



**UNODC**

United Nations Office on Drugs and Crime

#IntDUDTXStandards

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

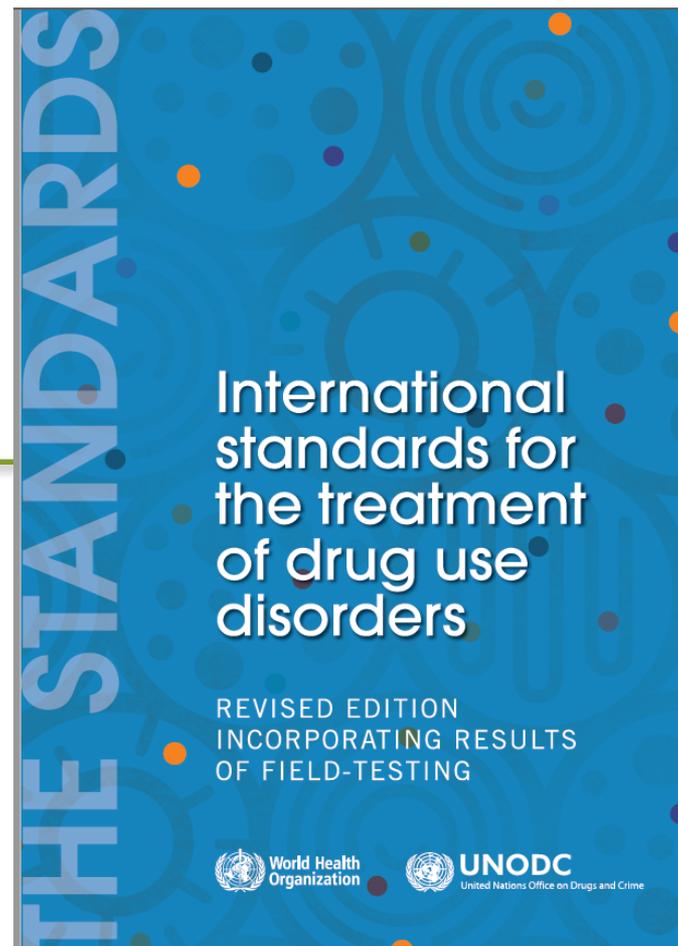
---

**Anja Busse**

**Programme Officer**

**United Nations Office on Drug and Crime**

**[anja.busse@un.org](mailto:anja.busse@un.org)**



# What is UNODC?

A UN programme created to support UN Member States in addressing global challenges such as drugs, crime and terrorism through technical assistance

Part of the UN Secretariat:  
Executive Director, Ms. Ghada Waly, responds to the UN Secretary General Antonio Guterres



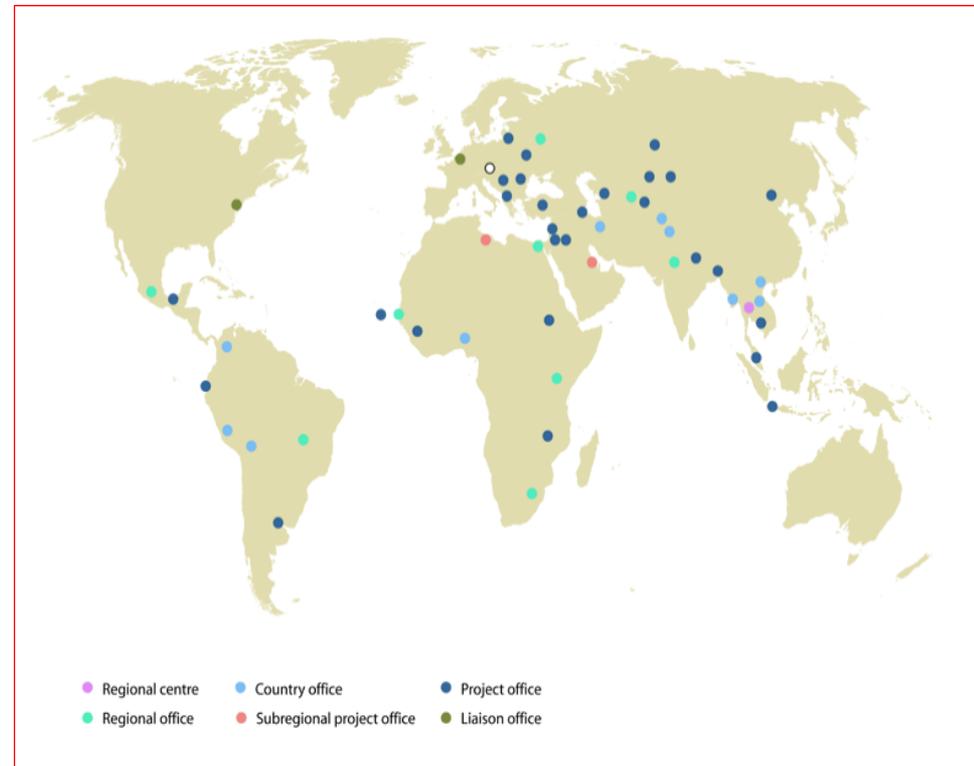


# UNODC AT THE VIENNA INTERNATIONAL CENTRE



# UNODC Field Office network

- UNODC operates in more than 150 countries around the world through its network of field offices. UNODC works closely with Governments and civil society towards building security and justice for all.





# Overview of presentation

---

- 1. Global situation with regard to drug use, drug use disorders and drug use disorder treatment
- 2. The rationale for International Standards for the Treatment of Drug Use Disorders
- 3. The International Standards for the Treatment of Drug use Disorders (2020)
- 4. Disseminating the International Standards for the Treatment of Drug Use Disorders

# 1. Global situation with regard to drug use, drug use disorders and drug use disorder treatment

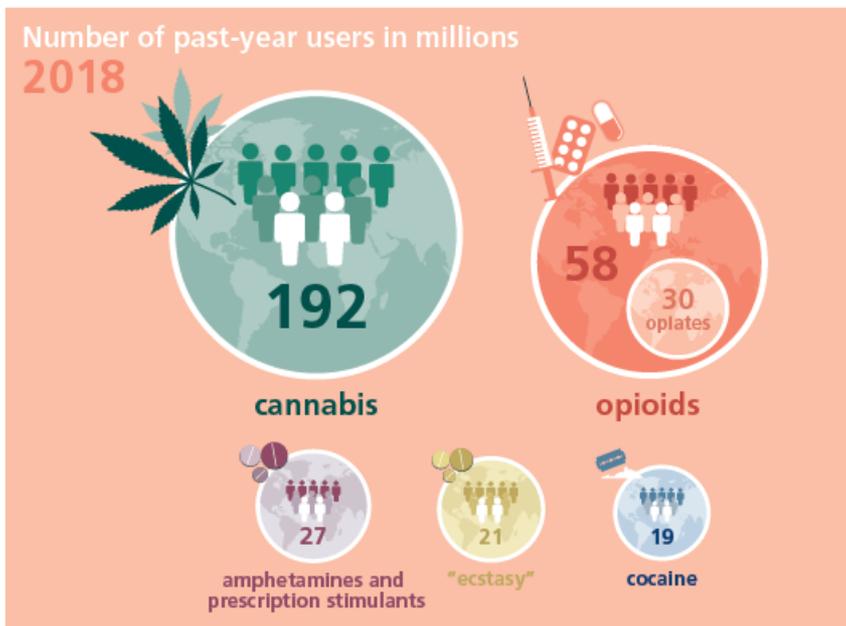
---





# Global situation – drug use and dependence

- About **269** million people worldwide (5.4 % of the global population aged 15-64 years) used drugs at least once during 2018 (1:19 persons)



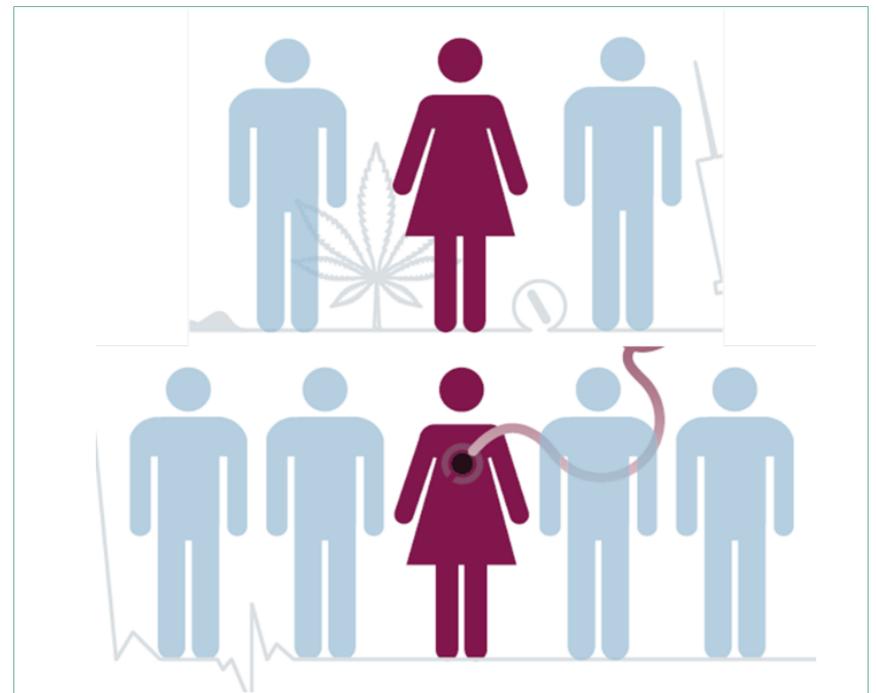
Some **35.6** million people who use drugs suffer from drug dependence (0.7% global prevalence)

# Access to treatment remains limited

**1:8**

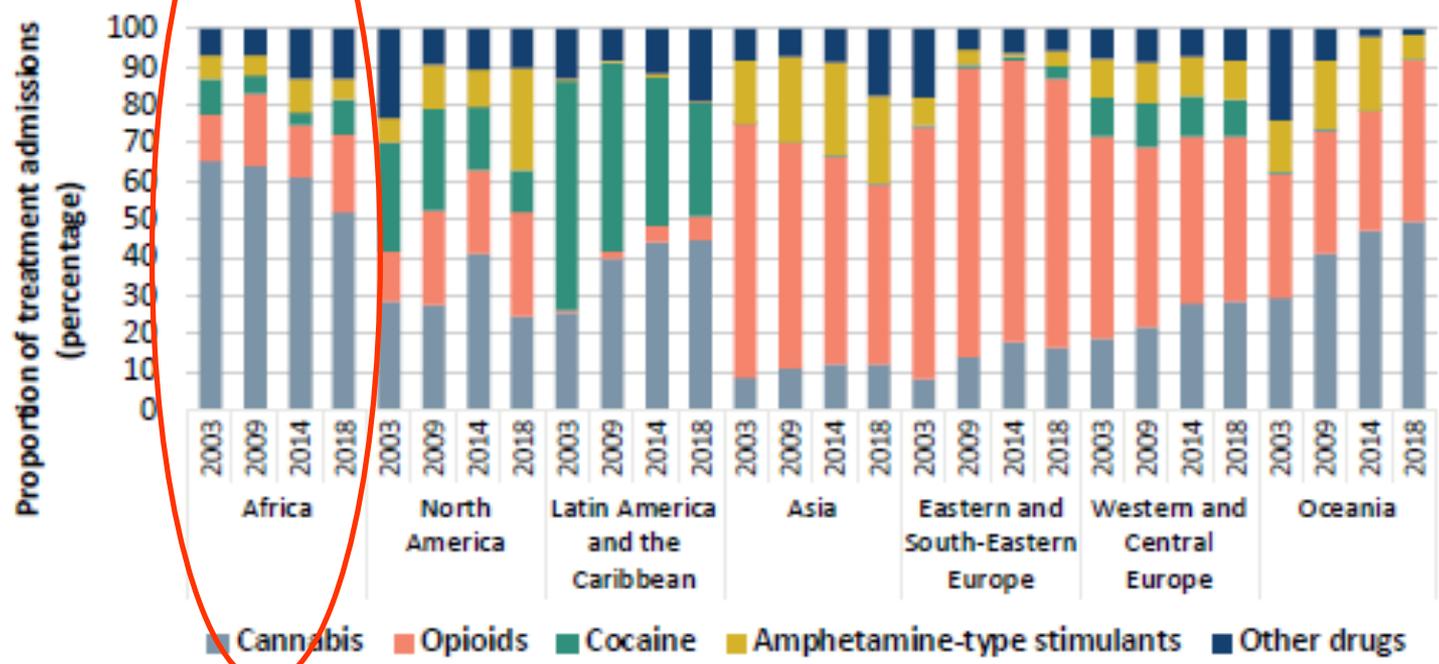
**Access limited**

- While 1:3 people who use drugs is a woman, only 1:5 people in treatment is a woman



# Treatment demand

**FIG. 28** Trends in the primary drug of concern in drug treatment, by region and selected subregions, 2003, 2009, 2014 and 2018



Source: UNODC, responses to the annual report questionnaire.





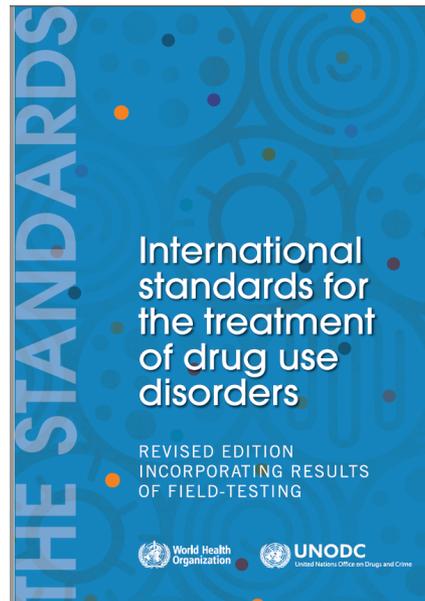
# How about treatment systems?

- 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



# 2. The rationale for International Standards for the Treatment of Drug Use Disorders

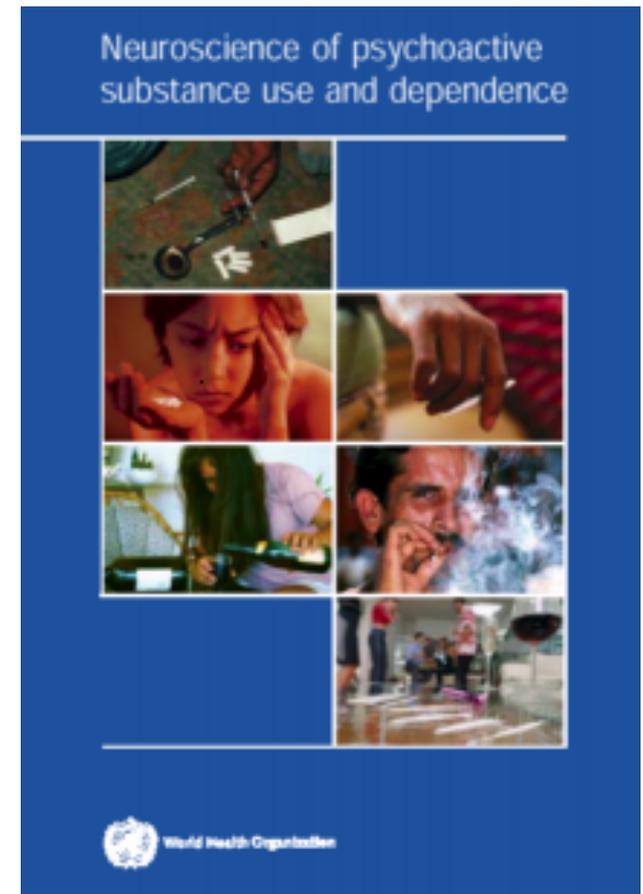
---



# 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)



# PEOPLE WITH DRUG USE DISORDER EXCLUDED FROM...

**public health system**

**Specialized health services**

**municipality  
services**

**primary care**

**community**

**employment**

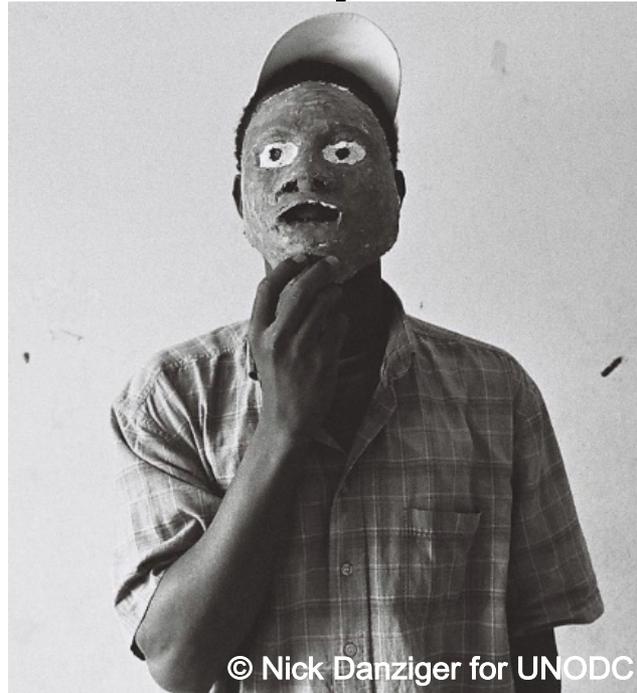
**social  
assistance**

**school  
curricula**

**mental health  
care**

**Infectious  
disease  
services**

**university  
curricula**





**Stop human rights violations  
in the name of drug dependence treatment**



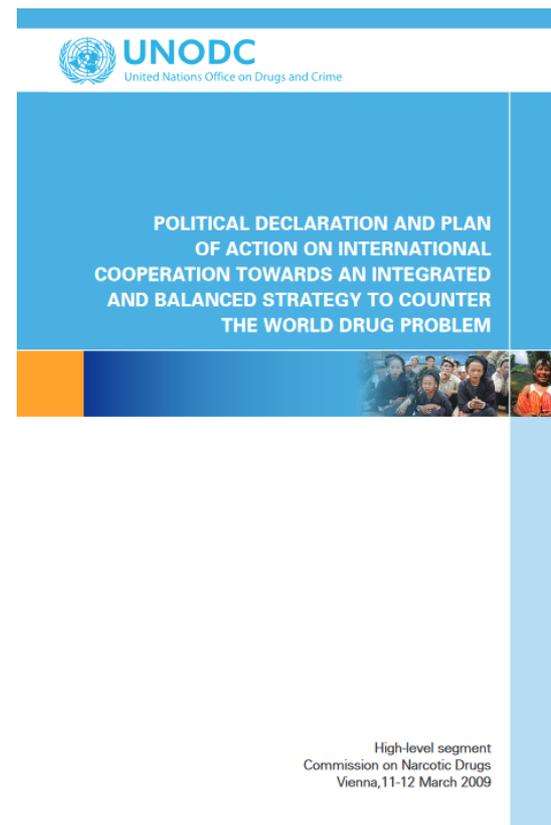
# Quality of treatment for DUD often low

---

- 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** and **decrease** the risk for negative health and social consequences from drug use.

# 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*

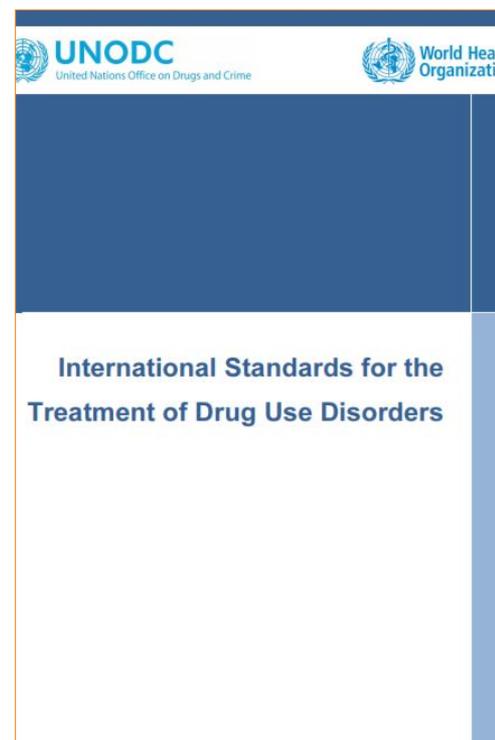
*2016 – Draft for Field Testing*



**UNODC-WHO Joint Programme on drug dependence treatment and care**

**The vision**

Effective and humane treatment for all people with drug use disorders. Nothing less than would be expected for any other disease.



# CND Resolution 59/4 (March 2016)

## Resolution 59/4

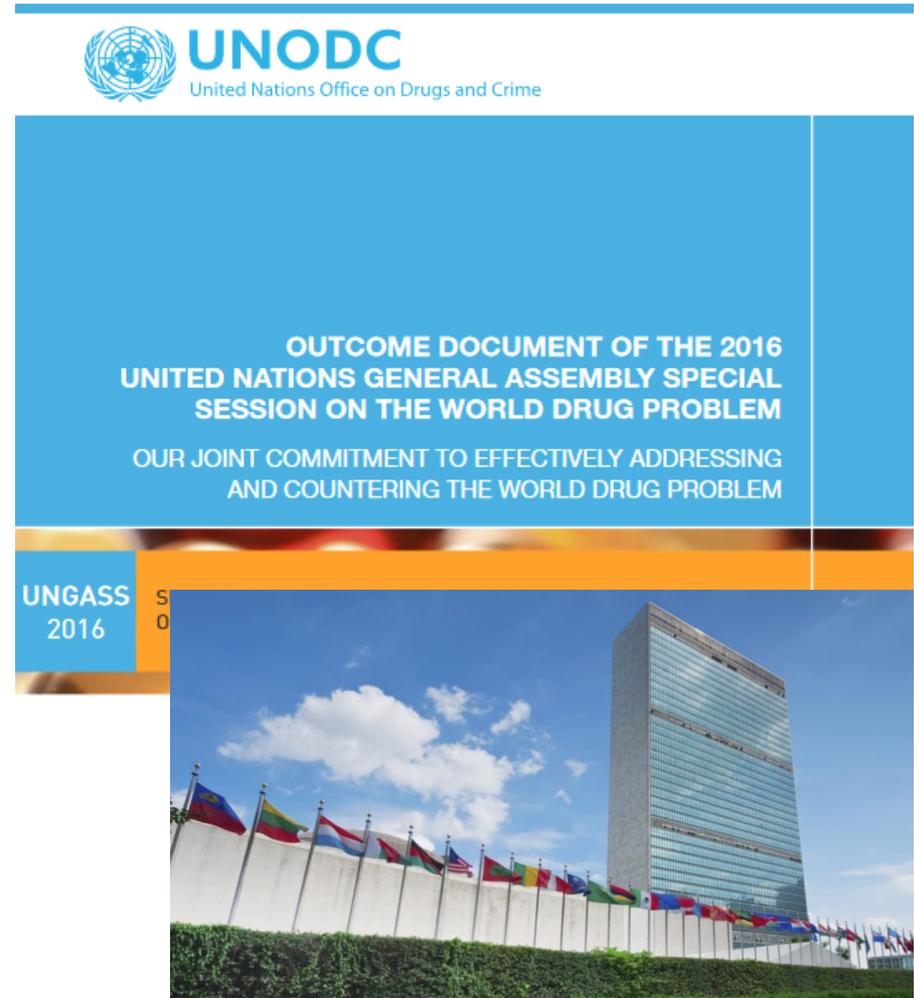
### **Development and dissemination of international standards for the treatment of drug use disorders**

*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;

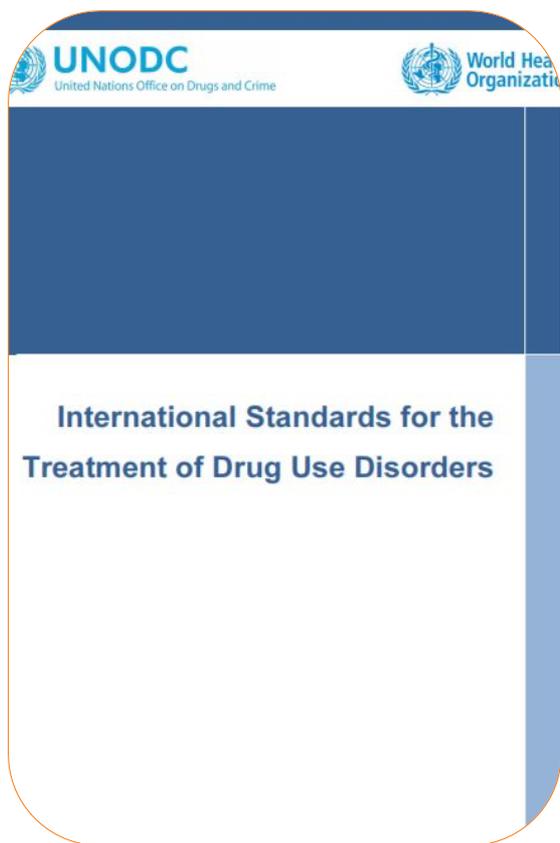
# UNGASS on Drugs (2016)

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



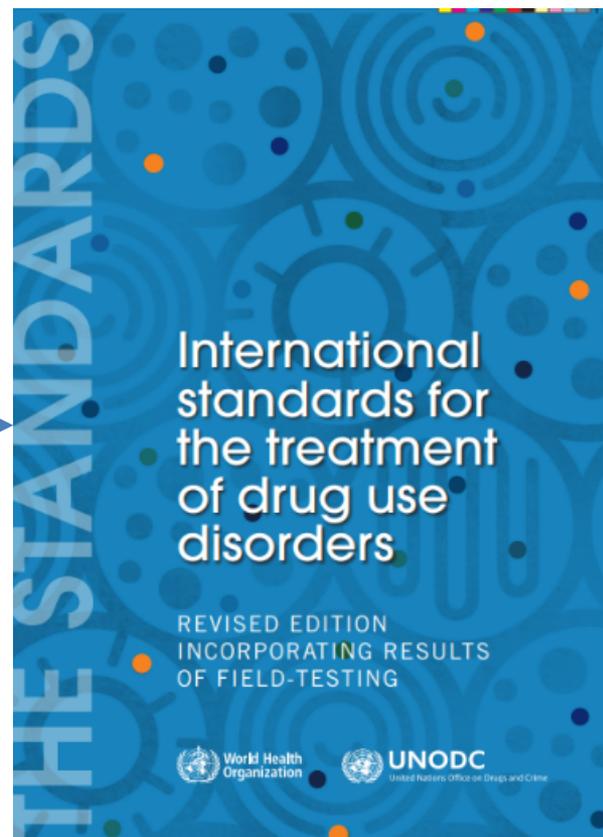


# Revision after field testing



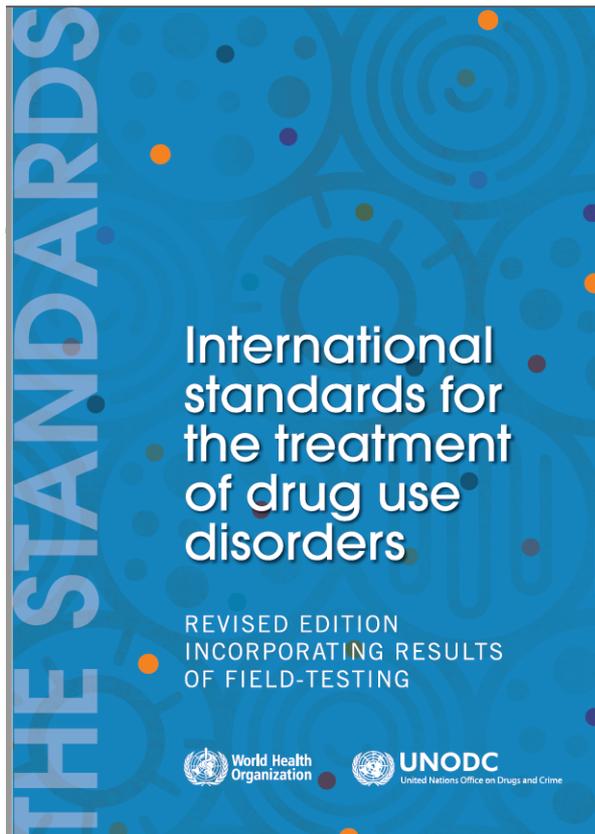
2016

Field testing



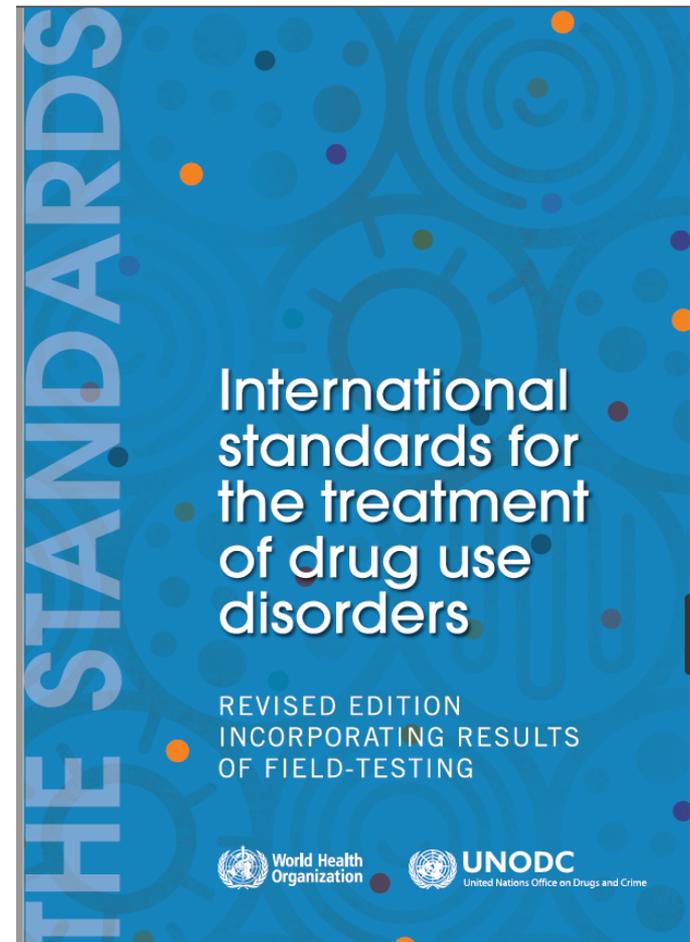
2020

# 3. The International Standards for the Treatment of Drug use Disorders (2020)



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

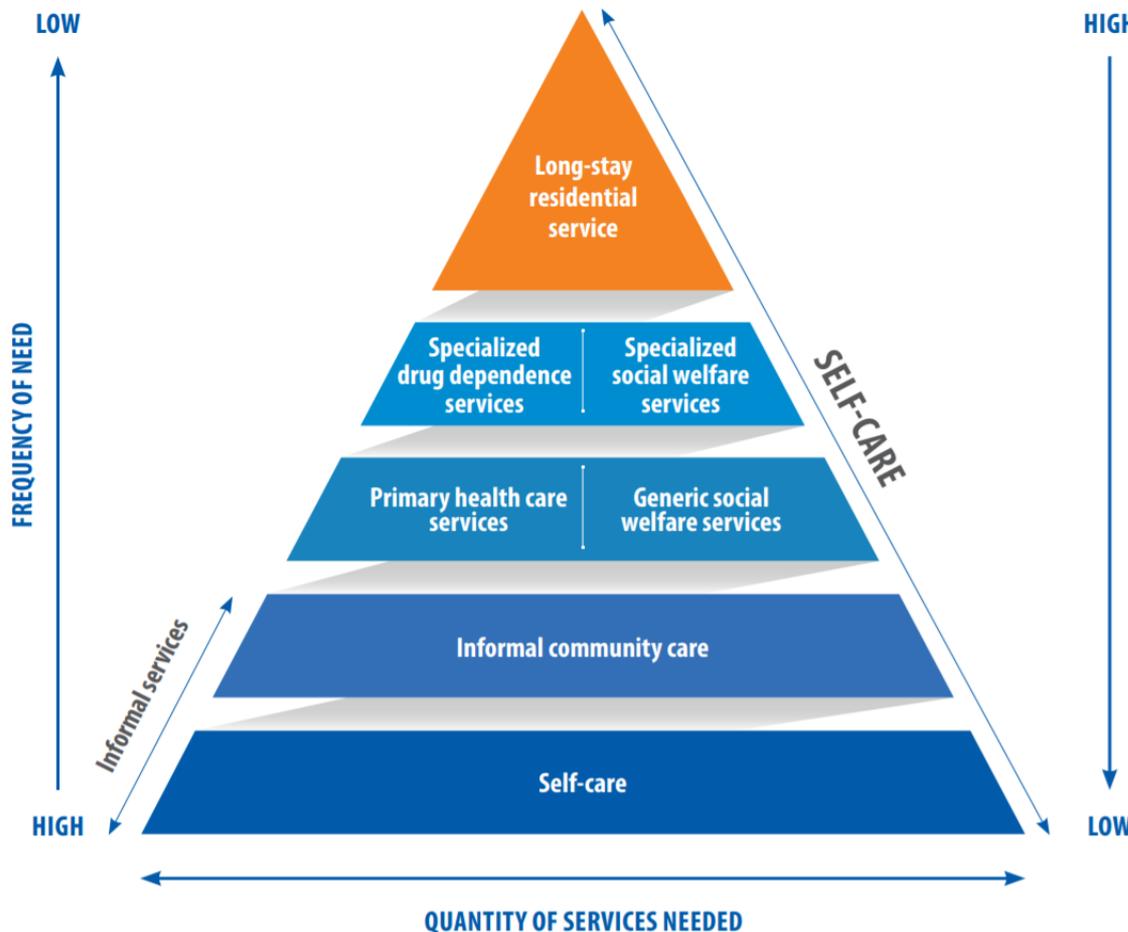
- The Standards aim to **Assist, Support and Guide** Member States in development and expansion of treatment services and systems for drug use disorders which are evidence-based, effective and ethical



# Guided by 7 Principles

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**

# Treatment system organization pyramid



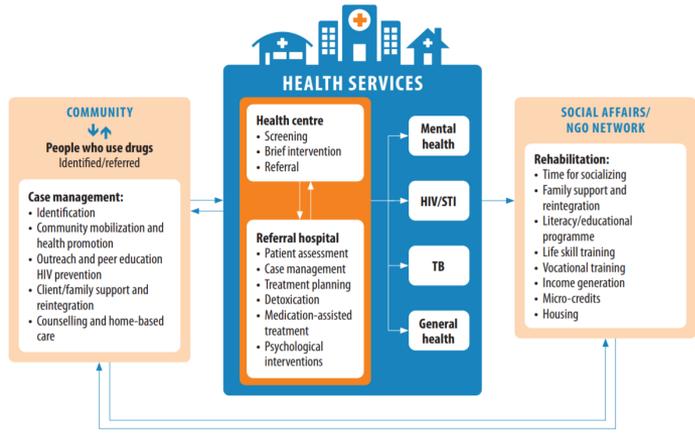
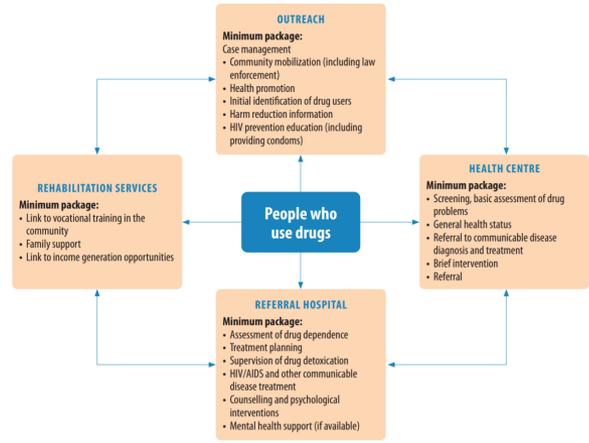
- Drug use disorders are a spectrum disorder from low to high severity and complexity
- Public Health principle - offer the most effective, least invasive and lowest cost intervention first
- Public investment should match the volume and type of treatment needed
- Drug treatment is cost-effective compared with untreated drug problems
- Most interventions are required at lower levels and most people can be treated in the community

# Suggested models of service organization in TX systems



One-stop-shop

## Case management



Community-based treatment networks

# Suggested interventions in different settings at different system levels

System level	Possible interventions
Informal community care	<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>
Primary health care services	<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>
Generic social welfare	<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>
Specialized treatment services (outpatient and inpatient)	<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>
Other specialized health care services	<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>
Specialized social welfare services for people with drug use disorders	<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>
Long-term residential services for people with drug use disorders	<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>

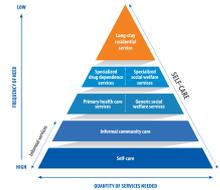
Int. TX standards suggest interventions at different levels in the system

Many parts of the health and social care system should ideally play a part in meeting the holistic needs of people with drug use disorders



This covers informal community care and self care, through to generic health and social welfare to specialist drug use disorder treatment

# Treatment settings



Community-based outreach



Non-specialized settings



Specialized outpatient treatment

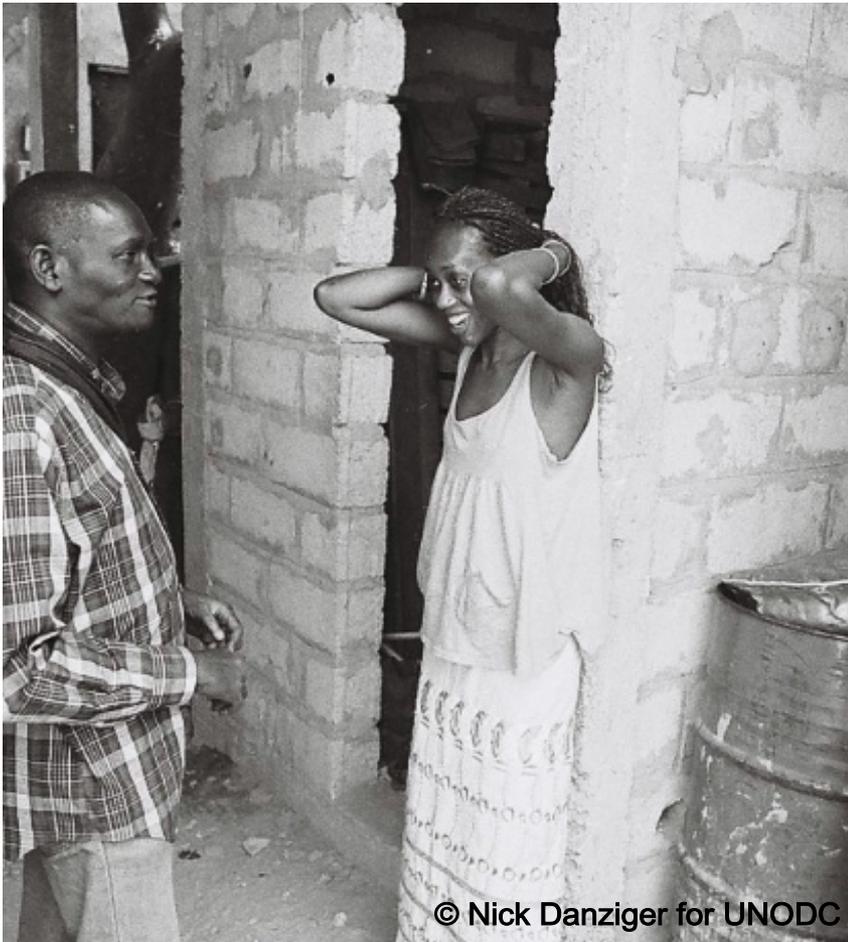


Specialized short-term inpatient treatment



Specialized long-term inpatient/residential treatment

# Community-based outreach

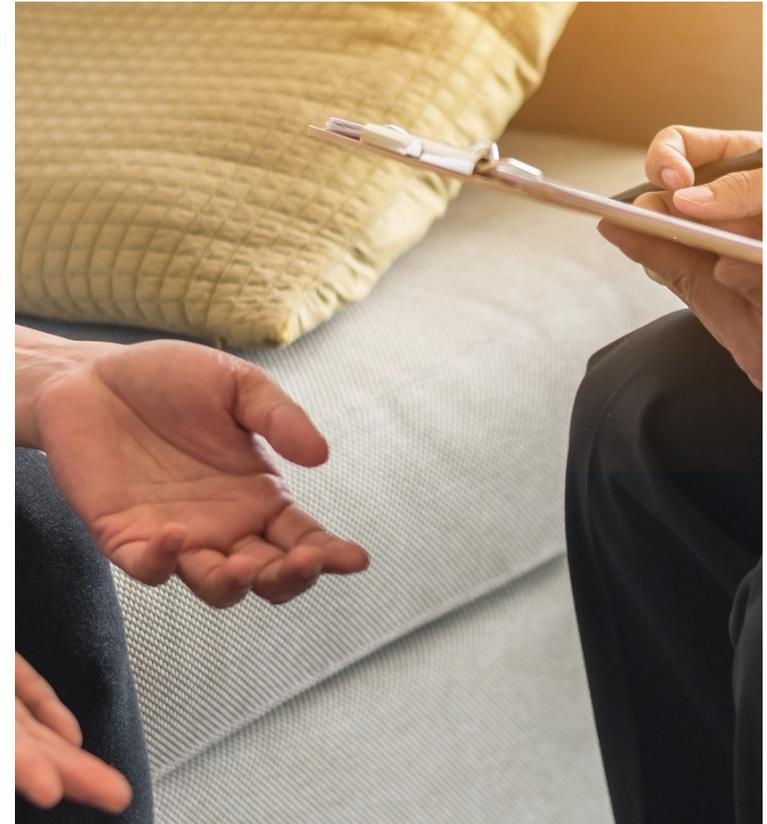


© Nick Danziger for UNODC

- **Goal:** identify target populations, engage and provide unconditional community-based services and interventions, encourage access to available treatment modalities.
  - Provision of basic support: safety, food, shelter etc.
  - Needle and syringe programmes, condom distribution
  - Overdose prevention
  - Information, education
  - HIV, Hepatitis testing and counselling
  - Screening and brief interventions
  - Crisis interventions, legal support
  - Linkages to other services and support systems

# Settings not specialized for the TX of people with DUDs

- **Goal:** identify people, provide brief interventions, refer to specialized treatment (SBIRT)
- Services such as:
  - mental health services
  - general hospitals
  - emergency services
  - sexual health clinics
  - infectious disease clinics, HIV/hepatitis/TB services
  - social services and welfare agencies



# Specialized outpatient treatment

- **Goal:**

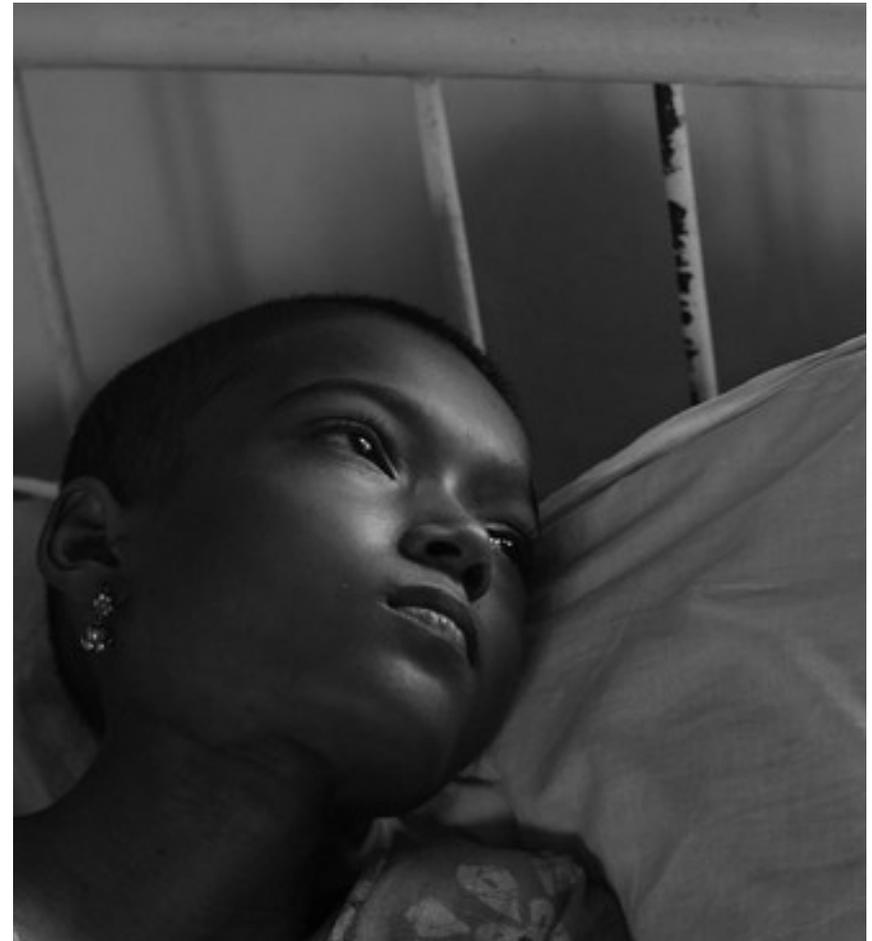
- help to stop or reduce drug use
- minimize the negative health and social effects of drug use
- identify and manage comorbid conditions
- provide psychosocial support
- reduce the risk of relapse and overdose
- improve well-being and social functioning, as part of a long-term recovery process



# Specialized short-term inpatient treatment

---

- **Goal:**
  - diagnose and manage clinical conditions due to drug use
  - facilitate the cessation or reduction of drug use (withdrawal management)
  - initiate the treatment of drug use disorders
  - motivate patients to continue with treatment



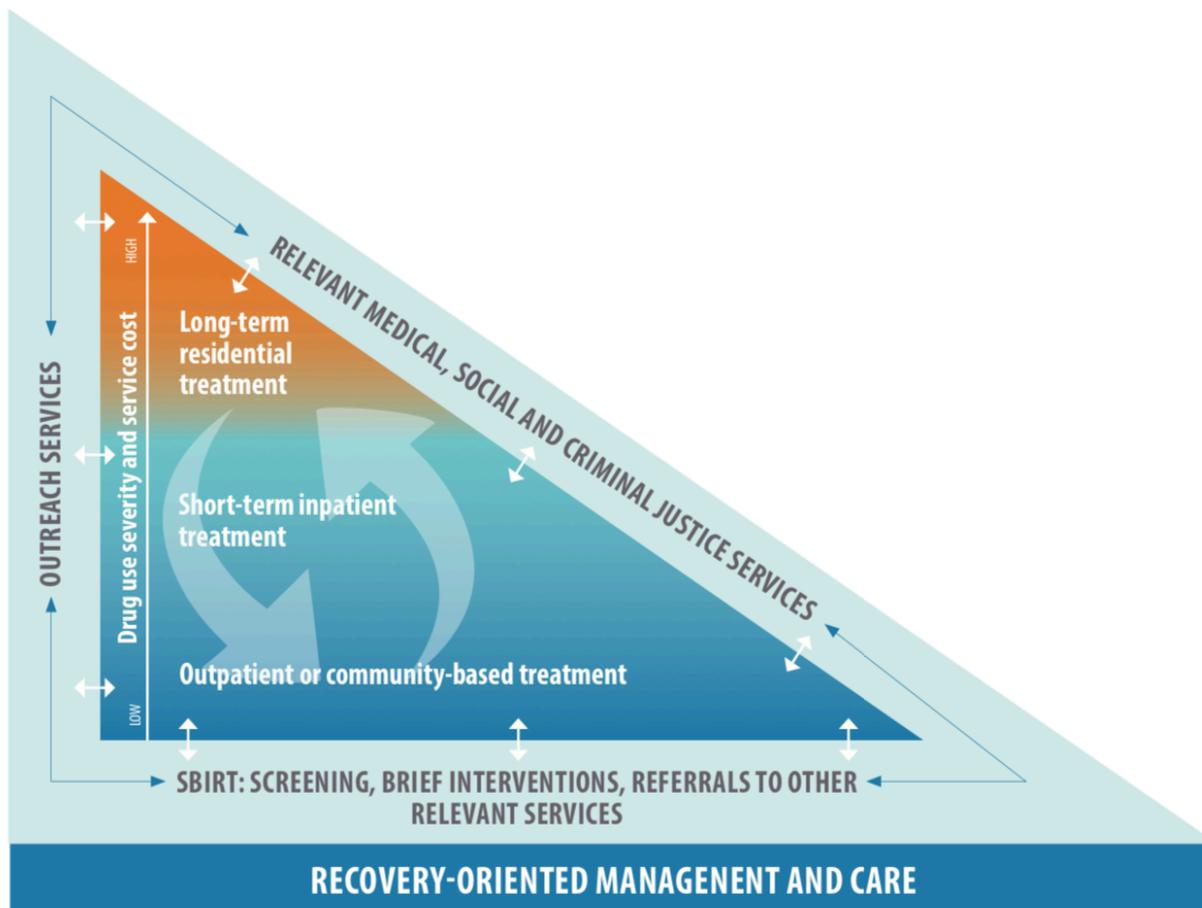
# Specialized longterm or residential treatment

- **Goal:**
  - to reduce the risk of returning to active drug use
  - maintain abstinence from drug use
  - improve health, personal and social functioning
  - facilitate rehabilitation and social reintegration
  - Learn relapse prevention skills





# Treatment interventions & modalities



# Treatment interventions & modalities

---

- Screening, brief interventions and referral to treatment
- Evidence-based psychosocial interventions
- Evidence-based pharmacological interventions
- Overdose identification and management
- Treatment of co-occurring psychiatric and physical health conditions
- Recovery management



# SBIRT Screening, brief interventions & referral

- **Screening:** 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)
- **Brief Intervention:** 5-30 min, enhance motivation to change, individualized feedback, advice, offer of follow up
- **Referral to Treatment:** more severe drug use identified, case managers/patient managers



# 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



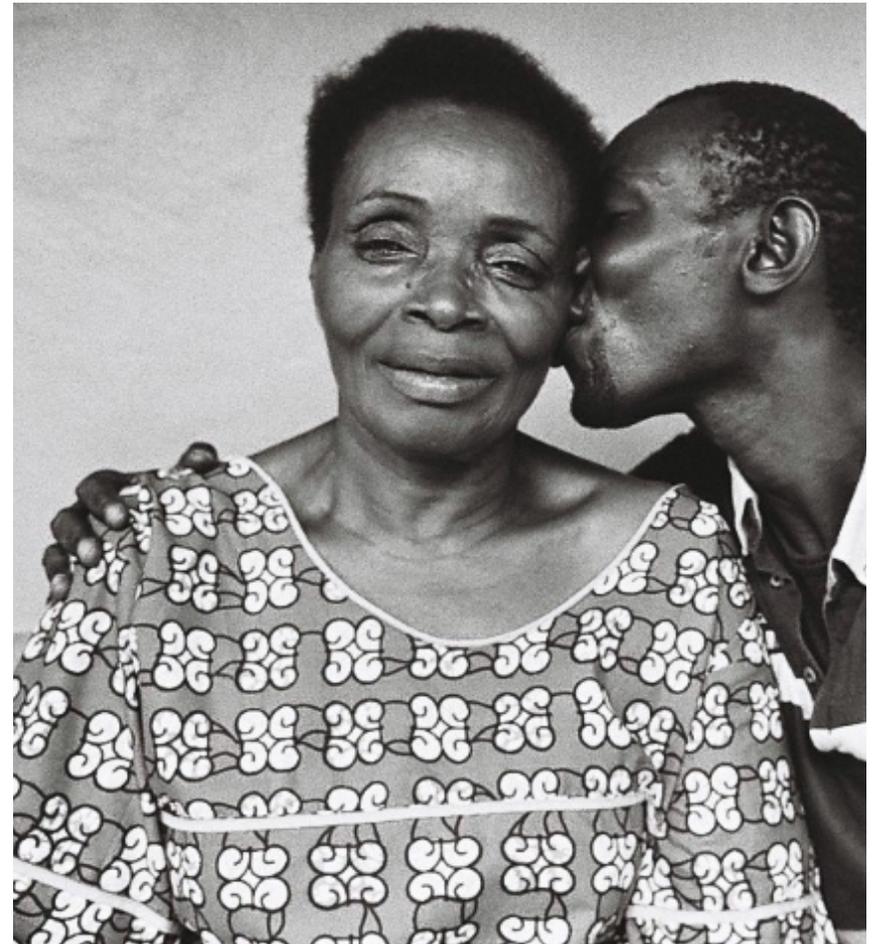
# Pharmacological interventions for the management of dependence

- 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
  - -other substances



# Recovery management

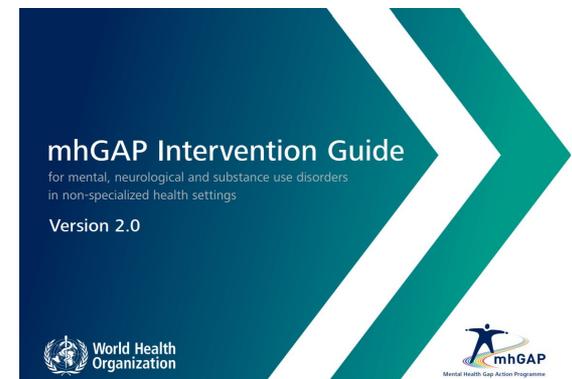
- Maintain benefits in other treatment modalities by providing individualized continued support
- Minimize risks associated with drug use, maintain abstinence or reduced levels of drug use
- Continuing treatment (eg pharmacological or psychosocial) and/or staying engaged with recovery community (e.g. peer-support)
- Maintain contact with health/social service network
- Relapse prevention



# Treatment of co-occurring conditions

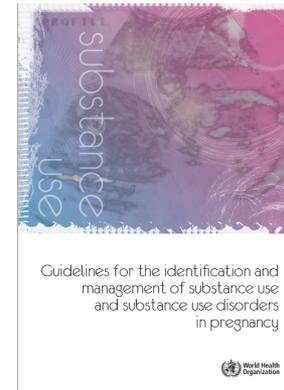
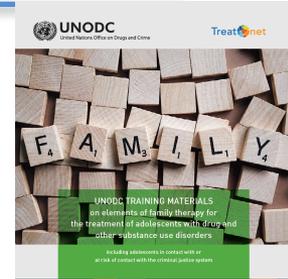
---

- Assessing and managing self-harm/suicide risk
- Depression
- Anxiety
- Psychotic disorders
- Polysubstance use
- Alcohol use disorders
- Comorbid physical health conditions: fever, acute pain, gastrointestinal or other bleeding, seizures, pneumonia and acute cardiovascular conditions, TB, HIV, hepatitis and other infectious or noncommunicable health conditions



# Populations with special treatment and care needs

- Patterns of drug use: polysubstance use
- Health needs: comorbid health conditions, disabilities
- Age: children/adolescents and elderly people
- Social care and support needs: homeless, socially marginalized, living in poverty, with limited education; people living in remote and rural areas, migrants
- Women and pregnant women, sexual minorities, sex workers, religious and ethnic minorities, indigenous populations and
- People in contact with the criminal justice system



Treatment and care for people with drug use disorders in contact with the criminal justice system

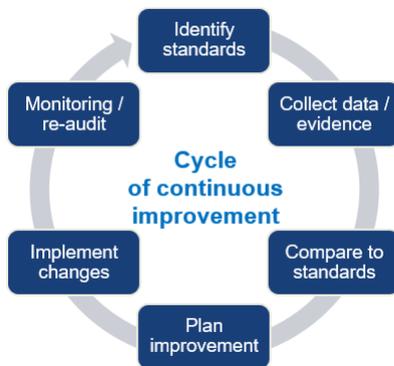
Alternatives to Conviction or Punishment



# 4. Disseminating the International Standards for the Treatment of Drug Use Disorders

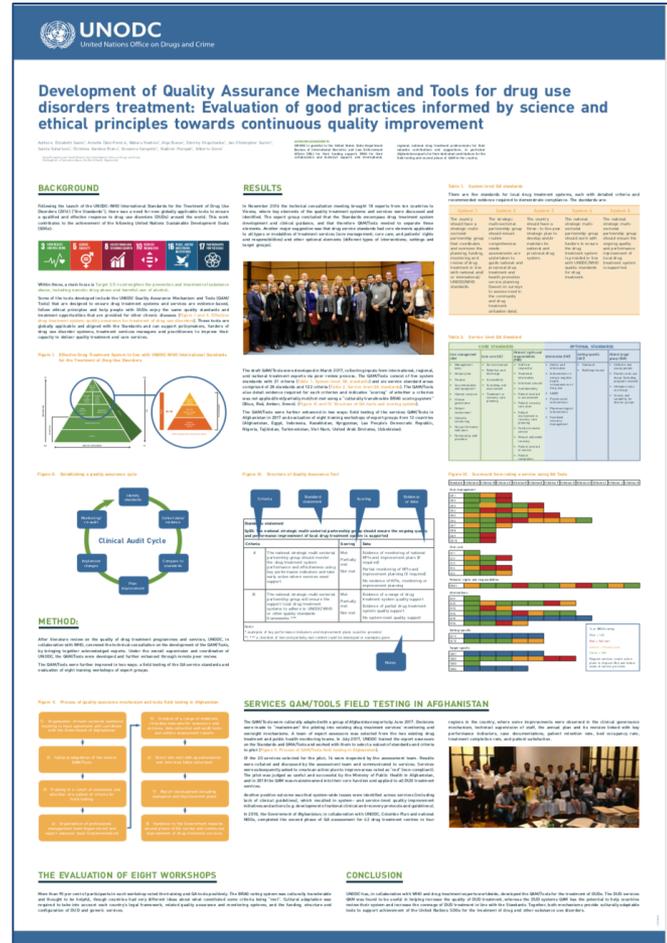
---

Quality assessment and Quality Assurance



# Development of UNODC QA tools

- International expert group convened since 2016
- 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.
- Developed 2 QA tools: systems and services



**UNODC**  
United Nations Office on Drugs and Crime

**Development of Quality Assurance Mechanism and Tools for drug use disorders treatment: Evaluation of good practices informed by science and ethical principles towards continuous quality improvement**

**BACKGROUND**

Following the launch of the UNODC International Standards for the Treatment of Drug Use Disorders (ISUD) in 2014, the UNODC has been working to ensure that the standards are a useful and effective measure to drug use disorders (DUD) around the world. This work includes the development of the Quality Assurance Mechanism (QAM) and the Quality Assurance Tools (QAT).

**RESULTS**

The QAM and QAT were developed in 2017 following a series of international, regional and national consultations. The QAM is a framework for the development, implementation and monitoring of quality assurance systems. The QAT are a set of tools for the assessment of quality assurance systems. The QAM and QAT are designed to be used by national and international stakeholders to assess and improve the quality of drug use disorders treatment services.

**Figure 1. Quality Assurance Mechanism and Tools for Drug Use Disorders**

**Figure 2. Establishing a quality assurance system**

**Figure 3. Quality Assurance Mechanism and Tools for Drug Use Disorders**

**Figure 4. Services QAM/Tools Field Testing in Afghanistan**

**THE EVALUATION OF EIGHT WORKSHOPS**

**CONCLUSION**

UNODC has developed a Quality Assurance Mechanism and Tools for Drug Use Disorders (QAM/Tools) to support the implementation of the ISUD. The QAM/Tools are designed to be used by national and international stakeholders to assess and improve the quality of drug use disorders treatment services. The QAM/Tools are based on the best practices identified in the ISUD and are designed to be used in a range of settings and contexts.

# Systems and service standards

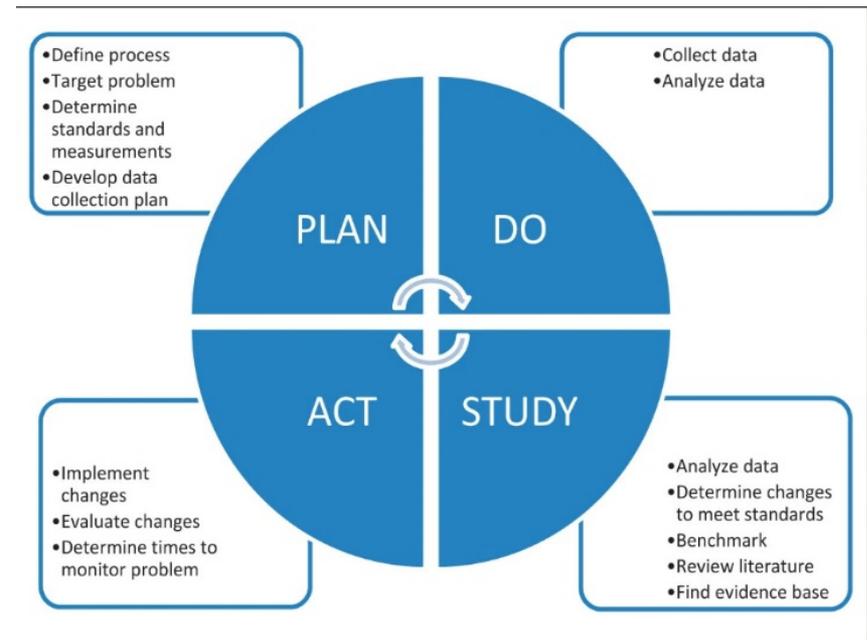
---

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



# Benchmarking and establishment of QA cycles

- Support MS in benchmarking of treatment services against International Standards
- Build MS capacity to establish QA cycles for drug treatment services
- Track quality improvement over time





# UNODC Pilots and trainings on QA

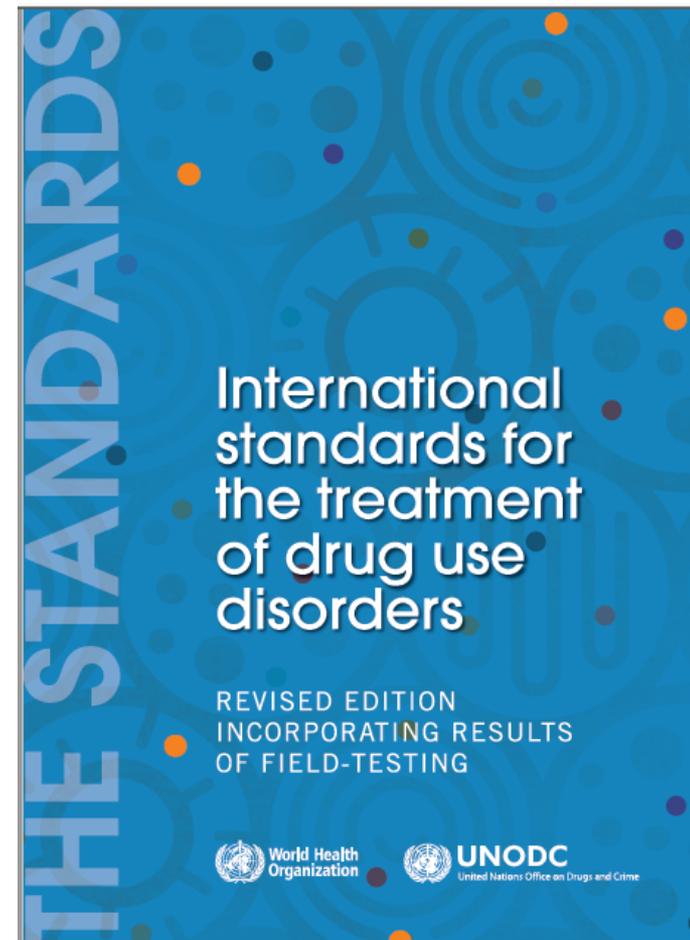
- Pilots in Afghanistan and Nigeria
- Trainings in Indonesia, Viet Nam, Central Asia, ...
- Training of trainers (Oct 2020)
- QA assurance in Latin America (2020/2021)

Standard	Criteria A	Criteria B	Criteria C	Criteria D	Criteria E	Criteria F	Criteria G	Criteria H	Criteria I	Criteria J	Criteria K
<b>Core management</b>											
CM1	Green	Orange	Red								
CM2	Green	Green	Red								
CM3	Green	Orange	Green	Green	Red						
CM4	Green	Red	Red	Orange	Orange						
CM5	Orange	Orange	Green	Green	Red	Red					
CM6	Green	Green	Red	Red	Orange	Orange	Orange	Green			
CM7	Orange	Green	Orange								
CM8	Green	Green									
CM9	Green	Red									
CM10	Green	Red									
<b>Core Care</b>											
CC1	Green										
CC2	Orange	Green	Red								
CC3	Green	Green									
CC4	Orange	Red	Red								
CC5	Green	Green	Orange								
<b>Patients rights &amp; responsibilities</b>											
PRR1	Orange	Green	Green	Red	Green	Green	Orange	Red	Green	Orange	Green
<b>Interventions</b>											
INT1	Green										
INT2	Green	Orange	Green	Green	Green	Red	Orange				
INT3	Green	Red	Orange								
INT4	Green	Green	Green	Red	Orange	Green	Green				
INT5	Blue										
INT6	Green	Green	Red	Orange							
<b>Setting specific</b>											
SET1	Blue	Blue	Blue	Blue	Blue						
SET2	Green	Green	Green								
<b>Target specific</b>											
TAR1	Blue	Blue	Blue	Blue	Blue						
TAR2	Green	Green	Green	Orange	Orange	Red	Red				
TAR3	Green										
TAR4	Blue	Blue	Blue	Blue							

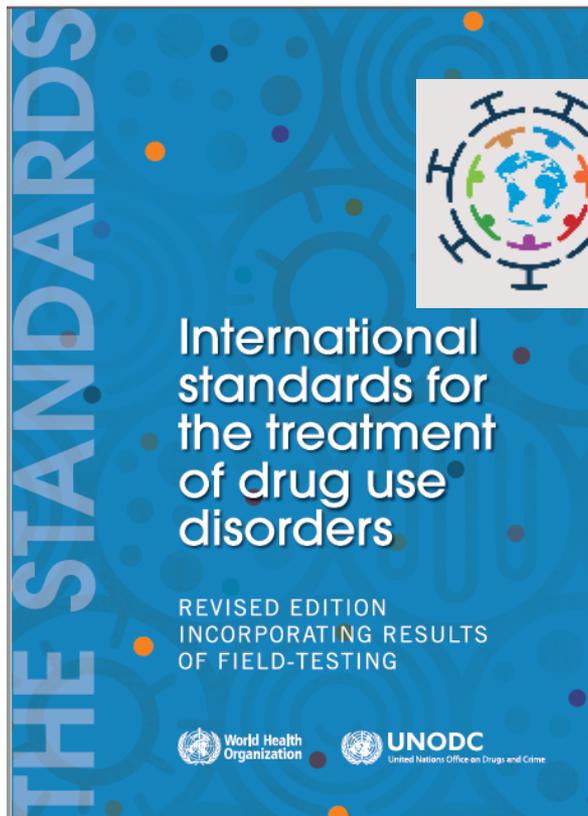
# Summary: The International Standards for the Treatment of drug use Disorders...

---

- respond to a gap in service provision
- were developed by UNODC/WHO based on strong international policy mandate
- propose the settings and interventions recommended for the various stages of evidence-based drug use disorder treatment
- propose setting specific therapeutic interventions
- provide a framework for the development of a drug treatment system with a continuum of care approach
- are accompanied by piloted dissemination tools (quality assurance)



# #Leaving no one behind



- [anja.busse@un.org](mailto:anja.busse@un.org)
- FOLLOW US ON TWITTER!  
@UNODC\_PTRS

**@UNODC@WHO**  
**#IntDUDTXStandards**

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