Standards For Addiction Treatment And Rehabilitation Services

Version 1.0

Issue date: 21/06/2022

Effective date: 21/08/2022

Health Policies and Standards Department

Health Regulation Sector (2022)

INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (6) of 2018 to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector.
- Licensure and inspection of Health Facilities (HF) as well as Healthcare Professionals (HCP) and ensuring compliance to best practice.
- Managing patient complaints and assuring patient and physician rights are upheld.
- Governing the use of Narcotics, Controlled (CD) and Semi-controlled medications (SCD).
- Strengthening health tourism and assuring ongoing growth.
- Assuring management of health informatics, e-health and promoting innovation.

The Standards for Addiction Treatment and Rehabilitaion Services aims to fulfil the following overarching DHA Strategic Priorities (2022-2026):

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Strengthening the economic contribution of the health sector, including health tourism to support Dubai economy.

ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with strategic partners and subject Matter Experts from Government and private sector. And would like to acknowledge and thank those experts for their dedication toward improving the quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Substance Use Disorder (SUD) is a growing global public health issue; it is more than just compulsive usage of substances as it can also produce far-reaching health and social consequences. For example, drug abuse and addiction increase a person's risk for various other mental and physical illnesses related to a substance-abusing lifestyle or the toxic effects of the substance themselves. Additionally, the dysfunctional behaviours resulting from drug abuse can interfere with a person's normal functioning in the family, the workplace, and the broader community. Centres for Addiction Treatment and Rehabilitation aim to provide prevention, medical treatment, and behavioural therapy for people suffering from substance addiction; as well, they play a solid part in the addiction treatment continuum of care.

The standard aims at building Dubai's capacity with healthcare facilities that can provide pharmacotherapy, rehabilitation programs and long-term treatment management plans customised to the needs of patients diagnosed with SUD.

The Standards For Addiction Treatment And Rehabilitation Services is designed to serve as a resource for the HF providing treatment and management of the myriad problems faced by patients in need of treatment for substance abuse or addiction.

The standards covers the following:

- Addiction treatment and rehabilitation facility requirements.
- Healthcare professional requirements.
- Addiction treatment and rehabilitation services requirements.

DEFINITIONS

Addiction: A cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances Narcotics, and Psychotropic substances, Medical and therapeutic products and others containing any of the active ingredients according to Federal Decree Law No. 30 of 2021 On Combating Narcotic Drugs and Psychotropic Substances, and its amendments on a much higher priority for a given individual than other behaviours that once had greater value.

Addiction Severity Index: The ASI is a semi-structured interview designed to estimates of a patient's need for treatment in each areas in substance-abusing patients such as: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situations). Each classification is based on the patient's history of the problem's symptoms, current condition, and a sub-assessment of his/her treatment needs in a particular area.

Addiction Treatment and Rehabilitation Facilities: DHA licensed healthcare facilities that provide substance use disorder treatment and rehabilitation services ranging from acute detoxifications to long-term recuperation programs, in compliance with the Standards for Addiction Rehabilitation Centres.

Clinical Privileging is the process of giving a DHA licensed Healthcare Professional (HP) permission to carry out specific duties as per health facility scope of practice and licensure. This

involves the review of credentials and qualifications, training, competence, practical independence and experience.

Detoxification: A set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on Narcotic Drugs and Psychotropic Substances. Detoxification seeks to minimise the physical harm caused by the abuse of substances.

Healthcare Professional: Is a natural person authorised and licensed by the DHA to practice any of the healthcare professions in the Emirate of Dubai.

Health Facility: They are the facilities that provide addiction treatment & rehabilitation services and are authorized by DHA to treat disorders related to substance use and psychotropic substances and rehabilitation, which range from acute detoxification to the development of long-term recovery programs, and in accordance with the standards of addiction rehabilitation services. These health facilities are classified as follows:

- Standalone centres.
- Units that are part of a general/specialised hospital.

Inpatient Setting: This setting is distinguished by services provided in a safe, secure facility-based setting with 24-hour nursing coverage and ready access to medical care. This is for persons served who need round-the-clock supervision to successfully manage withdrawal symptoms or when there are additional complications or risk factors that warrant medical supervision, such as co-occurring psychiatric or other medical conditions.

Legal guardian: A natural person who is authorized to make decision on behalf of the patient (In case the patient is incompetent).

Medical Director: Is a DHA licensed healthcare professional who holds responsibility and oversight of medical services within a DHA licensed health facility.

Narcotic Drugs: All natural or synthetic substances listed in Schedules 1, 2, 3, and 4, which are annexed to the aforementioned decree-law".

Outpatient Setting: This setting is distinguished by services provided in an outpatient environment with the persons served residing in their own homes, a sober living environment or other supportive community settings. Persons served in ambulatory settings typically have adequate social support to remain sober, family involvement in care planning, the ability to maintain regular appointments for ongoing assessment and observation, and successfully self-manage prescription medications. Persons served in ambulatory settings are concurrently enrolled in or actively linked to a treatment program.

Patients: Patients who receive addiction treatment and rehabilitation in a service-providing facility.

Patient Care Plan: This is a time-limited program designed to assist the persons served with the physiological and psychological effects of acute withdrawal from Narcotic Drugs/ Psychotropic Substances. Based on current best practices in the field, the plan's purpose is to provide a medically safe, professional and supportive withdrawal experience for the persons served while preparing and motivating them to continue treatment after discharge from the facility and progress toward a full recovery. The plan is developed to ensure adequate biomedical and

psychosocial assessment, observation and care, and referrals to meet the individual needs of the persons served.

Psychotropic Substances: All natural or synthetic substances listed in Schedules 5, 6, 7, and 8, which are annexed to the aforementioned decree-law.

ABBREVIATIONS

ASI	:	Addiction Severity Index
CARF	:	Commission on Accreditation of Rehabilitation Facilities
CCTV	:	Closed-circuit television
CD	:	Controlled Drugs
DHA	:	Dubai Health Authority
DHIC	:	Dubai Health Insurance Corporation
DM	:	Dubai Municipality
HF	:	Health Facility
HFG	:	DHA Health Facility Guidelines
ICD	:	International Classification of Diseases
HCP	:	Healthcare Professionals
HPSD	:	Health Policy and Standards Department
HRS	:	Health Regulation Sector
MOU	:	Memorandum of understanding
OTC	:	Over-the-counter medication
POM	:	Prescriptions only Medicine
PQR	:	Professionals Qualification Requirements
SCD	:	Semi-Controlled Drugs
SUD	:	Substance use disorder
UAE	:	United Arab Emirates

1. BACKGROUND

Despite stringent federal and local regulations governing the usage of Narcotic Drugs and Psychotropic Substances, substance usage is a growing problem in the United Arab Emirates (UAE), with a prominent increase of addiction cases over the past years. A report from the National Rehabilitation Centre Abu Dhabi states that 5.3% of deaths are from Narcotic Drugs and Psychotropic Substances usage, with many hidden users. Due to stringent laws and the stigma attached to substance addiction, most people struggling with addiction tend to suffer in silence and can be afraid to seek support. Dubai has very few HF specialised in addiction treatment and rehabilitation services. The increase in the prevalence of Narcotic Drugs and Psychotropic Substances addiction in Dubai, it is indispensable to meet the increasing demands in providing treatment and managing substance addiction and a comprehensive addiction rehabilitation solution under the guidance of skilled experts and multi-disciplinary teams.

2. SCOPE

2.1. Addiction treatment and rehabilitation services within DHA licenced HF.

3. PURPOSE

3.1. To set out the minimum standards for the provision of addiction treatment and rehabilitation services within DHA licensed HF.

3.2. To establish minimum requirements for DHA licensed HCP to provide efficient, secure, safe and high-quality addiction treatment and rehabilitation services.

3.3. To set out the minimum requirements for monitoring and evaluating of addiction treatment and rehabilitation services provided by DHA licensed HF.

4. APPLICABILITY

4.1. DHA licensed HCP and HF providing addiction treatment and rehabilitation services.

5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

5.1. DHA shall license the below categories of addiction treatment and rehabilitation centres:

5.1.1. Standalone centres.

5.1.2. Centres that are part of a general/specialised hospital.

5.2. All HF providing addiction treatment and rehabilitation services shall adhere to the UAE Laws and Dubai regulations for providing addiction treatment and rehabilitation services in the Dubai.

5.3. HF aiming to provide addiction treatment and rehabilitation services, shall comply with the DHA licensure and administrative procedures available on the DHA website https://www.dha.gov.ae.

5.4. Licensed HFs opting to add addiction treatment and rehabilitation services shall apply to HRS to obtain approval to provide the required service.

5.5. The HF shall be accredited by one of the below accrediting organisations for mental health services within 24 months from licensure activation:

5.5.1. Joint Commission Behavioural Health Care Accreditation.

5.5.2. Commission on Accreditation of Rehabilitation Facilities (CARF).

5.6. DHA will take appropriate action in case accreditation of the HF providing addiction treatment and rehabilitation services is not obtained after the allowed period.

5.7. The HF providing addiction treatment and rehabilitation services must undergo renewal of the accreditation based on the validity of the accrediting agency.

6. **STANDARD TWO:** HEALTH FACILITY REQUIREMENTS

6.1. HF shall comply with all legislations in force in the country and the instructions issued by the DHA, in particular the Federal Decree Law No. (30) of 2021 regarding combating Narcotics Drugs and Psychotropic substances and the decisions issued pursuant thereto.

6.2. Addiction treatment and rehabilitation services shall be provided in HF that are licenced by DHA to provide these services.

6.2.1. Wards should be separated for males and females.

6.3. The HF should meet the HF requirement as per the DHA Health Facility Guidelines (HFG) 2019, Part B – Health Facility Briefing & Design - Mental Health Unit (Linked).

6.4. The HF should install and operate equipment required to provide the proposed services in accordance with the manufacturer's specifications.

6.5. The unit providing the addiction treatment and rehabilitation services should be located on a ground floor and ensure easy access to the HF and treatment areas for all patient groups.

6.6. The HF design shall assure patient and staff safety.

6.7. The HF shall have the appropriate equipment and trained healthcare professionals to manage critical and emergency cases by providing the below provisions:

6.7.1. Staff are trained in Basic Life Support (BLS) or equivalent.

6.7.2. Availability of adequate equipment and medications for cardiopulmonary resuscitation as per DHA policies and procedures.

6.7.3. Availability of specific emergency medications.

6.7.4. Availability of a defibrillator.

6.8. All HF licenced by DHA to provide addiction treatment and rehabilitation services should offer an exclusive outpatient rehabilitation and relapse prevention therapies clinic.

6.8.1. The expected patient load would determine the frequency of this outpatient clinic; it may vary from daily (i.e. on all working days) to once/twice/thrice a week.

6.8.2. All patients who are classified as minors or less than eighteen (18) years of age shall be accompanied by their parents or legal representative for the treatment session and have the involvement of the parents or legal representative in the patient care.

6.9. The following services should be available in the HF providing addiction treatment and rehabilitation services at the outpatient level:

6.9.1. The outpatient services should have provisions for both new and follow up of existing patients.

6.9.2. Patient assessment; all patients should undergo clinical assessment (i.e. history taking and examination) by a licensed psychiatrist. The assessment should enable clinical diagnosis and formulating a treatment and/or intervention plan. Adequate infrastructure should be available, ensuring comfort and privacy for the patients.

6.9.3. Patient counselling/psychosocial interventions/psycho-education; all patients (and their family/attendants, if available and only if the patient is a minor or agrees to involve them) should be assessed by a licensed psychiatrist and should receive counselling / psychosocial interventions / psycho-education, as per the clinical needs.

6.10. The following services should be available in HF providing addiction treatment and rehabilitation services at the inpatient level:

6.10.1. Hospitals with an approved addiction rehabilitation service should have an exclusive addiction treatment and rehabilitation ward. While the duration of the inpatient treatment may vary as per patients' individual needs, all efforts must be made to provide the inpatient treatment for an adequate length of time however not to exceed the treatment duration and rehabilitation more than one year.

6.10.2. Assessment by the psychiatrist(s); at least once per day during the rounds.

6.10.3. Availability of nursing care on a 24 hrs basis.

6.10.4. Availability of emergency care (on-call doctor) on a 24 hrs basis.

6.10.5. Psychopharmacological interventions medications.

i. For treatment of withdrawal symptoms.

ii. For management of associated conditions /symptoms.

6.10.6. Psychosocial interventions:

i. For supportive counselling.

ii. To address social challenges a patient may have.

iii. Aim to motivate patient to start intensive inpatient rehabilitation programs (e.g. The Matrix Model treatment program, 12-step group therapy).

iv. Each patient should have a named psychosocial case manager during his treatment program.

6.11. Pharmacy services.

6.11.1. All necessary medications should be made available in the HF.

6.12. Emergency services.

6.12.1. The HF should have a Memorandum of Understanding (MOU's) with the nearest HF providing emergency services to transfer the patient(s) as per DHA policy.

a. Basic emergency services should be available to patients before stabilization and transfer.

6.12.2. Addiction treatment and rehabilitation units which are part of the general/specialized hospital, the emergency services may be provided by the hospital's emergency department.

6.13. All HF providing addiction treatment and rehabilitation services should have access to basic laboratory services. Specifically, the following investigations should be made available:

6.13.1. Routine blood tests (FBC, ESR, Platelets, etc.).

6.13.2. Liver function tests.

6.13.3. Routine biochemistry (e.g. Blood Sugar, Blood Urea, and Serum Creatinine).

6.13.4. Urine screening for drugs.

6.14. All HF providing outpatient and inpatient addiction treatment and rehabilitation services shall provide psychosocial interventions.

6.15. The HF should develop policies and procedures in accordance with the legislations in force in the UAE and the regulations approved by the DHA; Including but not limited to:

6.15.1. Patient registration.

6.15.2. Patient admission.

6.15.3. Patient acceptance criteria.

6.15.4. Patient assessment and admission.

6.15.5. Patient education and Informed consent.

6.15.6. Patient health record.

6.15.7. Infection control measures and hazardous waste management.

6.15.8. Incident reporting.

6.15.9. Patient privacy and confidentiality.

6.15.10. Medication management, Storage and Dispensing (Pharmacy).

6.15.11. Emergency action plan.

6.15.12. Management of patients with aggressive behaviour.

6.15.13. Patient discharge/transfer.

6.15.14. Equipment maintenance services.

6.15.15. Laundry services.

6.15.16. Medical waste management as per Dubai Municipality (D.M.) requirements.

6.15.17. Housekeeping services.

6.16. The HF shall maintain a Charter of Patients' Rights and Responsibilities posted at the entrance of the premises in two languages (Arabic and English).

7. STANDARD THREE: HEALTHCARE PROFESSIONALS, STAFFING AND HUMAN RESOURCES REQUIREMENTS

7.1. All HCP should hold an active DHA license as per the Professionals Qualification Requirements (PQR) and work within their scope of practice.

7.2. HCP working in HF providing addiction treatment and rehabilitation services should be aware of their ethical responsibilities and comply with the Code of Ethics and Professional Conduct, governed by the principle of patient-centeredness.

7.3. The Medical Director should take responsibility for administering all medical services performed by the facility and shall be responsible for ensuring that the facility complies with all applicable federal and local laws and regulations.

7.4. The Clinical Privileging Committee and/or Medical Director of the HF shall privilege the physician aligned with his/her education, training, experience and competencies. The privilege shall be reviewed and revised at regular intervals.

7.5. Requirements of credentials will be determined through job descriptions, which identify each professionals' educational, training, credentialing, and/or licensure requirements.

7.6. The HF has to ensure staffing is aligned with listed services and staffing requirements meet the patient load.

7.7. The HF shall be led by a licensed consultant/specialist psychiatrist.

7.8. The HF should ensure the availability of a multi-disciplinary teams such as:

7.8.1. Licensed psychiatrist,

7.8.2. Clinical psychologists,

7.8.3. Clinical social workers,

7.8.4. Psychologist,

7.8.5. Internist or general practitioner,

7.8.6. Mental Health nurse,

7.8.7. Registered Nurse,

7.8.8. Pharmacist, and

7.8.9. Other supportive team members if needed such as: occupational therapist, dietitian and fitness trainer.

7.9. The HF should employ only professional and administrative staff with the appropriate accredited and recognised professional qualifications. All professional staff are appropriately registered within federal and local laws and regulations.

7.10. All addiction and professional staff require regular, skilled clinical/case supervision provided by a more experienced or skilled professional person.

7.11. The HF must have a documented, up-to-date staff development strategy/policy and plan to train and develop staff to offer adequate treatment.

7.11.1. The HF should maintain a documented plan and evidence of attendance at regular staff development training on ongoing patient treatment needs.

7.11.2. The HF must encourage staff to participate in ongoing external training including addiction and rehabilitation trainings, education and professional development.

8. STANDARD FOUR: PATIENT ASSESSMENT AND ADMISSION

8.1. Assessment:

8.1.1. All patients must be assessed in a triage room by the nursing staff as follows:

a. Vital signs.

b. Initial Nursing Assessment (Risk for fall, suicide, aggression and withdrawal score).

c. Drug Screening.

d. Blood Test (routine blood test).

e. Addiction Severity Index (ASI) Part II Assessment.

8.1.2. All patients will be assessed by rehabilitation specialist as follows:

a. ASI part I.

b. Interpretive summary.

8.1.3. All patients will be assessed by a psychiatrist as follows:

a. Psychiatrist assessment.

b. Required treatment plan.

8.1.4. All the patients' required admissions will be assessed by General Practitioner or internist as follows:

a. Medical Assessment.

8.2. Patient Admission Process:

8.2.1. The admission process should be designed to ensure that patients meet the admission criteria for the program to which they may be admitted.

8.2.2. The admission process should be designed to identify those patients who may not benefit from the program structure or clinical program design.

8.2.3. No patient is admitted without clinical justification, which was identified during the assessment process.

8.2.4. The medical history and physical examination should be obtained on the day of admission.

8.2.5. The patient should sign the General Consent and Treatment Contract upon admission.

a. For general consent refer to DHA Guidelines on Patient Consent.

b. The treatment duration and rehabilitation should not exceed one year.

c. If the patient is not following the treatment plan, or HF's rules, or the subject has committed a crime as per the Federal Decree Law No. (30) of 2021 regarding combating Narcotics and Psychotropic substances, the facility has the right to raise their concern or inform the Public Prosecution in addition to notifying the DHA.

8.2.6. The main treating Psychiatrist should be responsible for the admission decisions.

8.3. Admission Criteria:

8.3.1. The patient fulfils the program requirements.

8.3.2. The patient is electively deciding to get addiction rehabilitation treatment.

8.3.3. For conservative measures and procedure refer to the Federal Law No. (30) of the year 2021 concerning the combating Narcotics and Psychotropic Substances - chapter (3).

8.4. Exclusion criteria:

8.4.1. Patients with severe medical illness requiring treatment in a general hospital setting.

8.4.2. Patients with active suicidal thoughts.

8.4.3. Patients sentenced to prison in penal institutions.

8.4.4. Patients convicted in a criminal case.

8.4.5. Patients sentenced to administrative deportation.

8.4.6. Invalid residence permit.

8.4.7. Patient on a visit visa.

9. **STANDARD FIVE:** PATIENT CARE PLAN

9.1. Services should be provided by qualified healthcare professionals in an environment that ensures patients safety.

9.2. Each patient should be given an individualised treatment plan that is reviewed at least twice-weekly to ensure they receive the best and most appropriate care through the stages of treatment.

9.3. The treatment plan shall be goal and action oriented with objective and measurable criteria.

9.4. The treatment plan should be updated whenever a significant change in clinical status, services, or programming requires such a revision and/or by timelines established by the organisation.

9.5. The treatment plan should be individualised to suit each patient, based on the following:

9.5.1. Utilising information from the initial screening, referral materials, the psychosocial assessment, and the interpretive summary.

9.5.2. The patient needs and will focus on integration and inclusion into the local community, family, and natural support systems.

a. The patient's family will be involved in the plan's development, based on the appropriateness of the involvement and agreement by the patient.

9.5.3. Goals of treatment and milestones are achieved with the active participation of the patient. Areas covered will focus on a range of needs around the following four domains:

a. Physical health.

b. Psychological health.

c. Social functioning.

d. Criminal behaviour.

9.5.4. Medication arrangements shall be individualised, especially highlighting stabilisation medication, recording of medication administration, consent to medication and arrangements for self-medication where appropriate.

9.5.5. Risk management processes should be in place with plans and contingency plans.

9.5.6. Facilitate co-ordination between healthcare professionals involved.

9.5.7. Systematic discharge procedures shall be in place.

9.6. The plan will be communicated to the patient in a manner that is understandable by ensuring that issues such as language and comprehension level is considered when writing the plan.

9.7. All individual treatment planning meetings should be documented in the patient record, with a progress note and identification of all persons participating in the treatment planning meeting.

9.8. Patients should be assigned with an addiction rehabilitation specialist who is responsible for:

9.8.1. A personalised overview of the progress of a patient through their treatment.

9.8.2. An individual approach to agreeing and monitoring a care plan.

9.8.3. Allocation of responsibility for tasks within the care plan.

9.8.4. A therapeutic environment in which to explore personal issues outside group sessions.

9.8.5. An environment for motivational interviewing, where appropriate.

9.8.6. Co-ordination of care with other professionals and concern persons such as psychiatrists, clinical social workers, probation officer, public prosecution, police, family members and guardians.

9.8.7. Referrals to other supporting services such as vocational training, sport activities and community services.

10. STANDARD SIX: TESTING SERVICES

10.1. The facility shall ensure a substance-use free treatment environment for all patients admitted and ensure that each patient is not influenced by of any illicit substance when engaged in clinical services.

10.2. The requirement of continuous abstinence of all patients is maintained by conducting individualised, should be randomised and regular drug/alcohol screens.

10.3. The availability of an internationally recognised Evidential Breath Analyser is a must to conduct alcohol testing.

10.4. Urine drug screens are conducted to determine what substances are present in the patient's system.

10.5. The primary mechanism for urine testing will be done by a urine drug screening kit as part of the admission process.

10.6. Drug screen results will not be used as the sole basis for treatment decisions or termination from treatment.

10.7. Urine Drug Screening shall be conducted as follows to rule out any risk of relapse:

10.7.1. Outpatient setting: patients should be tested with the urine drug screening kit, and samples should be sent to a laboratory for confirmation.

10.7.2. Detox: patients should be tested upon admission with the urine drug screening kit, and samples should be sent to a laboratory for confirmation.

10.7.3. Inpatient and Detox: a random drug screening should be conducted at least twice a week, and after family visits, using a urine drug screening kit, and samples should be sent to the laboratory for confirmation.

10.8. Staff should be trained in the collecting testing and disposal of urine samples before collecting urine samples from patients. Training includes:

10.8.1. Collecting of urine

10.8.2. Labelling of urine samples

10.8.3. Storing of urine samples

10.8.4. Universal Precautions

10.8.5. Patient Privacy and Integrity.

10.9. When obtaining a urine sample, patients should be observed by a trained staff member of the same gender to ensure the specimen's integrity. Collections and observations are conducted respectfully.

10.10. Urine kits should be registered and approved by MOHAP. HF should maintain registration for audit purposes.

10.11. Drug testing laboratory requirements:

10.11.1. The laboratory shall be licensed by DHA.

10.11.2. Each lab should have a procedure manual/ or electronic system, which includes the principles of each test, preparation of reagents, standards and controls, calibration procedures, the sensitivity of the method used for testing, cut off values, mechanism of reporting results, criteria for unacceptable specimens and

results, corrective actions to be taken when the test system is outside of acceptable limits, and copies of all procedures and dates on which they are in effect should be maintained as part of the manual.

10.11.3. The testing procedure of each laboratory shall be capable of detecting drugs, drugs metabolites, adulterants, and substituted specimens.

10.11.4. Drug testing laboratory should use the chain of custody procedure to maintain control and accountability of specimens from receipt through completion of testing, reporting of results, during storage, and continuing until final disposition of specimens. The date and purpose should be documented on a laboratory chain of custody form each time a specimen is handled or transferred, and every individual in the chain should be identified.

10.11.5. The laboratory shall have the capability of conducting the necessary tests for Narcotics and Psychotropic Substances, especially blood/urine alcohol concentration or by performing a breath test.

11. STANDARD SEVEN: PATIENT RECORDS AND CONFIDENTIALITY

11.1. The HF shall provide documentation of the following activities within the patient health records:

11.1.1. Patient Admission.

11.1.2. Patient Informed Consents.

11.1.3. Patient Assessment.

11.1.4. Diagnosis and Treatment plan.

11.1.5. Record of medical care provided to the patient during visit and admission.

11.1.6. Transfer of critical/complicated cases when required.

11.1.7. Clinical laboratory services requests and results.

11.1.8. Diagnostics and imaging services requests and results.

11.1.9. Medication management, prescription and administration.

11.1.10. Patient discharge and follow up plan.

11.2. HF shall maintain the following in the patient health records:

11.2.1. Patient's information should be accurate, accessible, up-to-date and secure.

11.2.2. Patient's information records should be stored in a manner that protects patient's privacy and meets applicable regulations.

11.2.3. The privacy and confidentiality of patient information shall be protected as per applicable legislation.

11.2.4. Patient's record contains all relevant information pertaining to the patient while under active care of the service.

11.2.5. Post discharge follow-up should be contained within the patient record.

11.2.6. Multifunctional services must maintain an integrated patient record.

11.2.7. The service should be clearly defined standards for documenting, outlining format/content and frequency.

11.2.8. Patient's information should meet applicable legislation for protecting the privacy and confidentiality of patient information.

11.2.9. The authorised staff only have timely access to patient information.

11.2.10. Comply with all Articles detailed within the Federal Decree Law No. (34) of 2021 on Combatting Rumours and Cybercrime, and the Federal Law No. (2) of 2019 concerning the Use of the Information and Communication Technology in the Area of Health ("ICT Health Law") and the Ministerial Decision no. (51) of 2021 concerning the health data and information which may be stored or transferred outside the country.

a. It is not permitted to store, develop, or transfer data and health information outside the country that is related to health services provided within the country, except in cases mentioned in Article no. (2) of the Ministerial Decision no. (51) of 2021.

11.2.11. The patients' (and their families'/caregivers') privacy and right to confidentiality should be respected and upheld by the facility.

12. STANDARD EIGHT: MEDICATION MANAGEMENT AND USE

12.1. The main treating Psychiatrist should evaluate the need for and prescribe medication in accordance with relevant legislations and regulations.

12.2. Policies and procedures for medication management and use should be in place including but not limited to:

12.2.1. Management and use of Narcotic, Controlled (CD) and Semi-Controlled Drugs (SCD).

12.2.2. Medications prescribing, dispensing and administering.

12.2.3. Prescriptions only Medicines (POM) and the use of over-the-counter medications (OTC).

12.2.4. Intoxication and overdose.

12.2.5. Detoxification and voluntary withdrawal.

12.2.6. Patient's own medications.

12.2.7. Storing, security and medications access.

12.2.8. Monitoring and reporting process for adverse effect or serious adverse event and medication errors.

12.2.9. Medication Disposal.

12.3. Changes to applicable laws, regulations, standards of practice, and best practice literature shall be monitored and used to update medication management policies and procedures.

12.4. All HCPs should receive initial and ongoing training based on their roles and responsibilities for medication management activities within their scope of practice.

12.5. Medication should be administered only by a registered health professional nurse or medical practitioner according to the documented instructions of the attending doctor/psychiatrist.

12.5.1. Self-administration of prescribed medication should be observed by or is done under the supervision of such registered staff members.

12.6. Patients must be carefully monitored by professional staff to prevent and/or respond promptly to adverse effects of prescribed and non-prescribed medication.

12.7. Adequate review of the patients' condition and treatment should take place to ensure prompt response to signs of adverse effects and side effects.

12.8. Each patient who self-administers medications must be supported with appropriate education and monitored following medication administration

13. STANDARD NINE: TREATMENT

13.1. The HF should follow an established protocol/guideline focused on a well-delivered, evidence-based treatment for Narcotic Drugs and Psychotropic Substances.

13.1.1. The protocol/guidelines should demonstrate competency to identify and treat behavioural health concerns, such as mental illness and substance use disorders, and general medical or physical concerns in an integrated manner.

13.2. The types of treatment should include one or more of the following:

13.2.1. Behavioural counselling and treatment

13.2.2. Detoxification

13.2.3. Medication.

13.3. The steps of addiction rehabilitation process should vary according to the type of addiction and the individual treatment plan.

13.4. The behavioural health program should assess the patient's various medical and behavioural needs and deliver in an integrated manner.

13.5. Detoxification (assisted withdrawal):

13.5.1. On assessing the patient, the suitably qualified physician and psychiatrist will evaluate each patient's individual need for detoxification from Narcotic Drugs and Psychotropic Substances.

a. Detox stage can last from three days to two weeks.

13.5.2. A qualified physician should prescribe all detoxification programmes and medication in consultation with the Medical director and psychiatrist.

13.5.3. Medication should be prescribed by a suitably qualified physician and administered by suitably qualified nurse.

13.5.4. Patients who require detoxification shall be medically monitored and assessed onsite at least twice per week by either a qualified physician or psychiatrist. Qualified addiction nurses shall monitor patients twenty-four hours per day.

13.6. Medications:

13.6.1. Medications can be used for:

a. Managing withdrawal symptoms.

b. Prevention of relapse.

c. Reduction of cravings or treating co-occurring disorders.

13.6.2. Medication used in detox programmes may include:

a. Benzodiazepines.

b. Antidepressants.

c. Antipsychotic.

d. Opioid receptor agonists.

13.6.3. Alcohol , Benzodiazepines, heroin and opiate addiction medications may include:

a. Naltrexone (TREXAN).

b. Methadone (PHYSEPTONE).

c. Buprenorphine/Naloxone (SUBOXONE) and Buprenorphine (Buvidal)

d. Lofexidine (alpha2- receptor agonist).

13.7. Nicotine addiction Medications may include:

a. Bupropion (Zyban) and varenicline (CHAMPIX).

b. Nicotine replacement therapies may be used such as patches, sprays, gum, and lozenges. These products are available over the counter.

14. STANDARD TEN: INFECTION CONTROL MEASURES

14.1. A written infection control plan and other policies regarding the prevention and control of infection should be available. These may include but are not limited to:

14.1.1. Infection control activities;

14.1.2. Health and safety activities;

14.1.3. Disaster and emergency preparedness;

14.1.4. Workplace Hazardous Materials Information System (WHMIS);

14.1.5. Security measures;

14.1.6. Occupational Health and Safety Committee;

14.1.7. Occupational Health and Safety inspections;

14.1.8. Management of allergens;

14.1.9. Safe storage of chemicals;

14.1.10. Preventative maintenance program;

14.1.11. Wellness activities and Trauma debriefing

14.2. Procedures should be implemented to minimise the sources and transmission of infections and maintain a sanitary environment.

14.3. The design of facilities should also consider the movement of people, equipment and materials in ways that minimise the risk of infection transmission.

14.4. Good waste management practice requires minimising exposure to all types of wastes.

14.5. A system should be in place to identify, manage, handle, transport, treat, and dispose of hazardous materials and wastes, whether solid, liquid, or gas.

15. STANDARD ELEVEN: FACILITY SECURITY MEASURES

15.1. Security within the facility and the surrounding outdoor area, related to patient movement requires careful consideration and may include the use of video surveillance, motion sensors, electronic locking and movement sensor tracking systems.

15.2. Surveillance CCTV should be in place to allow staff to view patient movements and activities as naturally as possible, whenever necessary.

15.3. There should be provision for an intercom and CCTV that views all entrances, corridors, inpatient rooms (where applicable) and monitored from the Reception, Staff Station and/or Security room as necessary.

15.3.1. Both CCTV and an observation window through the door of the inpatient room must be provided.

15.4. The reception should serve as the main access control point for the facility/unit to ensure security of the facility/unit.

15.5. In closed units access is controlled by staff and facilitated through the use of security measures including intercoms and interlocking doors at the entry of the unit.

15.6. Special security and safety considerations in regards to facility design should be in place to ensure no self-harm can be caused by the patients.

15.6.1. Where windows are operable, effective security features such as narrow windows that will not allow patient escape, shall be provided. Locks, under the control of staff, shall be fitted.

16. STANDARD TWELVE: MEDICAL ETHICS

16.1. All HCP shall adhere to the DHA code of medical ethics and Code of Conduct for Healthcare Professionals.

16.2. All HCP shall be dedicated to providing competent medical care with compassion and respect for human dignity and rights.

16.3. Addiction medicine specialists must be cautious about maintaining the appropriate boundaries of a clinician-patient relationship and be aware of how their actions may impact that relationship and, ultimately, the well-being of the patient.

16.4. The decision to disclose personal information should be evaluated from the extent to which it is helpful to the patient.

16.5. Addiction medicine specialists should aspire to provide person-centred care to each patient and should not abandon a patient solely because the patient disagrees with the treatment plan or fails to progress, or experiences a setback in treatment.

16.6. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to advocate for patients.

16.7. Addiction medicine specialists should seek to be free of financial conflicts of interest and prioritize their patient's well-being above financial gain for themselves or their employers.

16.8. Addiction medicine specialists who oversee patient care and review treatment plans as part of their responsibilities should decline to approve treatment plans that do not align with the available evidence base for addiction treatment.

16.9. Business interests should not take priority over a patient's clinical needs when determining a treatment plan.

16.10. A physician shall respect the rights of patients, colleagues, and other health professionals and safeguard patient confidences and privacy within the constraints of the law.

16.11. Addiction medicine specialists should not give legal advice but should support patients in seeking legal counsel if needed.

16.12. Patient records, including identification of the patient receiving addiction treatment, must be protected with extreme care, as confidentiality is critical to a trusting and successful treatment relationship between the addiction medicine clinician and patient.

17. STANDARD THIRTEEN: FACILITY MONITORING AND EVALUATION

17.1. The HF is responsible for ensuring the delivery of this Standard through a mechanism of outcome monitoring.

17.2. HRS shall develop a set of clinical performance indicators, which will enable it to measure the facility performance in various clinical aspects.

17.3. The focal point and quality assurance will be The Monitoring and Evaluation Section in the Health Regulation Sector.

REFERENCES

1. Addictions & Mental Health Ontario (2017). Standards Manual for Ontario Provincial Standards for Adult Residential Addiction Services.
2. American Society of Addiction Medicine (2019). Medicine Public Policy Statement on Medical Ethics with Annotations Applicable to Addiction Medicine.
3. Commission on Accreditation of Rehabilitation Facilities (2019). Behavioural Health Standards Manual.
4. Committee on Prevention, Diagnosis, Treatment, and Management of Substance Use Disorders in the U.S. Armed Forces; Board on the Health of Select Populations; Institute of Medicine (2012). Substance Use Disorders in the U.S. Armed Forces.
5. Department of Health Commonwealth of Australia (2018). National Quality Framework for Drug and Alcohol Treatment Services.
6. Department of Health Care Services Health and Human Services Agency State of California (2020). Alcohol and/or Other Drug Program Certification Standards.

7. Department of Health Rhode Island (2002). Rules and Regulations for Licensing Rehabilitation Hospital Centers (R23-17-REHAB).
8. Dubai Health Authority (2019). DHA Health Facility Guidelines 2019 Part B – Health Facility Briefing & Design 390 – Rehabilitation – Allied Health.
9. Erada Center for Treatment and Rehab in Dubai (2017). Policies and procedures.
10. Federal Law no. (30) of 2021 concerning the Combating Narcotics and Psychotropic Substances.
11. General Civil Aviation Authority (2021). Information and Policy Regarding Implementation of Alcohol and Drug Testing.
12. International Committee of the Red Cross (2014). Physical Rehabilitation Centres.
13. International Health Facility Guidelines Version (2014). Part B – Health Facility Briefing & Design 265 Rehabilitation – Allied Health Unit.
14. Joint Commission International Accreditation Standards for Hospitals 7th Edition (2021).
15. National Drug Dependence Treatment Centre. Institute of Medical Sciences, New Delhi (2009). Minimum Standards of Care for the Government De-Addiction Centres.
16. National Institute on Drug Abuse (2019). Treatment Approaches for Drug Addiction Drug Facts.
17. National Institute on Drug Abuse (2009). Principles of drug addiction treatment
18. New South Wales Ministry of Health (2020). Clinical Care Standards Alcohol and other Drug Treatment.

19. The organisation of American State (2002). How To Articulate The Problem Conducting A Situational Analysis For A Drug Abuse Prevention Programme
20. Pennsylvania Department of Human Services (2021). Centres of Excellence Resource Opioid Use Disorder (OUD).
21. School of Nursing, University of California, San Francisco. Patient Safety and Quality: An Evidence-Based Handbook for Nurses: Vol. 2, Chapter 37. Medication Administration Safety.
22. The Facility Guidelines Institute (2017). Behavioural Health Design Guide Edition 7.2.
23. Commission on Accreditation of Rehabilitation Facilities International. (2020). Opioid Treatment Program Descriptions.
24. The Joint Commission (2021). Behavioural Health Care Standards Sampler.
25. The Joint Commission (2018). Joint Commission Accreditation for Addiction Treatment Providers.
26. U.S. Department of Health and human services (2021). Substance abuse and mental health services administration.
27. U.S. Government (2001). Part 8—Certification of Opioid Treatment Programs.
28. Federal Decree Law No. (34) of 2021 on Combatting Rumours and Cybercrime.
29. Federal Decree Law No. 30 of 2021 On Combating Narcotic Drugs and Psychotropic Substances.
30. UAE Federal Law no. (28) Of (1981). Concerning The Detains And Treatment Of People With Mental Illness.

31. UAE Ministerial Resolution No. (6/2) of the year 2017 for Enhancement Mental Health in UAE.

32. UAE Ministerial Cabinet Decision no. (67) Of (2020). Concerning the Executive Regulations of Federal Law No. (5) Of 2019 Regulating The Practice Of The Profession Of Human Medicine.

33. UAE Cabinet Decision no. (24) Of (2013). Concerning The Executive Regulation of Federal Law No. 15 of (2009) Concerning Tobacco Control.

34. UAE Ministerial Decision no. (51) of 2021 concerning the health data and information which may be stored or transferred outside the country (Addendum to ICT Law).

35. UAE Ministerial Decree No. (888) for the year (2016) regarding Rules & Regulations for Prescribing and Dispensing of Narcotic, Controlled and Semi-Controlled Drugs.

36. United Nations Office on Drugs and Crime (2016). International Standards for The Treatment of Drug Use Disorders.

37. World Health Organization (2016). Minimum Technical Standards and Recommendations for Rehabilitation.