International Standards for the Treatment of Drug Use Disorders

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Presentation outline

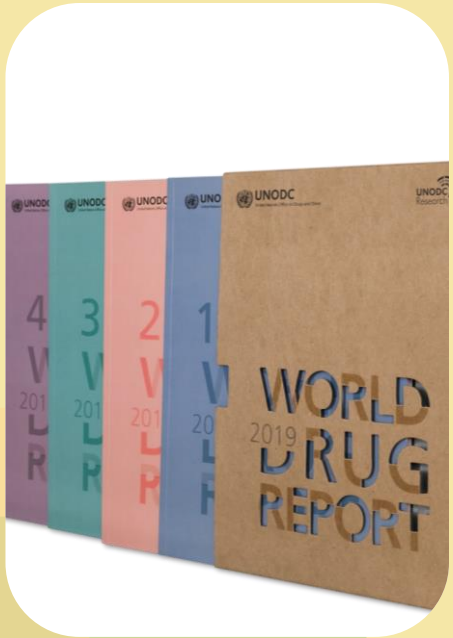
- Drug treatment systems and services
- The International Standards for Treatment of Drug Use Disorders
- Treatment settings
- Recovery support
- UNODC Quality Assurance mechanisms and tools

Drug treatment systems and services

Think for a moment…

- Why are standards needed for drug treatment services?
- Do you know of existing standards?
- Are there standards of care in your country?
- Who is responsible for monitoring the implementation of Standards in your country?

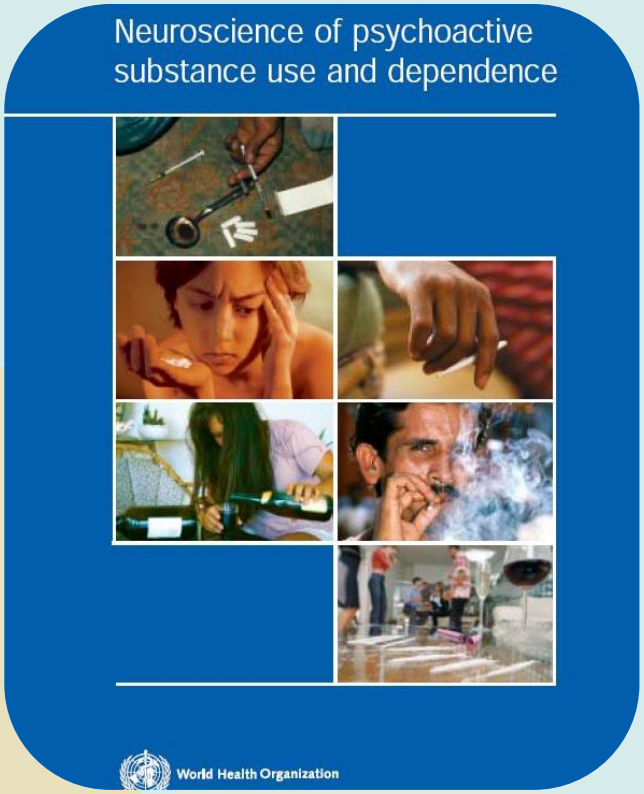
Magnitude of the drug problem



WDR, 2019

- In 2017, 271 million people (5.5% of the global population aged 15–64), had used drugs in the previous year.
- 35 million people are estimated to be suffering from drug use disorders
- Availability of and access to treatment services remains limited at the global level
- Only one in seven people with drug use disorders receive treatment each year.

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

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

Barriers to treatment and care

- Stigma/discrimination (not recognized as health problem)
- No services available / only far from home
- Limited professional capacity
- Services isolated from the overall health care system
- Services not sensitive to the needs of special groups
- Punishment / Consequences of registration
- Services not for free or high threshold
- No complementary sustainable livelihood services

Quality of treatment is 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**
- **Decrease the risk** for negative health and social consequences from drug use

International Standards on the Treatment of Drug Use Disorders

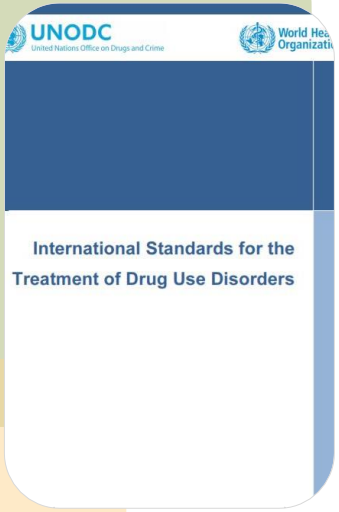
UNGASS 2016 Outcome document

"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…"

UNGASS 2016 Outcome document

- Promote and implement the Standards on the Treatment of drug use disorders… and other relevant international standards,(…)
- Provide guidance, assistance and training to health professionals on their appropriate use
- Consider developing standards and accreditation for services at the domestic level

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
- 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

Principles

Treatment must be:

- Available
- Accessible
- Attractive
- Appropriate for needs
- Based on scientific evidence
- Respond to individual needs (not “one size fits all!”)
- Ethical/human rights standards in treatment services

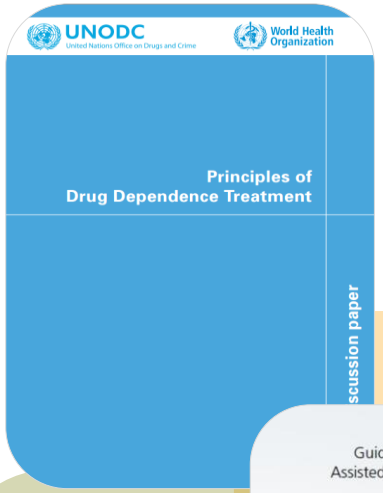
Principles

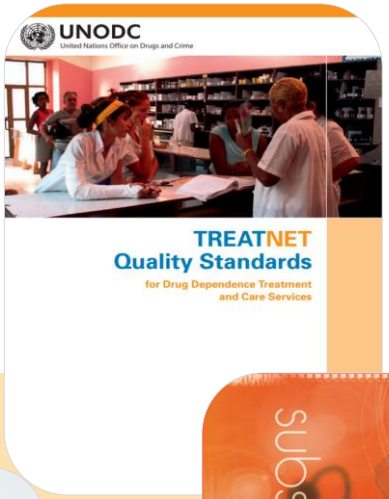
- Should be provided primarily in the **health and social system**
- Ensure good **clinical governance** of treatment services
- Effective **coordination between the criminal justice system and health and social services** is necessary
- **Integrated treatment policies**, services, procedures, approaches and linkages must be constantly monitored and evaluated

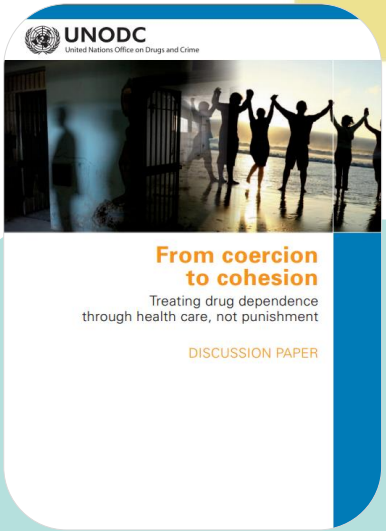
Principles of drug treatment: key points

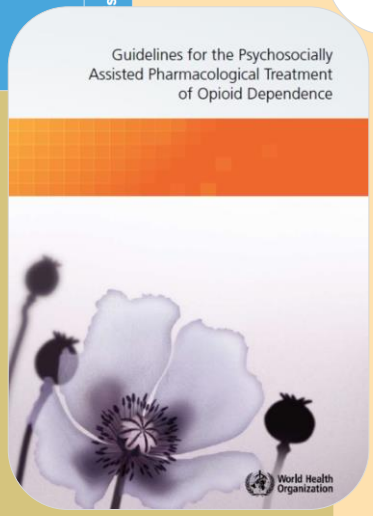
- Treatment policies and resource allocation should be based on **effectiveness, universal health coverage**
- **Qualified staff** and on the job staff training
- **Informed consent** of the patient must be secured
- Patient data should be kept strictly **confidential**
- **Complaint mechanisms** in place

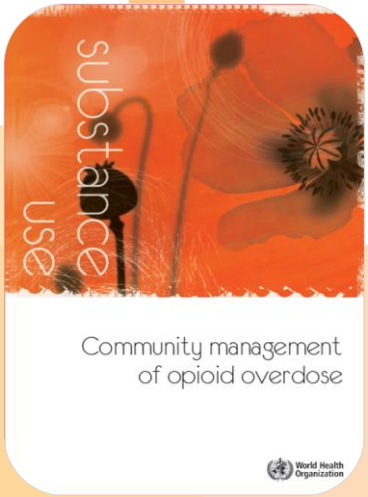
Based on existing UNODC-WHO guidance











mhGAP

What works?

Psychosocial treatment

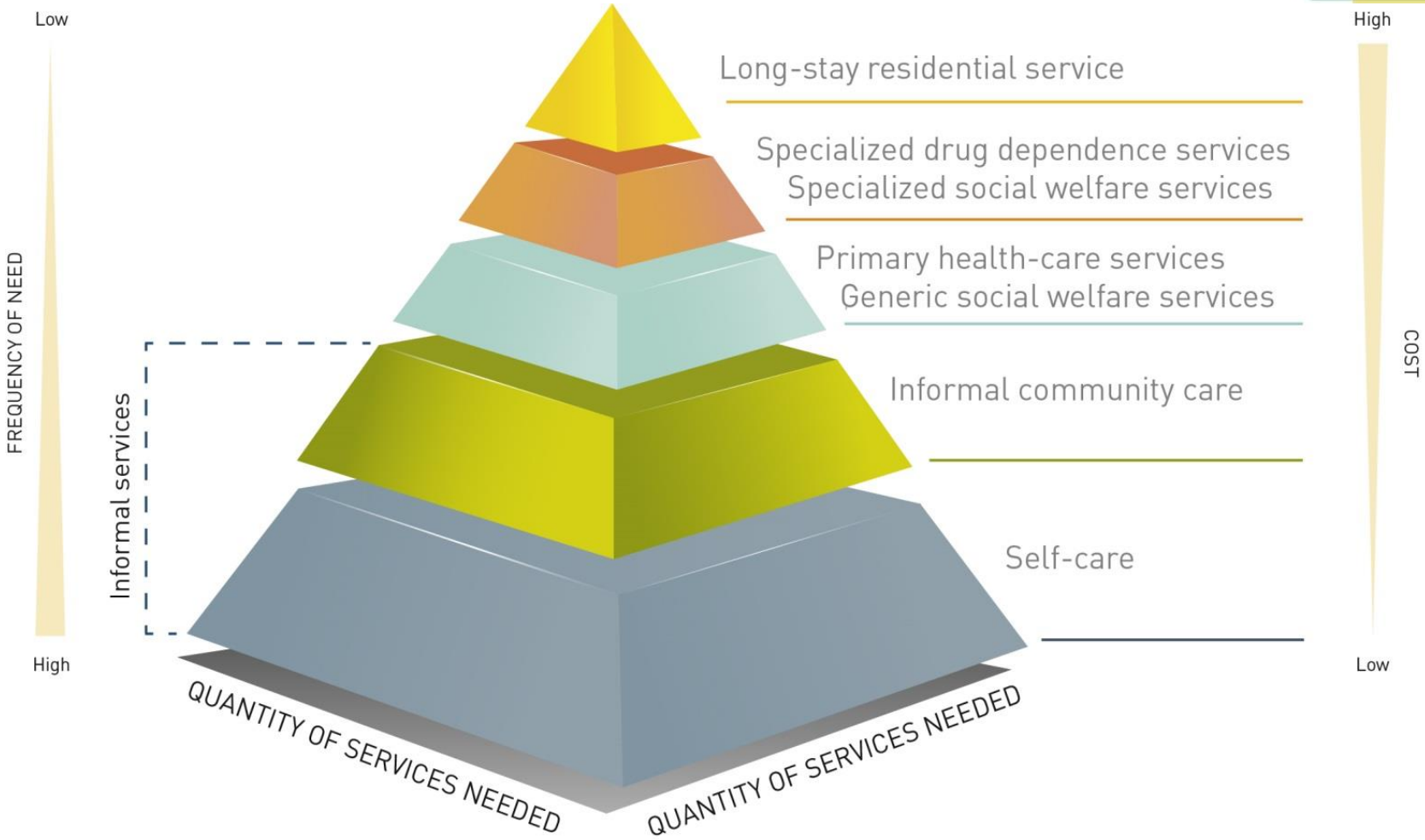
- Brief intervention
- Motivational therapy
- Cognitive-behavioural therapy
- Contingency management
- Family therapy
- Self help 12 step
- Vocational training

Pharmacological treatment

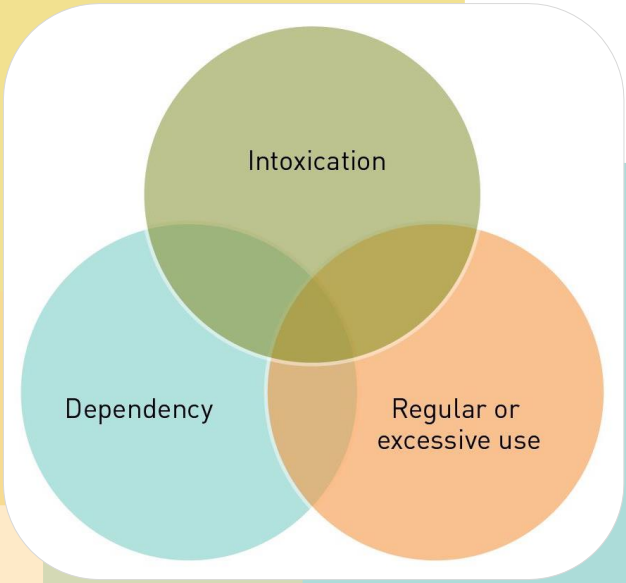
- Opioid-agonists
- Opioid-antagonists

Not one size fits all

Effective treatment systems



Different stages of drug use disorders



- Intoxication
- Harmful use
- Dependence

Different interventions adjusted to addiction severity

Treatment Standards 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 treatment
   - Short-term in-patient treatment
   - Long-term residential treatment
   - Recovery management
4. Special populations
5. Characteristics of an effective treatment system

Each chapter covers

- 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

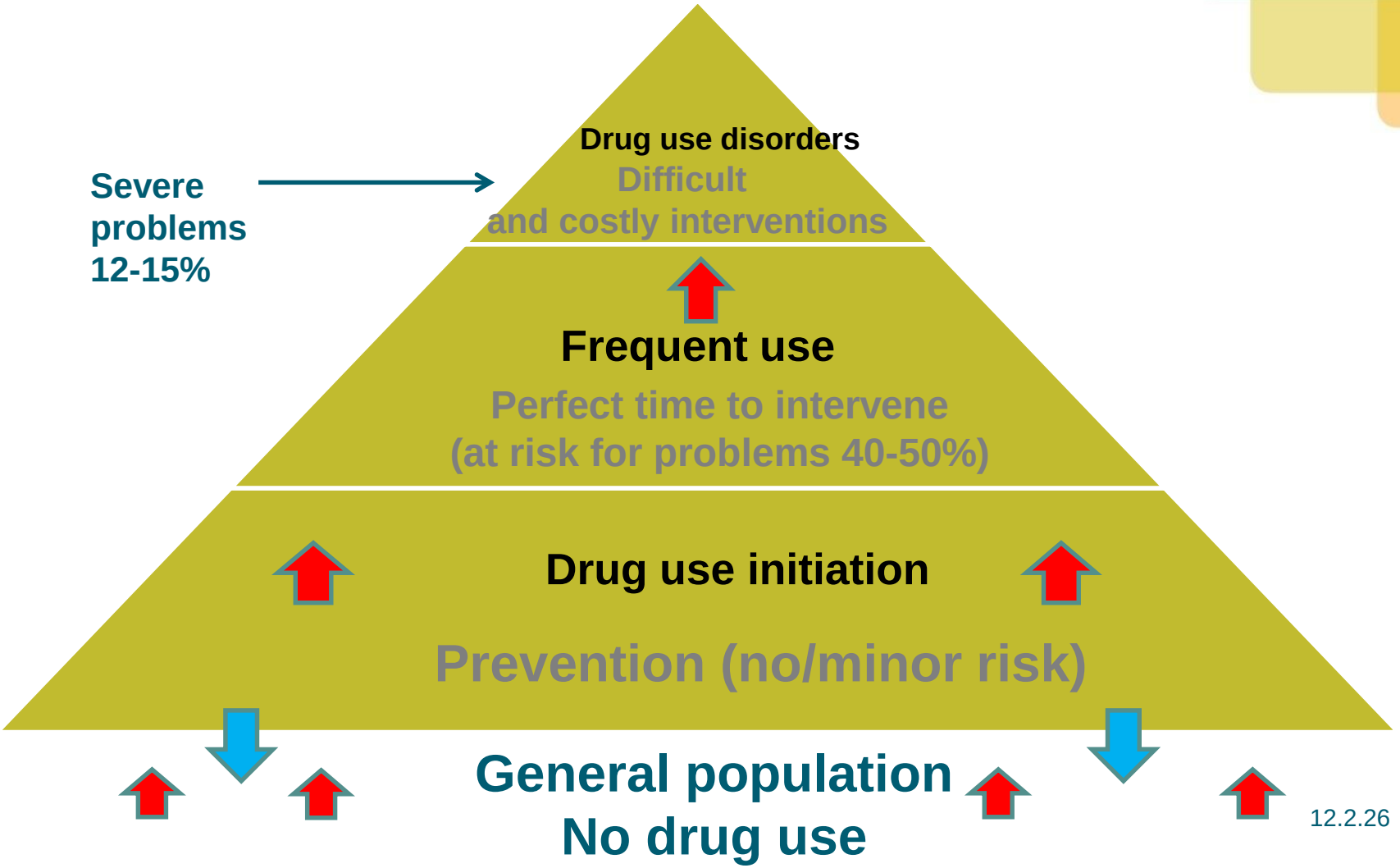
Treatment settings

Ask yourself the questions….

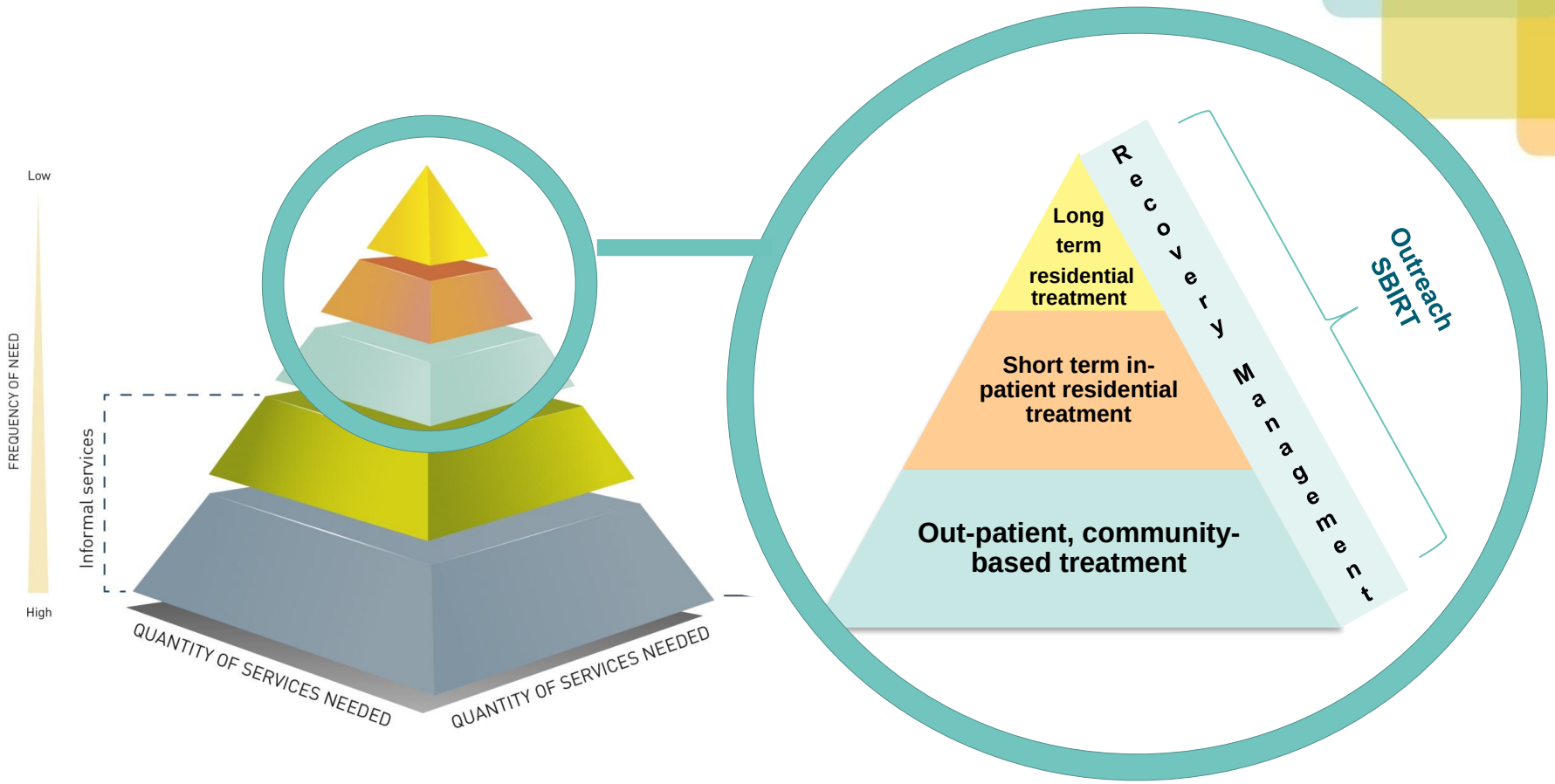
1 min

- What settings do you know which are ideal for the provision of the drug treatment services?
- What settings exist in your country?

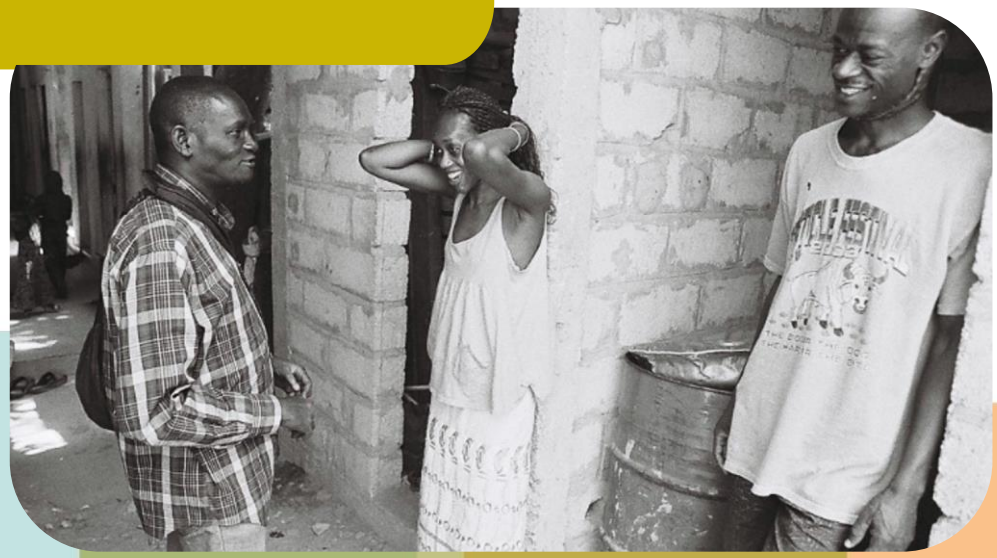
Population based planning



Drug treatment system



Community-based outreach



Community-based outreach

- First point of contact with marginalized populations
- Provision of basic support: safety, food, shelter etc.
- 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.

SBIRT

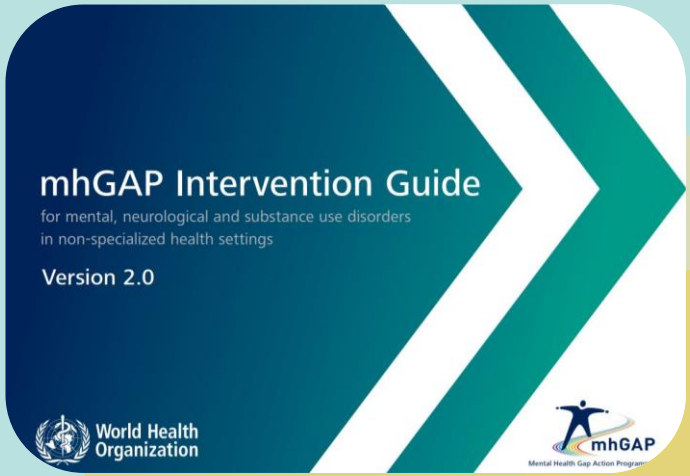
Screening, Brief Intervention and Referral to Treatment (SBIRT)

- **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)
- **B I**: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 in-patient treatment

Short-term in-patient treatment

Mainly for:

- Medication-assisted management of withdrawal
- Pharmacological symptomatic treatment
- Initiation of maintenance treatment
- Short separation from high risk environment
- Stabilization of symptoms

Short-term in-patient treatment

- More resource intensive than outpatient
- More likely to comply: Priority for people with greater severity and related health/social problems
- Duration ca. 1-4 weeks with 24 hour medical care

- Assessment (e.g. ASI)
- Pharmacological treatment
- 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

Outpatient treatment

- For the majority of patients, less interruptive
- From higher to lower intensity: day clinic → weekly groups
- Assessment
- Treatment plan
- Evidence-based pharmacological treatment
- Psychosocial interventions
- Integration with other health and social services (HIV, TB, Hep. C, mental health, housing,…)

RCT evidence and WHO recommendations/guidelines

Outpatient treatment

- Integration with other health and social services
  - HIV
  - TB
  - Hep. C
  - Mental health
  - Housing, etc.
- RCT evidence and WHO recommendations/ guidelines

Outpatient treatment

Evidence-based pharmacological treatment

- Withdrawal management
- Agonist maintenance treatment
- Antagonist treatment
- Symptomatic treatment
- Treatment of co-occurring
- disorders

Outpatient treatment

Evidence-based psychosocial treatment

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

Long-term residential treatment

Long-term residential treatment

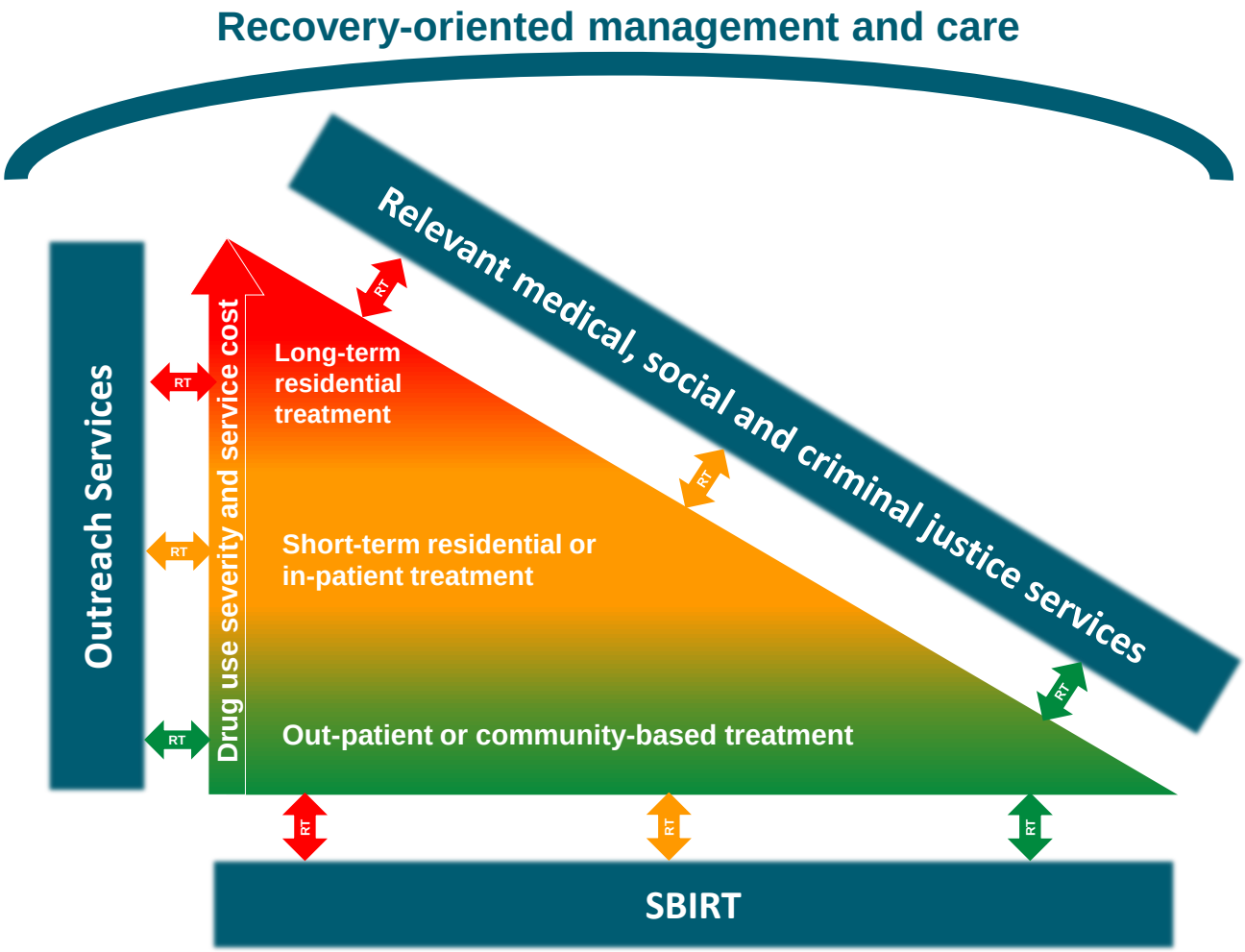
- 3 months onsite minimum, professional staff (psychosocial & pharm interventions)
- Goal: break from chaotic/criminal environment and Maintain abstinence
- For more severe patients with unsuccessful past treatment that can adhere to rules
- Admission is voluntary (written consent of the patient!)
- Plans for transition to community and continuity of care (overdose prevention risk)

Recovery support

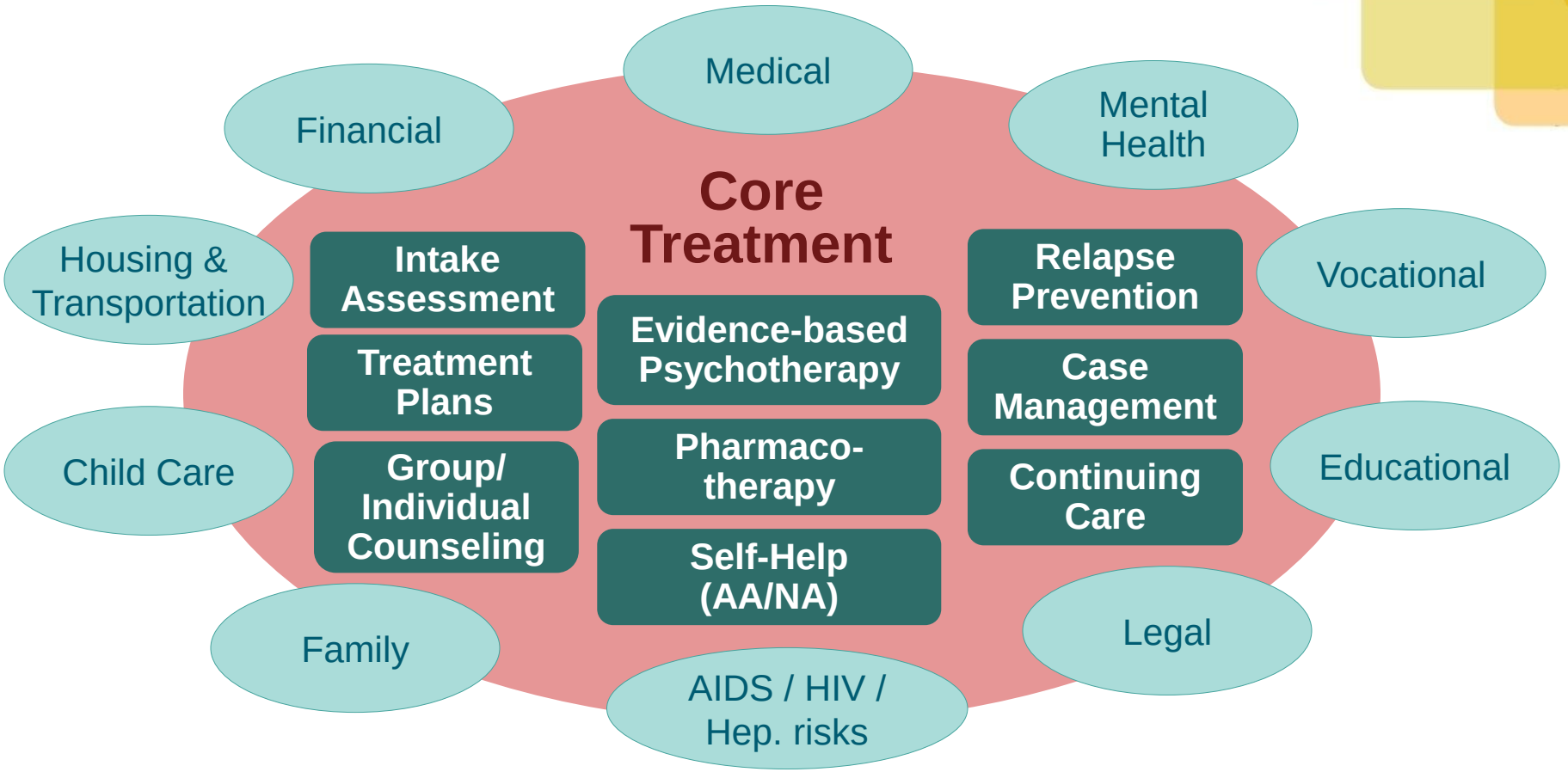
Recovery management

- **Recovery management in the community** after stabilization to maintain positive outcomes and prevent relapse
- Possibly lifelong but at decreasing/varying intensity and costs
- Includes:
  - Employment
  - Family
  - Housing
  - Mental health
  - Meaningful community involvement
  - Social network
  - Remediation of legal/financial issues
  - Self help
  - Recovery check ups
  - Recovery coaches etc.

Variety of treatment options by settings



Core components and comprehensive services need to be available



Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)

The International Standards for the Treatment of Drug Use Disorders provide a ***framework*** *for the development of a treatment system with a continuum of care approach*

Development of UNODC

Quality Assurance tools

- International expert group convened in Vienna Nov. 2016
- Members reviewed and made recommendations on **how to assess quality sections** of ‘the International Standards’

International examples

International examples of quality standards, audit, inspections and accreditation systems

To develop quality assurance tools, UNODC looked into existing national and international QA tools:

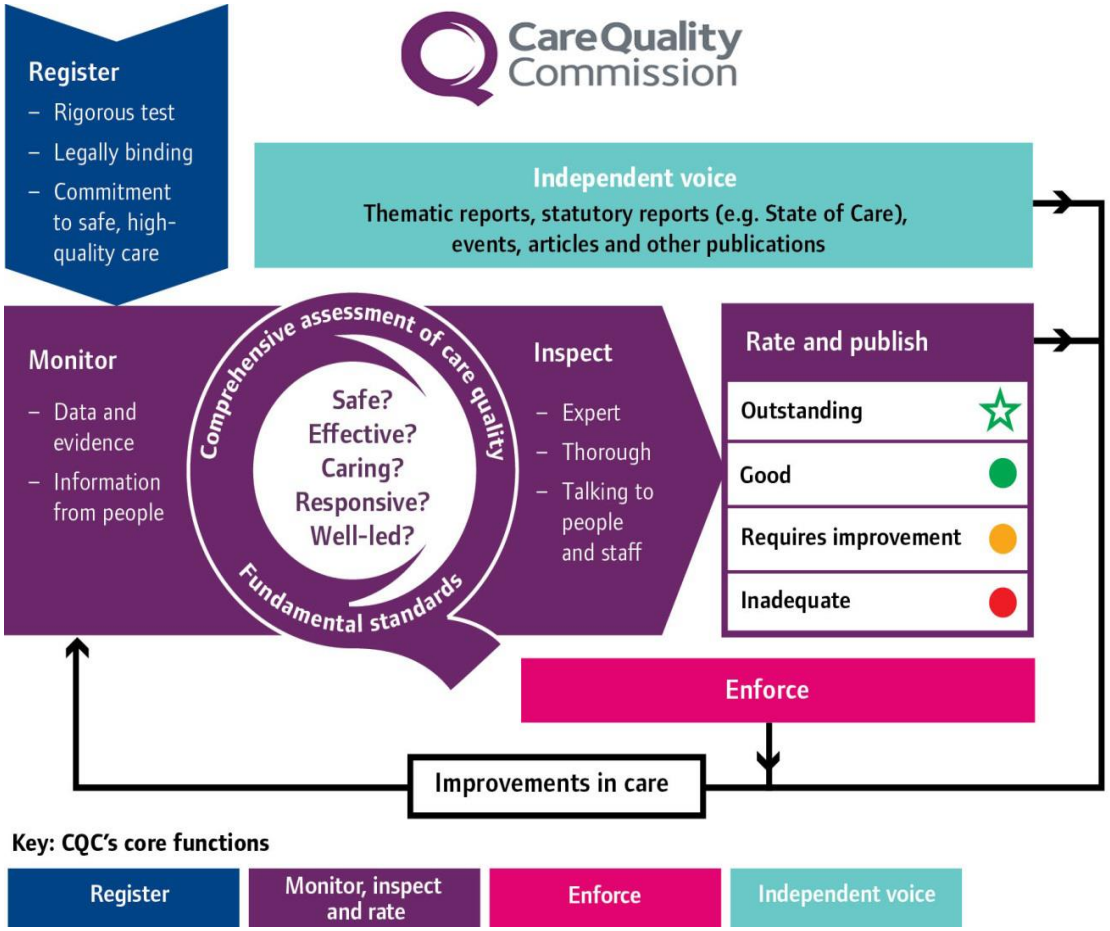
- Drug treatment quality standards
- Clinical governance and clinical audit systems
- Performance and outcome monitoring systems
- Surveys, including examples of patient surveys
- Accreditation systems
- Registration and inspection systems
- Area service reviews (national and local)

Quality assurance in European Union

European Union (EU) new quality standards for drug treatment services EQUS

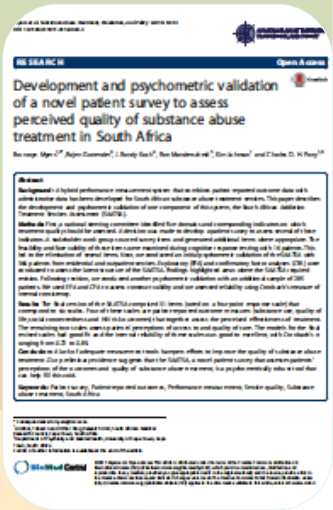
	Interventions level	Service level	System level
Structural quality	Setting	Resource	Legal & ethical
Process quality	Implementation	Procedures	Service co-operation
Outcome quality	Effectiveness	Effectiveness	Treatment coverage
Benchmark	Cost-benefit	Cost utilization	Cost effectiveness

Quality assurance in England (UK)



- CQC inspect all health and social care services
  - Register
  - External inspection against standards including patients survey
  - Require action plans to improve
- All results are published on the internet

Quality assurance in South Africa


RESEARCH

Open Access

Development and psychometric validation of a novel patient survey to assess perceived quality of substance abuse treatment in South Africa

- South African Addiction Treatment Services Assessment (SAATSA)
- Validated patient survey
- 31 data items on 4 point scale
- Covers
  - patient reported outcomes
  - patient perceptions on access to treatment
  - quality of treatment
- Easy to complete
- Services can implement routinely with patients and results to reflect on quality and make action plans to improve

International accreditation systems for services

Commission on Accreditation of Rehabilitation Facilities (CARF International), founded in the US

- Process
- Internal look at programme and business practice
- Onsite surveys by CARF assessors
- CARF report to the service
- If it meets standards it gets ACCREDITATION
- Provider submits a Quality Improvement Plan
- Service submits annual reports to CARF Annual reports

Development of UNOCD QA tools: conclusions

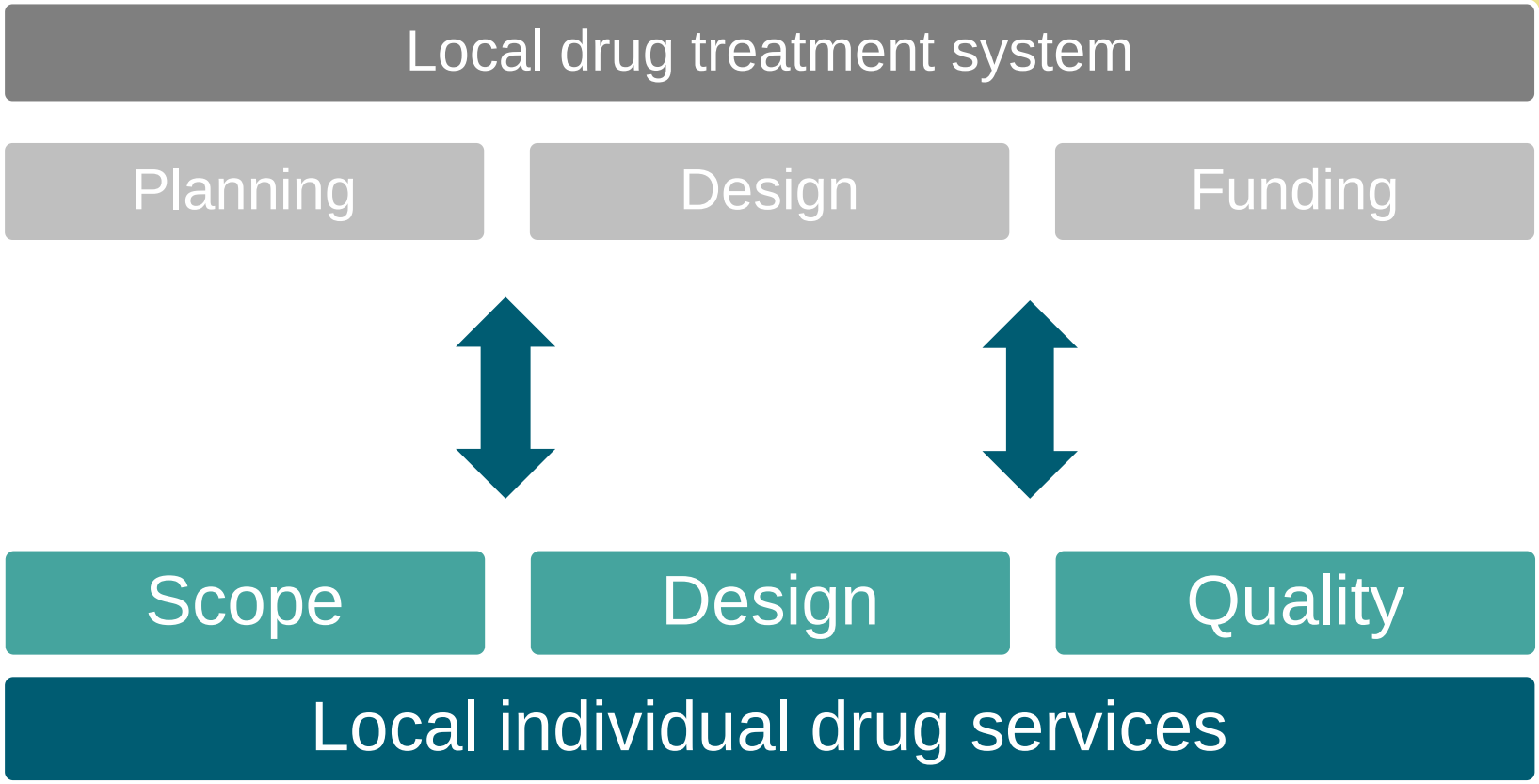
The International expert group recommended

- ‘The International Standards’ is **a mix** of local system guidance, clinical guidelines for drug treatment services and standards. QA tools should separate the elements
- Drug service standards have **core** elements **applicable to all types or modalities of services**: management; care; patients rights and responsibilities and **optional elements**: interventions, setting, target group
- Drug treatment system standards could be **separated**
- Development of full **accreditation system was thought not feasible at this stage** due to: the range of systems already in place in different countries; accreditation requires resources and can be litigious; and vast range in ‘readiness’ for QA

System and service standards

Drug treatment system planning & funding influences all service & patient outcomes.

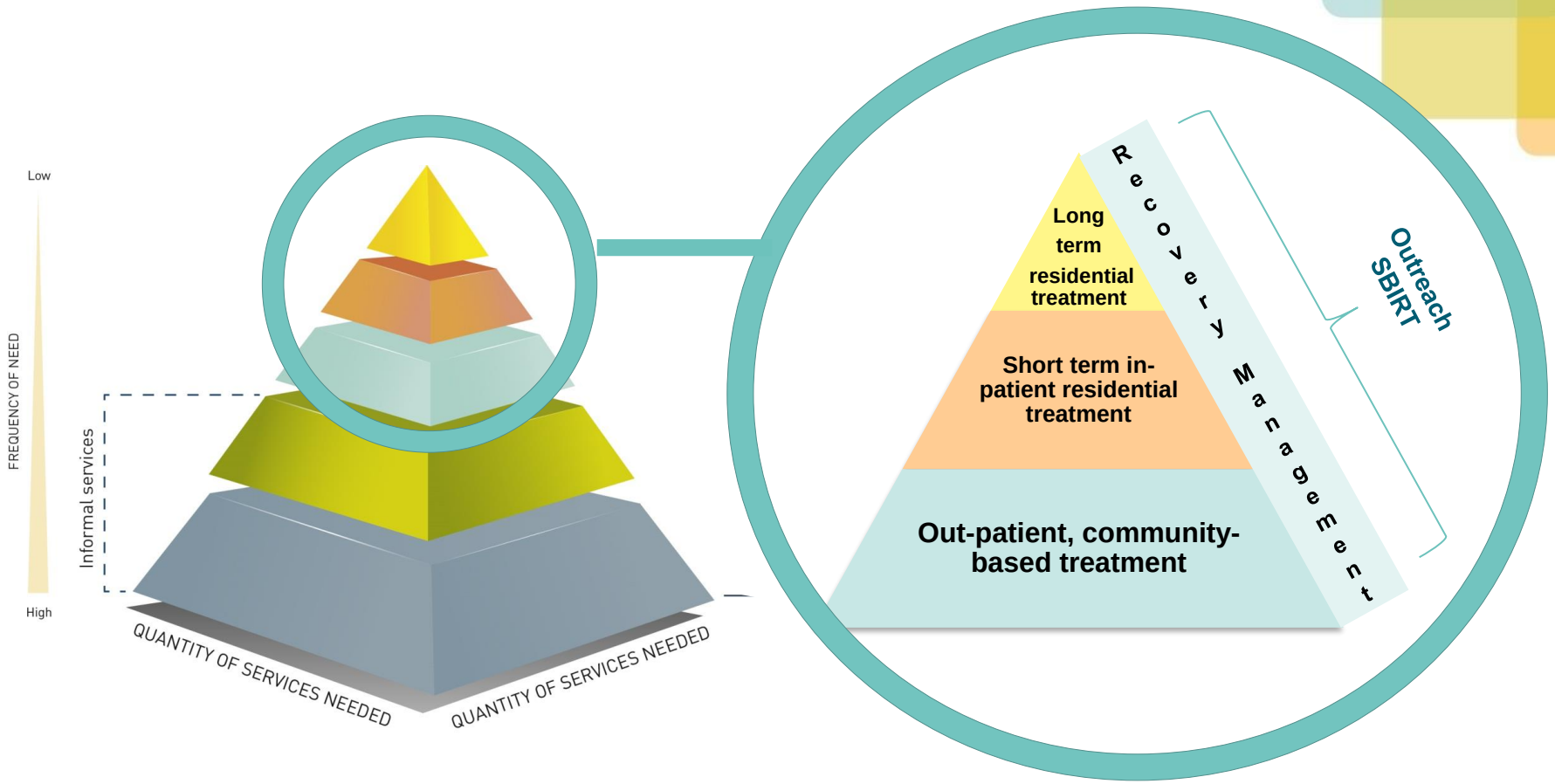
System and services standards linked



Lets think systems!

- A range of services and organisations working together
- Specialised treatment for drug use disorders
- Primary healthcare
- Tertiary or secondary health care
- Other services: social care, education, employment, housing etc.
- Community resources, faith or community groups, local business etc.
- Self help or peer support groups

Drug treatment system



System standards

Encourage system planning, funding & monitoring in line with UNODC-WHO International Standards

System 1

A local strategic partnership group plans and co-ordinates

System 2

Routine local assessment of need for drug treatment

System 3

3-5 year strategic plan for a drug treatment system

System 4

Drug treatment procurement and funding

System 5

Local planners and funders support on-going system quality improvement

A continuous process of quality improvement

- System standards encourage a QA assurance cycle for local areas:
- Co-ordination
- Planning
- Procurement in line with international guidelines
- Monitoring and review

What do service standards measure?

The effectiveness of a drug treatment services depends on:

- Interventions in line with scientific evidence
- Good management, organisation etc. of the drug treatment service
- The capability of the service providers to be conducive of good therapeutic relationship with patients

Therefore International Standards and criteria rely on drug treatment service measuring their functioning and effectiveness where possible.

Service level standards

- Drug treatment services should be focused on working in **partnership** with patients and other health and social care services to achieve a range of outcomes
- Local drug treatment services should be delivered with **recovery as an ultimate goal** and sustained recovery management is an integral part of all treatment and care interventions
- International Standards are designed to look at core **management** processes, core **care** processes and also specific **interventions**, and whether they are provided in line with scientific evidence

Service level standards

An adaptable and flexible QA system with core standard for all drug treatment services. Then intervention, setting and patient target group standards, to be applied if applicable.

CORE STANDARDS

Core management

Core care

Patients rights and responsibilities

OPTIONAL STANDARDS

Intervention

Setting specific

Patient target group

Core standards

Core management

- Management body
- Annual plan
- Finance
- Accommodation & equipment
- Human resource
- Clinical governance
- Patient involvement
- Outcome monitoring
- Key performance indicators
- Partnership with providers

Core care

- Service manual
- Retention & discharge
- Accessibility
- Screening & assessment
- Treatment or recovery care planning

Patients rights and responsibilities

- Staff are respectful
- Treatment information
- Informed consent
- Confidentiality
- Patient involved in assessment
- Patient recovery care plan
- Patient involvement in recovery care planning
- Family inclusive service
- Mutual aid / visible recovery
- Patient involved in service
- Patient complaints

12.3

UNODC quality assurance tool

Structure of quality assurance tool

Standard statements criterion that are measurable

Criteria

Standard statement

Scoring

Evidence or data

Standards statement SysS: Area drug treatment funders or commissioners should support the on-going quality and performance improvement of local drug treatment system			
Criteria		**Scoring**	**Data**
A	Funders or commissioners of drug treatment should monitor the drug treatment system performance and effectiveness using key performance indicators and take early action where services need support	Met Partially met Not met	Evidence of monitoring of local KPIs and improvement plans (if required) Partial monitoring of KPIs and improvement planning (if required) * No evidence of KPIs, monitoring or improvement planning
B	Funders and commissioners of drug treatment will support local drug treatment system to adhere to UNODC/WHO or other quality standards frameworks ***	Met Partially met Not met	Evidence of a range of drug treatment system quality support ** Evidence of partial drug treatment system quality support No system level quality support
Notes * see XX example of key performance indicators ** see XX examples of system clinical governance mechanisms, clinical audits, quality improvement plans, staff development training and development tracking etc ***by supporting system-wide training, clinical governance mechanisms, audits and improvement opportunities.			

Notes

What evidence is required

- Service documents
- Service monitoring data
- 2 surveys
  - patients survey (30 current patients randomly selected)
  - staff survey (up to 30 current staff)
- 2 audits
  - patient records or case notes
  - staff human resource records

Scoring a system

RAG:

RED – standards not met

AMBER – standards partially met

GREEN – standards met

Scorecard from rating a service using UNODC QA Tools

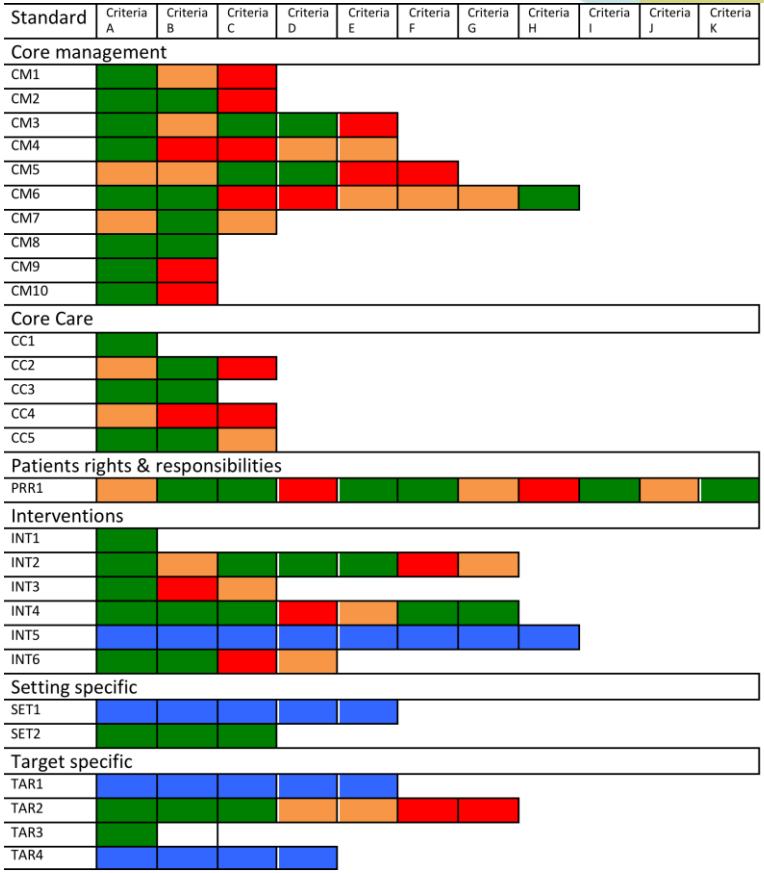
% or RAG rating

Red = Not met

Amber = Partially met

Green = Met

Request services create action plans to improve Red and Amber areas of service provision.



12.3

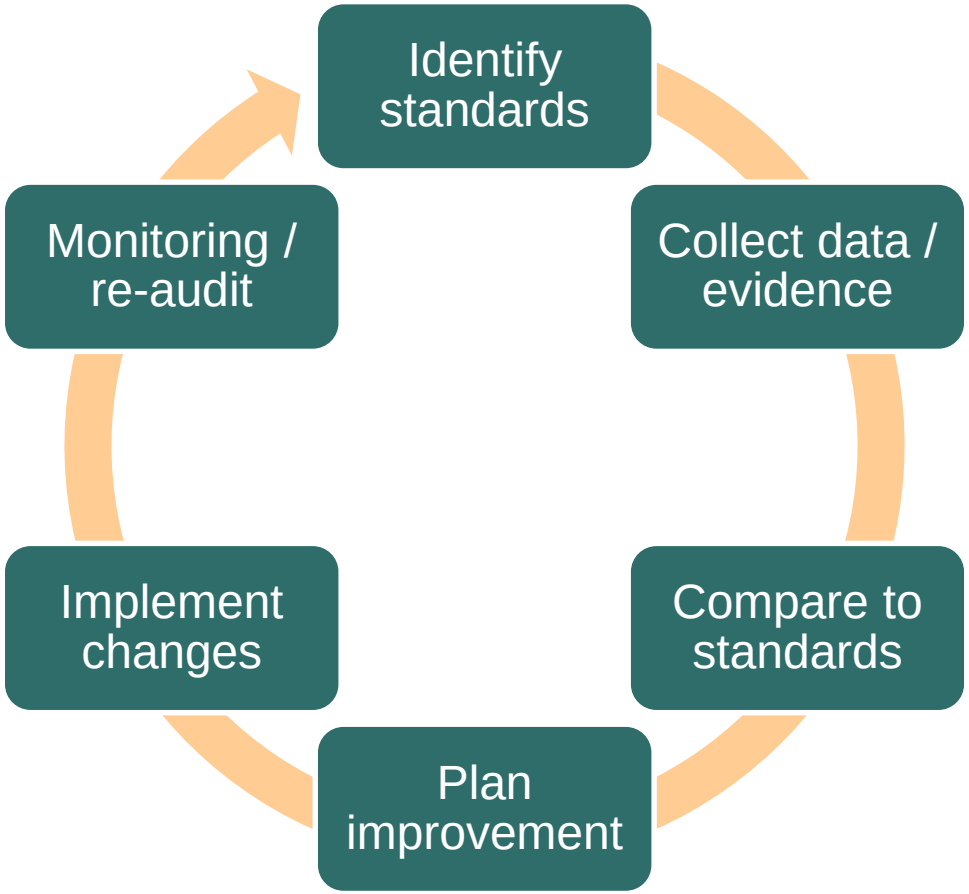
Establishing a quality assurance cycle

Steps to implement quality assurance

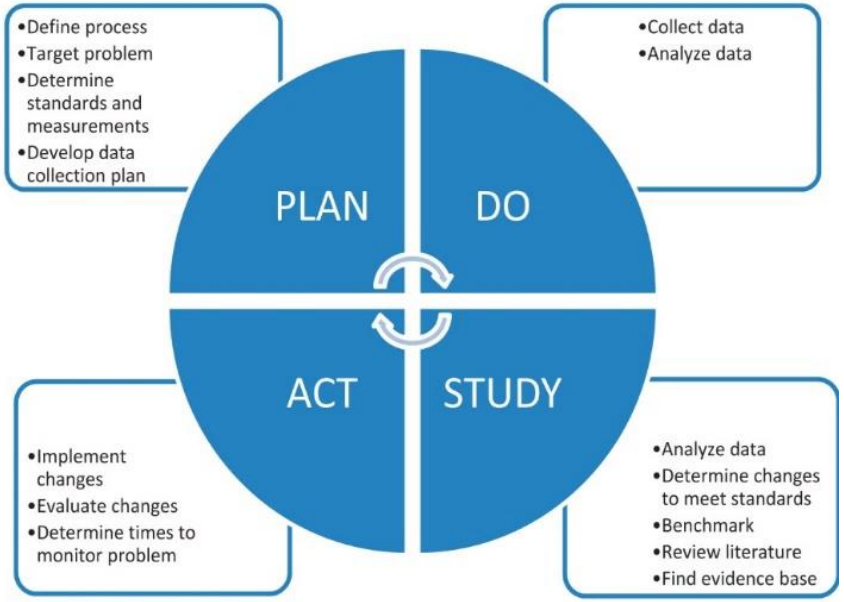
Standards and criteria identified in International Standards and UNODC QA Tool

- Collect evidence & data in QA Tool to assess services against standards
- Evidence rated Blue, Red, Amber, Green: BRAG
- Services create Improvement Plans to improve Red and Amber ratings
- Identification of resources needed to improve quality though implementation of evidence-based interventions
- Re-audit to check improvement in Quality

Establishing a quality assurance cycle

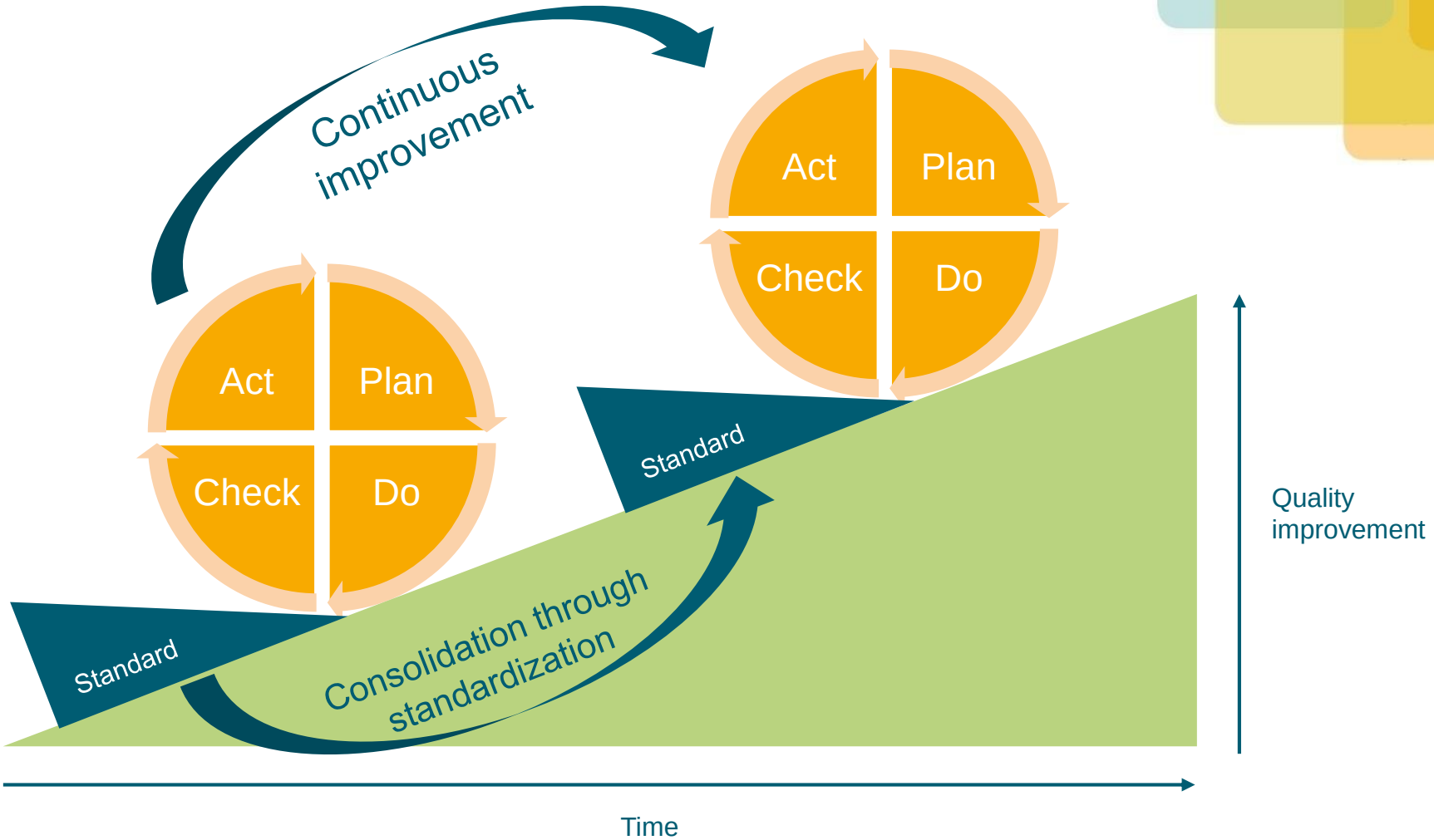


Benchmarking and establishment of QA cycles

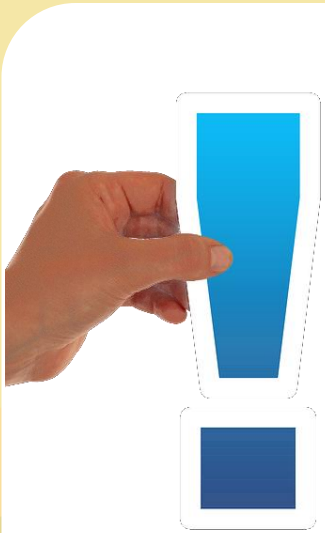


- Enable benchmarking of services or groups of services against International Standards
- Encourage drug treatment services to establish QA cycles
- Track quality improvement over time

Quality improvement is progressive



Key points



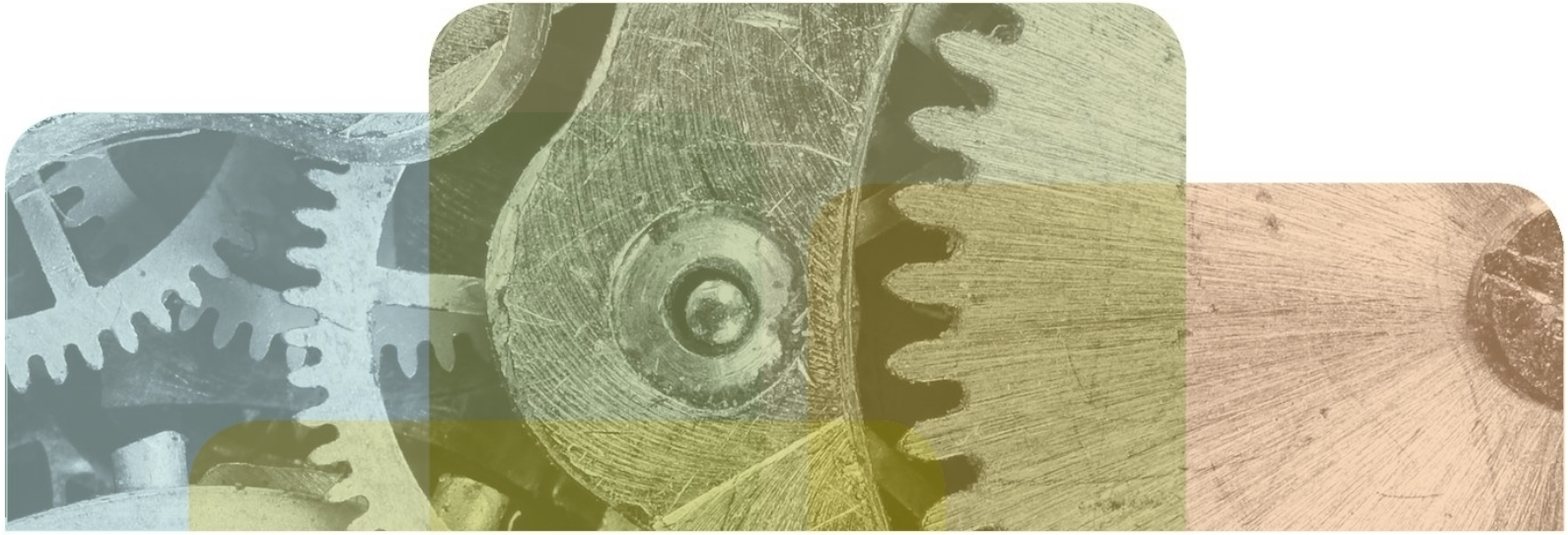
- Invest resources where most needed
- Network of health and social services is the ideal approach
- Make best use of available data when planning, but do not wait for perfect data to deliver services

Summary

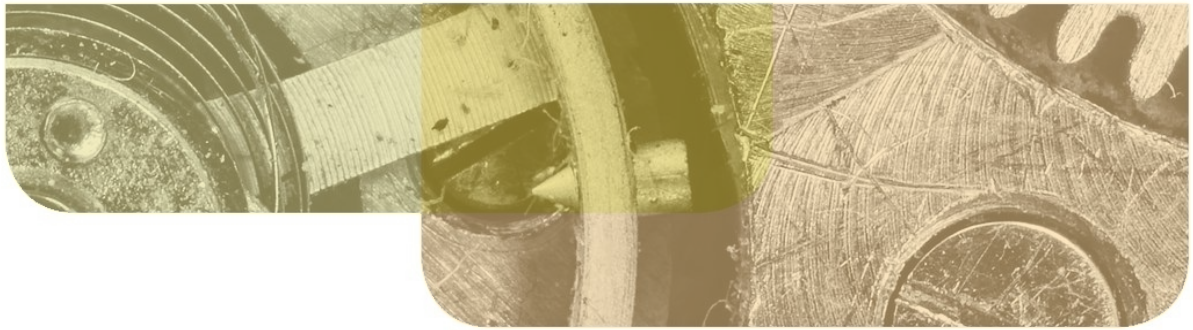
- The International Standards of treatment of Drug Use Disorders were developed following the mandate emanated from UNGASS 2016
- The Standards propose the settings and interventions recommended for the various stages of the drug use disorder
- The Standards propose setting specific therapeutic interventions
- The standards provide a framework for the development of a drug treatment system with a continuum of care approach

Summary

- Quality assurance helps services to benchmark themselves against international quality standards
- UNODC quality assurance mechanisms include system and service levels
- Quality improvement in drug treatment services is a cyclic and continuous process



Thank you for your attention!



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Questions