

**Co-operation Group to Combat Drug Abuse  
and illicit trafficking in Drugs**

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## **Final report for adolescent addiction service development**

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### **Task 1b: Study / field visit**

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## **Task 2: Qualitative & quantitative study of the service**

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## **Introduction**

The project for addiction services in adolescence is conducted in collaboration between General Secretariat of Mental Health and Addiction – Ministry of Health Egypt & Pompidou Group – Council of Europe. The project has started in March 2015 and is continuing to December 2015.

**Project name:** "Adolescent Addiction Services: service development"

**Project objectives:** To develop evidence based structure model of care for adolescent addiction treatment services.

### **Project tasks:**

#### **Task 1a: Review of available program**

5 experts in the drug addiction treatment and child and adolescent psychiatry met bimonthly over 3 months to review the available programs worldwide that provides adolescent addiction care.

Project Coordinator with the help of the other 4 internal team members collect; analyze the available curriculum in the field of adolescent addiction services and decided on the country employ the best model for Addiction adolescent care which is Ireland.

#### **Rationale for choosing this model:**

The suggested care model depend on multidisciplinary approach which adopt a holistic approach on tackling this problem in young people assessing their different problems and needs and delivering this service through collaboration between different parties (governmental and non-governmental) which is similar to a large degree with our point of view.

#### **Care model:**

Tier 1 - Generic services provided by teachers, social services, police, general practitioners, community and family groups for those at risk of drug use. Generic services would include advice and referral and would be suitable for those considering or commencing experimentation with drugs or alcohol.

Tier 2 - Services with specialist expertise in either adolescent mental health or addiction, such as juvenile liaison officers, local drugs task forces, home-school liaison, Youth reach, general practitioners specializing in addiction and drug treatment centres. The types of service delivered at this level would include drug-related prevention, brief intervention, counselling and harm reduction, and would be suitable for those encountering problems as a result of drug or alcohol use.

Tier 3 - Services with specialist expertise in both adolescent mental health and addiction. These services would have the capacity to deliver child-centered comprehensive treatments through a multi-disciplinary team. This team would

provide medical treatment for addiction, psychiatric treatment, child protection, outreach, psychological assessment and interventions, and family therapy. These types of service would be suitable for those encountering substantial problems as a result of drug or alcohol use.

Tier 4 - Services with specialist expertise in both adolescent mental health or addiction and the capacity to deliver a brief, but very intensive intervention through an inpatient or day hospital. These types of service would be suitable for those encountering severe problems as a result of drugs or alcohol dependence.

### **Task 1b: Study / field visit**

The study visit to Ireland come as part of the project activity to build the capacity of the therapeutic team responsible for addiction services in adolescence units recently developed in Egypt. A team of 3 psychiatrists, 1 nurse and 1 psychologist were selected for the study visit lasting 1 week at Ireland.

### **Drug Treatment Centre board – August 24th 2015**

On August 24th, after meeting the coordinator of the visit, the group visited Drug Treatment Centre board which is the main addiction centre in Ireland we met 5 service providers.

They give us an Overview of Adolescent Services in Dublin regarding the data of the problem, service structure and different programs used in management and finally we have a tour in National Drug Treatment Centre and saw the outpatient services for teenagers with heroin dependence

### **Crinian youth Project - August 24th 2015**

On August 24th, The group visited Crinian youth Project - a day program service for teenagers with severe drug dependence we met their team work and have a tour in the place then they told us about the services provided their and different therapeutic approach they used

### **YoDA - August 25th 2015**

On August 25th, the group was invited to visit YoDA in Tallaght which is a community based outpatient addiction treatment service for 13-17y we have met Dr Bobby and his team they talk about different approaches in family intervention (humanistic approach, motivational interview and non-violence resistant) we have a chance to meet parents and knew their feedback about the program as they were facing a problem with their 16 years old girl with substance abuse

### **SASSY - August 25th 2015**

On August 25th, the group had a visit to SASSY services in North Dublin which is a community based outpatient addiction treatment service for 13-17y especially the

high risk group (Homeless and juvenile offenders) the team described the system of referral and assessment and intervention modules.

### **HALO - August 26th 2015**

On August 25th, the group visited HALO in Naas which is a community based outpatient treatment service for 13-17y they are more specialized in substance misuse rather than addiction. We met the team and had a tour in the place then they told us about the services provided their and different therapeutic approach they used for adolescences (HYPE, Helping Young People Excel and Youth Reach Substance Misuse Awareness Groups) and their families (Keep your head)

### **Aiseiri, Ballyragget, Co Kilkenny – August 27th 2015**

On August 27th, the group visited Aiseiri, admission centre at Ballyragget, Co Kilkenny. This is the only place for admission regarding adolescent's addiction service in Ireland. Which introduce Residential Addiction Service for 15-21 Y. the group met the manager who take them in a tour all over the place and show them all services introduced starting from the documentation system, the rooms for residence of the youth, the class of lectures, the spiritual therapy room, the art therapy place, the psychodrama cession and the garden which contain 12 symbols corresponding to the 12 steps of NA.

During that the group met the therapists and heard from them about what they introduce in every service.

### **ACTS team in Ballydowd, Palmerstown - August 28th 2015**

ACTS (Assessment, Consultation and therapy Service) provides in-reach specialist counselling to children in secure settings (social care or criminal justice), many of whom have addiction issues.

The group met the team which show the service and discuss the reference system, when they interfere for assessment only, or for counselling.

The group reported a very scientific and well organized visit. This study visit & the cooperation with the Irish partner & the support of Pompidou Group are highly appreciated from the General Secretariat of Mental Health. All these continuous efforts would return to a high quality service to the substance dependent women and their families.

## Task 2: Qualitative & quantitative study of the service

Developing 2 questionnaires:

One for the clients and their families

One for the service providers

### To assess the current situation, and suitability to start the following:

Extensive Outpatient Reach.

Family Involvement in the therapy.

Establishing Day Care Service.

### Study design:

Survey of samples from Mammoura and Helwan Mental Health Hospitals

Quality control of data acquisition, and entry

### Study Sample:

Research Instruments:

-2 Types of questionnaires

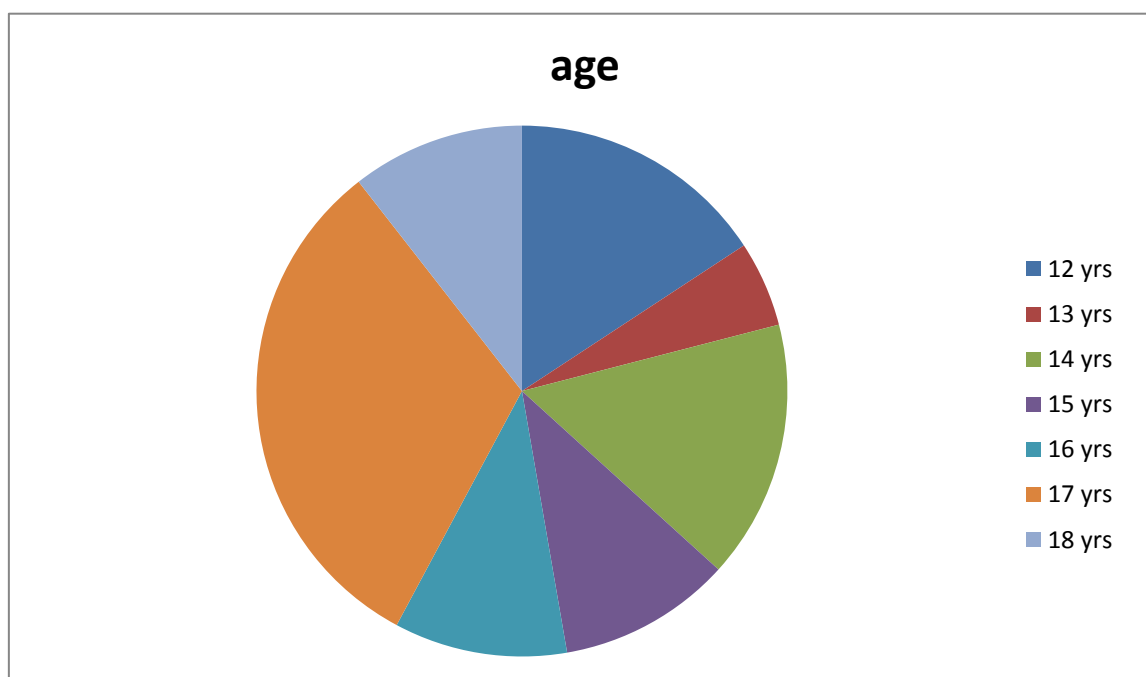
Adolescents' opinion questionnaire.

Service providers' opinion questionnaire

**Table 1: Number of the studied client sample**

Characteristics	Number	%
Clients	22	100%
Helwan	13	59.1%
Mamoura	9	40.9%

**Fig. 1: Description of age of clients' sample**



**Table 2: Education & work**

	No 22	Valid Percent %
No	7	33.3%
Primary	1	4.8%
Preparatory	6	28.6%
Secondary or equivalent	7	33.3%
Unemployed	16	72.7%
Office works(Employees and such)	2	9.1%
Laborers (porters - office boys)	4	18.2%

Most of the sample are educated & unemployed

**Table 3: Types of used drugs**

	N	%
Heroin	3	13.6%
Alcohol	6	27.3%
Anti tussive	1	4.5%
Cannabis	14	63.6%
Inhalers	1	4.5%
Stimulants	0	0%
Sedatives	2	9.1%
Cocaine	1	4.5%
Tramadol	14	63.6%
Injection	0	0%
Other	2	9.1%

Cannabis and Tramadol are the most used drugs

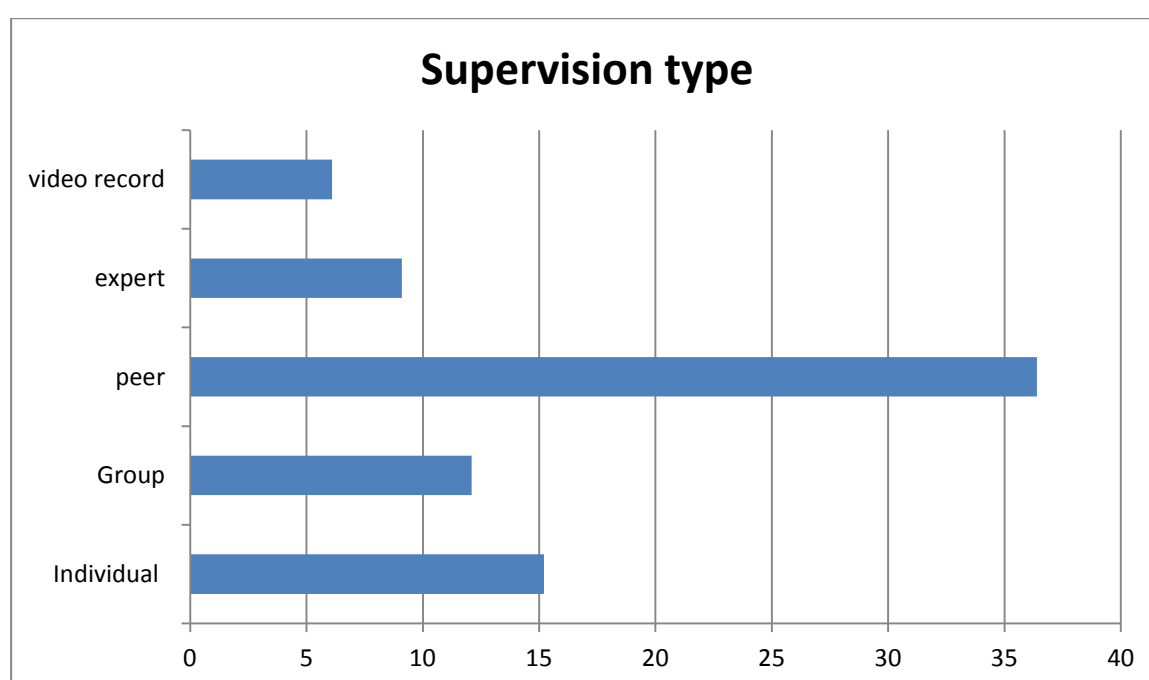
**Table 4: Characteristics of the studied sample of addiction service providers**

Characteristics	Number	%
Profession		
Psychiatrists	6	18.2%
Psychologists	3	9.1%
Social workers	6	18.2%
Nurses	18	54.5%



**Table 5: The content of the practical training**

Module	Number of trained personnel	%
Skills of clinical interviewing	22	66.7%
Making therapeutic plane	13	39.4%
Individual psychological intervention	20	60.6%
Group psychological intervention	19	57.6%
Family psychological intervention	16	48.5%
Recreational activity	22	66.7%
Sexual education	11	33.3%

**Fig 2: Types of supervision included in service providers training****Table 6: other addictive behaviours**

Types	Number	%	Number	%
	Service providers		Clients	
- Binge eating	9	34.6%	3	13.6%
- Over eating and over weight	5	19.2%	7	31.8%
- Recurrent emotional relationship	9	34.6%	5	22.7%
- Electronic games	2	3.7%	5	22.7%
- internet	1	1.9%	14	63.6%

Over eating was the most common reported behaviour

**Table 7: Client and service providers' opinion about introducing the following information to the clients**

Characteristics	Number	%	Number	%
	Service providers		Clients	
Acknowledging the whole team.	29	90.6%	17	77.3%
Scientific background of the profession.	13	39.4%	9	40.9%
Professional boundaries.	22	66.7%	10	45.4%
Responsibilities of the team.	20	60.6%	13	59.1%

**Table 8: Family awareness of their drug use and family member use**

	Frequency	Valid Percent
Knowing	18	81.8
Family member use	10	45.5

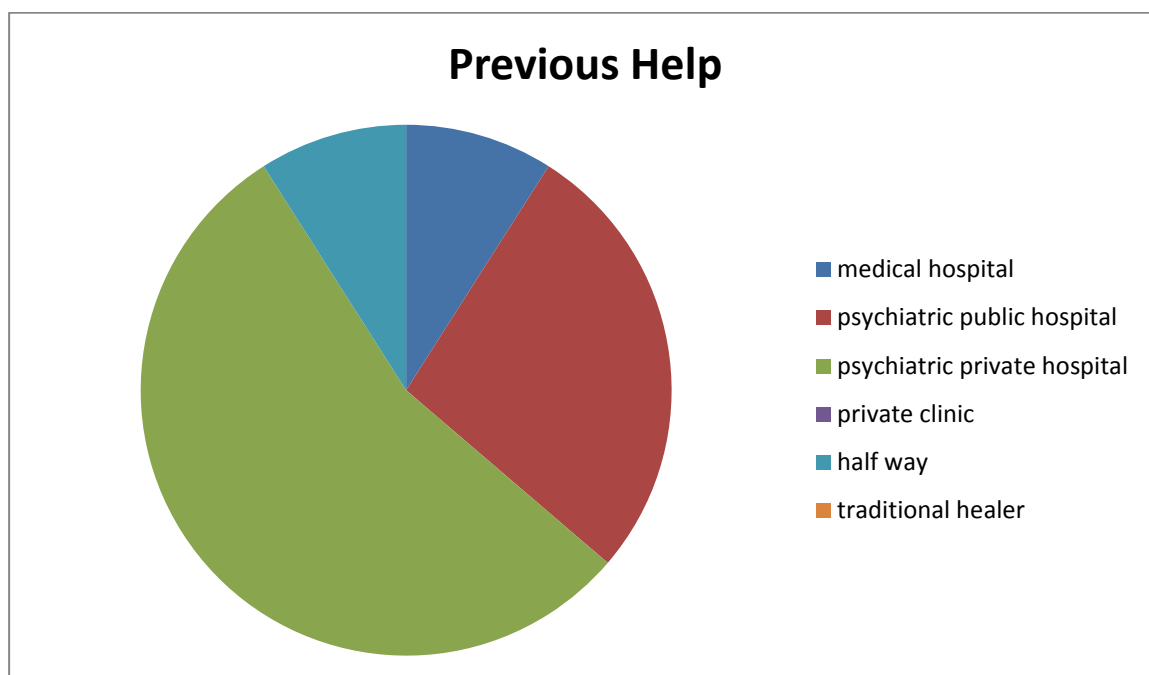
About 82% of families know about their son issue with the use of drugs and about 45% of families, there is another member use drugs.

**Table 9: Kinds of previous utilized services**

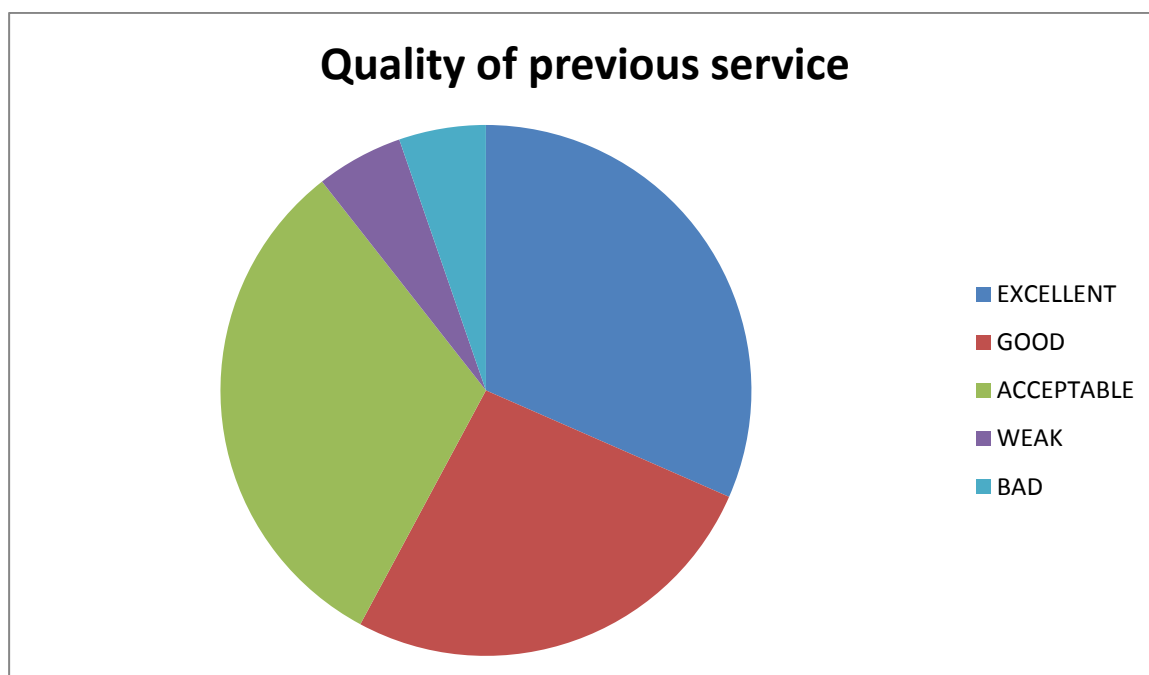
	Frequency	Valid Percent
Asked for help	18	81.8
Inpatient service	8	42.1
Outpatient Clinic	11	57.9

80% Asked for help before, 36% admitted before while 50% followed up in outpatient clinics

**Figure 3: Kinds of previous utilized services**



**Figure 4: Showing quality of previous services**



**Table 10: How to conduct the service**

Characteristics	Number	%	Number	%
	Service providers		Clients	
- special section for adolescence	23	69.7%	10	45.5%
- Inpatient service	13	39.4%	9	40.9%
- Day care service	20	60.6%	4	18.2%
- Outpatient clinic	20	60.6%	9	40.9%

**Table 11: Activity that should be part of delivered service**

Characteristics	Number	%	Number	%
	Service providers		Clients	
- Play therapy	22	66.7%	10	45.4%
- Spiritual therapy	26	78.8%	10	45.5%
- Religious support	28	84.8%	5	22.7%
- Sport & physical activity	26	78.8%	15	68.2%
- Educational classes	23	69.7%		
- Family therapy	28	84.8%	9	40.9%
- Group therapy	11	30.3%	15	68.2%
- Individual sessions	20	60.6%	16	72.8%
- Sex education	3	9.1%	5	22.7%

**Table 12: Reasons that few numbers seek help**

Reasons	Number	%	Number	%
	Service providers		Clients	
-Lack of awareness of the services available	22	66.7%	11	50%
-Available services are not suitable / adequate	17	51.5%	12	54.5%

### Task 3: Training of the personnel & service establishment

#### Course 1 (4 Days):

Day 1	<ul style="list-style-type: none"><li>• Psychological aspects of addiction in adolescents</li><li>• Ethics and law</li></ul>
Day 2	<ul style="list-style-type: none"><li>• Clinical interview</li><li>• Teens Addiction severity index</li></ul>
Day 3	<ul style="list-style-type: none"><li>• Assessment</li></ul>
Day 4	<ul style="list-style-type: none"><li>• Motivational interview</li></ul>

#### Course 2 (4 Days):

Day 1	<ul style="list-style-type: none"><li>• Caregiver Overview, Rapport Building, and Motivation(ACRA)</li><li>• Caregiver Communication Skills Training (ACRA)</li></ul>
Day 2	<ul style="list-style-type: none"><li>• Caregiver–Adolescent Relationship Skills (ACRA)</li><li>• Introduction of family therapy</li></ul>
Day 3	<ul style="list-style-type: none"><li>• Introduction for family counselling (A Tool Kit for: Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users)</li><li>• </li></ul>
Day 4	<ul style="list-style-type: none"><li>• Group therapy for caregivers (A Tool Kit for: Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users)</li></ul>

#### Course 3 (3 Days):

Day 1	<ul style="list-style-type: none"><li>• Basics of group counselling for adolescents (A Tool Kit for: Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users)</li><li>• Group facilitation techniques (A Tool Kit for: Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users)</li></ul>
Day 2	<ul style="list-style-type: none"><li>• Typical problems during group counselling sessions (A Tool Kit for: Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users)</li></ul>
Day 3	<ul style="list-style-type: none"><li>• Some groups for young drug users (A Tool Kit for: Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users)</li></ul>

Course 4 (5 Days):

Day 1	<ul style="list-style-type: none"><li>• Over View of Psychopharmacology for addiction</li><li>• Art of Designing Management of Plan</li></ul>
Day 2	<ul style="list-style-type: none"><li>• ACRA Program Part (1)</li></ul>
Day 3	<ul style="list-style-type: none"><li>• ACRA Program Part (2)</li></ul>
Day 4	<ul style="list-style-type: none"><li>• Policy for Work Flow Within Day Care Part (1)</li><li>• Drug Screening Tests</li></ul>
Day 5	<ul style="list-style-type: none"><li>• Policy for Work Flow Within Day Care Part (2)</li></ul>