



UNODC

United Nations Office on Drugs and Crime

Quality assurance tools: improving coverage, accessibility and quality of drug use disorder treatment

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PTRS
PREVENTION TREATMENT
REHABILITATION SECTION

Prevention and treatment of substance use disorders contributes to achievements of Sustainable Development Goals



5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

- **Indicator 3.5.1:** Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

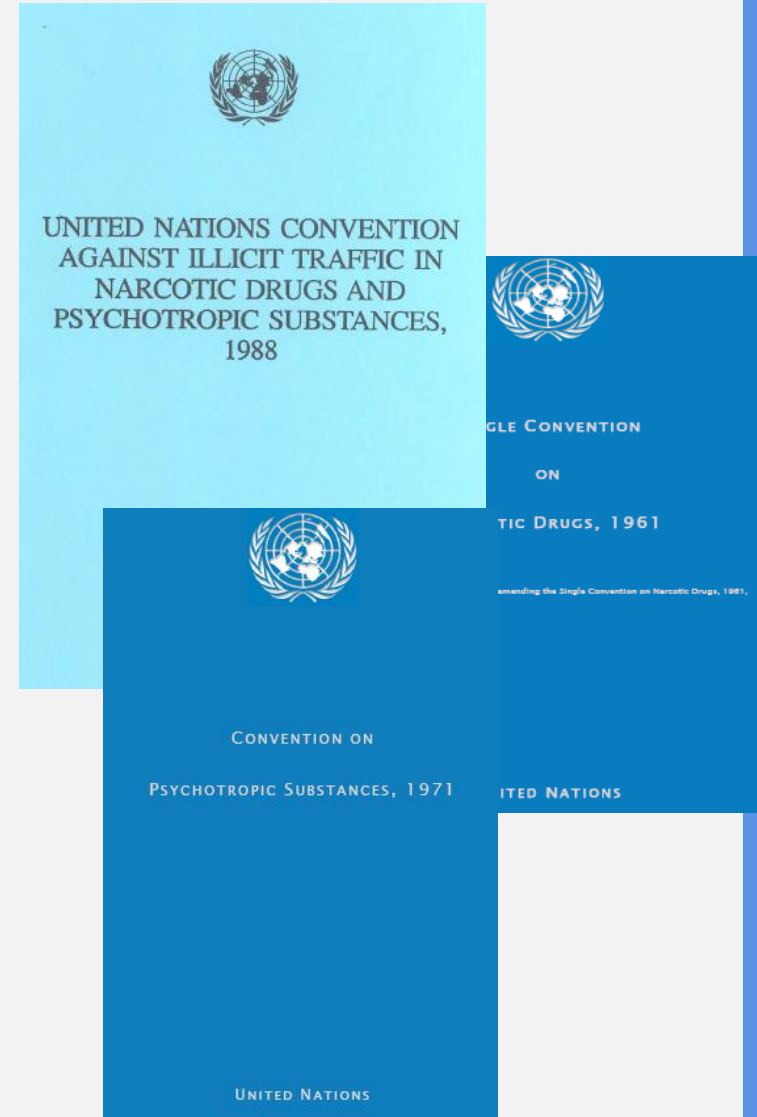
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UN Member States commitment to provide drug use disorder treatment

(1961, 1971, 1988)

“The Parties shall give special attention to and take **all practicable measures** for the prevention of abuse of drugs and for the early identification, **treatment**, education, aftercare, rehabilitation and social reintegration of the persons involved and shall coordinate their efforts to these ends.”

Article 38 of the 1961 Convention and article 20 of the 1971 Convention



Coverage and quality of drug use disorder treatment belong together

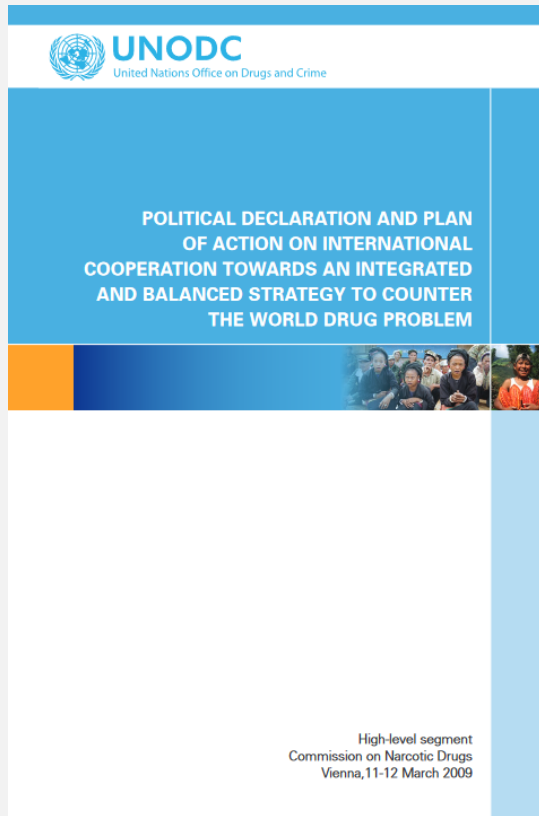
- The coverage of interventions for the treatment of drug use disorders remains low overall (WDR, 2022)
- Quality: Many treatment interventions that are commonly used in managing drug use disorders do not follow scientific evidence. Such interventions may be ineffective or even harmful, therefore, it is crucial not only to close the treatment gap, but also to improve the quality of treatment provided to people with drug use disorders

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Mio

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Member States of the United Nations are asking for quality standards

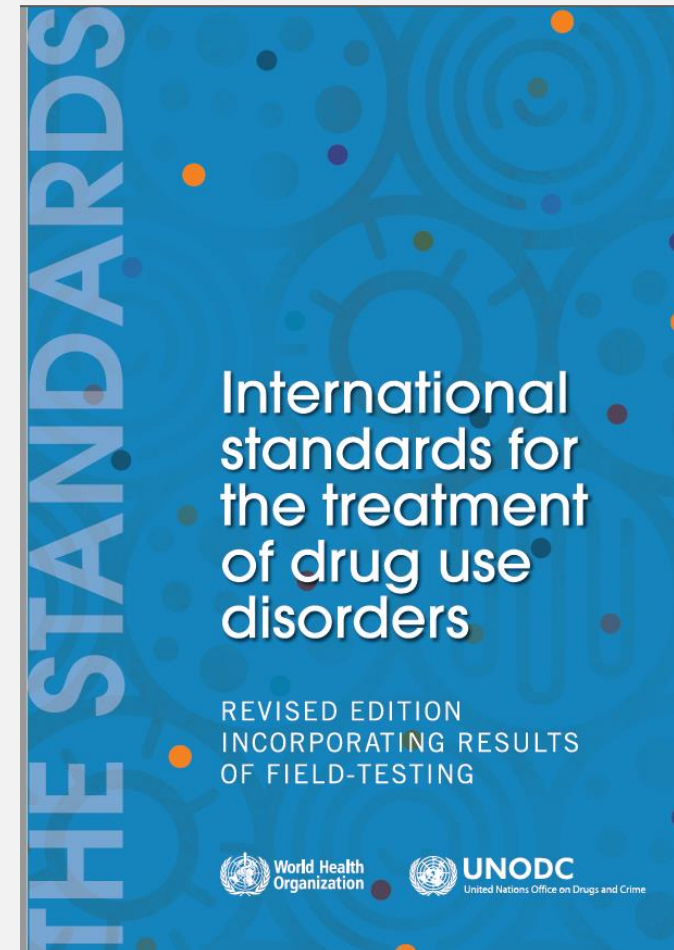


CND 2009

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.**

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

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



Drug use disorder systems

Availability

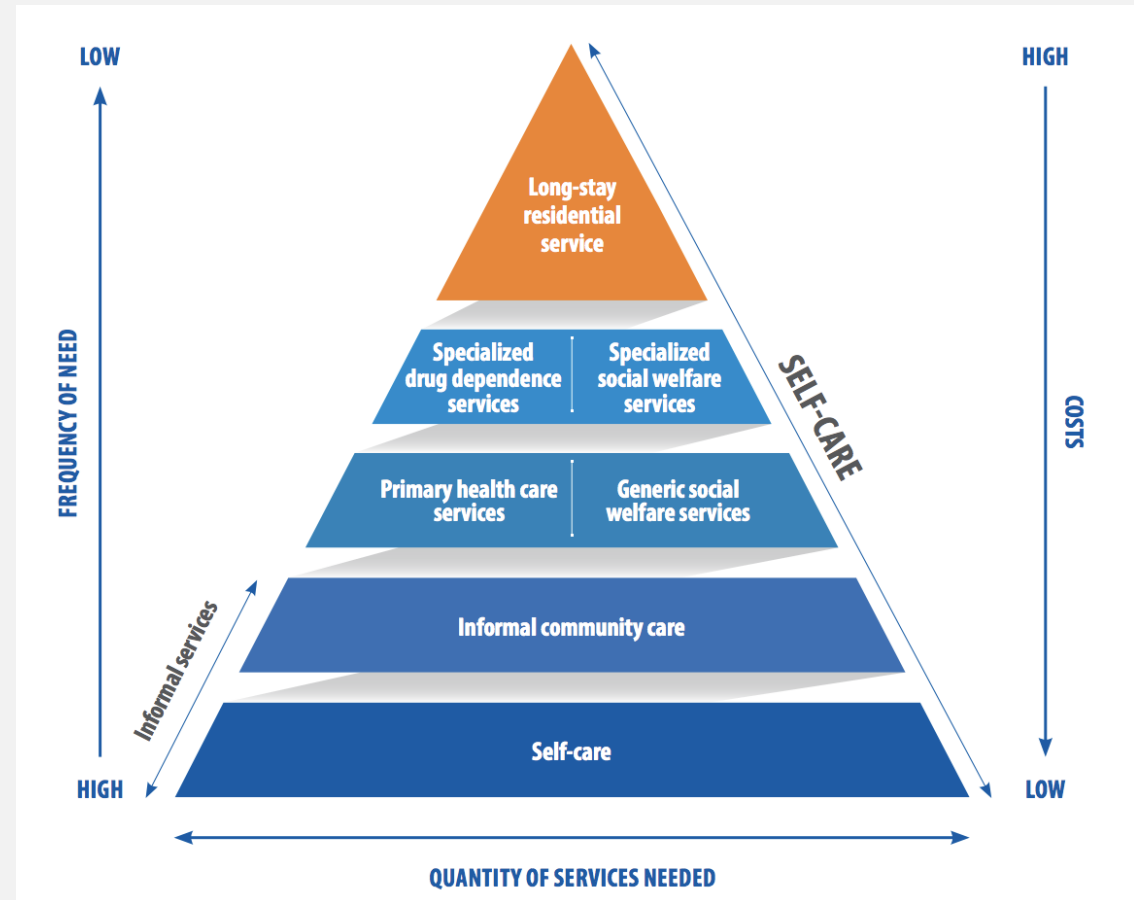
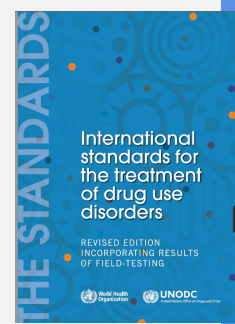
Accessibility

Affordability

Diversity & Appropriateness

Attractiveness

Quality/Evidence-based/Effective



Drug use disorder treatment interventions in different settings



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



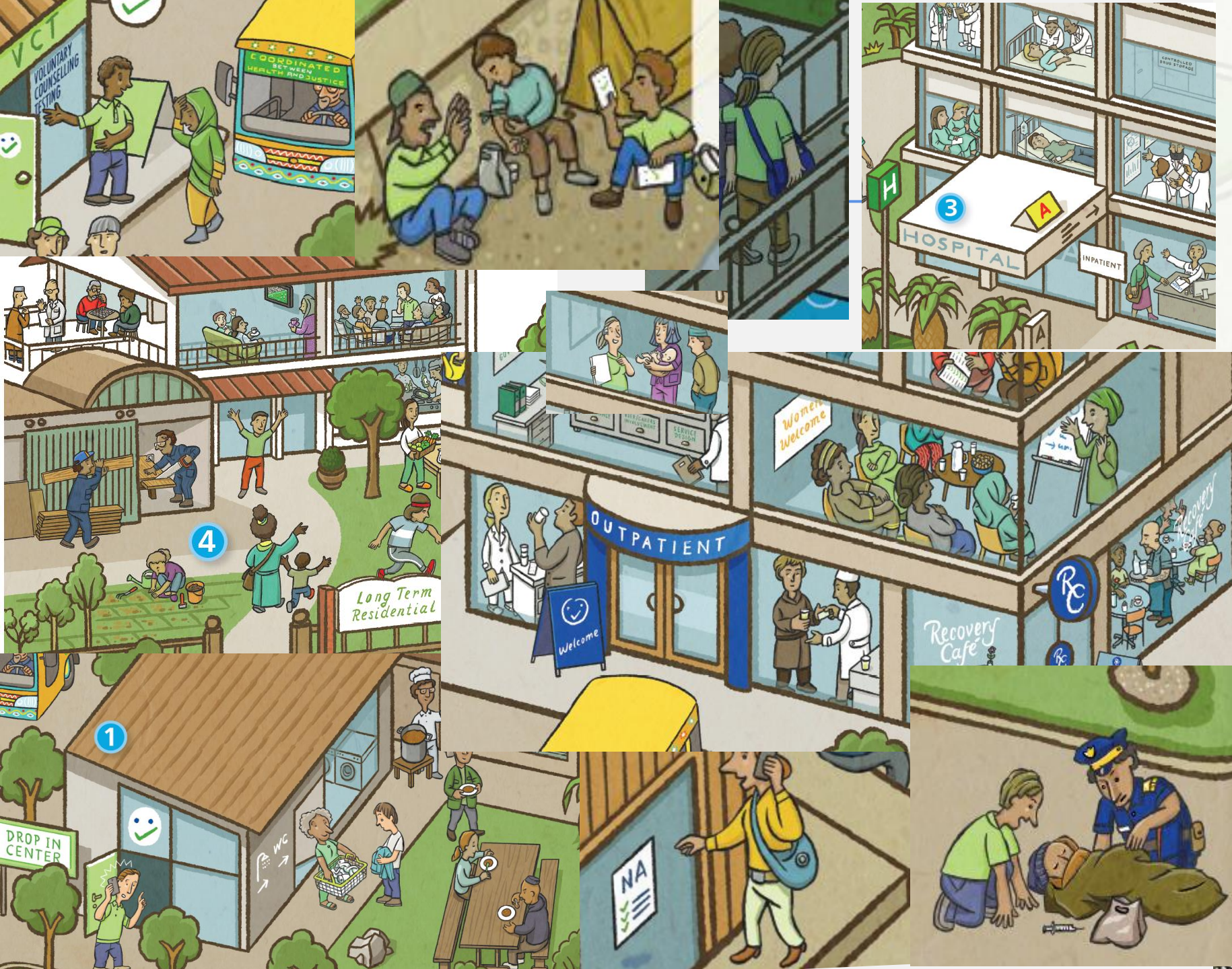
Treatment of co-occurring psychiatric and physical health
conditions



Specialized long-term
inpatient/residential treatment



Recovery management



1 Outreach / Drop-in

Unconditional provision of basic support, screening, overdose/infectious disease prevention, education and referral for those people not currently receiving treatment.

2 Outpatient

Services for people who do not reside in the treatment facility. Interventions vary considerably in components and intensity and can cover psychological, pharmacological treatments and social support.

3 Inpatient/Short-term residential

Services for people with greater severity of symptoms, especially for those likely to experience significant signs of withdrawal or for patients in crisis with co-occurring mental health disorders.

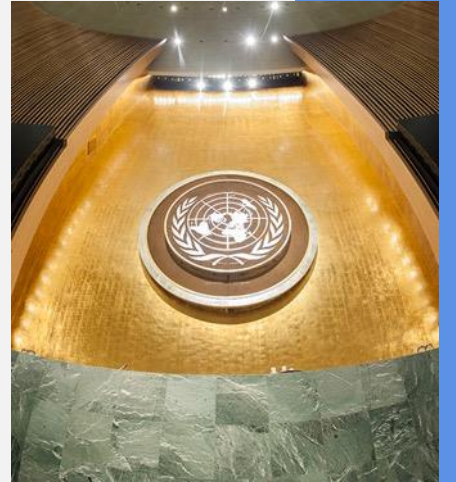
4 Long-term residential

Services for severely affected patients who require a structured environment over a longer period of time, as they are unlikely to control their compulsive, conditional behavior conducted by drugs.

Member States of the United Nations are asking to ensure quality and implement UNODC/WHO Standards

(c) Promote effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities to ensure adequate quality of drug treatment and rehabilitation services and to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law;

(p) Promote and implement the standards on the treatment of drug use disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization and other relevant international standards, as appropriate and in accordance with national legislation and the international drug control conventions, and provide guidance, assistance and training to health professionals on their appropriate use, and consider developing standards and accreditation for services at the domestic level to ensure qualified and scientific evidence-based responses;



UNGASS 2016

Member States of the United Nations are asking for quality assurance mechanisms

3. *Encourages* Member States to develop quality assurance mechanisms for drug prevention, treatment, including for comorbidities, sustained recovery and related support services with a view to ensuring continuous improvement, through, inter alia, effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities, including to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with national legislation and applicable international law;



Resolution 64/3

Promoting scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services



CND 2021

Quality assurance part of dissemination of the Standards

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

Advocacy, esp. against stigma & discrimination and to ensure dignity and human rights

Build a system with the appropriate evidence-based **services** according to public health principles

Build a quality assurance mechanism

Map a system

Monitoring and evaluation of the effectiveness of the **system**

...

Based on the Standards: 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.

The screenshot shows a detailed report from UNODC. The title is "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". The report includes sections for Background, Results, Method, and Conclusion. It features several diagrams, including a pyramid diagram, a circular diagram labeled "Clinical Audit Cycle", and a flowchart for "Services QAM/Tools Field Testing in Afghanistan". There are also several tables and charts, including a table with columns for "Quality Assurance Mechanism" and "Quality Assurance Tools", and a bar chart showing "Services QAM/Tools Field Testing in Afghanistan". The report is dated 2017 and is available in English and Arabic.

Quality assurance: Quality assessment & improvement cycles



Adapt



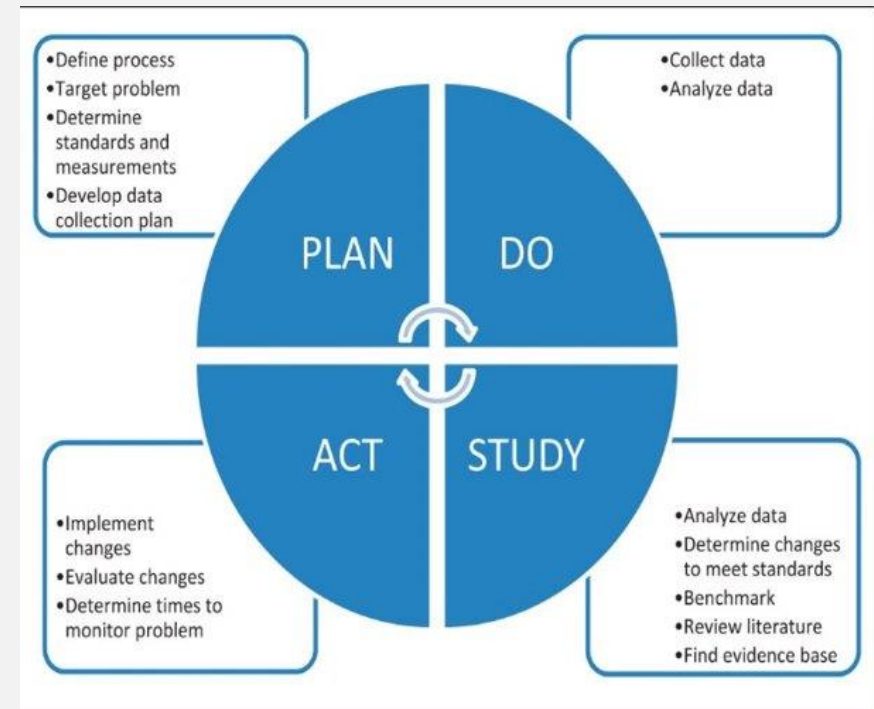
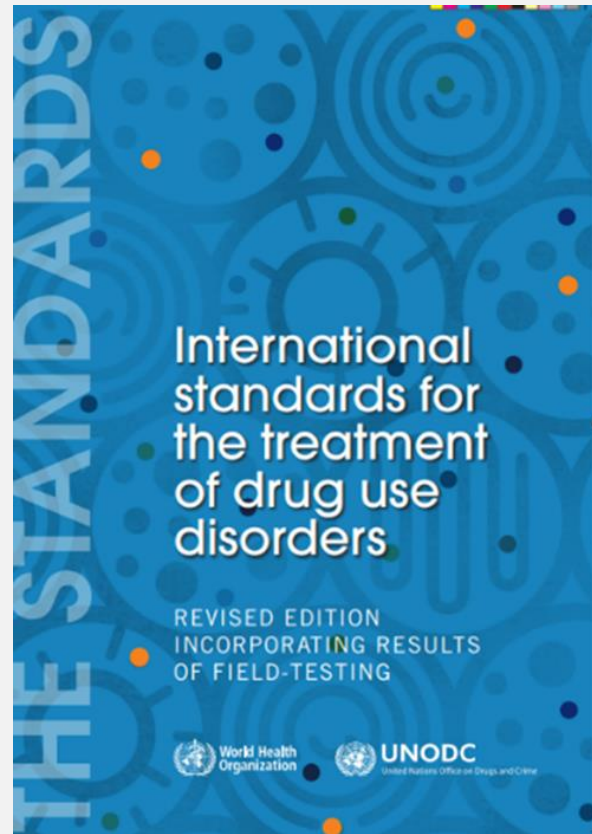
Assess



Report



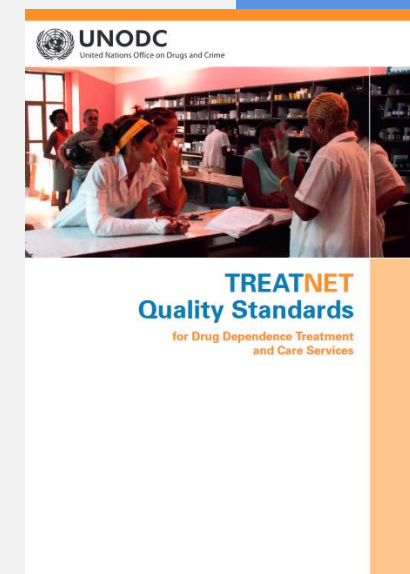
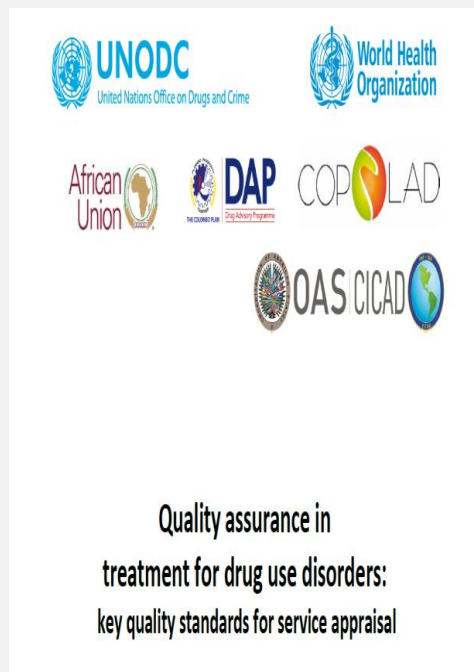
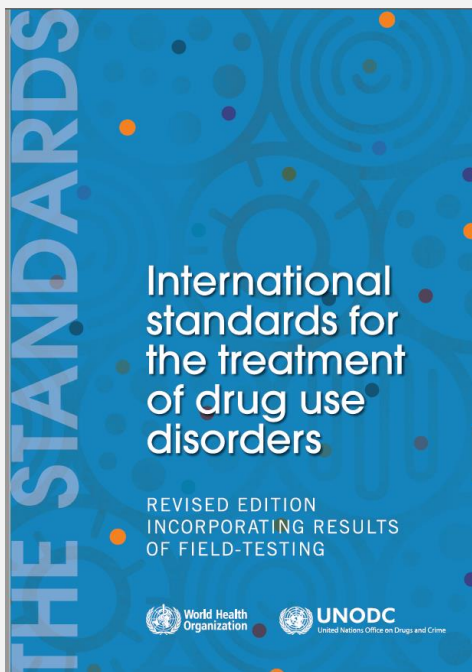
Improve



**Quality
assessment &
assurance
contributes to
stop human
rights abuses in
the name of the
treatment and
care of drug use
disorders**



Quality Assurance tools



QA TX Services



Drug Use Disorder Treatment
Services Quality Assurance
Toolkit

A quality assurance tool based on the
International Standards for the Treatment of Drug
Use Disorders (UNODC/WHO 2020)



Pre-publication draft
This document has not been formally edited

Core management (CM1-CM10)

Core Care (CC1-CC5)

Core Patient Rights (PR)

Opt-In Interventions (Int 1-Int 5)

Opt-In Settings (Set 1-Set 5)

Opt –In target Groups (Tar 1-Tar 4)



UNODC Drug Use Disorder Treatment
Services Toolkit – Pre-publication draft,
July 2022 - for UNODC TA projects

CORE standards/criteria

Core Care

- Evidence-based approach & Service manual
- Prevent drop-out
- Timely access
- Patient involvement in assessment
- Patient involvement in treatment planning

Core Management

- Management
- A Plan
- Finance
- Accommodation & equipment
- Human resource
- Clinical governance
- Patient involvement
- Outcome monitoring
- Performance monitoring
- Partnership with providers

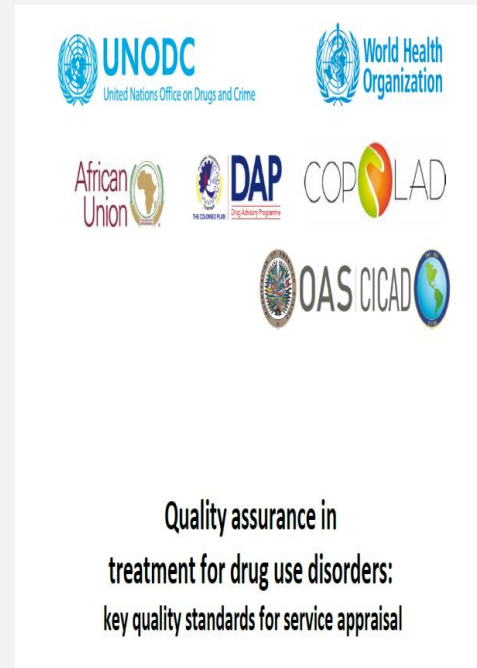
Patients Rights

- Staff are respectful
- Treatment information
- Informed consent
- Confidentiality
- Patients involvement in assessment
- Patients have individualized treatment plans
- Patient involvement in treatment plans
- Family inclusive service
- Mutual aid/ people with 'lived experience' in service delivery
- Patient complaints mechanism

OPT-IN standards/criteria

Interventions	Setting	Target group
<ol style="list-style-type: none"> Interventions to reduce negative health consequences of drug use SBIRT Psychosocial Interventions Pharmacological interventions Sustained recovery management 	<ol style="list-style-type: none"> Community-based outreach Building-based Non-specialized settings Specialized outpatient Specialized short-term inpatient Specialized longer-term/residential 	<ol style="list-style-type: none"> Children and young people Women who use drugs (including pregnant women) People in the criminal justice system who use drugs Access & suitability for diverse groups

Key Quality Standards (KQS) for Service Appraisal



Effective management of the service (M1-M7)

Individualized, patient-centred treatment and care (PC1-PC6)

Timely access to evidence-based interventions (E1-E3)

Promotion of patient health, safety, and human rights (P1-P6)

October 2021

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



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

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			


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




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

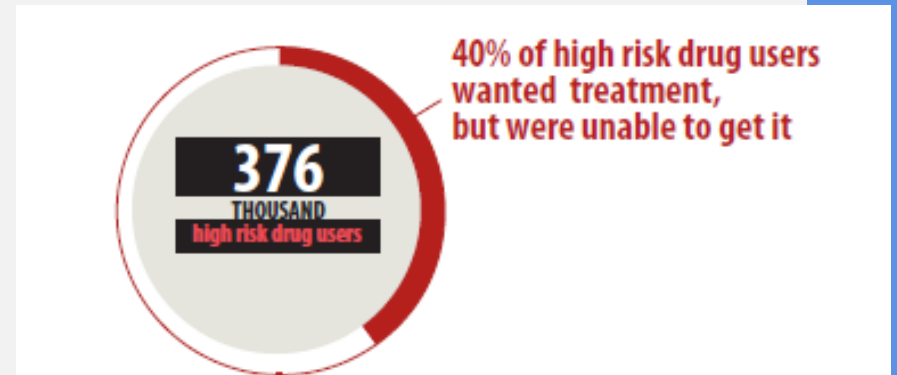
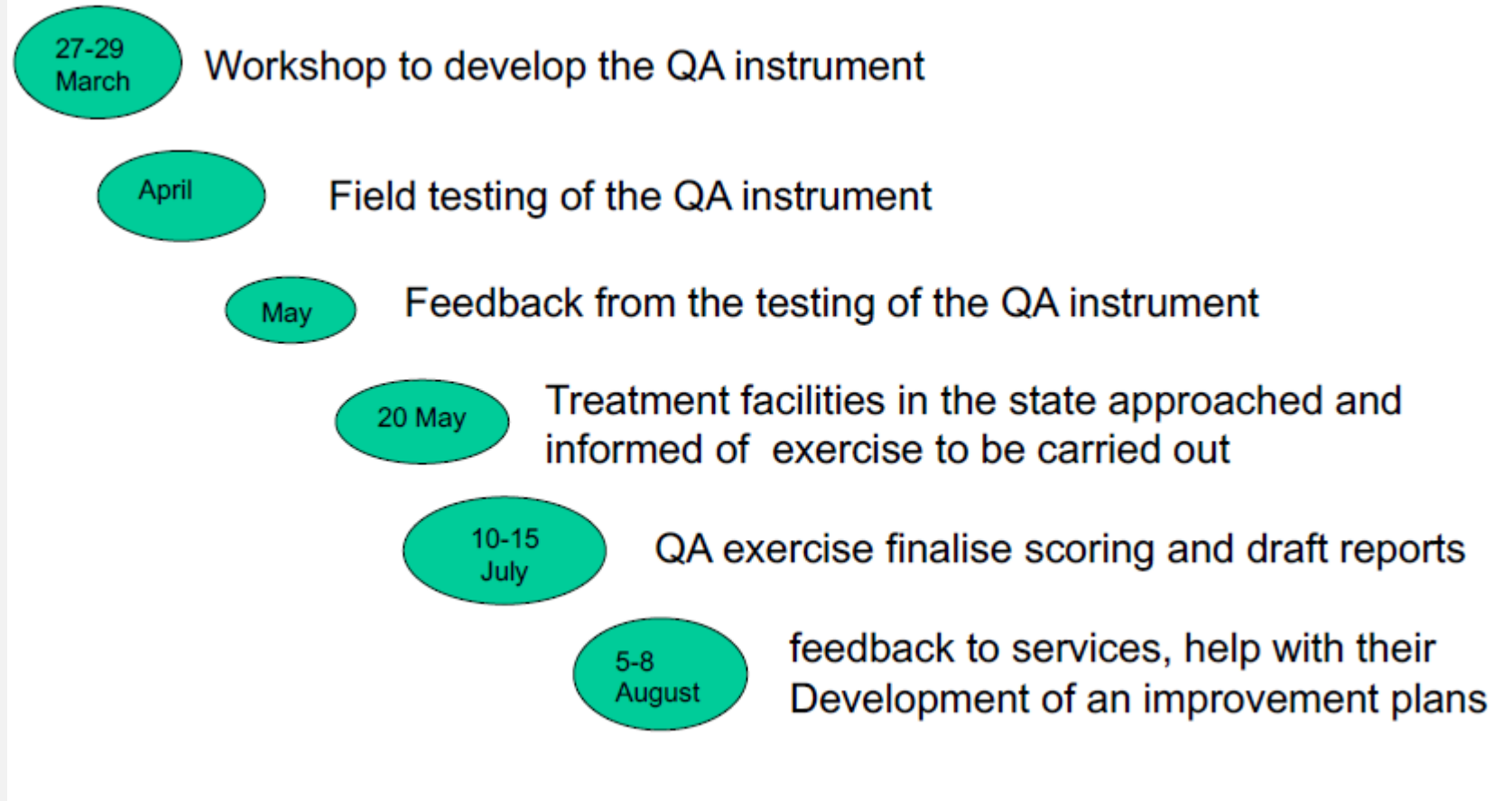


Pilot Nigeria

2018-2020

(QA-Services adapted)

*EU funding support



Nigeria – QA training objectives (March 2019)



- to **build capacity** of a cohort of Nigerian DUD treatment experts in quality assurance (service assessment, standard scoring, and working with providers on quality improvement)
- to develop and agree a plan for the **piloting of a QA mechanism** for Nigeria in Kano State.
- to develop and agree a **subset set of Nigerian standards** in DUD treatment services
- Develop plan for the **pilot testing** of the standards and QA mechanism to be used in Kano State

Agreed upon subset of Nigerian QA standards

Table 1: Draft Nigerian standards outline

The service			
Is well-managed	Is <u>client-centred</u>	Provides evidence-based treatment and recovery	Promotes client health, safety and human rights
Planned delivery	Assessment	Time access fir its target group	Clients are treated with dignity and respect
Financial management	Informed consent	Setting targets, monitoring and improving outcomes	Clients are informed about services policy, values and expectations
Human resources	Treatment planning	Interventions are evidence-based	The service promotes health, well-being and social functioning
Facilities and equipment	Partnership with other services	An established quality assurance mechanism	Health, safety and infection control
Client record system	Meeting the diverse needs of client target group		Medicines management
			Client involvement in service design, delivery and QA
			Clients are able to complain
6 standards (11 criteria)	5 standards (14 criteria)	4 standards (12 criteria)	7 standards (18 criteria)
Total: 20 standards, 44 criteria			

Treatment gaps identified - Nigeria

- There was no minimum standards in existence for the services providing drug treatment
- **Absence of uniform guideline** for the Treatment of Substance Use Disorder
- Lack of SOPs in services and absence of consistent SOPs
- None-consistent documentation of treatment plans



Rapid action taken on issues of serious concern

Average service appraisal results Nigeria pilot

	A	B	C	D
M1	1.6			
M2	4	3.8		
M3	1.6	1.53	1.33	
M4	1.67	1.33		
M5	2.13	1.47		
CC1	1.33	1.33		
CC2	1.27			
CC3	1.2	1.2	1.73	1
CC4	1.67			
CC5	1.07	1.25		
E1	1.07			
E2	1.2	1.33	1.13	1.27
E3	1.27			
P1	2.2	1.8	1.4	
P2	1.27	1.13		
P3	1.73	1.33	2.13	
P4	1.4	1.8	1	1.33
P5	1.07	1.27		
P6	1.2	1		
P7	1.2			

The majority of criterion scored below 2 (the threshold for partially met) and were judged **very poor or red**.

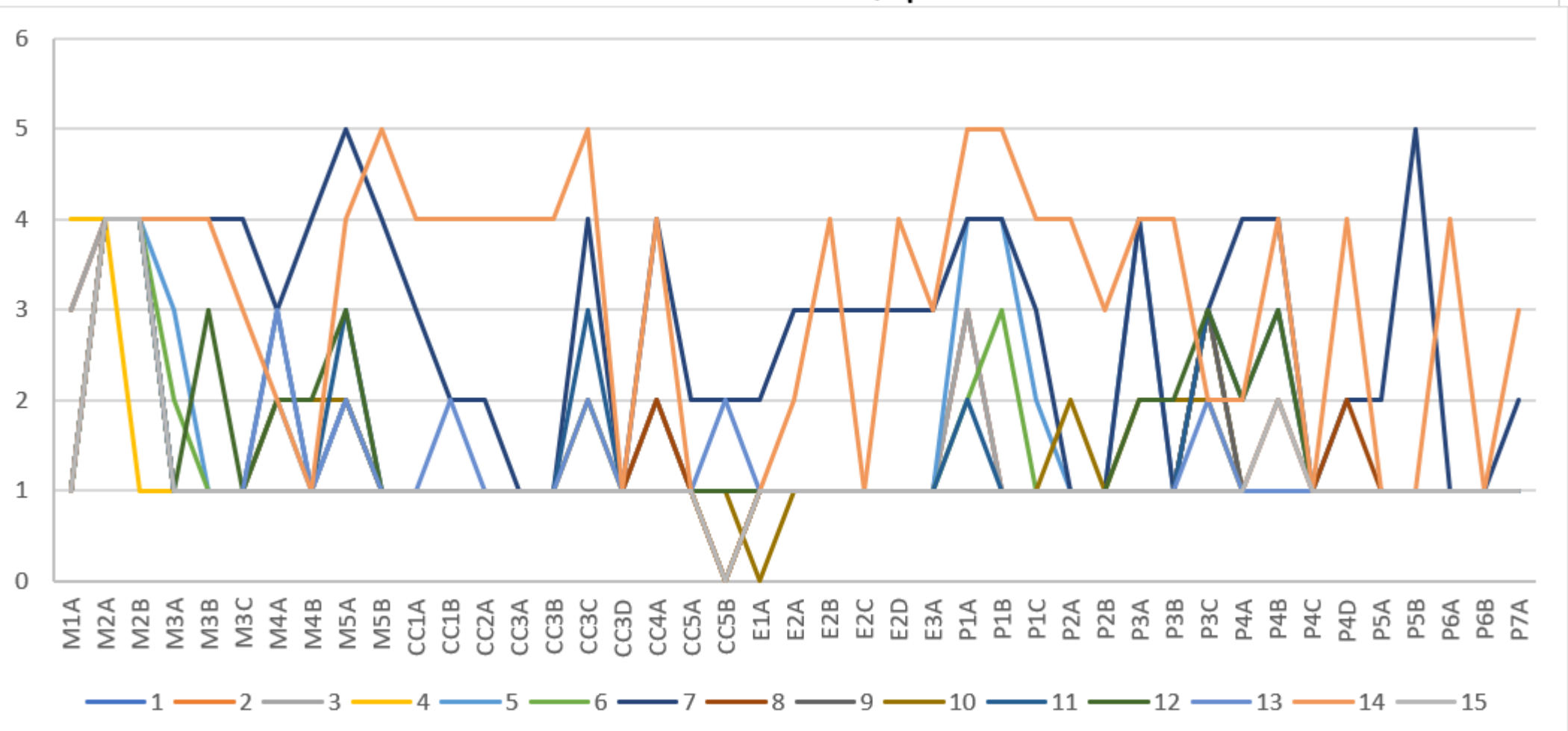
Four criteria were judged as **partially met or amber**

- M2B: The service has an annual budget to meet its annual plan and reports regularly against expenditure
- M5A: The service has a client record system
- P1A: Clients report they are treated with respect
- P3C: Food and drink provided by the service should be of sufficient quantity and quality.

One criterion was judged to be **met or green**:

- M2A The service has established financial procedures.

QA appraisal Nigeria : Diversity across and in services



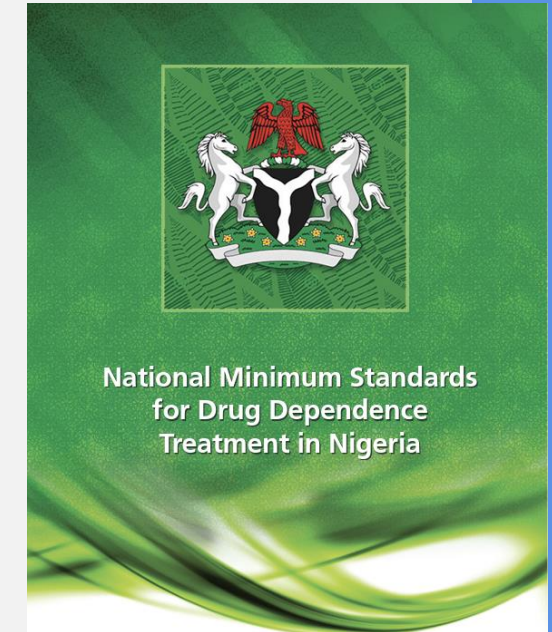
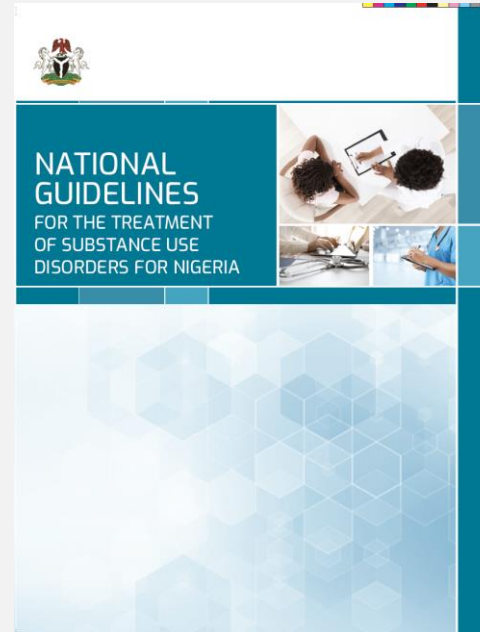
Follow-up and QA improvement plan - Nigeria

- Additional site visits were made to the women rehabilitation centres in the QA pilot
- A two-day sensitization training was held for the QA pilot site managers
- Sites were supported to develop an improvement plan
- Training for pilot site managers and staff in mental health; substance use disorder prevention and treatment
- Working with the HSMB and Kano State medical lead to ensure ongoing mental health 'in-reach' into the rehabilitation centres and secure resources to improve the facilities and living conditions for clients.
- Commitment to continue to supporting and following up on the centres



Nigeria QA related Achievements

- System wide capacity building of personnel on drug use treatment
- Establishment of 11 model treatment centers
- Development of Minimum Standards for DUD treatment, Guidelines, Quality Standards and Quality Assurance assessment tool and subsequent pilot testing QA tool in Kano State of Nigeria
- Many other gains—more CSO/NGO involvement in treatment and prevention etc.



QA summary brochure

https://www.unodc.org/documents/QA_brochure_for_Paris_Pact_130722v1.pdf

https://www.unodc.org/documents/QA_OCTOBER_2021.pdf



THANK YOU!

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Special thanks to US/INL, EU, Spain and Portugal and all participating QA countries