

WHO guidelines and tools on diagnosis and management of substance use disorders

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**International conference on drug prevention, treatment and care
Vienna, 1 July 2019**



**World Health
Organization**

Critical public health elements in addressing the world drug problem (WHO, 2016)

1. Prevention of drug use and reduction of vulnerability and risks
2. Treatment and care of people with drug use disorders
3. Prevention and management of harms associated with drug use
4. Access to controlled medicines.
5. Monitoring and evaluation.

The WHO Mental Health Flagship Programme (2019-2023): Universal Health Coverage for Mental Health

THEORY OF CHANGE

THE PROBLEM :

- There can be no health or sustainable development without mental health
- Depression and anxiety disorders cost the global economy US\$1 trillion per year
- 800 000/year deaths from suicide, which is a leading cause of death in young people
- Mental health conditions cause 1 in 5 years lived with disability
- Common among people affected by communicable (e.g. HIV and TB) and non communicable diseases (e.g. cancer and cardiovascular disease)
- Treatment coverage is extremely low
- Especially common in populations affected by humanitarian crises and other forms of adversity (e.g. sexual violence)
- People with mental health conditions often experience severe human rights violations, discrimination, stigma
- Lack of sustained financing for services at scale
- Effective evidence-based care is available but provision of services is lacking

PROGRAMME GOAL: By 2023 universal health coverage (UHC) ensures access to quality and affordable care for mental health conditions in 12 priority countries to 100 million more people

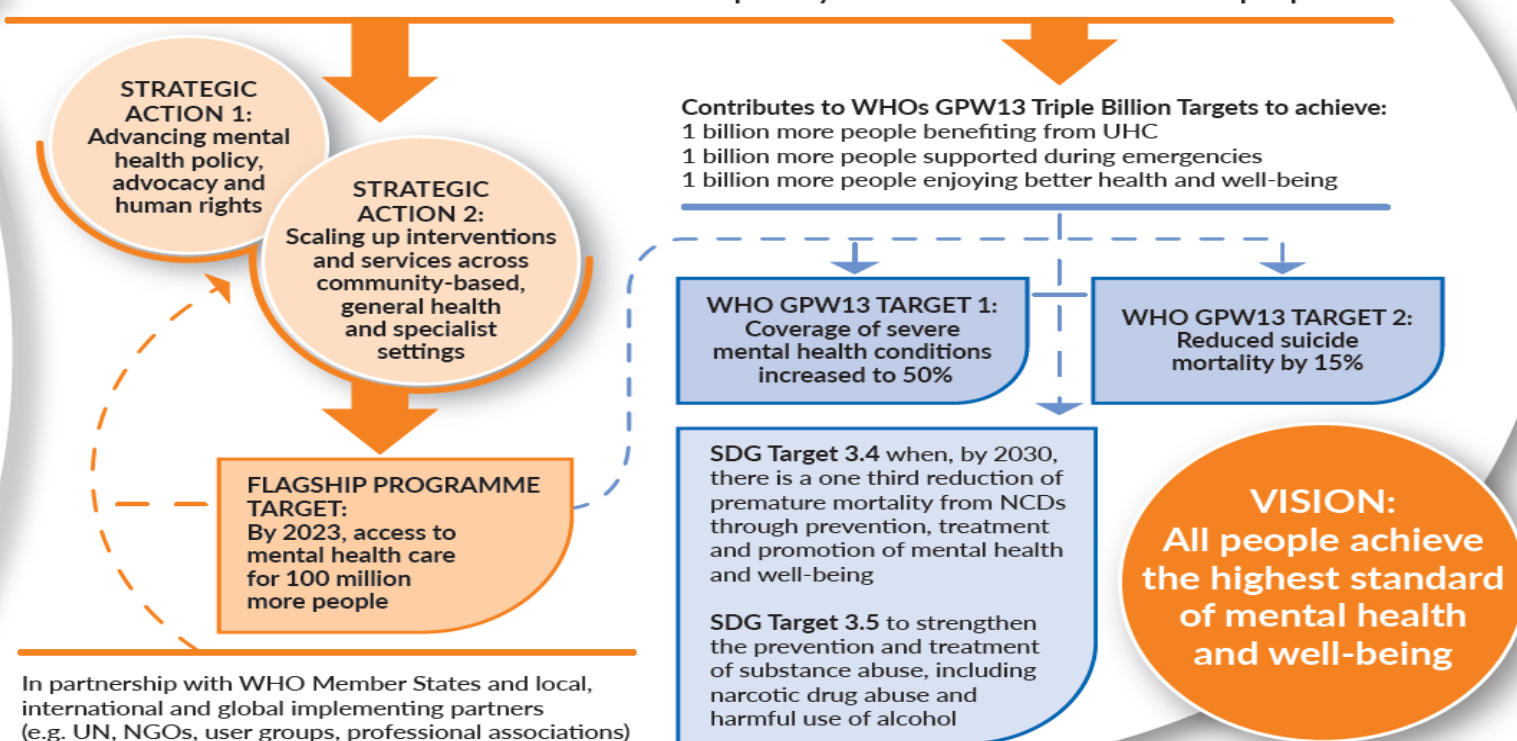


Figure 1. The WHO Mental Health Flagship Programme Theory of Change

Examples of WHO function on the development of norms, standards and Technical Tools on Prevention and Treatment of Substance Use Disorders

Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence

BRIEF INTERVENTION

The ASSIST-linked brief intervention for hazardous and harmful substance use
Manual for use in primary care

Management of Substance Abuse
Department of Mental Health and Substance Abuse

ASSIST

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
Manual for use in primary care

SELF-HELP STRATEGIES

For cutting down or stopping substance use
A guide

Management of Substance Abuse



Guidelines for the identification and management of substance use and substance use disorders in pregnancy



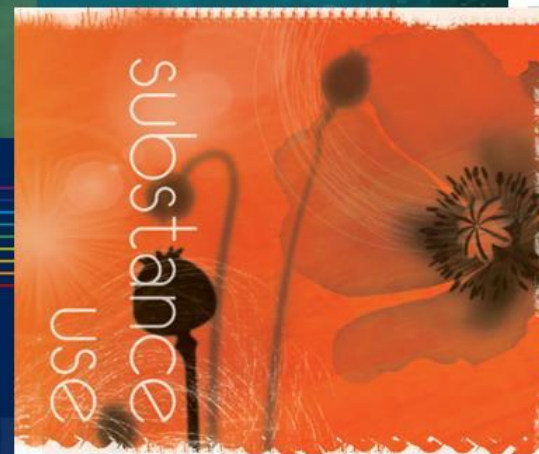
mhGAP Intervention Guide

for mental, neurological and substance use disorders in non-specialized health settings



World Health Organization

mental health Gap



Community management of opioid overdose



United Nations Office on Drugs and Crime



World Health Organization

INTERNATIONAL STANDARDS FOR THE TREATMENT OF DRUG USE DISORDERS

DRAFT FOR FIELD TESTING
29 February 2016



World Health Organization

Field testing of the International Standards for the Treatment of Drug Use Disorders

- **Goal:** To test *The Standards* in diverse treatment settings for generating empirical data to ensure the applicability and overall utility of *The Standards* for improving treatment and care for drug use disorders.
- Field testing implemented in 9 countries: Australia, Brazil, Chile, China, India, Indonesia, Iran, Mexico, Thailand

Component of the field testing	N of inputs
Key Informants Survey	1243 participants
Expert reviews	43 experts
Focus Groups	43 groups (308 participants)
Site visits	42 visits

mhGAP Intervention Guide Version 2.0

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for mental, neurological and substance use disorders
in non-specialized health settings

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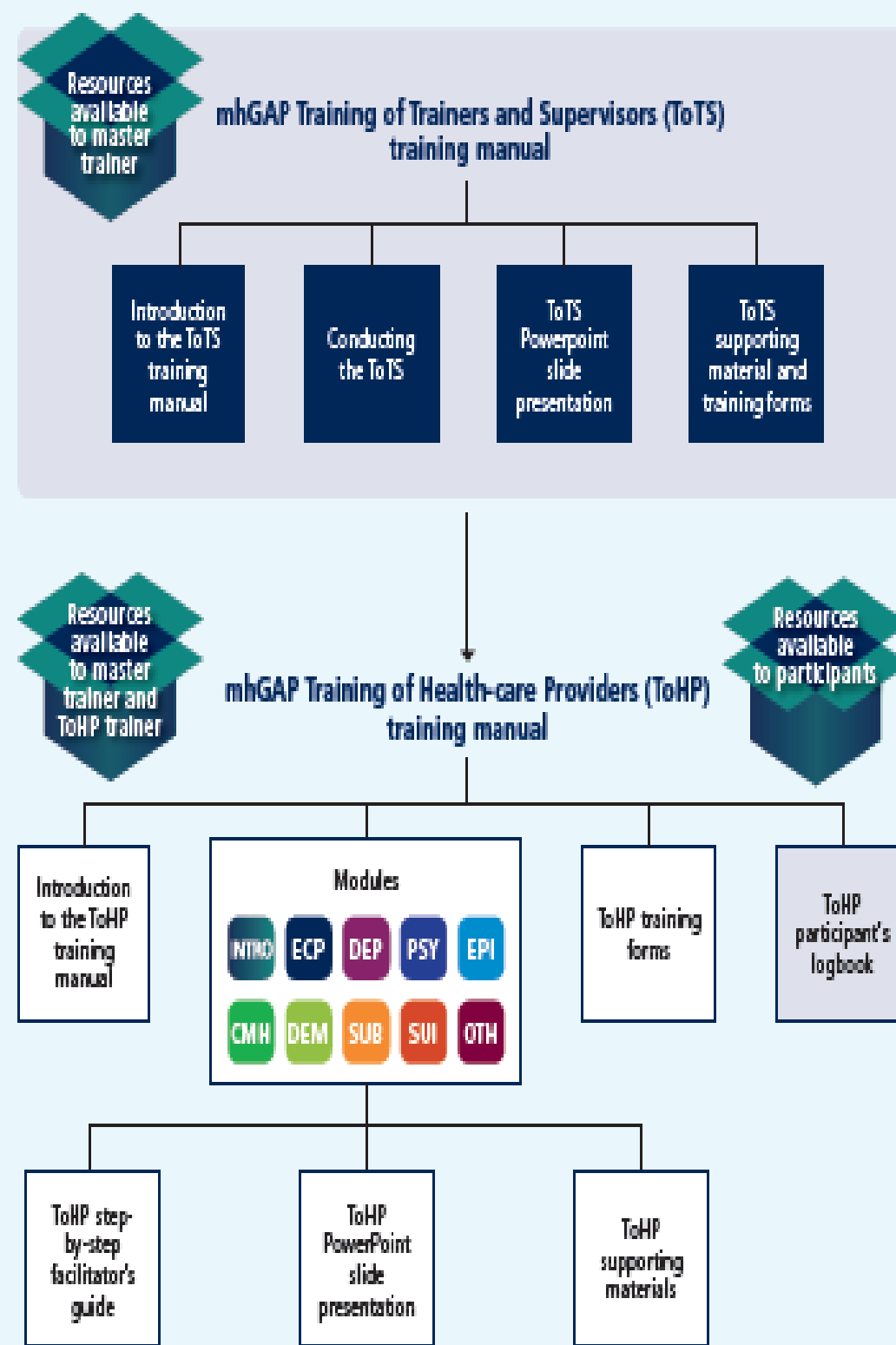
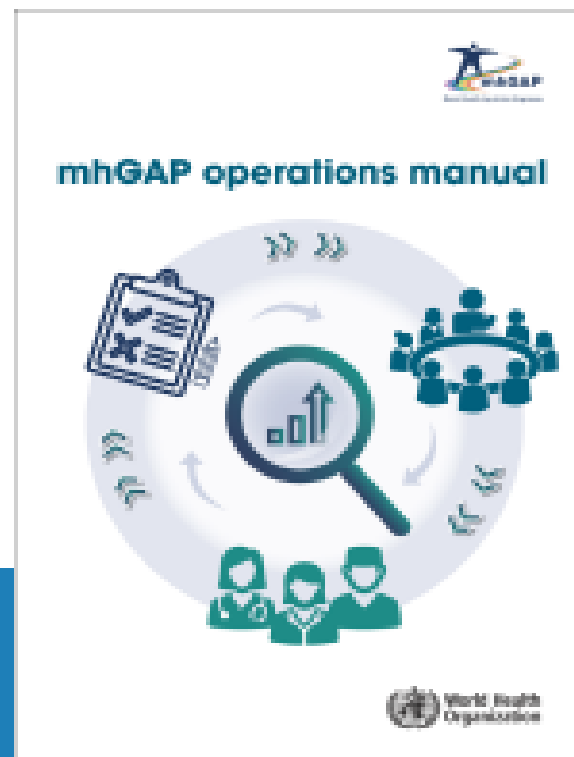


mental health Gap Action Programme

- mhGAP Guidelines **second edition of guidelines** published in 2016
- Following WHO Guideline Development Methodology - GRADE
- Covers identification and management of Depression, Psychoses, Epilepsy, Dementia, Self-Harm/Suicide and Substance Use Disorders.

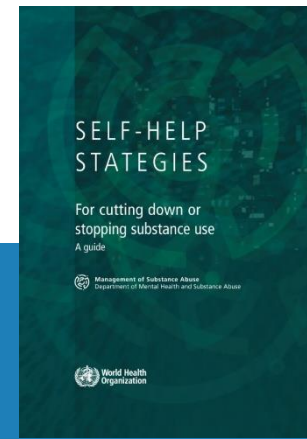
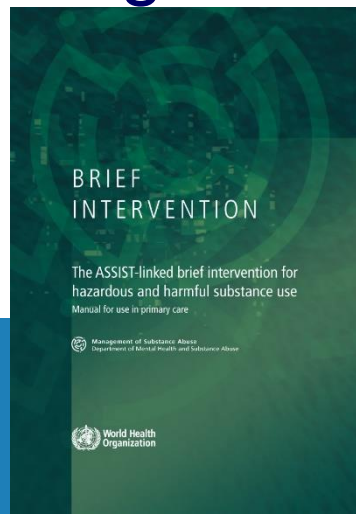
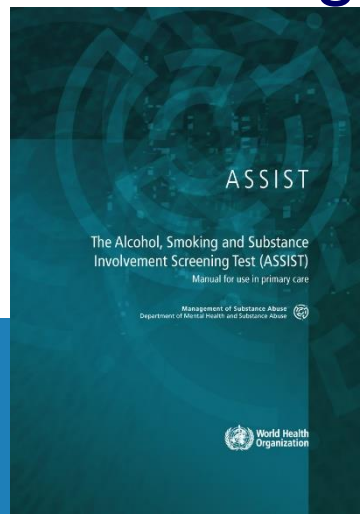
The mhGAP training manuals

- mhGAP Training of Trainers and Supervisors (ToTS) training manual
- mhGAP Training of Health-care Providers (ToHP) training manual
- *Competency-based approach*



Brief version of WHO ASSIST ("ASSIST-FC")

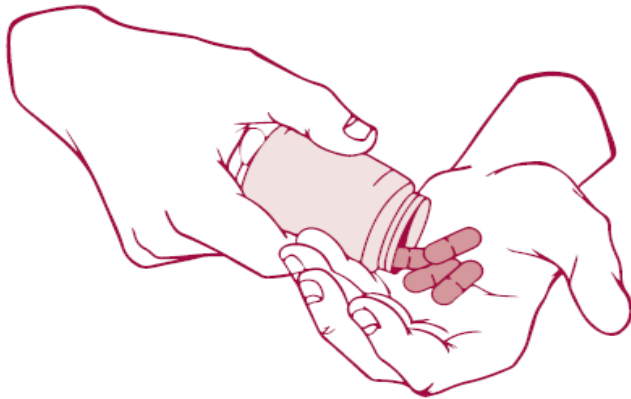
- Suggested two questions from the original WHO ASSIST instrument (WHO, 2010)
- Maintained 3-months timeframe for substance use
- Additional focus on prescription psychoactive drugs
- Requires testing in diverse cultural and health care settings before integrating as a part of the WHO ASSIST package.



Most recent WHO guidelines



WHO GUIDELINES FOR THE PHARMACOLOGICAL AND RADIOTHERAPEUTIC MANAGEMENT OF **CANCER PAIN** IN ADULTS AND ADOLESCENTS



Management of physical health conditions in adults with severe mental disorders

WHO GUIDELINES



GUIDELINES ON PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR AND SLEEP **FOR CHILDREN** UNDER 5 YEARS OF AGE



WHO Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age (WHO, 2019)

SEDENTARY TIME

- **Infants (less than 1 year)**
should not be restrained for more than 1 hour at a time (e.g., in prams/strollers, high chairs, or strapped on a caregiver's back). Screen time is not recommended. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.
- **Children 1–2 years of age**
should not be restrained for more than 1 hour at a time (e.g., in prams/strollers, high chairs, or strapped on a caregiver's back) or sit for extended periods of time. For 1-year olds, sedentary screen time (such as watching TV or videos, playing computer games) is not recommended. For those aged 2 years, sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.
- **Children 3–4 years of age**
should not be restrained for more than 1 hour at a time (e.g., in prams/strollers) or sit for extended periods of time. Sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

Strong recommendations, very low quality evidence

GUIDELINES ON PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR AND SLEEP | FOR CHILDREN UNDER 5 YEARS OF AGE



WHO activities on prevention and treatment of drug use and drug use disorders

- WHO-UNODC Multisite implementation project on community management of opioid overdose with a focus on naloxone provision for preventing overdose deaths (UNODC/WHO SOS initiative)
 - Training package
- Clinicians guide and training package on identification and management of drug use and drug use disorders in pregnancy (in collaboration with UNODC)
 - WHO/UNODC Workshop during the ISSUP conference in Vienna
- Development of feasible and valid approaches to estimation of treatment coverage for substance use disorders in line with SDG 3.5 (in collaboration with UNODC) and GPW 13 agendas and impact framework (with technical tools for assessment of treatment coverage and treatment systems).

Global survey on progress with SDG health target 3.5 (Strengthening prevention and treatment of substance abuse)

- Survey started on 1st July 2019 and will last till the end of August 2019.
- The survey tool has two major section:
 - Alcohol consumption and implementation of the Global strategy to reduce the harmful use of alcohol (SDG 2030 indicator 3.5.2)
 - Service coverage for substance use disorders (SDG 2030 indicator 3.5.1)
 - Service delivery
 - Health workforce
 - Health information system
 - Access to medicines
 - Financing
 - Governance

WHO planned activities for 2019-2020 on prevention and treatment of drug use and drug use disorders (continued)

- Cannabis: clinical management and review of public health responses
- Core competencies for health professionals to address substance use and related disorders
- Completion of the work on ICD-11 for disorders due to substance use (field testing and implementation)
- Development of integrated guidelines for identification and management of substance use disorders based in ICD-11 nomenclature and classification
 - Disorders due to prescription drug use

72nd World Health Assembly (Geneva, 20-28 May 2019)

- ADOPTS the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), to come into effect on 1 January 2022, subject to transitional arrangements, with the following constituents:
 - the detailed list of four-character categories and optional five- and six-character subcategories with the short tabulation lists for mortality and morbidity;
 - ...
 - the rules and instructions for underlying cause coding for mortality and main condition coding for morbidity; ”



72nd World Health Assembly requests the Director-General of WHO (A72/29 Add.1)

- ...(2) to publish the ICD-11 in the six official languages of the Organization and put in place the digital tools and support mechanisms for its maintenance, dissemination and use, including facilitation of linkages with existing clinical terminologies;
- (3) to provide support upon request to Member States in implementing ICD-11, including in building systems and capacity, and by providing the ICD-11 translation platform;
- (4) to provide transitional arrangements from 1 January 2022 for at least five years, and as long as necessary to enable Member States to compile and report statistics using previous revisions of the International Classification of Diseases;
- (5) to implement a regular updating process for ICD-11....

Proposed classes of substances in the draft ICD-11

- Alcohol
- Opioids
- Cannabis
- Sedatives, hypnotics or anxiolytics
- Cocaine
- Caffeine
- Stimulants including amphetamine, methamphetamine or methcathinone
- Hallucinogens
- Nicotine
- Volatile inhalants
- MDMA and related drugs
- Dissociative drugs including ketamine and PCP
- Synthetic cannabinoids
- Synthetic cathinones
- Other specified or *multiple* psychoactive substances
- Unknown or unspecified psychoactive substances
- Non-psychoactive substances (anabolic steroids...)

Disorders due to substance use and addictive behaviours in ICD-11

- Disorders due to substance use (6C4...)
 - ***Episode of harmful psychoactive substance use***
 - ***Harmful Pattern*** of Psychoactive Substance Use
 - Substance Dependence
 - Substance Intoxication
 - Substance Withdrawal
 - Substance-Induced Delirium
 - Substance-Induced Psychotic Disorder...
- Disorders due to addictive behaviours (6C5...)

ICD-11 Episode of harmful use of a substance

An episode of use of a substance that has caused damage to a person's physical or mental health or has resulted in behavior leading to harm to the health of others. The episode of harmful use typically involves acute harm to health, which is not limited to symptoms of acute intoxication and may include substance-induced mental disorders. This diagnosis should not be made if the harm is attributed to a known harmful pattern of substance use.

Single episode of alcohol use resulting in injury: a cross-sectional study in 21 countries

Cheryl J Cherpitel,^a Yu Ye^a & Vladimir Poznyak^b

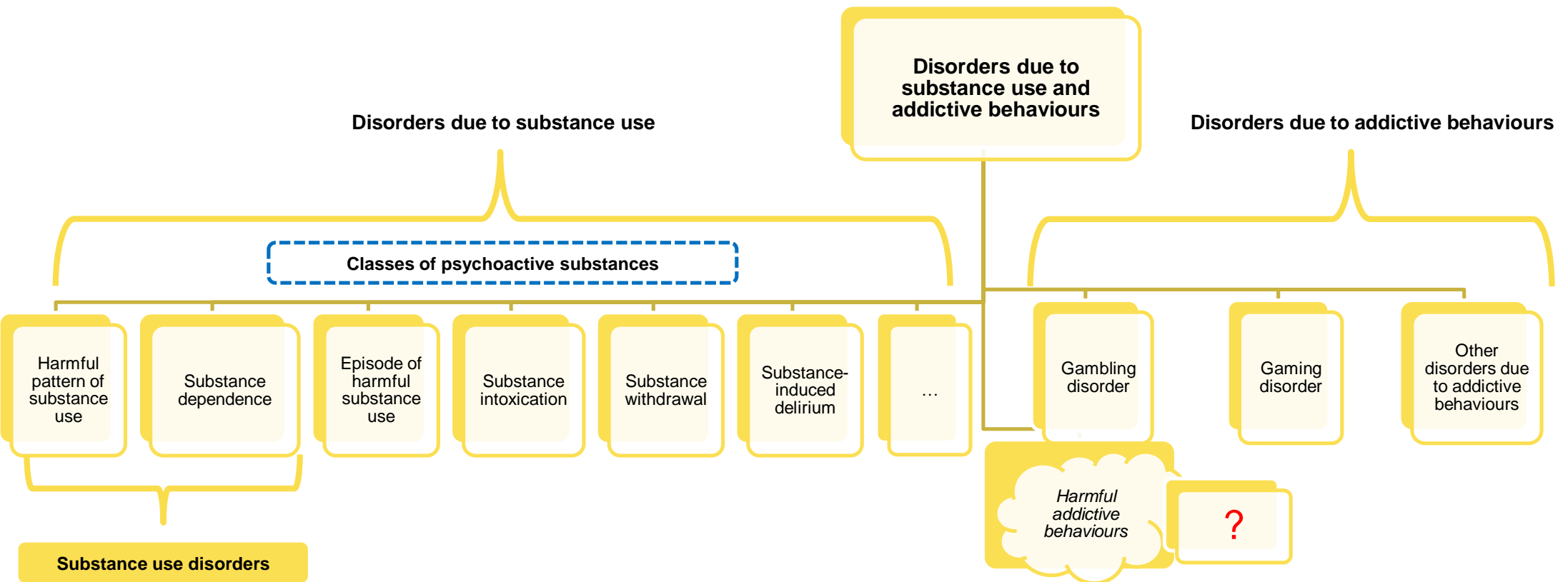
Objective To examine the empirical basis for including the diagnostic category of "a single episode of harmful substance use" in the 11th revision of the *International statistical classification of diseases and related health problems* (ICD-11).

Methods We used data on patients admitted to emergency departments in 21 countries with alcohol-related injuries (i.e. with drinking within preceding six hours) who had no sign of alcohol intoxication or withdrawal, no alcohol in blood and no sign of alcohol dependence or harmful drinking as described in the ICD-10. We obtained data on alcohol-related injuries, the patient's causal attribution of injury to drinking, the alcohol amount consumed, blood alcohol concentration and usual drinking pattern. Patients with and without alcohol dependence or harmful drinking were compared.

Findings We included a representative sample of 18 369 patients. After adjustment for unequal sampling, 18.8% reported drinking in the six hours before injury and 47.1% of these attributed their injury to drinking; 16.3% of those reporting drinking and 10.3% of those attributing their injury to drinking were not alcohol dependent or harmful drinkers. The majority of these last two groups reported never having had five or more drinks on one occasion during the last year and had a blood alcohol concentration less than 0.05%.

Conclusion Some individuals attending emergency departments had alcohol-attributable injuries due to a single episode of drinking but had no history of harmful use or dependence. These findings highlight the public health relevance of including the new diagnostic category in the ICD-11.

Taxonomy of disorders due to substance use and addictive behaviours in the ICD-11



ICD-11 Chapter 24: Factors influencing health status and contact with health services

Factors associated with health behaviors:

- Hazardous substance use
 - Alcohol
 - Nicotine
 - Drugs
 - Opioids
 - Cannabis...
- Hazardous gambling or betting
- Hazardous gaming

Field testing for disorders due to substance use and addictive behaviours

- Study 1. Utility, Feasibility and Comparability with ICD-10 (started in 2019)
 - Key informant survey using the questionnaire developed for this purpose (Datacol)
 - Focus groups (including professionals from non-specialized services)
 - Expert review
 - Analysis of use of ICD-10 relevant codes in the country
 - Consensus conference with participants representing key stakeholders using a briefing kit and report template
 - reorientation towards preparation for implementation.
- Study 2. Secondary data analysis to look at the proposed diagnostic features for dependence, single episode of harmful use and harmful pattern of use (largely completed).

Objectives and expected results of field testing at this stage of ICD-11 development

- Fine-tuning of clinical descriptions and diagnostic guidelines for disorders due to substance use and addictive behaviours
- Strengthening empirical base to support major innovations in ICD-11 and development of derivative ICD-11 products
- Orientation towards preparation for ICD-11 implementation including training of health professionals and development of training materials and activities
- Identifying needs and directions for further work.

12 countries joined field testing of ICD-11 for disorders due to substance use or addictive behaviours

- Australia (?)
- Chile (?)
- China
- France
- Indonesia
- Iran
- Japan
- Malaysia
- Mexico
- Switzerland
- Thailand
- UAE + neighbouring countries

First WHO Forum on Alcohol, Drugs and Addictive Behaviours, Geneva, 26-28 June 2017

WHO Forum on alcohol, drugs and addictive behaviours

Enhancing public health actions through partnerships and collaboration

26-28 June 2017

WHO headquarters

Geneva, Switzerland



"The World Health Organization (WHO) Forum on alcohol, drugs and addictive behaviours is a new initiative that will strengthen international partnerships and collaboration in order to tackle some of the most pressing issues of our time. Harmful use of alcohol as well as drugs and addictive behaviours have devastating effects on individuals, families and their communities and have enormous socioeconomic impacts at national and global levels. We have a shared responsibility to prevent and reduce this burden."

Dr Oleg Chestnov
Assistant Director-General
Noncommunicable Diseases
and Mental Health
World Health Organization



2nd WHO Forum on Alcohol, Drugs and Addictive Behaviours, Geneva, 27-28 June 2019

Second WHO Forum on alcohol, drugs and addictive behaviours

Achieving SDG 2030 health targets through enhanced partnerships and collaboration

27-28 June 2019

WHO headquarters
Geneva, Switzerland

"Built upon the success of the first World Health Organization (WHO) Forum on alcohol, drugs and addictive behaviours held in 2017 in Geneva, the Second Forum is envisaged to bring a new impetus to international activities led or implemented by WHO in reducing the health and social burden associated with substance use and addictive behaviours."

Against a rapidly changing global health landscape and increasing commercialization, strong international collaboration and partnerships are needed to address the harmful use of alcohol and public health dimensions of drug use and achieve Universal Health Coverage for people suffering from disorders due to substance use and addictive behaviours."

Dr Ren Minghui
Assistant Director-General
Universal Health Coverage/Communicable and Noncommunicable Diseases



Built upon the success of the first Forum, the Second Forum aimed to enhance public health actions in the areas of alcohol, drugs and addictive behaviours by strengthening partnerships and collaboration among public health oriented organizations, networks and institutions in the era of Sustainable Development Goals 2030 (SDG 2030).

WHO Department of Mental Health and Substance Abuse Management of Substance Abuse

Thank you for your attention

Further information at:

http://www.who.int/substance_abuse/

http://www.who.int/mental_health/en/

<http://apps.who.int/classifications/icd11/>