

Quality in Treatment & the UNODC/WHO International Standards for the Treatment of Drug Use Disorders

 LIVE WEBINAR

ISSUP INTERNATIONAL SOCIETY OF SUBSTANCE USE PROFESSIONALS

Quality in Treatment

Launch of the New 'Quality in Treatment' ISSUP Network

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THE STANDARDS

International standards for the treatment of drug use disorders

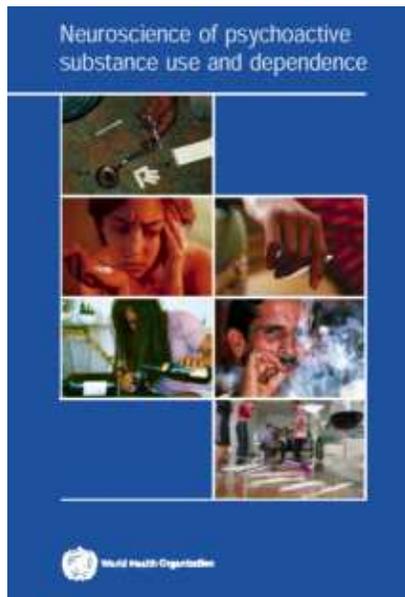
REVISED EDITION
INCORPORATING RESULTS
OF FIELD-TESTING

 World Health Organization

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

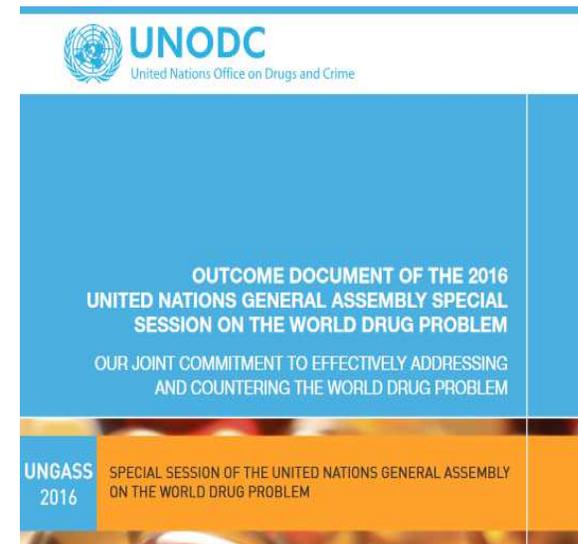


Drug use disorders are biopsychosocial health disorders



"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)

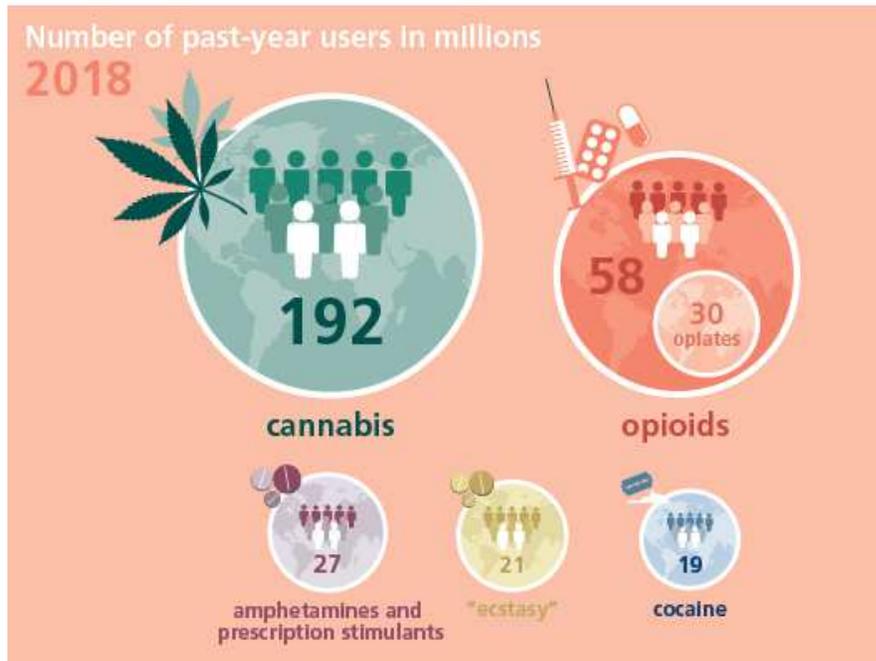


"We recognize drug dependence as a complex, multifactorial health disorder characterized by chronic and relapsing nature with social causes and consequences that can be prevented and treated..."

(UNGASS, 2016)



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)

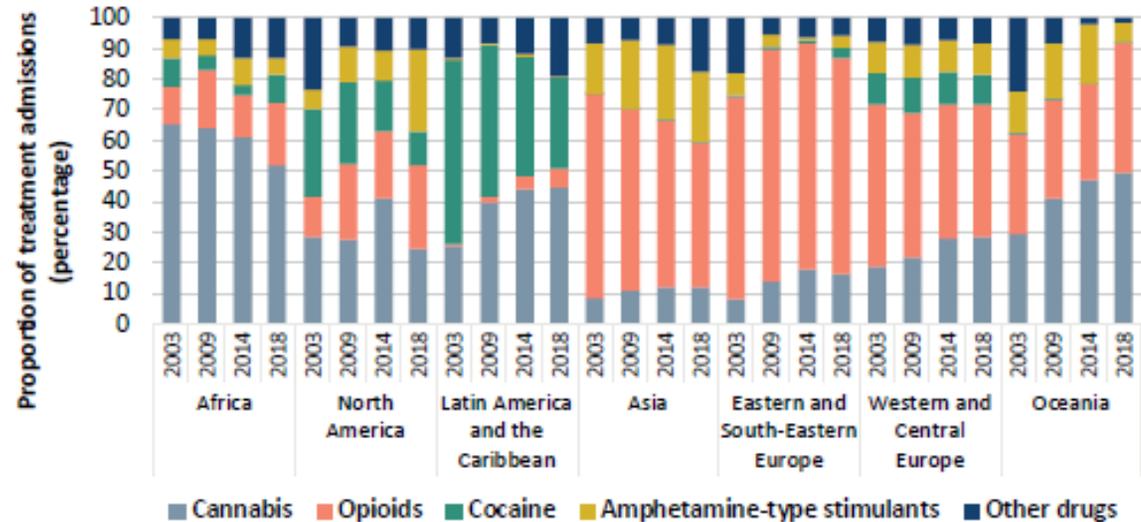


Access to treatment remains limited and treatment demand changes over time

1:8

Access limited

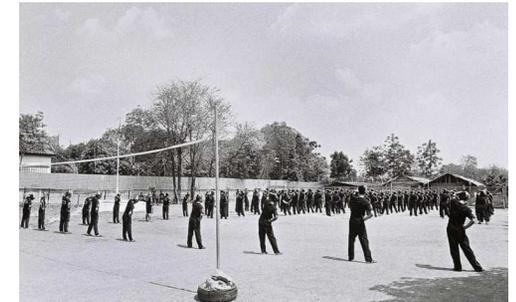
FIG. 28 Trends in the primary drug of concern in drug treatment, by region and selected subregions, 2003, 2009, 2014 and 2018



Source: UNODC, responses to the annual report questionnaire.

Quality of treatment for DUD often low

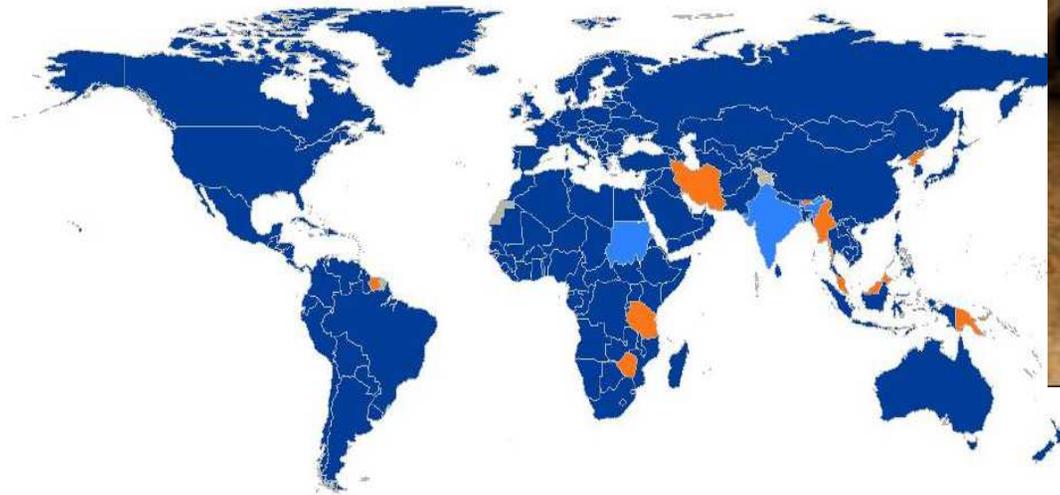
- Many commonly used interventions (even if well-intentioned) do not follow scientific evidence: They are either ineffective or even harmful.
- Treatment should show evidence of symptom **reduction**, contribute measurably to physical, psychological and social functioning **improvements** and **decrease** 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



Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
Last Updated: 29 September 2020



Country Status
■ State Party (171) ■ Signatory (5) ■ No Action (22)



From coercion to cohesion
Treating drug dependence through health care, not punishment

DISCUSSION PAPER

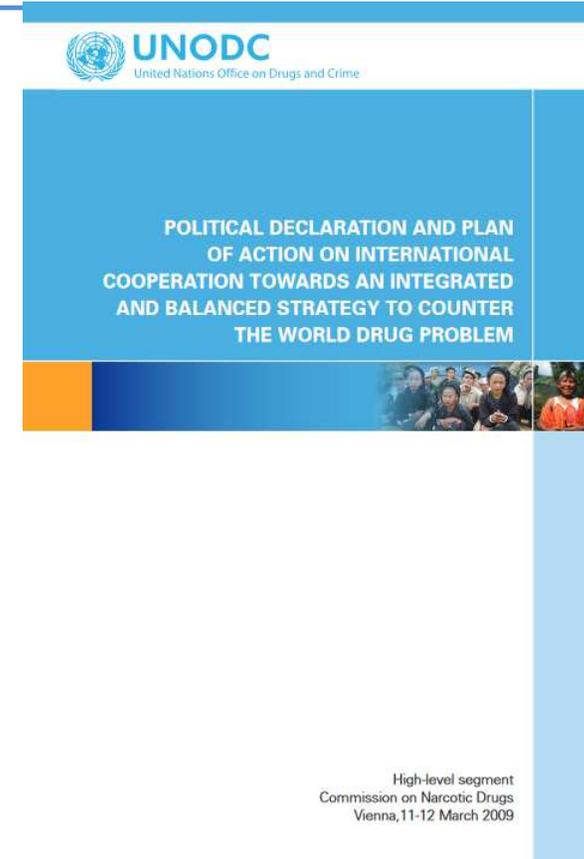
2010



UNODC, WHO, UNAIDS AND OHCHR JOINT STATEMENT ON COVID-19 IN PRISONS AND OTHER CLOSED SETTINGS*

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.

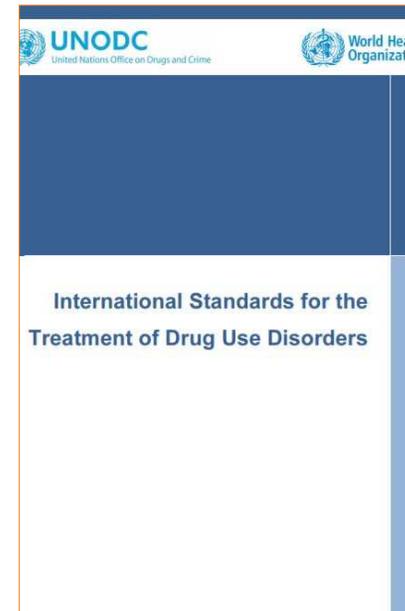
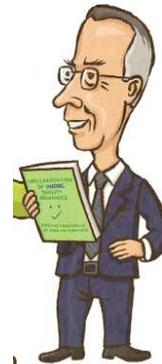
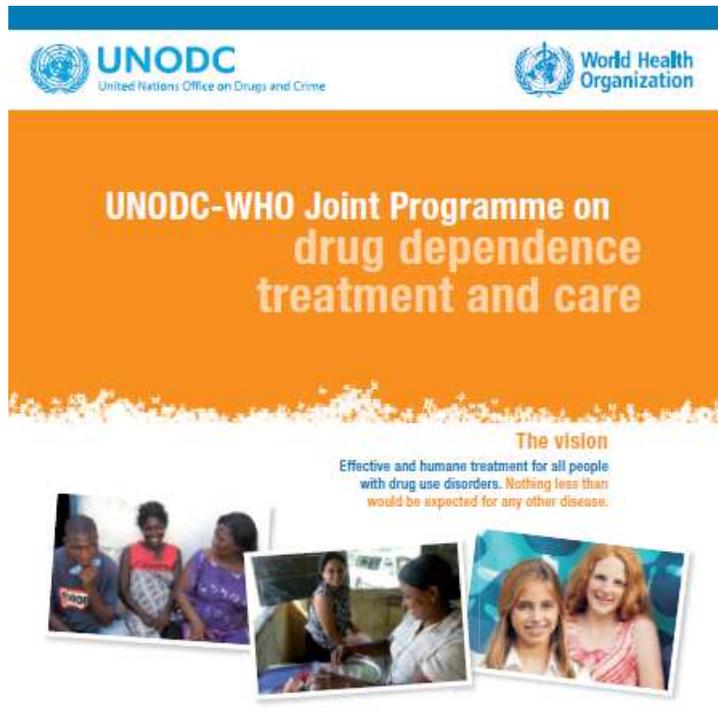




UNODC-WHO Programme on Drug Dependence Treatment and Care (since 2009)

Since 2009

2016 – Draft for Field Testing



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 (April 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

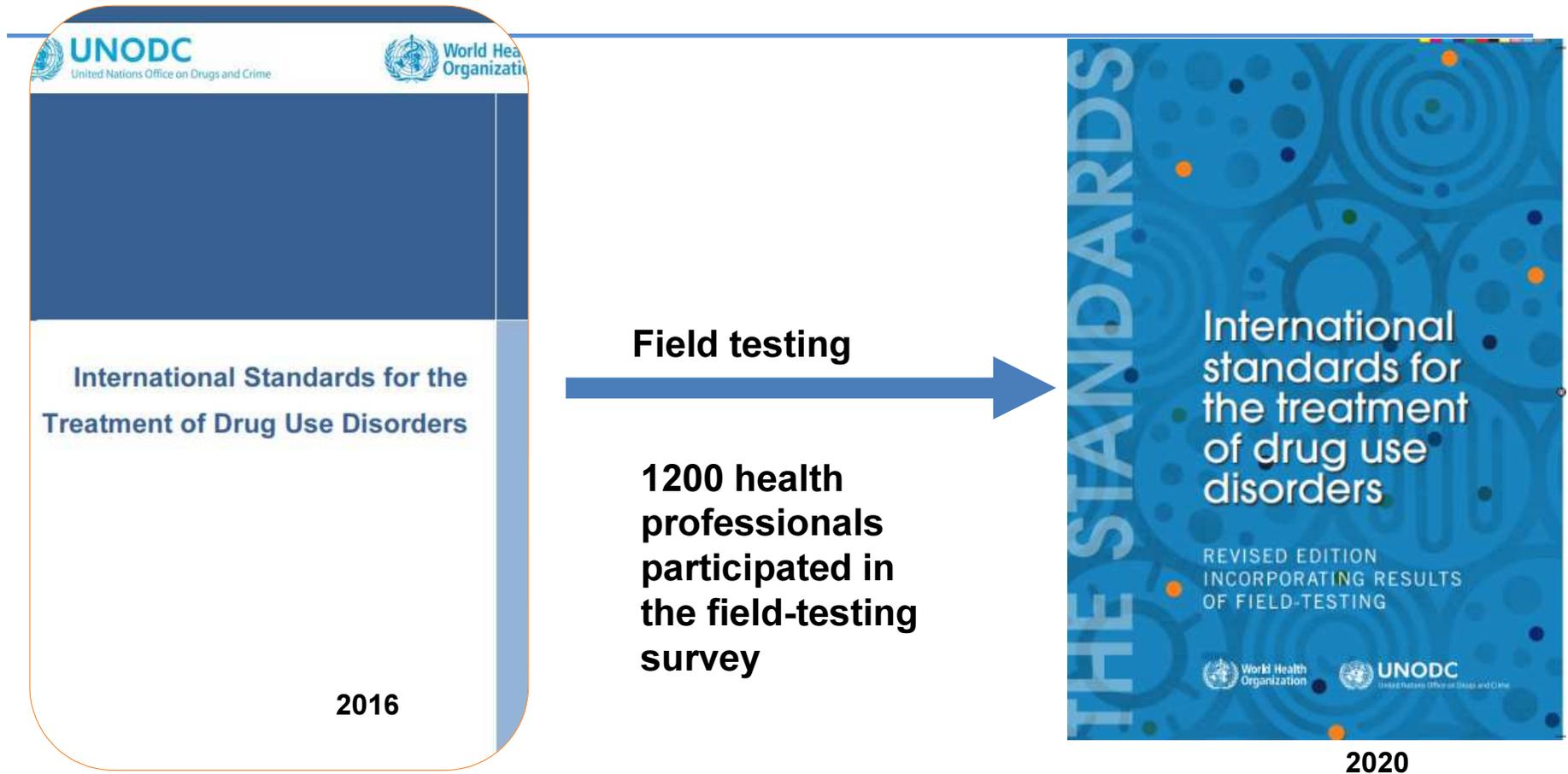


UNGASS
2016

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

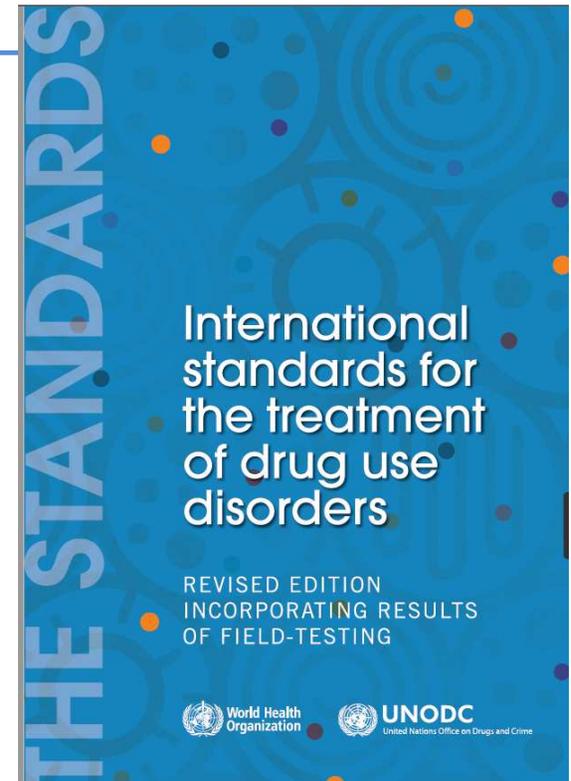
ACHIEVING THE 2019 GOALS - A BETTER TOMORROW FOR THE WORLD'S YOUTH

International Standards - Revision after field testing



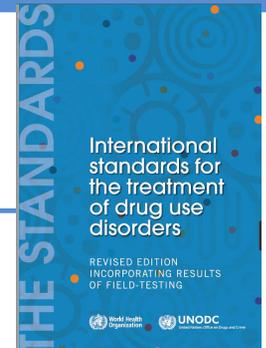
International Standards for the Treatment of Drug Use Disorders (2020) - Aim

- 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



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 settings, interventions and modalities

 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

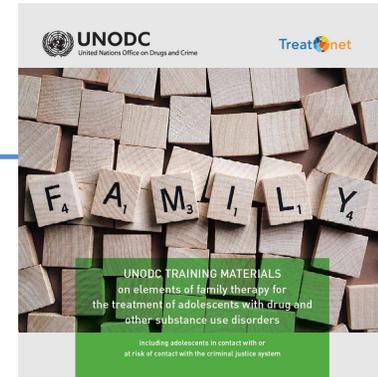


Populations with special treatment and care needs

- 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



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



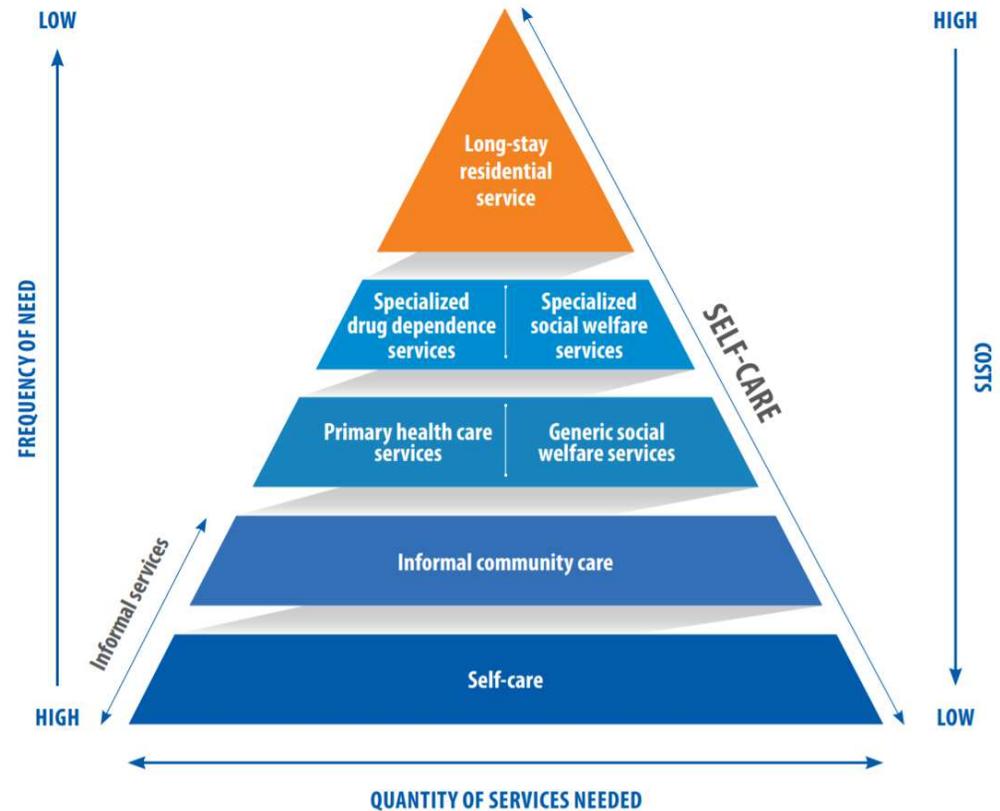
Treatment and care for people with drug use disorders in contact with the criminal justice system

Alternatives to Conviction or Punishment



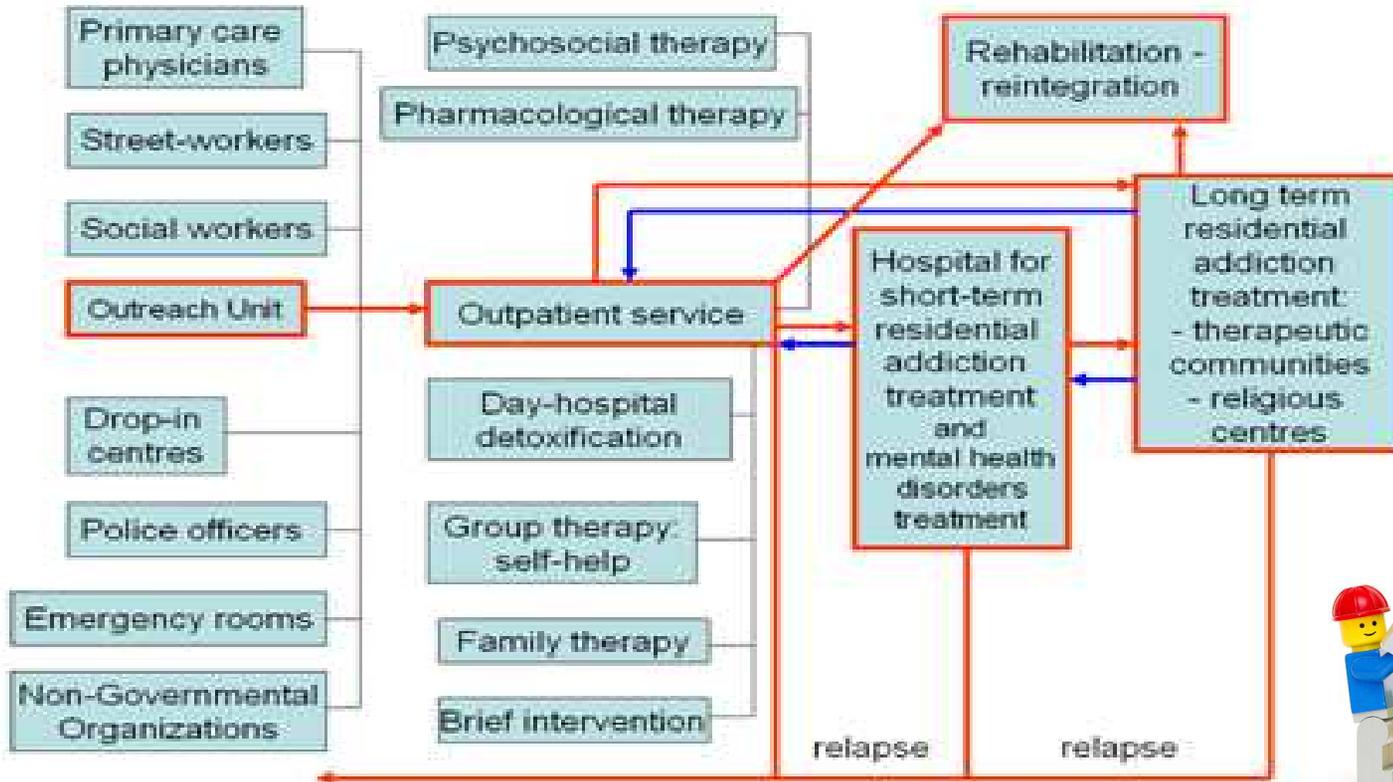
Offer the most effective, least invasive and lowest cost drug treatment intervention *first*

Not one size fits all!

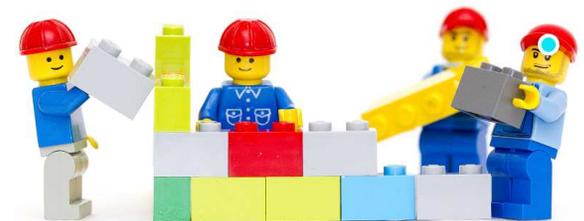




A needs-based continuum of care



The standards are aspirational





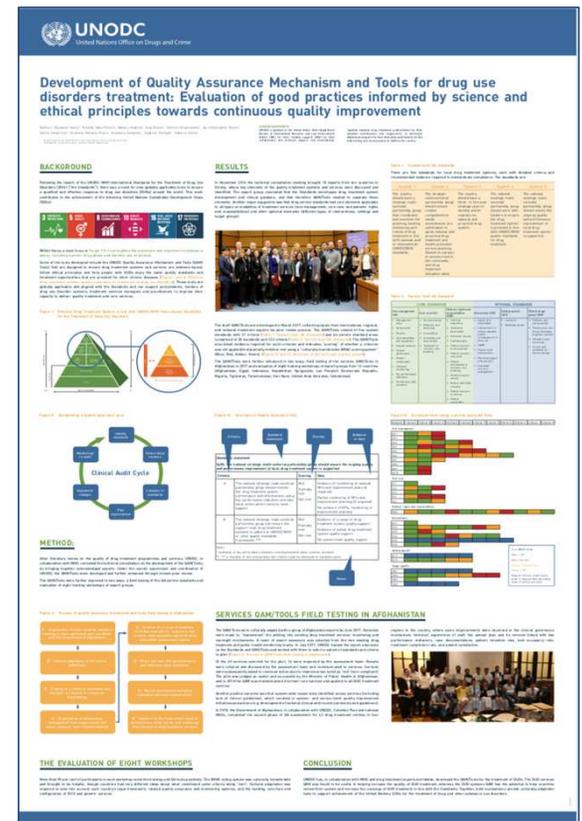
Disseminating the Standards: Quality assessment and Quality Assurance (QA) with the International Standards for the Treatment of Drug Use Disorders



Integrat	1	2	3	4
4A	Int4A 90%	85%		
4B	Int4B 80%	80%		
4C	Int4C			
4D	Int4D			
4E	Int4E			
4F	Int4F			
4G	Int4G	66%		

Development of UNODC QA tools

- International expert groups convened since between 2016 -2020
- 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
 - Noteverbale out to UN Member States to understand existing national QA mechanisms and institutions



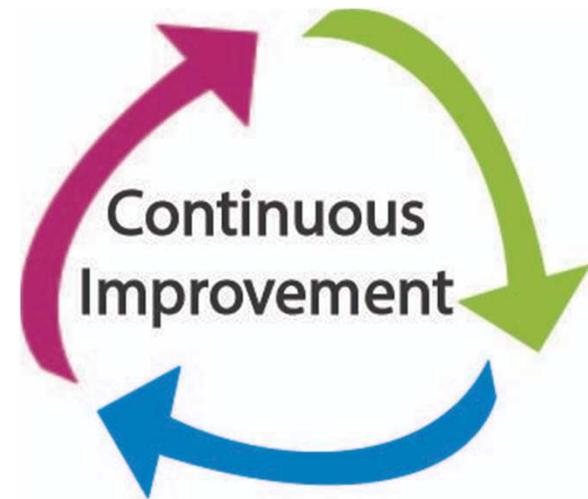
QA for Treatment Systems and services

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



From quality assessment to quality improvement and continuous assurance

- Support UN Member States in assessing treatment services against International Standards
- Build MS capacity to institutionalize QA cycles for drug treatment services
- Technical assistance for improvement of treatment services and systems
- Track quality improvement over time





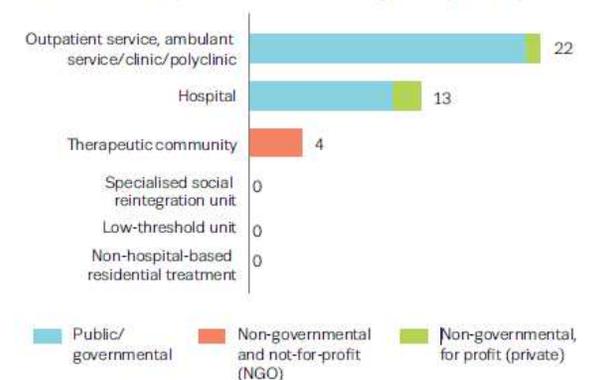
Mapping drug use disorder treatment resources

- UNODC-WHO Substance Use Disorder Treatment Facility Survey (2018)
- Possible as an online data collection tools
- Needs inputs from relevant treatment service providers in a city/region/country
- Available in 10 languages

C8a. On-site service availability (Public data)	Select if available and specify (multiple responses)
Management of withdrawal (detoxification)	<input type="checkbox"/>
Opioid agonist maintenance treatment (i.e. methadone or buprenorphine)	<input type="checkbox"/> <input type="checkbox"/> Prescribing <input type="checkbox"/> Dispensing
Brief psychosocial support (less than 2 weeks)	<input type="checkbox"/>
Longer psychosocial support (more than 2 weeks)	<input type="checkbox"/> <i>If yes, specify the different forms of psychosocial treatment</i>
	<ul style="list-style-type: none"> • Cognitive behavioral therapy • Motivational enhancement therapy • Contingency management • Family therapy • Group counselling • 12 step facilitation • Individual counselling • Case management • Internet/web-based • Other (please specify)
On-site availability of naloxone and overdose management services	<input type="checkbox"/>
Take-home naloxone provision and training on overdose management	<input type="checkbox"/>
Employment/income generation support	<input type="checkbox"/>
Educational/vocational training	<input type="checkbox"/>
Housing/shelter support	<input type="checkbox"/>
Low threshold services to street based substance users (e.g. outreach or drop-in services)	<input type="checkbox"/>
Other services (please specify)	<input type="checkbox"/>

C8a. On-site service availability
Select "available" if your facility offers the respective service and specify as appropriate.

Number of surveyed units by affiliation and unit type in Serbia in 2016 (WHO-UNODC facility survey, 2017)



2018

QA Services assessment

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



* Optional = as applicable



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

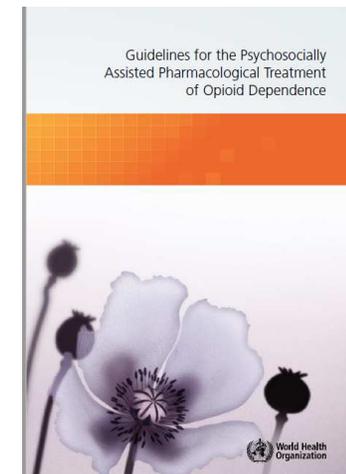
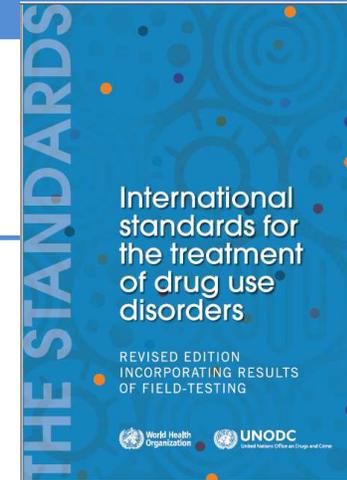
Additional QA tools under development

Quality Assurance mechanism for opioid Medication-Assisted Treatment services:
Toolkit (V4)
November 2020

56 criteria

Int4Eiib	The service ensures average opioid agonist maintenance doses are in line with recommended international guidelines	Not Applicable Met Partially met	Evidence: Audit of opioid agonist maintenance doses Average maintenance dose within WHO recommended guidelines Average dose just below those recommended or evidence-based rationale
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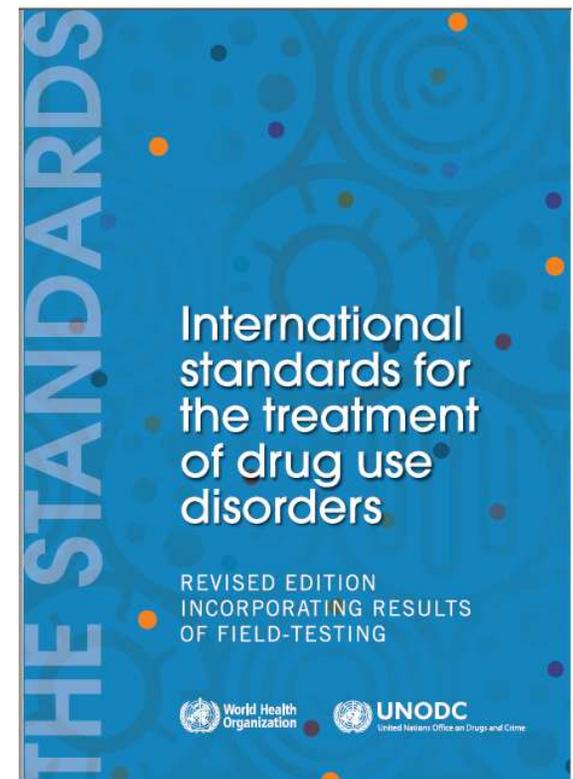
Int4Eiib. This criterion, average opioid agonist maintenance treatment (OAMT) dose, is thought to be a key indicator of quality. WHO recommended methadone doses in the range of 60mg-110mg daily are more effective and average buprenorphine doses should be at least 8mg a day rising to up to 32mg a day if patients are still illicit opioid drugs. When calculating mean doses, assessors should exclude patients in induction to OAMT or undergoing supervised withdrawal from OAMT. *'Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence' (WHO 2019).*





Summary: The International Standards for the Treatment of drug use Disorders & the QA tools....

- developed by UNODC/WHO based on strong international policy mandate and based on existing guidance
- propose the settings and therapeutic interventions recommended for the various stages of evidence-based drug use disorder treatment along a continuum of care approach
- provide a public health framework for the development of a drug treatment system
- are accompanied by piloted dissemination tools (quality assurance) to be finalized
- **UNODC and WHO stand ready to support UN Member States on improvement of treatment services and systems along with our mandates**



We have

- the science
- the tools
- the policy

Let's get to work! 😊

TIME TO ACT!

Pragmatic and concrete actions
for prevention of non-medical use
of controlled substances, treatment
of drug use disorders, social protection
and health care for people affected

UNGASS 2016 OUTCOME IMPLEMENTATION

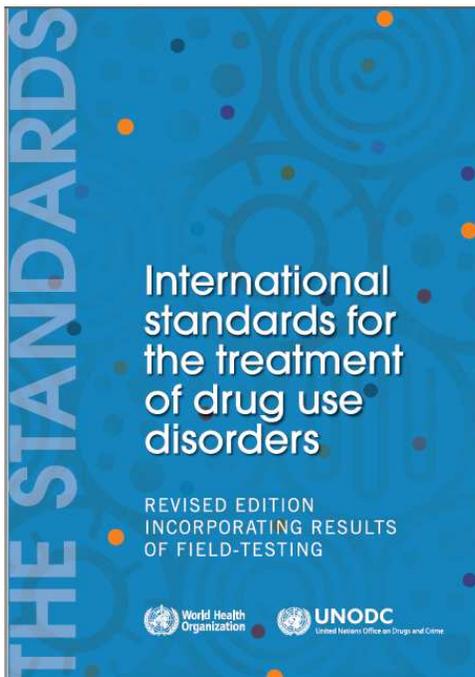




Thanks for joining the network on quality in treatment



Thank you for your attention – over to my colleagues!



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@UNODC@WHO

#IntDUDTXStandards

#UNODC_QATX

#Leaving no one behind

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