (as told in clause 1) plus one third of it</p>
<p>Article No. 118 Clause 1</p>	<p>Illegal or without rights to produce, import, export, distribute drugs of category II</p>	<p>Incarceration: 4-12 years AND Fine: 800 million to 8 billion rupiahs</p>
<p>Article No. 118 Clause 2</p>	<p>Weight more than 5 grs</p>	<p>Death penalty OR lifelong sentence OR Incarceration: 5-20 years AND Fine: (as told in clause 1) plus one third of it</p>



Drug Emergency in Indonesia



The National Drugs Problem Strategy

Prevention

Treatment

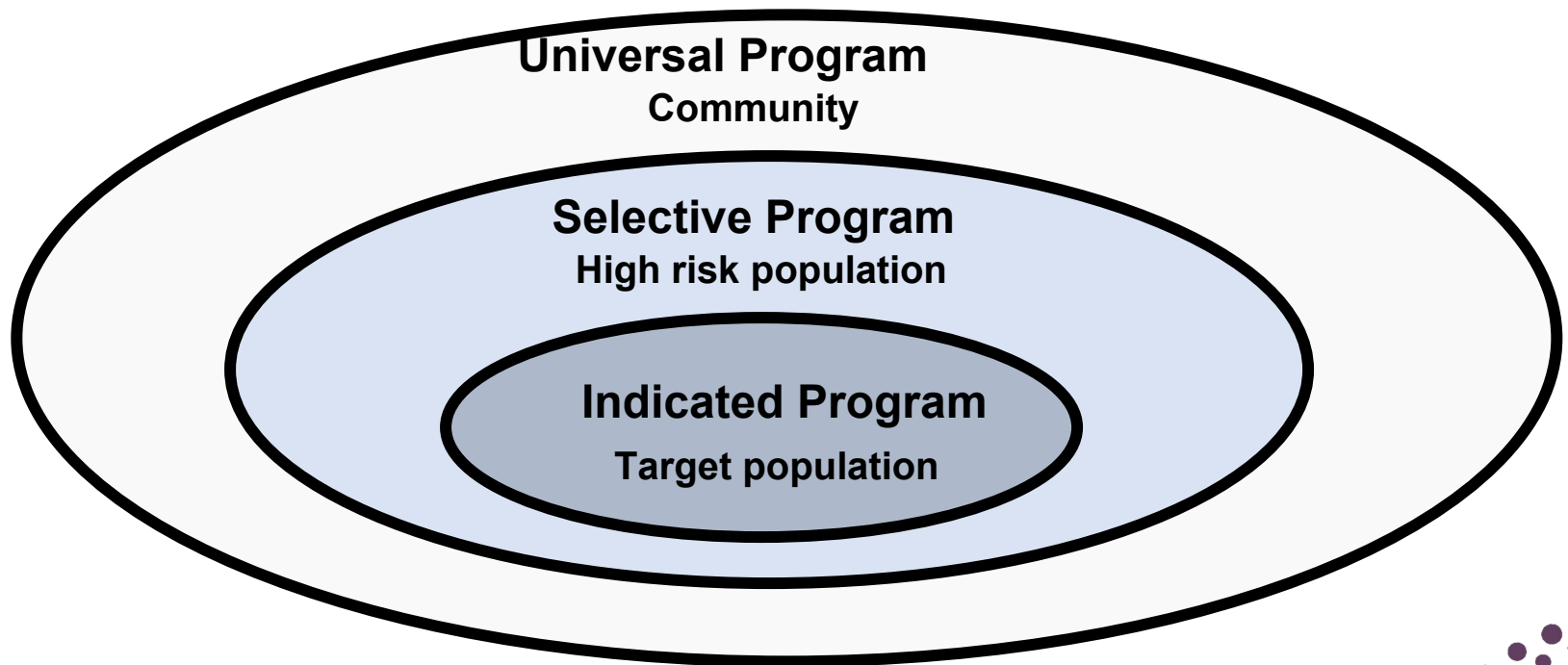
Voluntary

Involuntary

**Stage of change and capability to
decide**

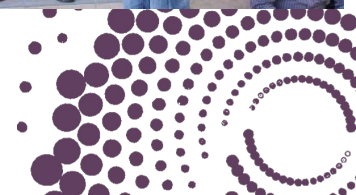
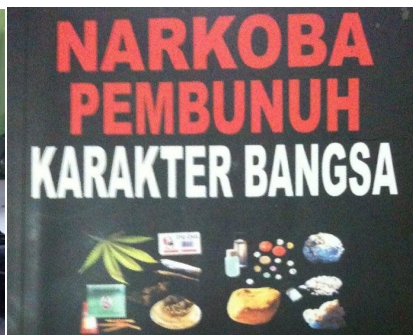


Prevention Classification



Prevention

- ❑ Education about drugs in school for students and teachers
- ❑ Advertisement in media about drugs and HIV
- ❑ Education for general practitioners: how to assess and treat drugs users
- ❑ Regulation: death penalty for drugs dealers
- ❑ Alcohol is sold in big supermarket, with high tax



Treatment Facilities for People with SUD

- We have 4 agencies who provided treatment and rehabilitation in Indonesia for people with SUD:
 - Ministry of Health:
 - RSKO,
 - RSUD(general hospital)
 - RSJ (mental health hospital)
 - Puskesmas(community health center)
 - Ministry of Social Affairs
 - National Narcotic Board (BNN)
 - Board of correction under ministry of justice



Treatment Facilities for People with SUD

- Out patient and In patient treatment included treatment and rehabilitation, maintenance treatment, dual diagnosis, comorbidity.
- Pharmacotherapy and Psychosocial intervention.
- Mental Health Hospital: provide 10% beds for people with SUD



Rehabilitation Facilities Map 2020



1 ACEH 75 Rehab Facilities	7 SUMUT 48 Rehab Facilities	13 JAMBI 35 Rehab Facilities	19 SULUT 16 Rehab Facilities	27 SULTRA 4 Rehab Facilities
2 SUMSEL 70 Rehab Facilities	8 KALTIM 46 Rehab Facilities	14 KALBAR 28 Rehab Facilities	20 BANTEN 15 Rehab Facilities	28 PAPUA 7 Rehab Facilities
3 JABAR 70 Rehab Facilities	9 BABEL 43 Rehab Facilities	15 NTT 27 Rehab Facilities	21 DIY 14 Rehab Facilities	29 MALUKU 6 Rehab Facilities
4 LAMPUNG 66 Rehab Facilities	10 SULSEL 42 Rehab Facilities	16 KALSEL 23 Rehab Facilities	22 BENGKULU 13 Rehab Facilities	30 KALTENG 5 Rehab Facilities
5 JATIM 63 Rehab Facilities	11 JATENG 40 Rehab Facilities	17 RIAU 19 Rehab Facilities	23 NTB 13 Rehab Facilities	31 SULBAR 5 Rehab Facilities
6 DKI JAKARTA 54 Rehab Facilities	12 SUMBAR 37 Rehab Facilities	18 BALI 16 Rehab Facilities	24 KEPRI 12 Rehab Facilities	32 MALUT 5 Rehab Facilities
			25 SULTENG 11 Rehab Facilities	33 KALTARA 4 Rehab Facilities
			26 GORONTALO 10 Rehab Facilities	34 PAPUABARAT 4 Rehab Facilities

Indonesia Drugs Report 2020



RSKO (Drug Dependence Hospital)

- Outpatient (Addiction Outpatient, Opioid Maintenance, Psychiatric Consultation, Other Specialties)
- Inpatient (Residential Rehabilitation)
- Emergency Department
- Auxiliary Facilities (Laboratory, Radiology, ECG, EEG)
- Psychosocial Services



Puskesmas (Community Health Center)

- A primary healthcare service providing preventive, promotive, curative and rehabilitative measures at the sub-district level with a focus on both the community and individual
- Outpatient service
- Satellite facility for maintenance Methadone therapy (but not all Puskesmas)
- Tuberculosis-HIV identification, therapy, and maintenance



BNN & BNNP

- Inpatient (Residential Rehabilitation)
- Physiotherapy
- Hypnotherapy
- Nutrition Consultation
- Dentistry Consultation
- Auxiliary Facilities (Laboratory, Radiology, ECG, EEG)
- Sports Facilities (Gym, futsal & basketball court)



BERSINAR !



BADAN NARKOTIKA NASIONAL
REPUBLIK INDONESIA



Ikuti Media Sosial Loka Rehabilitasi BNN Deli Serdang



lokarehabdellserdang.bnn.go.id



[@lokarehabilitasibnndellserdang](https://www.facebook.com/lokarehabilitasibnndellserdang)



[@rehab_ds](https://twitter.com/rehab_ds)



[@rehab_deliserdang](https://www.instagram.com/rehab_deliserdang)



[Loka Rehabilitasi BNN Deli Serdang Official](#)



Rehabilitation

80%
are involuntary

- ❑ 100.000 drugs user for rehabilitation in 2016
- ❑ Increasing treatment facilities for drugs users in the community
- ❑ Increasing addiction psychiatrists in Indonesia: scholarship
- ❑ Harm reduction program: methadone program, needle exchange program, obligatory report
- ❑ Law regulation: **drug users is not criminal but dealers are criminal**



National Treatment Programs

- Methadone Maintenance Treatment (MMT) Program
- Obligatory Reporting About Addict
- Long-Term Hospitalization for Rehabilitation Program
- Rehabilitation for Convicts of Narcotics Use
- Buprenorphine Maintenance Therapy Program



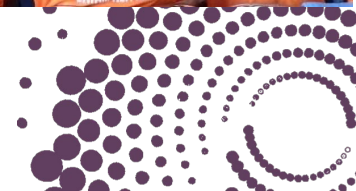
Methadone Maintenance Treatment (MMT) Program

- Initiated in 2003 in Jakarta and Bali
- One of modalities for opioid treatment
- Increases quality of life and recovery for people with injecting drug users
- 89 clinics in 17 provinces

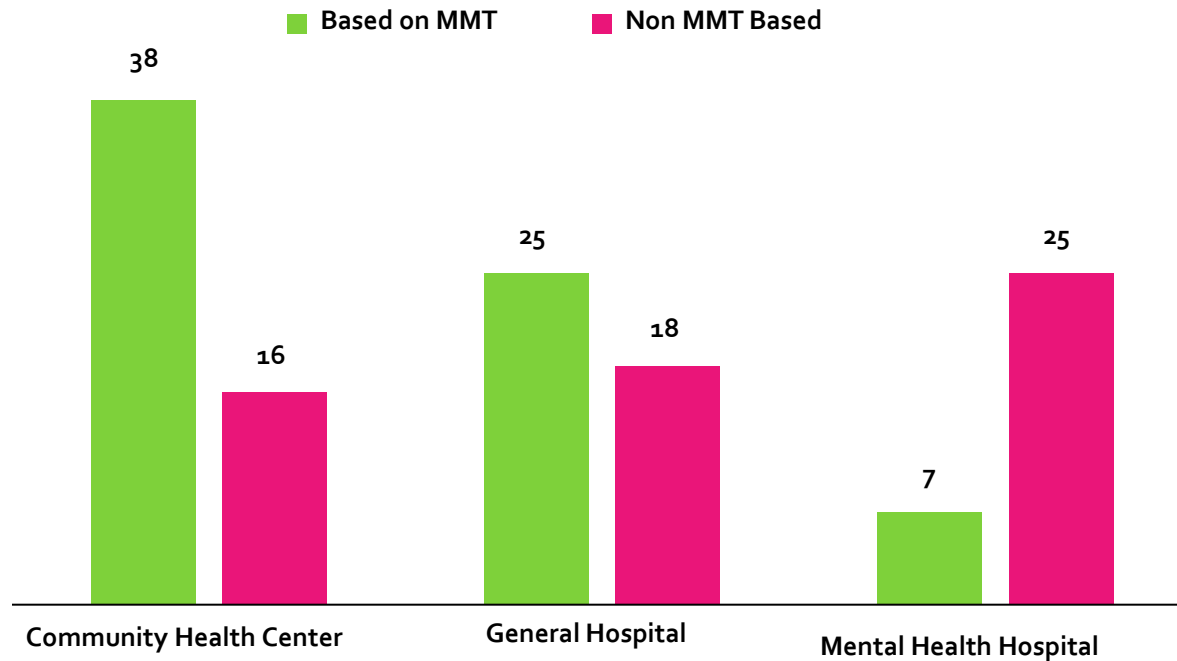


Obligatory Report Program

- 2011: available in 33 provinces at 129 health facilities under health personnel and 2 facilities under National Narcotics Board :
 - RSJ/RSKO (mental health hospital or drug addiction Hospital) = 32
 - General Hospital = 43
 - Community Health Center = 54
 - Unitra Lido BNN & BNN Cawang Clinic
- 2012: Additional 70 health facilities in process



Obligatory Report Service based on Setting

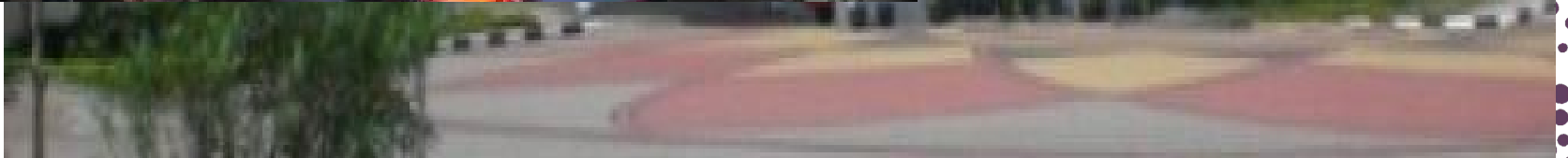


Long-Term Rehabilitation Program

- Available on 14 Mental Health Hospital or Addiction Hospital
- Funding from government: 3-6 months
- Safety facility



National Rehabilitation Center



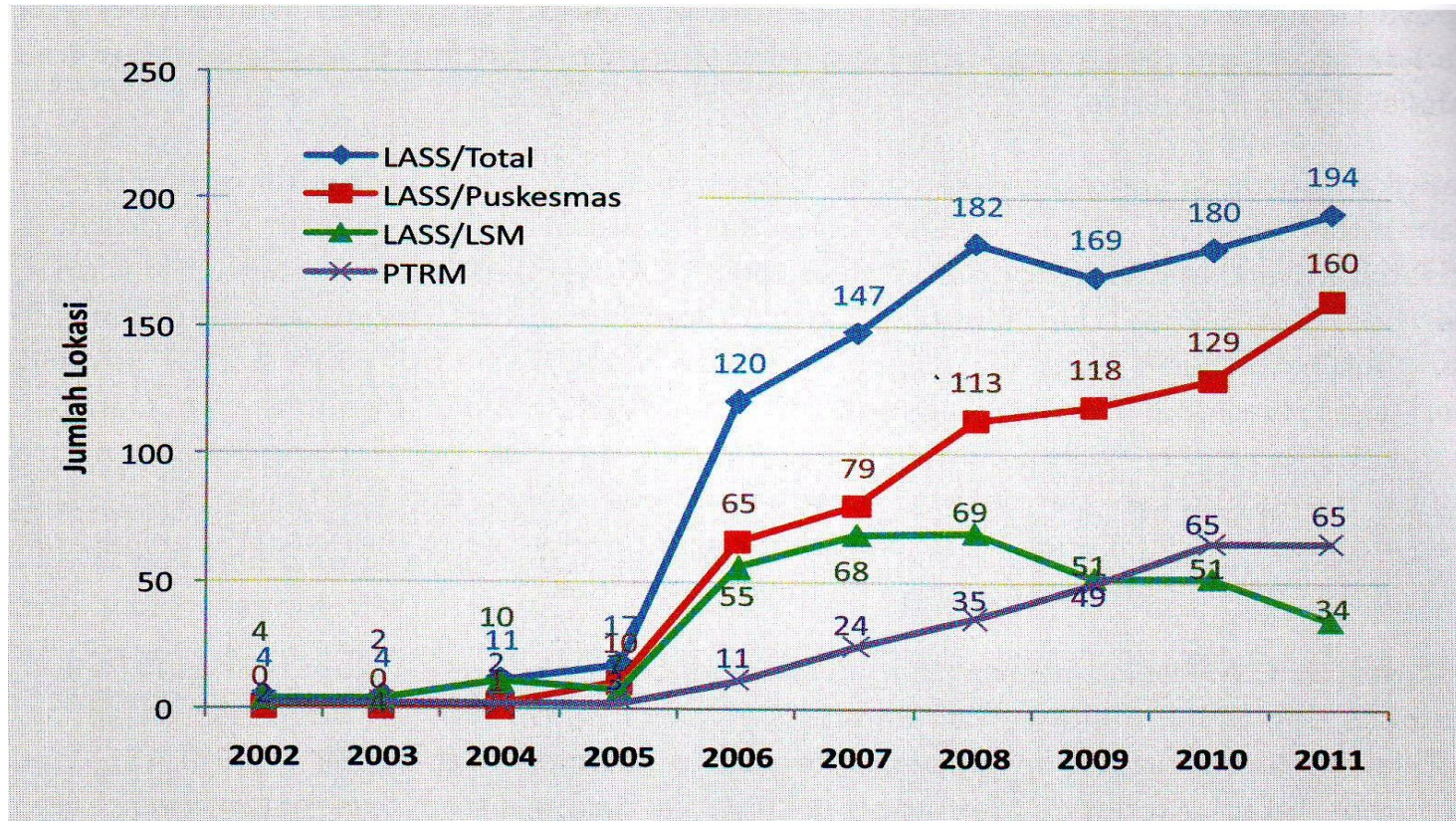
Buprenorphine Maintenance Therapy Program

- **In management transition process by Ministry of Health**
- **Accessed by > 1500 active patients in Indonesia**
Jakarta, Medan, Makassar, Denpasar, Malang



Needle Exchange Program

Number of Harm Reduction Service in Indonesia 2002 - 2011



Sumber: Komisi Penanggulangan AIDS Nasional

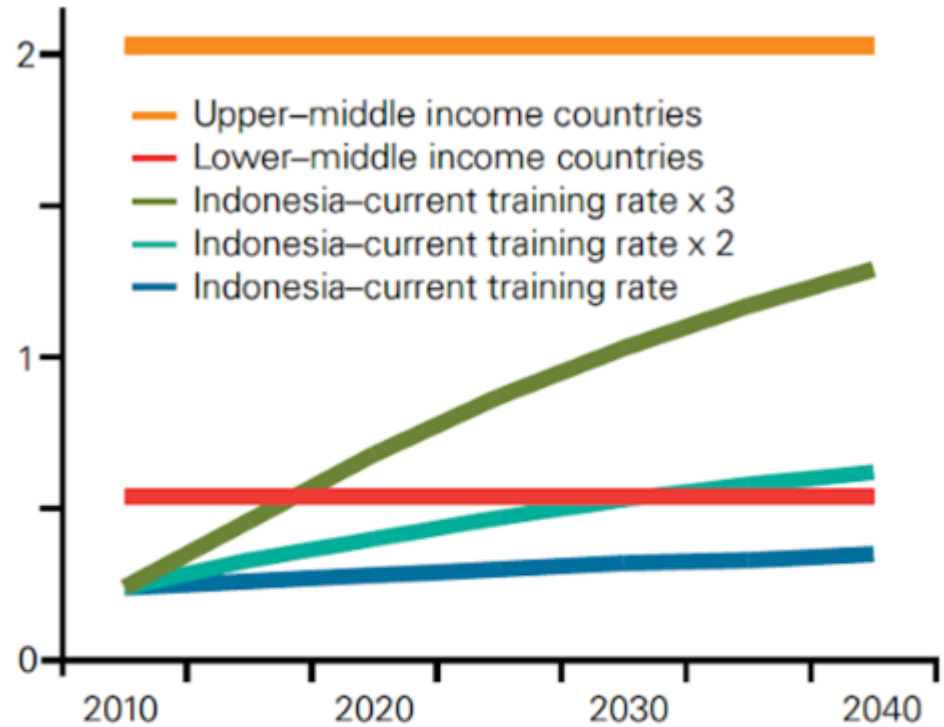
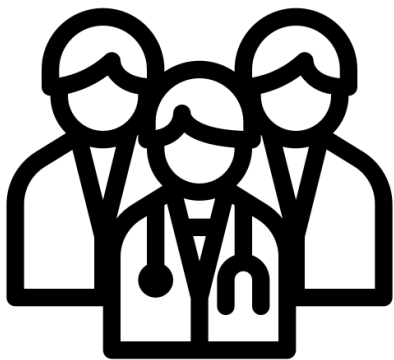
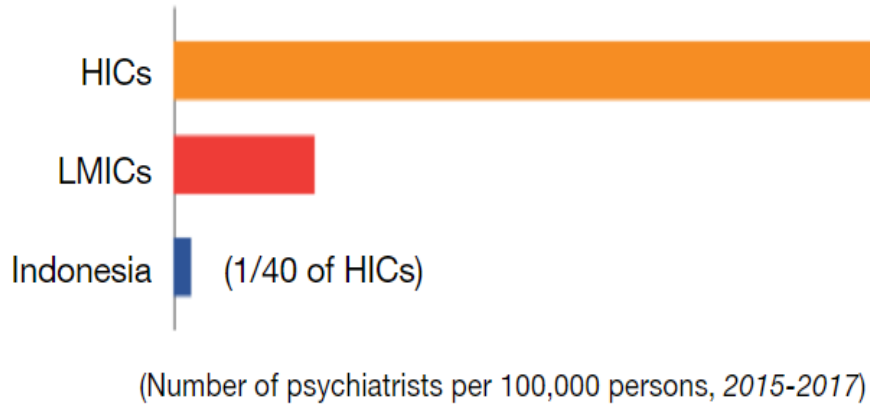


Gaps in Services

- Not covered by neither private insurance nor national health insurance.
- Addiction experts are limited and not evenly distributed in each area.
 - <1,000 psychiatrist for >270,000,000 people, most reside in Java Island
- Some rehabilitation services are not fully standardized.



Local Challenges



(Projected number of psychiatrists per 100,000 persons. *Science*, 2012)

Treatment and Rehabilitation in Indonesia

- The facilities under supervised by ministry of health (hospital and primary health care) every 3-5 years have to get their accreditation, but not specific for SUD.
- In the future, Indonesia need to collaborate from 4 agencies for treatment and rehabilitation SUD



Accreditation Agency in Indonesia

KOMISI AKREDITASI RUMAH SAKIT
(KARS)
KMK : 406/2020

Lembaga Akreditasi Fasilitas Kesehatan Indonesia
(LAFKI)
KMK : 6604/2021

Lembaga Akreditasi Mutu dan Keselamatan Pasien Rumah Sakit
(LAM-KPRS)
KMK : 6604/2021

Lembaga Akreditasi Rumah Sakit "Damar Husada Paripurna"
(LARS DHP)
KMK : 6604/2021

Lembaga Akreditasi Rumah Sakit
(LARS)
KMK : 6604/2021

Lembaga Akreditasi Rumah Sakit Indonesia
(LARSI)
KMK : 6604/2021

MATERI MILIK

LEMBAGA AKREDITASI FASILITAS KESEHATAN INDONESIA

JCI
ACHS



Situation in Indonesia

Quality Assurance & Quality Improvement

Prior 2017	2017
Minimum Standard Scoring and Supervision - National Narcotics Board	Workshop on Quality Assurance with UNODC, attended by National Narcotics Board, Drug Dependence Hospital (Go), Social Rehabilitation Center (MoSA), Directorate of Correctional, Community, Addiction Counselor Association, and University.
Accreditation for Drug Addict through Social Rehabilitation - Ministry of Social Affairs	Afterward we form a technical committee for developing National Standard on Drug Rehabilitation
Standard for Specialist Hospital and clinics on Drug Treatment - Ministry of Health	



National Narcotic Board in Indonesia

2019

- 1st National Standard on Drug Rehabilitation Services was established

2020

- Try out National Standard on Drug Rehabilitation Services- National Narcotics Board and technical committee

2021

- Technical Committee recommend for revision after the try out

2022

- Submission for National Standard Revision
- Work on progress revising the National Standard
- There's no accreditation body at the moment, no one applying yet



Training and Consultation Needs

- Quality of addiction rehabilitation
- Treatment in special populations
- Workshop on psychotherapeutic intervention
- Training for addiction experts



Training Needs

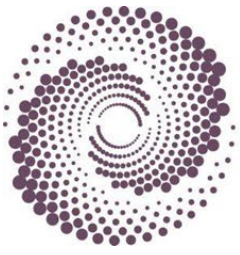
- **Training Topics**
 - Addiction and addiction treatment: NPS, Opioid benzodiazepine, ATS etc.
 - Addiction treatment counselling and prevention: craving coping skills, relapse prevention, life skills, etc.
 - Co-occurring disorder: mental health disorder screening, suicide management and prevention, strategies to reduce SUD stigma and HIV/AIDS, etc.
 - Administration and management: management skills, executive skills, ethics and policy, etc.
- For Psychiatrist, GP, Counselor, Nurse, Pharmacist, social worker.



ITTC As a Hub

- ITTC with its various experts from all around the world may hopefully be a bridge to transfer substance use prevention, treatment, and recovery innovations that are scientifically-based and culturally appropriate.
- ITTC may hopefully be able to provide specific supports in drug demand reduction that are unique to the challenges faced in each country.





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International Technology Transfer Center

A program of the International Consortium of Universities
for Drug Demand Reduction

Conclusion



Summary

- Key Takeaways & Learning Points
- Lessons learned from the field
 - Ukraine, Vietnam, South Africa, and Peru



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Thank you!

