

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

1. Background

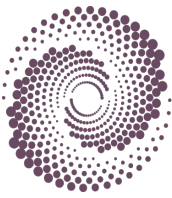
The consumption of psychoactive substances is a serious public health problem in Peru, with important health, psychosocial and economic consequences. This problem is among the main factors of premature death and disability in the population. It has been estimated that 36 years of life are lost due to acute alcohol use and 17 years due to chronic alcohol use. The per capita consumption of alcohol in Peru for the population aged 15 and over is 6.3 liters per year (1). Alcohol accounts for 12% of deaths overall and 16% in men ages 15-45. (2). Alcohol consumption is associated with the occurrence of 10% of traffic accidents (3), partner violence and sexual assault (4).

Annual prevalence of smoking for city residents aged 12 years and over is 21%. Each year a total of 396,069 years are lost due to premature death and disability due to tobacco use (5). Approximately 4.8% of the population have used illegal drugs at least once in their life. The most consumed are marijuana (3.8%), cocaine (1.7%) and basic cocaine paste (1.5%). The social and economic impact of substance use in Peru has been estimated at 447.7 million dollars per year; about 245.7 million dollars correspond to alcohol, 7 million to smoking and 192.3 million to illicit substances (6).

The National Commission for Drug-Free Development and Life (DEVIDA) is responsible for the National Drug Control Strategy. This strategy includes a component of prevention, treatment and rehabilitation of the use of psychoactive substances with a multicultural and gender approach. Most of these activities are developed with the Ministry of Education and the Ministry of Health (7). Programs developed in the educational context include structured programs implemented through tutoring activities, personal development workshops, workshops for the school community, parent workshops, leadership and conflict resolution workshops, and art-related activities. In the family context, DEVIDA has implemented the Family Strengthening Program in 23 regions with the regional education offices (8). The municipalities develop preventive activities organized in multisectoral committees, school workshops, occupational workshops, family activities and other sports and cultural events. DEVIDA also has a helpline that provides advice called "Habla Franco" (7).

Law No. 30947 regulates access to services for the promotion, prevention, treatment and rehabilitation of alcohol and substance use in mental health. The Mental Health Directorate of the Ministry of Health (MINSA) leads the implementation of this policy in coordination with DEVIDA and other ministries such as Education, the Ministry of Women, the Ministry of Justice, among others. (9). Regional governments are in charge of implementing community, preventive and substance use treatment activities in networks of primary health centers, community mental health services, day care units and residential care services.

Access to treatment among people with alcohol and substance use disorders is very limited in the country. Only 12.7% of people with active alcohol and substance use disorders in the last twelve months have access to treatment (10) (11). The supply of hospital treatment is very



limited. There are around 200 therapeutic communities operating throughout the country, most of them implemented by private organizations. Some are professionalized and use models with established therapeutic programs, but a large proportion of therapeutic communities are not and are generally guided by religious groups (12) .

From a continuity of care perspective, there is a lack of integration of these services into primary care, community mental health services, and rehabilitation and inpatient services. (13) . DEVIDA has implemented outpatient substance abuse treatment units in primary health care services. With the creation of Community Mental Health Centers by MINSA (about 200 throughout the country), these substance abuse treatment services are gradually being transferred to these specialized services.

Given the high turnover of staff, human resources in Community Mental Health Centers have limited skills to provide treatment for drug use. On the other hand, the professional staff that works in primary care lacks training to carry out screening and brief interventions for the consumption of psychoactive substances.

The financing of the programs in the area of drug demand reduction developed by DEVIDA and by MINSA are provided by the Ministry of Economy and Finance in accordance with the budget based on the Results Methodology. The process involves the definition of a population problem and a causal model about the etiology of the problem.

Likewise, it is necessary to support with evidence the selection of successful interventions to solve the problems addressed by the budget program. Similarly, ministries must assess their programs with population-based indicators, in order to maintain their budgets. Some data from the health surveys generated by the National Institute of Statistics are available, but there is a lack of coordination between those who need and those who generate the evidence.

In Peru, academic institutions and research organizations have limited capacity in specific research skills key to technology transfer, such as systematic review, implementation research, and program evaluation. Therefore, there is a need to know the training needs of university students and researchers in order to strengthen capacities to develop this type of research. On the other hand, policy makers and program implementers need to better understand how to use evidence in the design, implementation, and evaluation of substance use policies and programs.

Therefore, it is necessary to strengthen skills and for this it is necessary to know what are the training and technical assistance needs required for the development of evidence-based demand reduction programs and policies.

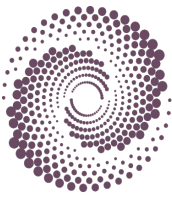
This study has been prepared by the ITTC International Technology Transfer Center of Peru. This aims to develop capacities and networks to connect different institutions and organizations as a system for the design, implementation and evaluation of preventive, therapeutic, rehabilitation and drug demand reduction policy interventions. It is developed from the Faculty of Public Health and Administration of the Cayetano Heredia Peruvian University in collaboration with the Faculty of Psychology of the Pontifical Catholic University of Peru. It currently has funding from the Colombo Drug Advisory Plan and the Anti-Narcotics and Law Enforcement Section (INL) of the United States Embassy.

2. Study Objectives

The study aimed to generate knowledge about what are 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 drug demand reduction area.

Specific objectives:

- Characterize the organization/institution regarding the type of service and professionals who work in it.



- Identify the work that the institution develops within the area of demand reduction, the type of population it serves and the geographical jurisdiction in which it develops its activities.
- Determine the institutional priorities regarding the knowledge and skills that they would like to strengthen through training and technical assistance activities.
- Identify the didactic and pragmatic aspects for the design and programming of training

3. Methodology

The study had a descriptive cross-sectional design. The institutions were identified from existing records of public and private entities such as the MINSA registry of treatment centers for psychoactive substance use, the SUNEDU registry of accredited universities, the CONCYTEC registry of institutions, the registry of Non-Governmental Organizations of the Peruvian Agency for International Cooperation APCI, among others. The sample included:

1. Institutions responsible for the country's demand reduction policy
2. Public institutions responsible for the development of Research
3. Academic institutions that provide training and research development in demand reduction
4. Non-governmental organizations that carry out prevention and treatment activities for the use of psychoactive substances
5. Community organizations, collectives, or coalitions
6. 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.
7. Private institutions that provide counseling, treatment or rehabilitation services for the use of psychoactive substances
8. Other organizations that develop prevention or treatment activities for the consumption of psychoactive substances, such as municipalities and faith-based organizations.

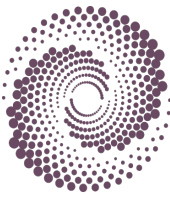
Given that the study is a descriptive diagnosis based fundamentally on variables in nominal and ordinal type scales, the sample size was defined based on the institutions that exist in the area of drug demand reduction in the country with a total of approximately 61 study participants. The sample design was for convenience. An adapted questionnaire from other health centers was used. The network of international technology transfer centers ITTC.

The research team obtained the email of each institution in the existing records, or in institutional information available on the Internet and public access. If the email address was not found, the institution was called by phone and the email address was requested. An email will be sent to the participants containing the link with the consent form. The participant who agreed to participate in the study by providing their consent gained access to the questionnaire online.

The information was analyzed using descriptive statistics methods to establish the areas that are considered priorities for training and technical assistance. 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.

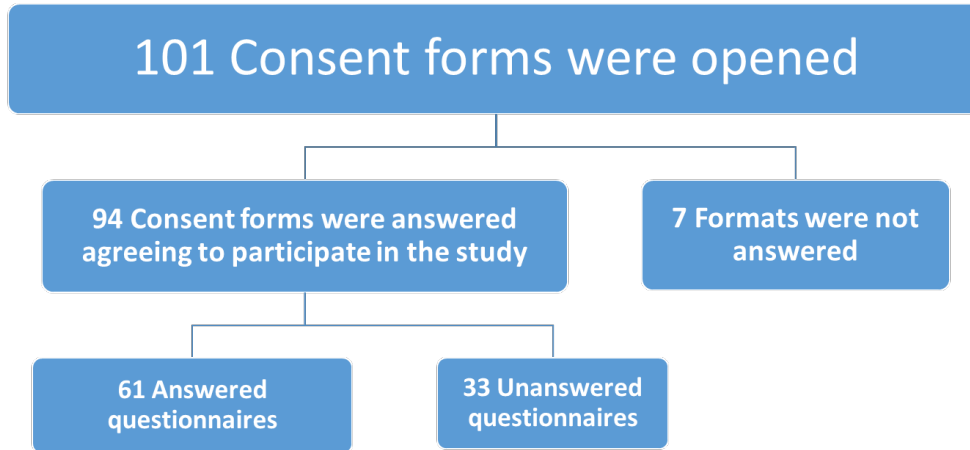
4. Results

The invitation to participate in the study was sent to the emails of 205 professionals. Of these, 101 professionals entered the informed consent form. A total of 94 professionals responded giving



consent and another 7 did not complete the form. Of the 94 professionals who provided consent, a total of 61 professionals completed the questionnaire, the other 33 did not answer the questionnaire (see flowchart 1).

Flowchart 1. Response to the consent form and the questionnaire

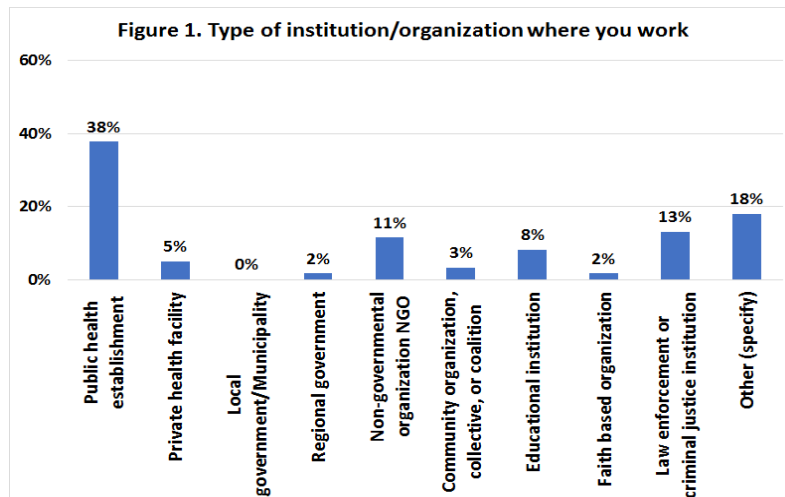


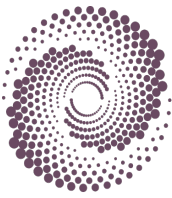
4.1 Organizations/institutions participating in the study regarding the type of service they offer and the characteristics of the professionals who work in it

The sample included professionals who work in various institutions and organizations in demand reduction, including those responsible for demand reduction policy (Ministry of Health of Peru and the National Commission for Development and Life without Drugs DEVIDA), public institutions responsible for Research development as the National Institute of Mental Health INSM HDHN. Likewise, information was collected from public and private academic institutions that provide training and research development in drug demand reduction, as well as professional associations.

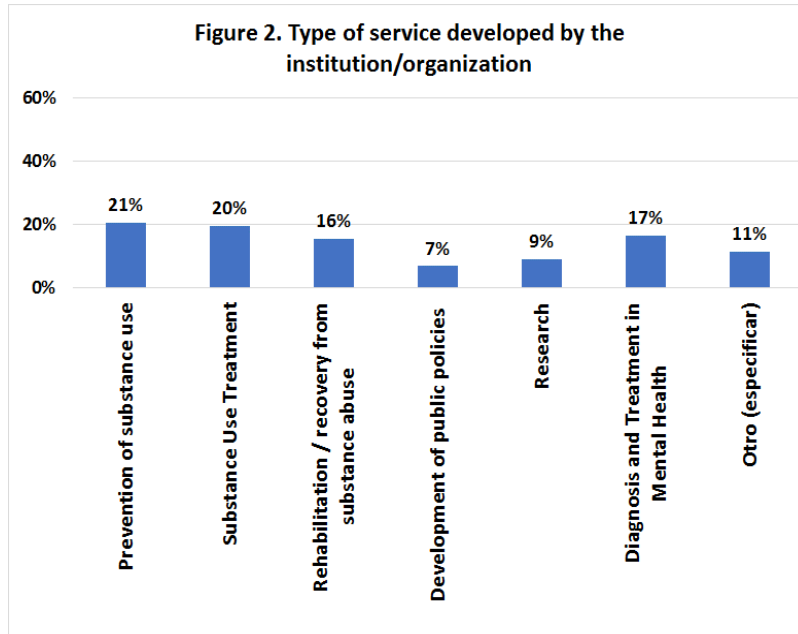
The sample also included non-governmental organizations that develop prevention and treatment activities for the use of psychoactive substances, organizations, groups, and community coalitions, public institutions of the MINSA that provide screening, counseling, treatment or rehabilitation services for the use of psychoactive substances (Centers Primary Care, Community Mental Health Centers, General Hospitals, Specialized Hospitals), as well as private institutions that provide counseling, treatment or rehabilitation services (Therapeutic Communities and clinics).

Most of the participants (38%) work in public institutions that provide treatment for substance use, such as community mental health centers and primary care centers (see Figure 1).

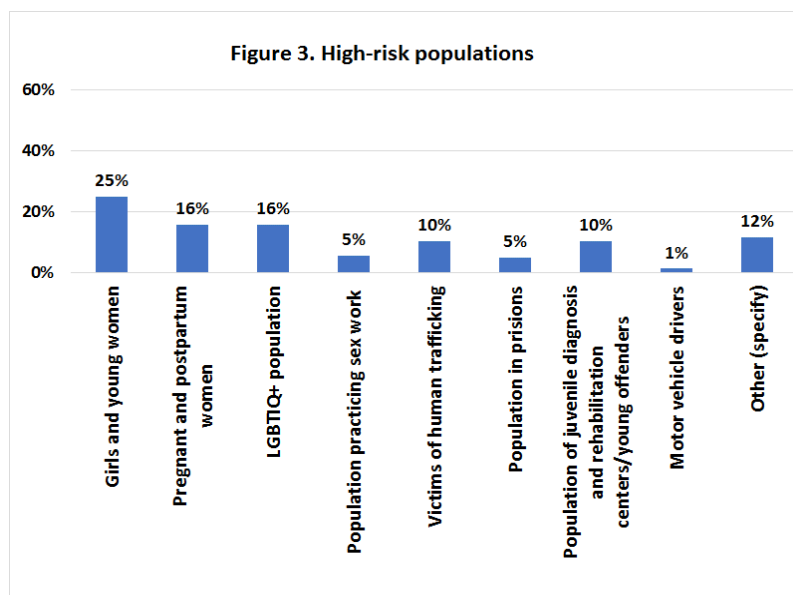


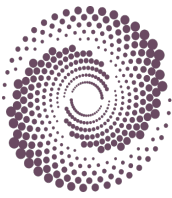


Regarding the work that the institution develops within the area of demand reduction, the institutions represented in the study mainly carry out prevention, treatment and rehabilitation activities, although they also, less frequently, carry out research activities, as well as policy development activities public (Figure 2).

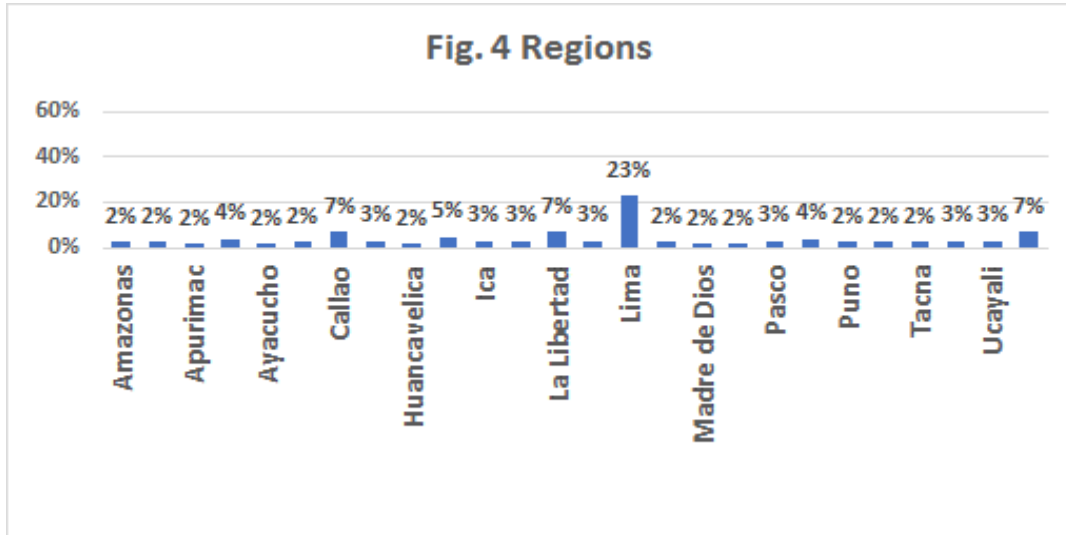


The type of population at risk served by the institutions includes girls and young women (25%), pregnant and postpartum women (16%), and the LGBTIQ+ population (lesbian, gay, bisexual, transsexual, intersex, and others) (16%). Other high-risk populations served that followed in frequency were victims of trafficking (10%) and the population of juvenile diagnostic and rehabilitation centers/young offenders (10%) (Figure 3).

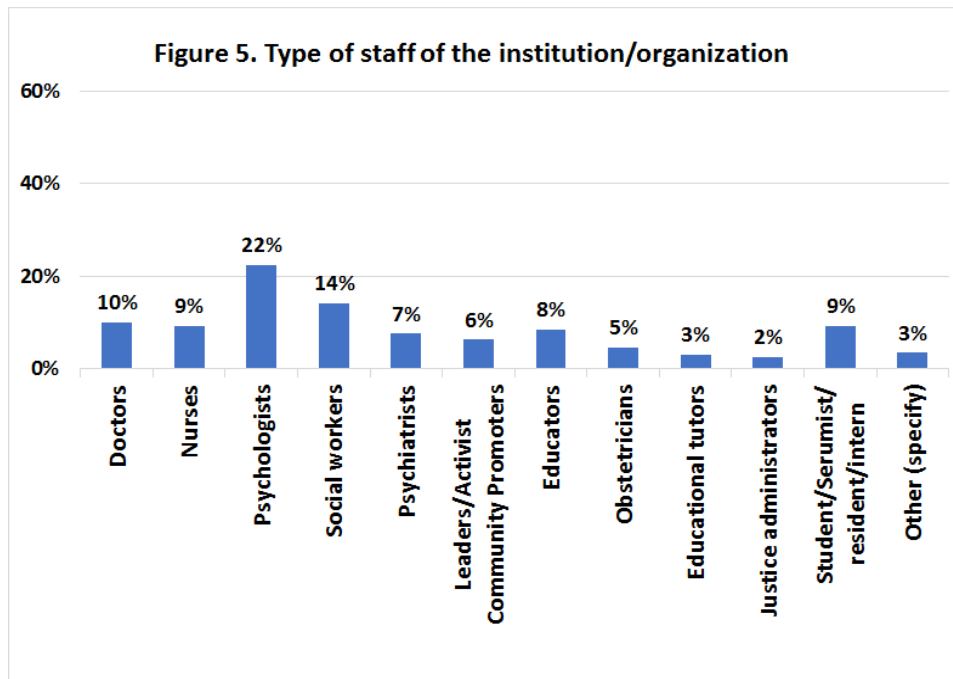


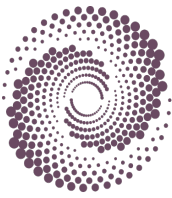


The organizations carry out their activities throughout the national territory, as shown in Figure 5. The region with the greatest presence of institutions is Lima. (30%) followed by Callao (7%) and La Libertad (7%) /Figure 4).



The professional group that was most represented was psychologists (22%), followed by social workers (14%), doctors and nurses (see Figure 5).



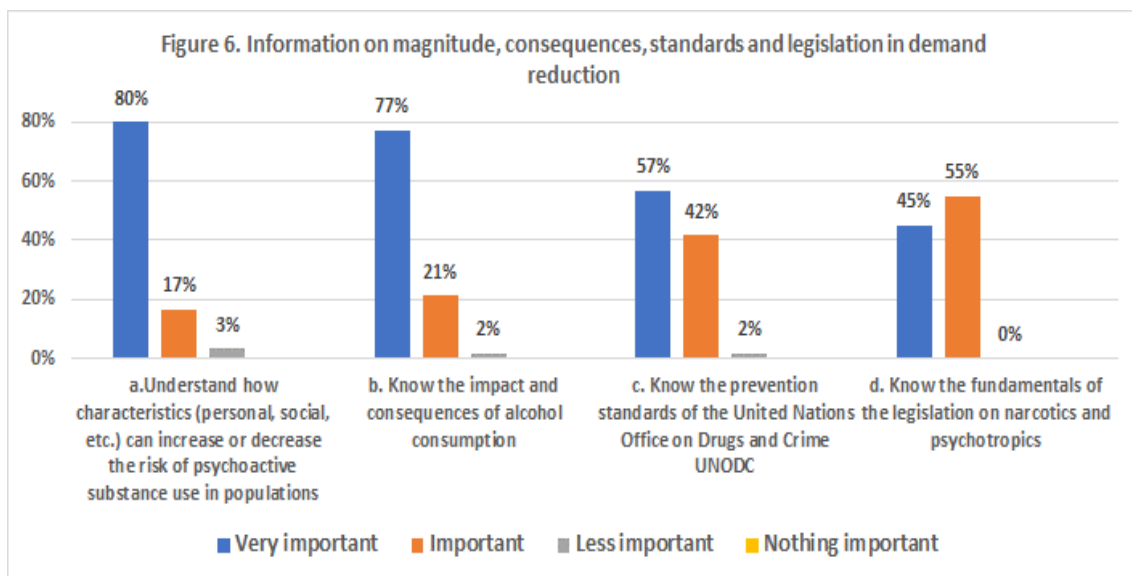


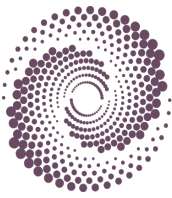
4.2 Institutional priorities regarding the knowledge and skills that they would like to strengthen through training and technical assistance activities.

The second section presents the institutional priorities regarding the knowledge and skills that they would like to strengthen through training and technical assistance activities. These results are grouped into the following topics:

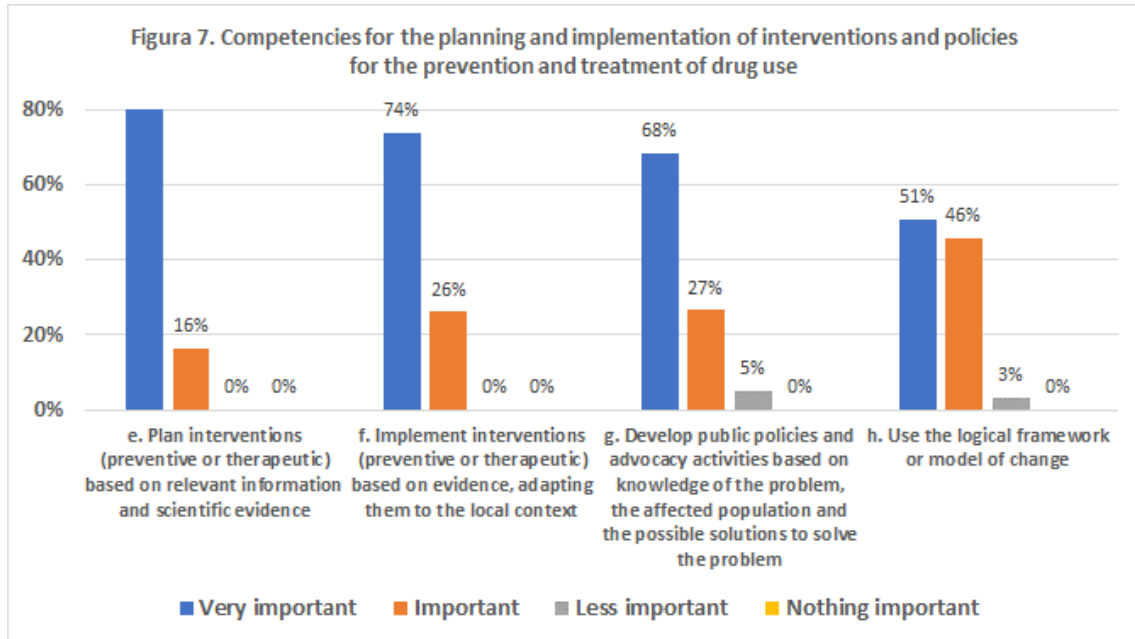
- a. Information on the magnitude and consequences of substance use, standards and legislation on demand reduction
- b. Competencies for the planning and implementation of interventions and policies for the prevention and treatment of drug use
- c. Competencies for screening, treatment and rehabilitation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

Regarding the need to have more information about the magnitude and consequences of the consumption of psychoactive substances, as well as the standards and legislation in demand reduction, the respondents consider the issue of knowing the personal, community and social risk factors a priority to increase or decrease consumption in the population. Another topic of interest is the impact of alcohol consumption (Figure 6).

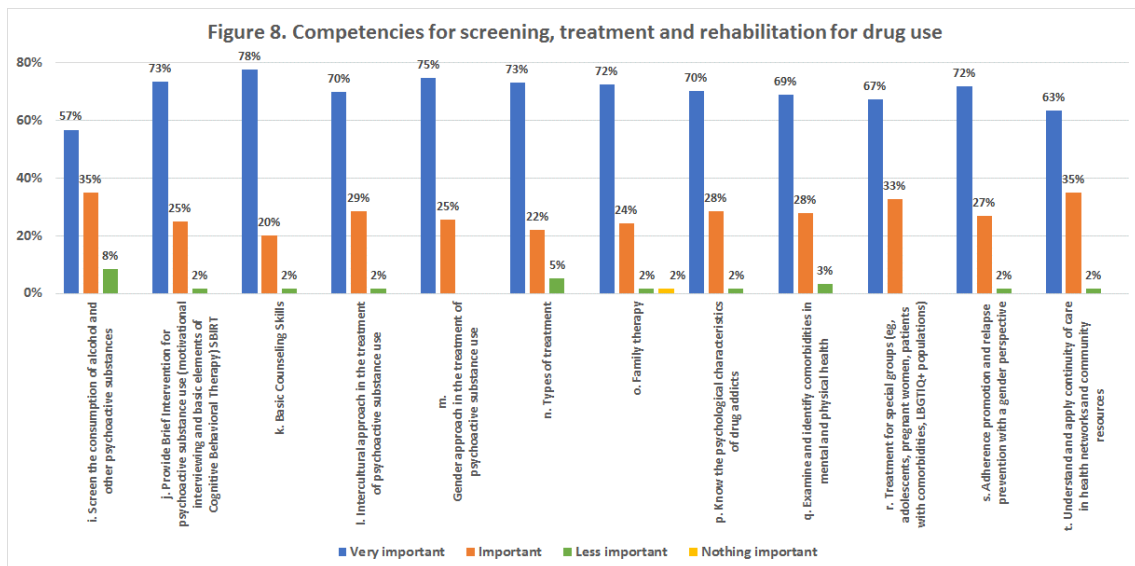


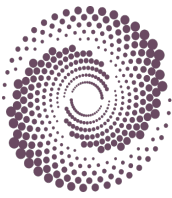


In relation to competencies for the planning and implementation of drug use prevention and treatment interventions and policies, the respondents consider it particularly important to develop their capacity to design and implement demand reduction interventions based on evidence.

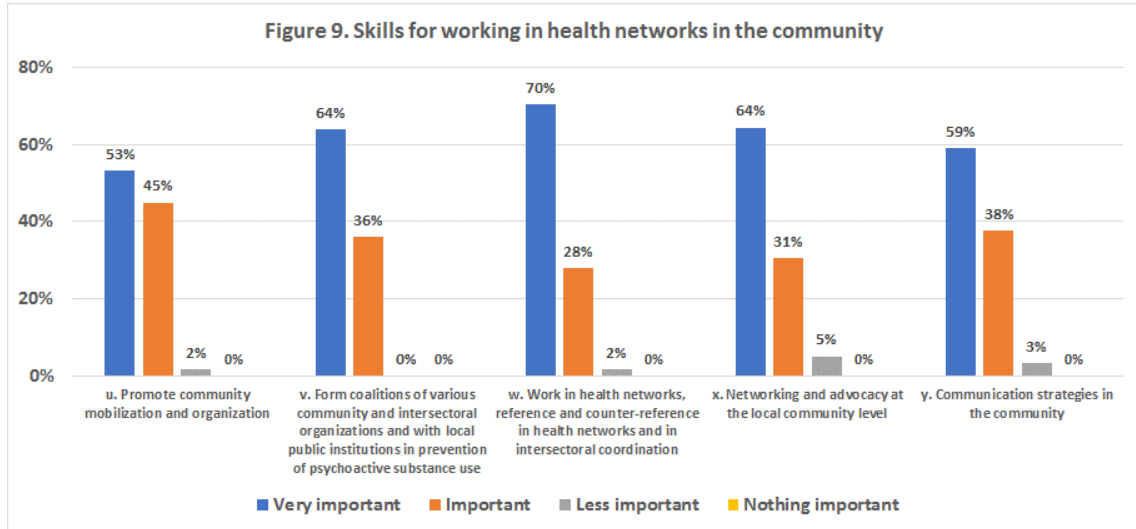


The skills for screening, treatment and rehabilitation for drug use are considered to be of great need, especially those related to aspects of treatment, counseling, cognitive-behavioral therapy, family therapy.

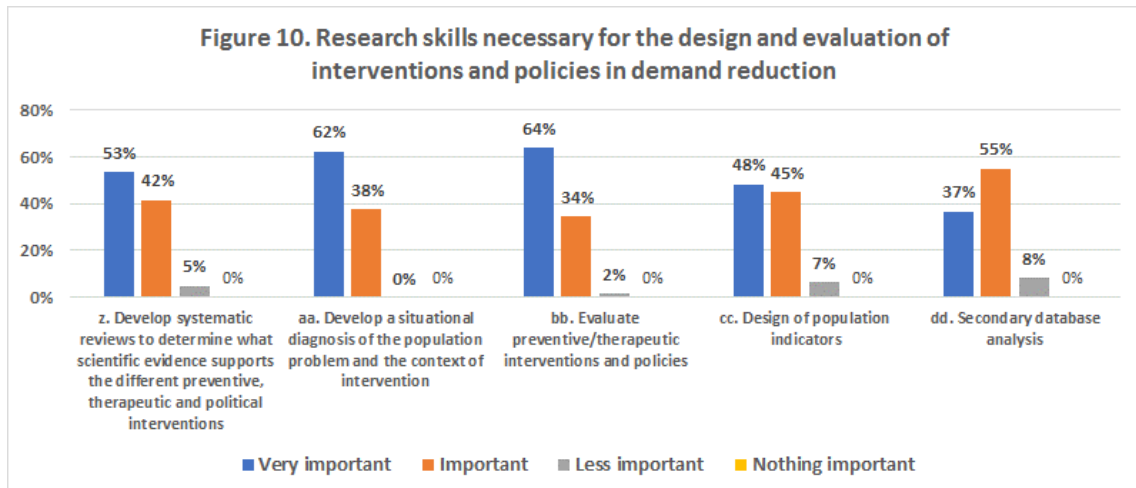


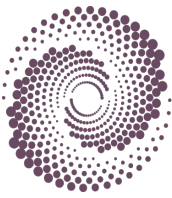


There is recognition as very important to strengthen skills for work in health networks (referral from primary care to community mental health centers and against referral to primary care centers and other available devices) and collaboration and formation of coalitions at the community level.



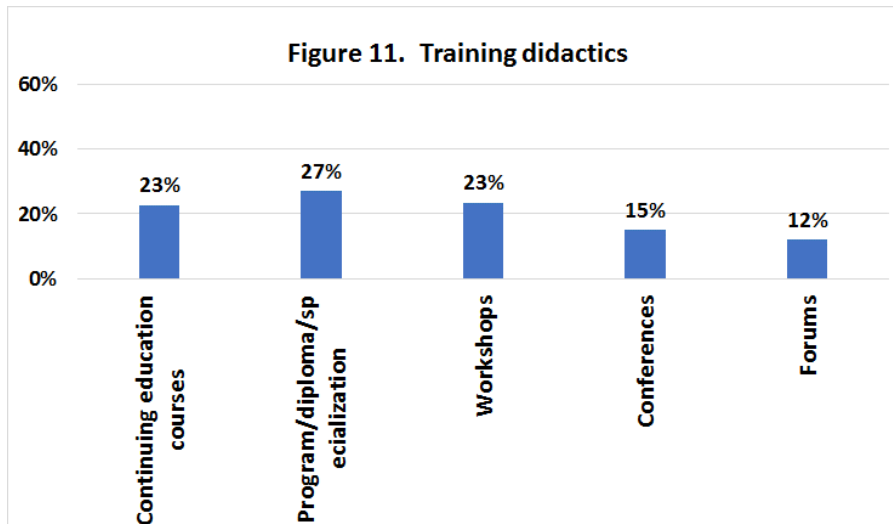
Regarding research skills, they highlight the importance of those necessary for the design and evaluation of interventions and policies in demand reduction.





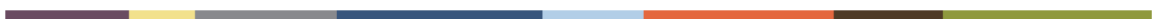
4.3 Didactic, pragmatic aspects and demand for training

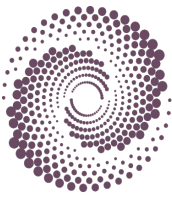
The third section presents the didactic and pragmatic aspects necessary for the design and programming of the training, such as the course modality, schedules, and the number of professionals that need to be trained. A third of the participants express interest in training in programs such as diplomas and specializations (27%), there is also a demand to participate in courses (23%) or workshops (23%) in the continuing education modality. A smaller proportion reports interest in specific events such as conferences and forums.



Regarding the training schedule, there is a preference for activities on Friday or Saturday, in the afternoon and evening hours.

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 (Figure 12).





8. Conclusions and recommendations

The study makes it possible to demonstrate the motivation of the participants to access training in multiple demand reduction topics. In general, the demand for training is high, They generally state that within the institution they could train between six and fifteen participants. That is, they require training for institutional teams.

At the level of information, there is interest in knowing the factors associated with the increase and decrease in the consumption of psychoactive substances. Likewise, there is interest in knowing the consequences of the consumption of psychoactive substances

The skills for screening, treatment and rehabilitation for drug use are considered to be of great need, especially those related to aspects of treatment, 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.

Interest in training includes participating in continuing education courses or workshops, but a third of the participants express interest in training in programs such as diplomas and specializations. There is a preference for activities on Friday night or Saturday.

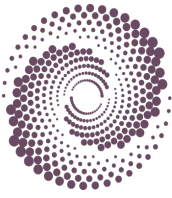
Therefore, it is recommended to strengthen the training offer both in the format of structured programs such as diplomas or master's degrees, as well as the offer of continuous training courses that can be taken independently or eventually recognized as a study program such as the one indicated.

It is recommended that these trainings be 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 the implementation of the capacities acquired by the institutions by sharing new technologies and knowledge as a team.

It is also recommended to diversify the training offer to multiple actors in both the public and private spheres. This offer must address 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.

This training offer must respond to reducing the gap in care for the general population and also offer strategies to target specific populations, including women and the LGBTQ+ population.

It is recommended to provide training with a vision of public health that allows understanding the necessary articulation of these activities in the health system and the necessary articulation with the activities of community institutions.



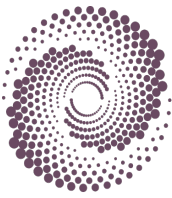
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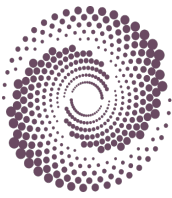
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ANNEX 1

Questionnaire in the field of research, policy, prevention and treatment for the use of psychoactive substances in Peru

1 Characteristics of the Institution/Organization:

DO 1 1. Institution/Organization Information

Organization Name: (1) _____

Address: (2) _____

Telephone: (3) _____

Email: (4) _____

DO2 2. Contact person (to offer and manage permits for training):

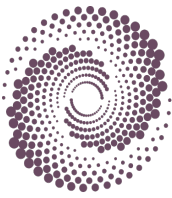
Name: (1) _____

Telephone: (2) _____

Email: (3) _____

DO3 3. Indicate what type is your organization? Please select an option:

- Public health establishment (1)
- Private health facility (2)
- Local government / Municipality (3)
- Regional government (4)
- Non-governmental organization NGO (5)
- Community organization, collective, or coalition (6)
- Educational Institution (7)
- Faith-based organization (8)
- Law enforcement or criminal justice institution (9)
- Other. Please specify: (10) _____



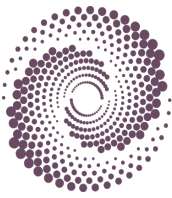
DO4 4. Which of the following types of staff does your organization employ or volunteer? (if you work independently mark your profile). Check ALL that apply:

- Doctors (general, family, and others) (1)
- Nurses (2)
- Psychologist (3)
- Social Workers (4)
- psychiatrists (5)
- Community Leaders / Activist / Agents / Promoters (6)
- Educators (7)
- Obstetricians (8)
- Educational tutors (9)
- Justice administrators (police, prosecutor, judge, defender, etc.) (10)
- Student/Serumist/resident/intern (11)
- Other. Please specify: (12) _____

2. Work area in drug demand reduction of the institution/organization and population served:

FO1 1. What kind of services does your institution/organization offer? Check ALL that apply:

- Prevention of substance use (1)
- Substance Use Treatment (2)
- Rehabilitation / recovery from substance abuse (3)
- Development of public policies (4)
- Research (5)
- Diagnosis and Treatment in mental health (6)
- Other. Please specify: (7) _____



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FO2 2. Which of the following high-RISK populations does your organization work with? Check ALL that apply:

- Girls and young women (1)
- Pregnant and postpartum women (2)
- LGBTIQ+ population (lesbian, gay, bisexual, trans, intersex, and others) (3)
- Population practicing sex work (4)
- Victims of human trafficking (5)
- Population in prisons (6)
- Population of juvenile diagnosis and rehabilitation centers/young offenders (7)
- Motor Vehicle Drivers (8)
- Other. Please specify: (9) _____

FO3 3. In which of the following geographic areas does your organization work? Check ALL that apply:

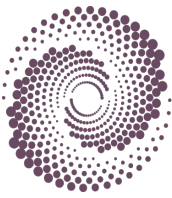
Dropdown with regions and provinces nationwide

3. Training needs:

NC1 1. Please indicate how important you consider the strengthening of knowledge and skills in EACH of the following areas of drug demand reduction for your institution/organization:



	Very important	Important	Less important	Nothing important
a. Understand how characteristics (personal, social, etc.) can increase or decrease the risk of psychoactive substance use in populations	1	2	3	4
b. Know the impact and consequences of alcohol consumption	1	2	3	4
c. Know the prevention standards of the United Nations Office on Drugs and Crime UNODC	1	2	3	4
d. Know the fundamentals of the legislation on narcotics and psychotropics	1	2	3	4
e. Plan interventions (preventive or therapeutic) based on relevant information and scientific evidence	1	2	3	4
f. Implement interventions (preventive or therapeutic) based on evidence, adapting them to the local context	1	2	3	4
g. Develop public policies and advocacy activities based on knowledge of the problem, the affected population and the possible solutions to solve the problem	1	2	3	4
h. Use the logical framework or model of change	1	2	3	4
i. Screen the consumption of alcohol and other psychoactive substances	1	2	3	4
j. Provide Brief Intervention for psychoactive substance use (motivational interviewing and basic elements of Cognitive Behavioral Therapy) SBIRT	1	2	3	4
k. Basic Counseling Skills	1	2	3	4
l. Intercultural approach in the treatment of psychoactive substance use	1	2	3	4
m. Gender approach in the treatment of psychoactive substance use	1	2	3	4
n. Types of treatment	1	2	3	4
o. Family therapy	1	2	3	4
p. Know the psychological characteristics of drug addicts	1	2	3	4
q. Examine and identify comorbidities in mental and physical health	1	2	3	4
r. Treatment for special groups (eg, adolescents, pregnant women, patients with comorbidities, LBGTIQ+ populations)	1	2	3	4
s. Adherence promotion and relapse prevention with a gender perspective	1	2	3	4
t. Understand and apply continuity of care in health networks and community resources	1	2	3	4
u. Promote community mobilization and organization	1	2	3	4
v. Form coalitions of various community and intersectoral organizations and with local public institutions in prevention of psychoactive substance use	1	2	3	4
w. Work in health networks, reference and counter-reference in health networks and in intersectoral coordination	1	2	3	4
x. Networking and advocacy at the local community level	1	2	3	4
y. Communication strategies in the community	1	2	3	4
z. Develop systematic reviews to determine what scientific evidence supports the different preventive, therapeutic and political interventions	1	2	3	4
aa. Develop a situational diagnosis of the population problem and the context of intervention	1	2	3	4
bb. Evaluate preventive/therapeutic interventions and policies	1	2	3	4
cc. Design of population indicators	1	2	3	4
dd. Secondary database analysis	1	2	3	4
ee. Other: Please specify:	1	2	3	4



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4. Training programming and didactics:

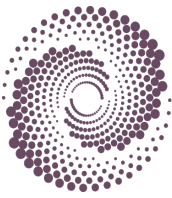
PC1 1. **What type of training would you be interested in having? Check ALL that apply:**

- Continuing Education Courses (1)
- Program/diploma/specialization (2)
- Workshops (3)
- Conferences (4)
- Forums

PC2 2. **If you had the opportunity to participate in an online training session, what days of the week would you prefer? Check ALL possible options:**

- Monday (1)
- Tuesday (2)
- Wednesday (3)
- Thursday (4)
- Friday (5)
- Saturday (6)
- Sunday (7)

PC3 3. **Which of the following times would work best for you? Check ALL that apply:**



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- From 8:00 - 10:00 b.m. (1)
- From 10:00 b.m. - 12 (2)
- During noon (3)
- From 1:00 - 3:00 p.m. (4)
- From 3:00 - 5:00 pm (5)
- From 5:00 - 7:00 p.m. (6)
- From 7:00 - 9:00 p.m. (7)

PC4 4. About, how many people in your organization would need training in the areas selected above? ___