International Standards for the Treatment of Drug Use Disorders

Anja Busse
Prevention, Treatment and Rehabilitation Section
United Nations Office on Drug and Crime
anja.busse@un.org
What is UNODC?

A UN programme created to support UN Member States in addressing global challenges such as drugs, crime and terrorism through technical assistance

Part of the UN Secretariat: Executive Director, Mr Yury Fedotov, responds to the UN Secretary General Antonio Guterres

UNODC AT THE VIENNA INTERNATIONAL CENTRE
UNODC Field Office network

- UNODC operates in more than 150 countries around the world through its network of field offices. UNODC works closely with Governments and civil society towards building security and justice for all.

Mandate from the International Drug Control Conventions

- UNGASS (1998)
- Political declaration and plan of action (2009)
- High level review of Political declaration and plan of action (2014)
- UNGASS (2016)
International system on drug control

General Assembly

ECOSOC

WHO

CND
53 States members

INCB
13 Individual members

UNODC/INCB Secretariat

 RESOURCE MATERIAL SERIES No. 107
Treatment of Drug Use Disorders - UNODC

- Technical assistance to UN Member States
- Support of governing bodies (CND, CCPCJ)
- Global projects on treatment of drug use disorders
- Development of technical guidance (with WHO and other partners)
Outline of presentation

1. Global situation with regard to drug use
   - Why International Standards for Treatment?
2. The International Standards for the Treatment of Drug Use Disorders
3. International policy context
4. Field testing and dissemination of the Standards

1. Global situation with regard to drug use and drug use disorders
The Global Drug Problem
UNODC World Drug Report 2018

Drug use and adverse health consequences increased

- About 275 million people worldwide (5.6% of the global population aged 15–64 years) used drugs at least once during 2016. (1:18 persons)
- Some 31 million people who use drugs suffer from drug use disorders (1 out of 9 people who used drugs or 11%)
The people behind the numbers

Number of past-year users in 2016

- 192 million cannabis
- 34 million opioids
- 34 million amphetamines and prescription stimulants
- 21 million "ecstasy"
- 19 million opiates
- 18 million cocaine
Drug use – 2016 annual prevalence

- Cannabis most widely consumed (3.9%*)
- Opioids responsible for most negative health impact (0.7%*)
- Amphetamine use at 0.7% - lack of data for Asia but methamphetamine perceived to be most worrying threat
- Potential supply-driven expansion of drug markets, with production of opium and manufacture of cocaine at the highest levels ever recorded. – Increased use

(*)annual prevalence of global population aged 15-64

Global Opiate use trends

FIG. 7 Estimated number of opiate users, trends in quantities of heroin seized and heroin and opium use perception indexes (2006=100)

Source: UNODC, elaboration based on annual report questionnaire data
Injecting drug use

- 11 million inject drugs
- 1 in 8 people with injecting drug use (PWID) is living with HIV
- Every second PWID is infected with HCV

Number of deaths associated with the use of drugs remains high

- Roughly 450,000 people died as a result of drug use in 2015.
- Of those deaths, 167,750 were directly associated with drug use disorders (mainly overdoses).
- The rest were indirectly attributable to drug use and included deaths related to HIV and hepatitis C acquired through unsafe injecting practices.
Trends and patterns in drug related deaths: 2000 to 2015

Global deaths directly caused by the use of drugs have been increasing


Treatment demand by regions


Source: UNODC, responses to the annual report questionnaire.
1:6

Globally limited access to any drug dependence treatment (1:6)
Gender imbalance in drug treatment and care

Even though one out of three drug users is a woman, only one out of five drug users in treatment is a woman.

1:3

1:5

Quality in treatment of drug use disorders?


High coverage only reported for counselling and treatment planning


UNODC
United Nations Office on Drugs and Crime
How about treatment systems?

- 90% of Member States had a written national drug strategy that included a demand reduction component implemented by a central coordination body.
- Over 80% of reporting countries indicated that NGOs were involved in the work.
- 37% of strategies remain unfunded.

Why International Standards for the Treatment of Drug Use Disorders?
Risk and protective factors

Individual vulnerability underlying drug initiation and alcohol abuse

Social factors recognized by 1961 convention

- “Drug addiction is often the result of an unwholesome social atmosphere in which those who are most exposed to the danger of drug abuse live.”
Vulnerabilities can be influenced by Resilience, Prevention, and Vulnerability.

Guidance on the types of evidence-based approaches and their characteristics:

<table>
<thead>
<tr>
<th>Family</th>
<th>Prenatal &amp; infancy</th>
<th>Early childhood</th>
<th>Middle childhood</th>
<th>Early adolescence</th>
<th>Adolescence</th>
<th>Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interventions for pregnant women with substance abuse disorders</td>
<td>Parenting skills</td>
<td>Personal &amp; social skills</td>
<td>Personal &amp; social skills &amp; social influences education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>Early childhood education</td>
<td>Personal &amp; social skills</td>
<td>Classroom management</td>
<td>Alcohol &amp; tobacco policies</td>
<td>Community-based multi-component initiatives</td>
<td>Media campaigns</td>
</tr>
<tr>
<td>Community</td>
<td>Policies to keep children in school</td>
<td>Advocating individual vulnerabilities</td>
<td>School policies &amp; culture</td>
<td>Alcohol &amp; tobacco policies</td>
<td>Community-based multi-component initiatives</td>
<td>Media campaigns</td>
</tr>
<tr>
<td>Workplace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Brief intervention</td>
<td></td>
</tr>
</tbody>
</table>

UNODC United Nations Office on Drugs and Crime
Drug use disorders are a health issue

"Substance dependence is not a failure of will or of strength of character but a medical disorder that could affect any human being. Dependence is a chronic and relapsing disorder, often co-occurring with other physical and mental conditions“

(WHO, 2004)
Drug dependence – complex interaction

Drug dependence is not the result of an informed free choice but the result of the influence of many vulnerabilities, risk and protective factors!

What happens in the brain?

- Disbalance in the neurotransmitter system (dopamine/serotonin/noradrenalin)
Why do people not just stop using drugs?

Nora Volkow, J Clin Invest 2003

Allostasis model – drug dependence

(Koob G)
Stop stigma and ignorance

Drug use disorders are not a free choice or moral failure

Photo: Nick Danziger 2015 for WHO/UNODC

Quality of treatment often low

- Many commonly used interventions do not follow scientific evidence: They are either ineffective or even harmful.
- Treatment should show evidence of symptom reduction, contribute measurably to physical, psychological and social functioning improvements and decrease the risk for negative health and social consequences from drug use.
PEOPLE WITH DRUG USE DISORDER EXCLUDED FROM...

- public health system
- Specialized health services
- municipality services
- primary care
- community
- employment
- social assistance
- school curricula
- mental health care
- infectious disease services
- university curricula

Drug users in the street
the patients who
nobody wants

Stop Social exclusion
Stop human rights violations in the name of drug dependence treatment

Prison is no effective response to drug use disorders
Effective treatment services

Treatment needs to be:

- Available
- Accessible
- Affordable
- Evidence-based
- Diversified
- Attractive

DRUG DEPENDENCE CAN BE TREATED

Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) Abuser After Protracted Abstinence

Normal Control  METH Abuser (1 month detox)  METH Abuser (24 months detox)
Relapse Rates Are Similar for Drug Dependence And Other Chronic Illnesses

Addiction Treatment Does Work

Percent of Patients Who Relapse

Drug Dependence: 40 to 60%
Type I Diabetes: 30 to 50%
Hypertension: 50 to 70%
Asthma: 50 to 70%


Outcome In Hypertension

Pre - During - Post

Pre: 9
During: 3
During Treatment Research Institute: 3
Post: 9
Outcome In Addiction

Pre - Post

Treatment Research Institute

Evaluation of A Hypothetical Treatment

Just Like Hypertension, Addiction Is A Chronic Disease That Requires Continued Care

UNGASS 2016 Outcome document

- “We recognize drug dependence as a complex, multifactorial health disorder characterized by chronic and relapsing nature with social causes and consequences that can be prevented and treated…”

2. International Standards for the Treatment of Drug Use Disorders
Designed to support Member-States to develop and expand treatment services that are:

- Ethical
- Humane
- Evidence-based
- Compliant with human rights standards

The Standards (2016) present …

- A “walk-through” compendium of treatment settings and effective treatment interventions
- A framework to guide countries in the planning and delivery of services for the treatment of DUD
Based on existing UNODC/WHO guidance

Content

1. Introduction
2. Key principles for the Treatment of Drug Use Disorders
3. Treatment Modalities/Interventions by setting
   - Community Based Outreach
   - Screening, Brief Intervention and Referral to TX
   - Short term inpatient treatment
   - Longterm residential treatment
   - Recovery Management
4. Special Populations
5. Characteristics of an Effective Treatment System
Variety of treatment options by settings

- Patients incl. Special Populations
- Screening and brief interventions
- Outpatient treatment
- Assesment and treatment planning
- Short inpatient
- Recovery management
- Longer residential

Evidence-based psychosocial treatment
Screening and brief interventions
Motivational Interviewing
Cognitive Behavioral Treatment
Family therapy

Evidence-based Pharmacological treatment
Pharmacologically assisted detoxification
Opioid agonist maintenance treatment (OAMT)
Opioid antagonist treatment

Each chapter.....

- Setting
- Target Population/Clients
- Objectives/Goals
- Characteristics
- Treatment Models and Methods
- Rating of the strength of evidence
- Recommendations
- Staffing
- Criteria for intervention completion/ effectiveness/ referral
Principles

- Treatment must be available, accessible, attractive, and appropriate for needs
- Treatment must be based on scientific evidence and respond to individual needs
- Ethical/human rights standards in treatment services must be ensured

Principles - continued

- Treatment must respond to the needs of special subgroups and conditions
- Good clinical governance of treatment services to be ensured
- Effective coordination between the criminal justice system and health and social services is necessary
- Integrated treatment policies, services, procedures, approaches and linkages must be constantly monitored and evaluated
Principles – some selected key points

- Treatment of drug use disorders belongs primarily in the health and social system – like any other biopsychosocial disorder
- Treatment policies and resource allocation should be developed in a participatory way based on effectiveness, universal health coverage
- Treatment staff needs to be adequately trained
- Treatment needs informed consent of the patient
- Patient data should be kept strictly confidential
- Complaint mechanisms are in place and patients have been informed

Different stages of drug use disorders

- Intoxication
- Harmful use
- Dependence

Different interventions adjusted to addiction severity
Outreach

Community Based Outreach

- First point of contact with marginalized populations
- Provision of basic support (safety, food, shelter, …)
- First line (mental) health screening
- Overdose and infectious disease prevention
- Overdose management
- Education on drug effects and risks involved
- Referral to health and drug use disorder treatment

*Evidence from quasi experimental and observational studies.*
What makes services appealing at the first stage?

A strong outreach component
volunteers, former drug users

Non judgemental
Non confrontational

Coordinated with police,
not to interfere

Low threshold
counselling

Food, hygienic measures

Basic health care

Education

Harm reduction measures: help to survive

Pharmacological intervention

Screening, brief interventions & referral

Photo: Nick Danziger 2015 for
WHO/UNODC
Screening, Brief Intervention and Referral to Treatment (SBIRT)

- **S**: To identify people with drug use in non-specialized health care settings (primary care, emergency room, ...), Standard self-report tools available (e.g. WHO ASSIST)
- **BI**: 5-30 min, enhance motivation to change, individualized feedback, advice, offer of follow up
- **RT**: more severe drug use identified, case managers/patient managers,

Evidence from RCTs that SBIRT can reduce drug use in non-dependent people

---

Brief Interventions can reduce drug use

- There is evidence from Randomized Clinical Trials (RTCs) that screening and brief intervention is effective in reducing drug use, in people who are not drug dependent.
Short-term inpatient treatment

Short-Term Inpatient Treatment

- Mainly for medication-assisted management of withdrawal, pharmacological symptomatic treatment, initiation of maintenance treatment, short separation from environment, stabilization

- More resource intensive than outpatient, more likely to comply: Priority for people with greater severity and related health/social problems (opioid, alcohol, benzodiazepines, barbiturate withdrawal, co-occurring disorders), ca. 1-4 weeks

- 24 hour medical care available, Assessment (e.g. ASI), pharmacological TX, Rest, nutrition, motivational counseling, behavioral strategies (craving control), Referral to outpatient treatment

**RCT supported**
Remember……

- Detoxification alone is not effective treatment of drug use disorders
Outpatient Treatment

- For majority of patients, less interruptive
- From higher to lower intensity (day clinic – weekly groups)
- Assessment, Treatment plan, Evidence-based pharmacological (symptomatic, opioid agonist & antagonist) and psychosocial (MI, CBT, MST,..) interventions
- Integration with other health and social services (HIV, TB, HepC, mental health, housing,..)
- RCT evidence and WHO recommendations/guidelines

Evidence-based pharmacological treatment

- Withdrawal management
- Agonist maintenance TX
- Antagonist TX
- Symptomatic TX
- TX of co-occurring disorders

Photo: Nick Danziger 2015 for
Evidence-based psychosocial treatment

- Counselling
- Motivational Interviewing
- Cognitive behavioral treatment
- Contingency management
- Family therapy

Pharmacological treatment with opioid agonists decreases overdose rates (US, 2013)

Schwartz RP et al. (2013)
Long-term residential treatment - 1

- 3 months onsite minimum, hospital or TC (hybrid therapy/community living, self-help philosophy), Group/peers as therapeutic agent, professional staff (psychosocial & pharm interventions)
- Goal: break from chaotic/criminal environment, maintain abstinence, break from chaotic/criminal environment, structured activities, continue education/training, skills learning
- for more severe patients with unsuccessful past TXs that can adhere to rules

Long-term residential treatment - 2

- Admission is VOLUNTARY (written consent of the patient!) - To be avoided: confrontation, shaming, punitive techniques, counter conditioning, shock therapy and any else against safety and dignity!
- Rules for acceptance and non-acceptance (Selection bias on outcomes needs to be considered)
- Plans for transition to community and continuity of care (overdose prevention risk)
- Cochrane (2006): Limited info on TC effectiveness, M&E important, RCTs on professional psychosocial/pharmacol. Treatment,
Recovery support

Photo: Nick Danziger 2015 for WHO/UNODC

Recovery management

- Social support to be provided throughout
- Recovery management in the community after stabilization to maintain positive outcomes and prevent relapse
- Includes employment, family, housing, mental health, meaningful community involvement, social network, remediation of legal/financial issues, self help, recovery check ups, recovery coaches,..
- Possibly lifelong but at decreasing/varying intensity and costs
Family support & community cohesion

Special Populations -1-

- Treatment of pregnant women: gender specific services, non-judgmental, address obstacles for TX (childcare, transportation, legal limitations), pharmacological interventions especially for opioid use disorders to avoid withdrawal, parenting skills, breastfeeding case by case
- Treatment of newborns exposed to opioids: TX of neonatal abstinence syndrome, pharmacol (morphine/methadone) and non-pharmacol interventions (skin to skin contact, pacifier,..)
- WHO guideline
Treatment for women

Special Populations -2-

- Treatment of children/adolescents
- Treatment and the criminal justice setting:
  - focus on alternatives to criminal justice sanctions in adequate cases - referral to treatment (e.g. drug court, community corrections, halfway houses, supervised community treatment), matching TX intensity with addiction severity, address antisocial behaviors in TX
  - TX in prison: equity of services, continuum of care with community service providers, overdose prevention, TC in prison model supported by Cochrane review
Effective treatment systems to ensure

Treatment needs to be:
- Available
- Accessible
- Affordable
- Evidence-based
- Diversified
- Attractive

Effective treatment systems

Public Health principle:
- The least invasive intervention with the highest level of effectiveness and the lowest cost
- Intensity and specialization of services to match patient addiction severity
Treatment costs by modality

**Figure 1**
Costs of drug abuse treatment in the USA per person, per year
(United States dollars)

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Cost (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient treatment (cocaine)</td>
<td>2,722</td>
</tr>
<tr>
<td>Methadone maintenance (heroin)</td>
<td>3,500</td>
</tr>
<tr>
<td>Residential treatment (cocaine)</td>
<td>12,467</td>
</tr>
<tr>
<td>Probation</td>
<td>16,691</td>
</tr>
<tr>
<td>Incarceration</td>
<td>39,500</td>
</tr>
<tr>
<td>Untreated addiction</td>
<td>43,200</td>
</tr>
</tbody>
</table>

Savings by treatment modality

A comparison of medical expenses of Medicaid clients who received treatment noted these savings:

<table>
<thead>
<tr>
<th>Modality</th>
<th>Savings per Medicaid member per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>$170</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$215</td>
</tr>
<tr>
<td>Methadone</td>
<td>$230</td>
</tr>
</tbody>
</table>
### Community-based treatment – invest resources where most needed

#### UNODC tools

![Image](image1.png)

#### Service level & interventions -1-

<table>
<thead>
<tr>
<th>Service level</th>
<th>Possible interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal community care</td>
<td>Outreach, Self-help groups, Informal support through friends and family</td>
</tr>
<tr>
<td>Primary health care services</td>
<td>Screening, brief interventions, basic health care, referral, Continued support to people in treatment/contact with a specialized treatment service, Basic health services including first aid, wound management</td>
</tr>
<tr>
<td>Generic social welfare</td>
<td>Housing/shelter, Food, Unconditional social support, Ensuring access to more specialized health and social services as needed</td>
</tr>
</tbody>
</table>
Service level & interventions -2-

| Specialized drug dependence treatment | Assessment  
|                                 | Case management  
|                                 | Treatment planning  
|                                 | Detoxification  
|                                 | Psychosocial interventions  
|                                 | Medication-assisted treatment  
|                                 | Relapse prevention  
|                                 | Recovery management services  
| Specialised health care services | Mental health treatment  
|                                 | Internal medicine  
|                                 | Dental treatment  
|                                 | Treatment of HIV and Hep C  

Service level and interventions -3-

| Specialized social welfare services | Family support and reintegration  
|                                    | Vocational training/Education programmes  
| Income generation/micro-credits  
| Leisure time planning  
| Recovery management services  
| Long term residential service | Housing  
| Vocational training  
| Protected environment  
| Life skills training  
| Ongoing therapeutic support  
| Recovery management services  

Whether One Stop Shop ...
...there should be no wrong door

Drug use disorder treatment: core components and comprehensive services

Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)
3. International Drug Policy framework

International Standards for the Treatment of Drug Use Disorders

International Policy Context

Resolution 59/4

Development and dissemination of international standards for the treatment of drug use disorders
Post-2015 Development Agenda

The Sustainable Development Goals

Drug prevention and treatment on the development agenda

3.5. Strengthen the prevention and treatment of substance abuse including narcotic drug abuse and the harmful use of alcohol
The right to health

- Enshrined in various (inter)national and regional treaties, conventions and regulations

- The implementation of the right to health is a subject closely related to drug control policies
  - The ultimate objective of drug control policies is to promote and protect public health
  - When the criminal justice comes into play, offenders with drug use disorders are not deprived of their right to access treatment

International Drug Control Conventions (1961, 1971, 1988)

- UNGASS (1998)
- Political declaration and plan of action (2009-2019)
- High level review of Political declaration and plan of action (2014)
- UNGASS (2016)
The need to provide treatment

- “The Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved and shall coordinate their efforts to these ends.”
  - Article 38 of the 1961 Convention and article 20 of the 1971 Convention

Political Declaration and Plan of Action 2009

- CND expressed concern regarding the consequences of drug abuse and reaffirmed their commitment to addressing the problem
- CND reinstated its commitment to work towards universal access to comprehensive prevention programmes and treatment & care services
- CND requested UNODC to carry out its mandate in cooperation with relevant UN organisations
Request for health standards for demand reduction

- CND recognized that a lack of quality standards hinder the effective implementation of demand reduction measures based on scientific evidence, therefore requesting the development and adoption of appropriate health-care standards.

Development of the International Standards (2016)

- UNODC and WHO Standards as a guide for policy development
- Developed by a group of international experts from all regions
CND Resolution 59/4: Development and dissemination of international standards for the treatment of drug use disorders (2016)

- CND expressed its appreciation for the Standards as a reflection of the best treatment practices for possible use in Member States
- CND encourages Member States to initiate systematic processes to adopt the Standards, and to create national standards for the accreditation of services to ensure a qualified and effective response to DUDs
UNODC

170TH INTERNATIONAL TRAINING COURSE

UNODC

United Nations Office on Drugs and Crime

UNGASS 2016 recommendations

The outcome document of the special session of the General Assembly on the world drug problem held in 2016 contains more than 100 recommendations on promoting evidence-based prevention, care and other measures to address both supply and demand.

International Drug Control

Conventions and UNGASS 2016

We underscore that the Single Convention on Narcotic Drugs of 1961 (..) the Convention on Psychotropic Substances of 1971, the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and other relevant international instruments constitute the cornerstone of the international drug control system.
TREATMENT RECOMMENDATIONS

- Recognize drug dependence as a complex, multifactorial health disorder
- Promote Treatment Quality Standards and supervision
- Develop and strengthen TX capacity
- Develop and implement diversity of treatment interventions
- Ensure (non-discriminatory) access to treatment, health and social services and mainstream gender and age perspective
- Treatment as an alternative to conviction/punishment and treatment in prisons
- Promote prevention and treatment of drug overdose, in particular opioid overdose
- Promote cooperation and partnership
Recognize drug dependence as a complex, multifactorial health disorder

- characterized by a chronic and relapsing nature with social causes and consequences
- Prevented and treated through scientific evidence-based drug treatment, care and rehabilitation

Diversity of treatment interventions

- Develop and implement outreach programmes
- prevention, early intervention, treatment (psychosocial, behavioural and medication-assisted treatment), care, rehabilitation and social reintegration
- Assistance for effective reintegration into the labour market and other support services
Ensure access to treatment and gender and age perspective

- Ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication-assisted treatment, rehabilitation, social reintegration, recovery support
- Special attention to needs of women, children and youth
- Develop and disseminate gender-sensitive and age-appropriate measures

Develop and strengthen TX capacity

- Take measures to facilitate access to treatment and expand treatment capacity
- of health, social and law enforcement and other criminal justice authorities, within their mandates, to cooperate in the implementation of comprehensive, integrated and balanced responses to drug abuse and drug use disorders
- Strengthen capacity for aftercare and rehabilitation
- Intensify the meaningful participation of and support training for civil society
Overdose prevention and treatment

- Promote inclusion in national drug policies of elements of prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality.

Promote Treatment Standards

- Promote and implement the standards on the treatment of drug use disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization and other relevant international standards,

- and provide guidance, assistance and training to health professionals on their appropriate use,

- and consider developing standards and accreditation for services at the domestic level to ensure qualified and scientific evidence-based responses.
Promote supervision of treatment

- Promote effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law;

4. Field testing and implementation of the treatment standards
Key objective – Field testing

Test the
- applicability,
- comprehensiveness,
- clinical and public health utility
- suitability for the development of national clinical
guidelines and standards

of the “International Standards for the Treatment of
Drug Use Disorders”, and finalize the standards based
on the results of field testing.

Field testing sites:

- Treatment services and programmes affiliated with WHO
Collaborating Centres on Management of Drug
Dependence
- Treatment services and programmes affiliated with the
UNODC-WHO Program on Drug Dependence Treatment
and Care and related collaborative activities;
- Treatment services and programs with a mix of drug use
patterns (opioid, stimulants, cannabis) and a situated in a
range of socioeconomic (low income, middle and high-
income) settings from different regions
Requirements for field testing sites:

- Capacity to test at least 2 treatment modalities and settings;
- Recognized status of treatment provider for substance use disorders at national level;
- Identified in consultation with WHO governmental focal points for substance abuse and UNODC counterparts at national level

Field testing steps

- Data collection
  - 4a. Development of assessment instruments (checklists) and procedures for treatment systems and particular treatment modalities as well as reporting forms in line with field testing protocol
  - 4b. Implementation of WHO Datacol-based survey of key professionals from the identified field testing sites (survey instrument to be developed and, whenever necessary, translated).
  - 4c. Focus groups on standards for particular treatment modalities organized with involvement of managers, clinicians and service users. Each field testing site will be required to conduct at least 2 focus groups following the field testing protocol.
  - 4d. Analysis and compilation of national data and development of recommendations from field testing site
From science to policy to practice: Implementing the Standards

Working with national governments to review and develop national treatment standards

- Process initiated by the relevant body, usually the MoH, including relevant experts in the country
- Development/review of national standards and checklist
- Assessment of treatment centres in the country based on both the draft international standards and the new national standards
Quality Standards on the Treatment of Drug Use Disorders

Development of Quality Assurance tools

International expert group: Nov 2016
- International expert group convened Vienna Nov 2016
- Group made recommendations to structure and content of quality assurance tools
- Draft Drug treatment system and standard QA tools agreed March 2017

Afghanistan Pilot of QA tools
- Afghanistan Pilot project began May 2017 with Multi-sectorial task force meeting
- QA tools adapted for Afghanistan pilot June 2017
Mapping of treatment services

September 2015

Quality assurance

System and service standards

UNODC/WHO International Standards for Drug Use Disorders covers system and service level standards.
System standards to encourage system planning, funding & monitoring in line with WHO/UNODC

**System 1** A local strategic partnership group plans and co-ordinates the local drug treatment system in line with UN/WHO ‘International Standards’

**System 2** There is a routine local assessment of need for drug treatment

**System 3:** There is a local 3-5 year strategic plan for a drug treatment system in line with ‘International Standards’

**System 4** Drug treatment is planned and funded in line with ‘International Standards’

**System 5** Local planners and funders support on-going system quality improvement

Drug treatment service standards (QA)

**CORE STANDARDS**
- Core management
- Core care
- Patients Rights and Responsibility

**OPTIONAL STANDARDS**
- Intervention
- Setting specific
- Patient target group
Service level score cards

An example Drug treatment service scorecard

Quality assurance cycle

Identify standards

Collect data/evidence

Implement change

Plan improvement

Compare to standards

Monitor/re-audit
Complimentary clinical training tools

Workshops with policy makers on different levels

- El sistema internacional de control de drogas
- Naturaleza de los trastornos por consumo de drogas
- Prevención
- Tratamiento
- Epidemiología
- Planificación de sistemas eficaces
Science and policy and civil society

- The United Nations Informal Scientific Network on Drug Demand Reduction.
- Training Package for Policy Makers on DDR issues.

In conclusion....
Improving access to evidence-based treatment for drug use disorders – for public health (and public safety...)

UNODC support

UNODC continues to work closely with its partners to assist countries in implementing the recommendations contained in the UNGASS outcome document, in line with the international drug control conventions, human rights instruments and the 2030 Agenda for Sustainable Development.
Thank you!

anja.busse@un.org

www.unodc.org/treatment