





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



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

Neuroscience of psychoactive
substance use and dependence



World Health Organization

"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"

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

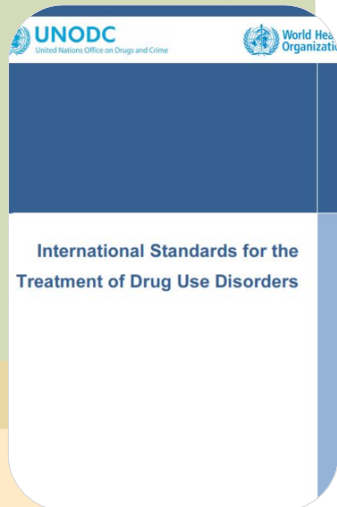


“We recognize drug dependence as a **complex, multifactorial health disorder** characterized by chronic and relapsing nature with social causes and consequences that can be prevented and treated...”

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

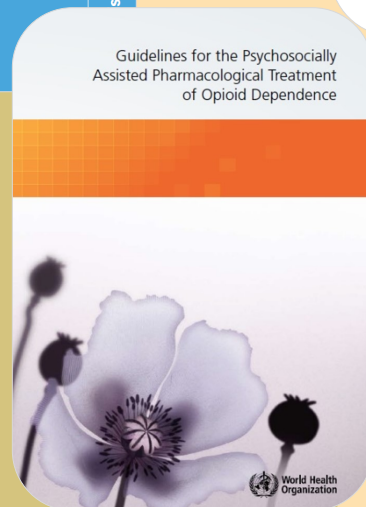
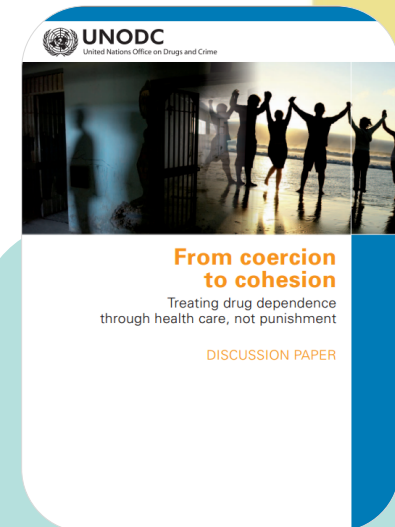
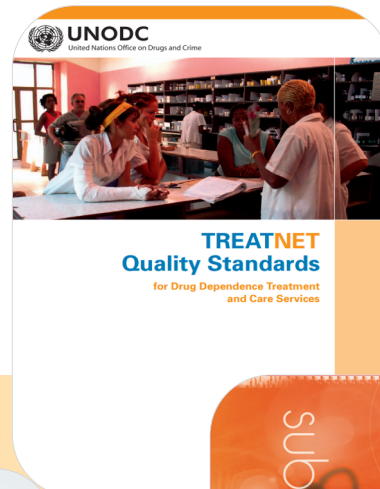
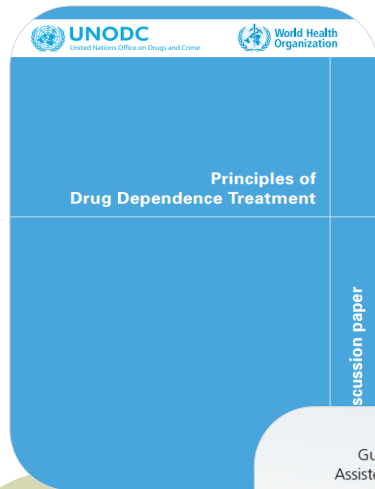


- Should be provided primarily in the **health and social system**
- Ensure good **clinical governance** of treatment services
- Effective **coordination between the criminal justice system and health and social services** is necessary
- **Integrated treatment policies**, services, procedures, approaches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



What works?

Psychosocial treatment

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

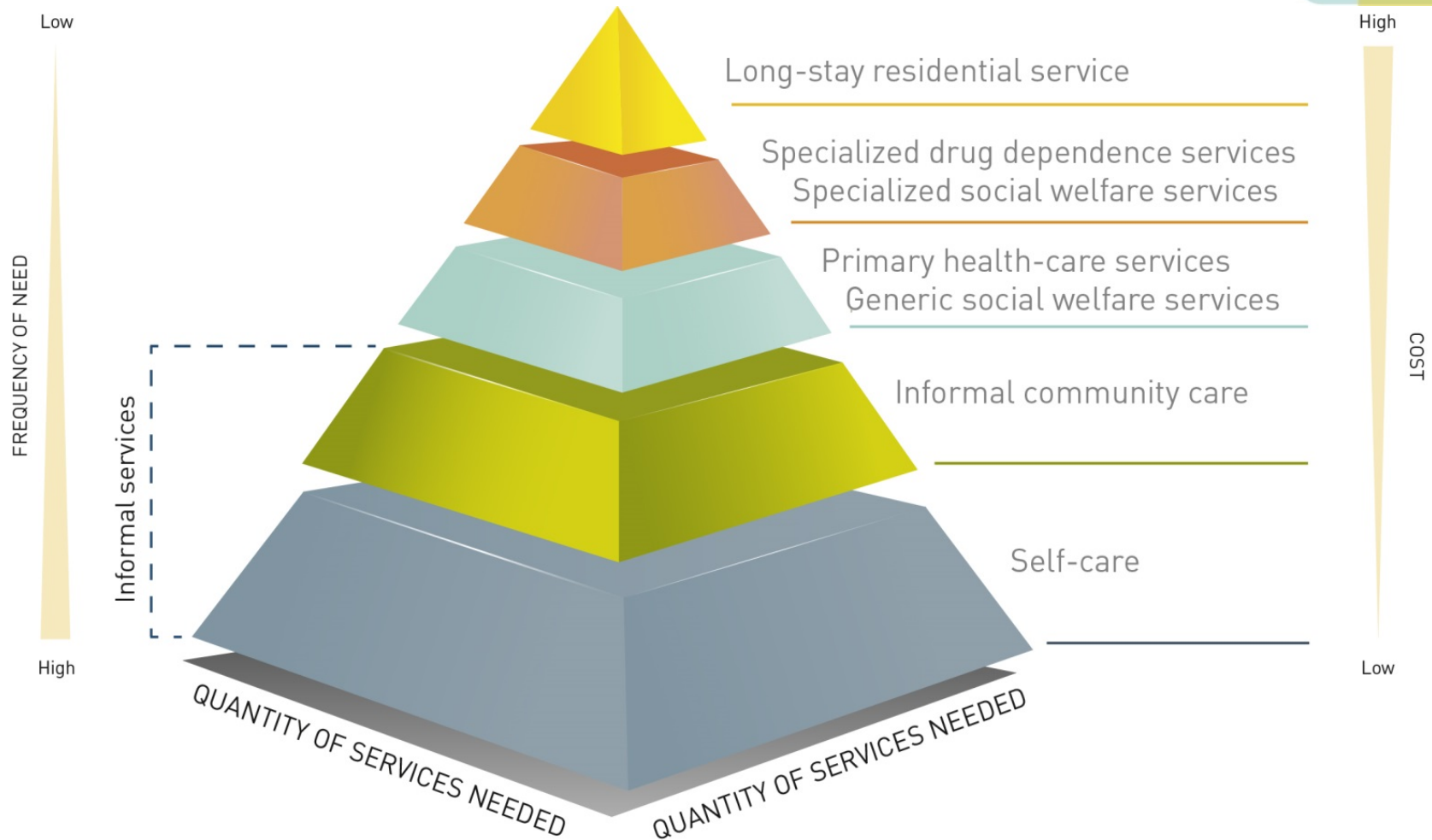
Pharmacological treatment

- Opioid-agonists
- Opioid-antagonists

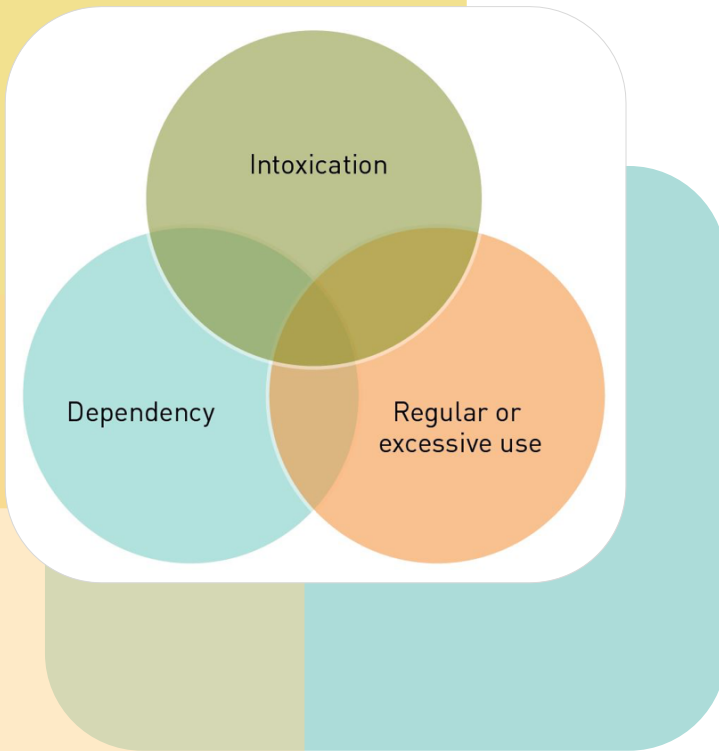


Not one size fits all

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

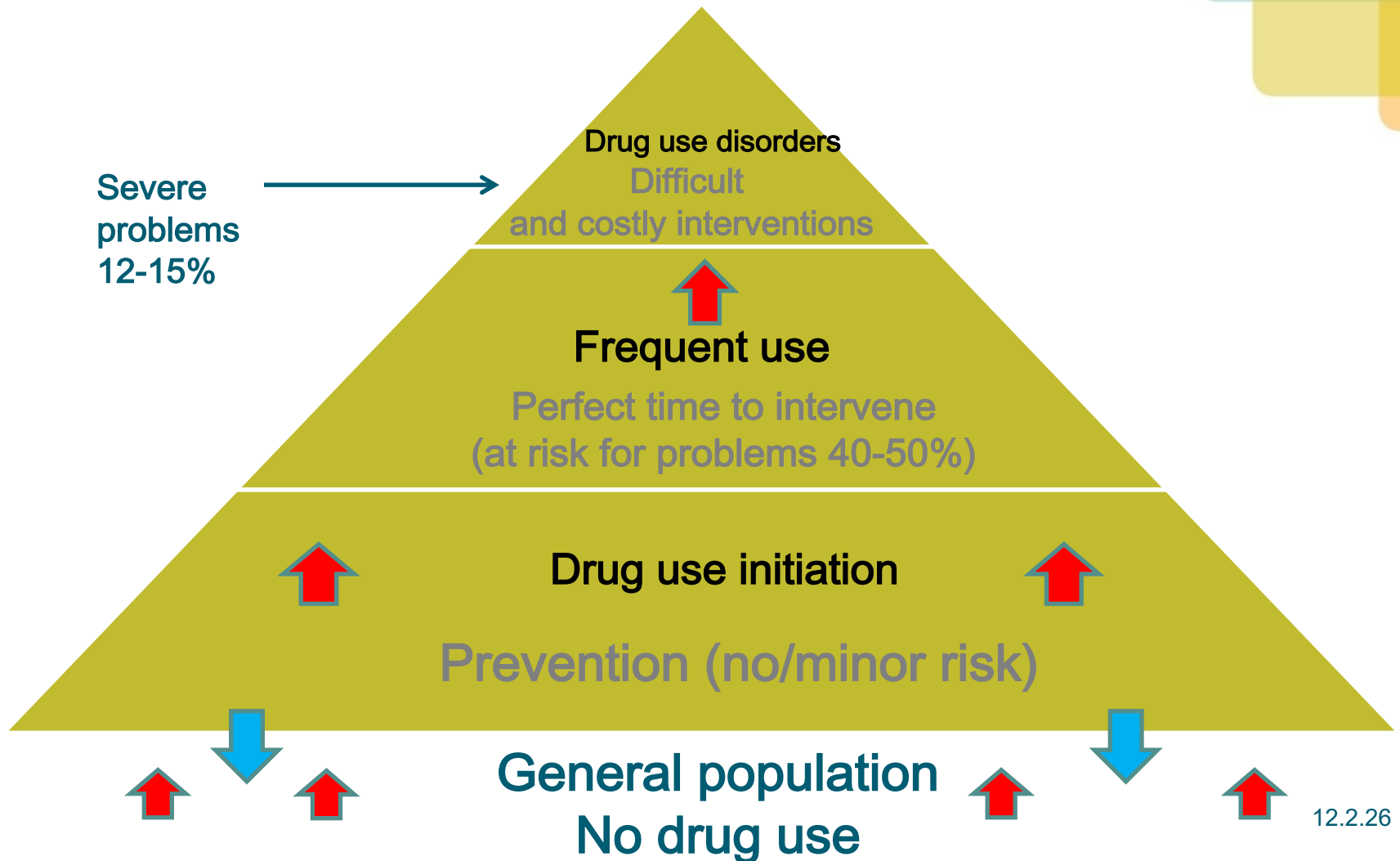
Ask yourself the questions....

1 min 

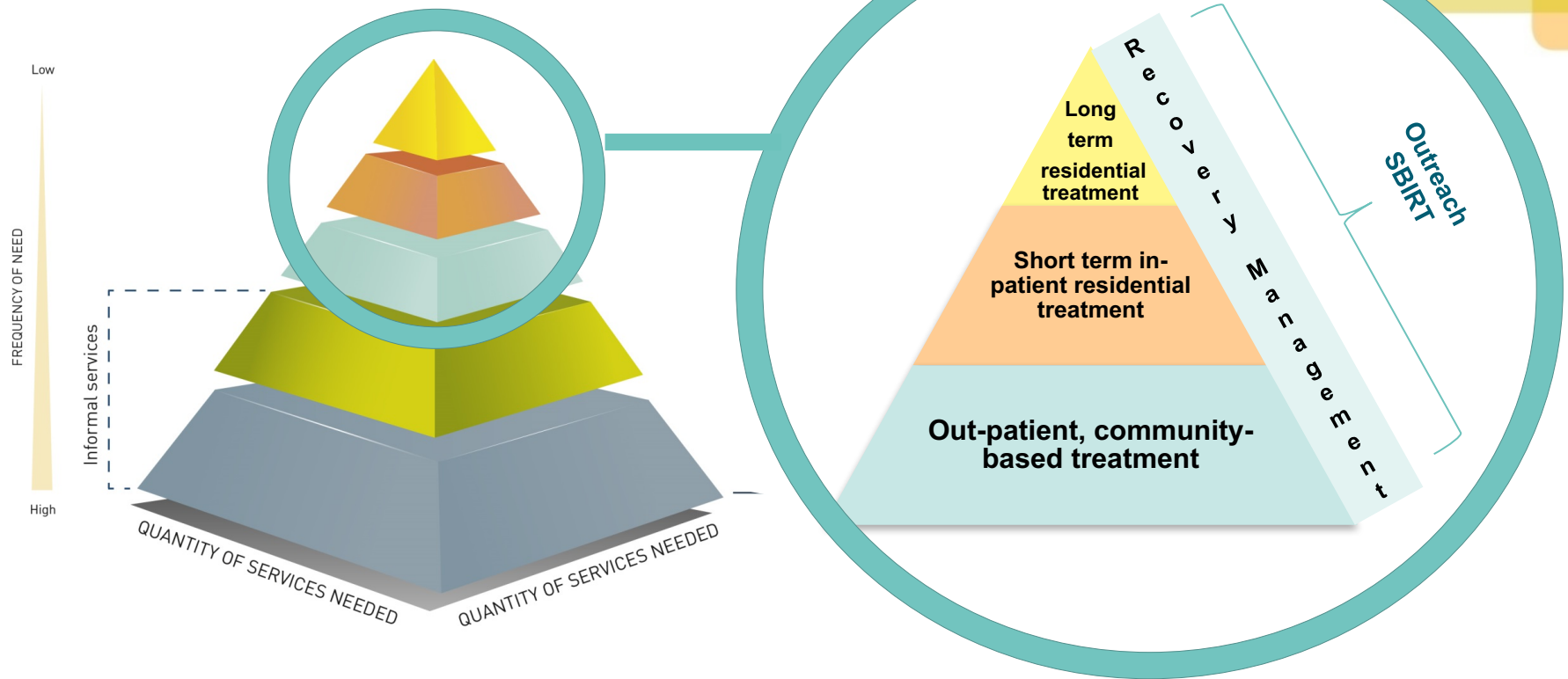
- What settings do you know which are ideal for the provision of the drug treatment services?
- What settings exist in your country?



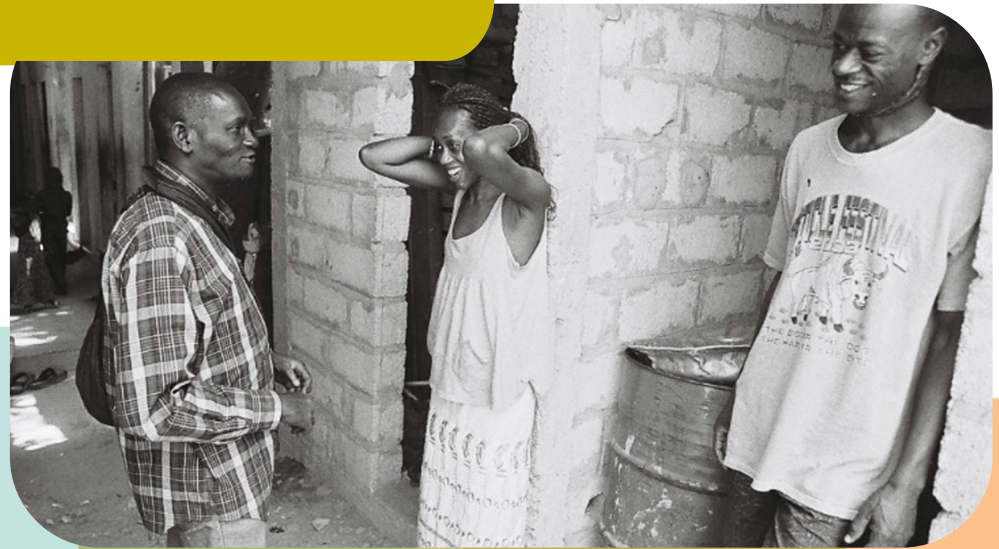
Population based planning



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



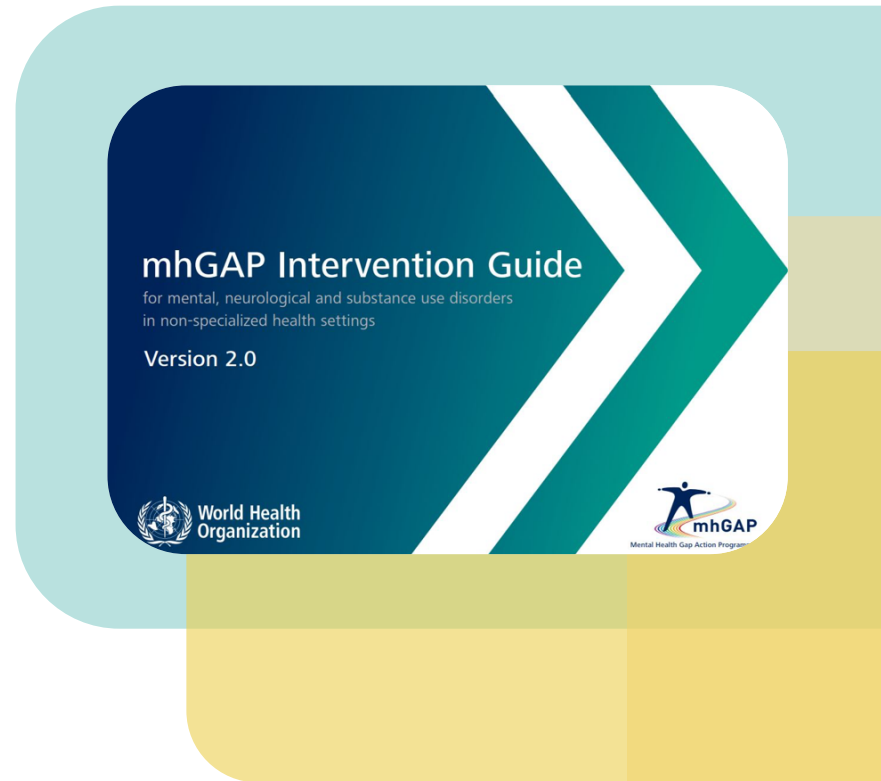
Screening, Brief Intervention and Referral to Treatment (SBIRT)

- **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 (RCTs) 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

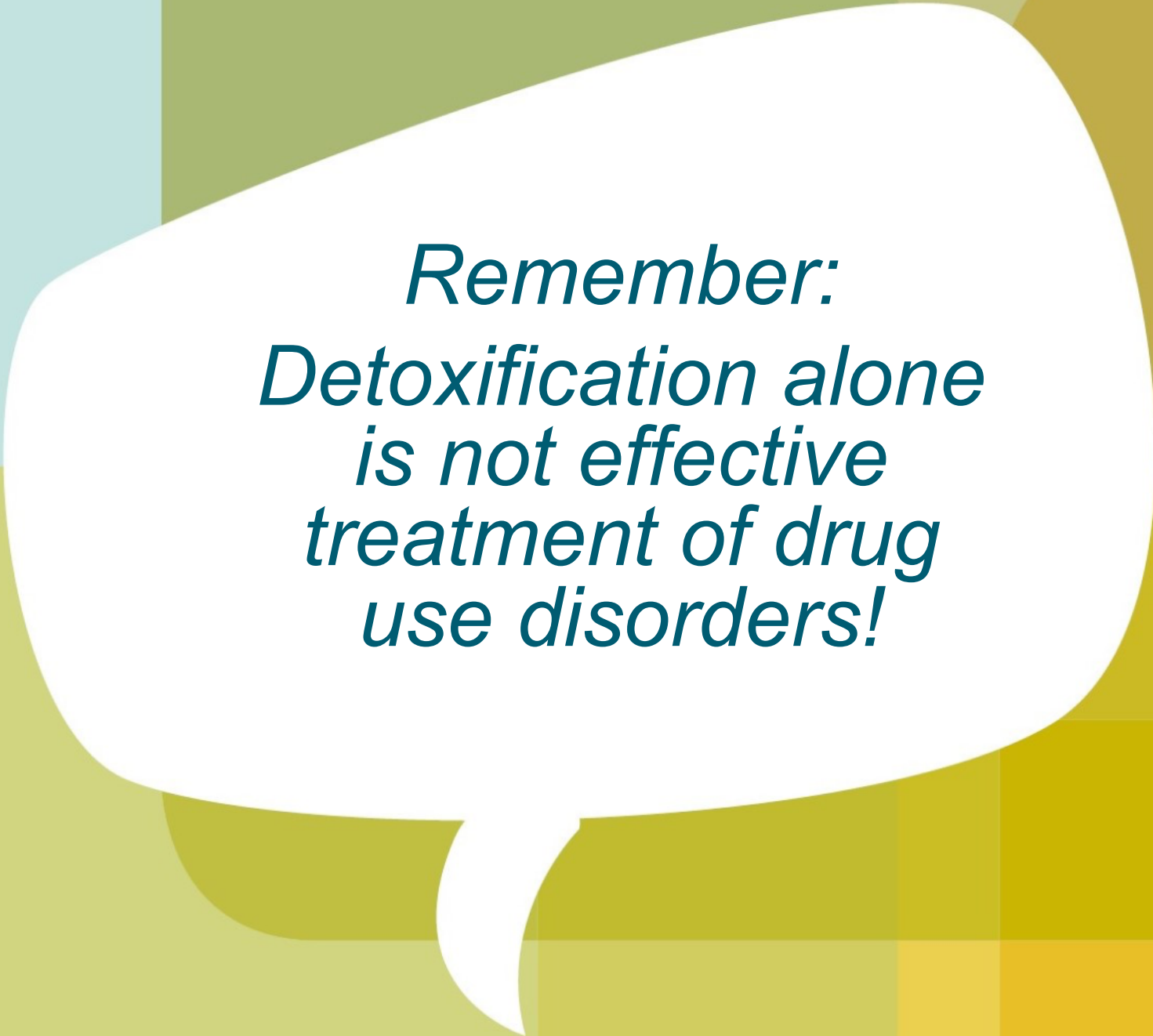
Mainly for:

- 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)

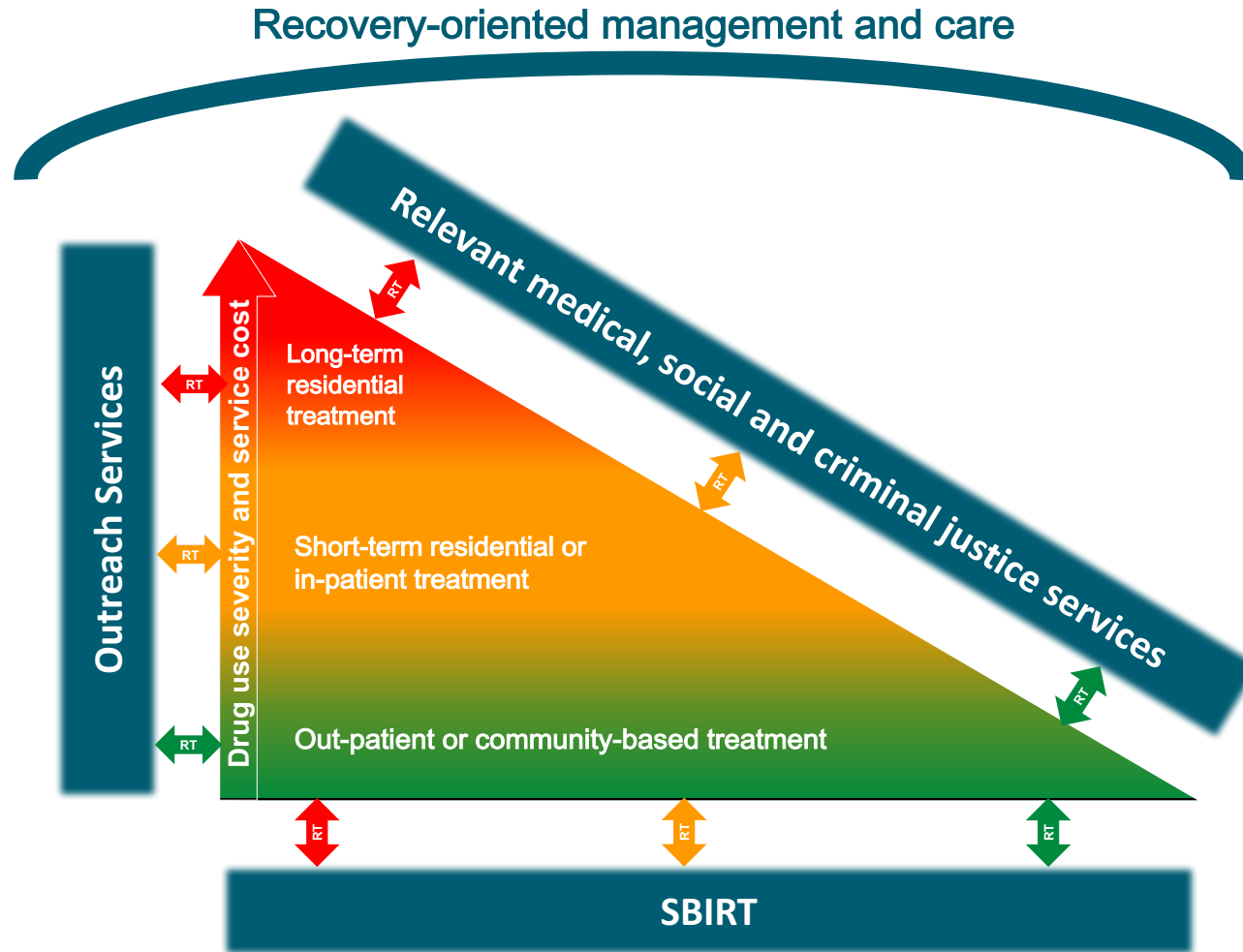
Recovery support



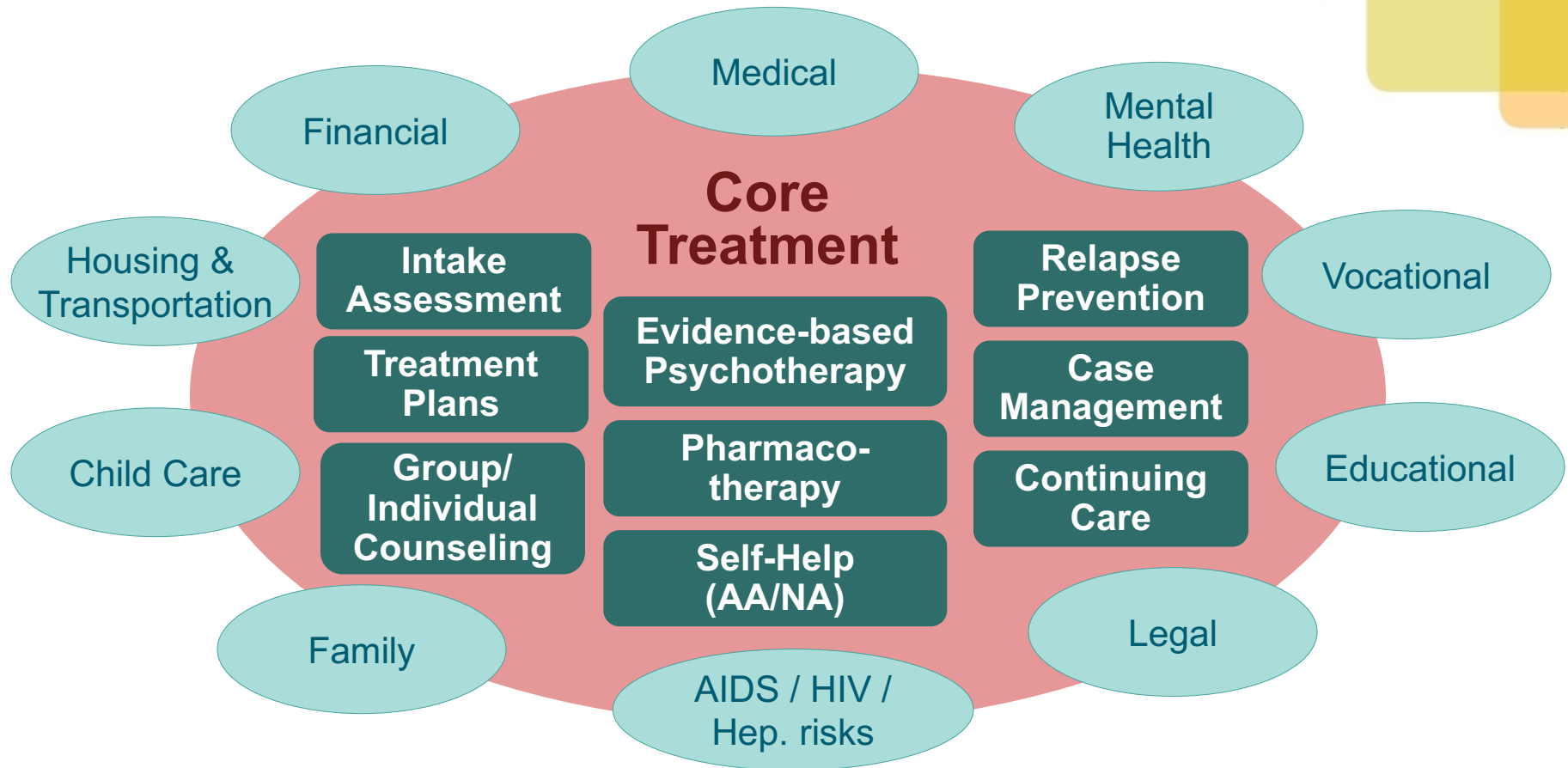
Recovery management


- **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



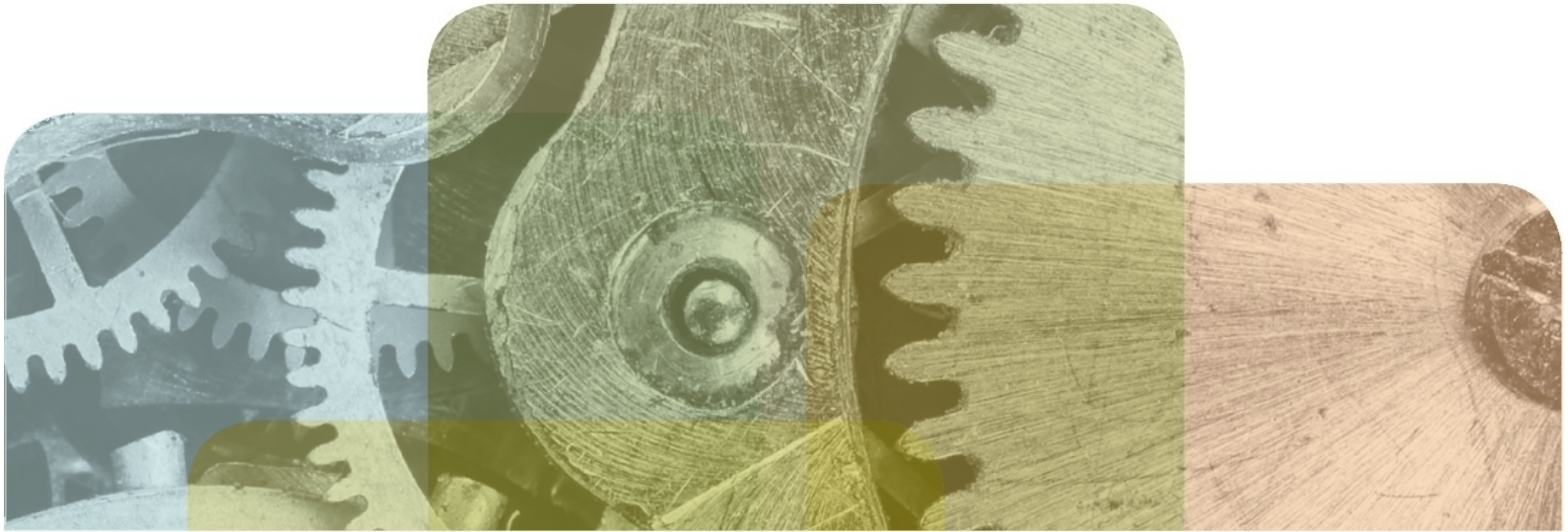


*The International Standards for the Treatment of Drug Use Disorders provide a **framework** for the development of a treatment system with a continuum of care approach*

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



Thank you for your attention!



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Questions

