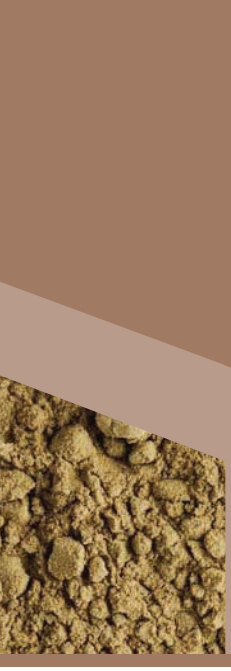
THE UNITED REPUBLIC OF TANZANIA

PRIME MINISTER'S OFFICE

DRUG CONTROL COMMISSION

MINIMUM STANDARDS FOR HEALTH FACILITIES PROVIDING MEDICALLY ASSISTED TREATMENT OF DRUG DEPENDENCE



Dar es Salaam, February 2010

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1 INTRODUCTION

Establishing minimum standards for practice to guide and regulate health facilities that will be or are currently engaged in the provision of treatment services for drug dependency is an important component of ensuring quality of care and treatment is provided to persons in need of these services. This document details the minimum standard for any health facility to follow as it establishes its treatment practice.

2 ADMINISTRATIVE PROCEDURES

2.1 Registration

Whoever intends to establish alcohol and other drug dependence treatment services shall have to obtain registration of that facility from the competent authority for registration of health facilities. Registration process, expiration, renewal, revocation, denial, suspension of registration and transfer of ownership or closing of registered centre shall be dealt with national rules and regulations governing these processes from the health facility.

In addition to registration as a health facility, all facilities must have a controlled substances license in accordance with the rules and regulations of Tanzania.

2.2 Critical incidents and complaints

Complaints and critical incidents involving registered treatment providers shall be investigated by the competent authority for registration of health facilities in accordance with critical incident and complaint investigation policies and procedures and applicable standards and regulations. Investigation team shall have access to all persons and documents pertinent to critical incident and complaint investigations. Report of the findings shall be communicated to the relevant authorities for further action.

3 MANAGEMENT AND GOVERNANCE

3.1 Centre's mission and objectives

The centre must have a documented and communicated mission statement and organizational objectives. The type of services offered, service commitment, treatment goals and philosophy, and treatment models used should be specified.

3.2 Centre operations

Centres providing inpatient or residential services must operate 24 hours per day, 7 days per week. This means that they ***must*** have adequate staff capacity to operate within these hours. This includes supervision of patients after formal programme hours, during the night and over weekends. Working hours for outpatient services should depend on the type of services provided.

3.3 Centre Administration

The administration and provision of drug dependence treatment services shall be the responsibility of the government, legally established sole owners, partnerships or corporations including civil societies, recognized by and allowed to provide such services in the United Republic of Tanzania. The governing body ***must*** select, appoint and define the duties of an appropriately qualified and experienced manager/director, who shall have primary responsibility for the overall Centre operations.

3.4 Clinical Supervision

The Centre ***must*** have appropriate clinical supervision from a medical doctor to ensure adequate clinical services. These include assisting the Centre to develop policies and procedures, and assisting in patient treatment review. This person may be a staff member or work through consultation.

3.5 Policy and Procedure manual

The Centre ***must*** develop and maintain an up-to-date procedures and policy manual to reflect the Centre's activities. The manual should contain the written policies, procedures, and other documentation outlined in the standards. Copies should be accessible and available for staff and management.

3.6 Data collection and reporting

The Centre must collect quantitative and qualitative data as required by the ministry responsible for health. Reports of such data shall be sent to the ministry responsible for health and copied to the authority responsible for the control of drug abuse quarterly.

3.7 Financial management

The Centre ***must*** have a financial management system that complies with the national standards for management of funds.

4 ENVIRONMENTAL SAFETY

4.1 Occupational Safety

Documented and up-to-date policies and procedures exist to ensure a safe environment. These include:

- Ensuring an alcohol and drug-free environment.
- Fire safety, including fire drills and maintaining fire extinguishers.
- Storage of hazardous waste.
- Weapon control and removal.
- Managing aggressive/disturbed behaviour.
- Hygiene and pest control
- Prevention of violence and sexual abuse.

Centres must follow guidelines and practices for the prevention of HIV transmission in accordance with Tanzania national standards including:

- The use of adequate sterilization procedures, surgical gloves, and a resuscitation mouthpiece. There must be policies and procedures to treat staff or patients with needle-stick injuries.
- There must be policies and procedures to prevent staff or patients with ART on exposure to HIV infection.
- The Centre must have a documented and communicated policy and code of conduct on patients sexual behaviour within the Centre (e.g. between patients and patients and staff).

4.2 Emergency plans

Documented and up-to-date emergency plans ***must*** exist which specify the following:

- Floor plan of the Centre
- Action in event of fire, bomb threat or power failure
- Evacuation procedures
- Medical and psychiatric emergencies

4.3 Space

There ***must*** be adequate and appropriate space in the Centre and its grounds for treatment activities, relaxation, solitude, recreation and exercise.

- Patient rooms: The minimum floor area of 10m2 with a minimum length of 2.6 m.
- Space between beds: There is a minimum of 900mm between the sides of any adjacent patient beds.
- Outdoors: Patients must have access to adequate outdoor recreation space.

4.4 Special care and facilities

Private rooms or wards ***must*** be provided for medical procedures/examinations, emergencies and detoxification. The room(s) ***must*** be:

- Accessible to medical and nursing staff for supervision and observation;
- Equipped with functioning medical and emergency equipment;
- Safe, that is to prevent self-harm or injury (e.g. medicines and equipment safely locked away);
- Comfortable and calm, to allow patients to relax in comfort during detoxification;

4.5 Drug free environment

The Centre should be free from alcohol and other drugs. Mechanisms should exist to appropriately monitor and regulate alcohol and other drugs access to the Centre.

4.6 Residential and therapeutic facilities

The Centre should provide an acceptable residential environment that enhances the positive self-image of patients and preserves their human dignity. This includes:

- Clean, well ventilated and well lit treatment and residential areas;
- Windows, that can open, with curtains and/or blinds;
- Adequate number of patient beds per room to avoid overcrowding
- Toilets and showers/baths in good repair;
- Access to clean linen, towels and toilet paper;
- Adequate number of bathroom and toilet facilities: at least 1 toilet to 6 patients, and 1 bath and shower per 8 patients;
- Adequate laundry facilities in Centers where patients can wash their own clothing or other linen.
- Adequate water supply (both for drinking and showering);
- Adequate security from theft and crime, such as perimeter fencing and burglar bars;

4.7 Privacy

The Centre should ensure adequate privacy for patients, their families and caregivers. This includes:

- Blinds over the windows
- Areas for confidential and private discussions/sessions;
- Sleeping areas with doors;
- Partitioning or placement of furniture to ensure maximum privacy for patients;
- Separate bathroom and toilet facilities for women and men;
- Toilets and showers/baths designed for maximum patient privacy;
- Space for the safekeeping of their personal belongings and hanging clothes

5 HUMAN RESOURCES

5.1 Health provider team composition

Each centres ***must*** employ recognized professional staff:

- A medical doctor or a psychiatrist must be employed or on call for 24 hour backup and consultation.
- At least two nurses, one who is experienced in management of drug dependence and trained in Medically Assisted Treatment, must be employed and present on a daily basis.
- At least one trained counselor (with professional training as a nurse, clinical officer or social worker) must be employed or the centre must facilitate weekly visits from a trained counselor from an external organization.
- One Community Health Worker for purposes of patient follow-up and to facilitate active referral services.

- For a centre which admits school age children, appropriately qualified teachers must be employed, or the centre must facilitate regular visits of a trained teacher from an external organization.

If possible, the facility should employ or have regular access to:
- Social workers
- HIV prevention and treatment educators
- Occupational therapists

5.2 Staff numbers and coverage
The centre ***must*** have adequate staff to render 24 hour and specialized substance dependency service.
For inpatient facilities, the following staff-client ratios must be adhered to:
- 1 staff member per 10 patients during the day
- 1 staff member per 20 patients during the night

The staff person herein refers to an Assistant Medical Officer, Medical Officer or Nurse.

For outpatient facilities, the following nurse-client ratios must be adhered to:
- Stage 1 MAT scale-up: over a 3 month period the facility will gain experience and confidence in providing treatment. During this stage, the ratio must be 1:30.
- Stage 2 MAT scale-up: over a 2 month period the facility must maintain a ratio of 1:50.
- Stage 3 MAT scale-up: beyond 5 months, a facility may increase to a maximum ratio of 1:50.

5.3 Job descriptions and contracts
All staff ***must*** have written job descriptions and signed contracts that are regularly reviewed by management.

5.4 Core competencies
All clinical staff ***must*** have the skills and competencies to undertake the following in individualized patient care:
- Screening to establish whether the patient is appropriate for the programme.
- Administrative and intake assessment procedures
- Orientation of the patient
- Assessment - for development of a Treatment Plan
- Treatment Planning
- Counseling (Individual, Group & Family)
- Individual case management

- Crisis Intervention - acute emotional or physical distress
- Patient education
- Referral to other services

6 CLIENT RIGHTS

All treatment centres and programmes must ensure that the human rights of patients are maintained, regardless of whether they voluntarily, involuntarily or temporarily (for those unable to make independent decisions) entered into treatment programme.

In accordance with the constitutional rights of all Tanzanian's treatment and rehabilitation centres must ensure the following:

6.1 Client right information

Patients' rights and responsibilities ***must*** be effectively communicated to all patients, their families and Centre staff from the onset of their entry into the Centre.

a. Patients' rights must be documented and displayed as part of the admission procedure. Patients and their family must be made fully aware of their rights.

b. Patients must sign a contract upon entering treatment programme and rehabilitation centre to ensure that they have indeed understood what has been explained to them (please see Annex I).

6.2 Discrimination

Treatment facilities must ensure that there is no discrimination on the basis of race, class, gender, ethnicity, colour, age, location, social status, language, sexual orientation, diagnosis or disability in the quality of care offered.

6.3 Appropriate care

a. The Centre must only admit and retain patients according to its ability to treat, house, and feed and provide appropriate medical care for the patient.

a. A patient with mental illness must not be retained at a centre which cannot provide treatment for mental illness by a trained psychiatrist, psychologist or counselor.

b. Patients who require regular medication for any chronic condition (such HIV, TB and Hepatitis, Hypertension, diabetics etc) must not be admitted to an inpatient facility unless the centre can guarantee access to medication and related care, and if it is unable to provide comprehensive care, must refer to a centre that is able to meet the complete health needs of the patient.

c. A patient must not be admitted to the centre if the centre is already at full admission capacity or if they cannot provide food and shelter for the patient. Centres should not be overcrowded and admit beyond their occupancy capacity.

6.4 Complaints, abuse and incident reporting

Every suspicious death, injury and neglect of a patient ***must*** be subject to investigation by a suitably qualified and independent review tribunal.

Patients (and their families) ***must not*** be subjected to any activity or procedure that is demeaning, exploitative or physically abusive and/or threatens their physical, sexual or emotional safety.

Each Centre ***must*** ensure that clear and confidential procedures exist for patients and / or their families to make formal complaints and request investigations into disciplinary decisions, or seek redress for abuse of their rights. Complaints shall be channeled to the Centre manager who will solve or referral these complaints to an appropriate competent authority for further action.

6.5 Religion and culture

Religion ***must not*** be imposed upon patients and there ***must*** be freedom of religious expression throughout the Centre.

6.6 Vulnerable groups

The Centre ***must*** uphold the rights and protection of vulnerable groups, including pregnant women, children, and people living with HIV/AIDS, people with disabilities, the homeless and patients with co-morbid mental and physical health conditions.

6.7 Rules and visiting

On admission patients and their families ***must*** be clearly informed, on admission, of the rules and regulations of the Centre, and the consequences of their violation.

The centre ***must*** ensure that the patient has the right to maintain contact with, and receive visits from his/her family, friends and other persons (e.g. teachers, employers, legal counsel and religious leaders). All patients ***must*** be entitled to rest and leisure activities and facilities.

6.8 Behaviour management

Patients ***must not*** undergo any "disciplinary" or "initiation" procedure which involves any form of the following:

a. Physical and sexual abuse, including any form of corporal punishment;
b. Verbal and emotional abuse, including humiliation and ridicule;
c. Incarceration and inappropriate isolation;
d. Withholding any form of medical care, including medicines to ease and facilitate detoxification;
e. Inappropriate or excessive work;

f. Group punishment for individual behaviour;
g. The withholding of basic necessities such as food, shelter, bedding, sleep and clothing;
h. Deprivation of access to family and caregivers; or
i. Punishment by another patient.

6.9 Restraint or seclusion

a. Treatment providers using physical restraints or seclusion shall develop and implement guidelines and procedures governing their use.
b. Restraints or seclusion shall not be used as discipline, punishment, or solely for the convenience of staff.
c. Restraints or seclusion shall be used only in extreme circumstances when it appears that clients or staffs are at imminent risk for injury and other measures to reduce the risk have not proven sufficient.
d. Use of restraints or seclusion shall only be ordered by medical officer in-charge, physicians or other specifically designated treatment staff with the authority to prescribe.
e. Only staff who are qualified by experience or training in the use of restraints and seclusion shall implement such orders.
f. All orders, authorizations, monitoring, and justifications for initiating and continuing restraints or seclusion shall be documented in client records by agency physicians, medical officer in-charge, or other specifically designated treatment staff.
g. Clients restrained or secluded shall be monitored at least every 15 minutes to determine physical status.
h. Medical officer in-charge, physicians, or other specifically designated treatment staff shall be notified when use of restraints or seclusion has exceeded 1 hour and shall be required to authorize continued use.
i. Authorized use of restraints or seclusion beyond 1 hour shall be re-evaluated at least once every 4 hours thereafter and continued use shall require justifications and new orders by treatment physicians, medical officer in-charge, or other specifically designated staff.
j. Seclusion room shall be located in a manner affording direct observation of the patient by the nursing staff. It shall be a single room and be constructed to minimize the patient's hiding, escape, injury or suicide. There should a minimum of two seclusion rooms for every 24 beds (one for men and one for women).

6.10 Informed consent

a. The patient has a right to exercise choice and guide their own treatment programme. This means that the patient must be made aware of nature and content of their treatment for drug dependence at the Centre, the expected risks and benefits

of the treatment programme and must sign a treatment contract that states this, before they commence treatment at the centre (please see Annex 2 for an example treatment contract).

b. Patients should only participate in any experimental research which may be conducted at the centre through a separate and specific informed consent.
c. All patients who arrive at the centre voluntarily aged 18 years or over must give consent and sign their own treatment contract. Consent for people under 18yrs must be obtained from the parent, guardian or legal representative. It is not acceptable for parents, care givers or other community members to sign on behalf of anyone aged 18 years or over.
d. Patient's informed consent must always be sought for HIV testing and all other clinical tests such as tuberculosis, sexually transmitted diseases and Hepatitis will be covered under the general consent.

6.11 Labour

Patients ***must*** be protected against labour exploitation within the Centre. No labour may be undertaken by the patients for the private or personal gain of staff or management at the Centre. All work programmes within facilities should be solely for the patients' benefit as part of a supervised rehabilitation programme.

6.12 Privacy and confidentiality

a. No patient should be asked or coerced to provide general drug-related information to assist the police, or other law enforcement agencies (e.g. information on drug sources such as local drug dealers).
b. All correspondence and personal affects of patients must be private. For example, letters received at the centre addressed to a patient must only be read by that patient.
c. Personal affects brought to the centre by patients may be checked on admission to the centre, but if these items are allowed into the centre, centre staff must ensure that the patient is able to keep personal affects private for the duration of their treatment.
d. The Centre must be transparent and open to community and public scrutiny with regard to human rights abuses, governance and standards of care. This means the centre must allow visitation and review by both government and relevant international organizations, following a formal request from the organization.

7. CLIENT RECORDS

7.1 Individual file

Each patient ***must*** have their own, permanent, separate file/case note to safely hold their clinical records for minimum of five years

7.2 Confidentiality

The Centre should have policies and procedures to ensure confidentiality in documentation process.

a. Clinical records and other patient information must always be securely stored and transported, and only authorized persons should have access to information about the patient.
b. Confidential clinical material must never be available for public display.
c. Clinical records or reports must be stored in secure cupboards and transported in sealed envelopes. Unless the patient has given explicit, informed and written consent for any identifying information to be shared, the centre must not release this information to anyone (including families and community members, NGOs or government).
d. Unless the patient is being investigated in relation to a criminal charge, and an official request for information related to this charge is made, the centre must not provide any identifying information to the court.

7.3 Comprehensive records

Clinical records ***must*** be comprehensive and provide factual and sequential documentation of the patient's condition as well as treatment and support offered. The clinical record should include the following:

1. Signature of centre staff member, dated and legible;
2. The diagnosis given to the patient;
3. Details of each patient's individualized treatment plan, including assessment, results of other tests or procedures, medication record, goals and range of treatments and interventions undertaken, other agencies or organizations involved, relevant correspondence (including relevant telephone calls), ongoing progress and discharge planning; and
4. Daily nursing care records.

7.4 Continuity of care

a. Clinical records and information should be available to facilitate continuity of care following discharge from the centre. Adequate referral letters and discharge summaries should be produced.
b. The Centre should have clear documented and procedures to guide staff in the collection and recording of clinical records.

c. Access to Records- Clients shall have the right to view and obtain copies of their records. However, treatment providers may deny access to information judged to be potentially damaging to clients and shall document such decisions in client records. If decisions to deny access to information are challenged, treatment providers shall cooperate in providing the disputed information (with written client permission) to independent treatment professionals appointed by the competent authority or its authorized representative qualified to evaluate potential damage.

8 APPROACH TO TREATMENT FOR DRUG DEPENDENCY

8.1 Screening for substance dependency

- The screening shall be applied to all potential clients by using instruments designed to identify substance dependency and/or procedures internationally accepted and validated for use in Tanzania setting.
- Criminal justice system referrals for drug related offences, such as DUI/DWAI, BUI or FUI, and controlled substances violations, may be exempt from screening if already diagnosed, assessed, or evaluated as having drug related problems.
- Clients shall be screened for past and present risk factors associated with drug abuse including HIV, TB, Hepatitis and other infectious diseases, and for pregnancy.
- Clients shall be informed of risk factors associated with alcohol and other drug use.
- Appropriate HIV testing and pre/post-test counselling shall be offered on-site or through referral.
- Policies and procedures shall be in place for dealing with clients diagnosed with infectious diseases including referral to a facility with appropriate care for such diseases if necessary.

8.2 Assessment

Assessments should be undertaken by professional staff with the adequate clinical and mental health skills and experience using internationally accepted and validated tools. An initial intake assessment should be undertaken by a medical practitioner, nurse or psychiatrist within 24 hours of admission. This should, at a minimum, include:

- Medical history
- Employment and life support history; family/social history
- Alcohol and other drug use history including injecting practices
- Legal and criminal history
- Examination of physical and mental status and psychiatric history

All centres should follow international good practice and conduct a thorough physical and psychological assessment.

All inpatients should receive weekly assessments of their physical health, psychological health and social well-being as well as an assessment of their progress in their treatment plan. For outpatients, assessments should be completed initially on a monthly basis and then every three months once the patient has been stabilized.

8.3 Admission for general drug dependency

a. Admission criteria shall be developed and implemented to determine treatment eligibility and ineligibility. Relapses or leaving previous treatment against advice shall not be the sole reasons for treatment ineligibility. Restrictions, priorities, or special admission criteria shall be applied equally to all potential clients.
b. Summaries shall be completed based on assessments and other relevant intake data. Clients shall be placed in the most appropriate treatment modalities according to client placement criteria.
c. Treatment facilities and services shall be reasonably accessible to all client populations served. Accessibility for disabled clients shall comply with the Tanzania Disabled Act. Accessibility for other specific client populations shall be demonstrated by appropriate location of treatment sites and outreach activities.
d. Emergency commitment policies and procedures, based on Tanzanian law and regulations must be in place for enacting should grounds for emergency commitment exist.
e. All agencies directly or indirectly funded by the government shall accept involuntary commitment clients. Involuntary commitment policies and procedures must be in place based on Tanzanian laws and regulations.

8.4 Treatment Planning and Review

All treatment offered *must* be safe, evidence-based and reflect internationally accepted and up-to date standards. The Centre should seek to promote optimal patient health and well-being and to prevent the onset and negative impact of health and mental health and illicit drug use related problems among patients. The following should be provided to all patients:

- Information and practical support to maintain a healthy, alcohol and drug free lifestyle (e.g. peer support; information on how and when to seek assistance, improved nutrition).
- Information and practical support to prevent the onset and spread of HIV/AIDS and other sexually transmitted and infectious diseases. (e.g. VCT and education regarding needle use and exchange).

A treatment plan should be selected for each patient according to the characteristics of their substance and/or other psychiatric disorders, their personal needs and characteristics and, as far as possible, their choices and preferences.

a. Based on the intake assessment, a written individual treatment plan should be developed in partnership with the patient and recorded in the patient's clinical record the treatment plan should contain:
   - A clear and concise statement of the patients current needs and expectations;
   - A clear and concise statement of the short and long term goals that the patient is attempting to achieve;
   - Type and frequency of therapeutic activities and treatment programme involvement in which the patient shall be participating;
   - Staff responsible for the patient's treatment;
   - The Plan must be dated and signed by the individual therapist/counselor and the patient, and a copy provided to the patient.

a. All centres should have in place a standard treatment plan format based on international good practice.

b. Treatment plan reviews shall be conducted at regular intervals during treatment based on completion dates for planned therapeutic activities and expected lengths of stay in treatment.

9 DETOXIFICATION PROGRAMME

9.1 Intake Assessment and Record

Assessment should be an ongoing process that:

a. determines the level of care required at entry;
b. identifies patients' individual problems;
c. determines subsequent modification of treatment intensity;
d. determine to what extent patients are progressing toward the attainment of treatment goals; and
e. identifies the changes patients have made following planned interventions or treatment.

An assessment by a medical doctor or psychiatrist for detoxification should occur as part of Intake Assessment. This should include:

- Patterns, levels and history of substance use, including all substances used in the last seven days
- Assessment of the degree of physical dependence and potential severity of withdrawal

- Current level of intoxication and/or withdrawal, including any withdrawal symptoms;
- Mental status (including their capacity for informed consent);
- Physical health and psychological well being;
- Previous history of detoxification;
- Current medication;
- Previous side effects of detoxification, particularly seizures, delirium or psychosis.

9.2 Family/caregiver interview and assessment

Unless specifically contraindicated, there should be at least one family/caregiver interview as part of the patient assessment; however, consent from the client to interview family is necessary.

Information should be sought from, and support offered to families and caregivers to address their problems and needs. The following specific issues should be sensitively and routinely explored:

- Specific needs and conditions of client children and dependents;
- Active sexual and domestic abuse within the family, especially for women, children and elderly and people with disability; and
- Identification of other family members using alcohol and other drugs within the family and the impact of this on patient recovery.

9.3 Physical Examinations and Laboratory Tests

9.4 Physical examinations shall be conducted, and evaluated at the time of admission.

- Laboratory tests (urine for toxicology) will be implemented and procedures adhered to in order to minimize falsification of results
- Serological tests for HIV, Hepatitis B and C, Syphilis and other STIs will be conducted.
- Tuberculin skin test or other tests for clinically active tuberculosis, when indicated will be conducted.

9.5 Admission to detoxification criteria

Patients who arrive at the centre as a condition of a court order must only be admitted to the centre if:

- The person is dependent on a drug – this should be based on the intake assessment of the drug user.
- The person has read and understood the centre's rules and policies and are fully aware of their rights while residing at the centre.

Patients who voluntarily arrive at the centre, or who are brought by their parents, guardians or other family members must only be admitted to the centre if the above two conditions are meant plus a third condition as follows:

- The person gives informed consent to be treated at the centre by signing a treatment contract with the centre.

9.6 General treatment process for detoxification

- Medical detoxification services shall be provided by licensed medical staff qualified to supervise withdrawal from alcohol and other drugs through use of medication and/or medical procedures in residential or outpatient settings.

- Procedures for responding to emergency situations shall be conspicuously posted in all settings and sites where medical detoxification services are provided.

- Providers of these services shall follow developed policies, procedures, guidelines and individualized treatment planning demonstrating recognition of issues and treatment needs unique to this client population.

- Emergency medical care must be available to patients 24 hours a day, 7 days a week

- Routine medical and mental health care must be available through employed or contracted medical and mental health professionals.

- Patients enrolled on a treatment programme or receiving regular medication for any illness while living in the community must be able to continue this treatment while in the centre.

- Adequately skilled clinical staff (Assistant Medical Officers, Medical Officers and/or Psychiatrist) must be available to evaluate the need for, and prescribe, medications.

- First aid equipment and medicines must be in good state, available and accessible to a skilled staff.

9.7 Treatment protocols / guidelines

Documented, up-to-date, scientifically-based treatment protocols ***must*** be utilized to regulate, monitor and support clinical regimes, including:

- Intoxication and overdose;

- Detoxification regimes based on type of substance/s abused;
- Assessment and management of HIV/AIDS, Tuberculosis and Hepatitis or appropriate referral;
- Treatment of drug dependence; and
- Emergency medical procedures.

A medication record ***must*** be kept in the patient clinical record. This should include:
- Name of medication;
- Method of administration;
- Dose and frequency of administration;
- Name, date and signature of prescribing doctor; and
- Name, date and signature of person administering or dispensing drug.

Medicine administration:
a. Medication must be administered only according to the documented instructions of the attending doctor/psychiatrist.
b. Patients must be monitored by medical staff to prevent, and respond promptly to, adverse effects of medication.
c. Medicine prescribed for a patient must follow (five rights) that is right name, right drug, right dose, right time and right route.
d. All medicines must be maintained in locked storage and controlled substances within a locked box in a locked cabinet. Medicines that require refrigeration should be kept in a refrigerator separate from food and other items.
e. All unused controlled prescription drugs should be destroyed by the person responsible for medicines, witnessed and noted in the patient's clinical record.

9.8 Treatment monitoring and supportive care

The Centre must have adequate numbers of trained staff, equipment and facilities to offer monitoring and supportive care to patients undergoing detoxification and withdrawal. This includes:
- Ongoing assessment of their clinical condition, including their vital signs, withdrawal symptoms and emotional/mental state. The frequency of monitoring should be guided by treatment protocols and severity of withdrawal;
- Explanation, reassurance and encouragement;
- Minimizing environmental stimuli and stress in a quiet, calm space, which is accessible, safe and private;
- Comfortable furniture and amenities, e.g. bed, cushions, comfortable chair, accessible bathroom;
- Coping skills to deal with symptoms, such as relaxation techniques, managing sleep disturbances and reducing craving;
- Manage difficult behaviour such as anxiety and agitation, confusion and

disorientation, anger and aggression, and altered perceptions and hallucinations;
- Support for families and caregivers to cope with dependency and living with the client's drug use;
- Running family support groups at the centre;
- Improve family / caregivers understanding of dependence, treatment and relapse prevention;
- Family/caregiver therapy and counselling: and
- Whenever feasible centres should provide family therapy or counselling.

9.9 Types of care facilitates for care delivery

Inpatient and outpatient facilities - Therapeutic treatment can be provided either through inpatient or outpatient facilities.

- Outpatient treatment shall be conducted by appropriately credentialed health care providers on a regularly scheduled basis with a frequency of not more than 8 treatment contact hours per week.
- Intensive inpatient treatment shall be conducted by appropriately credentialed health care providers in a highly structured 24-hour therapeutic environment.

Community residential support - Therapeutic treatment delivered in the outpatient setting or persons discharged from inpatients settings with unstable social and/or housing situations may be supported during and post detoxification stages through taking residence in 'sober houses' staffed by appropriately credentialed counsellors with:

- Client/counsellor ratio not to regularly exceed 10 to 1 during scheduled therapeutic activities. Senior clients may be counted as part of counselling staff if specifically designated as such by medical officer's in-charge;
- Client/staff ratios not exceeding 20 to 1 during night-time hours; and
- Procedures for responding to emergency situations shall be conspicuously posted in all residential and outpatient sites.

9.10 Rehabilitation activities

A formal treatment and rehabilitation programme should exist at each centre. This should describe structured weekly and daily activities and individual and group counselling/therapies, and programme goals or stages.

The structured programme should consist of clinical group counselling, opportunities for individual and family therapies, relapse prevention, health promotion, faith-based/spiritual support, HIV prevention education sessions, alcohol and other drugs education sessions and organized group activities such as sport, recreation and creative activities.

If the centre does not have adequate staff capacity to provide these services, they should contact local agencies who may be able to visit the centre. For example, NGO services may be invited to the centre to provide information and education about HIV prevention.

Daily activities for inpatients should be documented in policies and procedures for the facility that include parameters for:

- Patient waking and sleeping times;
- Telephone use for private conversations;
- Visits from families and caregivers, friends, religious leaders and legal counsel;
- Visits and outings beyond the centre; and
- The provision of three nutritious meals a day per day.

9.11 Discharge, relapse and aftercare

Centres must have documented policies and procedures to guide and regulate discharge. Patients should be discharged from the centre:

- If they have met the goals outlined in their treatment plan or
- They withdraw their consent to be treated (for patients who admit themselves, or who are brought by their family) or
- Violation of treatment contract or
- More effective treatment can be offered elsewhere.

Discharge assessment & review - Each patient/client should be assessed and reviewed by a doctor, nurse, psychologist and/or counsellor at an appropriate time in their treatment to determine their potential for discharge, and to facilitate discharge planning.

Discharge planning - A discharge plan must be developed and reviewed in collaboration with the patient and, with the patient's informed consent, their families and caregivers. A copy of this should be kept in the patient's clinical record.

The discharge plan should cover the following topics:

- Living arrangements at home including availability of basic needs
- Vocational training needs;
- Educational needs;
- Relapse prevention and harm reduction information;
- Referral to counsellor, if available; and
- Referral to drug user support group, if available.

Caregiver support & information - Families and caregivers should be assisted

in planning and anticipating the patient's discharge and return to their home and community from the onset of the treatment episode, and should be informed, whenever possible, when patients are to be discharged or if they have absconded.

Relapse prevention - Prior to discharge the patient (and their families and caregivers as appropriate) should be provided with information, support and Counseling to assist with relapse prevention.

10 MEDICALLY ASSISTED TREATMENT (MAT) FOR OPIOID DEPENDENCE

11.1 General Provisions

a. Medically Assisted Treatment services shall be provided to persons whose Opioid addiction and subsequent related behaviours, as defined by current International Classification of Diseases (ICD) criteria, necessitate prescribed daily doses of methadone, LAAM (Levo-Alpha-Acetyl Methadol), or other approved controlled substances to prevent withdrawal symptoms, stabilize life styles, increase productivity and reduce risk of contracting and transmitting HIV/AIDS, TB, Hepatitis B and C, and other life-threatening infectious diseases.
b. Programmes providing these services shall develop policies, procedures, and individualized treatment planning demonstrating recognition of treatment needs unique to this patient population. Treatment programme shall obtain controlled substances licenses in accordance with rules and regulations.

For specific intake assessment, admission criteria and all treatment protocols, see ***"Clinical Guidelines for Medically Assisted Treatment of Opioid Dependence in Tanzania"***

11.2 Treatment Of Specific Populations

11.2.1 Minors

The Republic of Tanzania shall protect the rights of Minors as stipulated in the Convention on Children, in particular, the right to life, education, protection during wartime, and from economic or sexual exploitation.

Parental involvement - The centre must ensure that child's parents, families and caregivers are encouraged and assisted to participate in their child's or minor's treatment process. This includes:

- Immediately informing them if s/he becomes ill or is injured, or is moved or discharged from a residential facility for any reason;
- Participation of families in assessment and discharge planning; and

- Attendance at family therapy/counselling and family support groups.

Developmentally appropriate care - Centres should provide children with care which is appropriate for their age and their developmental stage. This may include:

- Shorter treatment length-of-stays that do not remove the child for longer periods than necessary from their family and school-based education;
- Separate sessions and activities which address age-appropriate developmental needs (e.g. education, vocational guidance, peer relations and sexuality);
- Separate sleeping facilities for all children under 14 years of age.

Education - The centre must provide access to education which are comparable to those offered in public schools, and accredited by the Ministry responsible for Education for all primary and secondary school-aged children residing at the centre.

11.2.2 People living with HIV/AIDS

Centres must not discriminate against any patient who is known or suspected to be HIV positive. All assessment and treatment/counselling for HIV/AIDS should be undertaken in a sensitive, non-judgmental and supportive manner that respects the patient's rights and emotional/physical needs.

Patients HIV status must remain confidential.

HIV/AIDS testing - Centres must ensure that HIV/AIDS testing and counselling is readily available to all patients, either at the centre itself or through access to support services. All HIV testing must be accompanied by both pre and post test counselling, provided by a trained counsellor and using standard operating procedures provided by the National Competent Authority on HIV/AIDS. Voluntary counselling and testing (VCT) services should meet the following criteria:

- VCT must occur in a private room
- VCT must only be conducted by trained, qualified staff
- Testing and counselling must be voluntary and free of coercion
- The HIV test and testing procedure must be explained to the patient
- Informed consent must be given before HIV testing takes place
- Refusal of VCT services will not prejudice further access to health, social, or substance use treatment services
- VCT documentation remains strictly confidential (e.g. laboratory test results sheets)
- The results of VCT must be confidential and as such cannot be disclosed to the rest of the staff, other patients, or the patient's family members, without the patient's informed consent.

- Centres must have adequate conditions for ensuring quality control of any specimen tests (e.g. fridge for storing blood samples)

Provision of medical treatment - Centres must refer HIV positive patients to quality evidence-based care. This should include:

- Provision of anti-retroviral medication for HIV positive patients when medically required based on the Tanzanian national ART guidelines and with special attention to drug interactions;
- Delivery of high quality HIV/AIDS information and services;
- Referral to agencies that can provide pregnant women with antiretroviral medication to prevent mother-to-child transmission;
- Appropriate diagnosis and treatment of sexually transmitted infections (STIs) or referral of people with STIs to STI clinics;
- Centres should make appropriate referral to other treatment services for those who suspect to have opportunistic infections associated with HIV;
- Health promotion information and assistance, e.g. nutrition and stress management; and
- Patient should be able to continue all appropriate prescribed medicines or medical regimes with the approval of the Centre's medical doctor.

HIV Transmission - Centres should follow guidelines and practices for the prevention of HIV transmission. This includes:

- Prevention of HIV virus through safe sex and/or sexual abstinence should be facilitated by health promotion activities (e.g. HIV/AIDS education), access to condoms and education on the effect of substances on safe sex decision-making.
- Regardless of HIV status, injecting drug users should be informed about harm reduction techniques, and safe injecting practices to reduce the risk of contracting or transmitting the virus.

11.2.3 Pregnant Women

a. Pregnant women in any trimester shall be admitted within 48 hours or provided interim supportive services until admission is possible.
b. Written client consent shall be obtained to establish working relationships with identified medical professionals qualified in pre-natal care.
c. Pregnant methadone clients shall not be put at risk by being arbitrarily withdrawn from methadone and/or discharged from methadone maintenance programmes.
d. Assessments shall be performed by medical professionals qualified in addiction treatment and neonatal care and the site in-charge shall be notified prior to withdrawal and/or discharge.
e. Infants born to drug dependent women shall be monitored and medically treated for opioid withdrawal symptoms.
f. Detoxification facilities shall coordinate additional treatment and auxiliary services for pregnant clients, including at least one follow-up outpatient contact.
g. Disulfiram, Naltrexone, and other medications, which may be contraindicated

for pregnant women, shall not be administered without an assessment by medical professionals qualified in pre-natal care.

11.2.4 Persons convicted of criminal offences

Programmes admitting offenders referred by criminal justice system shall place offenders in accordance with programme placement criteria.

ANNEX I: Sample Treatment Contract

This is a contract between <<*Insert name of patient*>> and the treatment and rehabilitation centre <<*Insert name of Centre*>>.

The patient <<Insert name of patient>> commits to:

1. Remaining free from alcohol and other drugs while at the centre
2. Not bringing alcohol and other drugs to the centre
3. Not purchasing alcohol and other drugs at the centre
4. Not bringing any weapons or other materials which could be used to cause harm to others to the centre
5. Not engaging in physical fighting at the centre
6. Participating in centre organised activities such as leisure, sports, training, education, treatment for drug dependence
7. Respecting the rights of other patients in the centre
8. Respecting the management staff of the centre
9. Developing a treatment plan and working towards meeting goals set out in the plan
10. Remaining in the centre grounds unless permission is given by management staff to leave the centre or treatment if deemed complete.

The centre has provided the patient with documents describing centre philosophy and aims and the patient fully understand these documents.

The patient fully understands the nature of the treatment that they will receive at this centre.

The patient has read and understood their rights while at the centre.

The patient understands that if they do not follow all the rules set out here, their treatment may be terminated.

Patient signature Date

Centre Manager signature Date