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From Standards to Action: Ensuring Quality in Drug Use Disorder Treatment

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UNODC

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REHABILITATION SECTION

Continued drug use disorder treatment gap

- 316 million people use drugs (2023)
- 64 million people with drug use disorders (2023)

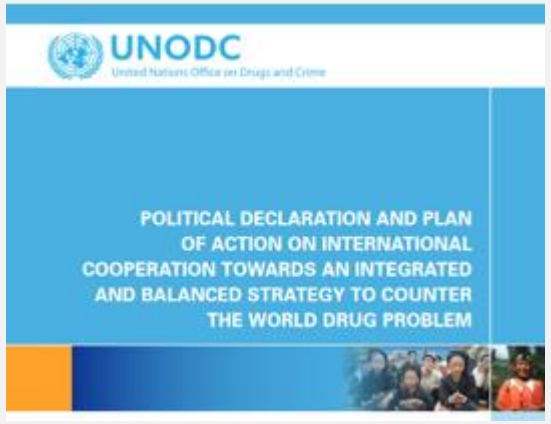
- Treatment gap
  1 in 12 people in treatment
  1 in 18 women in treatment

UNODC 2025

Quality of available drug treatment often low

- Many commonly used interventions do not follow scientific evidence
- Treatment should show evidence of symptom reduction, contribute to physical, psychological and social functioning and decrease the risk for negative health and social consequences from drug use
- Patient outcomes are a key measure of quality

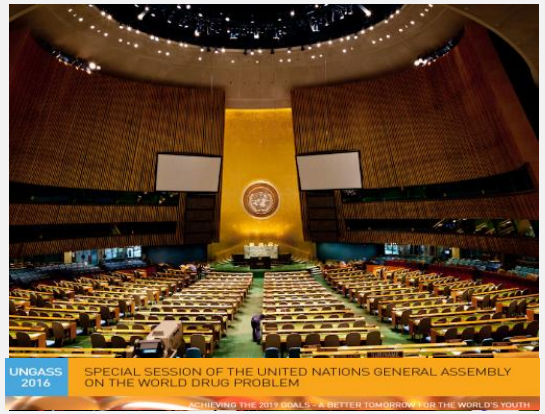
MS requests for health standards for demand reduction (2009, 2016)



Recognized **lack of quality standards in effective implementation of demand reduction measures** based on scientific evidence

Requested the **development and adoption of appropriate health-care standards**

Recognized UNODC in collaboration with WHO and other relevant stakeholders, as appropriate to **develop initiatives to support the dissemination of the international standards for the treatment of drug use disorders**



Promote and implement standards in accordance with national legislation and international drug control conventions

Provide guidance, assistance and training to health professionals on their use

Develop standards and accreditation for services at the domestic level

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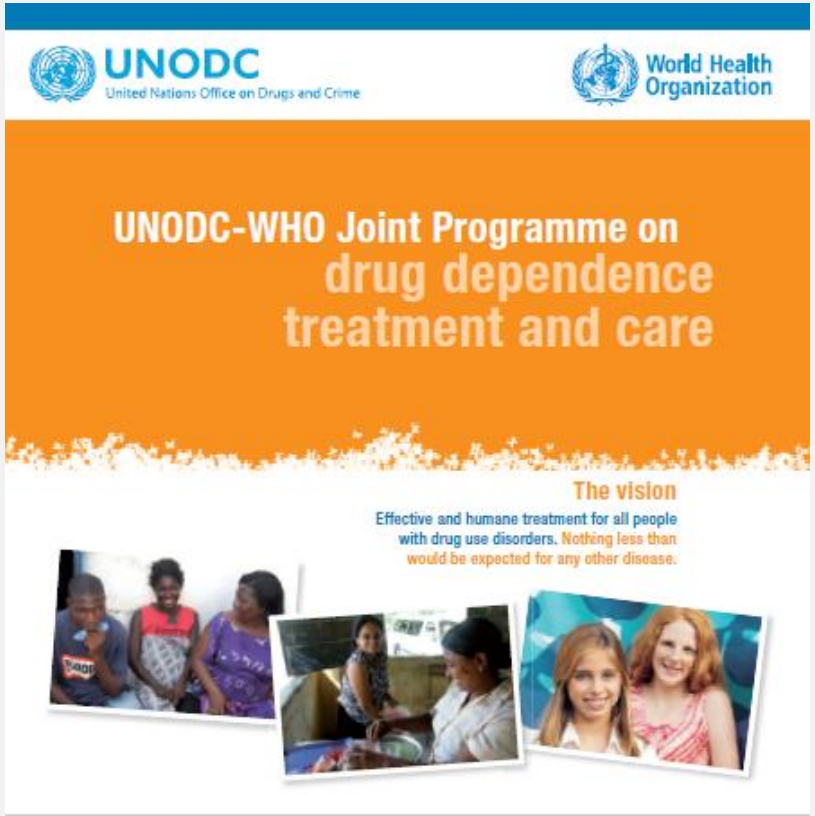
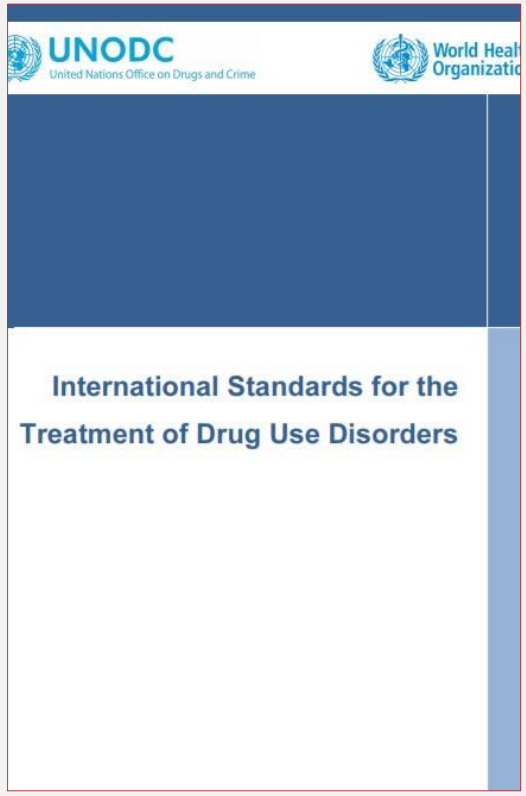
UNODC-WHO Programme on Drug Dependence Treatment and Care (since 2009)

Since 2009



2016 – Draft for Field Testing



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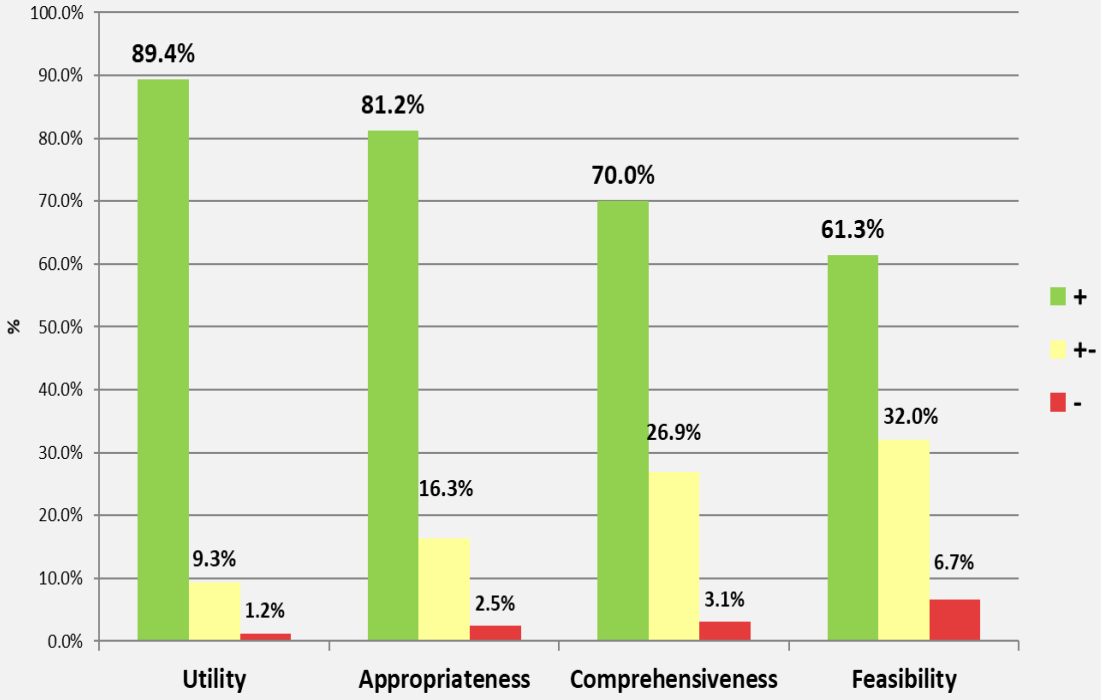
Field testing - “need for additional support to facilitate implementation”



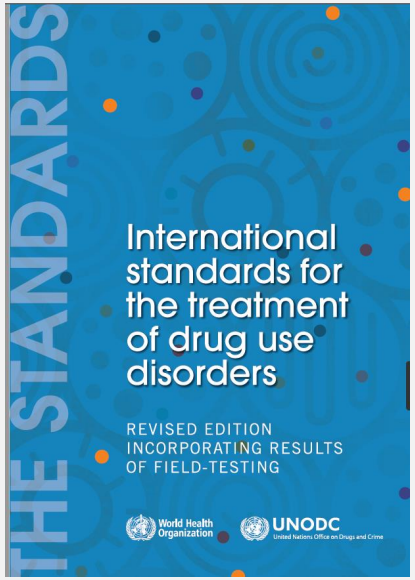
Utility:
+ very useful;
± somewhat useful;
- not useful.

Appropriateness:
+ very appropriate;
± somewhat appropriate;
-not appropriate.

Feasibility:
+ Very feasible;
± somewhat feasible;
- not feasible

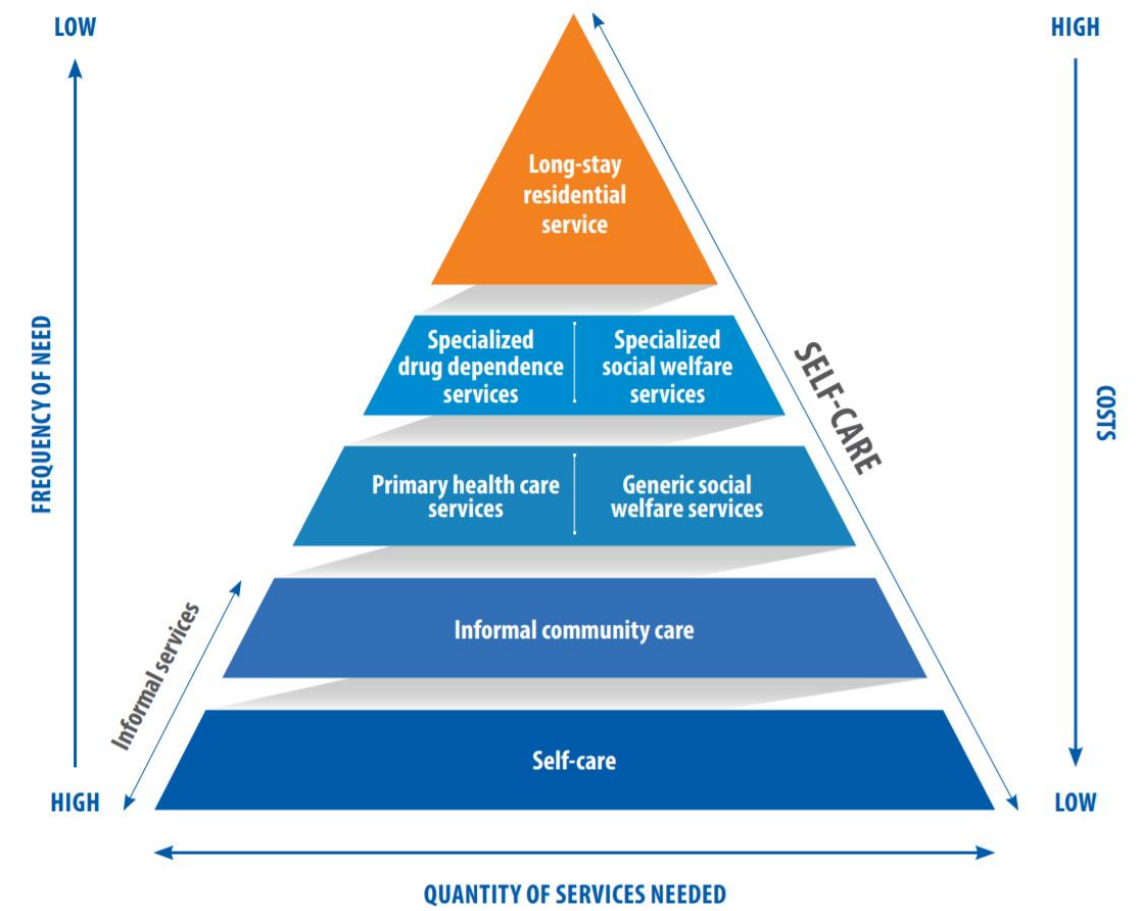
Comprehensiveness
+sufficiently comprehensive
± somewhat comprehensive;
- not comprehensive

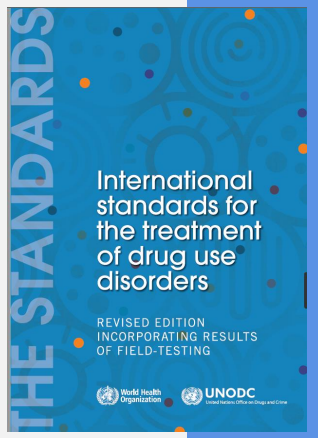
Bringing standards to life



International Standards for the Treatment of Drug Use Disorders

Treatment system organization pyramid





- **Public Health principle - offer the most effective, least invasive and lowest cost intervention first**
- Most interventions are required at lower levels and most people can be treated in community outpatient settings
- Public investment should match the volume and type of treatment needed
- Drug treatment is cost-effective compared with untreated drug problems

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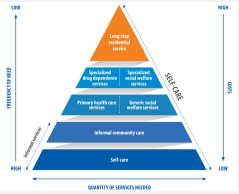
Evidence-based services in a continuum of care

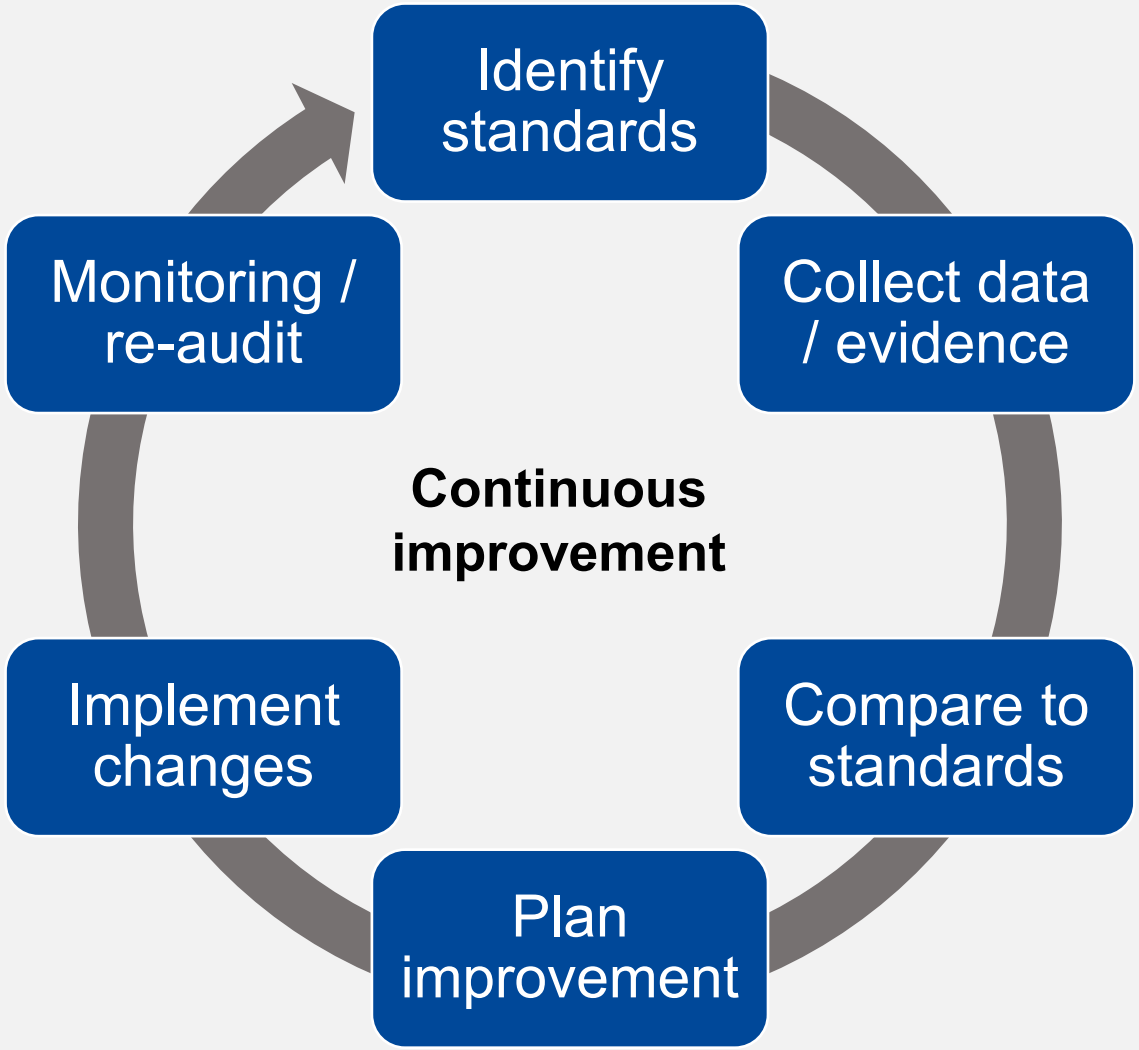


- Community-based outreach
- Non-specialized settings
- Specialized outpatient treatment
- Specialized short-term inpatient treatment
- Specialized long-term inpatient/residential treatment
- SBIRT
- EB psychosocial interventions
- EB pharmacological interventions AND overdose identification and management
- Treatment of co-occurring psychiatric and physical health conditions
- Recovery management

Core principles of quality

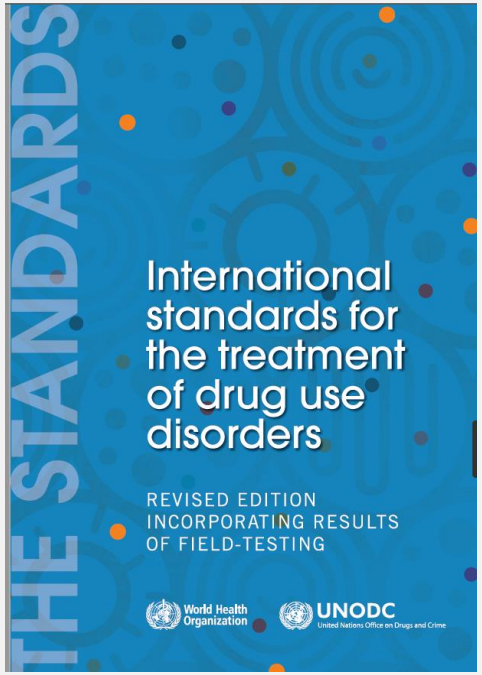
Quality improvement cycle using UNODC QA tool

- Support UN Member States in assessing treatment systems and 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 continuously over time



Quality Assurance Toolkit

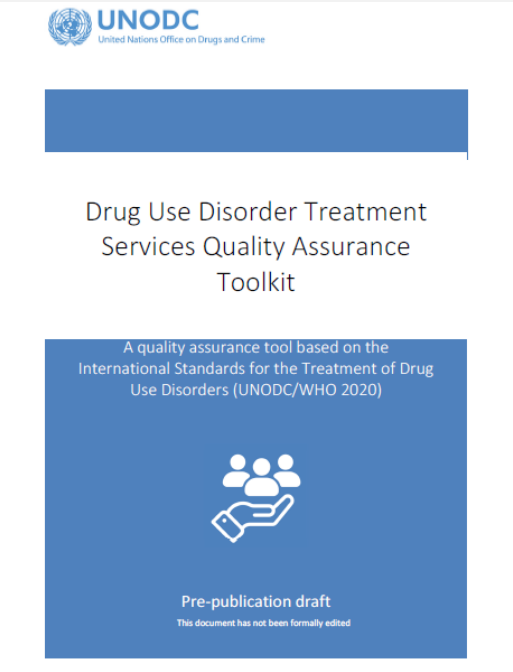
Quality Assurance tools for treatment services and systems



2020

2021

2022



2022

Living documents for technical assistance

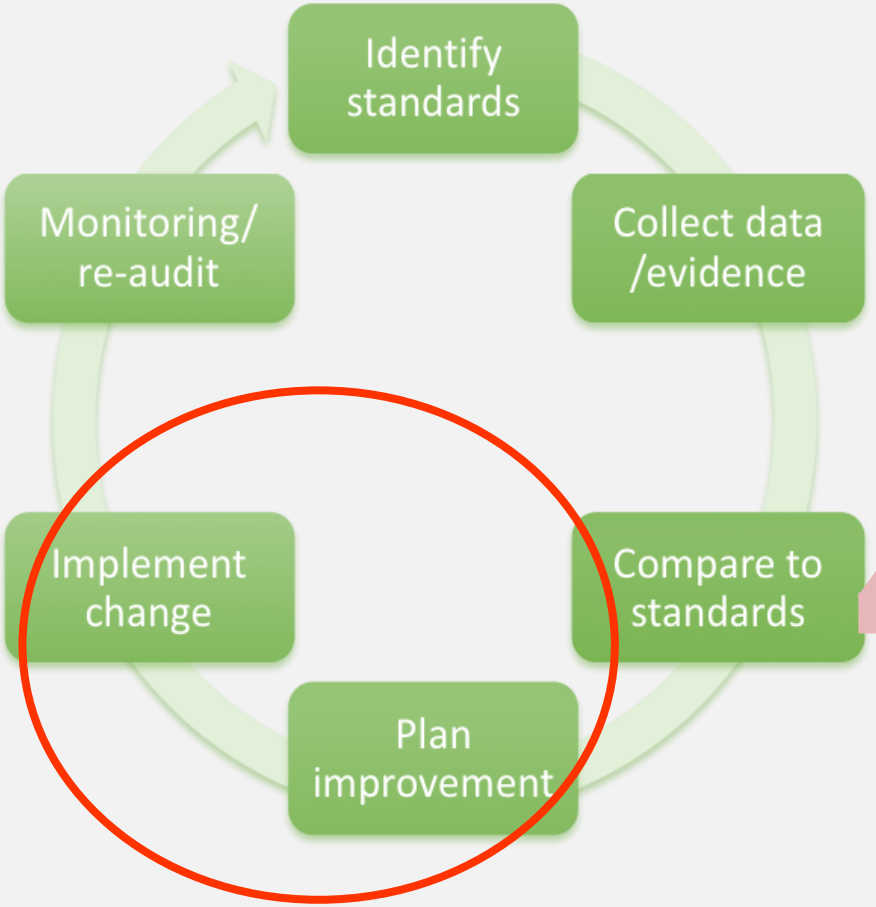
Adaptations and experiences at country and regional level

Quality assurance in treatment for drug use disorders: key quality standards for service appraisal (2021)

Table 1:
Overview of the Key Quality Standards for the appraisal of drug treatment services

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
M1. The service adequately plans the delivery of treatment and care for drug use disorders	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
M2. The service operates within established financial regulations	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
M3. The service adequately manages its human resources to provide effective and caring treatment	PC3. All patients have a written individual treatment plan that is regularly reviewed and helps co-ordinate treatment and care	E3. Interventions are evidence-based and underpinned by established protocols	P3. The service promotes patients' health, wellbeing and social functioning.
M4. The service meets national/local requirements for providing drug use disorder treatment	PC4. The service works in partnership with other services to meet patient needs		P4. The service has a procedure of independent complaint for patients
M5. The service has adequate facilities and equipment for service delivery	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
M6. The service has a patient record system that facilitates treatment and care	PC6. The service involves patients in service design and delivery		P6. The service safely manages its medicines
M7. The service has sustainable quality assurance mechanism			

Example: From quality appraisal to quality assurance



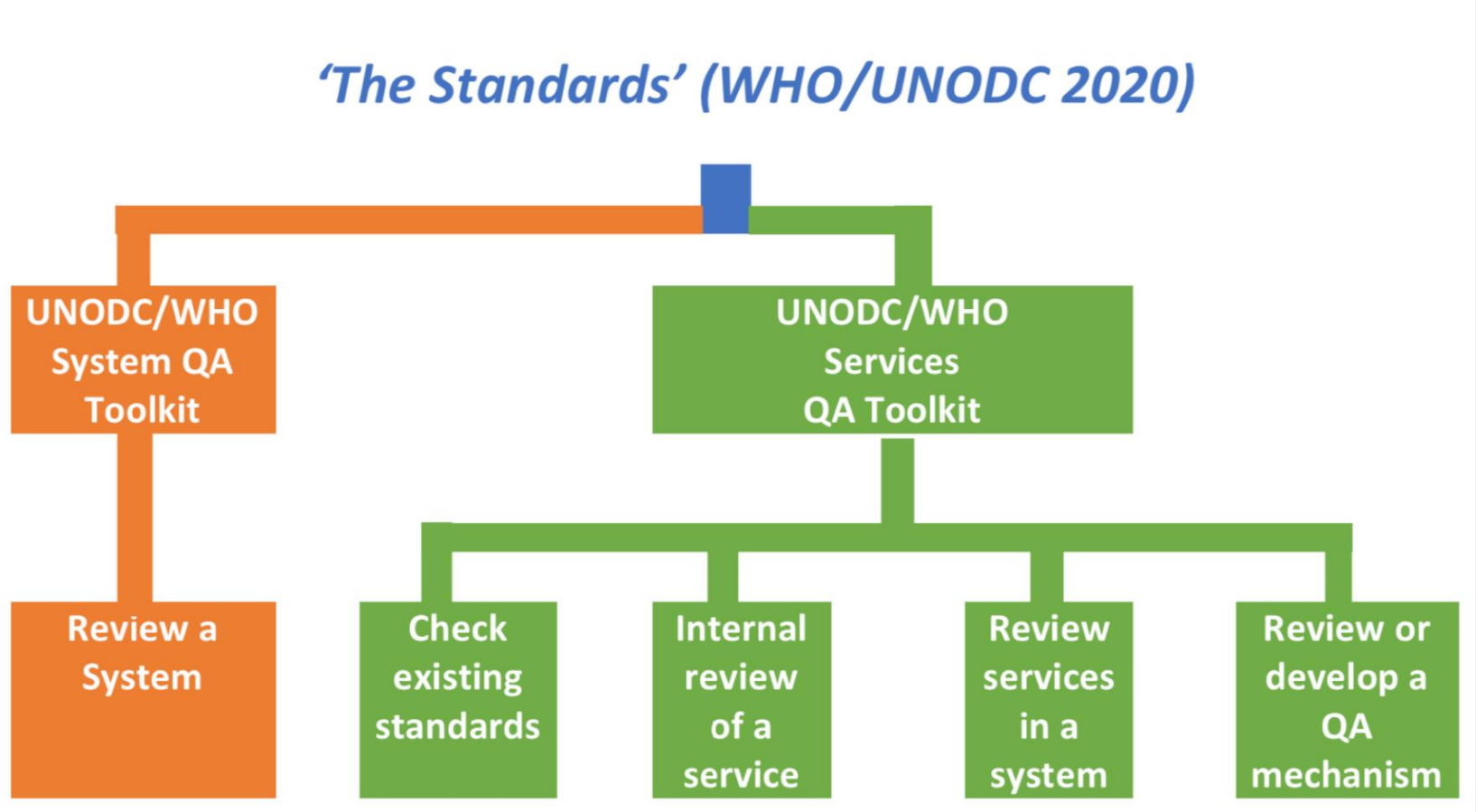
Response by the Gov

- Established quality assurance unit
- Included the Quality Assurance Mechanism in the national policies and strategies
- Identified Appraisal Teams per region
- Established quality assurance committee at each drug treatment service etc

UNODC Technical Support

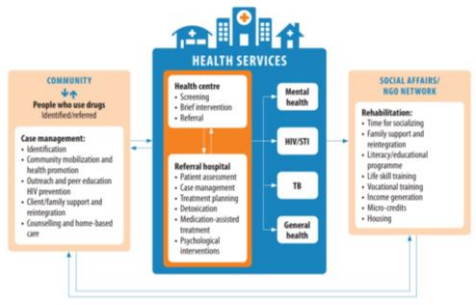
- Assisted development of evidence-based drug demand reduction policies and strategies
- Provided capacity building on the Standards, UNODC Treatnet training Package etc
- Developed SOP and clinical protocols on psychosocial, pharmacological and recovery interventions etc
- Joint fundraising

System and service QA Toolkit

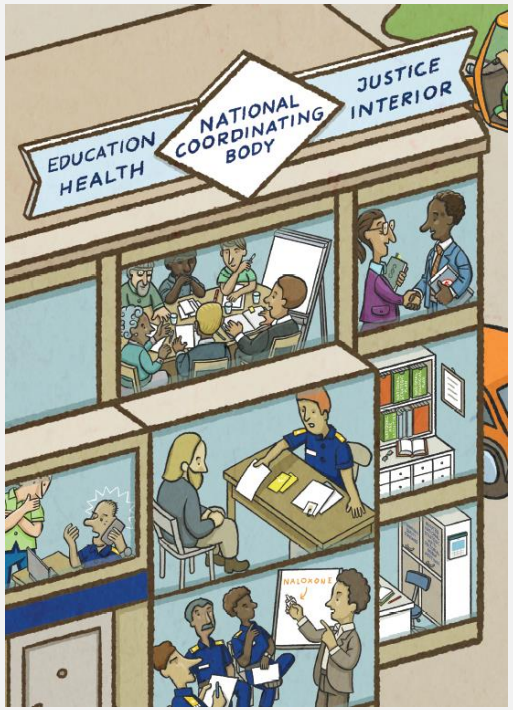


UNODC/WHO 2 QA Toolkits: System and Services QA Toolkit can be used in different ways

QA Systems appraisal



Adaptable and flexible QA mechanism with core standards/criteria for all drug use disorder treatment systems



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' (WHO/UNODC 2020)
Sys4	The area has a funded plan to develop and sustain its drug use disorder treatment system in line with the Standards' (WHO/UNODC 2020)
Sys5	The system has planned and monitored mechanisms to enable and improve quality, including addressing inhuman or degrading treatment, stigma and discrimination

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System level standards

- UNODC System QA Toolkit

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

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

System standards and criteria

BRAG:

BLUE	Not applicable
RED	Standards not met
AMBER	Standards partially met
GREEN	Standards met

Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds

Examples of scoring of standards and criterion

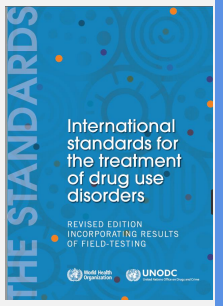
Factual language

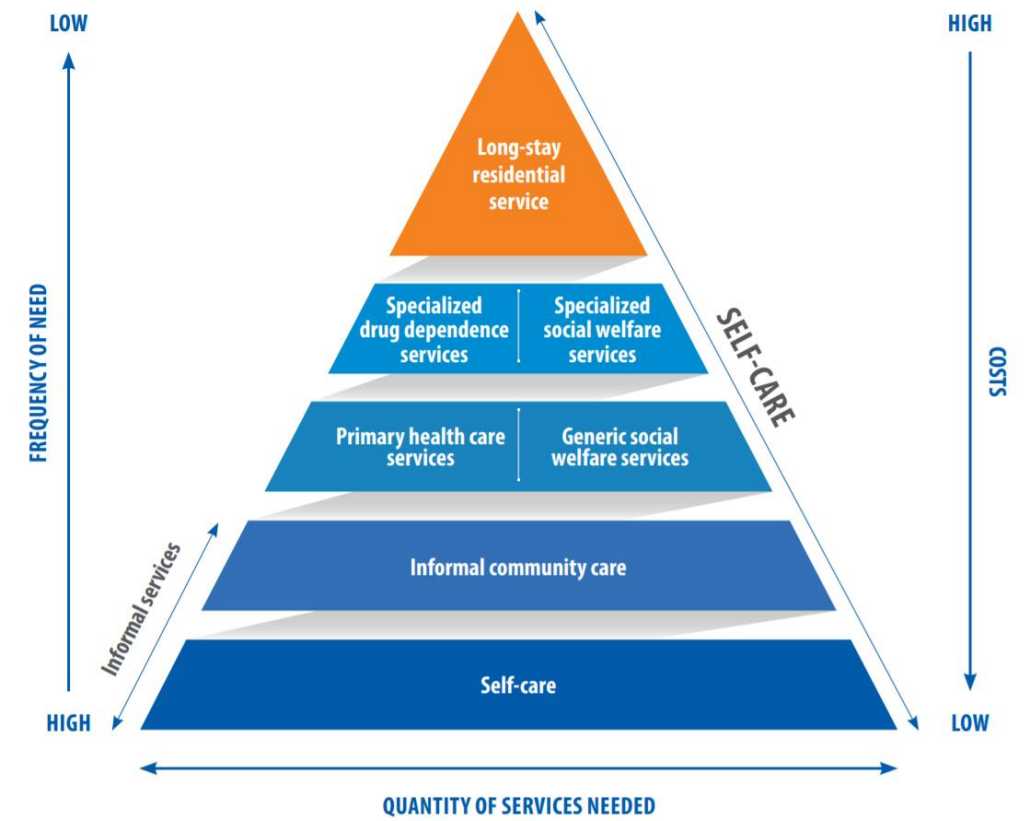
3 point descriptor scale	Not Applicable	Not Met		Partially Met	Met	
3 point numeric scale	Not Applicable	1		2	3	
5-point numeric scale	Not Applicable	1	2	3	4	5
BRAG rating	Blue	Red		Amber	Green	
Finer BRAG rating	Blue	Red	Red Amber	Amber	Green Amber	Green
Percentage rating	Not Applicable	%		%	%	
Narrative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

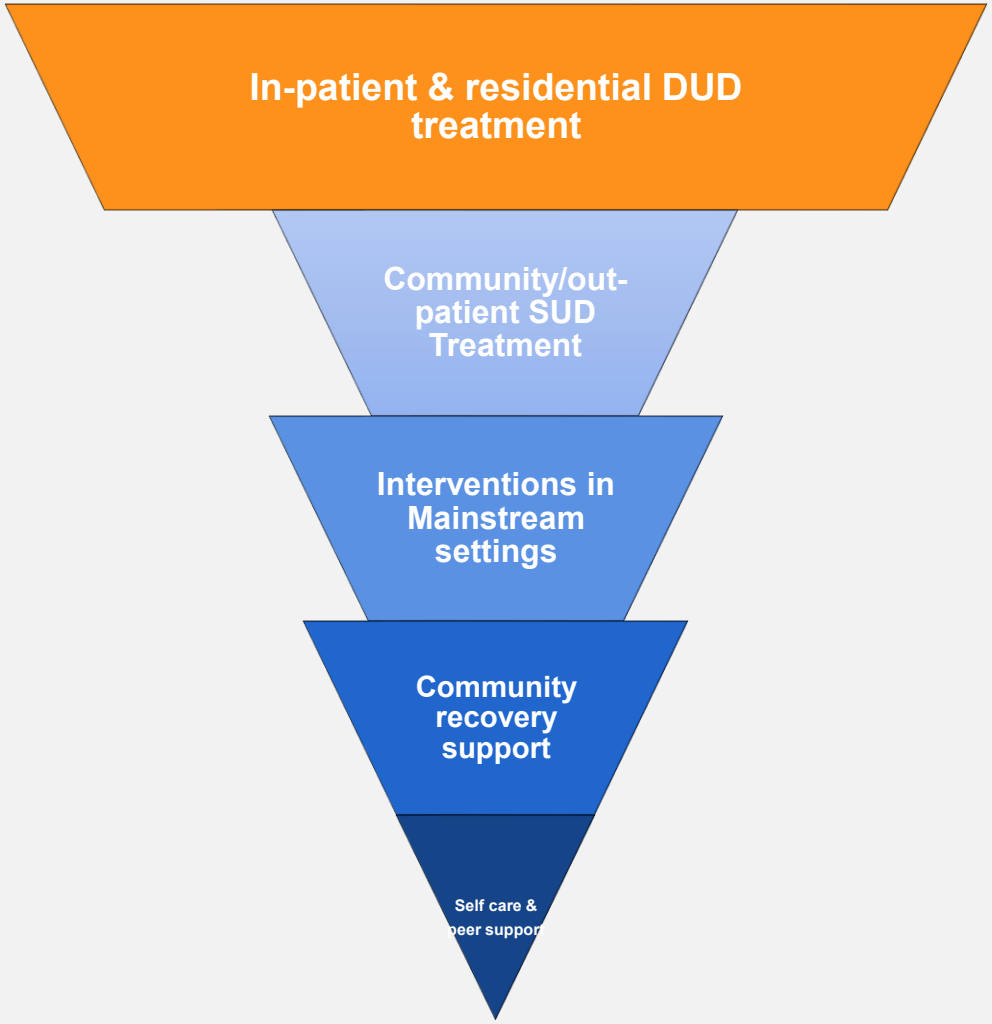
Not all criterion apply

Used for numeric data

QA appraisal for Treatment system



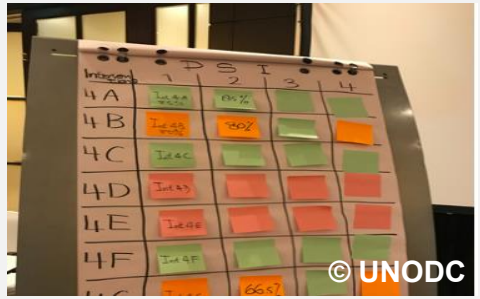




QA Services assessment

Adaptable and flexible QA mechanism with core standards/criteria for all drug use disorder treatment services

CORE STANDARDS	OPTIONAL STANDARDS
Core management	Interventions
Core care	Settings
Patients Rights	Patient target group



* Optional = as applicable

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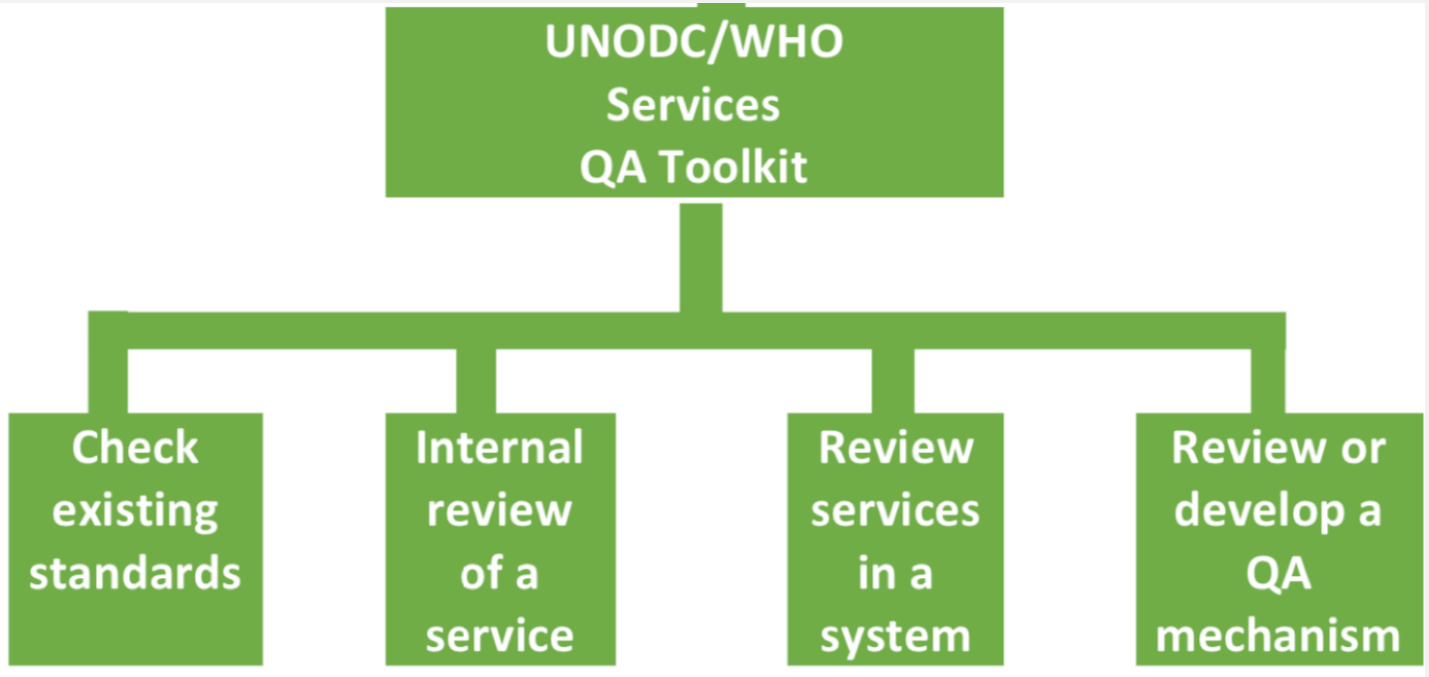
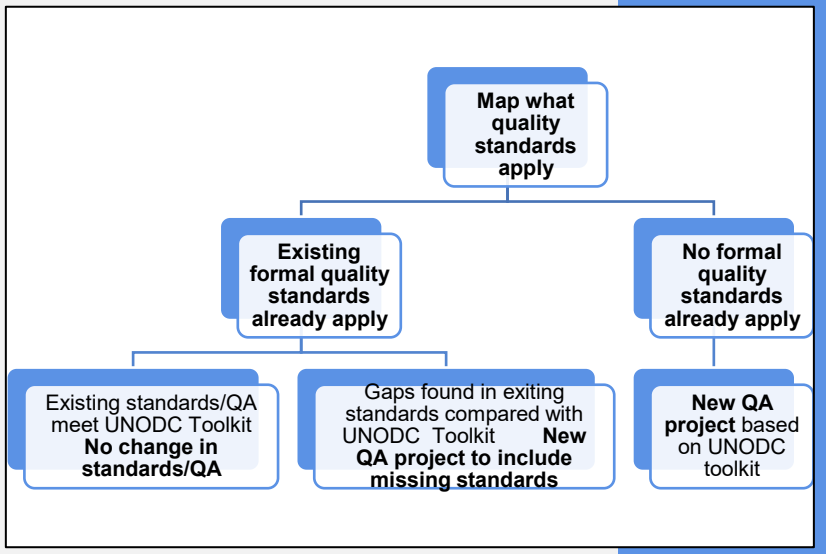
Four uses of UNODC Services QA Toolkit



Recommended process for each project:

Check existing standards

Checking if an existing standards framework is in line with UNODC QA toolkit	
Plan	• Agree the project leadership; project scope (what existing standards, what services?); resources; timetable; stakeholders' involvement
Select	• Select the existing standards that apply to your system or service, that you wish to compare • Select the UNODC standards and criteria you wish to compare existing standards with • Agree the method you will use for comparing the sets of standards and criteria • Select assessors and ensure they are competent
Assess	• Compare the sets of standards paying attention to: standards/criteria; evidence or verification required; scoring
Report	• Write a report • Report to project management group • Discuss results with stakeholders • Decide action to be taken (if any)
Improve	• If any improvement is required take action (for example, amending an existing set of standards)



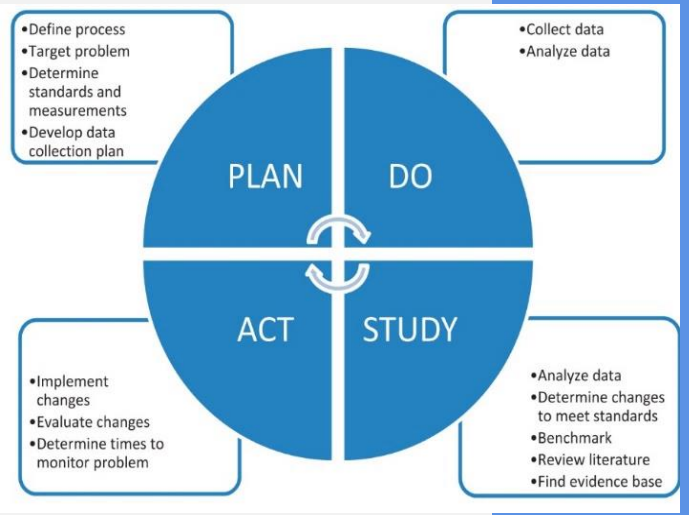
An internal review of a service

An internal review of a service against standards in the UNODC QA toolkit	
Plan	• Agree the process with senior management team; the resources; a timetable; the team; stakeholders' involvement
Select	• Select the UNODC standards you wish to use to review the service • Select the UNODC standards you wish to use (or Consensus Standards) • Culturally adapt if required • Select data collection methods • Ensure governance requirements are met • Agree process if abuse or serious breaches of health and safety are found
Assess	• Train assessors (ideally use an 'assessors manual) • Assess the service – collect evidence against standards • Assessors write a report with 'initial scoring'
Report	• Report to senior management team • Discuss results in senior management team and with stakeholders • Create a quality improvement plan focussing on priority areas
Improve	• Implement quality improvement plan (use evidence-based model) • Set date for review or re-audit

Evidence-based Improvement planning

Example Improvement Plan

Criteria for improvement	Improvement required	Improvement target	Resources	Who is responsible	When will target be met	Re-audit date	Comments
Core Management							
CM5C: Staff supervision	Increase from average 5 per year	10 per year	Extra Supervisor time 0.25 FTE	Mrs Patel	Dec 2020	Jan 2021	Increase supervisor's hours
Core Care							
CC5A: Treatment plan	Increase from 45% patients with a care plan	85%	Staff training – within existing budget	Mr. Smith	Dec 2020	Jan 2021	Training for Team C



Use evidence-based quality improvement techniques

- Service 'Walk-through'
- Flow-charting or process mapping Nominal Group Technique
- PDSA/ Rapid Cycle Testing – see diagram

The **relationship between quality of specialist treatment** for substance use disorders and **patient outcomes** ***(UNODC, 2023)***

- 47 articles included in this review
- Mostly in high-income countries

Positive indications for efforts to ensure that substance use disorder treatment centers provide:

timely access to **person-centered treatment**; and

opportunities for patients to receive ongoing care (where indicated) **<u>are likely to produce benefits for patient outcomes</u>**.

The **relationship between person-centred care** for substance use disorders and **service outcomes:** A systematic scoping review **(UNODC, 2024)**

- 129 articles included in this review
- In high-income countries

Results suggest positive indications for:

Therapeutic alliance between patients and providers across the continuum of care

Strong evidence of perceptions in outcomes for adults and adolescents, including integrated SUD and MH treatment, trauma-informed treatment and MOUD treatment

Treatment choice and involvement in decision-making

Some association in specialised and non-specialised settings

Culturally informed treatment

Moderate evidence on outcomes for patients from minority cultural groups

Trauma informed services

Strong evidence for services within community and prison settings, PTSD

Personalised care

Small evidence focused on treatment initiation compared to standard care

Integrated treatment and other co-occurring conditions

Review of the Quality of Drug Treatment, Sustained Recovery and Related Support Services based on **ARQ collections in 2020-2021** ***(UNODC, 2024)***

- ARQ data collected in 2020 and 2021
- Not all MS respond to ARQ, different inputs
- Data collection guided by 2016 field testing version of *the Standards*

Results on promoting QA at systems level

Standards Statement SyS1: The area has a mechanism that co-ordinates and oversees the planning, funding, monitoring and review of the drug use disorder treatment system – ARQ module R12.12

- 43 countries provided inputs
- Regional differences
  - *Europe: health-led*
  - *Americas: drug-specific*

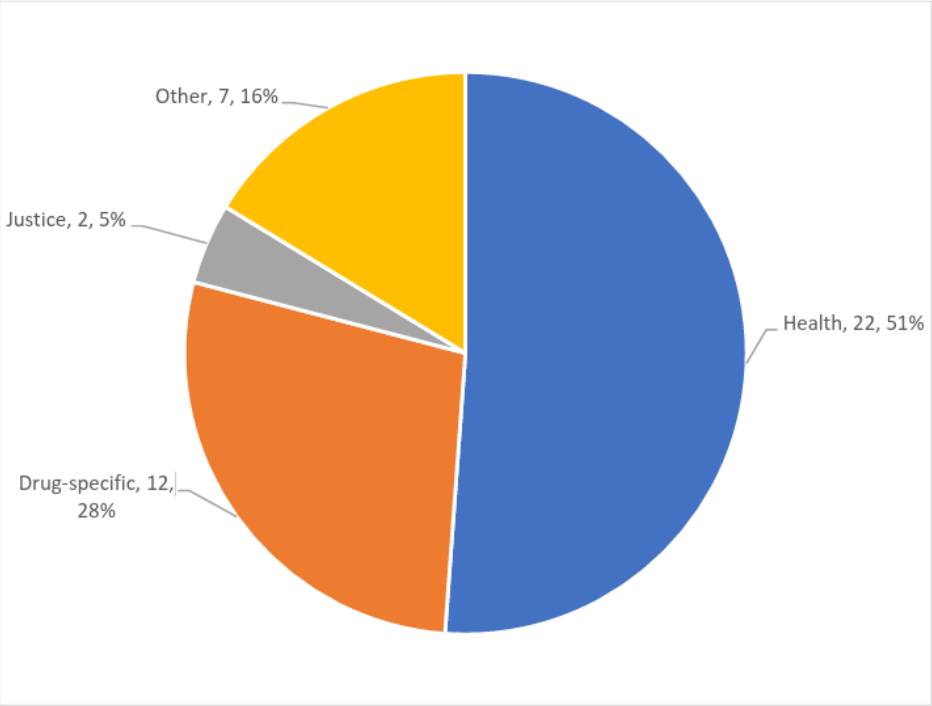


Figure 17: Overview of the ministry/department/agency leading the central co-ordinating entity in those countries answering this question (n=43)

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Results on promoting QA at systems level

Standards Statement SyS2: The area has a recent comprehensive needs assessment that informs drug use disorder treatment system planning – ARQ module R12.12

- 54 out of 108 countries provided inputs
- Majority have such mechanism

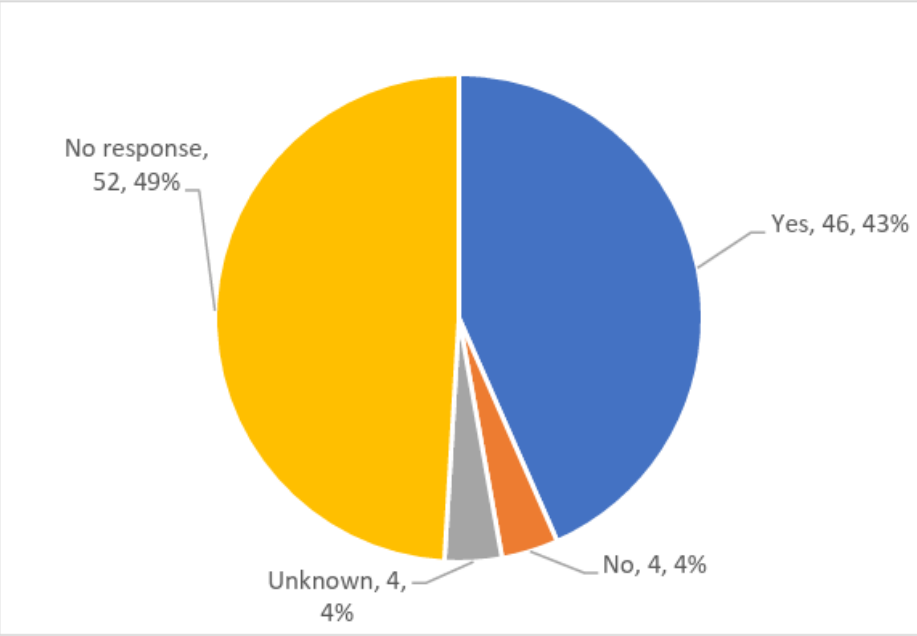

Figure 18: Overview of responses to the question on the availability of mechanisms to map and/or monitor treatment interventions

Results on promoting QA at systems level

Standards statement SyS3: The drug use disorder treatment system features a tiered or 'pyramid' model, settings, modalities and interventions outlined in the Standards – ARQ module R12.12

- Pharmacological: detoxification, opioid antagonist maintenance;
- Psychosocial: counselling, cognitive behavioural therapy (CBT), social support;
- Rehabilitation and aftercare: interventions based on scientific evidence and focused on the process of rehabilitation;
- Recovery and social reintegration;
- Other (please specify)
- 62 out of 108 countries provided inputs
- Most have 4 categories covered

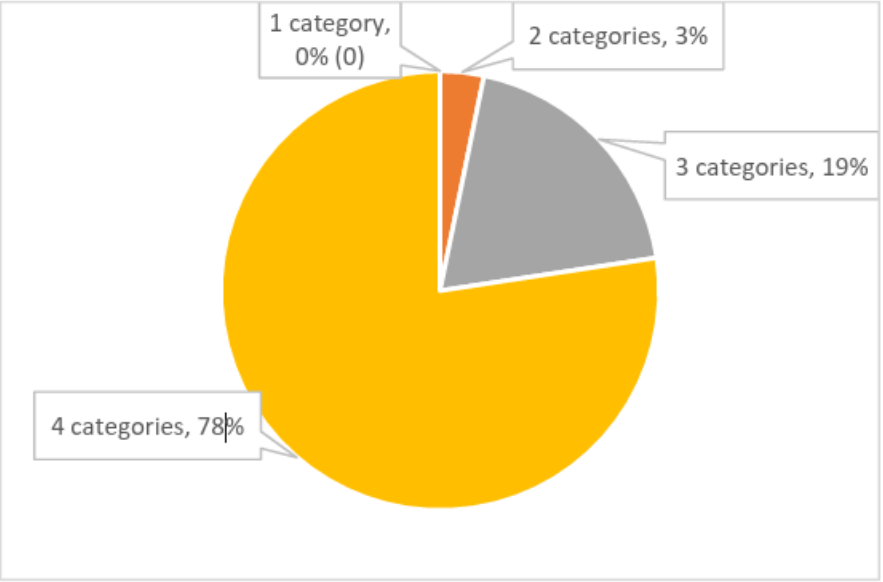

Figure 19: Number of categories of drug treatment interventions covered in legal provisions or strategy reported by countries who responded to this question

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Results on promoting QA at systems level

Standards statement SyS4: The area has a funded plan to develop and sustain its drug use disorder treatment system in line with 'the Standards'

- 52 countries provided inputs
- Majority have such policies

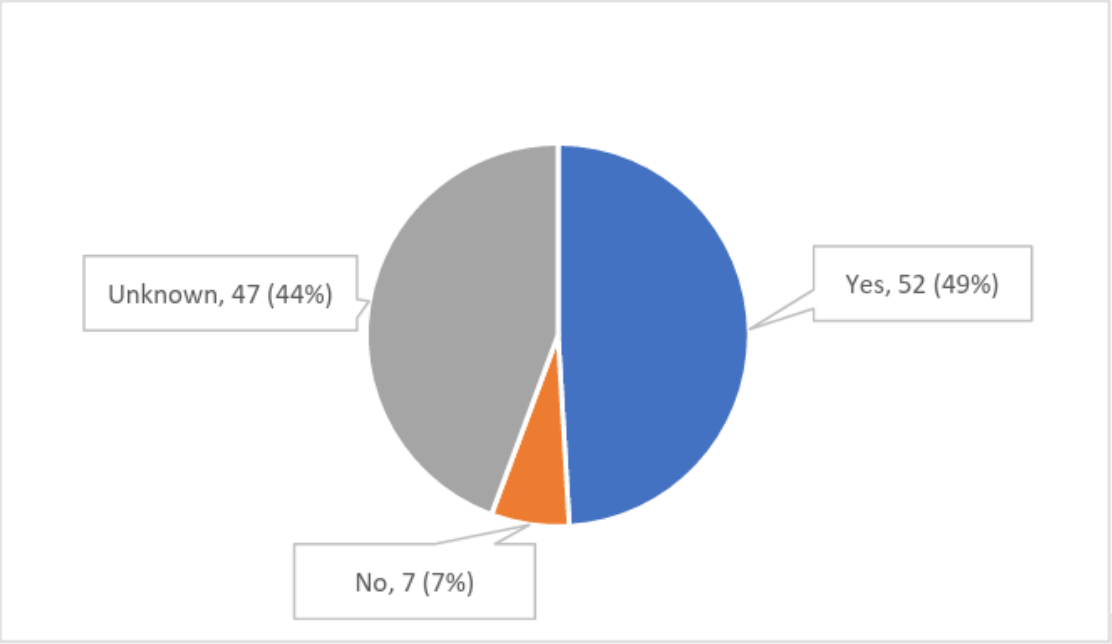

Figure 21 : Number of countries reporting national policies or strategies on the treatment of people using drugs

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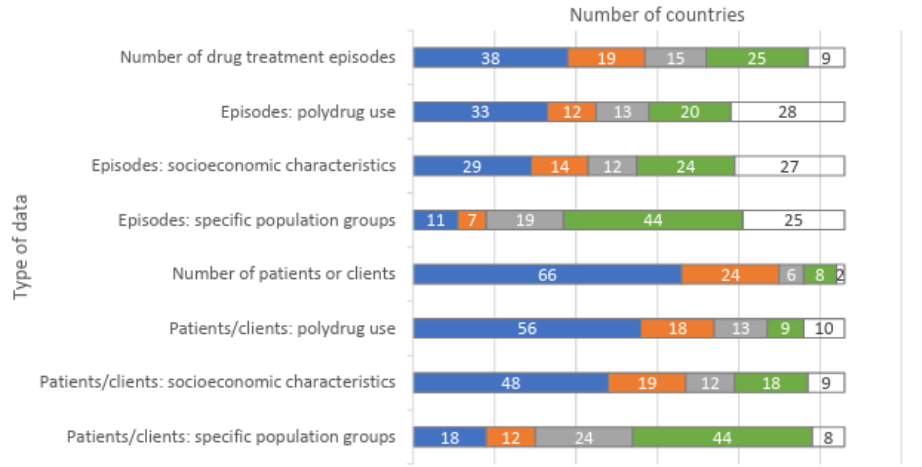
Results on promoting QA at systems level

Standards statement SyS5: The system has planned and monitored mechanisms to enable and improve quality, including addressing inhuman or degrading treatment, stigma and discrimination – ARQ module A06.08



	Patients/clients: specific population groups	Patients/clients: socioeconomic characteristics	Patients/clients: polydrug use	Number of patients or clients	Episodes: specific population groups	Episodes: socioeconomic characteristics	Episodes: polydrug use	Number of drug treatment episodes
At National level	18	48	56	66	11	29	33	38
Only Sub-national level	12	19	18	24	7	14	12	19
Not known	24	12	13	6	19	12	13	15
No	44	18	9	8	44	24	20	25
Non-responders	8	9	10	2	25	27	28	9

Figure 23: Number of countries reporting the availability of data on the number of drug treatment use

- Most countries provided inputs related to the number of clients
- 66 countries reported system is available at national level
- Only 24 countries reported system is available at sub-national level

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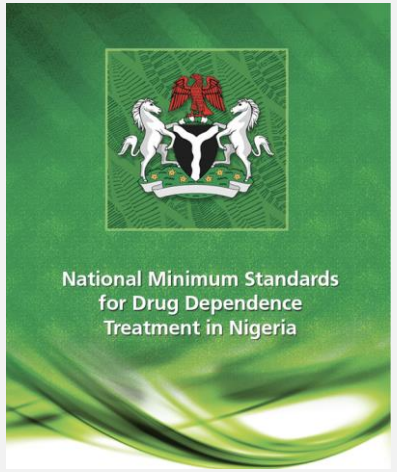
Application of #UNODC_QATX

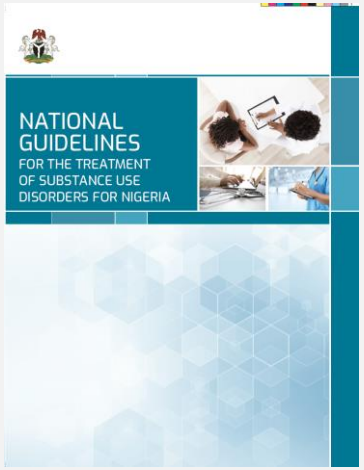
Indonesia

- Mapping of available facilities
- Assessment of Indonesian (SNI 8807-2022) context with IntDUDTXStandards
- QA systems action plan
- Discussions to develop a presidential decree

Nigeria

- Full pilot at system and services level
- BBC news about a facility in one state: ”*Sweet, Sweet Codeine: Nigeria’s Cough Syrup Crisis”*
- Mapping of available facilities (100+) that provide drug use disorder treatment services
- QA services training in
- QA system action plan: Development of subset of Nigerian national standards
- KQS training
- QA Assessor’s conducting visits
- Reassessment of services showing improved quality
- Expansion of QA process





QALAT

Participating Countries
BOLIVIA
HONDURAS
ECUADOR
MEXICO
COLOMBIA
PANAMA
EL SALVADOR
PERU
GUATEMALA
DOMINICAN REPUBLIC

Adaptation of the International Standards for the Treatment of Drug Use Disorders to regional context
Creation of roadmaps with strategic priorities to improve quality
Develop regional platform to exchange knowledge and best practices through webinars and working groups
Strengthen workforce capacity on quality drug use disorder treatment
Development and implementation of an action plan applying situational diagnostic tools
Generation and dissemination of evidence-based and technnical tools and guidance for the region

QALAT I

PHASE I: MOBILISING COMMITMENT & PLANNING FOR ACTION

120+ high-level representatives and professionals participated in technical consultations

150+ professionals enhanced their knowledge of the "Key Quality Standards"

Publication of 2 regional reports on assessment of treatment capacity in the region

Development of roadmaps for the countries involved in the project

Pilot testing of the "Key Quality Standards for the Evaluation of Treatment Services" in Bolivia and the Dominican Republic

Development and application of a situational diagnosis tool in all countries participating in the project

QALAT II

PHASE II: ADVANCING IMPLEMENTATION, COORDINATION & SYSTEM STRENGTHENING

- Translation of Treatnet materials into Spanish
- Regional meeting in Colombia for exchange of best practices and strengthening action across region
- Creation of two regional working groups and organisation of thematic webinars highlighting person-centred care with a focus on women, indigenous populations
- Demonstration projects in Colombia and Ecuador
- Translation of technical documents and training materials into Spanish
- Technical assistance for the implementation of specific measures from the roadmaps

QALAT III

PHASE III: EXPANDING PROGRESS & DEEPENING REGIONAL COLLABORATION

Development and piloting of minimum standards for accreditation or certification of treatment services

4 training sessions on treatment for women, youth, indigenous populations, and people in humanitarian settings in Colombia, Ecuador, and Mexico

Regional training in Mexico that identified gaps, best practices, and actions to improve treatment for women with drug use disorders

Technical assistance to pilot tools for evaluating drug use disorder treatment outcomes in national services and mentoring

Plenary meetings to promote regional dialogue and exchange

Thematic webinars with over +240 participants

Additional achievements in Colombia and Ecuador

The depiction and use of boundaries, geographic names and related data shown on this map does not imply official endorsement or acceptance by the United Nations

As of 14 April 2025

Full QA Pilots
Kazakhstan, Kyrgyz Republic, Nigeria, Tajikistan, Turkmenistan, Uzbekistan

QA Trainings
Colombia, Egypt, Indonesia, Lao PDR, Pakistan, Senegal, Serbia, South Africa, United Arab Emirates, and VietNam

QA Training of Trainers
Austria

Latin America and the Caribbean
Bolivia, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Peru

UNODC Quality Assurance Implementation Map

Thank you!

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