



UNODC

United Nations Office on Drugs and Crime

Overview of the International Standards for the Treatment of Drug Use Disorders

Strengthening Quality Assurance Mechanism for Treatment of People with Drug Use and Drug Use Disorders

Narendra Narotama

Programme Officer

Programme Office of Indonesia

narendra.narotama@un.org

@UNODC_PTRS @UNODC_Indonesia

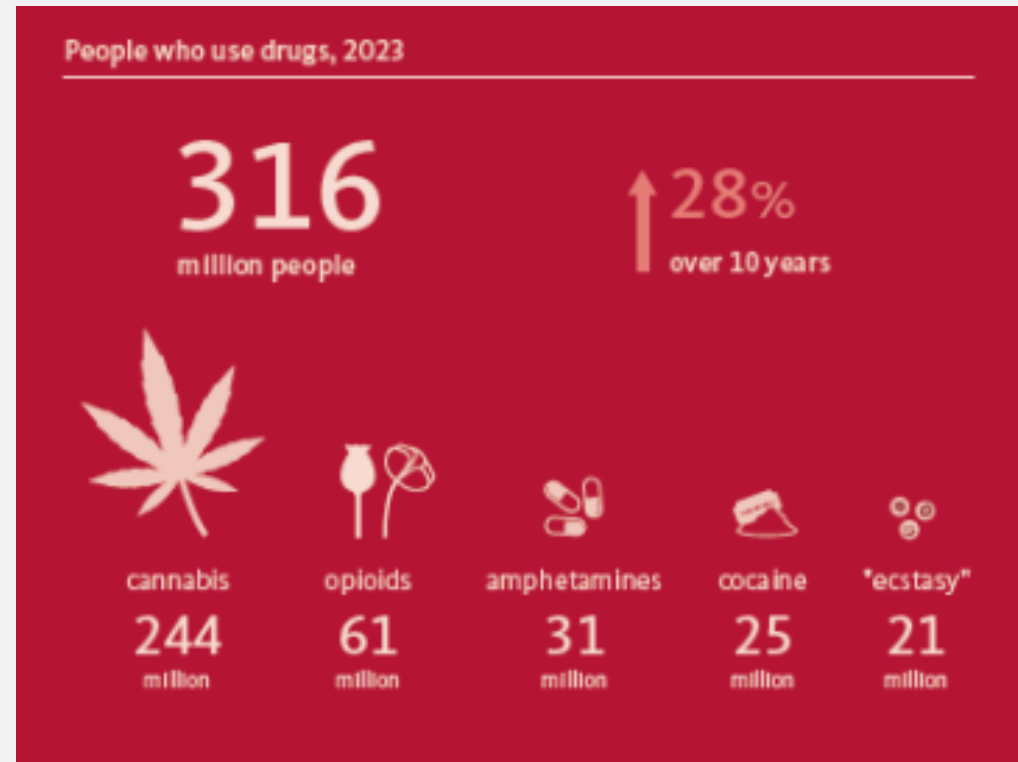


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PREVENTION TREATMENT
REHABILITATION SECTION

Global situation on drug use and drug use disorders (WDR, 2025)

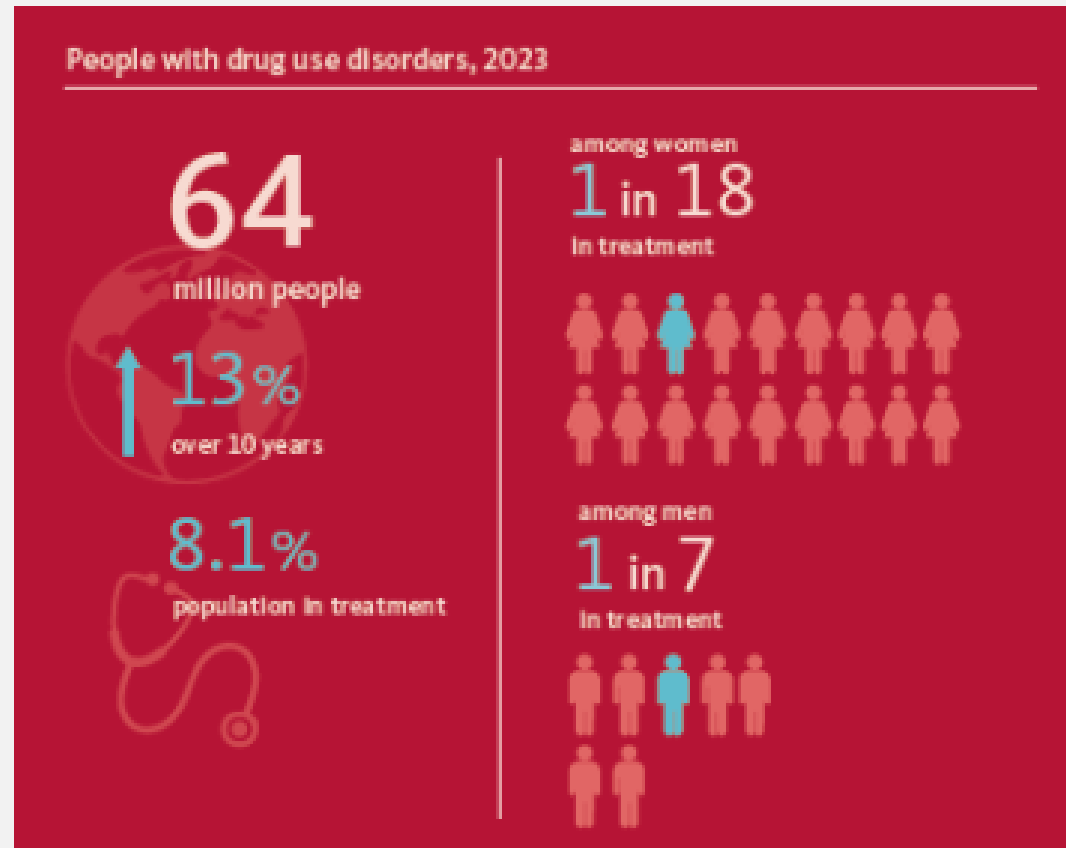
- 316 Mio people (6% of the global population aged 15–64) have used an internationally controlled substance (drug) in the year 2023 for non-medical purpose



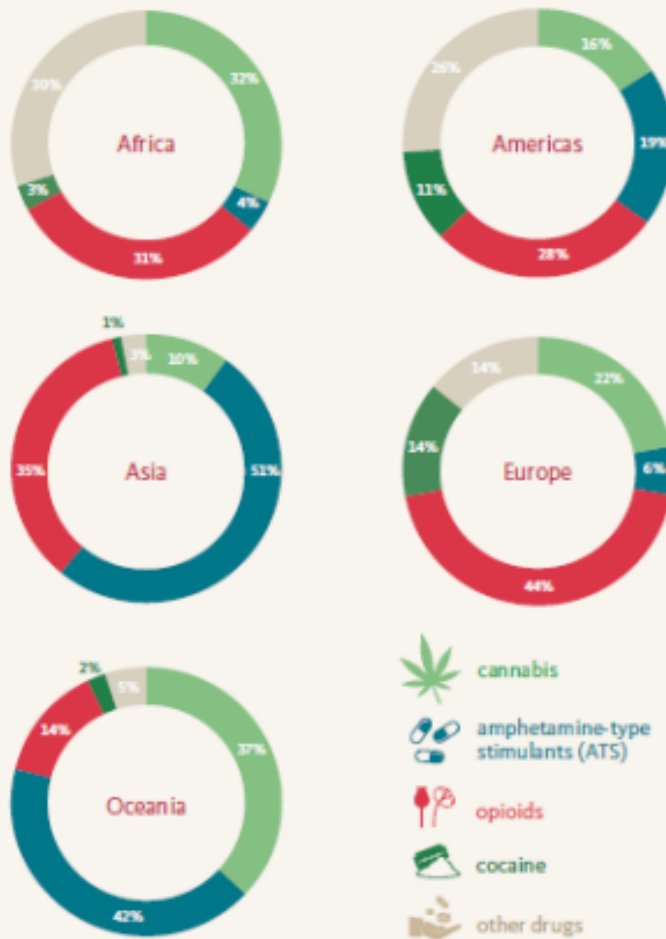
Drug use disorders and drug treatment

(UNODC, 2025)

- **64 Mio** people worldwide were suffering from drug use disorders
- Yet only **1 in 12** have access to treatment and the situation is worse for women with drug use disorders



Primary drug of people in treatment, 2023



There are vast regional differences when it comes to treatment needs, in **Asia**, stimulants being a primary drug for **51%** followed with opioids for **35%** of people in treatment

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.

UNGASS on the World Drug Problem (April 2016)

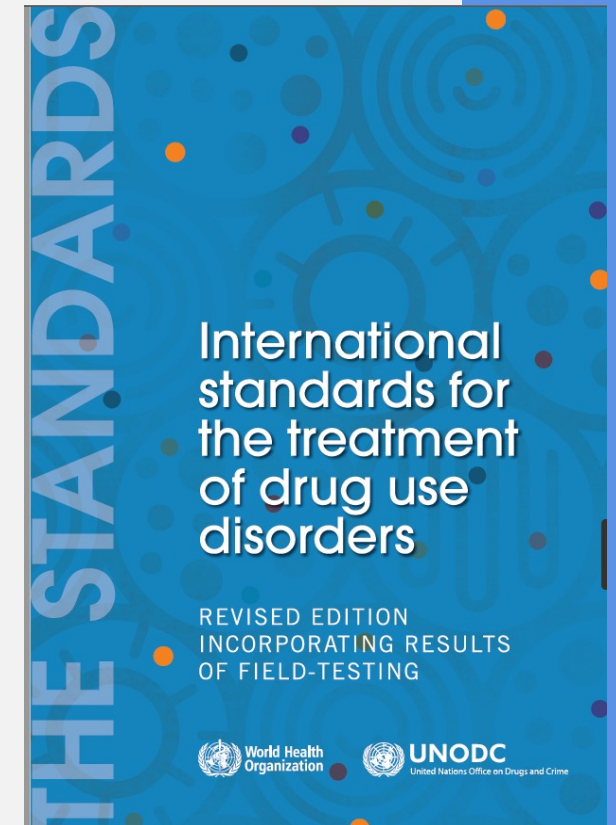
- Promote and implement the standards on the treatment of drug use disorders
- Provide guidance, assistance and training
- Develop standards and accreditation for services at the domestic level



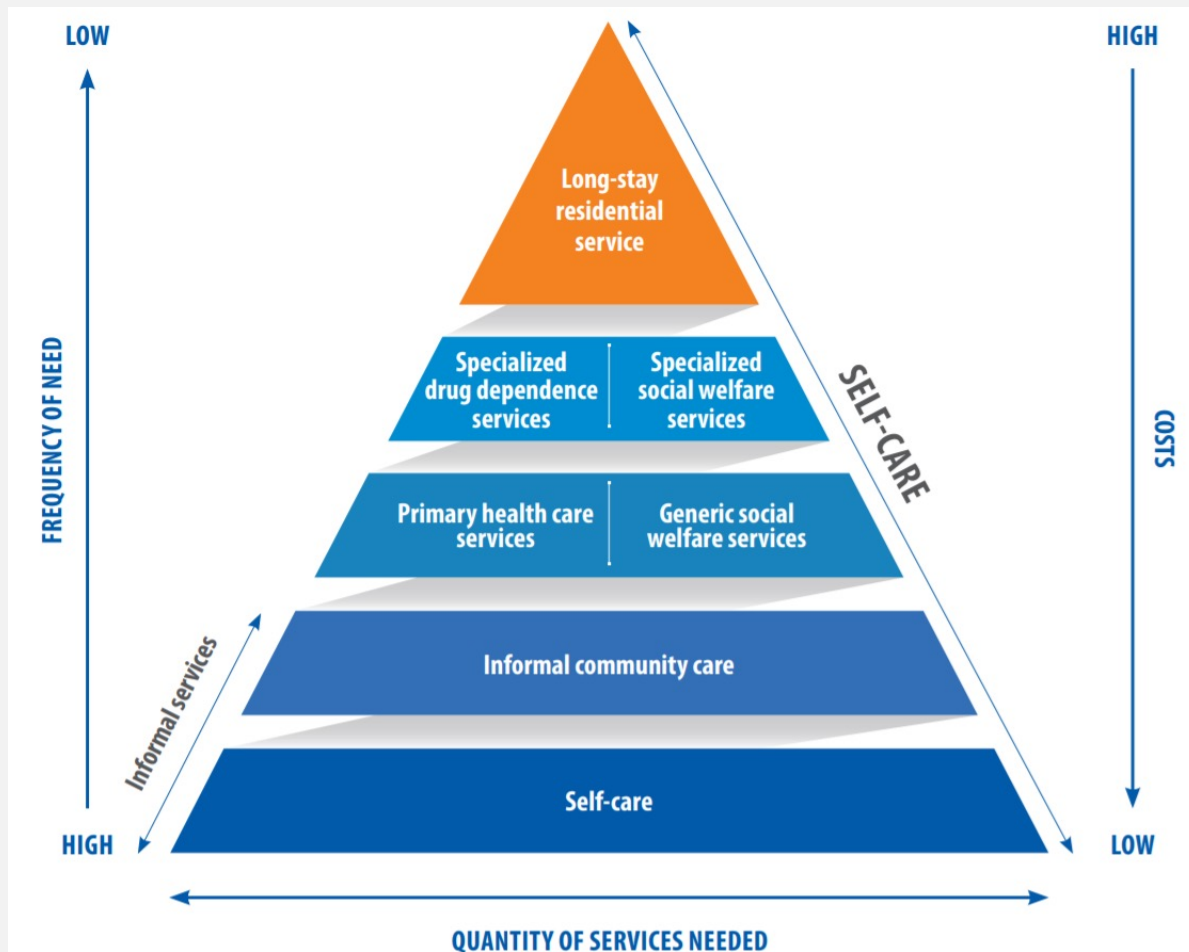
International Standards for the Treatment of Drug Use Disorders (2020)

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



- 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 community outpatient settings

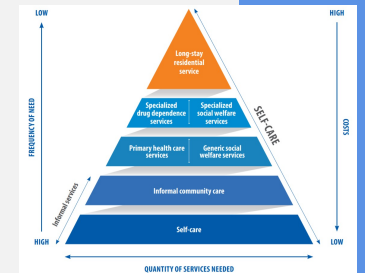
Suggested interventions in different settings at different system levels

System level	Possible interventions
Informal community care	• Outreach interventions • Self-help groups and recovery management • Informal support through friends and family
Primary health care services	• Screening, brief interventions, referral to specialist drug use disorder treatment • Continued support to people in treatment/contact with specialized drug treatment services • Basic health services including first aid, wound management
Generic social welfare	• Housing/shelter • Food • Unconditional social support • Referral to specialized drug treatment services, and other health and social services as needed
Specialized treatment services (outpatient and inpatient)	• Assessment • Treatment planning • Case management • Detoxification/withdrawal management • Psychosocial interventions • Medication-assisted treatment • Relapse prevention • Recovery management
Other specialized health care services	• Interventions by specialists in mental health services (including psychiatric and psychological services) • Interventions by specialists in internal medicine, surgery, paediatrics, obstetrics, gynaecology and other specialized health care services • Dental care • Treatment of infectious diseases (including HIV, Hepatitis C and tuberculosis)
Specialized social welfare services for people with drug use disorders	• Family support and reintegration • Vocational training/education programmes • Income generation/micro-credits • Leisure time planning • Recovery management services
Long-term residential services for people with drug use disorders	• Residential programme to address severe or complex drug use disorders and comorbid conditions • Housing • Vocational training • Protected environment • Life skills training • Ongoing therapeutic support • Referral to outpatient/recovery management services

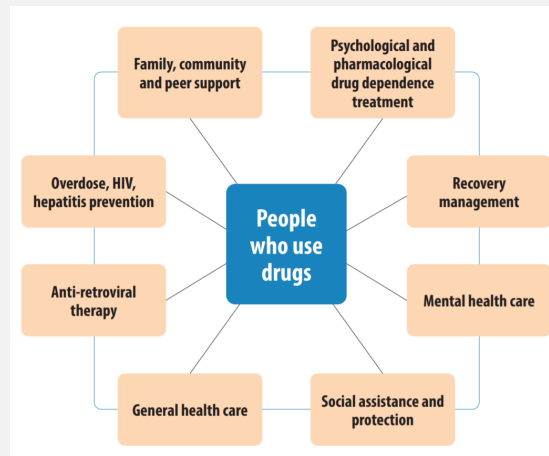
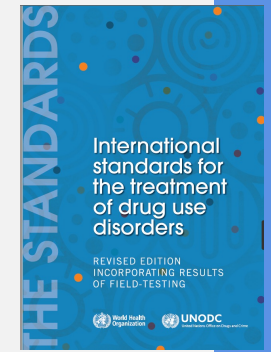
Int. TX standards suggest interventions at different levels in the health & social system

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

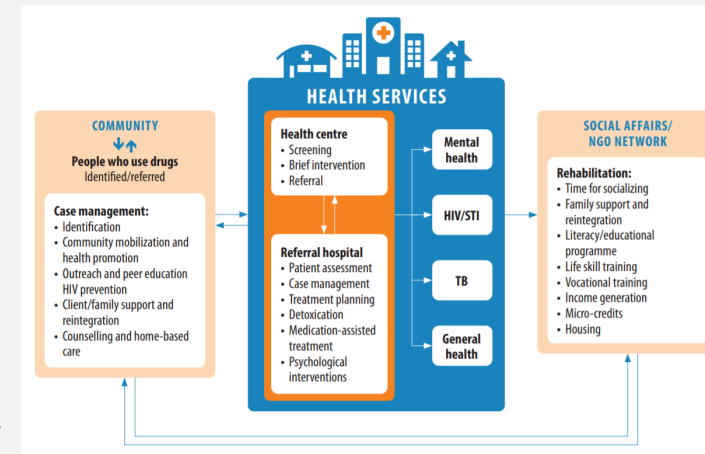


Suggested models of service organization in TX systems

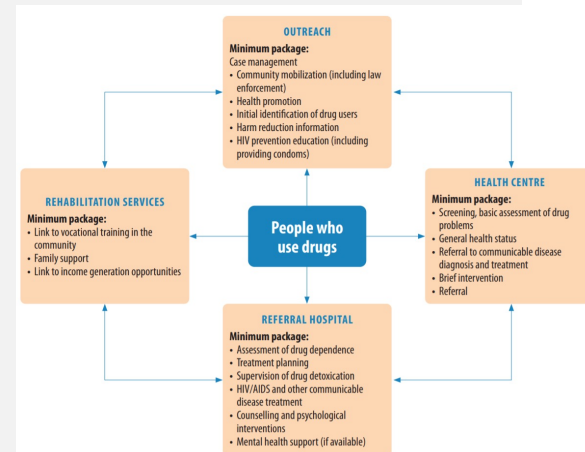


One-stop-shop

Case management

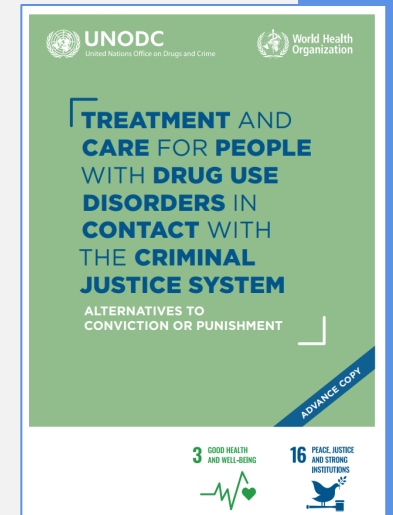
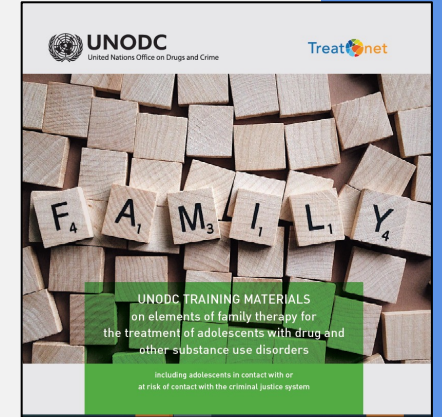
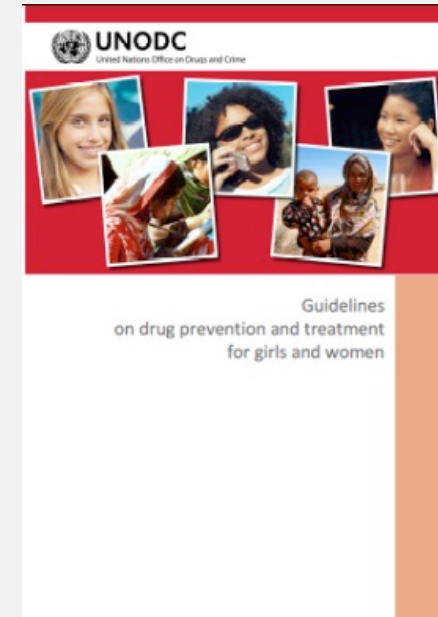


Community-based treatment networks



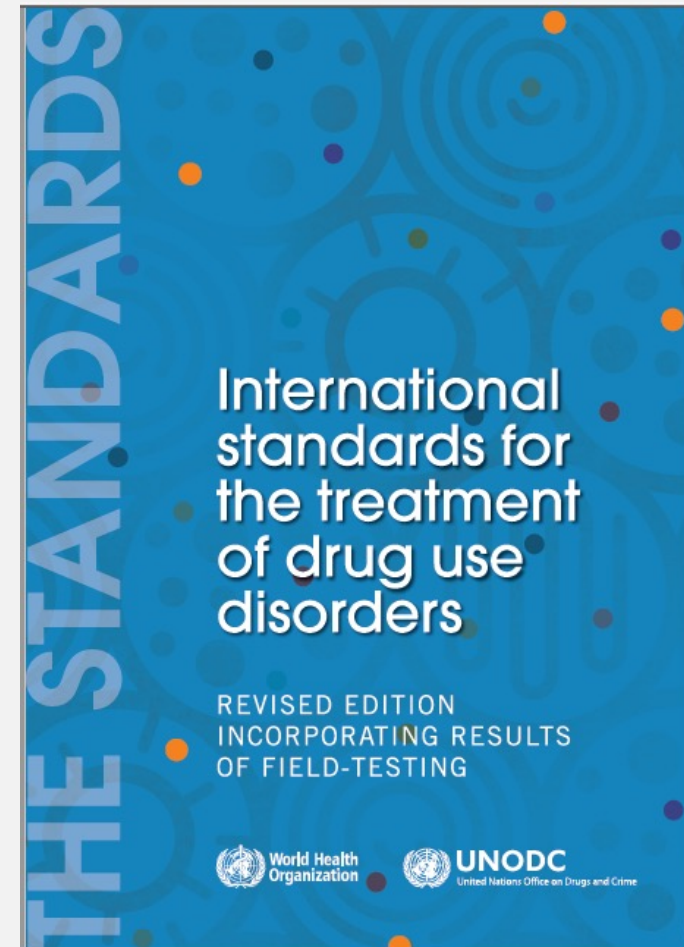
Populations with Special Treatment & Care Needs

- Patterns of drug use: polysubstance use
- Health needs: comorbid health conditions, disabilities
- Age: children/adolescents and elderly people
- Social care and support needs
- Women and pregnant women, religious and ethnic minorities, indigenous populations and
- People in contact with the criminal justice system



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

- based on strong international policy mandate and based on existing guidance
- propose the settings and therapeutic interventions recommended for the various stages of effective 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 (including the quality assurance toolkits)
- **UNODC committed to support UN Member States in their efforts to appraise and improve drug use disorder treatment along with our mandates**

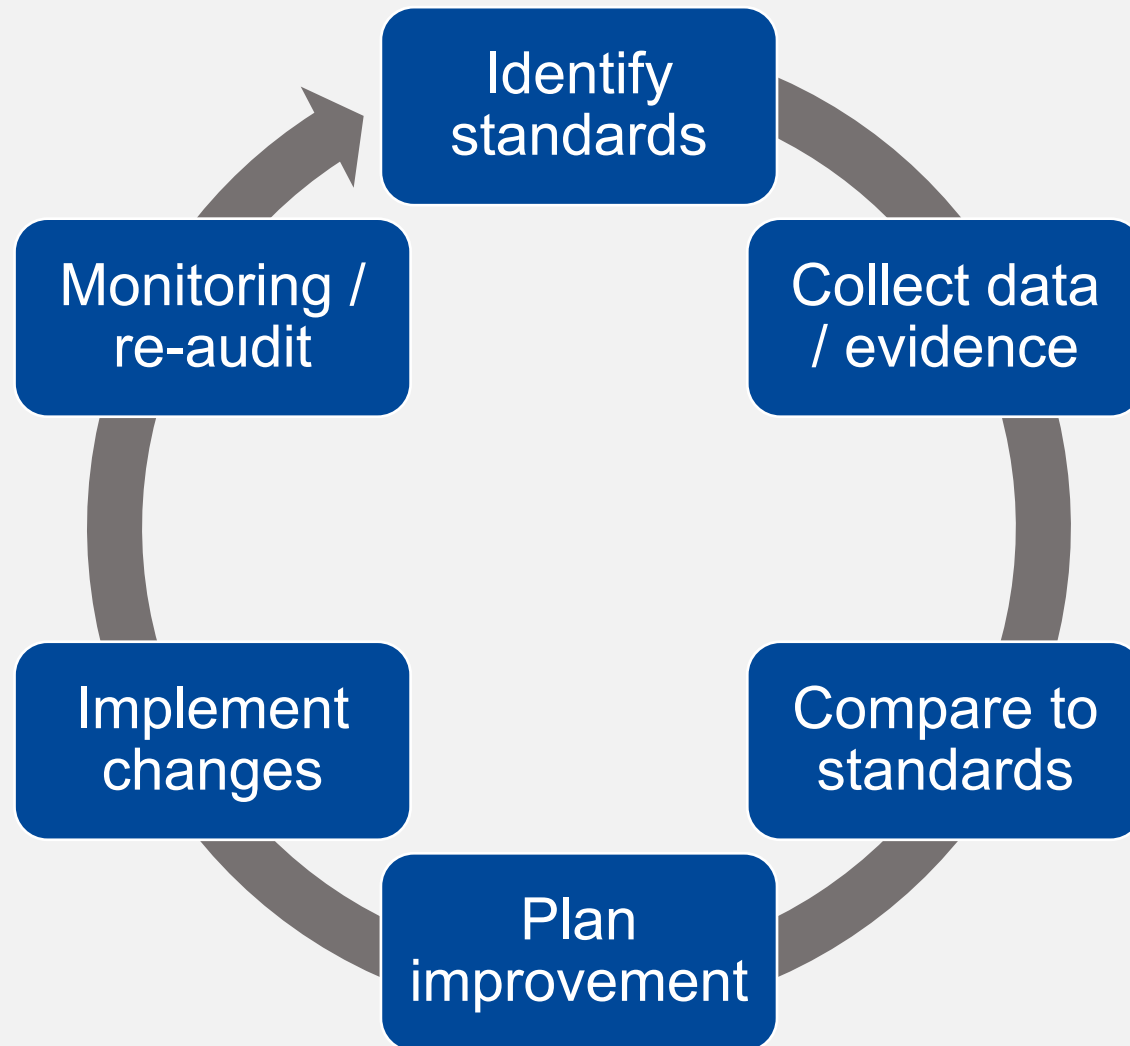


From quality assessment to quality improvement and continuous assurance

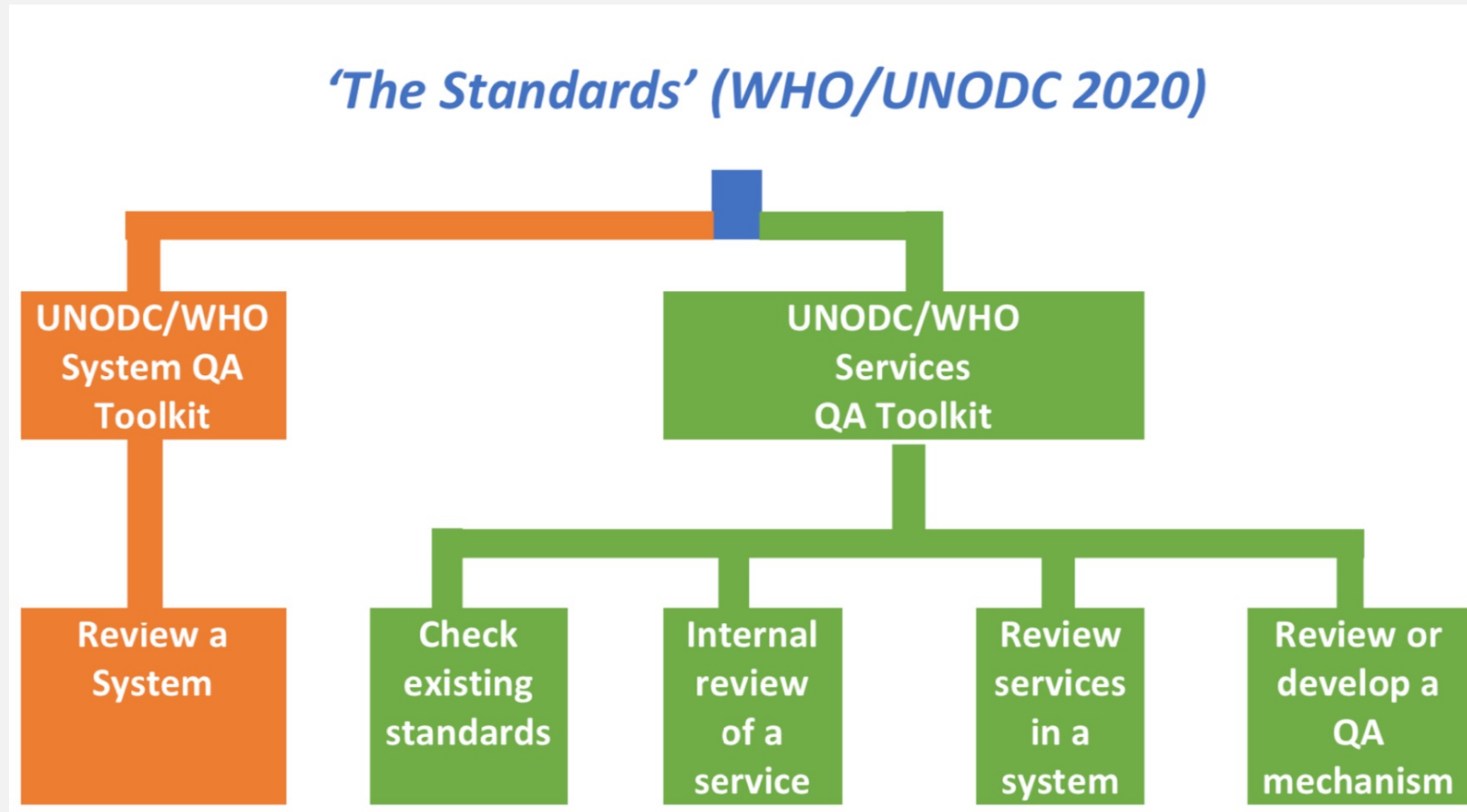
- Support UN Member States in assessing drug use disorder treatment against International Standards
- Build MS capacity to institutionalize QA cycles for drug treatment
- Technical assistance for improvement of drug use disorder treatment
- Track quality improvement over time



Quality improvement cycle using UNODC QA tool



System and service QA Toolkit



System level standards

System standard statements	
Sys1	The area has mechanism that co-ordinates and oversees the planning, funding, monitoring and review of the drug use disorder treatment system
Sys2	The area has a recent comprehensive needs assessment that informs drug use disorder treatment system planning
Sys3	The drug use disorder treatment system features a tiered or 'pyramid' model, with settings, modalities and interventions outlined in 'the Standards'
Sys4	The area has a funded plan to develop and sustain its drug use disorder treatment system in line with 'the Standards'
Sys5	The system has planned and monitored mechanisms to enable and improve quality, including addressing inhuman or degrading treatment, negative attitudes and discrimination

System level standards

- UNODC System QA Toolkit



- Designed to be used by local stakeholders to review a system



Examples of scoring of standards and criterion

3 point descriptor scale	Not Applicable	Not Met		Partially Met	Met	
3 point numeric scale	Not Applicable	1		2	3	
5-point numeric scale	Not Applicable	1	2	3	4	5
BRAG rating	Blue	Red		Amber	Green	
Finer BRAG rating	Blue	Red	Red Amber	Amber	Green Amber	Green
Percentage rating	Not Applicable	%		%	%	
Narrative	Written descriptions of the degree to which a standard has been met					

Factual language

Not all criterion apply

Used for numeric data

Scorecard from rating a facility using a BRAG rating

% or BRAG rating

Blue = Not Applicable

Red = Not met

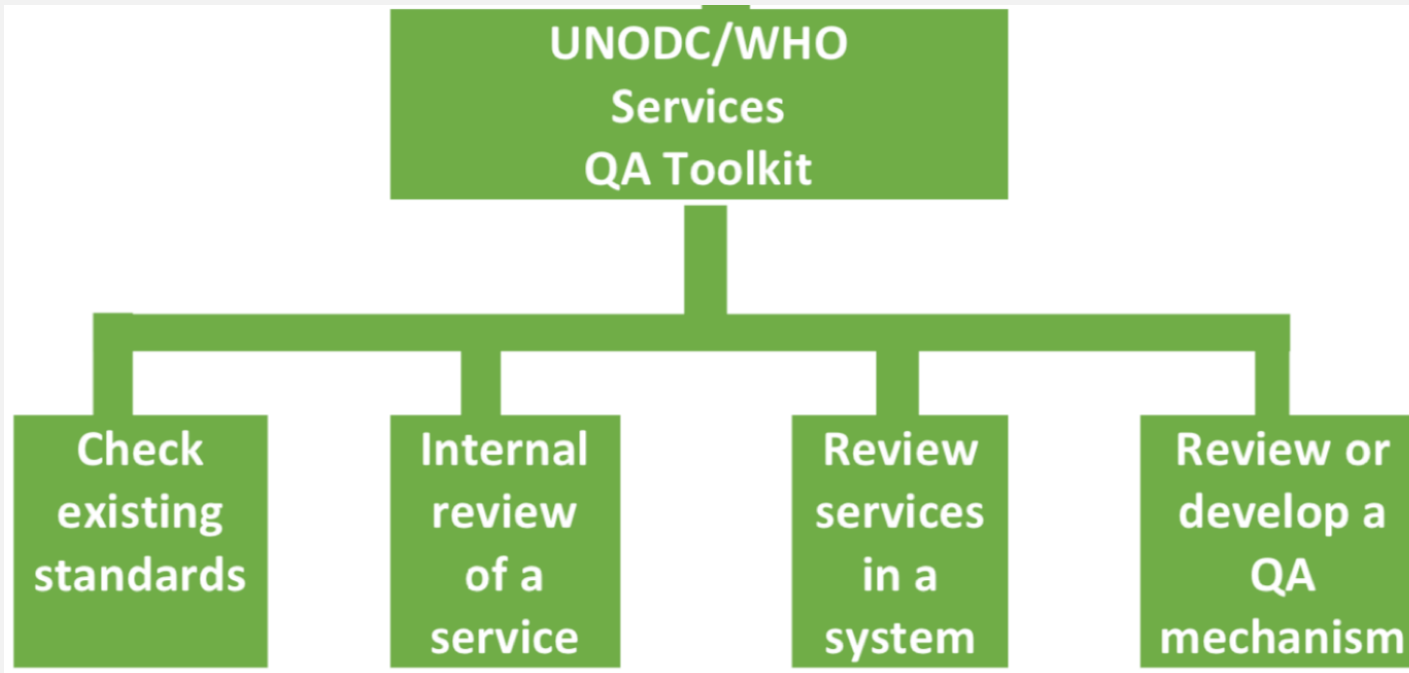
Amber = Partially met

Green = Met

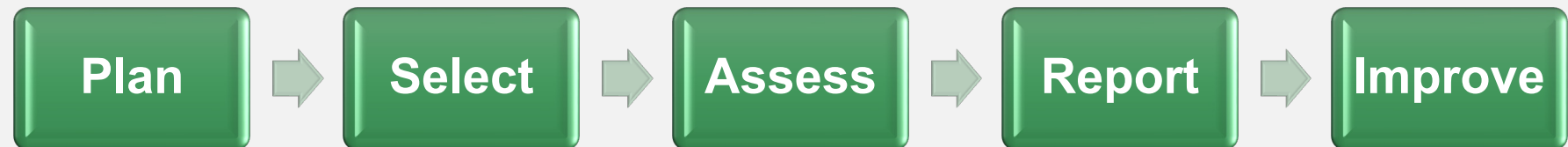
Action plans can be created to improve Red areas of service provision or safety and priority areas

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

Four uses of UNODC Services QA Toolkit



Recommended process for each project:



Drug use disorder treatment quality assurance toolkit



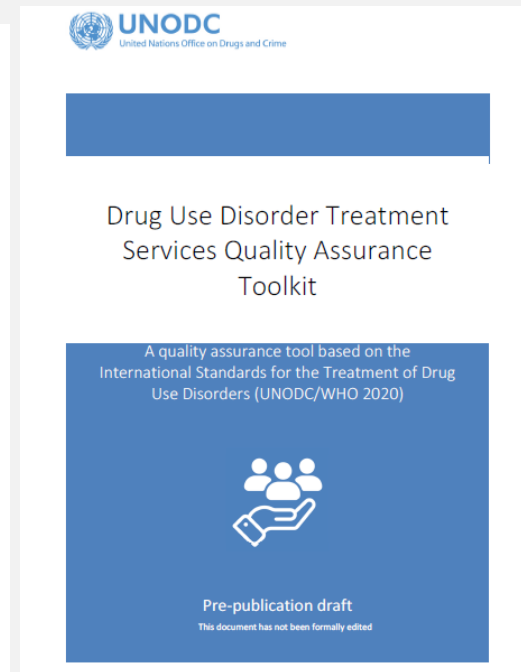
2020



KQS - 2021



2022



2022

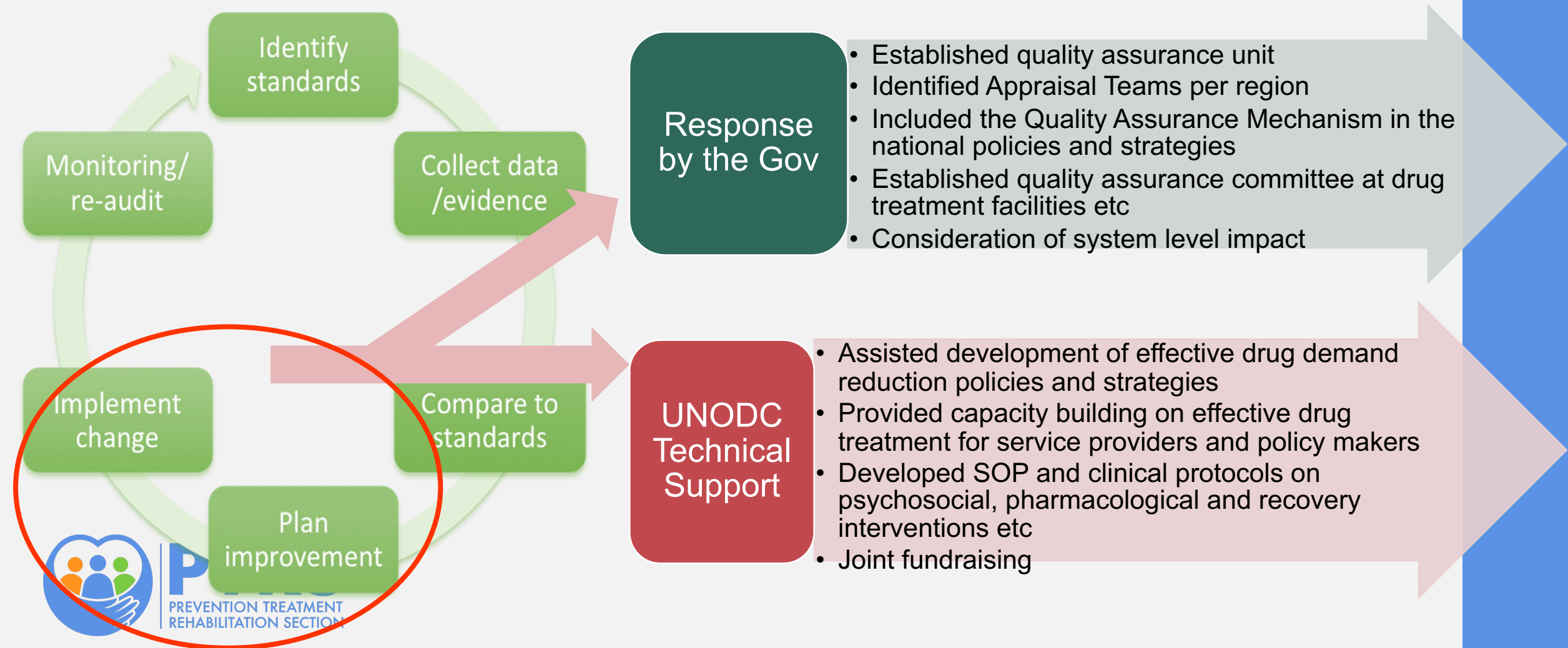
Key Quality Standards (KQS) for Service Appraisal



Quality assurance in
treatment for drug use disorders:
key quality standards for service appraisal

- Consultations between 2016-2021 Led to subset of consensus quality statements drawn from existing sets of regional and international standards & of key importance to assure the quality of drug use disorder treatment
- Target group: planners, funders, monitoring and evaluating bodies, providers of drug use disorder treatment and care

From quality appraisal to quality assurance





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Thank you!

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