

# **Management of Persons with Substance Use Disorders**

## **Part 1: Community Outreach, Prevention and Early Intervention**

## **TECHNICAL COMMITTEE REPRESENTATION**

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

## **REVISION OF KENYA STANDARDS**

In order to keep abreast of progress in industry, Kenya Standards shall be regularly reviewed. Suggestions for improvements to published standards, addressed to the Managing Director, Kenya Bureau of Standards, are welcome.

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# **Management of Persons with Substance Use Disorders**

## **Part 1: Community Outreach, Prevention and Early Intervention**

### **KENYA BUREAU OF STANDARDS (KEBS)**

**Head Office:** P.O. Box 54974, Nairobi-00200, Tel.: (+254 020) 605490, 602350, Fax: (+254 020) 604031  
E-Mail: [info@kebs.org](mailto:info@kebs.org), Web: <http://www.kebs.org>

#### **Coast Region**

P.O. Box 99376, Mombasa-80100  
Tel.: (+254 041) 229563, 230939/40  
Fax: (+254 041) 229448

#### **Lake Region**

P.O. Box 2949, Kisumu-40100  
Tel.: (+254 057) 23549, 22396  
Fax: (+254 057) 21814

#### **Rift Valley Region**

P.O. Box 2138, Nakuru-20100  
Tel.: (+254 051) 210553, 210555

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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.

## Management of Persons with Substance Use Disorders

### Part 1: Community Outreach, Prevention and Early Intervention

#### 1 Scope

This standard covers the minimum requirements needed when planning and conducting a community outreach, prevention and early intervention programmes in regards to the procedures used in the treatment, environment, equipment and administrative management.

#### 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.

##### 2.3 Addiction counsellor

An accredited lay counsellor (i.e. a non-health or social services professional) who has demonstrated proficiency in core addiction counselling competencies and has been duly accredited and registered by a recognized training and registration body.

**2.4 Clients** Persons with a substance use disorder.

##### 2.5 Counselling

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

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

##### 2.7 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.

**2.8 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.

##### 2.9 Rehabilitation Centre

Substance dependency treatment facility

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

**2.11 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.

**2.12 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.

### **3. Procedures used in treatment**

#### **3.1 Definition and Characteristics**

Community-based outreach services approach and engage with the general public, people who use drugs in their community who are not currently receiving treatment, because of the unavailability, inaccessibility or unacceptability of existing services.

#### **3.2 Objective and goal**

- a) The objectives of community-based outreach are to identify affected populations, engage them, provide community-based care, and if necessary to refer to more intensive treatment modalities.
- b) Outreach work is possible in any community, including online "virtual" communities.

#### **3.3 Target group**

- a) Outreach activities primarily target individuals with harmful use of drugs and/or dependence who are not currently receiving treatment for drug use disorders.
- b) Outreach also targets individuals who are affected by the drug use of others (e.g. sexual partners, needle-sharing partners, etc.).

#### **3.4 Treatment models and methods**

Outreach programmes vary enormously according to the local situation but typically the following 'core services' should be provided:

- a) Information and linkage to services caring for basic needs (safety, food, shelter, hygiene and clothing)
- b) Linkage to Needle exchange programmes
- c) Condom storage, distribution and disposal
- d) HIV testing and counselling
- e) Linkage to TB/Hepatitis screening
- f) Education on drug-effects and risks involved in drug use
- g) Basic assessment of substance use disorders
- h) Family/significant others support

- i) Brief Intervention to motivate change in substance use
- j) Referral to treatment for substance use disorders
- k) Basic counselling/social support
- l) Referral to health care services as needed
- m) Overdose prevention services

#### **4. Administrative Management-**

The personnel conducting community outreach, prevention and early detection should adhere to the

- a) public officer ethics act ACP 183, employment act CAP 226 of the laws of Kenya
- b) ISO 10667-1:2020- Assessment service delivery — Procedures and methods to assess people in work and organizational settings — Part 1: Requirements for the client
- c) ISO 30405:2016- Human resource management — Guidelines on recruitment
- d) ISO/TS 24179:2020- Human resource management — Occupational health and safety metrics

#### **4.1. Personnel qualification**

Outreach workers shall be accredited for practice by NACADA.

#### **4.1.3 Clearances for operation**

Use of relevant permits and clearances where necessary.

#### **4.2 Documentation-**

Written or electronic records of all assessments should be confidentially kept in a secure location, only available to the staff directly involved in the treatment. Proper documentation should include at minimum:

- a. Signed consent to treatment and agreement on programme rules
- b. Signed confidentiality and ethics policy
- c. Appropriate treatment and management plans for each resident
- d. Regular updates with details of treatment, progress and any changes to the original goals
- e. A completion summary at the end of the programme (informing the resident of its contents)

All outpatient treatment facilities shall serve at least three nutritionally balanced meals per day. In particular, organizations providing 24-hour care that have therapeutic goals relating to nutritional needs and who have services for individuals who require special nutrition considerations should develop written policies and procedures to address all aspects of nutrition and food services.

#### **5.Environment-**

In case of brief intervention, a serene, secure private location is required for operations

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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.

DRAFT KENYAN STANDARD