Management of Persons with Substance Use Disorders

Part 2: Outpatient Treatment

DRAFT KENYAN STANDARD

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The following organizations were represented on the Technical Committee:

1. The National Authority for the Campaign Against Alcohol and Drug Abuse
2. Retreat Treatment Center
3. Ministry of health- Public health and sanitation
4. The Kenya Medical Supplies Authority (KEMSA)
5. Kenyatta University
6. Aga Khan University Hospital
7. Total Wellness East Africa Limited
8. Ministry of Health-Division of Mental Health & Substance Use management
9. Kenya Bureau of Standards

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Foreword

Treatment and rehabilitation centers for persons with substance use disorders in Kenya have recently grown exponentially in the private and public sector. This can be attributed to the increase in alcohol and drug abuse (NACADA 2019, Masinde Muliro University, 2009).

The increase in demand for treatment and rehabilitation services has attracted many players including individuals, non-governmental organizations (NGOs), Faith Based Organizations (FBOs), and Civil Society, Private and Public institutions. Huge variations exist within these centres in terms of facilities, personnel competences, treatment options and costs.

These guidelines provide the minimum standards to be met within treatment and rehabilitation centers in Kenya while offering services at the different levels of care for persons with substance use disorders. These include rights and responsibilities of clients, levels of treatment, treatment center management, infrastructural setting, staff training and competence.

These standards aim to provide evidence-based standardized service delivery approach that assures effective and quality care across the private and public sector.

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Part 2: Outpatient Treatment

1 Scope

This standard covers the minimum requirements needed when setting up an outpatient center in regards to the infrastructural setting, human resource, outpatient levels of care, clients rights and responsibilities and administrative services.

2. Terms and Definitions

2.1 Abuse

The misuse or overuse of a substance (using more than the norm); using a substance in a way different from the way it is generally used, either medically or socially; using any illegal substance (including alcohol if one is underage); continued use of a substance even though it is causing problems in one's life.

2.2 Addiction

Loss of control and compulsive use of a mood or mind-altering chemical or chemicals, along with the inability to stop the use in spite of the fact that such use is causing problems in one's life. It means having a physical and/or psychological dependence on a substance.

2.6 Clients Persons with a substance use disorder.

2.7 Clinical supervision

It consists of the practitioner meeting regularly with another professional, not necessarily more senior, but normally with training in the skills of supervision, to discuss casework and other professional issues in a structured way. The purpose is to assist the practitioner to learn from his or her experience and progress in expertise, as well as to ensure good service to the client.

2.8 **Continuing Care** (Also referred to as after-care) Follow-up care that offers ongoing support to maintain sobriety/abstinence, personal growth and assists with reintegration into the community/family

2.9 **Counselling**

A therapeutic intervention that offers support and guidance and is undertaken by a relevantly trained accredited and professional staff member.

2.10. Critical incident

Any abnormal or unusual occurrence that threatens the safety or well-being of clients and staff.

2.11 Evidence-Based- is an interdisciplinary approach which uses techniques from science, engineering, biostatistics and epidemiology, such as meta-analysis, decision analysis, risk-benefit analysis, and randomized controlled trials to deliver “the right care at the right time to the right patient.

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2.12. **Informed consent**
Consent for a procedure/treatment provided by a person who is deemed capable of making such a decision based on his/her mental state; intellectual, linguistic or educational abilities; freedom from coercion or age-related maturity and current relevant legislation.

2.13 **Inpatient** also, residential client: Client who resides in a residential treatment centre for treatment**.**

2.14 Intervention
A carefully planned meeting at which an alcoholic/addict is confronted by family members, friends, and professionals in an effort to break through denial and start subject on the road to recovery.

2.15 Levels of Care: The American Society for Addiction Medicine (ASAM) identifies five levels of care as follows:
Level 0.5 – Early intervention
Level I – Outpatient treatment
Level II – Intensive outpatient/partial hospitalization
Level III – Residential/inpatient treatment
Level IV – Medically-managed intensive inpatient treatment

2.16 **Multidisciplinary team** A therapeutic or team of health and social development professional and accredited addiction counsellors (if members of the centre's staffing body) who provide treatment at the centre. See section on minimum staff components of this team of facilities.

2.17 **Outpatient/Non-Residential Client:** the addict or alcoholic resides at home or in another supportive environment. Outpatient treatment can be available several times a week or once a week, with the services lasting approximately three hours per day.

2.18 **Policy** A definite course or method of action selected by the treatment centre from among alternatives and in the light of given conditions to guide and, usually, to determine present and future decisions.

2.19 **Quality Assurance** refers to planned and systematic processes that provide confidence in a service's suitability for its intended purpose.

2.4
Rehabilitation Centre
Substance dependency treatment facility

2.20 Relapse The return by a person in recovery to the self-prescribed, non-medical use of any mind-altering drug (including alcohol) and risk of the consequent problems associated with such use. It is often preceded by negative thoughts, distorted perceptions, and even nonspecific physical symptoms.

2.21 Drug/Substance A chemical, psychoactive substance such as alcohol, tobacco and illicit/illegal, over-the-counter drugs and prescription drugs.

2.22 Substance Use Disorder (SUD) as per the DSM-5: A maladaptive pattern of substance use, leading to clinically significant impairment or distress.

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2.23 Therapy Treatment provided by professional staff can either be a medical treatment or a talk therapy.

2.24 Treatment The clinical process by which the clients are assisted in abstaining from their drug abuse/dependency and in participating in rehabilitation to achieve their optimal level of functioning. This process is based on best practice health care principles. Treatment should be holistic and, as far as possible, address all the clients' (and their families' and significant others') needs, i.e. physical, psychological, social, vocational, spiritual, interpersonal and lifestyle needs.

2.25 Treatment plan Is a medical and clinical plan, designed by the physicians and clinicians of addiction and alcohol treatment programs, complete with goals and objectives focused on the addict or alcoholic achieving and maintaining long term abstinence.

Recreation area- An area that is designed, constructed, designated, or used for recreational activities e.g. T.V rooms and play areas

Drug abuse free areas- This are areas within a locality where a person can have possession of drugs but are prohibited from abusing the drugs in the area.

2.26 Semi- Permanent Structure- This is a type of house where the floor is usually cemented but does not necessarily have a stone foundation. The walls are made of iron sheets or at times timber. The house is iron roofed. If you work in a rural community then you must have come across this type of a house.

3.0 Outpatient Treatment

3.1. Brief Definition and Description of the Setting

The outpatient treatment setting for the treatment of substance use disorders cares for people who do not reside in the treatment facility and visit the treatment facility only for treatment interventions. Outpatient services vary considerably in terms of their components and intensity. Typically, outpatient drug treatment is either carried out by health and social services specializing in the treatment of substance use disorders, or within the context of mental health treatment more broadly.

The range of treatment offered in the outpatient setting include:

a) psychological and behavioral interventions
b) social support
c) pharmacological interventions

3.2 Target Population

Outpatient treatment in its different modalities can cater for a broad range of individuals with less severe substance use problems. Clients with limited social support may not be the best candidates for outpatient level of care however, it can be considered in case of unavailability of inpatient services or financial limitations on the part of the client.

3.3 Goals

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The primary goals of outpatient treatment are to help patients to stop or reduce drug use; to minimize medical, psychiatric and social problems associated with drug use; to reduce the risks of relapse and to improve their well-being and social functioning, as part of a long-term recovery process. Outpatient level of care can be used as a transitional service to/ and from other levels of care.

3.4 Characteristics

Outpatient treatment services and programmes vary considerably depending on the services level of intensity and interventions they offer.

3.4.1 Low- Intensity Interventions

Low intensity interventions involve weekly group support sessions, individual psychological treatment, health and drug education, and low intensity social support.
In the course of outpatient treatment, associated health care professionals shall regularly assess substance use, and physical and mental health status of patients. Routine cooperation with allied care services shall be included and shall include integration of outpatient treatment with medical services for HIV, viral hepatitis, TB and sexually transmitted infections.
Routine cooperation with social support and other agencies, including education, employment, welfare, support sources for disabled, housing, social networking or legal assistance should also be present.

3.4.2 Intensive outpatient/partial hospitalization Interventions

Programmes such as intensive day treatment requires frequent interactions with patients as stipulated in the ASAM Placement Criteria.

Components and activities of these service settings include:

a) Comprehensive medical and psychosocial assessment on admission
b) Treatment plan which best addresses individual needs
c) Patient participation in treatment decisions
d) Medication-assisted detoxification, if indicated
e) Initiation of maintenance medication if indicated
f) Drug overdose management
g) Contact with family and significant others of the social network to engage them in the ongoing treatment
h) Behavioral and psychosocial treatment for substance use disorder and co-occurring psychiatric disorders
i) Pharmacological treatment for co-occurring medical and psychiatric disorders
j) Treatment contract which clearly outlines all treatment procedures, services and other policies and regulations as well as programme's expectations of the patient
k) Ongoing evaluation of patient's progress in treatment, and continuous clinical assessment that is built into the programme
l) Relapse prevention and discharge strategies for continuous care including maintenance medication if indicated, an appropriate level of psychosocial treatment, and ongoing treatment for co-occurring medical and psychiatric problems
m) Intensive social support including linkages to accommodation and employment

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3.5 Models and Methods

Treatment objectives can be best accomplished by using a combination of pharmacological, behavioral and psychosocial interventions. Ideally, outpatient treatment programmes for substance use disorders offer a comprehensive range of services to manage various problems affecting patients across several life domains.

3.6 Outpatient Assessment and Treatment planning

a) The treatment plan for an individual should be based on a detailed assessment of the treatment needs, the appropriateness of treatment to meet those needs (assessment of appropriateness should be evidence based), the patient acceptance and consent and the treatment availability.

b) Treatment plans should take a long-term perspective.

c) Voluntary testing for HIV and common infectious diseases should be available as part of an individual assessment, accompanied by counselling before and after testing.

d) All patients shall have a baseline drug test at initial assessment for recent drug use.

3.7 Discharge, Aftercare, and Referral

a) Discharge planning is essential for a client preparing for life after leaving outpatient rehabilitation. The discharge shall aim at relapse prevention, self-monitoring, and emotional regulation in order to live a healthy and independent life in recovery.

b) Involuntary discharge of the client from treatment is justified to ensure the safety of staff and other patients, but noncompliance with the programme rules alone should not generally be a reason for involuntary discharge of the client. Before involuntary discharge of the client, reasonable measures to improve the situation should have been taken, including re-evaluation of the treatment approach used.

c) There are defined criteria for the management of specific risk situations (e.g., intoxication, suicide risk).

d) Care plans are explored which map out alternative pathways which might be followed in the event of partial or complete failure of the original plan, or premature termination from drug treatment services.

4. Infrastructural setting

The facility shall be made of permanent or/and semi-permanent structures that ensures the safety of the client and staff and are disability friendly.
The storage, handling and disposal of the equipment used in outpatient treatment services shall comply with the Occupational and Health Safety Act.

4.1 Space and structural Layout

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4.1.1 Service delivery rooms

a) The structures in the outpatient facility shall be permanent or semi-permanent.

b) The height of all common rooms and observation rooms shall be at least 10 feet.

c) The windows should be at least 24 inches by 24 inches for the room

d) There shall be a special care and examination rooms for medical examination, emergencies and detox.

e) The doors and windows should open towards the outside in case of any emergency. The windows should at least have a 10% openable area to the floor area ratio.

f) The walls shall be brightly colored.

g) The outpatient facility should have a sitting area, a dining area and a kitchen structurally following each other with proper labelling of each room.

h) All rooms should access sunlight through windows or sky lights in addition to or in lieu of electric lighting.

i) The space shall be 1.5m per 1.5m per person floor area per occupant in the acute management room.

j) The facility should comply to the standard on occupational hazards public health act

4.1.2 Kitchen

a) The kitchen should be adequate and spacious to carry out all the activities there in.

b) The kitchen preparation tops shall be impervious or of stainless steel material.

c) The kitchen shall have a waste storage bins with covers

d) The kitchen store room shall be adequate and have pallets for food stuffs storage. Maintenance of first in, first out rule. The store should have two segments the hard store/nonperishables and the soft store/perishable.

e) The kitchen should have adequate running water

f) The kitchen floor shall be self-draining and those with open drainage shall be gritted.

g) The kitchen should have a chimney to exhaust the smoke

h) The kitchen shall use utensils that comply with hygiene and safety standards and that ensure the safety of the clients and the staff.

i) The kitchen should have an exit door

j) There shall be maintenance of general cleanliness and hygiene at all times

4.1.2.1 Equipment

Kitchen fridge- separate storage of different food items in regards to preparation and types of

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food

4.1.2.2 Human resource

Kitchen staff should be periodically undergo medical examination in compliance with the public health act to ascertain fitness to handle food for human consumption.

4.2 Water

The facility shall have clean water as evidenced by the certificate of conformity from local authorities as stipulated in the public health act. The water shall be protected from contamination. There shall be extra water reservoirs that are treated. The storage tanks shall be washed regularly.

4.3 Toilets

There shall be provision of a suitable toilet and bathroom for public in the facility; one toilet for 25 males and one toilet for 20 females. There should be provision of a urinal in the male toilets, one urinal for every three toilets. Each toilet shall have a wash basin. The female toilets shall have sanitary bins. There shall be adequate provision of disinfectants, cleaning equipment.

4.4 Recreation area

There shall be provision of a safe recreational area that is sufficiently equipped for the clients and ensures accessibility of all persons.

4.5 Vector and Vermin

a) The compound should have adequate rat proof

b) The area should be free of vector and vermin infestation.

c) There shall be malaria prevention measures especially in malaria endemic zones

4.6 Waste Disposal

Compliance with public health requirements

Pharmaceutical wastes

4. 7 Medical and pharmaceutical commodities

Prescription

a. To help treat certain types of addiction, a person may be prescribed treatment drugs that diminish cravings and withdrawal, counter the intoxicating effects of a drug. A client may also be on medication that address any co-occurring medical or mental health conditions. These medications shall be prescribed by a registered clinician as per the existing laws.
b. Certain basic medical procedures such as monitoring of vital signs like blood pressure, temperature, pulse shall be necessary during inpatient stay in treatment facility. The facility shall ensure that where needed the equipment's are available in the facility, in good functioning state and used by some trained medical personnel.
c. Often clients will require basic laboratory tests such as drug screening, HIV test, Hepatitis test etc to monitor their health and treatment progress. These tests should be conducted by a

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trained and certified medical staff or at a facility registered to conduct such test and within the availed regulation

d. A first aid kit shall be available in the facility for purposes of handling emergencies

Storage

a. Storage areas should be designed or adapted to
b. should be in accordance with PPB)
c. and where special storage conditions are required on the medicine label (e.g. temperature,), these shall be provided and monitored.
d. Materials and pharmaceutical products shall be stored off the floor and suitably spaced.
e. Psychoactive medications as well as substances presenting special risks of abuse and other hazardous, sensitive and/or dangerous materials shall be stored in a dedicated area that is subject to appropriate additional safety and security measures. Precautions must be taken to prevent unauthorized persons from entering storage areas. (should be in accordance with PPB)

f. Narcotic drugs shall be stored in compliance with international conventions, and national laws and regulations on narcotics.

g. Medical materials and pharmaceutical products shall be handled and stored in such a manner as to prevent contamination, mix-ups and cross-contamination with proper labeling.

Disposal

a. Disposal of any contaminated and no contaminated medical equipment and material, expired pharmaceutical products shall be done in compliance with the regulations provided in the public health act.

5. Non- residential treatment programs

Non-residential treatment programs shall provide a safe environment to its staff and residents to assure a psychologically and physically safe living and learning environment.

The location of the nonresidential treatment centers shall be accessible by the target population where hygiene and security are guaranteed.

6. Treatment centre management

6.1 Registration

Each treatment facility shall be legally registered in accordance with the prevailing Laws of Kenya and the facility shall have been licenced and accredited by the relevant professional bodies.

6.2 Laboratory services

Facilities shall have access to laboratory services necessary for drugs screening, HIV AND AIDS and other medical evaluations.

6.3 Spiritual services

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Facilities shall provide the opportunity for spiritual services in accordance with the needs of the clients. Arrangements shall either be made directly by the facility through a working relationship with local spiritual leaders or through clients establishing such a relationship themselves in consultation with the facility management. There shall be written policies and procedures governing such internal and external contact within the facility. Participation in spiritual exercises shall be strictly voluntary unless the model used is faith-based are clearly stated at the time of admission.

6.4 Legislation: The facility shall ensure that its amenities and physical environment comply with public and environmental health, statutory health and safety requirements as well as fire regulations.

6.5 Policies and procedures: There shall be documented up-to-date policies and procedures that ensure a safe environment for all people using and accessing the facility, i.e. clients, staff and the public. These procedures cover the following:

a) Alcohol and drug abuse free environment.
b) Smoke-free environment.
c) Fire safety, including fire drills and functional fire extinguishers.
d) Storage of hazardous waste.
e) Weapon control and removal.
f) Managing aggressive/disturbed behaviour.
g) Hazardous areas such as swimming pools/open water, roofs and cliffs.
h) Hygiene and pest control.
i) Prevention of Physical violence and Gender Based Violence.
j) Access for persons with disability
k) Security.

6.6. Administrative Management-

The personnel shall ensure professional competence and development and institutional integrity by complying with CAP 183, the public officer ethics act of the laws of Kenya and ISO 9001 on quality management systems.

6.7. Personnel qualification

All personnel shall be have the necessary licenses and shall be accreditation for practice by the relevant professional bodies.

6.7.1 High intensity of care-multidisciplinary team

The minimum multidisciplinary team composition technical staff and administrative staff

a) Doctor
b) Nurse
c) Psychologist
d) Addiction counselors
e) Outreach workers
f) Social worker
g) Nutritionist
h) Peer educators
i) Recovery coaches
j) Administrative personnel: - managers, security personnel, kitchen personnel, cleaners e.t.c

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6.7.1 Clearances for operation

There shall be use of relevant permits and clearances.

6.8 Documentation-

The maintenance, confidentiality and access of records shall comply with the NACADA code of ethics on documentation and the counsellors and psychologists act of the laws of Kenya. Inclusion of international bodies.

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Bibliography

The National Protocol for treatment of substance use disorders in kenya. Ministry of health. 2017

Drug Abuse Treatment and Rehabilitation; A Practical Planning and Implementation Guide. United Nations. Office of drugs and crimes. 2003.

National Standard for Treatment and Rehabilitation Of Persons With Substance Use Disorders, Abridged Version. NACADA. 2019

Li-Tzy, Wu. Substance abuse and rehabilitation: Responding to the global burden of diseases attributable to substance abuse. 2010.

Counsellors and Psychologists Acts CAP 14. Acts of Kenya. 2014

The Public Officer Ethics Act. CAP 183. Acts of Kenya. 2009

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