

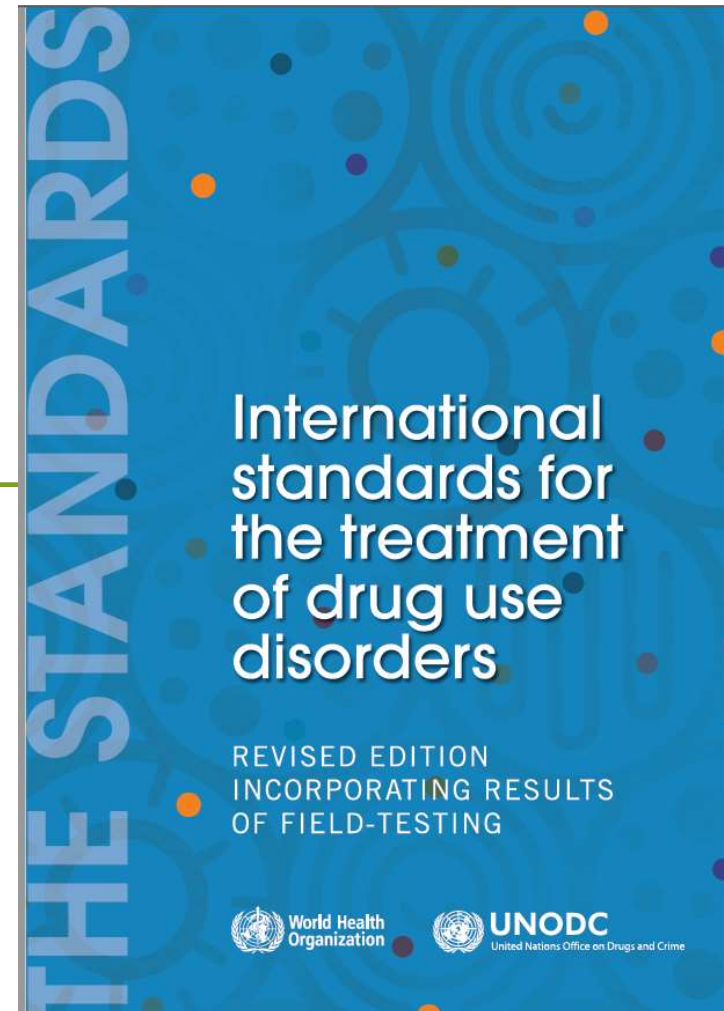
# UNODC/WHO International Standards for the Treatment of Drug Use Disorders

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# 3 GOOD HEALTH AND WELL-BEING



# Ensure healthy lives and promote well-being for all at all ages

## SUSTAINABLE DEVELOPMENT GOALS



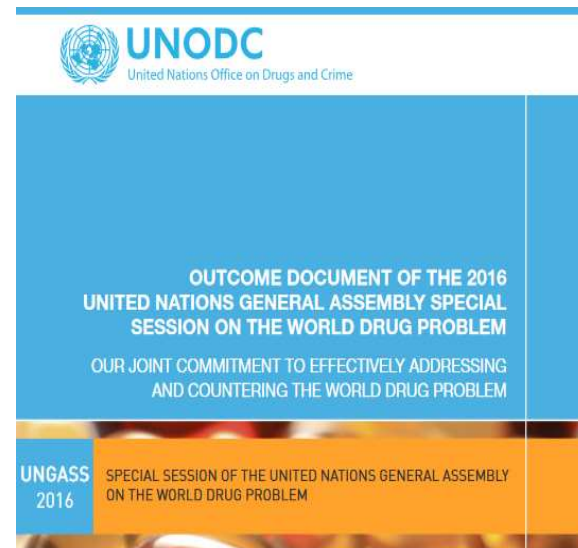
**3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol**

# Drug use disorders are biopsychosocial health disorders – recognized by science and policy



**"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)**

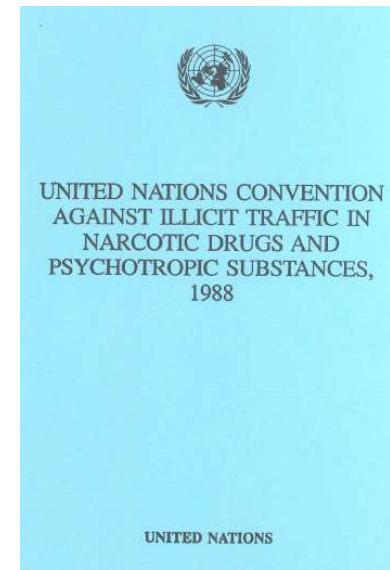
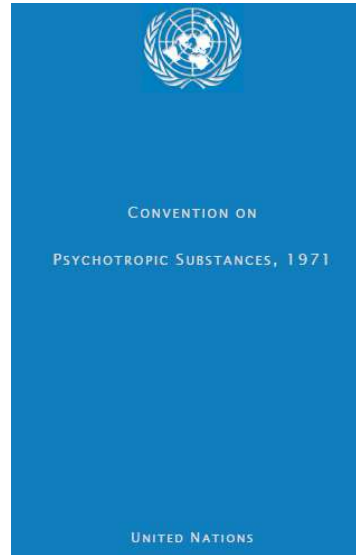
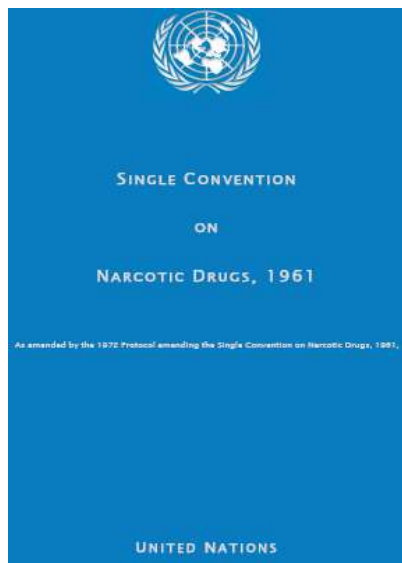


**"We recognize drug dependence as a complex, multifactorial health disorder characterized by chronic and relapsing nature with social causes and consequences that can be prevented and treated..."**

**(UNGASS, 2016)**

# Member State Commitment to provide treatment services for people with drug use disorders

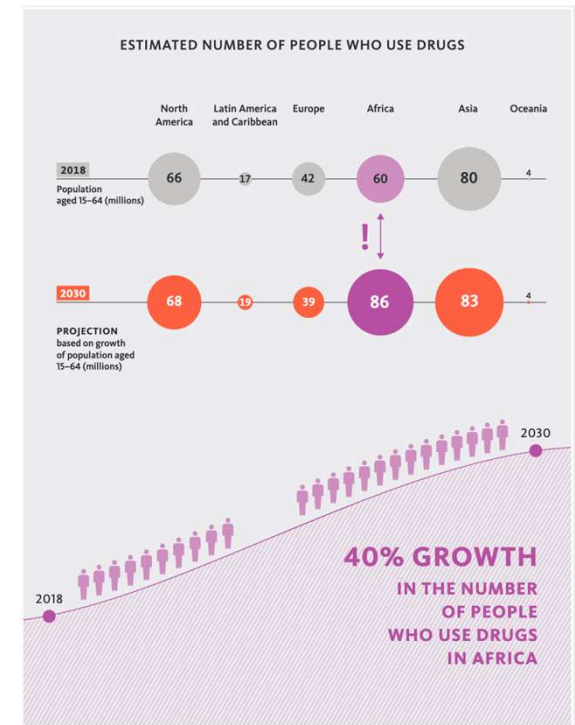
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Parties shall take all practical measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved

# Global situation drug use and drug use disorder treatment

- About **275** million people worldwide (5.5 % of the global population aged 15-64 years) used drugs at least once during 2019
- **Some 35.6 million people who use drugs suffer from drug dependence (0.7% global prevalence)**
- Ca **11** Mio people inject drugs
- **Ca. half a million** lives lost due to drug use disorders in 2019





**UNODC**

United Nations Office on Drugs and Crime

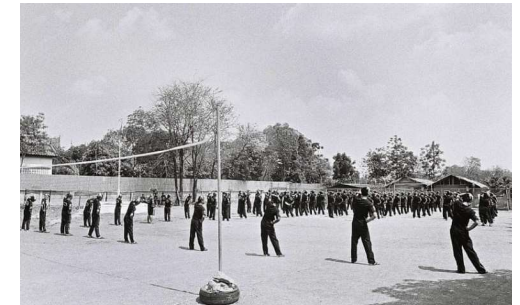
**1:8**

**The growing  
treatment gap**



## Quality of available treatment for DUD often low

- Many commonly used interventions (even if well-intentioned) 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. Patient outcomes are a key measure of quality.



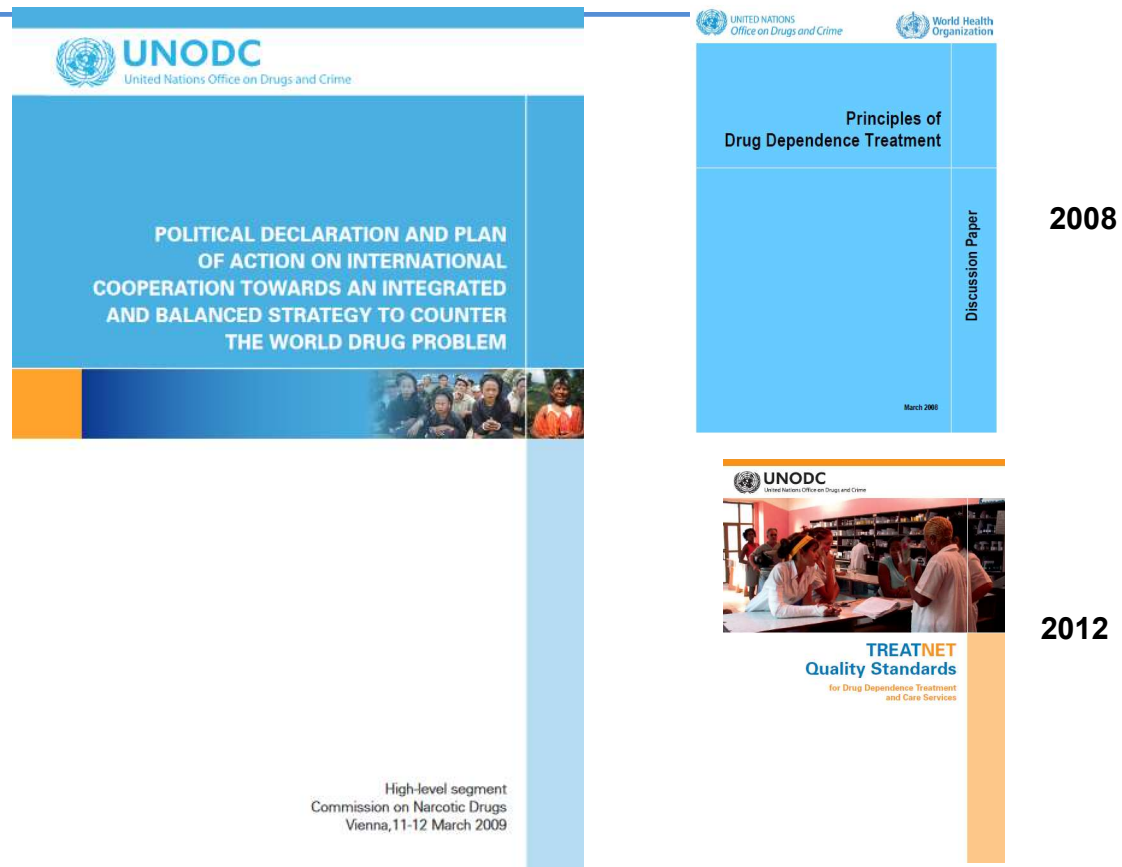


**Human rights  
abuses in the  
name of “drug  
treatment”  
unacceptable**



# UN CND Request for health standards for demand reduction (2009)

- Member States 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.**

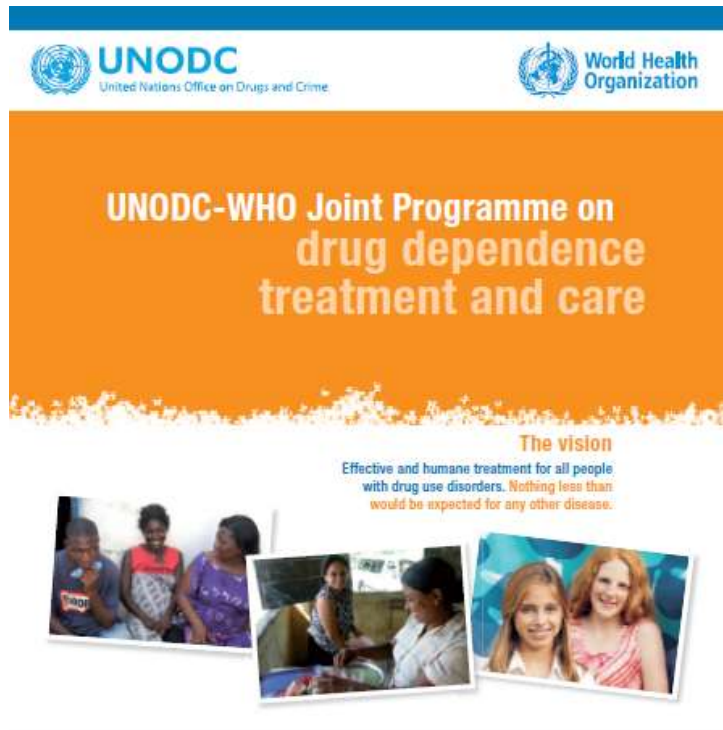




# UNODC-WHO Programme on Drug Dependence Treatment and Care (since 2009)

*Since 2009 – Nothing less*

*2016 – Draft for Field Testing*



# Commission on Narcotic Drugs Resolution 59/4 (March 2016)

## Resolution 59/4

### Development and dissemination of international standards for the treatment of drug use disorders

*The Commission on Narcotic Drugs,*

1. *Encourages* all Member States to consider expanding the coverage and improving the quality of drug treatment systems, interventions and policies based on scientific evidence, **using the scientific evidence-based international standards for the treatment of drug use disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization**, as appropriate and in accordance with national legislation and the international drug control conventions;



2. *Requests* the United Nations Office on Drugs and Crime, in collaboration with the World Health Organization and other relevant stakeholders, as appropriate, to **develop initiatives to support the dissemination of the international standards** for the treatment of drug use disorders;



## UN General Assembly on Drugs (April 2016)

- Promote and implement the standards on the treatment of drug use disorders developed by UNODC and WHO
- Provide guidance, assistance and training
- Develop standards and accreditation for services at the domestic level

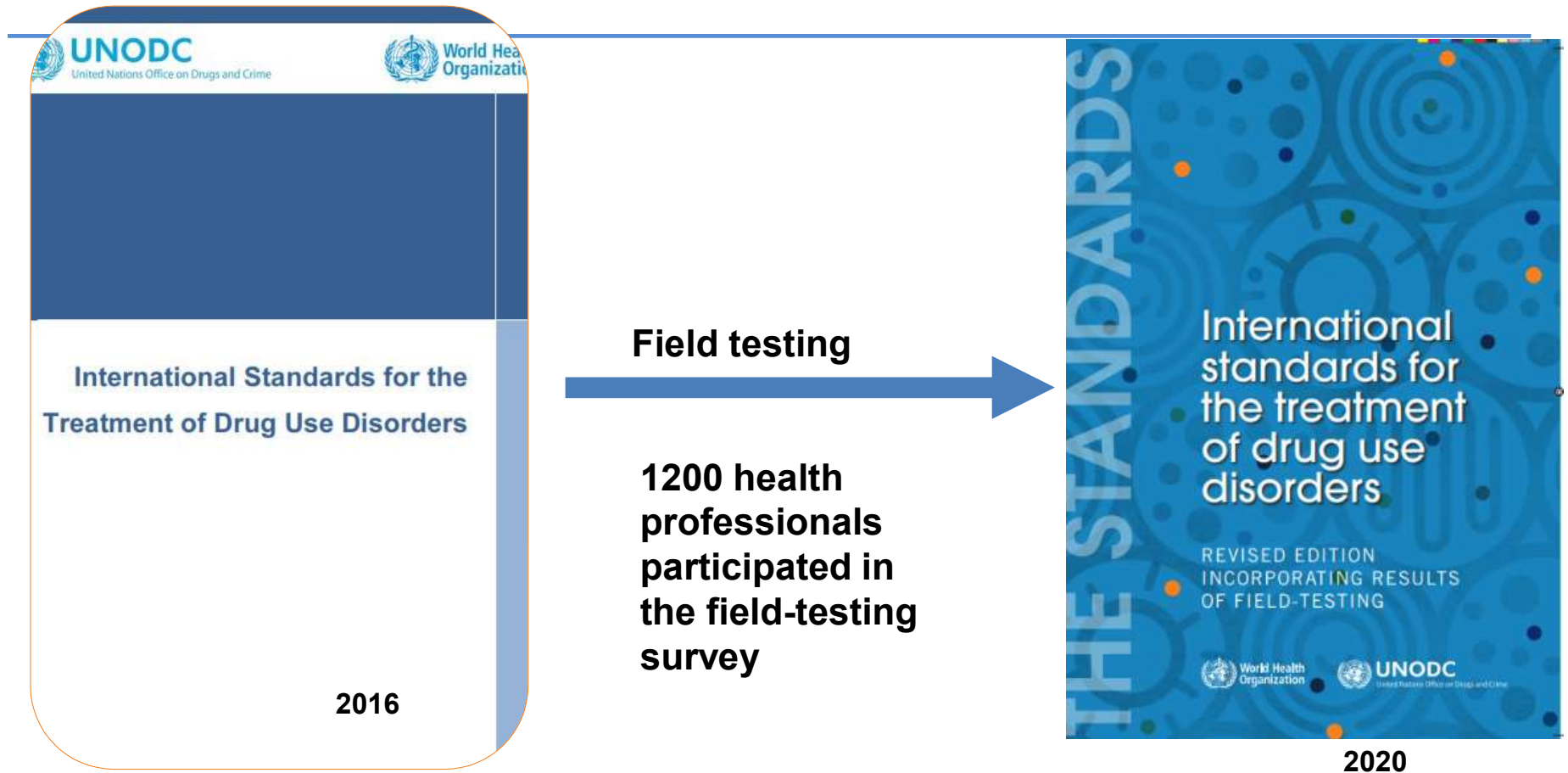


UNGASS  
2016

SPECIAL SESSION OF THE UNITED NATIONS GENERAL ASSEMBLY  
ON THE WORLD DRUG PROBLEM

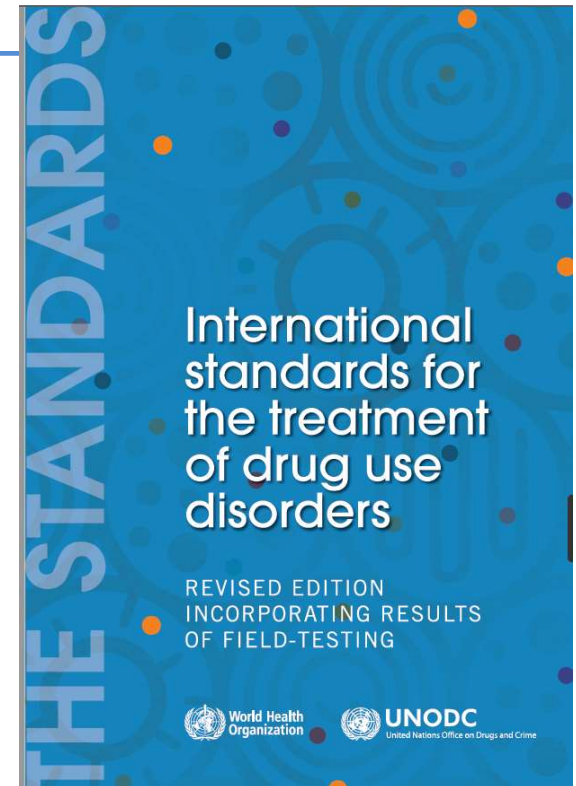
ACHIEVING THE 2019 GOALS - A BETTER TOMORROW FOR THE WORLD'S YOUTH

# International Standards - Revision after field testing



# International Standards for the Treatment of Drug Use Disorders (2020) - Aim

- The Standards aim to Assist, Support and Guide Member States in **development and expansion of drug use disorder treatment services and systems which are evidence-based, effective and ethical**
- Based on existing WHO/UNODC guidance



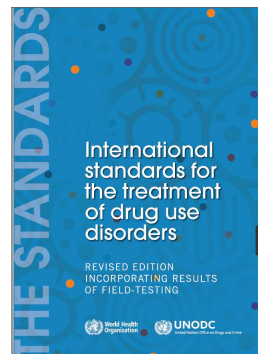
# Commission on Narcotic Drugs Resolution 64/3 (2021)

- Encourages Member States to continue developing and implementing scientific evidence-based, quality, affordable and comprehensive drug (...) treatment (...), in line with the revised editions the **International Standards for the Treatment of Drug Use Disorders**,

## Resolution 64/3

**Promoting scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services**

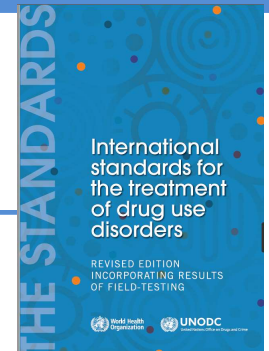
*The Commission on Narcotic Drugs,*



# Guided by 7 Principles

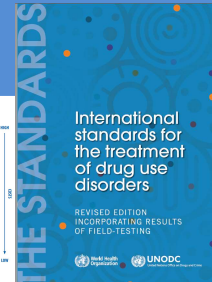
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1. Treatment must be **available, accessible, attractive, and appropriate**
2. Ensuring **ethical standards** of care in treatment services
3. Promoting treatment of drug use disorders through effective **coordination between the criminal justice system and health and social services**
4. Treatment should be based on **scientific evidence** and respond to **specific needs** of individuals with drug use disorders
5. Responding to the **special treatment and care needs** of population groups
6. Ensuring good clinical **governance** of treatment services and programmes for drug use disorders
7. Treatment services, policies and procedures should support an **integrated treatment approach**, and linkages to complementary services require constant **monitoring and evaluation**





# Evidence-based interventions in a continuum of care



Community-based outreach



Screening, brief interventions and referral to treatment



Non-specialized settings



Evidence-based psychosocial interventions



Specialized outpatient treatment



Evidence-based pharmacological interventions AND  
Overdose identification and management



Specialized short-term inpatient  
treatment



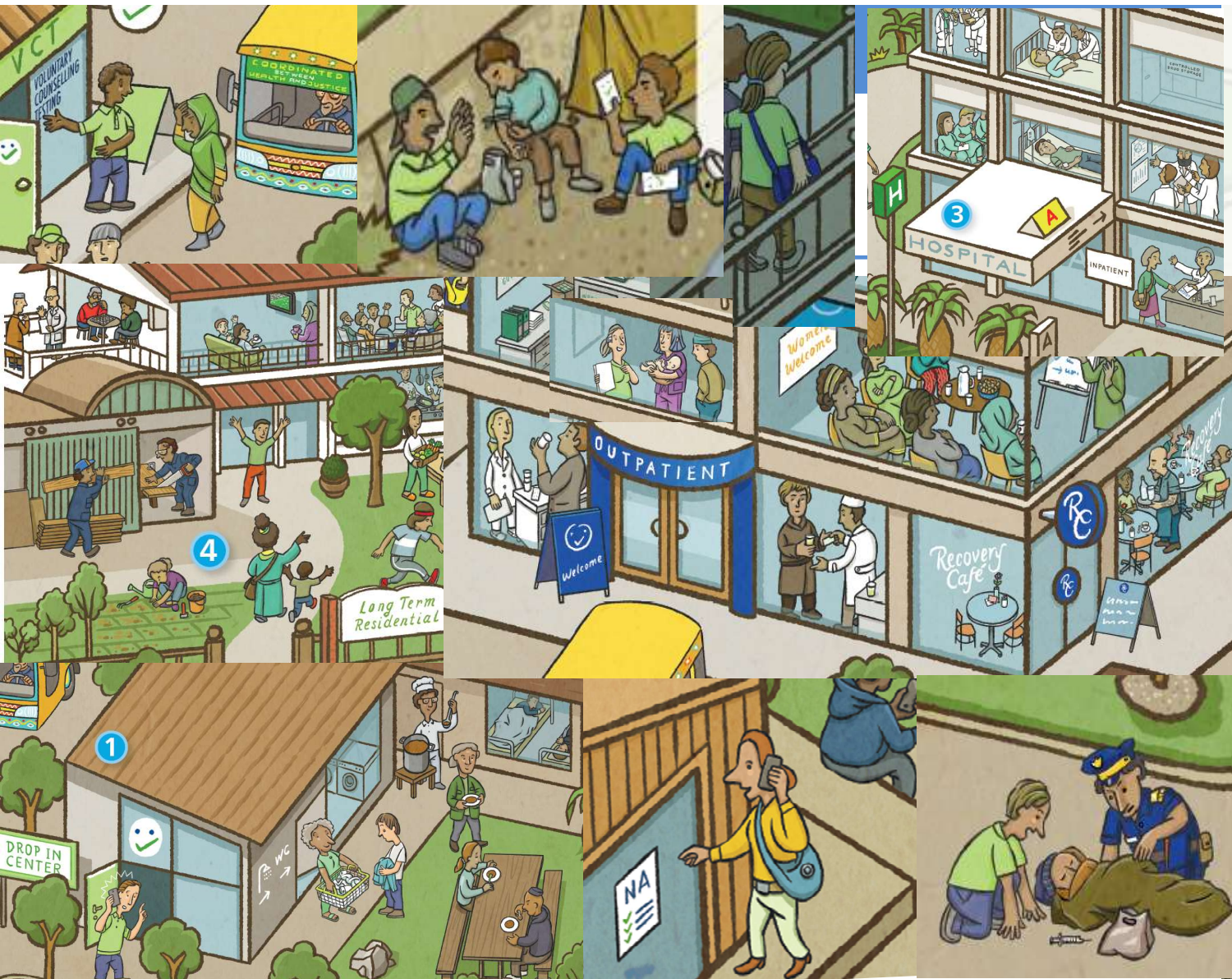
Treatment of co-occurring psychiatric and physical health  
conditions



Specialized long-term  
inpatient/residential treatment



Recovery management



### 1 Outreach / Drop-in

Unconditional provision of basic support, screening, overdose/infectious disease prevention, education and referral for those people not currently receiving treatment.

### 2 Outpatient

Services for people who do not reside in the treatment facility. Interventions vary considerably in components and intensity and can cover psychological, pharmacological treatments and social support.

### 3 Inpatient/Short-term residential

Services for people with greater severity of symptoms, especially for those likely to experience significant signs of withdrawal or for patients in crisis with co-occurring mental health disorders.

### 4 Long-term residential

Services for severely affected patients who require a structured environment over a longer period of time, as they are unlikely to control their compulsive, conditional behavior conducted by drugs.



## Evidence-based psychosocial interventions

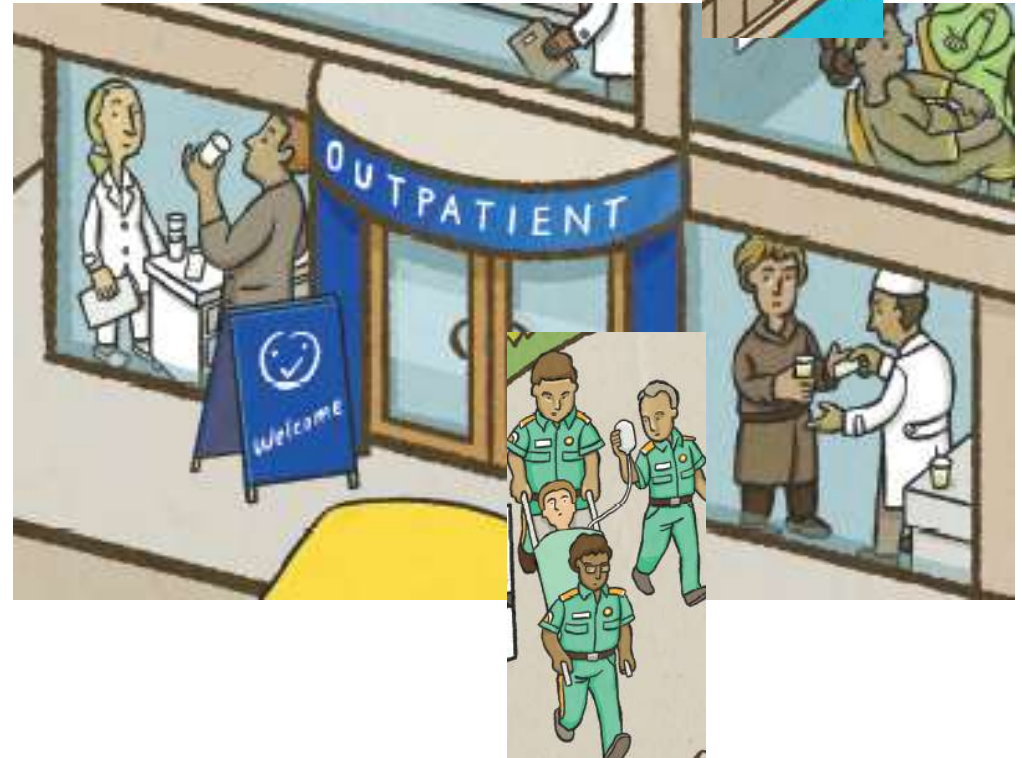
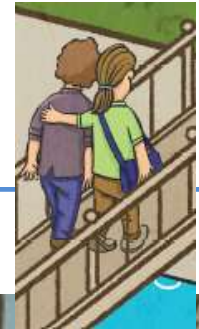
- Cognitive-behavioural therapy
- Contingency management
- The community reinforcement approach
- Motivational interviewing and motivational enhancement therapy
- Family orientated treatment approaches
- Mutual-help groups
- Recovery support





# Pharmacological interventions for the management of dependence

- Withdrawal management (by substance)
- Opioid dependence
  - Opioid agonist maintenance treatment with long acting opioids (methadone, buprenorphine, buprenorphine/naloxone)
  - Opioid antagonist treatment (naltrexone)
- Psychostimulant, cannabis dependence
  - No specific medications with consistently proven efficacy
  - Antipsychotic and sedative medications to manage symptoms
- Overdose identification and management
  - Opioid overdose (naloxone)
  - other substances

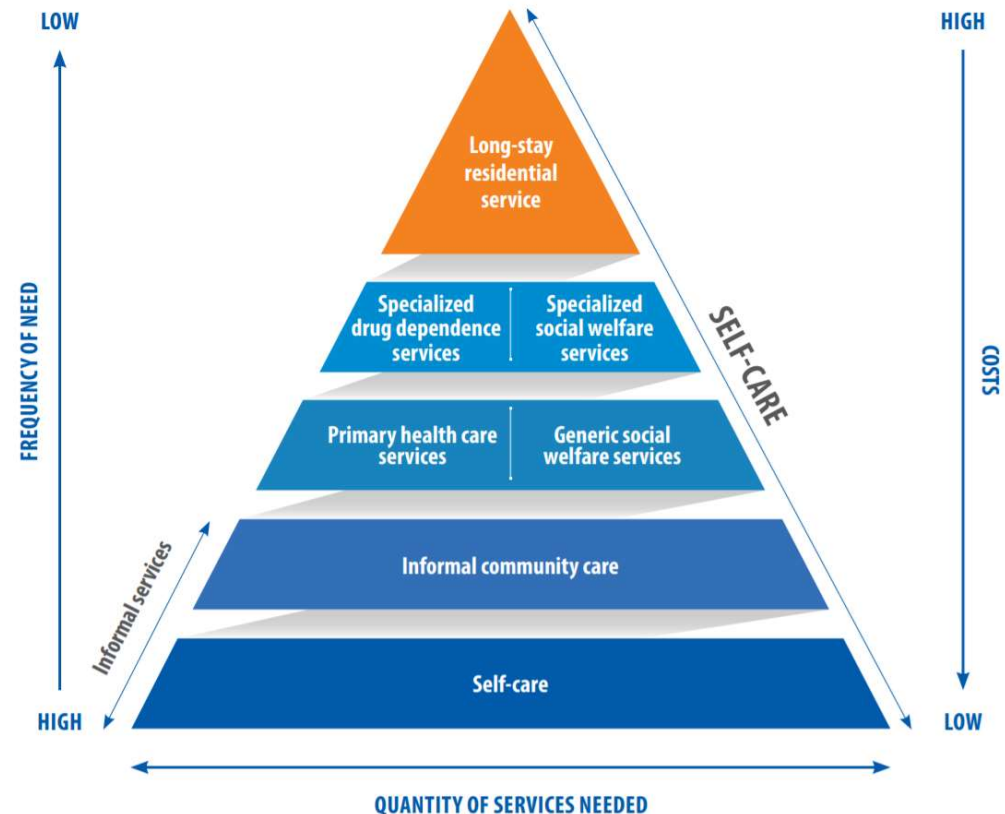


# Treatment systems: Offer the most effective, least invasive and lowest cost drug treatment intervention first in a continuum of care

Not one size fits all!

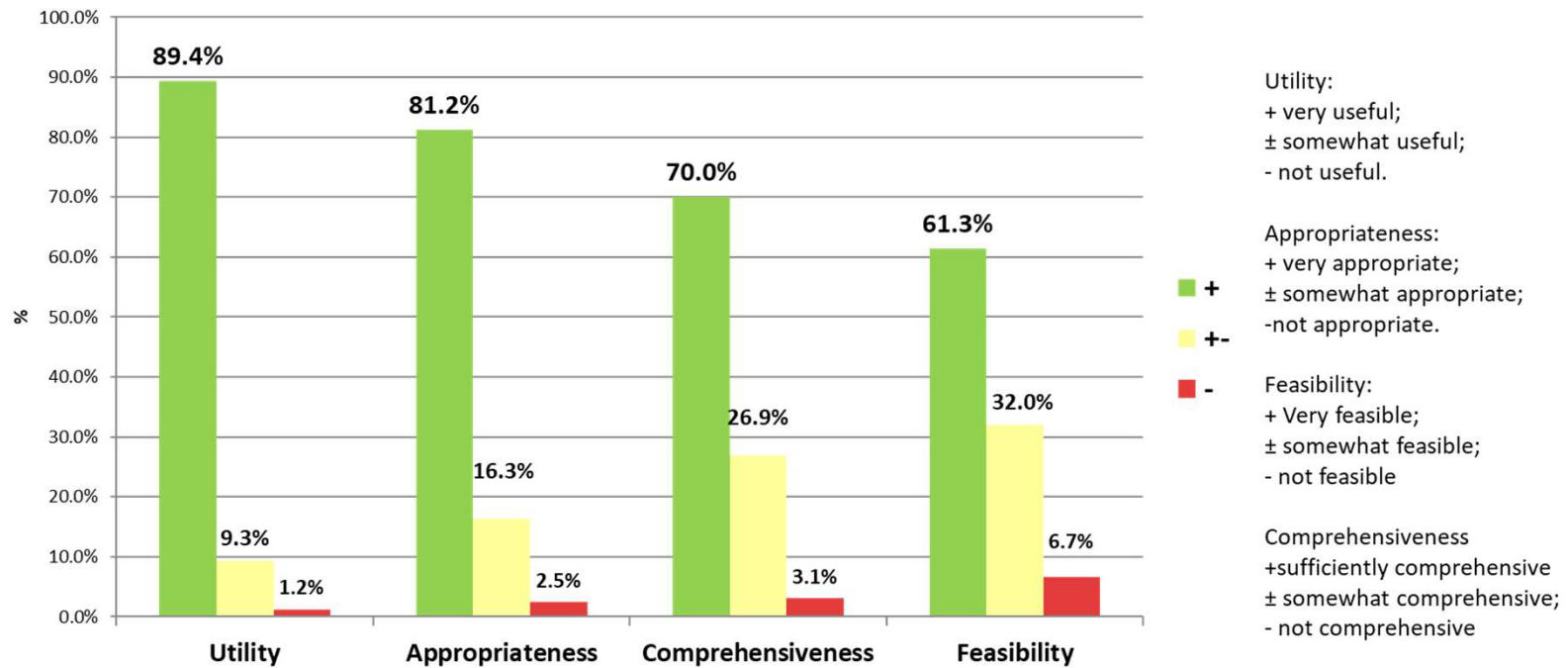


Drug use disorders develop on a spectrum





## Field testing of the Standards: “need for additional support to facilitate implementation”

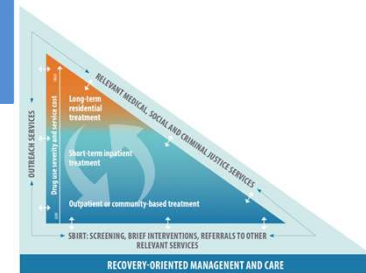




# Quality assurance and Quality appraisal

- International expert group convened since 2016 by UNODC: Members reviewed and made recommendations on how to assess quality sections of International Standards
- Group reviewed national and international quality, audit and outcome monitoring systems, WHO and UNODC guidance and training etc.
- Same as standards: 2 QA tools: systems and services
- 2021 NEW: Document agreed by many international and regional agencies (Key quality standards for service appraisal)





# QA Services assessment

An adaptable and flexible QA system with core standards/criteria for all drug use disorder treatment services.

## CORE STANDARDS



**Core management**



**Core care**



**Patients Rights**

## OPTIONAL STANDARDS



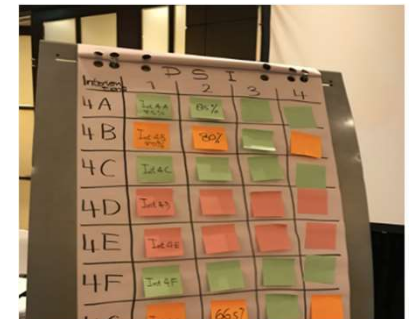
**Interventions**



**Settings**



**Patient target group**



\* Optional = as applicable





# Quality assurance in treatment for drug use disorders: key quality standards for service appraisal (2021)

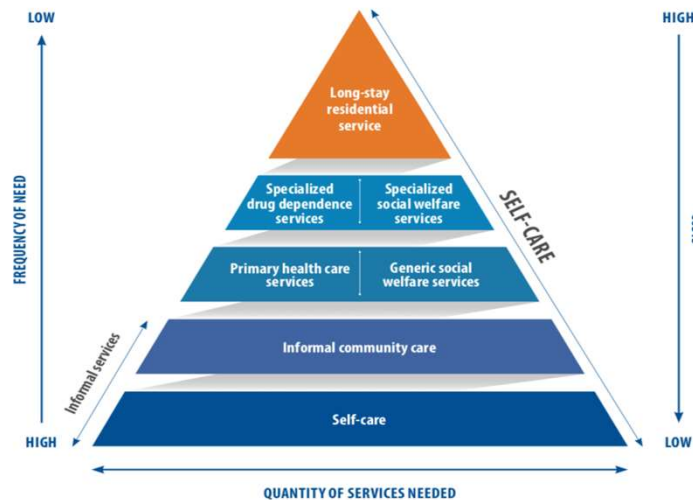
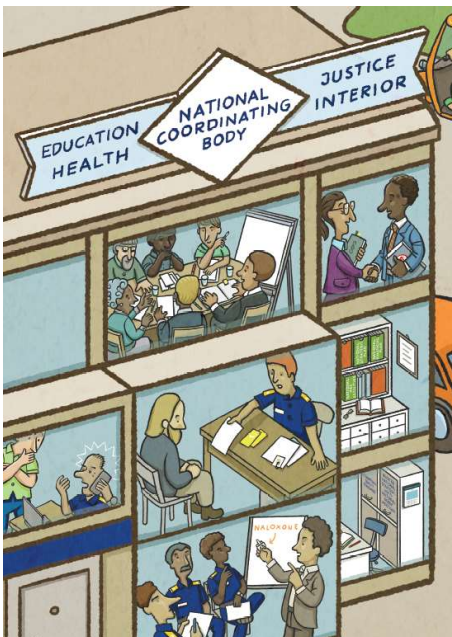
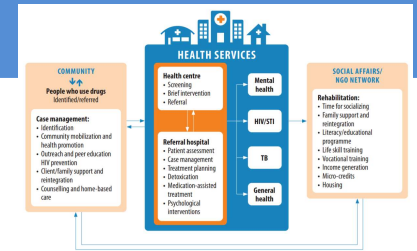


**Table 1:  
Overview of the Key Quality Standards for the appraisal of drug treatment services**

Effective management of the service	Individualized, patient-centred treatment and care	Timely access to evidence-based interventions	Promotion of patient health, safety and human rights
M1. The service adequately plans the delivery of treatment and care for drug use disorders	PC1. Patient assessments are comprehensive and participatory	E1. The service ensures timely access for its target groups	P1. Patients are treated with respect and protected from abuse, malpractice, and discrimination
M2. The service operates within established financial regulations	PC2. Treatment and care provided based on informed consent from patients	E2. The service monitors and improves its outcomes and performance	P2. Patients are fully informed about service rules, policies and procedures protecting confidentiality
M3. The service adequately manages its human resources to provide effective and caring treatment	PC3. All patients have a written individual treatment plan that is regularly reviewed and helps co-ordinate treatment and care	E3. Interventions are evidence-based and underpinned by established protocols	P3. The service promotes patients' health, wellbeing and social functioning.
M4. The service meets national/local requirements for providing drug use disorder treatment	PC4. The service works in partnership with other services to meet patient needs		P4. The service has a procedure of independent complaint for patients
M5. The service has adequate facilities and equipment for service delivery	PC5. The service meets the needs of diverse groups of patients		P5. The service actively ensures the cleanliness, fire & infection control and other serious incidence protection
M6. The service has a patient record system that facilitates treatment and care	PC6. The service involves patients in service design and delivery		P6. The service safely manages its medicines
M7. The service has sustainable quality assurance mechanism			

# QA Systems appraisal

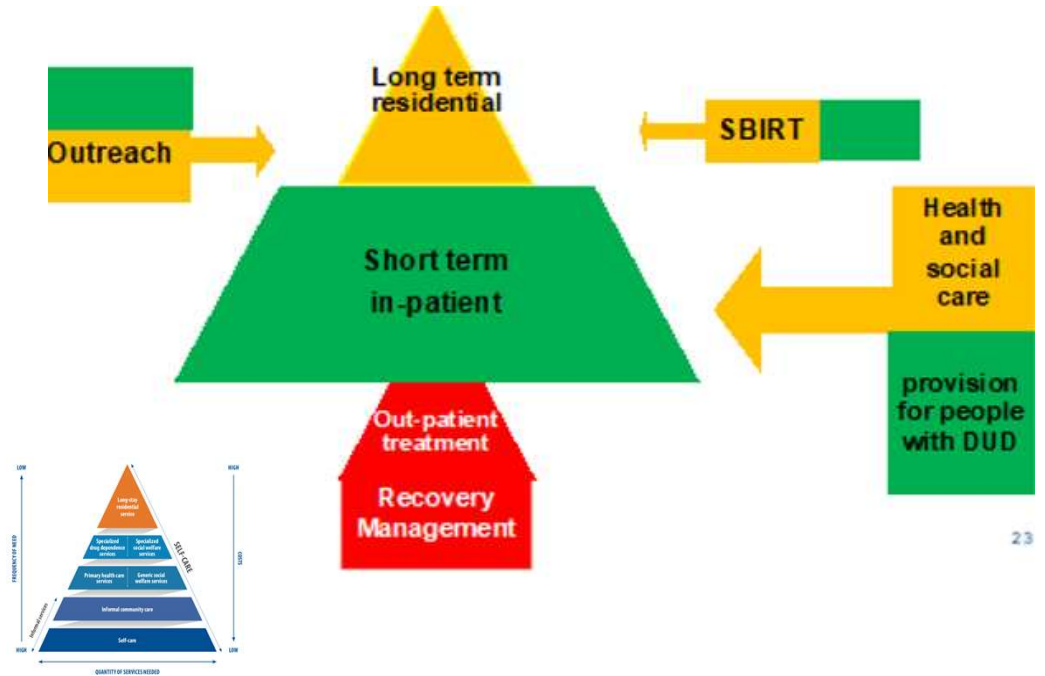
An adaptable and flexible QA system with core standards/criteria for all drug use disorder treatment services.



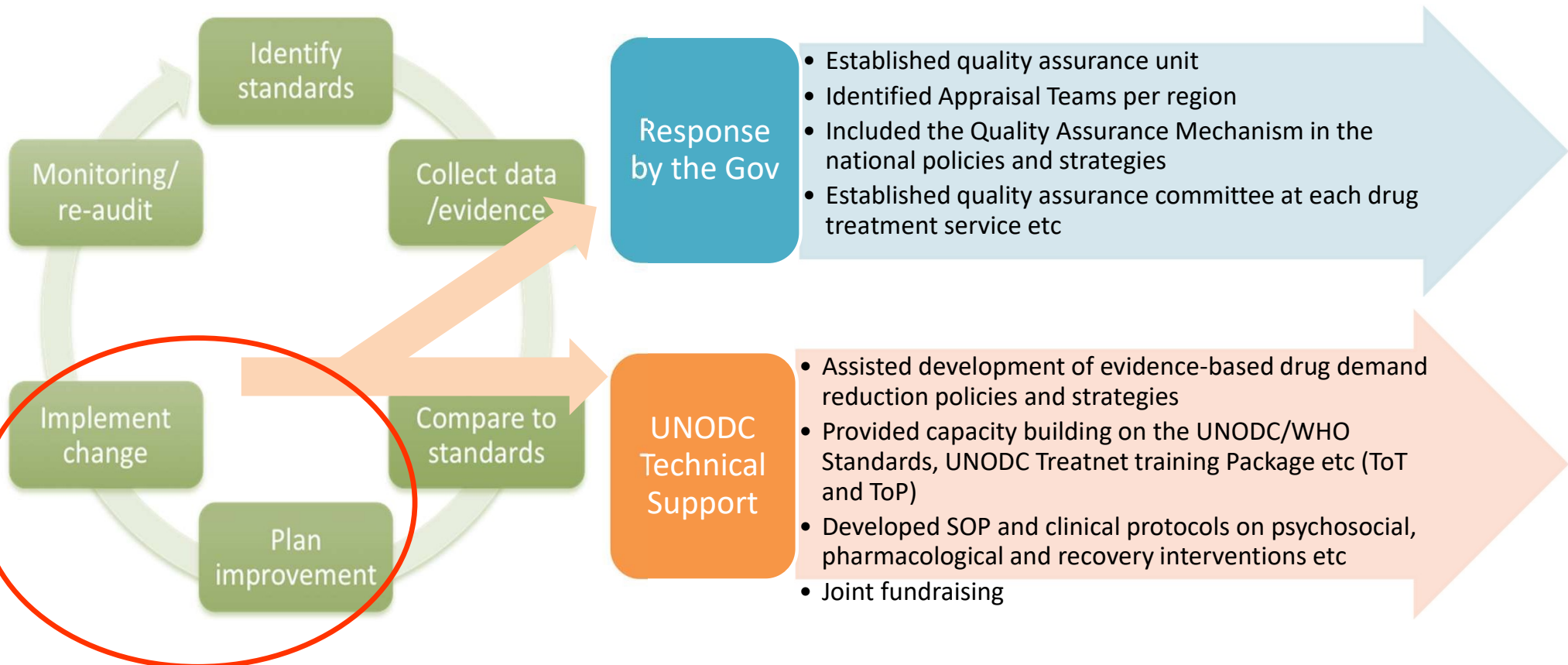
System level	Possible interventions
<b>Informal community care</b>	<ul style="list-style-type: none"> <li>Outreach interventions</li> <li>Self-help groups and recovery management</li> <li>Informal support through friends and family</li> </ul>
<b>Primary health care services</b>	<ul style="list-style-type: none"> <li>Screening, brief interventions, referral to specialist drug use disorder treatment</li> <li>Continued support to people in treatment/contact with specialized drug treatment services</li> <li>Basic health services including first aid, wound management</li> </ul>
<b>Generic social welfare</b>	<ul style="list-style-type: none"> <li>Housing/shelter</li> <li>Food</li> <li>Unconditional social support</li> <li>Referral to specialized drug treatment services, and other health and social services as needed</li> </ul>
<b>Specialized treatment services (outpatient and inpatient)</b>	<ul style="list-style-type: none"> <li>Assessment</li> <li>Treatment planning</li> <li>Case management</li> <li>Detoxification/withdrawal management</li> <li>Psychosocial interventions</li> <li>Medication-assisted treatment</li> <li>Relapse prevention</li> <li>Recovery management</li> </ul>
<b>Other specialized health care services</b>	<ul style="list-style-type: none"> <li>Interventions by specialists in mental health services (including psychiatric and psychological services)</li> <li>Interventions by specialists in internal medicine, surgery, paediatrics, obstetrics, gynaecology and other specialized health care services</li> <li>Dental care</li> <li>Treatment of infectious diseases (including HIV, Hepatitis C and tuberculosis)</li> </ul>
<b>Specialized social welfare services for people with drug use disorders</b>	<ul style="list-style-type: none"> <li>Family support and reintegration</li> <li>Vocational training/education programmes</li> <li>Income generation/micro-credits</li> <li>Leisure time planning</li> <li>Recovery management services</li> </ul>
<b>Long-term residential services for people with drug use disorders</b>	<ul style="list-style-type: none"> <li>Residential programme to address severe or complex drug use disorders and comorbid conditions</li> <li>Housing</li> <li>Vocational training</li> <li>Protected environment</li> <li>Life skills training</li> <li>Ongoing therapeutic support</li> <li>Referral to outpatient/recovery management services</li> </ul>

# QA appraisal for Treatment services & systems

Criterion	Osh	Bishkek	Talas	Gulistan	Khujand	Kulob	Jizzakh	Samarkand
CM1A								
CM1B								
CM2B								
CM2C								
CM2D								
CM2E								
CM2F								
KPI 1								
KPI 2								
KPI 3								
KPI 4								
KPI 5								
CC1A								
CC2A								
CC3A								
CC3B								
PCA								
PCE								
PCF								
PCG								
PCJ								
Int 2B								
Int 2C								
Int 4A								
Int 4C								
Int 5Bii								
Int 5Biii								
Int 5Biv								
Int 5C								
Int 5D								
Int 5E								
Int 5F								
Int 5G								
Int 6B								
Set 1A								
Set 1B								
Tar 2A								



# Example: From quality appraisal to quality assurance





**UNODC**

United Nations Office on Drugs and Crime

## UNODC Quality Assurance Countries



### Full QA pilots

Nigeria & Afghanistan



### QA Trainings

Egypt, Indonesia, Kazakhstan, Kyrgyzstan, Lao PDR, Tajikistan, Turkmenistan, United Arab Emirates, Uzbekistan, and Vietnam



### QA Training of Trainers

Austria



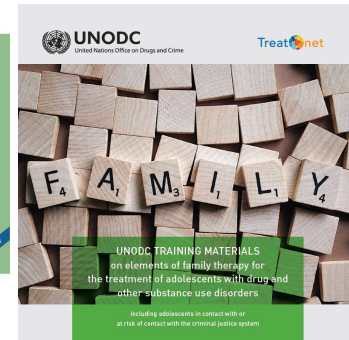
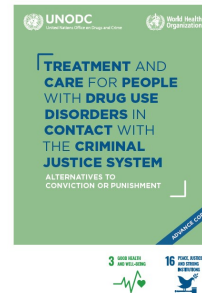
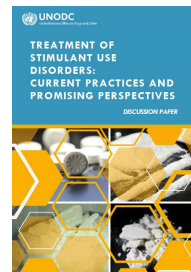
### QA Latin America & the Caribbean – ongoing

Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama and Peru



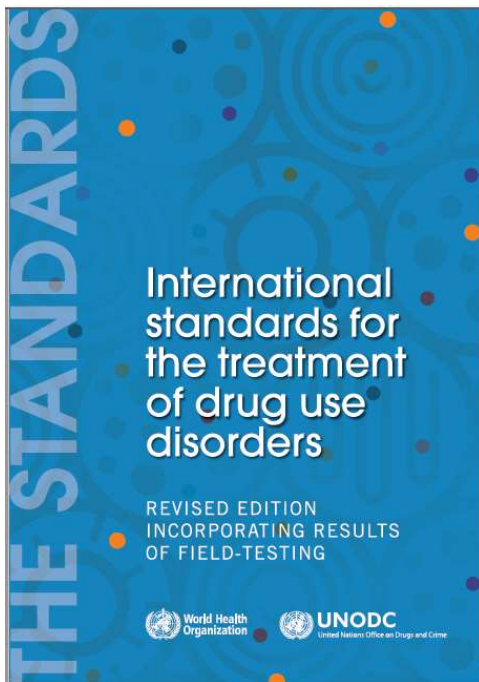
# Additional & new areas of our work on treatment of drug use disorders

- Treatment as an alternative to conviction or punishment
- Overdose prevention and overdose management
- Management of substance use disorders during pregnancy
- Treatment of adolescents with substance use disorders and in contact with the criminal justice system
- Treatment of stimulant use disorders
- Addressing substance use disorders in humanitarian settings
- Treatment of drug use disorders and associated mental health disorders in prison settings
- Co-morbidities



# Thank you for your attention!

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#Leaving no one behind



<https://www.unodc.org/unodc/en/drug-prevention-and-treatment/publications.html>