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The Development of Standards of Care for Drug and Alcohol Treatment

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A problem with many “faces”



Psychoactive substance use disorders are a complex health problem, with biological, psychosocial and environmental determinants, that need a multidisciplinary and comprehensive response



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The disease has a ***chronic and recurrent course***, so care must be intended with long term vision (years, or even life), as well as in other chronic diseases, such as diabetes, asthma or blood hypertension



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Human Rights Approach



“...The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

WHO Constitution, 1946



Public health dimension



Global drug policies are moving towards a more balanced and comprehensive approach that highlights public health and development outcomes

Drug-Policy Changes



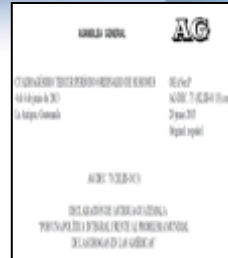
UNODC Political Declaration & Plan of Action, 2009



PAHO Strategy



Global Commission on Drugs Policy



OAS-GA Declaration of Antigua

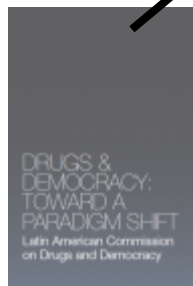


OAS-GA Resolution



WHO-EB Report

2009 2010 2011 2012 2013 2014 2015 2016 2017



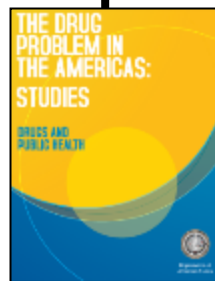
Latin-American Commission on Drugs & Democracy



OAS CICAD Strategy & Plan of Action



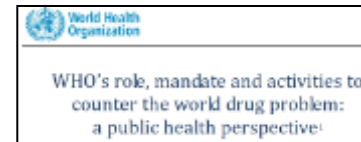
PAHO Plan of Action



OAS Report: The Drug Problem in the Americas



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WHO- Position paper to UNGASS



UNGASS 2016



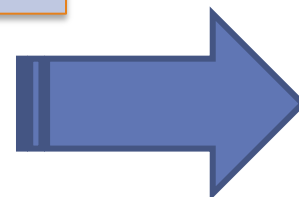
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- Health challenge
- Concern for health and well-being
- Determination to prevent and treat drug abuse

UNGASS 2016 Declaration

Operational Recommendations



- 2030 Agenda for Sustainable Development
- Comprehensive, integrated and balanced approach



- Promote health and well-being
- Human Rights
- Treatment
- Strengthening national capabilities
- Harm reduction and access to controlled drugs
- **Treatment standards**

Healthcare services for SUD



- **Fragmented and concentrated in main cities, poorly linked to other services**
- **Lack of coordination among levels of care and services. Duplication. GAPS**
- **Lack of funding**
- **Low profile of national health authorities**
- **NGO ruled facilities are main residential care providers**
- **Low coverage of harm reduction programs (Opiates maintenance, naloxone, syringe & needle exchange, management of complications). Limited to condoms distribution or walk-in services**

Título de la presentación

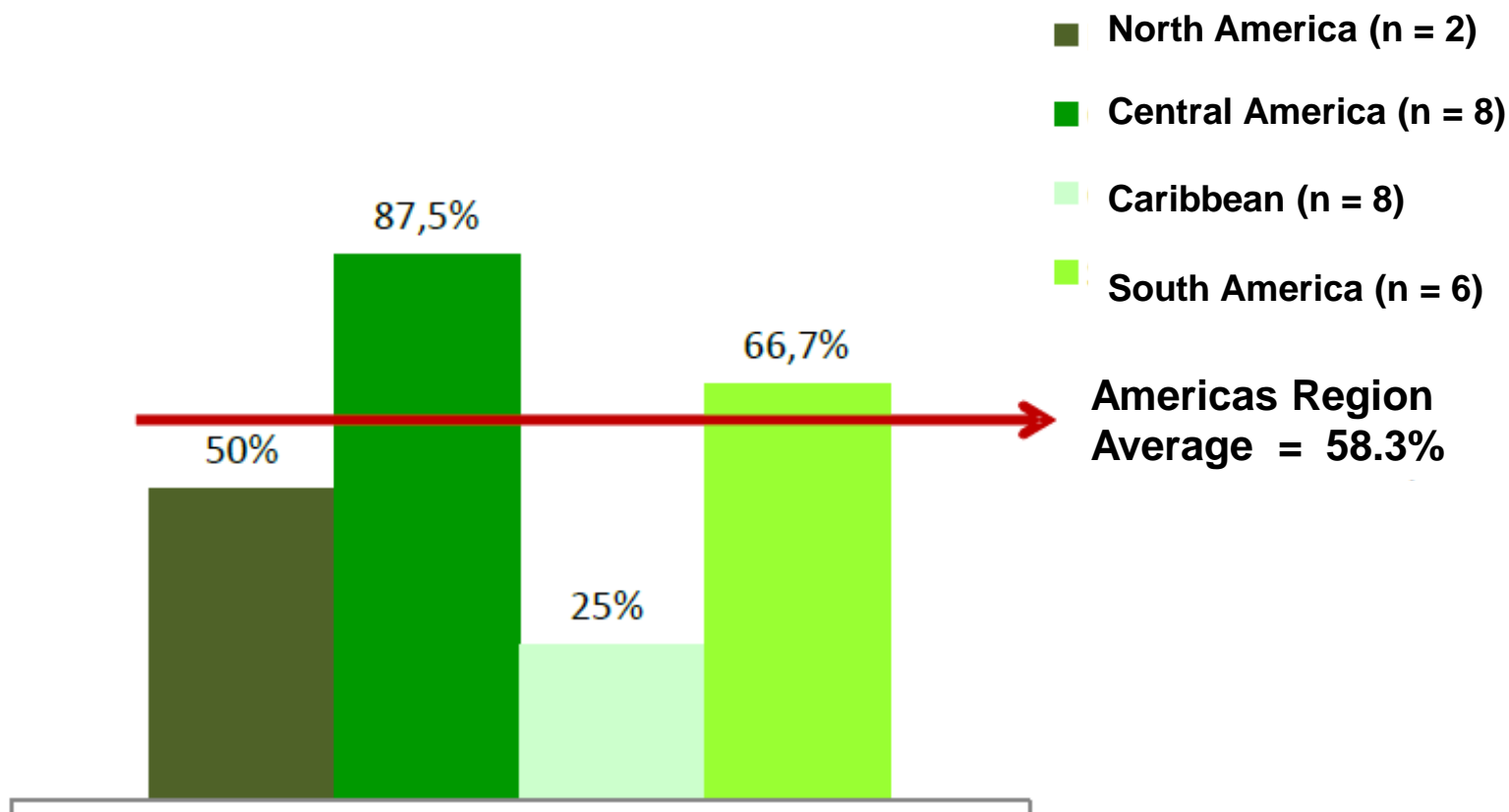


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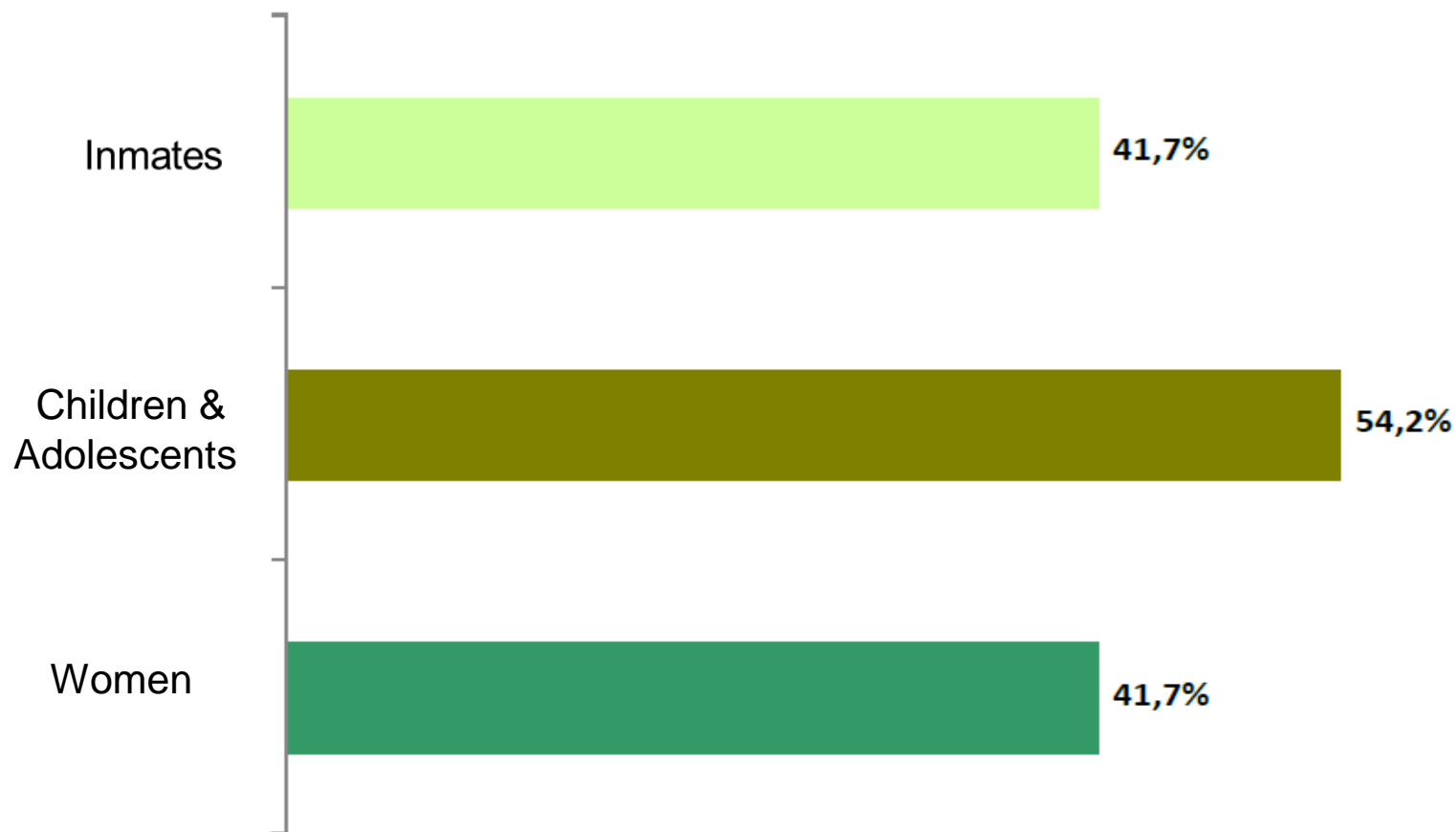
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Percentage of countries with approved national treatment and care standards in the Americas, by sub-region



SOURCE: Report on public health resources for substance use in the Americas 2014

Percentage of countries with available drug treatment specific population groups in the Americas, by type of population (N= 24)



SOURCE: Report on public health resources for substance use in the Americas 2014

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Human Resources



- **Lack of information on the actual situation of healthcare workers in order to respond to the public health needs regarding drug use**
- **Low capacity for accreditation, legislative regulations on competencies of healthcare workers**
- **Where available, the emphasis of post-graduate training (psychologists, psychiatrists, medics, nurses) and continuing education programs (nurses, social workers, health promoters)**



Quality of Care?

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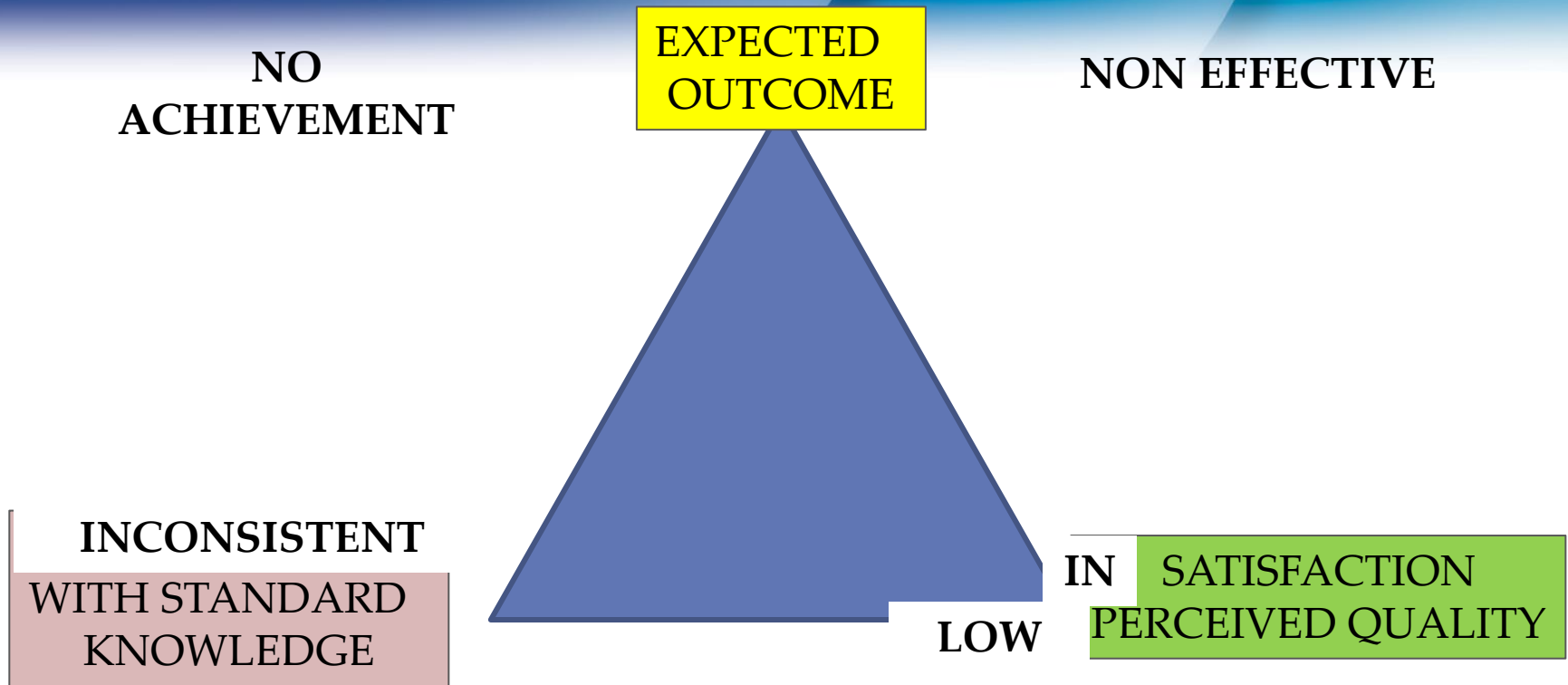


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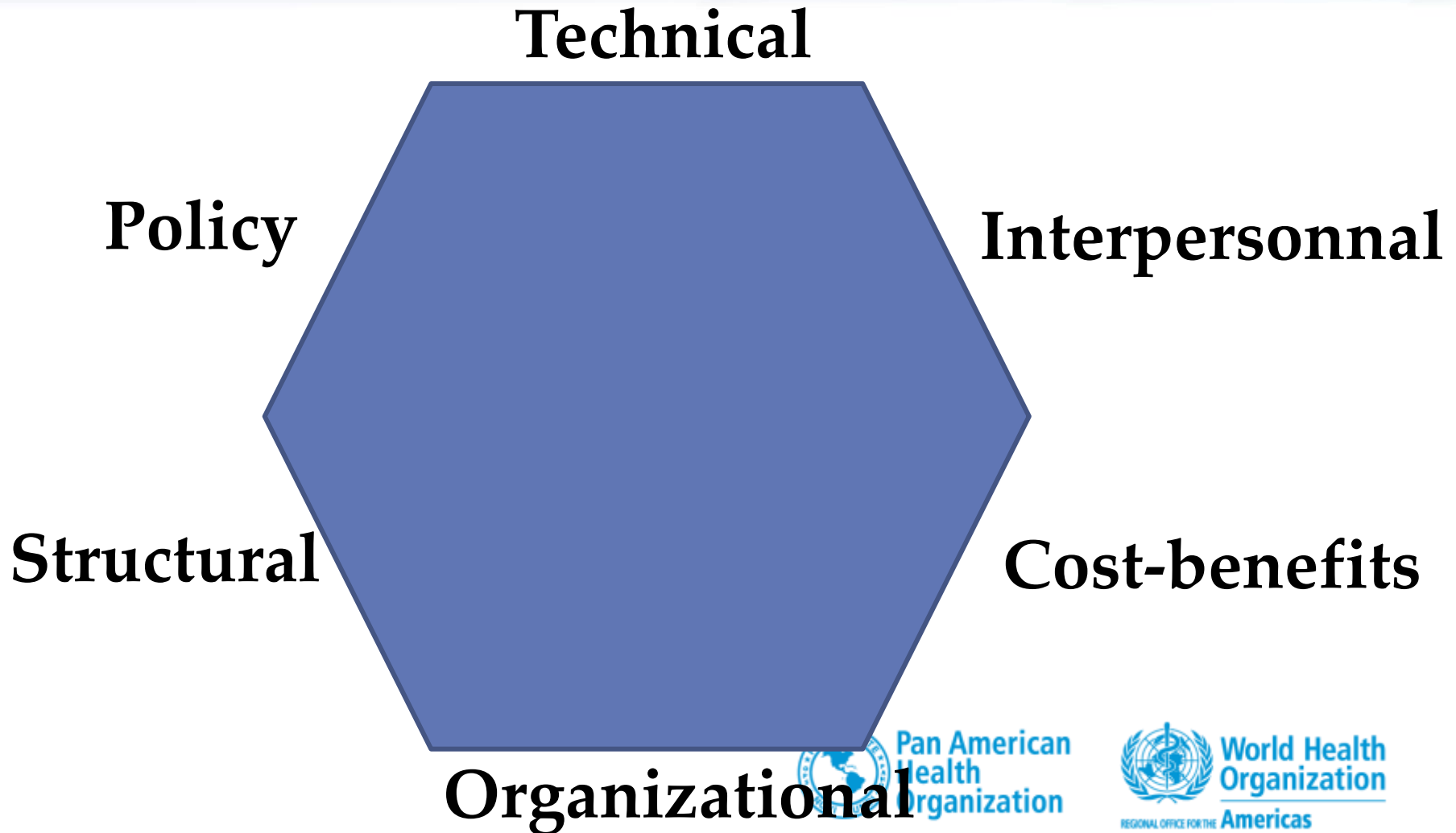


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Bad Quality (IOM, 2007)



Quality Dimensions



Minimum Standards of Care in Drug Treatment



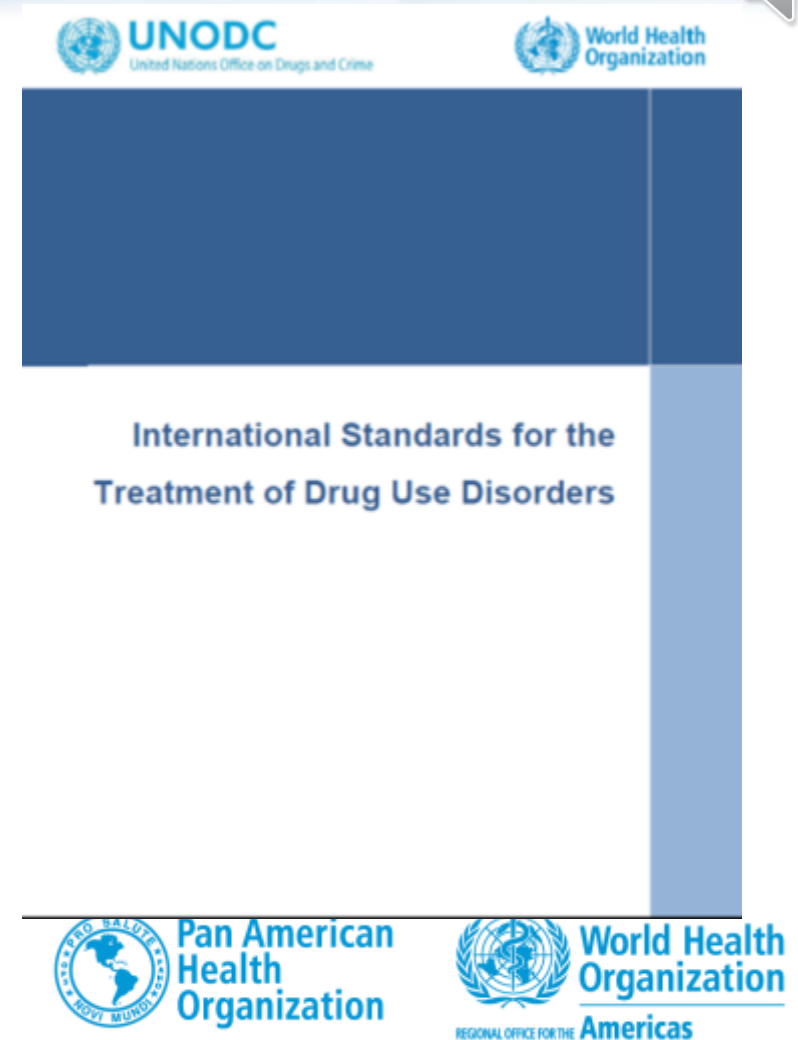
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International Standards for the Treatment of Drug Use Disorders (WHO-UNODC, 2016)

Principle 1. Treatment must be available, accessible, attractive, and appropriate

Principle 2: Ensuring ethical standards of care in treatment services

Principle 3: Promoting treatment of drug use disorders by effective coordination between the criminal justice system and health and social services

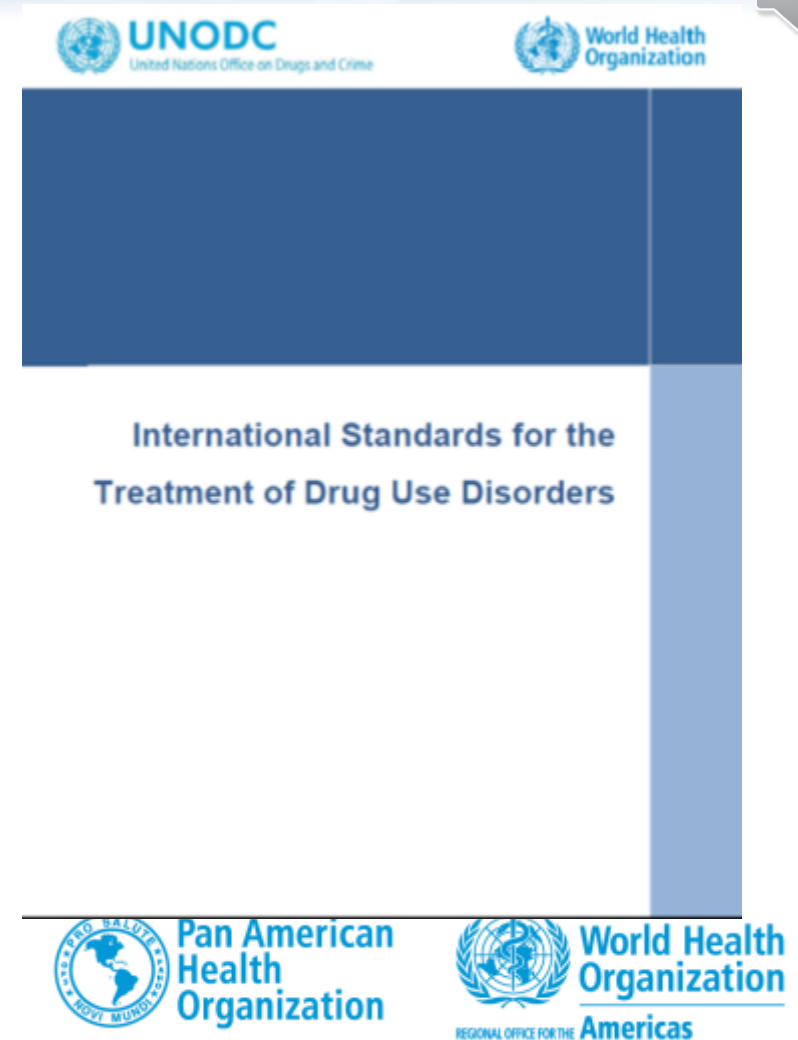


International Standards for the Treatment of Drug Use Disorders (WHO-UNODC, 2016)

Principle 4: Treatment must be based on scientific evidence and respond to specific needs of individuals with drug use disorders

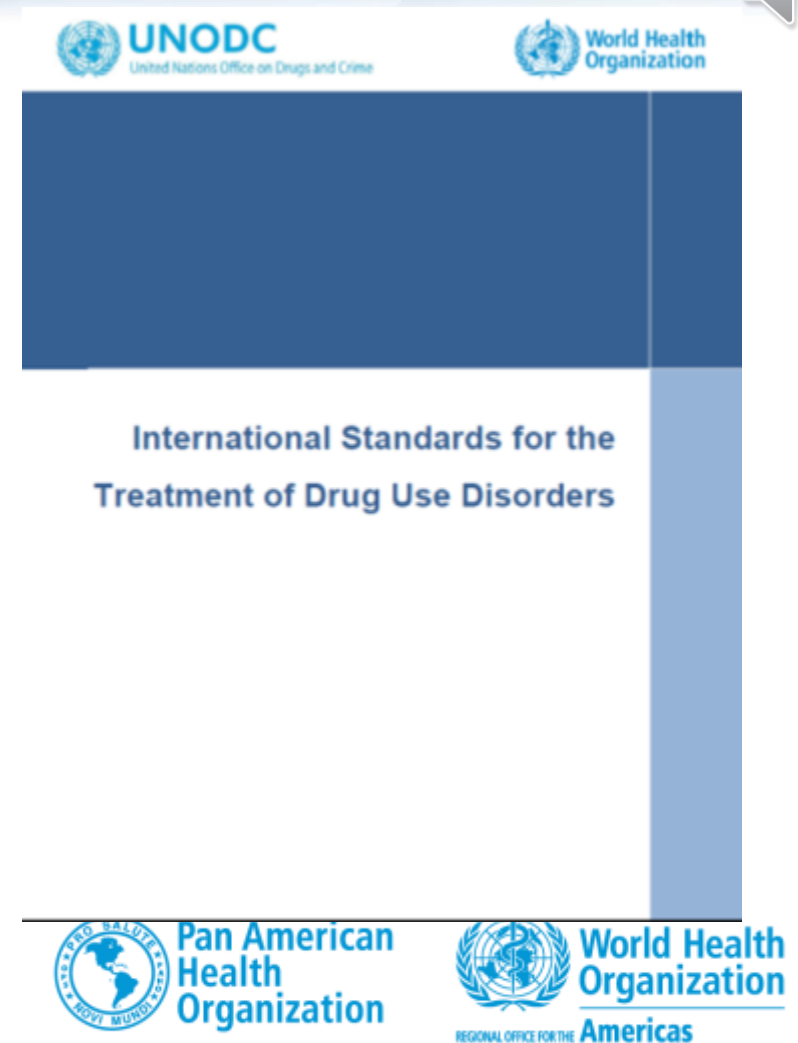
Principle 5: Responding to the needs of specific populations

Principle 6: Ensuring good clinical governance of treatment services and programmes for drug use disorders



International Standards for the Treatment of Drug Use Disorders (WHO-UNODC, 2016)

Principle 7. Treatment policies, services, and procedures should support an integrated treatment approach, and linkages to complementary services must be constantly monitored and evaluated





Gracias

Thanks!