



**UNODC**

United Nations Office on Drugs and Crime



# **TREATNET** **Quality Standards**

**for Drug Dependence Treatment  
and Care Services**



UNITED NATIONS OFFICE ON DRUGS AND CRIME  
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**TREATNET**  
**Quality Standards**  
**for Drug Dependence Treatment and Care Services**



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The TREATNET Quality Standards have been defined by a professionally and geographically diverse working group consisting of experts from the four regions where the UNODC TREATNET project—“Partnership for Action on Comprehensive Treatment (PACT)—Treating drug dependence and its health consequences” is being implemented. It was peer reviewed to assure comprehensiveness and its relevance to different socio-cultural environments as well as a well-balanced representation of different perspectives on the issue.

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## Foreword

According to WHO estimates, the extent of the global use of psychoactive substances is 2 billion alcohol users, 1.3 billion tobacco or nicotine smokers and 185 million illicit drug users.\* Considering the resulting social and health consequences for individuals, families and communities, there is an urgent need to enhance the accessibility of quality drug dependence treatment worldwide. This includes the establishment of a wide variety of services, which take into account the culturally sensitive needs of different target groups, like youth, women, people with co-occurring mental health disorders and sex workers. The use of new types of substances (such as designer drugs) should be taken into account. Quality drug dependence treatment and care services play a key role in reducing the demand for illicit and licit drugs, HIV transmission amongst drug users, drug related crime, incarceration and relapse. The UNODC TREATNET seeks to make a contribution to the development of evidence-based drug dependence treatment services. So, specific quality standards for drug dependence treatment and care services based on the UNODC/WHO Principles of Drug Dependence Treatment and Care have been developed. The application of these standards is intended for the scope of the project and beyond.

## TREATNET

The UNODC TREATNET is currently operating in 21 countries in four regions of the world. Its objective is to reduce the negative social and health consequences of drug dependence including HIV and AIDS, by improving the quality of drug dependence treatment and care services as well as increasing the accessibility of drug dependence treatment for all those in need.

TREATNET advocates for the understanding of drug dependence as a health disorder requiring treatment, and to counteract stigma and discrimination. In this context, capacity-building plays a central role in supporting local governments with the implementation of treatment centre networks for the provision of evidence-based drug dependence treatment.

TREATNET supports local governments with the implementation of at least two community-based treatment centres per country. The goal of this measure is to increase the access to drug dependence treatment and care services and to address gaps in the capacity of drug dependence treatment and care. Identifying specific needs and providing technical support through the disbursement of grants for training and service improvement is also a core element of the TREATNET strategy. The implementation of TREATNET sites requires the commitment of service providers that are interested in joining the UNODC-supported network: The challenges are to create a high-quality system of drug dependence treatment services and to implement adequate services that correspond to the various and complex needs of drug users in the course of their clinical history.

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\* [http://www.who.int/substance\\_abuse/facts/global\\_burden/en/index.html](http://www.who.int/substance_abuse/facts/global_burden/en/index.html)

The implementation of affordable, decentralized drug dependence treatment services will be promoted with the support of local governments and will aim to integrate drug treatment into health care systems. Increasing the availability, accessibility and affordability of the respective services is of central importance. It is key that not only drug users, but also their families and most at risk groups of the population will benefit from receiving evidence-based treatment services, which boost the potential to respond to the devastating social and health consequences of problematic drug use including the transmission of HIV.

In close collaboration with local governments and universities, the TREATNET network of drug treatment and care providers will enhance the sustainability and ownership of the project. Universities and other training institutions are encouraged to incorporate courses on good practices in drug dependence treatment and HIV prevention in their curricula and are asked to support the training of professionals in their geographic region. National governments take the lead in coordinating the collaboration between public services and non-governmental organizations in order to support an articulated and comprehensive system of interventions.

As for the enhancement of the quality of drug dependence treatment, TREATNET will provide collaborating institutions with grants with the following objectives:

- Capacity-building for the implementation of evidence-based interventions in different settings, considering specific needs of each setting.
- Support governments with the creation of national mechanisms for the coordination of training, adaptation and integration of training materials.
- Expand the ability of communities to implement comprehensive community-based responses and well documented drug dependence treatment.
- Provide communities with the financial basis to overcome capacity problems, which lower the quality of treatment services.
- Make evidence-based drug dependence treatment and related services more accessible and affordable.
- Disseminate good practices, promote the accessibility of treatment services for drug users, develop opportunities for social integration and rehabilitation, and advocate for evidence-based drug dependence treatment.
- Support grassroots, organizations, community-based treatment programmes and community-based rehabilitation centres with the implementation of linkages between services in order to provide the patients/clients with the most effective continuum of care.

At the national level, the TREATNET stakeholders comprise governments (Ministries of Health, Interior and/or Drug Control Agencies), academic institutions (universities or other training institutes) and other providers of drug dependence treatment and care services. Both governmental and non-governmental treatment centres are actively involved in the delivery of a wide range of treatment and care services for individuals affected by substance use disorders and dependence.

## **Development of the TREATNET Quality Standards**

The purpose of this publication is to suggest a list of standards for the improvement of quality in drug dependence treatment and care services, as well as to provide an assessment tool for implementation of these quality standards at the participating TREATNET sites in Latin America, Africa, South East Asia, Middle East and Central Asia.

It is important to note that national quality standards have already been defined in some of the participating countries. In this case, the TREATNET Quality Standards seek to complement the existing guidance according to the UNODC/WHO Principles of Drug Dependence Treatment and Care.

In order to develop the TREATNET Quality Standards for Drug Dependence Treatment and Care Services, experts from every project region selected regional, national and international publications and reviewed them in collaboration with UNODC and international experts. The current TREATNET Quality Standards document includes a corresponding assessment instrument and is mainly based on the UNODC/WHO Principles of Drug Dependence Treatment (2009), OAS/CICAD Standards of Care (2009), and the WHO Schedules for the Assessment of Standards of Care in Substance Abuse Treatment (1993). As for responses tailored to the specific circumstances in participating countries, relevant aspects were added, as advised by regional experts.

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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ASI	Addiction Severity Index
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test
GDP	Gross Domestic Product
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HCT	HIV Counselling and Testing
HDI	Human Development Index
IDU	Injecting Drug User
IEC	Information, Education and Communication
MOH	Ministry of Health
MMT	Methadone Maintenance Treatment
MSM	Men Having Sex with Men
MTCT	Mother to Child Transmission
NGO	Non-Governmental Organization
NHS	National Health System
NSP	Needle and Syringe Programme
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
STI	Sexually Transmitted Infections
SOP	Standard Operating Procedures
TB	Tuberculosis
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drug and Crime
UP	Universal Precautions
WHO	World Health Organization

## Preamble

The TREATNET Quality Standards for Drug Dependence Treatment and Care Services represent the common achievement of project collaborators and UNODC. The standards presume compliance with both human rights and good clinical practices. All TREATNET sites are encouraged to use them as standards in order to improve their services.

The TREATNET Quality Standards for Drug Dependence Treatment and Care Services are based on the following main aspects:

## Human rights

The commitment to protect human rights and the general application of the Universal Declaration of Human Rights in all treatment procedures are considered a precondition for all sites participating in the TREATNET programme. This aspect also includes the protection of the patient/client's rights through:

- Anonymity and confidentiality
- No compulsory treatment (add reference to the compulsory treatment document)
- Informed consent
- Contact with family and relatives
- Voluntary HIV testing
- Prohibition of physical and psychological coercion
- Transparent procedures for complaints

## Good practice in drug dependence treatment and care

All TREATNET sites need to implement good practices in drug dependence treatment as described below. Even though it is not a precondition to join the project, the following set of good practices represents the basis for the future development and improvement of all drug dependence treatment centres.

- *Patient/client is priority:* The prior concern of all staff members should be the health and well-being of the patient/client. The best way to act accordingly is to establish a partnership between the service providers and the patient/client. Moreover, health protection and health promotion are priority concerns, as well as the counteraction of stigma, discrimination and social exclusion.
- *Team work:* A multi-disciplinary team is considered most appropriate for (patients) with substance use disorders, because such teams boost the potential to address the various needs and problem areas of this specific target group. The team members

should have clearly defined competencies, which would be periodically appraised and the opportunity for further ongoing professional development would be granted. The relevant links with professional bodies and regular supervisory processes should be ensured for governance.

- *Written policies and standard operating procedures (SOPs)*: Evidence-based guidelines for diagnosis and treatment and on how to conduct the treatment procedures should be available at every site in order to guide the staff, provide useful instructions for daily routine and serve quality assurance. The scope of the institutional policy should include guidelines on the provision of comprehensive and effective services. It should also define the rights of patients/clients and their caregivers, and it should provide guidance for social re-integration of patients/clients.
- *Data management*: Data protection and security is essential. Careful acquisition, management and documentation of data are of utmost importance for both patients/clients and staff. Confidentiality has to be ensured at all times, so data must only be accessible to staff. Respecting relevant policies concerning data management is considered a precondition.
- *Monitoring and evaluation* have to follow structured procedures, since they play an essential role in drug dependence treatment.

## **TREATNET Quality Standards**

The following nine domains of the TREATNET Quality Standards are based on the UNODC Principles of Drug Dependence Treatment and Care and have been elaborated on in cooperation with experts from each participating region and TREATNET regional coordinators under the overall guidance of an international expert/consultant on Quality Standards for drug treatment. The TREATNET Quality Standards represent a set of standard evidence-based standards for the improvement and development of participating treatment centres.

# 1. Availability and accessibility of drug dependence treatment

Drug dependence can be treated effectively in many cases if patients/clients have adequate access to evidence-informed, quality treatment and rehabilitation services. All barriers limiting accessibility to voluntary treatment services need to be minimized to better meet the needs of drug users. Services should be easily accessible with regard to location, opening hours, transportation and safety. Access to services should be available without delays that can create risks for patients/clients. Treatment facilities should ensure that there is no discrimination on the basis of ethnicity, gender, age, sexual orientation, political beliefs, religious background, caste/social status and the respective ability to pay, civil status, legal status and type of drug used. Services should be available irrespective of somatic condition, psychiatric condition, or previous treatment experience. Services responding to gender-specific needs can improve accessibility by avoiding stigmatization, respecting child care needs and issues linked with pregnancy. If patients/clients are considered unsuitable for the services provided, they should be referred to more appropriate services. To contribute to a more transparent admission process of patients/clients, written admission and exclusion policies are essential.

TREATNET Quality Standards concerning the domain of availability and accessibility of drug dependence treatment include the following items:

## 1.1. *Geographical accessibility, distribution and institutional linkages*

In a comprehensive treatment system a large scale, distributed network of treatment facilities that can respond to various needs of individuals seeking treatment permits an adequate response in each community.

## 1.2. *Flexibility of opening hours*

Same-day admission or short waiting time for structured services, as well as provision of immediate intermediate services, including information for service patients/clients are highly desirable conditions in the process of treating drug related problems.

## 1.3. *Legal framework*

No requirements to register drug dependent patients/clients in official records should be put in place as these may be associated with the risk of sanctions and therefore discourage patients/clients from attending treatment programmes.

## 1.4. *Availability and accessibility of services*

Services should avoid unnecessary selective criteria and provide low threshold options for patient/client admission.

*1.5. Affordability*

Drug dependence treatment services should be provided within the public healthcare system free of charge or insurance coverage should be secured when applicable.

*1.6. Cultural relevance and user friendliness*

Drug dependence treatment should be provided in an environment that is culturally sensitive, preferably multi-professional, team oriented, and one that encourages patient/client participation and involvement in treatment. These facilitate patient/client access and retention in treatment, and ultimately improved treatment outcomes.

*1.7. Responsiveness to diverse settings*

Specialized services should be available to care for the more complex cases, e.g., patients/clients with drug dependence and associated somatic or psychiatric disorders.

*1.8. Responsiveness to criminal justice system*

Close collaboration and communication between health system and law enforcement officials, courts and prisons should be maintained in order to encourage drug dependent individuals to enter voluntary treatment.

*1.9. Gender-sensitiveness of services*

Services have to be tailored to gender-specific treatment needs, which can improve accessibility by responding to differential stigmatization, child care needs and issues in pregnancy.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Questionnaire (provided in TREATNET Quality Standards Assessment Instructions).



## 2. Screening, assessment, diagnosis and treatment planning

To ensure that patients/clients are treated according to their needs and on time, an assessment of urgency of the case should first be conducted. Standardized procedures should exist, including assessment of somatic, psychosocial, and legal status and the history of substance use disorders. The use of standardized instruments for assessment and diagnosis and simple psychometric measures is highly recommended. Patients/clients affected by substance use disorders often have multiple treatment needs across a range of personal, social and economic areas and quality treatment services should cater for all these needs. The services provided should be part of a broader system of health and social services, contributing to a continuum of treatment care approach. The services should also be tailored to the needs of different drug user groups to ensure everyone is being treated according to their needs. For example, the provision of medication assisted treatment for patients/clients with opioid dependence may increase adherence to treatment regimens for HIV, TB and hepatitis. HIV-testing and counselling, as well as hepatitis vaccinations should therefore be offered to all patients/clients when planning treatment procedures. As suggested by the previous set of components, the referral of a patient/client to a corresponding institution may be worthwhile in this context.

TREATNET Quality Standards concerning the domain of screening, assessment, diagnosis and treatment planning include the following items:

### 2.1 *Screening*

There are standardized tools to identify drug use and its severity in an individual and they can be applied in different environments (primary health care system, school health and counselling services, and employee assistance programmes at work places).

### 2.2 *Assessment and diagnosis*

A thorough assessment is required prior to treatment initiation. Standardized assessment tools should be used where appropriate to determine the extent and nature of drug use and harms, whether treatment is indicated and the nature of the interventions that should or can be provided. It should also include HIV, hepatitis B and C's status.

### 2.3 *Comprehensive assessment: stage and severity*

Several indicators are taken into account, like the stage and severity of the disease, somatic and mental health status, employment status, family and social integration, and legal situation.

### 2.4 *Treatment planning*

Treatment and Care plans set the specific needs of the individual patient and how they are going to be met by the service at various stages of treatment. They should engage patients/clients to ensure better treatment outcomes. the active involvement of patients/

clients aims to promote ownership and responsibility, change in individual behavior and improvement of the quality and utilization of health services. Patients/clients should be informed about the range of available treatment options and their possibilities should be explained fully and clearly to them, including risks and benefits. The programme should be agreed upon with the patient and re-negotiated throughout the course of treatment. Team discussions to change treatment plans, if necessary, should take place regularly.

The corresponding indicators for the detailed evaluation of these items are included in the TREATNET Questionnaire.

### 3. Evidence-based drug dependence treatment

Evidence-based good practices and accumulated scientific knowledge on the nature of drug dependence should guide interventions in drug dependence treatment. Most evidence in this area is derived from work with opioid-dependent patients/clients. This has shown that the availability of evidence-based pharmacological and psycho-social treatment is essential. For example, in the case of opioids dependent patients/clients, key treatments include methadone/buprenorphine and naltrexone, case and contingency management, motivational interviewing including brief interventions, cognitive behavioural therapy and supervised self-help groups. Advice on how to reduce the negative health and social consequences of drug use should be provided as well. Also the availability of take home doses of needed medications for stable clients is highly advised. Again, the patient/client's referral to a linked institution providing pharmacological and psychosocial treatment may be worthwhile in order to augment the service limits of a treatment centre.

TREATNET Quality Standards concerning the domain of evidence-based drug dependence treatment include the following items:

#### 3.1. *Multidisciplinary treatment teams*

Drug dependence treatment has to be provided following a multidisciplinary approach. Given the multi-factorial nature of drug dependence, a multidisciplinary team, including medical doctors, psychiatrists, psychologists, social workers, counsellors and nurses, is necessary to respond to the needs of patients/clients.

#### 3.2. *Sufficient duration of treatment*

In treating complex chronic diseases and preventing relapse, long-lasting treatment programmes have been found the most effective strategy, particularly for treating the more severe forms of drug dependence. How long does drug addiction treatment usually last?

Individuals progress through drug addiction treatment at various rates, so there is no pre-determined length of treatment. However, research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes. For methadone maintenance, 12 months is considered the minimum, and some opioid-addicted individuals continue to benefit from methadone maintenance for many years. (reference to NIDA, principles of drug addiction treatment)

#### 3.3. *Psycho-social and pharmacological interventions*

There is a range of evidence-based pharmacological and psychosocial interventions relevant to different stages of the disease. No single treatment is appropriate for all patients and differentiated and targeted interventions respond the best to the specific needs of each clinical condition.

#### 3.4. *Brief interventions*

Individuals with experimental and occasional substance use can benefit from screening and brief interventions, which are an effective and economical prevention option, also at the early stages of substance use disorders.

#### 3.5. *Outreach and low-threshold interventions*

These interventions can reach patients not motivated to engage in structured forms of treatment and offer a comprehensive package of measures to prevent the health and social consequences of drug dependence, including HIV/AIDS and other blood-borne infections.

#### 3.6. *Basic services*

Offering the essential support to stop or reduce drug use need to be distributed and widely available through the territory covered by the treatment centre, including detoxification, psychosocially assisted opioid agonist pharmacotherapy of opioid dependence, outselling, rehabilitation strategies and social support.

#### 3.7. *Medically supervised withdrawal*

Detoxification is a preparatory step to start long lasting programmes usually oriented towards rehabilitation and the non-use of drugs. It is required for patients who are heavy dependent users of certain substances (such as opioids, sedative/hypnotic substances, and alcohol) and are likely to experience withdrawal complications.

#### 3.8. *Maintenance medications*

For opioid dependence, the effectiveness of agonist or antagonist treatment in preventing relapse and stabilizing patients/clients has been proven and is therefore considered advisable.

#### 3.9. *Psychological and social interventions*

Psychological and social interventions have demonstrated to be effective in rehabilitation and relapse prevention.

#### 3.10. *Self-help support groups*

These group meetings complement formal treatment options and can support standardized psychosocial interventions.

#### 3.11. *Socio-cultural relevance*

Evidence-based treatment methodologies and strategies need to be adapted to the diverse regional, national and local circumstances, taking into account both cultural and economic factors.

#### 3.12. *Knowledge transfer and ongoing clinical research*

The implementation of updated clinical evidence in different settings and regions is key to permanently improve the treatment programmes available to patients.

### 3.13. *Training of treatment professionals*

In order to disseminate evidence-based methodologies, it is essential for treatment professionals to obtain continuing education from early on in their careers, including within university curricula.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Questionnaire.

## 4. Human rights and dignity of the patient/client

Drug dependence treatment services should comply with human rights obligations and recognize the inherent dignity of all individuals. This includes responding to the right to receive the highest attainable standard of health and well-being, and ensuring non-discrimination.

Privacy and confidentiality are paramount. Patient/client's data are strictly confidential and authorization from the patient in written form is requested before its use for any purposes.

Patients/clients should be fully informed about their health status and progress as well as about the policy of the centre. It is important that treatment is only conducted if the patient is aware of the policy and gives informed consent.

All interventions offered should meet the highest ethical requirements. Key points include the application of the Universal Declaration of Human Rights and treating all patients/clients with respect and empathy. Furthermore, patients/clients should not have to suffer from stigma and discrimination or any coercive methods by health care providers during treatment. Drug dependence treatment without the consent of the patient should only be considered a short-term option of last resort in acute, life-threatening emergency situations and needs to follow the same ethical and scientific standards as voluntary treatment. Procedures should be in place for patients/clients to file complaints, and their right to terminate treatment at any time should be ensured.

The principles of the TREATNET Quality Standards concerning the domain of human rights and dignity of the patient/client include the following items:

### 4.1. *Adequate access to treatment and care*

Adequate access to treatment and care services, including measures to prevent the health and social consequences of drug use, need to be ensured in all the stages of the disease, also for the patients not motivated to stop drug use or relapsing after treatment, as well as during detention periods in prison.

### 4.2. *Avoidance of discrimination*

Discrimination should not occur based on any grounds, be it gender, ethnic background, sexual orientation, religion, political belief, or health, economic, legal or social condition.

### 4.3. *Protection of human rights*

The human rights on the grounds of drug use treatment and rehabilitation should never be restricted. Inhumane or degrading practices and punishment should never be a part of treatment of drug dependence.

#### 4.4. *The patient/client's rights*

Drug dependence treatment must be based upon confidentiality. Furthermore, the patient/client has the right to be informed about the status of his or her condition and has the right to be involved in the process of decision making.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Questionnaire.

## 5. Targeting special subgroups and conditions

Several groups within the population require special consideration and often specialized care. These groups include adolescents, women, pregnant women, patients/clients with medical and psychiatric co-morbidities, sex workers, ethnic minorities and socially marginalized individuals. As an individual may belong to more than one of these groups and have multiple needs, the implementation of adequate strategies and the provision of appropriate treatment for these patients/clients often require targeted and differentiated approaches regarding contacting services that respond best to the needs of these groups. For this reason, specialized services for these populations should be carefully planned and provided.

The TREATNET Quality Standards concerning the domain of targeting most-at-risk groups include the following items:

### 5.1. *Adolescents*

Specialized training should be available for counsellors, outreach workers and other professionals involved in treatment of adolescents with substance use disorders, and child/adolescent psychiatrists and psychologists should be part of these multidisciplinary teams. Differentiated services tailored to the needs of young patients/clients in early stages of drug use are also recommended.

### 5.2. *Women*

Many treatment services and programmes have been developed to meet the needs of adult men. In most cultures women with drug problems are heavily stigmatized and access to treatment services limited. Services need to be designed and delivered to meet the specific needs of women.

### 5.3. *Pregnant women*

In many cultures, approximately one third of people with drug dependence are women of childbearing age, so the possibility of pregnancies needs to be taken into account and optional pregnancy tests made available. Pregnancy in this population should be always considered as high-risk. This makes their treatment a specialized field, requiring a professional approach, including prenatal care.

### 5.4. *People with medical co-morbidities*

People with drug dependence should be afforded the same level of access to treatment and care for medical co-morbidities, including HIV, hepatitis as any other people in the country.

### 5.5. *People with psychiatric co-morbidities*

Among drug dependent patients/clients, there is a high prevalence of personality, affective, and all the other psychiatric disorders. Treatment services can improve their



effectiveness by screening for associated psychiatric disorders and their adequate psychosocial and psychopharmacological treatments, taking into consideration possible drug-drug interactions.

#### 5.6. *Sex-workers*

A significant proportion of drug dependent individuals are involved in sex work as a means to afford buying drugs. These individuals are exposed to increased risk of infections, victimization, violence and social exclusion.

#### 5.7. *Ethnic minorities*

Minority groups may encounter particular barriers to access treatment services, including language difficulties. These, as well as cultural and religious differences need to be taken into consideration when organizing treatment facilities.

#### 5.8. *Socially marginalized individuals*

A full package of social assistance and support in order to achieve means of sustainable livelihoods needs to be available to addicted patients who are socially excluded or at the risk of social exclusion, for example those living in the street, unemployed, homeless and/or rejected by their families.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Questionnaire.

## 6. Drug dependence treatment as an alternative to prison and in prison settings

Most of the world's legal systems handle drug related offences by incarcerating the felon. However, drug use should primarily be considered a health issue; therefore, where possible drug users should be treated in the health care system rather than in the criminal justice system.

In the criminal justice system, interventions for drug dependence should represent an alternative to incarceration (e.g. drug courts). Where diversion is not possible, drug dependence treatment should be provided while in prison and after release. Effective coordination between the health care system and the criminal justice system is necessary to address the twin problems of drug use related crime and the treatment and care needs of drug dependent people.

The TREATNET Quality Standards concerning the domain of drug dependence treatment in prison settings include the following items:

### 6.1. *Treatment as an alternative to penal sanctions*

Diversion into treatment as an alternative to imprisonment or other penal sanctions should be made available to drug dependent offenders. All kinds of prevention and treatment of drug dependent people which is available outside of the prison system should be available inside the prison system.

### 6.2. *Human rights*

Drug dependent people in prison have the right to receive the health care and treatment that are guaranteed in treatment centres in the community.

### 6.3. *Continuity of services*

Drug dependence treatment, for example methadone/buprenorphine as well as specific interventions to reduce high-risk behaviour in regard to infectious diseases should be available in prison, (i.e. needle exchange programmes). If prisoners go into withdrawal, treatment should be initiated following good clinical practices.

### 6.4. *Continuous care in the community*

On release, prisoners face challenges and pressures which increases the likelihood of them returning to old coping strategies especially drug use. Released into the community without adequate housing, financial, or medical support prisoners are more likely to re-offend and are at increased risk of drug overdose. Therefore to meaningfully reintegrate drug dependent offenders into the community, including ensuring continuity of drug treatment.

6.5. *Refraining from detention and forced labour*

These practices not have been recognized by science as treatment for substance use disorders.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Questionnaire.

## 7. Community-based treatment

A community-based response to drug use and dependence can support and encourage behavioural changes in the community. This might imply a paradigm shift from a directive to a more cooperative form of service delivery, for which the active involvement of local stakeholders (government and non-government organizations, private sector, community leaders and religious organizations), community members (including families) and the target populations is needed to establish ownership and an integrated network of community-based health care services.

Input for planning, delivery and evaluation of services should be sought from patients/clients, caretakers, families, and any other member of the respective community. Active representation of patients/clients and their families in the treatment programme's process of decision making should be ensured.

A systematic strategy for consulting and engaging the community for planning, delivering and evaluating services is highly recommended. To ensure feasibility, the community served by the facility must be defined and the specific needs of the community should be addressed in the planning and provision of services. Law enforcement should be engaged and briefed about the services. Ideally law enforcement should be supportive of treatment objectives. The involvement and cooperation of the criminal justice system is encouraged.

The TREATNET Quality Standards concerning the domain of community-based treatment include the following items:

### *7.1. Active involvement of the patient/client*

The aim here is to promote ownership and responsibility, change in individual behaviour, and improvement of the quality and utilization of health services.

### *7.2. Accountability to the community*

There is increasing recognition that the process of service development needs to be accountable to and shaped by the wide range of community interests.

### *7.3. Community-oriented interventions*

Community support to people with drug problems can increase and promote supportive public opinions and health policy and reduce discrimination and marginalization.

### *7.4. Mainstreaming*

Mainstreaming drug treatment in the broader health and social care systems promotes a paradigm change within society to acknowledge drug dependence as a multi-factorial disorder.

*7.5. Linkages with other institutions*

It is key to establish links between drug dependence treatment services and hospital services, such as emergency rooms, infectious diseases, psychiatric and internal medicine departments, as well as with specialized social services such as housing, vocational training and employment.

*7.6. Involvement of NGOs*

NGOs can be particularly helpful in the process of scaling up treatment and facilitation of rehabilitation and reintegration.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Questionnaire.

## 8. Clinical governance

Drug dependence treatment services require accountable, efficient and effective strategies of clinical governance that facilitate the achievement of their respective goals. The organization of services needs to reflect current research evidence and be responsive to the needs of patients/clients. Treatment policies, programmes, procedures and coordination mechanisms should be defined in advance and clarified with all therapeutic team members, administrative and support staff and the target population.

In addition, the existence of a clear and visible plan for referring emergency cases is recommended. A health practitioner should be available on site or on-call. The existence of patient/client records, written intake and discharge criteria and defined drug treatment protocols or guidelines for prescription drugs and other health and social interventions are advised.

Linkages to available services in the community, including medical and psychosocial services, the criminal justice system, NGOs and government organizations, should be provided.

Supervision and case review should be provided by the facility, and help and support should be offered to family members of the patient/client, given the patient/client's consent. Regular updates and revisions of services in response to feedback from patients/clients, relatives and the community as well as from results gained through evaluation procedures would increase the overall quality of services and is therefore recommended.

The TREATNET Quality Standards concerning the domain of clinical governance include the following items:

### 8.1. *Service policy respective service protocols*

Protocols clarify and facilitate a common understanding of the treatment programme's philosophy, aims and objectives, strategic management, therapeutic approach, target population and programmes and procedures.

### 8.2. *Treatment protocols*

These protocols are written documents including details concerning procedures for assessment, care planning and provision of treatment.

### 8.3. *Qualified staff*

There is a clear definition of staff members' roles and responsibilities and appropriate continuing education are needed for the delivery of high quality services.

### 8.4. *Supervision*

There are specific forms of support for the prevention of burnout among staff members. Each professional group will require specific training to work successfully with people

with substance use disorder, and national policies can set the standards of ongoing education required in order to standardize and certify the qualifications of drug dependence treatment professionals.

#### 8.5. *Financial resources*

Sustainable sources of funding at adequate levels are needed to ensure an appropriate service delivery, and proper financial management and accountability mechanisms should be in place.

#### 8.6. *Communication structures*

Communication and networking between drug dependence treatment and other services are required to ensure effective referral and continuity of care.

#### 8.7. *Monitoring systems*

This core element of every treatment service seeks to review how well the services provided are actually serving the needs of its clients and provide evaluation and feedback on service and system performance for quality assessment.

#### 8.8. *Human resources*

The working conditions of the staff providing treatment services should correspond to certain requirements, including fixed working hours, fixed payment and adequate staff-patient ratios are of central importance.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Questionnaire.

## 9. Policy development, strategic planning and coordination of services

Monitoring systems are a core element of treatment services that allow evaluation of their efficiency and effectiveness in serving the needs of their patients/clients and in providing feedback on service and system performance for quality assessment. Record systems, including information about patients/clients, services delivered, human resources management, and payroll should guarantee confidentiality.

The facility should have a structured system for data collection and analysis. This system should be consistent with national/international standards, and an annual report on trends and treatment outcomes should be provided.

Treatment evaluation should be an integral part of routine procedures and funds need to be provided for this purpose. The management and human resource unit of a treatment centre should ensure the provision of adequate care and provide efficient and transparent financial management.

Service providers of both sexes present at the facility are recommended. There should be at least one staff member trained in the UNODC TREATNET Training Package (or other standard/recognized courses), as well as a mechanism for continuous in service training. All staff members should have suitable qualifications for the services they provide.

The TREATNET Quality Standards concerning the domain of policy development, strategic planning and coordination of services include the following items:

### 9.1. *Multisectoral treatment policy*

Effective drug policies are comprehensive and define the role and responsibilities of all relevant partners, including health, welfare, labour, criminal justice, and civil society. In addition, a good treatment policy will be based on evidence of effectiveness and cost-effectiveness.

### 9.2. *Link to prevention*

Treatment services and systems broaden their reach when developed alongside and connected to prevention interventions. These should aim at providing youths, adults and communities with the knowledge, skills and opportunities to avoid risky behaviours and choose healthy lifestyles.

### 9.3. *Situation assessment*

Understanding the types of people who may seek help, patterns of drug use and how they change over time in any one population, and the preferences for different types of treatment are important in effective drug dependence treatment planning.



#### 9.4. *Coordination and balance*

In a comprehensive treatment system, a variety of levels of service provision from specialized treatment to primary care will be available.

#### 9.5. *Continuum of care*

A good drug dependence treatment policy will outline the mechanisms for service coordination to ensure smooth transition between services and better clinical outcomes.

#### 9.6. *Multidisciplinary approach*

A comprehensive treatment system involves diverse professional groups, for example medical staff, psychologists, social workers, occupational therapists, criminal justice workers, NGOs, and others..

#### 9.7. *Capacity-building*

Government and training institutions need to plan to ensure the availability of trained staff in the future.

The corresponding indicators for the detailed evaluation of these items are entailed in the TREATNET Quality Standards Questionnaire.



## **Annex I. TREATNET Quality Standards Assessment Instructions**

This assessment instrument has been developed by internationally acclaimed experts in collaboration with regional experts from participating countries in order to meet the specific needs of each project region. It allows for the assessment of the quality of services provided at each TREATNET site and the identification of those areas that require improvement.

### **Objective of the TREATNET Quality Standards Questionnaire**

With this questionnaire, treatment centres in the participating countries have the chance to assess the extent to which they actually provide evidence-based, accessible and affordable drug dependence treatment and care services. The questionnaire should contribute to the reduction of the negative health and social consequences of drug use, including HIV/AIDS prevention. The instrument may also serve as a general evaluation and guidance tool to promote high standards of drug dependence treatment and care for any facility in the world that provides drug dependence treatment.

### **Instructions: How to use the TREATNET Quality Standards Questionnaire?**

Within the TREATNET project, the assessment will be conducted twice at each TREATNET site: First, at the beginning of project activities and second about 12 months later, upon the completion of service improvement strategies. Prior to the completion of the respective surveys, UNODC will select supervisors, who will administer the tool in collaboration with the regional TREATNET coordinator in charge. As for the assessment procedure, the selected supervising staff will visit the treatment facilities. If deemed necessary by the supervisor, he/she may ask for institutional and patient/client records, or conduct interviews with programme directors, treatment staff members, patients/clients or any other persons who can provide relevant information.

As described above, the Questionnaire may also be used for the internal evaluation or regular supervision of the treatment centre and may be applied by staff members at any time and at any centre. The TREATNET Quality Standards Questionnaire consists of three main sections, which complement one another:

- Section 1. General information about the treatment facility
- Section 2. Description of the treatment facility
- Section 3. Assessment of the TREATNET Quality Standards

## Section 1. General information about the treatment facility

UNODC kindly requests that you respect the following standard procedures as you are completing the assessment form.

- Location: Please indicate the full address, telephone, fax, e-mail, and web address.
- Official name: Please indicate the official name of the establishment and whether it is a branch of a larger organization.
- Founding date: As indicated on the registration document.
- Type of establishment: Please indicate the type of programme (public or private).
- Responsible officers: Please check the appropriate box, indicating the name, profession, and employment dates of persons occupying executive positions in the programme.
- Questionnaire completed by: Please check the appropriate box, indicating the name, position, and the dates completion.

## Section 2. Description of the treatment facility

UNODC kindly requests that you respect the following standard procedures as you are completing the assessment form.

2.1. *Level of care:* For explanation please see the corresponding level of care description, and the treatment capacity, such as number of slots available.

<b><i>Level of care</i></b>	
The objective of this part of the survey is to investigate the institutional or programmatic framework into which the treatment activities are embedded. Some establishments provide only one level of care, while others offer integrated programmes at several levels.	
<b><i>Level I. Outpatient</i></b>	
<b>Description of services</b> <ul style="list-style-type: none"> <li>• Outreach</li> <li>• Drop-in</li> <li>• Limited stay</li> <li>• Frequency: Weekly or every other day, daily for many MMT clients</li> <li>• Example: Outpatient consultation, including psychosocial and pharmacological treatment, additional social services.</li> </ul>	<b>Target group</b> <ul style="list-style-type: none"> <li>• Persons affected by drug use and/or dependence not in contact with formal treatment.</li> <li>• Patients/clients receiving interventions to reduce the health and social consequences of drug dependence.</li> <li>• Patients/clients diagnosed with degrees of severity that can be managed with available resources or who have been receiving treatment at a more intensive level and have improved to the extent where they can benefit from this level of care, including patients/clients with "dual diagnoses", or mild (or more severe but stable) mental disorders.</li> </ul>

<b>Level II. Intensive outpatient/partial hospitalization</b>	
<b>Description of services</b> <ul style="list-style-type: none"> <li>• Treatment in a non-residential setting e.g. Primary health care facilities.</li> <li>• Stay of several hours, morning, afternoon, or both. Frequency: daily.</li> <li>• Example: Day Clinic/drop in centre</li> </ul>	<b>Target group</b> <p>Patients/clients diagnosed with degrees of severity that can be managed in an outpatient programme. Best for individuals who require higher intensity of care, which can be provided on a daily basis during visits of several hours. This level may involve components normally found in residential, more structured programmes.</p>
<b>Level III. Residential facilities</b>	
<b>Description of services</b> <ul style="list-style-type: none"> <li>• Inpatient treatment – length of stay to be determined based on clinical judgment.</li> <li>• Residential, structured emphasis.</li> <li>• Includes care typically provided in residential settings, such as professional medical, psychiatric, psychosocial care, monitoring of medications, evaluation, treatment, rehabilitation, family-based approaches, etc.</li> <li>• Psychotherapeutic counselling.</li> </ul>	<b>Target group</b> <ul style="list-style-type: none"> <li>• The effects of substance use disorders are evident and very significant, with a potential very high level of damage, making motivation and relapse prevention strategies difficult or ineffective in an outpatient setting.</li> <li>• Cognitive disorders, temporary or permanent interfere with interpersonal relations or the patient's emotional coping skills.</li> <li>• Certain serious medical, psychological, and social problems may be present requiring comprehensive, multidimensional, and long-term treatment.</li> <li>• Living space is unsafe or toxic, inter-personal relations chaotic or even abusive, offering little support.</li> <li>• Long histories of treatment. Law enforcement problems, poor job or school performance, an anti-social system of values.</li> </ul>
<b>Level IV. Hospital</b>	
<b>Description of services</b> <ul style="list-style-type: none"> <li>• Inpatient treatment.</li> <li>• Emphasis on a general and specialized medical care.</li> <li>• Includes care typically provided in residential settings, such as professional medical, psychiatric, psychosocial care, detoxification, monitoring of medications, evaluation, treatment, rehabilitation, family-based approaches, etc., under the supervision of an accredited staff of healthcare professionals.</li> <li>• Example: Short- or medium-term medically-managed residential setting.</li> </ul>	<b>Target group</b> <ul style="list-style-type: none"> <li>• Individuals, particularly those with a severe form of the disorder or those in a high-risk group who are in need of medication-assisted detoxification.</li> <li>• Needs deriving from substance use disorders with moderate and severe mental health and medical complications.</li> <li>• Sub-acute medical and mental disorders requiring all of the resources available in a general or specialized hospital.</li> </ul>

<b><i>Emergency / Crisis intervention</i></b>	
<p><b>Description of services</b></p> <ul style="list-style-type: none"> <li>• Immediate care services that must be available, at all of the levels, for the treatment of acute complications from drug use, where the most important concern is imminent risk to the patient's life; the technology involved is therefore of the general or specialized medical type.</li> <li>• Example: The Emergency Room of a General Hospital.</li> </ul>	<p><b>Target group</b></p> <ul style="list-style-type: none"> <li>• Patients/clients displaying deterioration of a biological, psychological, or social condition of a severity requiring immediate medical and nursing care.</li> <li>• Patients/clients with symptoms of intoxication or severe withdrawal syndrome, posing a high risk of complications and requiring care from a staff of properly trained healthcare professionals (doctors and nurses), providing care on a continuous (24-hour) basis based on specific intervention protocols that require all of the resources provided by hospitals for intensive medical care.</li> </ul>

2.2 *General policies:* Check all legal documentation concerning the operation of the programme is in accordance with current existing standards. Ensure that copies of the documents concerned are available and are placed on file and information on staff is accompanied by their curricula vitae and supporting documentation.

2.3. *Organization:* Ensure that a detailed list of treatment programme components exists. An Organization and Operations Manual and an Organization Chart are available. Certified copies of admission and registration formats, the Treatment Programme Manual, and the Treatment Contract are available.

2.4. *Financing:* Please mark the appropriate financing sources:

- (a) Own resources (public): Fully dependent on public-sector allocation
- (b) Own resources (private): Fully dependent on self-generated resources
- (c) Supplemental income: Assistance from the public or private sector, international cooperation
- (d) Cost per patient: Estimate of the average cost of treatment per patient per month (in US\$ and local currency)

2.5. *Statistics:* The quality of the information system at the TREATNET site needs to be evaluated on the basis of supporting materials with respect to the reliability of the data supplied:

- (a) Specific training and refresher training for the data managers
- (b) How the information is being processed (e.g. forms, databases)
- (c) The information is processed in a timely manner

### Statistical information

In the questionnaire, please indicate whether treatment data collected at the treatment site is sent regularly to the public health authorities (Ministry of Health, Mental Health programme etc.) in official formats (as well as others that may be used in the programme) for the compilation of aggregated statistical data. A copy of the form used for diagnostic purposes and the classification model used as a reference must be available. The International Classification of Diseases (ICD-10a Revised) is mandatory, but can be accompanied by any other classification system provided the equivalency of terms is indicated.

2.6. *Target population:* Here the questionnaire indicates whether care is provided to individuals, couples or families, or whether the facility specializes in services addressed to a specific group of the population.

2.7. *Services provided:* Please indicate the types of services provided by the treatment centre and select your answer from the options below.

<b>Definition of services provided</b>	
1. Initial treatment facility	Care is provided to users in the acute phase, prior to admission to treatment. Assistance is provided in connection with initial withdrawal and induction into treatment
2. Withdrawal management and detoxification	The handling of withdrawal and acute intoxication with professional (toxicological) advisory assistance; usually for periods of less than one month
3. Rehabilitation	Intermediate programme aims to prevent relapses
4. Sustainable livelihoods	Social reintegration as well as supportive measures for the patient/client's success on the job market, social support and housing
5. Family involvement	Upon the patient/client's request, his or her family will be involved in the therapy
6. Legal assistance	Services provided to respond to the needs of drug dependence patients/clients who have committed an offence related to their drug use history
7. Prevention of drug use	Counselling, psychosocial support, information and family therapies
9. Health promotion	Activities designed to encourage patients/clients to incorporate healthy lifestyles
10. Other	Please indicate other services provided

2.8. *Treatment goals:* Goals of the therapeutic interventions (drug use, causes, or consequences).

2.9. *Interventions provided:* Please indicate the type of therapeutic interventions performed at the site for each phase of care by selecting one of the options below.

<b>Definition of interventions provided</b>	
1. Preliminary phase	Initial health status assessment, including assessment of physical and psychiatric co-morbidities and the patient's social situation, as well as urine screening for concomitant consumption. Treatment is planned and initiated on the basis of a standardized comprehensive assessment procedure.
2. Acute phase	Medical emergency care may be implemented immediately.
3. Intermediate phase – First steps – Second steps	(a) Support: Monitoring and supporting the process of detoxification and stabilization.  (b) Intervention: Achieving and maintaining abstinence, pharmacological and/or psychological treatment and social support.  (c) Stabilization: Maintenance of a state of abstinence/ stabilization already achieved by the patient, including the aim of preserving and strengthening abstinence from drugs under pharmacological maintenance therapy.
Follow-up phase	(a) Monitoring: Activities to monitor abstinence and recovery, which entails attention to the family, visits to the home, workplace, or place of study and toxicological monitoring.  (b) Maintenance therapy: Methadone or buprenorphine, or naltrixone for opioid dependent patients/clients to achieve stability and abstinence of concomitant consumption.  (c) Relapse prevention: Activities specifically designed to prevent the return to substance use or related activities.  (d) Practical support: Interventions designed to support efforts to change to a lifestyle free of substance use or with reduced substance use.  (e) Sustainable livelihoods: Supportive measures including vocational training, housing support, legal support, social support.

2.10. *Existing supplies:* Ensure that supplies are in place, which allows for the implementation of the WHO Universal Precautions. Also, basic office supplies should be available, as well as an adequate division of rooms, in order to protect the patient/client's privacy.

### Section 3. Assessment of the TREATNET Quality Standards

Different quality criteria of the services provided at your facility are evaluated by applying the following qualitative scale. As you are completing the TREATNET II Assessment Tool, please check the adequate box for each item and its respective sub-items following the description opposite.

Please note: If an item consists of several sub-items, please have a look at your ratings and check if your overall rating of the item matches your ratings of the sub-items before you move on in the questionnaire.



Adequately met: Select this option if you think the criterion is adequately/mainly met.

Inadequately met: Select this option if you think the criterion is only partly/insufficiently met.

Not met: Select this option if you think the criterion is not met.

Not applicable: Select this option if this criterion is not applicable at your institution, and please explain the reason in the comment box.

Available upon referral: Select this option if the criterion may be met by your institution through referral, or if the service may be provided to the patients/clients, but not directly at your establishment.

Comment: Use this box to add your comments, if you chose the option "available upon referral", "not applicable" or if you think additional information is needed in order to explain the selection of a certain option. In some cases you will also be asked to specify information in the comment box.

## References

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UNODC Drug Abuse Treatment and Rehabilitation: A Practical Guide (2003).

WHO Alcohol, Smoking and Substance Involvement Screening Test (2002).

WHO Schedules for the Assessment of Standards of Care in Substance Abuse Treatment (1993).

[http://www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)

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## GLOSSARY

### Substance use disorders<sup>1</sup>

Substance use disorders include dependence syndrome and harmful use of psychoactive substances. A group of conditions related to alcohol or other drug use.

In ICD-10, section F10-F19, “Mental and behavioural disorders due to psychoactive substance use”, contains a wide variety of disorders of different severity and clinical form, all having in common the use of one or more psychoactive substances, which may or may not have been medically prescribed. The substances specified are alcohol, opioids, cannabinoids, sedatives or hypnotics, cocaine, other stimulants including caffeine, hallucinogens, tobacco and volatile solvents.

The clinical states that may occur, though not necessarily with all psychoactive substances, include acute intoxication, harmful use, dependence syndrome, withdrawal syndrome (state), withdrawal state with delirium, psychotic disorder, late-onset psychotic disorder and amnesic syndrome.

### Drug dependence<sup>2</sup>

Dependence refers to the state of needing or depending on something or someone for support or to function or survive. It often refers to both the physical and psychological elements of drug dependence. More specifically, psychological or psychic dependence refers to the experience of impaired control over drug use while physiological or physical dependence refers to tolerance and withdrawal symptoms.

### Substitution therapy<sup>3</sup>

The administration under medical supervision of a prescribed psychoactive substance, pharmacologically related to the one producing dependence, to people with substance dependence, for achieving defined treatment aims.

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<sup>1</sup>[http://www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)

<sup>2</sup>WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence (2009)

<sup>3</sup>WHO/UNODC/UNAIDS Position Paper: Substitution Maintenance Therapy in The Management of Opioid Dependence and HIV/AIDS Prevention (2004)





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