



INTERNATIONAL CONSORTIUM
ON QUALITY IN SUBSTANCE USE
DISORDERS TREATMENT

Managing drug use disorder treatment services in line with international 'Key Quality Standards': A handbook for managers.

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Overview

- **Why** did we develop the “Management handbook”
- **Background:** International guidelines and the ‘Key Quality Standards’
- **What – a brief overview of content**
- **With power comes responsibility**



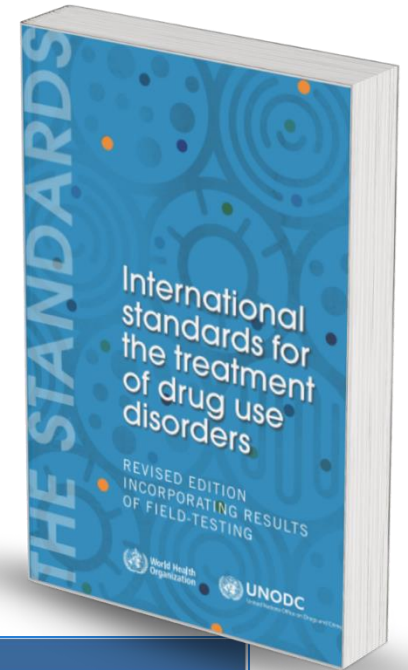
The QA backstory

Decades of international work on QA in substance use disorder treatment by international agencies. Including:

- **WHO and UNODC** “International Standards for the Treatment of Drug Use Disorders” (WHO/UNODC 2020) and the UNODC QA Toolkits for Services and Systems with training and technical assistance countries
- **European Union** “Minimum Quality Standards in Drug Demand Reduction EQUS, Minimum Quality Standards in Drug Demand Reduction in the European Union”, FENIQS-EU project
- **COPOLAD/CICAD** programmes of quality assurance work in Latin America and the Caribbean – in partnership with the European Union
- **The African Union:** African Continental Minimum Quality Standards for Drug Treatment.

Also – significant on standards and quality assurance by

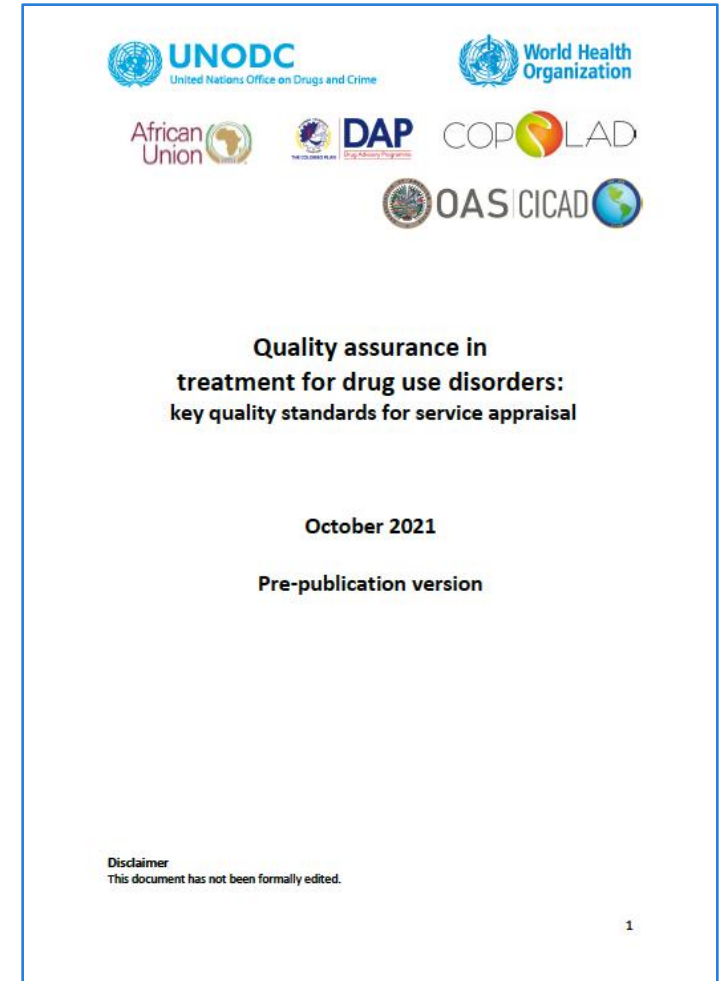
- Many countries around the work
- Quality Assurance organizations



Key Quality Standards 2021

(22 Standards, 59 Criteria)

2020/21 exercise to gain consensus amongst the International Organizations to agree what is the 'smaller set' of most important SUD treatment service quality standards. Resulted in the 'Key Quality Standards'



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
M2. The service operates within established financial regulations	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
M3. The service adequately manages its human resources to provide effective and caring treatment	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
M4. The service meets national/local requirements for providing drug use disorder treatment	PC3. All patients have a written individual treatment plan that is regularly reviewed and helps coordinate treatment and care	E3. Interventions are evidence-based and underpinned by established protocols	P3. The service promotes patients' health, wellbeing and social functioning.
M5. The service has adequate facilities and equipment for service delivery	PC4. The service works in partnership with other services to meet patient needs		P4. The service has a procedure of independent complaint for patients
M6. The service has a patient record system that facilitates treatment and care	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
M7. The service has sustainable quality assurance mechanism	PC6. The service involves patients in service design and delivery		

One of the core documents to ICQ.

Why develop a management handbook?

- Variability in requirements for managers and leaders to have 'qualifications' or experience in management – especially clinical leaders.
- Treatment for drug use disorders is cost effective and has positive impact on individuals and communities IF it is evidence-based and good quality
- A range of excellent international standards and guidelines on SUD treatment.
- A lack of international guidance/ written specifically for SUD treatment service leaders on how to manage this important type of service

A dedication:



Mr Peter Child – Enhancing drug treatment services: a management handbook for quality and effectiveness: P. Child and A. Dale (1997) SCODA, London

Thank you



Dr Mariano Montenegro for suggesting this project and my wonderful colleagues at ICQ

All those involved in the review of the document

Why develop a management handbook?

Substantial evidence that effective leadership and management in healthcare services is associated with improved patient safety, higher quality of care, and better health results. In summary

- 1. Patient Safety and Quality of Care:** Services with strong leadership, effective organizational processes, and continuous quality improvement have lower rates of medical errors, infections, and adverse events.
- 2. Operational Efficiency:** Good management leads to optimal resource utilization, reduced waiting times and improving access to care, which can positively influence health outcomes.
- 3. Staff management and satisfaction:** Effective human resources management fosters staff competence; a supportive work environment, and reduces staff turnover, which correlates with higher quality care delivery.
- 4. Evidence from Research:** Numerous studies, systematic reviews, and reports (such as those from the WHO and healthcare quality organizations) confirm that healthcare organizations with strong management practices achieve better patient outcomes.

References:

- **Harper, P., & Andersen, T. (2022).** "Leadership and management in healthcare: a systematic review of their effects on health outcomes." Published in **BMJ Open**, 12(4), e058835.
- Evidence from substance use disorder treatment services research including seminal work of Prof Dwayne Simpson et al: service effectiveness and organisational readiness to implement change

What – a brief overview

Content

- Introduction
- Effective management
- Individualised person-centred treatment
- Providing interventions that are evidence-based
- Monitoring service access, performance, patient outcomes
- Ensuring services promote patients' health, safety and human rights
- Auditing your services using the 'Key Quality Standards'



What – content for each section

Each section

- Describes requirements for good practice in line with standards
- Gives examples
- Outlines relevant standards and criteria – both KQS and UNODC Service Standards
- Provides a checklist of standards and suggested evidence

2.9 Management Standards Checklist			
No	Standard	Evidence	Yes/No
M1	The service adequately plans the delivery of treatment and care for drug use disorders		
	a) The service has a written action plan for its functioning and development	• Written Action Plan	
M2	The service operates within established financial procedures		
	a) The service has procedures to manage and report on financial resources	• Financial procedures • Evidence procedures are implemented	
	b) The service has a budget allocated according to the written plan	• Budget that matches written plan	
M3	The service adequately manages its human resources to provide effective and caring treatment		
	a) The service staffing structure meets national regulations or the current service plan	• Records of staffing, staff profiles and patient numbers/attendance	
	b) M3b: The service ensures that personnel are competent and have the necessary education and training	• Documents of staff profiles, qualifications, and training	
M4	The service meets national/local requirements for providing drug use disorder treatment (if applicable)		
	a) The service is locally registered/accredited/certified to provide drug use disorder treatment	• Registration, certification, or accreditation documents	
M5	The service has adequate facilities and equipment for service delivery		
	a) The service facilities are adequate for type of service and interventions offered	• Documents/floor plans of service rooms and space	
	b) Service equipment is adequate and 'fit for purpose' for the service and interventions offered	• List of equipment, current safety, and maintenance checks for equipment	
M6	The service has a patient record system that facilitates treatment and care		
	a) The service has a comprehensive patient record system	• Paper or electronic patient record system	
	b). The service has an established information management procedure for patient records	• Information management procedures • Evidence procedures are implemented	
M7	The service has sustainable quality assurance mechanism		
	a) The service has defined standards for service provision	• Written standards	
	b) The service monitors and regularly audits its practice against its standards	• Monitoring data or audit reports comparing practice to standards	
	c) The service has an established mechanism to involve patients in the quality assurance of the service	• Reports of regular patient surveys and/or consultation on service quality	
	d) The service regularly reviews and improves practice if required	• Monitoring or audit reports • Minutes of management meetings where reports are discussed, and action decided • Service improvement plans where standards are not met	

What – Introduction

Target Audience

All those involved in leadership, management and quality assurance of specialised drug use disorder treatment services.

What are specialised drug use disorder treatment services

Services primarily designed to treat patients or clients with drug and alcohol use disorders. They vary.

Recovery-oriented systems and services



Recovery is

- *Voluntary control over substance use*
- *Improved health and well-being*
- *Integration into society*

What – Effective management

Content

- Effective leadership and management
- Service planning
- Managing financial resources
- Managing contracts and funders
- Human resource management
- Managing facilities and equipment
- Patient record systems
- Quality assurance systems



What – Individualised person-centred treatment

Content

- Patient screening, assessment, risk assessment (and diagnosis)
- Informed consent
- Treatment planning and review
- Partnership with other providers
- Meeting the needs of different patient groups
- Involving patients in service design and delivery

Figure 4: Assessment, treatment planning and review process



Box 18: Standards related to involving patients in service design and delivery

Key Quality Standards (2021)

PC6. The service involves patients in service design and delivery

Criterion:

- The service has established mechanisms to involve patients in the design of the service
- People with 'lived experience' of drug use disorders and recovery are involved in service delivery

Evidence:

- Patient advisory group, meeting minutes showing involvement, information from service users
- People with 'lived experience' mentioned in service provision documentation, staff record audit shows that some volunteers/staff have 'lived experience'. Information from managers and staff

UNODC Service Standards: Core Management

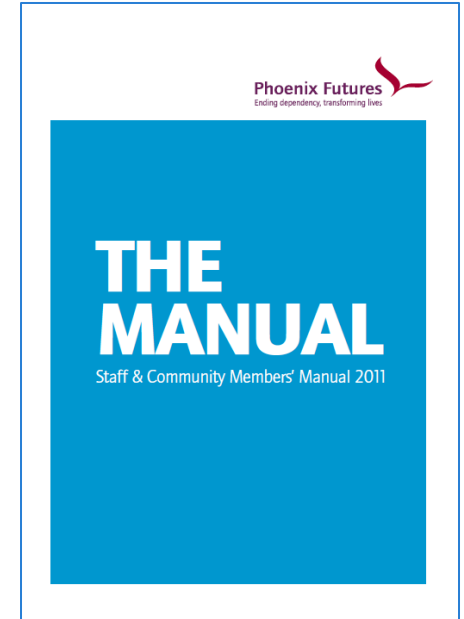
CM7: The service involves patients and experts by experience in the service development, quality assurance and delivery

What: Providing interventions that are evidence-based

Content

- The importance of a documented approach
- Standard Operating Procedures
- Ensuring interventions are in line with international guidelines
- Interventions to reduce negative health and social consequences of drug use
- Psychosocial interventions
- Pharmacological interventions
- Recovery management interventions

The 'International Standards for the treatment of drug use disorders' (WHO/UNODC 2020) stress that pharmacological interventions should always be provided in the context of psychosocial interventions.



4.2 Standard Operating Procedures (SOPs)

A protocol or Standard Operating Procedure (SOP) is a document that explains an intervention or procedure in detail to staff and normally includes as a minimum:

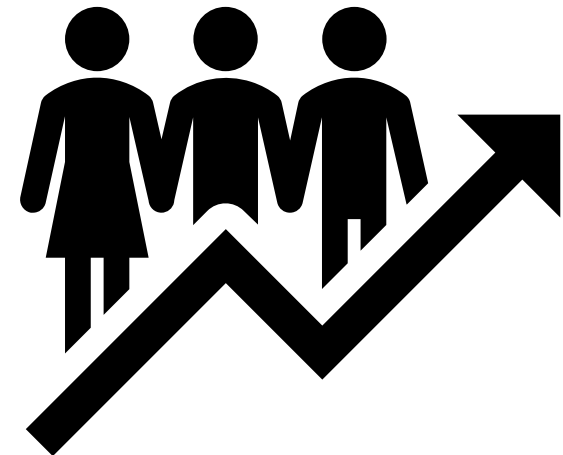
- The purpose of the SOP
- An introduction
- The scope: the area and context of the SOP
- Definitions
- Responsibilities
- Specific procedures: step by step detail of how to deliver the intervention.
- Reporting requirements and what forms or templates to use.
- How this SOP relates to other SOPs
- A history of updates to the SOP (who, when and what changed) and the date of review.

What – The service Monitors performance and outcomes and tries to improve outcomes

Content

- Ensuring timely access
- Performance management and monitoring
- Outcome monitoring and management

Figure 6: Performance monitoring and Improvement



5.4 The service monitors performance and outcomes and tries to improve: Checklist			
No	Standard	Evidence	Yes/No
E1	The service ensures timely access for its target groups		
	a) The service ensures and monitors timely access of patients to treatment	<ul style="list-style-type: none"> • Patient access monitoring reports • Evidence of service action to improve access 	
	See also PC5a) maximising access for diverse patient groups		
E2	The service monitors and improves its outcomes and performance		
	a) The service has targets or key performance indicators (KPIs) including patient outcomes	<ul style="list-style-type: none"> • Service targets or KPIs. • Service targets for patient outcomes 	
	b) The service monitors its targets or KPIs	<ul style="list-style-type: none"> • Target or KPI monitoring reports 	
	c) The service has mechanisms to improve its performance based on results of the monitoring	<ul style="list-style-type: none"> • Evidence of service action to improve performance if required 	

What – Ensuring services promote patients' health, safety and human rights

Content

- Treating patients with respect and protecting them from abuse, malpractice and discrimination
- Informing patients of service rules, policies and procedures
- Promoting patient health, well-being and social functioning
- Independent complaints procedures for patients
- Ensuring cleanliness, infection control, fire and serious incident prevention
- Medicines management



What – Auditing your services using the ‘Key Quality Standards’

Content

- Plan and allocate resources for auditing
- Adapt (Key Quality Standards)
- Assess (against Key Quality Standards)
- Report
- Improve



Adapt



Assess



Report



Improve

Conclusion: With great power comes great responsibility

- **Leadership and management of SUD treatment services is an honor and responsibility**
- **It is not easy but can be a very rewarding and impactful**
- **There are enablers that can help individuals and teams**
- **We want to educate, support and train those who do this job or want to do this job well for the patients and communities they serve**



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CALL TO ACTION: Application and implementation is critical

Let's make a difference together for those we serve; let's continue to promote and implement Quality in SUDs systems and services.

We know there is a gap between what we know and what we do.

This handbook aims to fill that gap.

- ✓ The handbook is the knowledge translation tool to help us implement Quality in our services.
- ✓ It is built upon and promotes international standards and guidance which is based on the current evidence.
- ✓ It provides guidance to leaders on how best to check adherence to this evidence via the standards, criteria and details on what to look for.
- ✓ It offers Quality Assurance mechanisms and cycles of continuous improvement to help achieve quality and sustainable ways to ensure fidelity to and alignment with international standards and guidance.

CALL TO ACTION: Increase awareness of and application of the Management Handbook



What is the most effective way of helping countries and services improve quality?

APPLICATION BASED ON:

- ✓ Standards based on evidence.
- ✓ QA mechanisms.
- ✓ Leaders with the tools and skills.
- ✓ Ongoing training opportunities.



This handbook supported by Quality Assurance mechanisms can help us:

- Recognize good practice.
- Challenge poor practice.
- Encourage continuous improvement.

***You can access the full document
via the link or QR code below***



<https://www.issup.net/knowledge-share/resources/2025-05/managing-drug-use-disorder-treatment-services>



Thank you

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