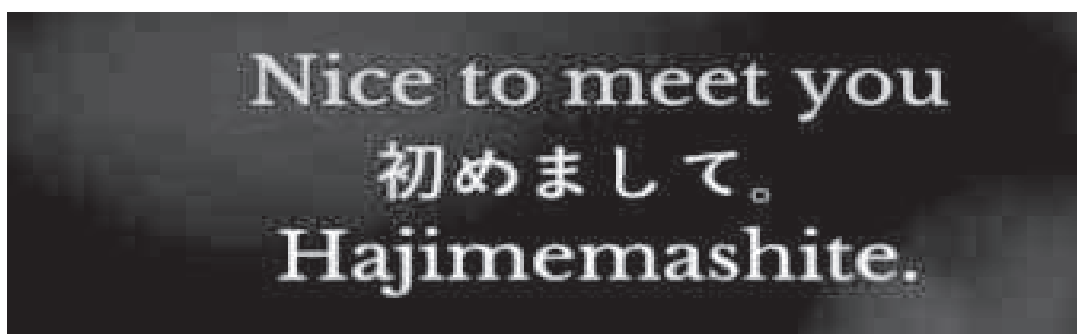
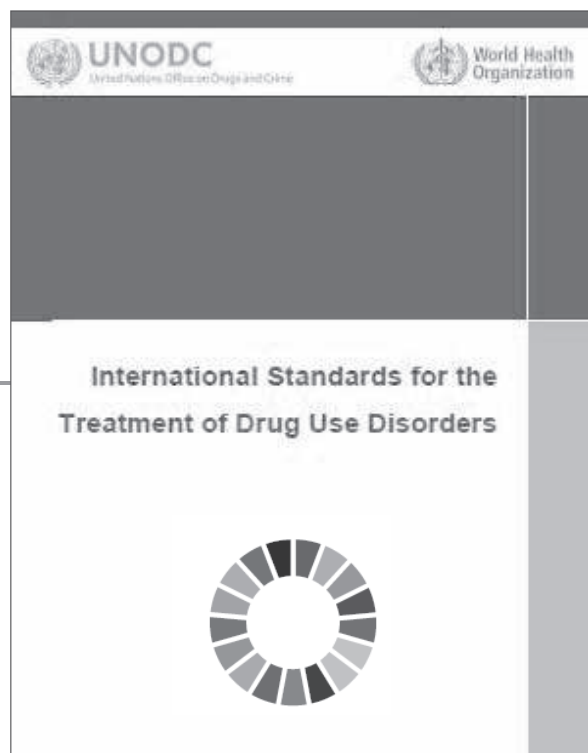


International Standards for the Treatment of Drug Use Disorders

Anja Busse
Prevention, Treatment and
Rehabilitation Section
United Nations Office on Drug and
Crime
anja.busse@un.org





What is UNODC?

A UN programme created to support UN Member States in addressing global challenges such as drugs, crime and terrorism through technical assistance

Part of the UN Secretariat:
Executive Director, Mr Yury Fedotov, responds to the UN Secretary General Antonio Guterres



UNODC AT THE VIENNA INTERNATIONAL CENTRE

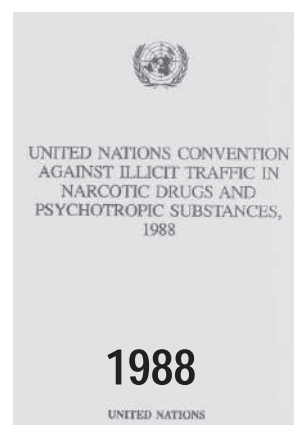
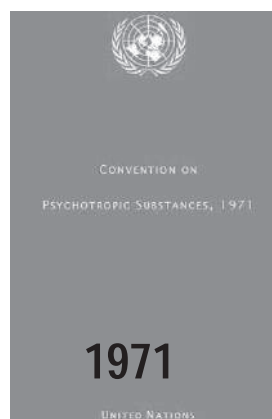
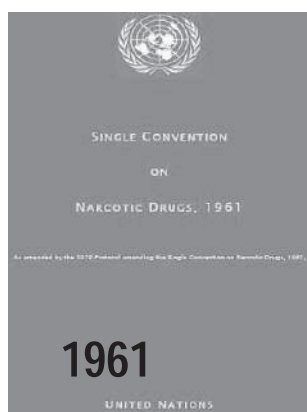


UNODC Field Office network

- UNODC operates in more than 150 countries around the world through its network of field offices. UNODC works closely with Governments and civil society towards building security and justice for all.

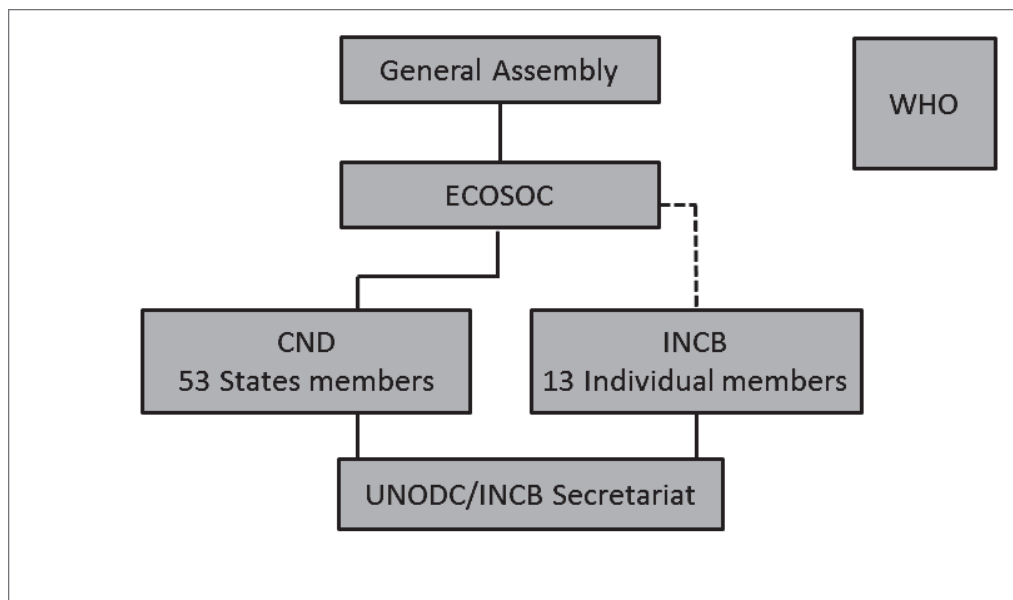


Mandate from the International Drug Control Conventions

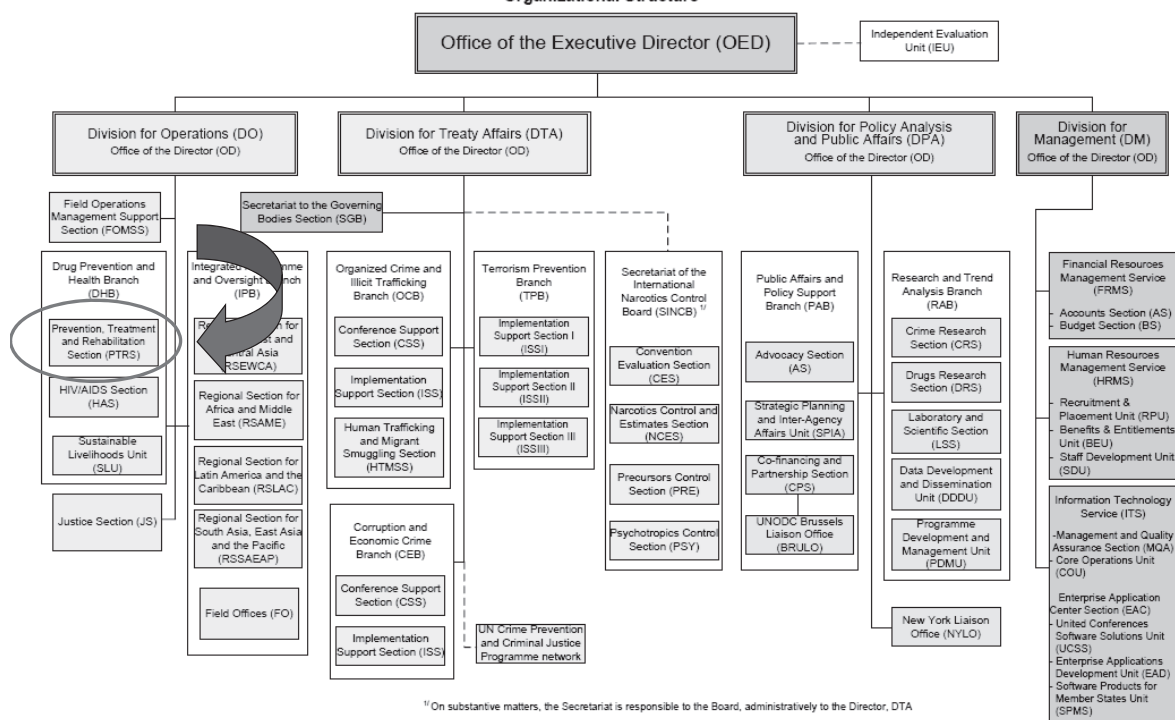


- UNGASS (1998)
- Political declaration and plan of action (2009)
- High level review of Political declaration and plan of action (2014)
- UNGASS (2016)

International system on drug control

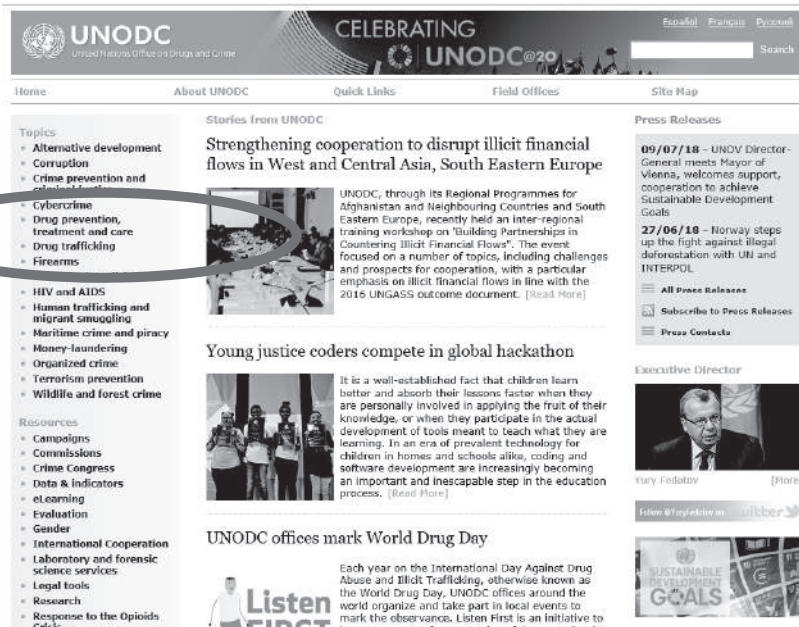


UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC) Organizational Structure



^{1/} On substantive matters, the Secretariat is responsible to the Board, administratively to the Director, DTA

www.unodc.org

UNODC
United Nations Office on Drugs and Crime

CELEBRATING **UNODC@20**

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Topics

- Alternative development
- Corruption
- Crime prevention and criminal justice
- Cybercrime
- Drug prevention, treatment and care
- Drug trafficking
- Firearms
- HIV and AIDS
- Human trafficking and migrant smuggling
- Maritime crime and piracy
- Money-laundering
- Organized crime
- Terrorism prevention
- Wildlife and forest crime

Resources

- Campanions
- Commissions
- Crime Congress
- Data & Indicators
- eLearning
- Evaluation
- Gender
- International Cooperation
- Laboratory and forensic science services
- Legal tools
- Research
- Response to the Opioids Crisis

Stories from UNODC

Strengthening cooperation to disrupt illicit financial flows in West and Central Asia, South Eastern Europe

UNODC, through its Regional Programmes for Afghanistan and Neighbouring Countries and South Eastern Europe, recently held an inter-regional training workshop on "Building Partnerships in Countering Illicit Financial Flows". The event focused on a number of topics, including challenges and prospects for cooperation, with a particular emphasis on illicit financial flows in line with the 2016 UNGASS outcome document. [Read More](#)

Young justice coders compete in global hackathon

It is a well-established fact that children learn better and absorb their lessons faster when they are personally involved in applying the fruit of their knowledge, or when they participate in the actual development of tools meant to teach what they are learning. In an era of prevalent technology for children in homes and schools alike, coding and software development are increasingly becoming an important and inescapable step in the education process. [Read More](#)

UNODC offices mark World Drug Day

Each year on the International Day Against Drug Abuse and Illicit Trafficking, otherwise known as the World Drug Day, UNODC offices around the world organize and take part in local events to mark the observance. Listen First is an initiative to [Read More](#)


Press Releases

09/07/18 – UNODC Director-General meets Mayor of Vienna, welcomes support, cooperation to achieve Sustainable Development Goals


27/06/18 – Norway steps up the fight against illegal deforestation with UN and INTERPOL

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Executive Director


 Yuri Fedotov [More](#)

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Treatment of Drug Use Disorders - UNODC

- Technical assistance to UN Member States
- Support of governing bodies (CND, CCPCJ)
- Global projects on treatment of drug use disorders
- Development of technical guidance (with WHO and other partners)



Drug dependence, treatment & care

UNODC Executive Director, Yuri Fedotov
 Commission on Narcotic Drugs, March 2015. Special event: "Each person counts: Treating drug dependent people with respect"

"For UNODC, in all our work but especially in our health-related initiatives, it is essential to focus on the human dimension – the men, women and children affected by drug use and dependence, and all of the consequences for health and society that come along with it," said Mr. Fedotov. "It is our goal to overcome the prevailing stigma with regard to drug use disorders. This means looking beyond the statistics and seeing not "the addict", not "the drug user", not "the patient", but the human being who needs our help."

Introduction

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic... [Read more](#)

Mandate

The work of UNODC is guided by a broad range of international, legally binding instruments and treaties. The following three... [Read more](#)

Donors & Partners

The UNODC Drug Dependence Treatment and Rehabilitation Unit benefits from the generous support of a number of donors... [Read more](#)

Our work

Following the 2009 Global Commission and Plan of Action, UNODC has put both health and human rights at the centerpage of... [Read more](#)

Publications

The UNODC Drug Dependence Treatment and Rehabilitation Section has produced and continues to develop a wide range of... [Read more](#)

Training Resources

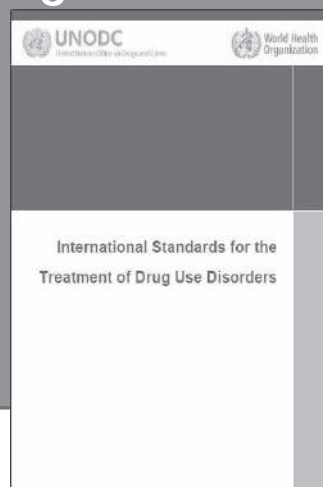
The Treatment Training Package is a central component to the effort by the UNODC Treatment Initiative to increase the level of knowledge... [Read more](#)

Outline of presentation



- 1. Global situation with regard to drug use**
 - Why International Standards for Treatment?
- 2. The International Standards for the Treatment of Drug Use Disorders**
- 3. International policy context**
- 4. Field testing and dissemination of the Standards**

1. Global situation with regard to drug use and drug use disorders



The Global Drug Problem

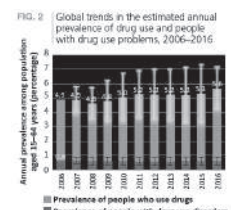
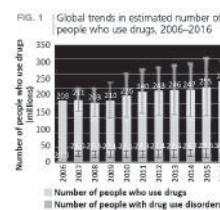
UNODC World Drug Report 2018



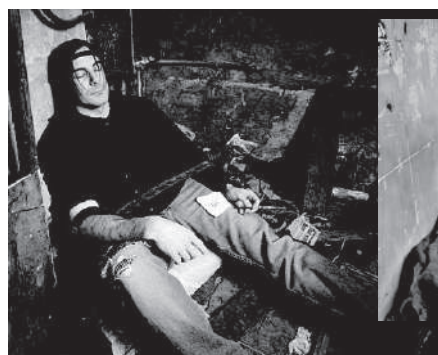
Drug use and adverse health consequences increased



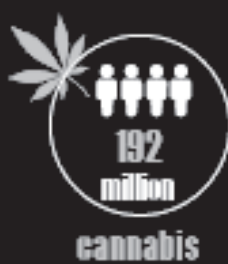
- About 275 million people worldwide (5.6 % of the global population aged 15–64 years) used drugs at least once during 2016. (1:18 persons)
- Some 31 million people who use drugs suffer from drug use disorders (1 out of 9 people who used drugs or 11%)



The people behind the numbers



Number of past-year users in 2016





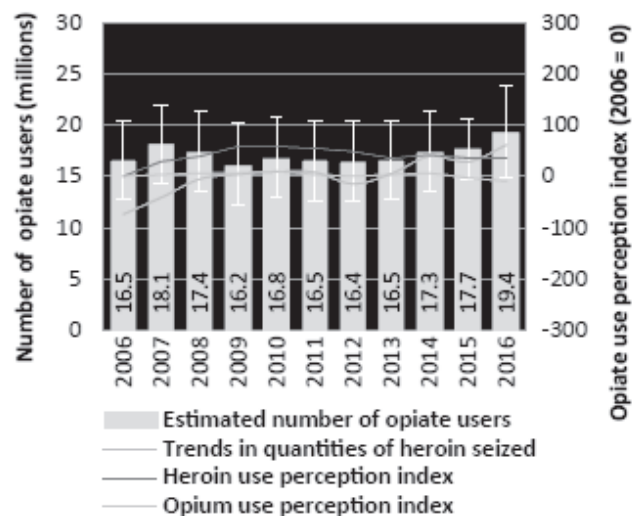
Drug use – 2016 annual prevalence

- Cannabis most widely consumed (3.9%*)
 - Opioids responsible for most negative health impact (0.7%*)
 - Amphetamine use at 0.7% - lack of data for Asia but methamphetamine perceived to be most worrying threat
 - Potential supply-driven expansion of drug markets, with production of opium and manufacture of cocaine at the highest levels ever recorded. – Increased use
- (**annual prevalence of global population aged 15-64*)



Global Opiate use trends

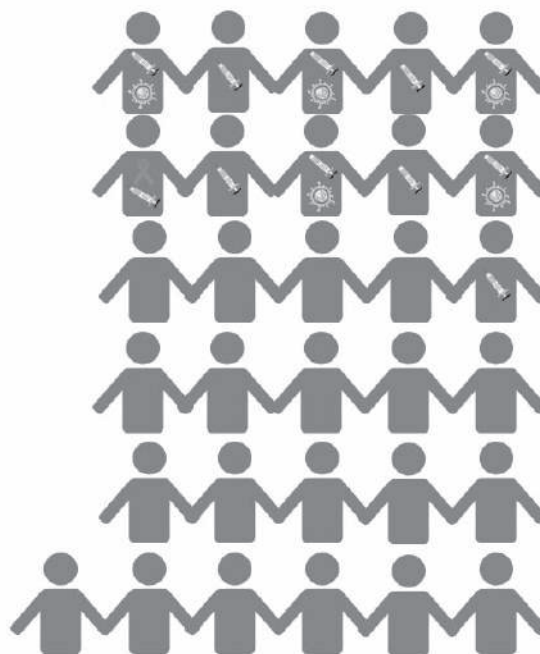
FIG. 7 Estimated number of opiate users, trends in quantities of heroin seized and heroin and opium use perception indexes (2006=100)



Source: UNODC, elaboration based on annual report questionnaire data.

Injecting drug use

- 11 million inject drugs
- 1 in 8 people with injecting drug use (PWID) is living with HIV
- Every second PWID is infected with HCV



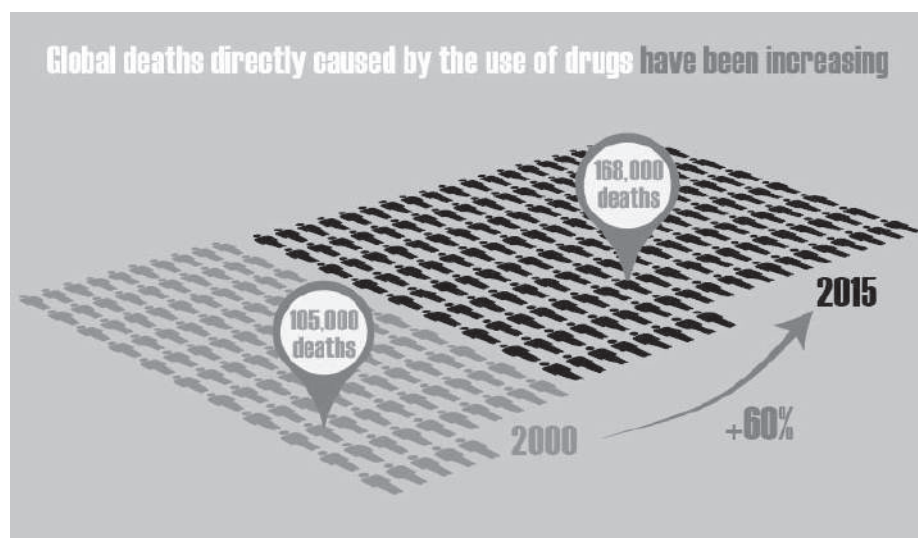
Number of deaths associated with the use of drugs remains high



- Roughly 450,000 people died as a result of drug use in 2015.
- Of those deaths, 167,750 were directly associated with drug use disorders (mainly overdoses).
- The rest were indirectly attributable to drug use and included deaths related to HIV and hepatitis C acquired through unsafe injecting practices.



Trends and patterns in drug related deaths: 2000 to 2015

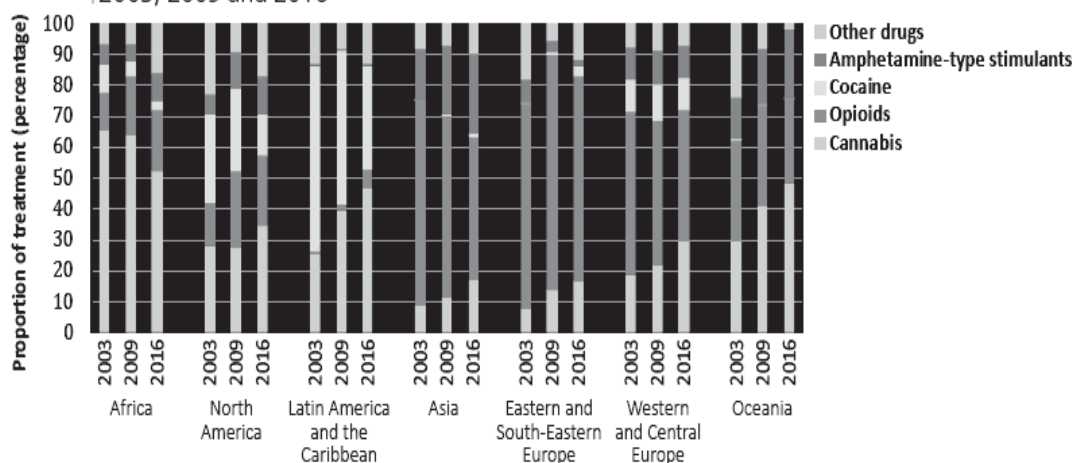


Source: UNODC analysis based on WHO, Disease burden and mortality estimates, Global Health Estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015.



Treatment demand by regions

FIG. 3 Trends in the proportion of primary drug of use in drug treatment admissions, by region, 2003, 2009 and 2016



Source: UNODC, responses to the annual report questionnaire.



1:6



Globally limited access to any drug dependence treatment (1:6)

247 million people used drugs in the past year



29 million suffer from drug use disorders
but only 1 in 6 people with drug use disorders is in treatment

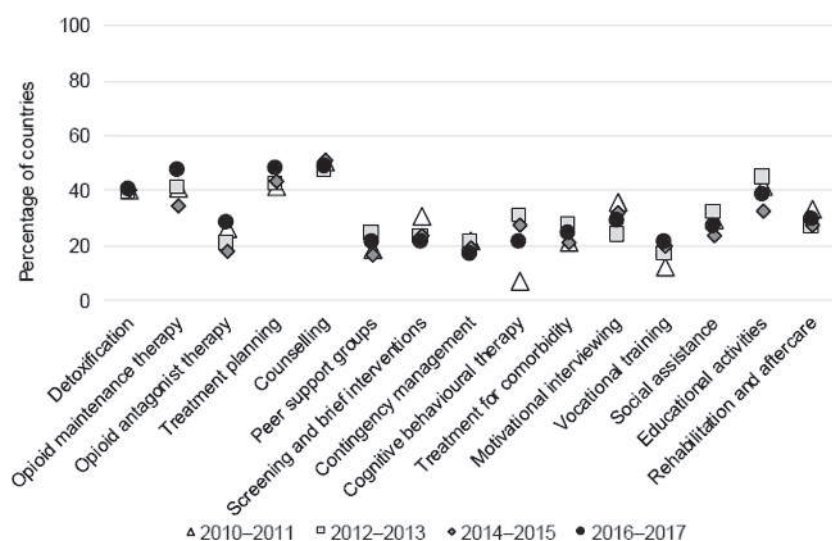
Gender imbalance in drug treatment and care

Even though one out of three drug users is a woman, only one out of five drug users in treatment is a woman.



Quality in treatment of drug use disorders?

Percentage of countries reporting a high degree of coverage of treatment services in the community in the bienniums 2010–2011, 2012–2013, 2014–2015 and 2016–2017



High coverage only reported for counselling and treatment planning

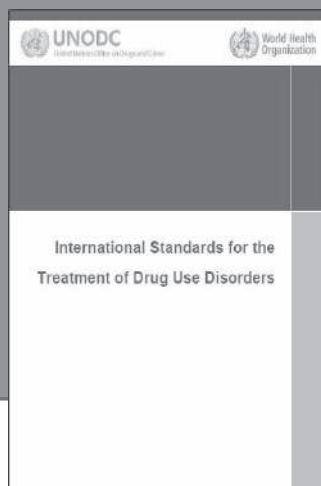


How about treatment systems?

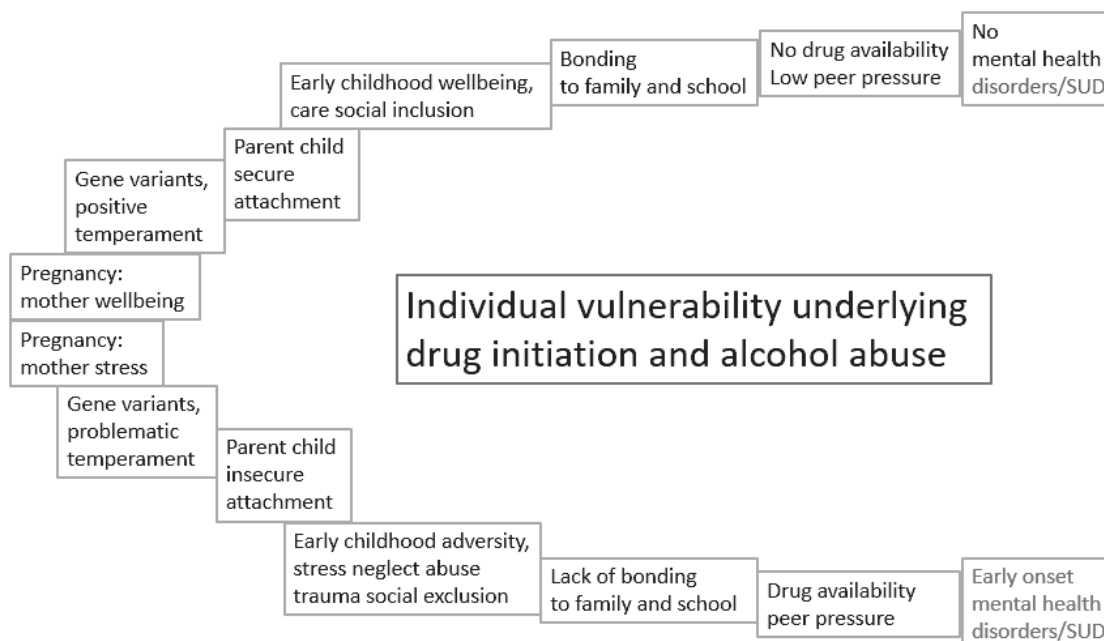
- 90 % of Member States had a written national drug strategy that included a demand reduction component implemented by a central coordination body.
- Over 80 % of reporting countries indicated that NGOs were involved in the work
- 37% of strategies remain unfunded



Why International Standards for the Treatment of Drug Use Disorders?

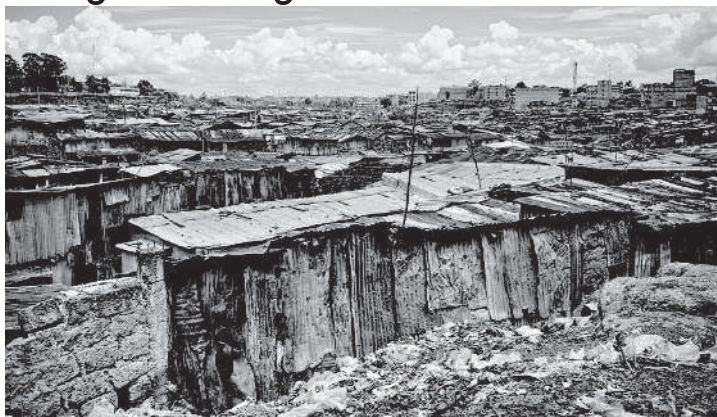


Risk and protective factors



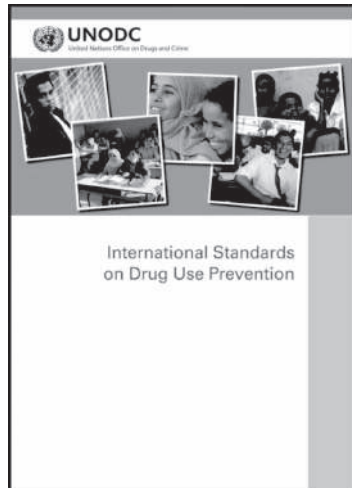
Social factors recognized by 1961 convention

- "Drug addiction is often the result of an unwholesome social atmosphere in which those who are most exposed to the danger of drug abuse live."



Vulnerabilities can be influenced

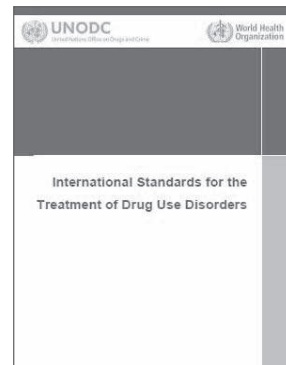
Resilience



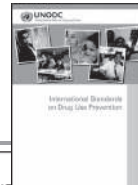
Prevention

inequality

Vulnerability



Guidance on the types of evidence based approaches and their characteristics



	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal infancy & visitation ★★		Parenting skills ★★★★			
	Interventions for pregnant women with substance abuse disorders ★					
School		Early childhood education ★★★★	Personal & social skills ★★★	Personal & social skills & social influences education ★★★	Addressing individual vulnerabilities ★★	
			Classroom management ★★★			
			Policies to keep children in school ★★		School policies & culture ★★	
Community					Alcohol & tobacco policies ★★★★★	
			Community-based multi-component initiatives ★★★			
					Media campaigns ★	
					Mentoring ★	
					Entertainment venues ★★	
Workplace					Workplace prevention ★★★	
Health sector					Brief intervention ★★★★	

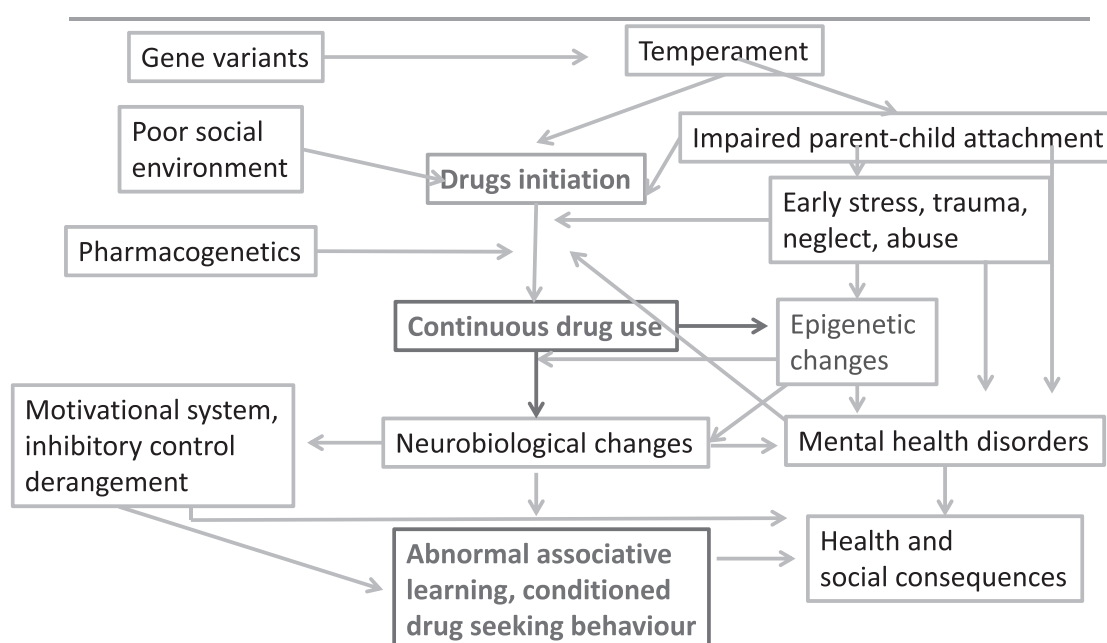
Drug use disorders are a health issue

"Substance dependence is not a failure of will or of strength of character but a medical disorder that could affect any human being. Dependence is a chronic and relapsing disorder, often co-occurring with other physical and mental conditions"

(WHO, 2004)



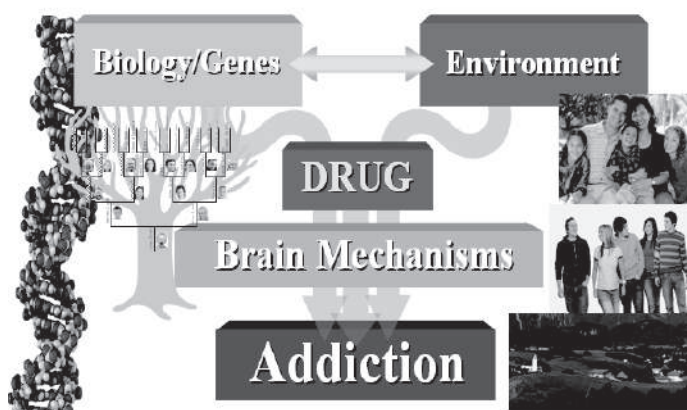
The biopsychosocial complexity of drug use disorders



Drug dependence – complex interaction

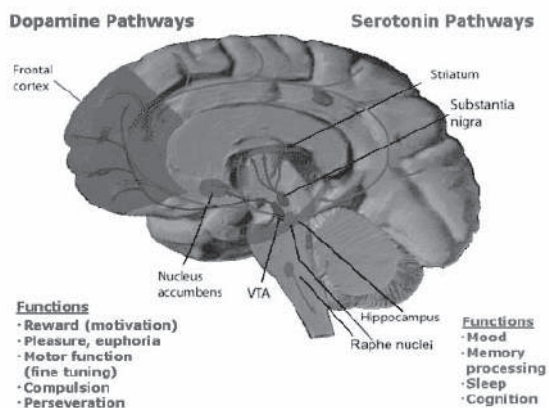
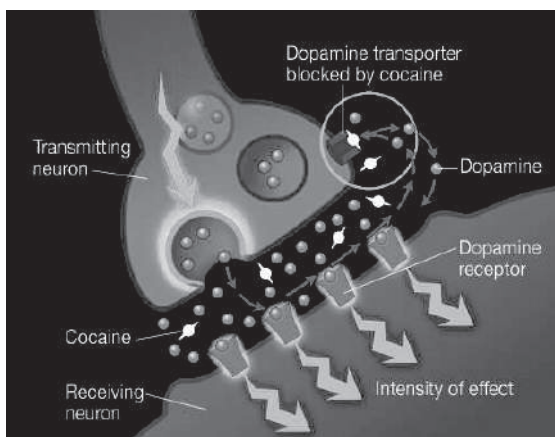
Drug dependence is not the result of an informed free choice but the result of the influence of many vulnerabilities, risk and protective factors!

ADDICTION INVOLVES MULTIPLE FACTORS



What happens in the brain?

- Disbalance in the neurotransmitter system (dopamine/serotonin/noradrenalin)

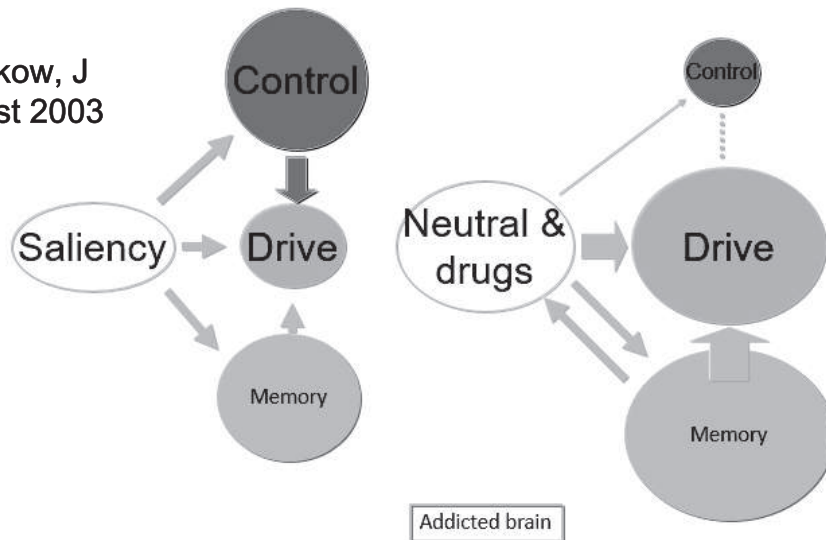




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Why do people not just stop using drugs?

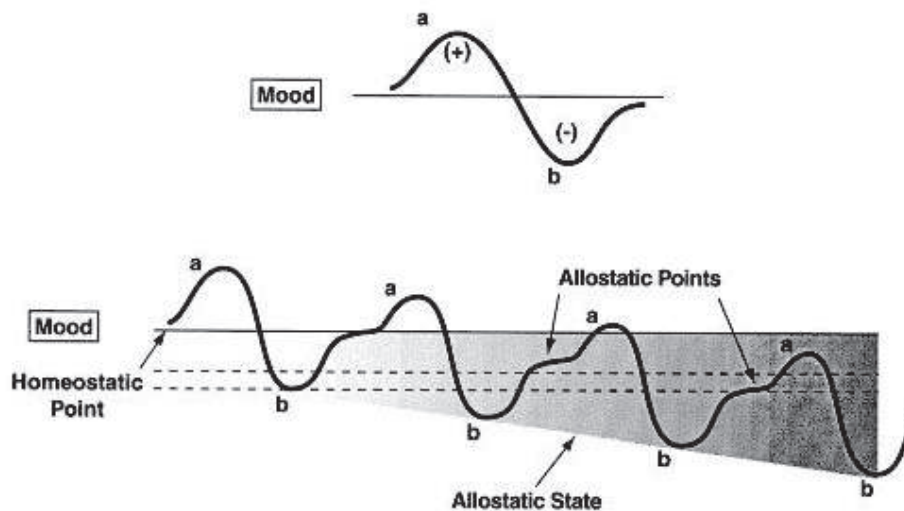
Nora Volkow, J
Clin Invest 2003



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Allostasis model – drug dependence

(Koob G)



Stop stigma and ignorance

Drug use disorders are not a free choice or moral failure



Photo: Nick Danziger 2015 for WHO/UNODC

Quality of treatment often low

- Many commonly used interventions do not follow scientific evidence: They are either ineffective or even harmful.
- Treatment should show evidence of symptom reduction, contribute measurably to physical, psychological and social functioning improvements and decrease the risk for negative health and social consequences from drug use.



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PEOPLE WITH DRUG USE DISORDER EXCLUDED FROM...

public health system

Specialized health services

municipality
services

primary care

community

employment

social
assistance

school
curricula

mental health
care

Infectious
disease
services

university
curricula



**Drug users in the street
the patients who
nobody wants**

**Stop Social
exclusion**





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**Stop human rights violations
in the name of drug dependence treatment**



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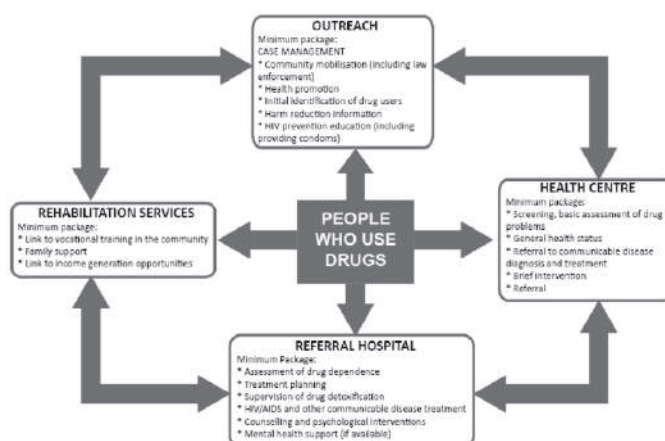


**Prison is
no
effective
response
to drug
use
disorders**

Effective treatment services

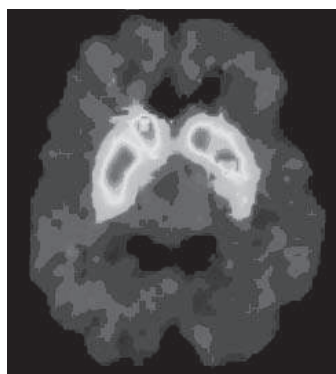
Treatment needs to be:

- Available
- Accessible
- Affordable
- Evidence-based
- Diversified
- *Attractive*

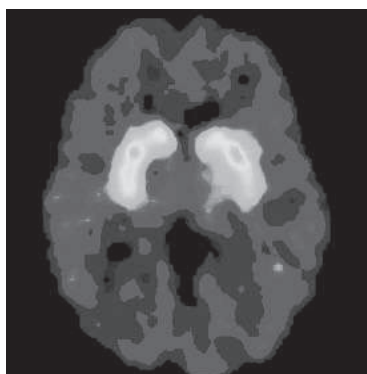


DRUG DEPENDENCE CAN BE TREATED

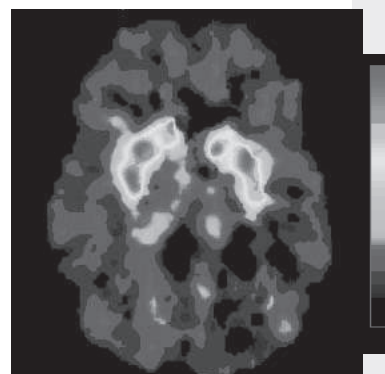
Partial Recovery of Brain Dopamine Transporters
in Methamphetamine (METH)
Abuser After Protracted Abstinence



Normal Control



METH Abuser
(1 month detox)

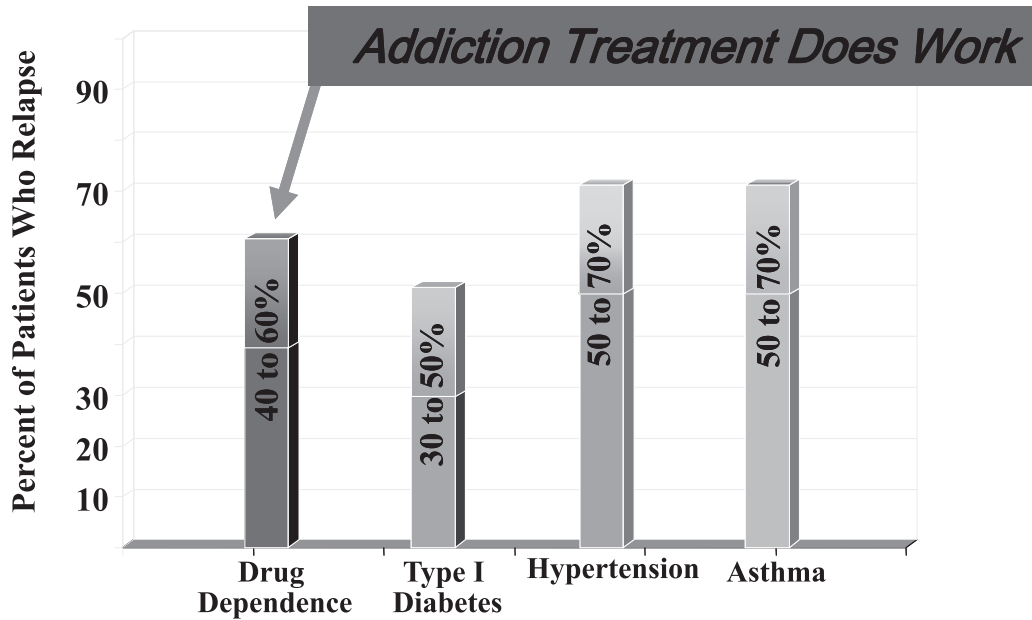


METH Abuser ^{ml/gm}
(24 months detox)



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Relapse Rates Are Similar for Drug Dependence And Other Chronic Illnesses

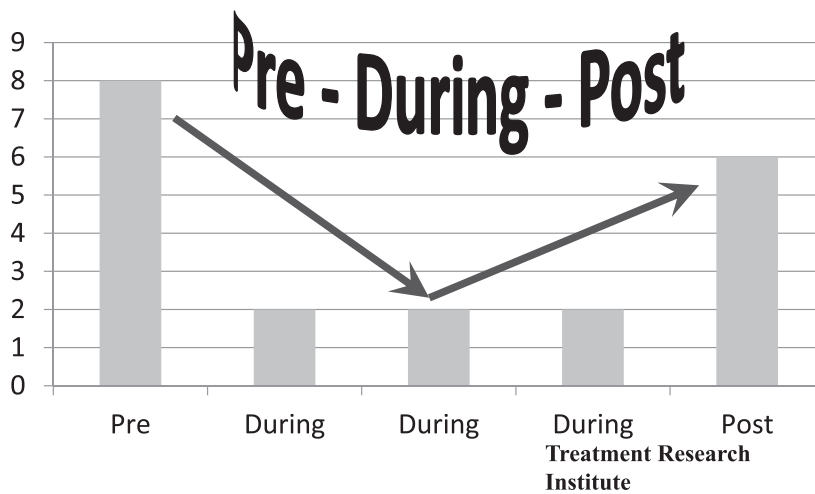


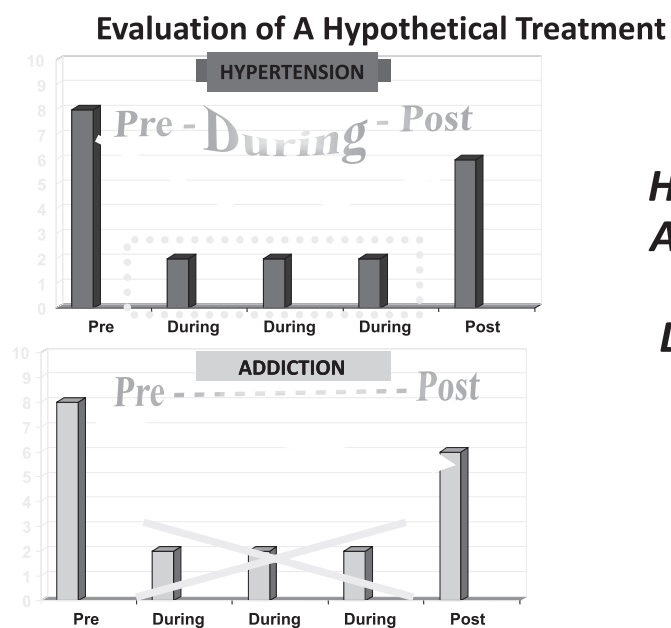
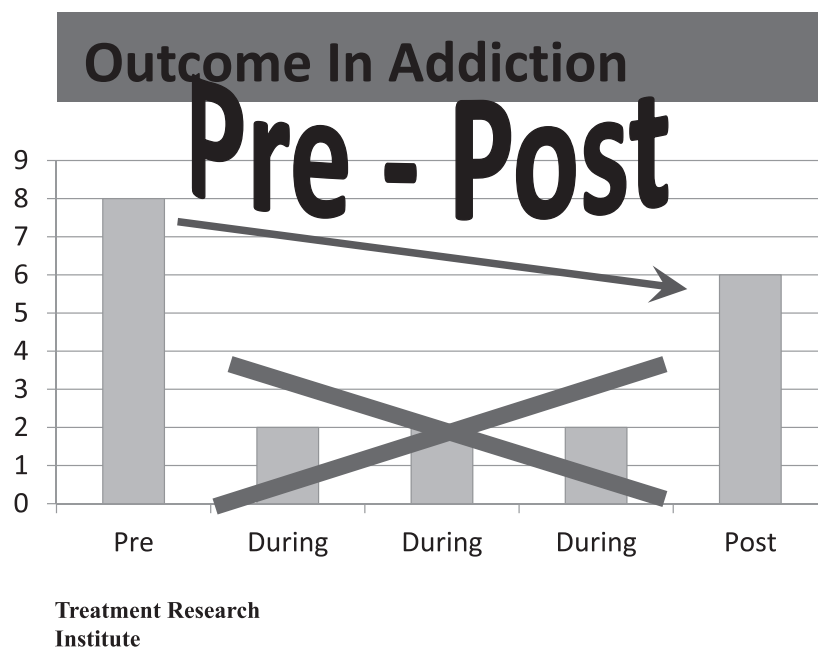
Source: McLellan, A.T. et al., JAMA, Vol 284(13), October 4, 2000.



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Outcome In Hypertension





***Just Like
Hypertension,
Addiction Is A
Chronic
Disease That
Requires
Continued
Care***

Source: McLellan, AT, *Addiction* 2002.

UNGASS 2016 Outcome document

- “We recognize drug dependence as a complex, multifactorial health disorder characterized by chronic and relapsing nature with social causes and consequences that can be prevented and treated...”

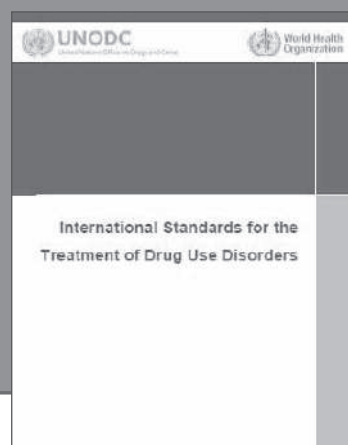


UNGASS
2016

SPECIAL SESSION OF THE UNITED NATIONS GENERAL ASSEMBLY
ON THE WORLD DRUG PROBLEM

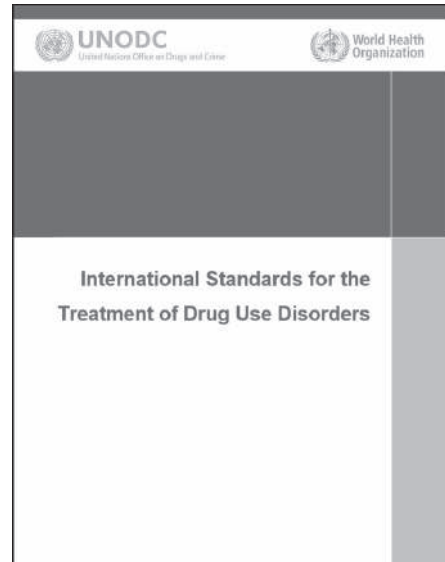
ACHIEVING THE 2019 GOALS - A BETTER TOMORROW FOR THE WORLD'S YOUTH

2. International Standards for the Treatment of Drug Use Disorders



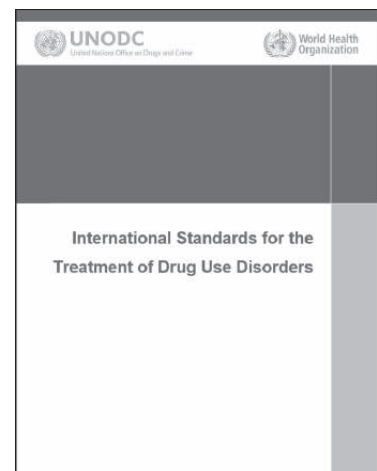
Designed to support Member-States to develop and expand treatment services that are:

- Ethical
- Humane
- Evidence-based
- Compliant with human rights standards



The Standards (2016) present ...

- A “walk-through” compendium of treatment settings and effective treatment interventions
- A framework to guide countries in the planning and delivery of services for the treatment of DUD



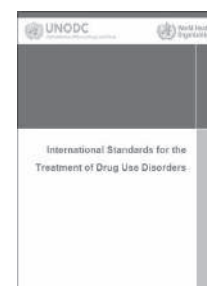


Based on existing UNODC/WHO guidance

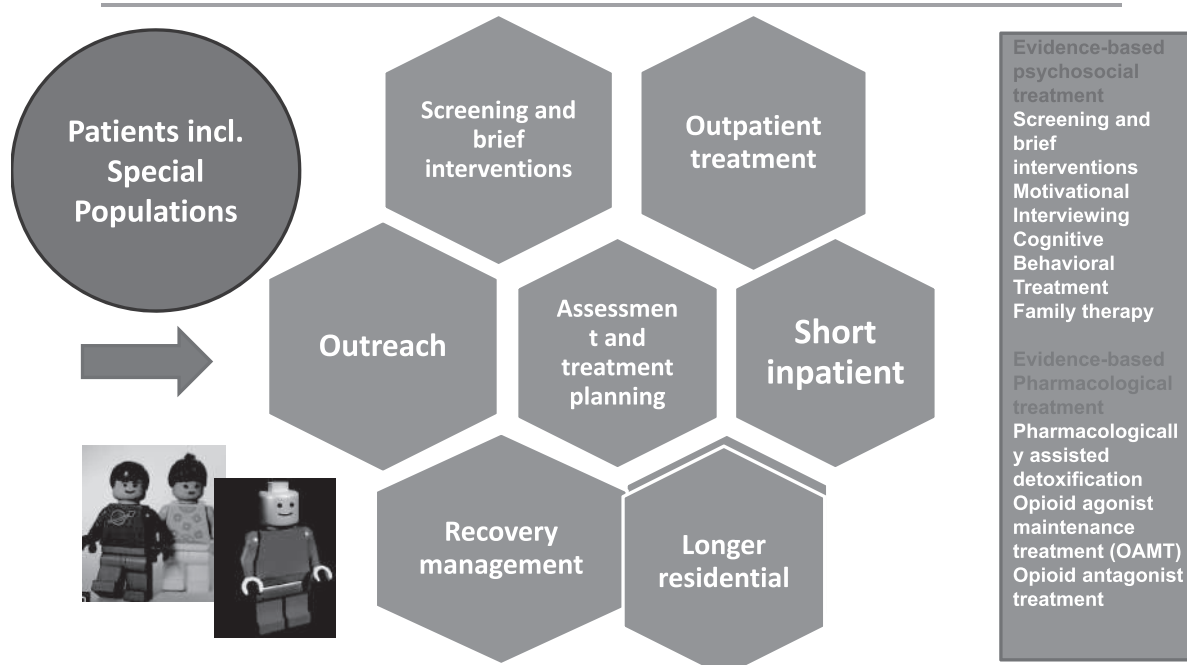


Content

- 1. Introduction
- 2. Key principles for the Treatment of Drug Use Disorders
- 3. Treatment Modalities/Interventions by setting
 - Community Based Outreach
 - Screening, Brief Intervention and Referral to TX
 - Short term inpatient treatment
 - Longterm residential treatment
 - Recovery Management
- 4. Special Populations
- 5. Characteristics of an Effective Treatment System



Variety of treatment options by settings



Each chapter.....

- Setting
- Target Population/Clients
- Objectives/Goals
- Characteristics
- Treatment Models and Methods
- Rating of the strength of evidence
- Recommendations
- Staffing
- Criteria for intervention completion/ effectiveness/ referral



Principles

- Treatment must be available, accessible, attractive, and appropriate for needs
- Treatment must be based on scientific evidence and respond to individual needs
- Ethical/human rights standards in treatment services must be ensured

Principles - continued

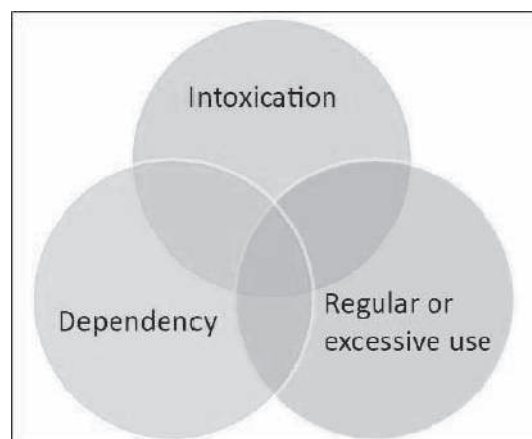
- Treatment must respond to the needs of special subgroups and conditions
- Good clinical governance of treatment services to be ensured
- Effective coordination between the criminal justice system and health and social services is necessary
- Integrated treatment policies, services, procedures, approaches and linkages must be constantly monitored and evaluated

Principles – some selected key points

- Treatment of drug use disorders belongs primarily in the **health** and social system – like any other biopsychosocial disorder
- Treatment policies and resource allocation should be developed in a **participatory** way based on **effectiveness**, universal health coverage
- Treatment staff needs to be adequately **trained**
- Treatment needs **informed consent** of the patient
- Patient data should be kept strictly **confidential**
- **Complaint mechanisms** are in place and patients have been informed

Different stages of drug use disorders

- Intoxication
- Harmful use
- Dependence



Different interventions
adjusted to addiction severity

Outreach

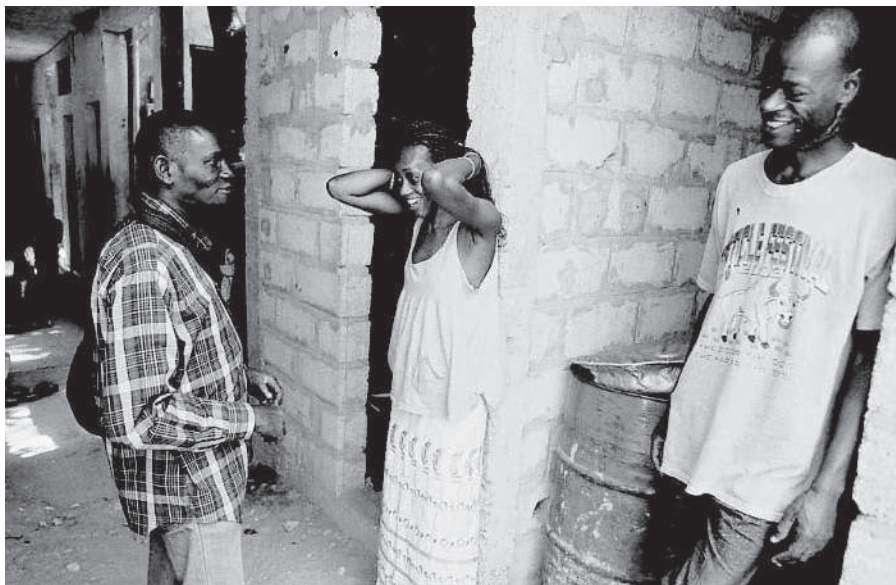


Photo: Nick Danziger 2015 for WHO/UNODC

Community Based Outreach

- First point of contact with marginalized populations
- Provision of basic support (safety, food, shelter,...)
- First line (mental) health screening
- Overdose and infectious disease prevention
- Overdose management
- Education on drug effects and risks involved
- Referral to health and drug use disorder treatment
- *Evidence from quasi experimental and observational studies.*



What makes services appealing at the first stage?

A strong outreach component
volunteers, former drug users

Non judgemental
Non confrontational

Coordinated with police,
not to interfere

Low threshold
counselling

Food, hygienic measures

Basic health care

Education

Harm reduction measures: help to survive

Pharmacological intervention



Screening, brief interventions & referral



Photo: Nick Danziger 2015 for
WHO/UNODC

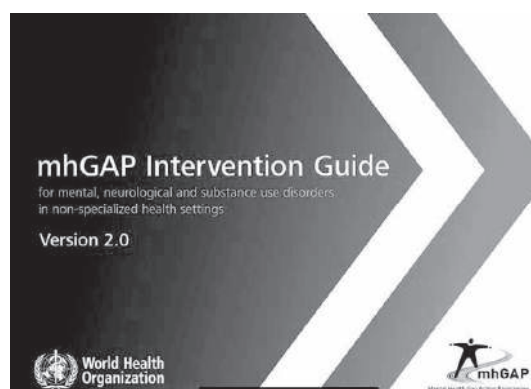
Screening, Brief Intervention and Referral to Treatment (SBIRT)

- **S:** To identify people with drug use in non-specialized health care settings (primary care, emergency room,...), Standard self-report tools available (e.g. WHO ASSIST)
- **BI:** 5-30 min, enhance motivation to change, individualized feedback, advice, offer of follow up
- **RT:** more severe drug use identified, case managers/patient managers,
- *Evidence from RCTs that SBIRT can reduce drug use in non-dependent people*



Brief Interventions can reduce drug use

- There is evidence from Randomized Clinical Trials (RCTs) that screening and brief intervention is effective in reducing drug use, in people who are not drug dependent.



Short term inpatient treatment



Short-Term Inpatient Treatment

- Mainly for medication-assisted management of withdrawal, pharmacological symptomatic treatment, initiation of maintenance treatment, short separation from environment, stabilization
 - More resource intensive than outpatient, more likely to comply: Priority for people with greater severity and related health/social problems (opioid , alcohol, benzodiazepines, barbiturate withdrawal, co-occurring disorders), ca. 1-4 weeks
 - 24 hour medical care available, Assessment (e.g. ASI), pharmacological TX, Rest, nutrition, motivational counseling, behavioral strategies (craving control), Referral to outpatient treatment
- RCT supported*

Remember....

- Detoxification alone is not effective treatment of drug use disorders

Outpatient treatment



Photo: Nick Danziger 2015 for
WHO/UNODC



Outpatient Treatment

- For majority of patients, less interruptive
- From higher to lower intensity (day clinic – weekly groups)
- Assessment, Treatment plan, Evidence-based pharmacological (symptomatic, opioid agonist & antagonist) and psychosocial (MI, CBT, MST,..) interventions
- Integration with other health and social services (HIV, TB, HepC, mental health, housing,...)
- *RCT evidence and WHO recommendations/guidelines*



Evidence-based pharmacological treatment

- Withdrawal management
- Agonist maintenance TX
- Antagonist TX
- Symptomatic TX
- TX of co-occurring disorders



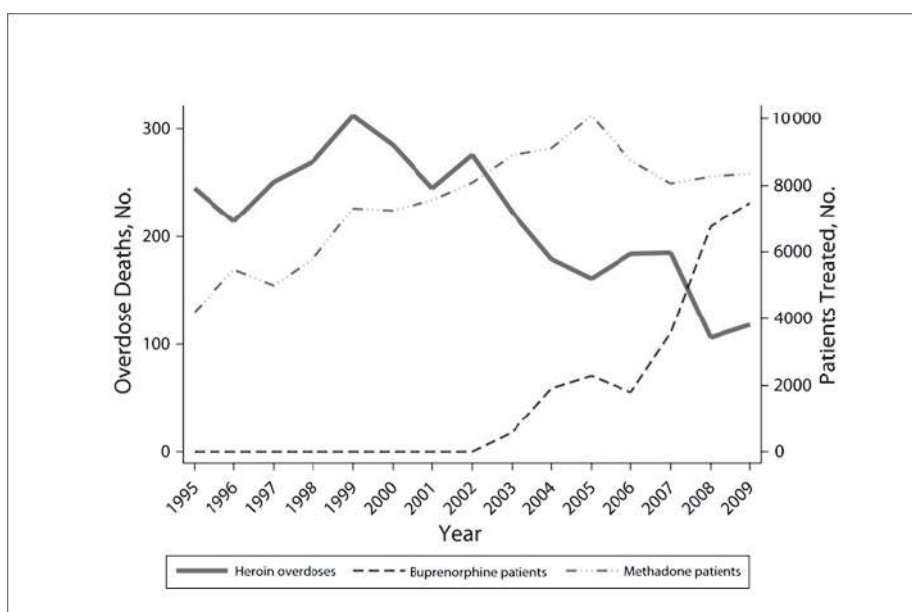
Photo: Nick Danziger 2015 for

Evidence-based psychosocial treatment

- Counselling
- Motivational Interviewing
- Cognitive behavioral treatment
- Contingency management
- Family therapy



Pharmacological treatment with opioid agonists decreases overdose rates (US,2013)



Schwartz RP et al. (2013)

Long-term residential treatment - 1

- 3 months onsite minimum, hospital or TC (hybrid therapy/community living, self-help philosophy), Group/peers as therapeutic agent, professional staff (psychosocial & pharm interventions)
- Goal: break from chaotic/criminal environment, maintain abstinence, break from chaotic/criminal environment, structured activities, continue education/training, skills learning
- for more severe patients with unsuccessful past TXs that can adhere to rules



Long-term residential treatment - 2

- Admission is VOLUNTARY (written consent of the patient!) - To be avoided: confrontation, shaming, punitive techniques, counter conditioning, shock therapy and any else against safety and dignity!
- Rules for acceptance and non-acceptance (Selection bias on outcomes needs to be considered)
- Plans for transition to community and continuity of care (overdose prevention risk)
- Cochrane (2006): Limited info on TC effectiveness, M&E important, RCTs on professional psychosocial/pharmacol. Treatment,

Recovery support



Photo: Nick Danziger 2015 for WHO/UNODC

Recovery management

- Social support to be provided throughout
- Recovery management in the community after stabilization to maintain positive outcomes and prevent relapse
- Includes employment, family, housing, mental health, meaningful community involvement, social network, remediation of legal/financial issues, self help, recovery check ups, recovery coaches,...
- Possibly lifelong but at decreasing/varying intensity and costs



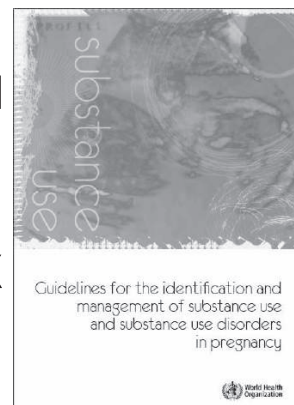
Family support & community cohesion



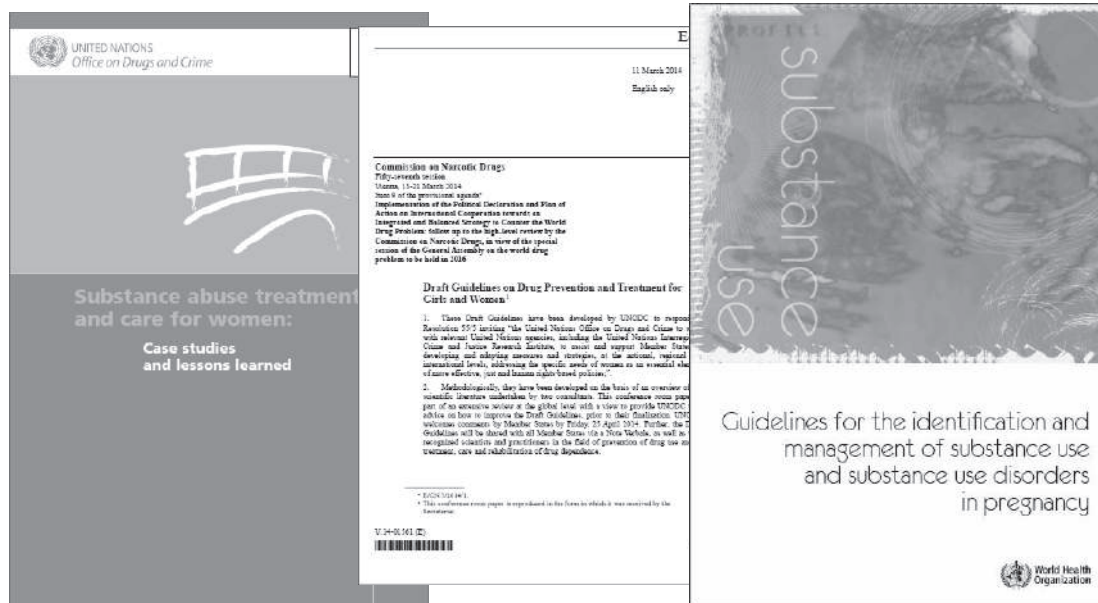
Photo: Nick Danziger 2015 for WHO/UNODC

Special Populations -1-

- **Treatment of pregnant women:** gender specific services, non-judgmental, address obstacles for TX (childcare, transportation, legal limitations), pharmacological interventions especially for opioid use disorders to avoid withdrawal, parenting skills, breastfeeding case by case
- **Treatment of newborns exposed to opioids:** TX of neonatal abstinence syndrome, pharmacol (morphine/methadone) and non-pharmacol interventions (skin to skin contact, pacifier,..)
- WHO guideline

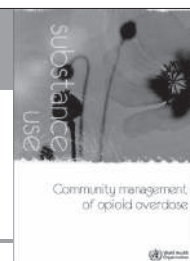


Treatment for women



Special Populations -2-

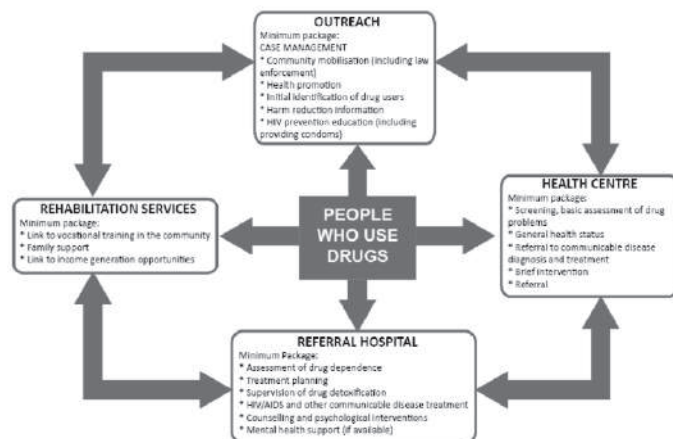
- Treatment of children/adolescents
- Treatment and the criminal justice setting:
 - focus on alternatives to criminal justice sanctions in adequate cases - referral to treatment (e.g. drug court, community corrections, halfway houses, supervised community treatment), matching TX intensity with addiction severity, address antisocial behaviors in TX
 - TX in prison: equity of services, continuum of care with community service providers, overdose prevention, TC in prison model supported by Cochrane review



Effective treatment systems to ensure

Treatment needs to be:

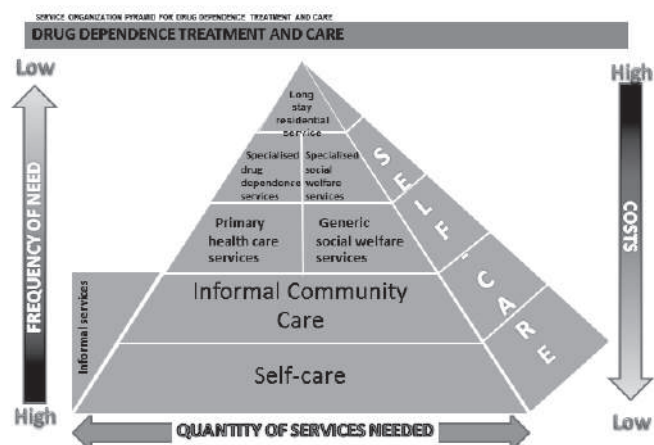
- Available
- Accessible
- Affordable
- Evidence-based
- Diversified
- Attractive



Effective treatment systems

Public Health principle:

- The least invasive intervention with the highest level of effectiveness and the lowest cost
- Intensity and specialization of services to match patient addiction severity



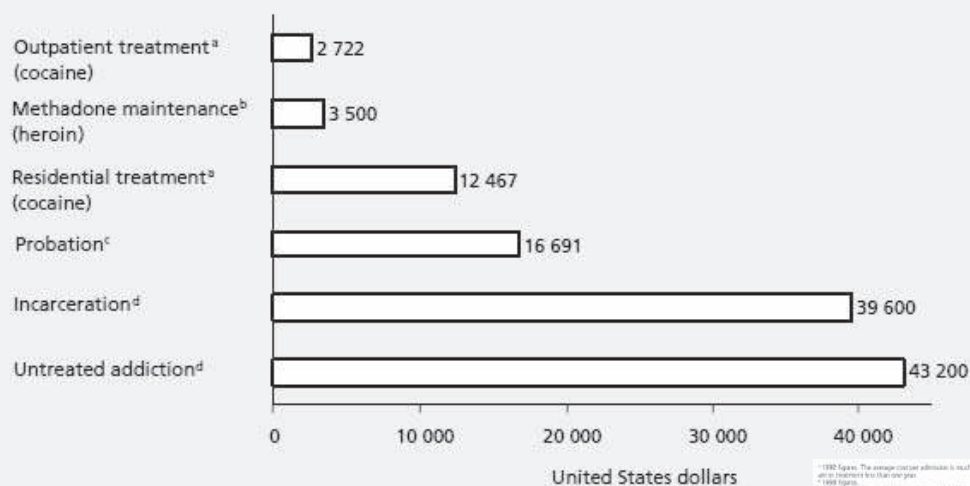


UNODC
United Nations Office on Drugs and Crime

Treatment costs by modality

Figure 1

Costs of drug abuse treatment in the USA per person, per year
(United States dollars)



UNODC
United Nations Office on Drugs and Crime

Savings by treatment modality



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

April 2009

A comparison of medical expenses of Medicaid clients⁶ who received treatment noted these savings:

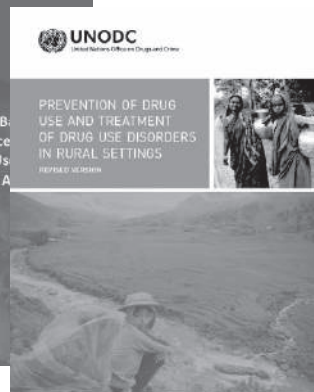
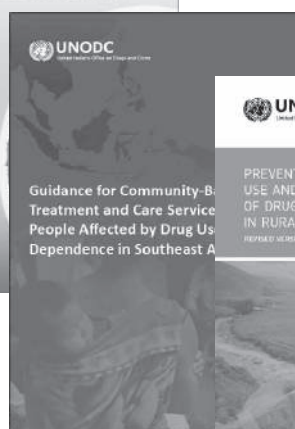
Modality	Savings per Medicaid member per month
Inpatient	\$170
Outpatient	\$215
Methadone	\$230



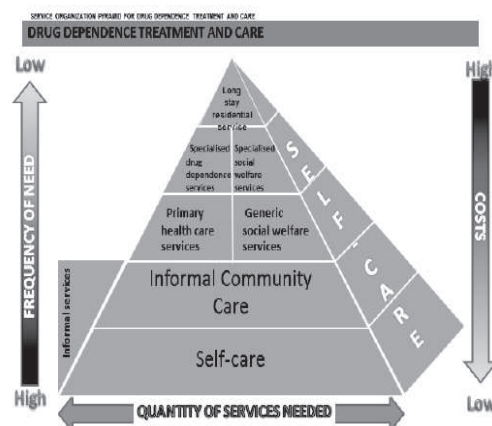
UNODC
United Nations Office on Drugs and Crime

UNODC tools

Community-based treatment – invest resources where most needed



SPECIAL POPULATIONS SERIES



UNODC
United Nations Office on Drugs and Crime

Service level & interventions -1-

Service level	Possible interventions
Informal community care	Outreach Self-help groups Informal support through friends and family
Primary health care services	Screening, brief interventions, basic health care, referral Continued support to people in treatment/contact with a specialized treatment service Basic health services including first aid, wound management
Generic social welfare	Housing/shelter Food Unconditional social support Ensuring access to more specialized health and social services as needed

Service level & interventions -2-

Specialized drug dependence treatment	Assessment Case management Treatment planning Detoxification Psychosocial interventions Medication-assisted treatment Relapse prevention Recovery management services
Specialised health care services	Mental health treatment Internal medicine Dental treatment Treatment of HIV and Hep C

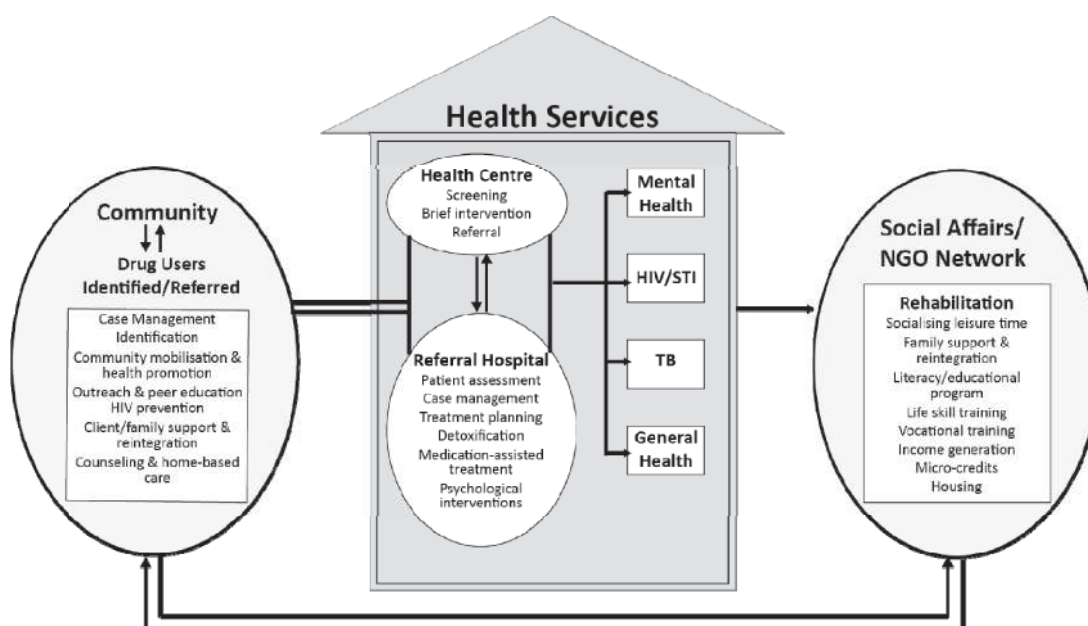
Service level and interventions -3-

Specialized social welfare services	Family support and reintegration Vocational training/Education programmes Income generation/micro-credits Leisure time planning Recovery management services
Long term residential service	Housing Vocational training Protected environment Life skills training Ongoing therapeutic support Recovery management services

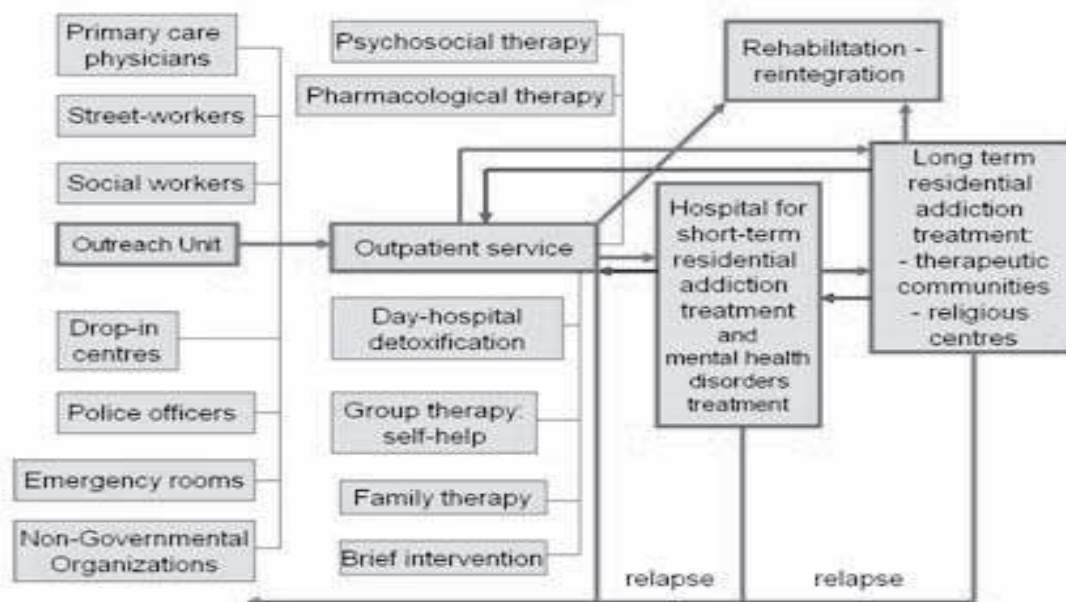
Whether One Stop Shop ...



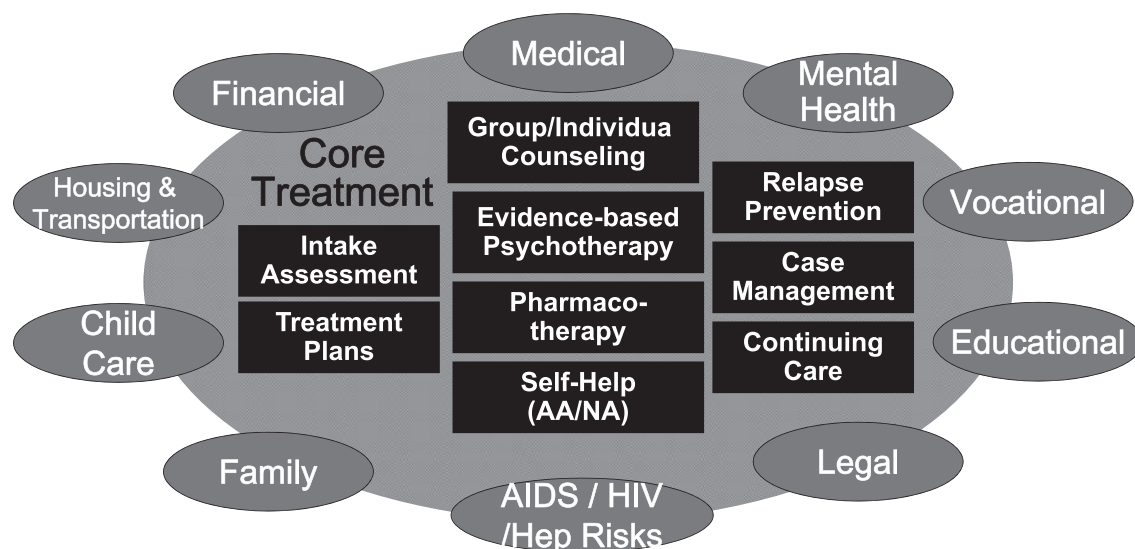
...or Community-Based Treatment and Care Network of services



...there should be no wrong door

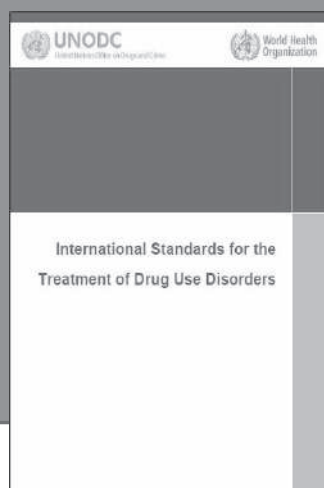


Drug use disorder treatment: core components and comprehensive services

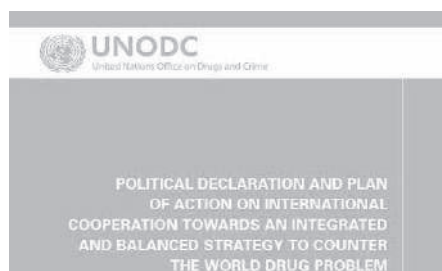


Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)

3. International Drug Policy framework

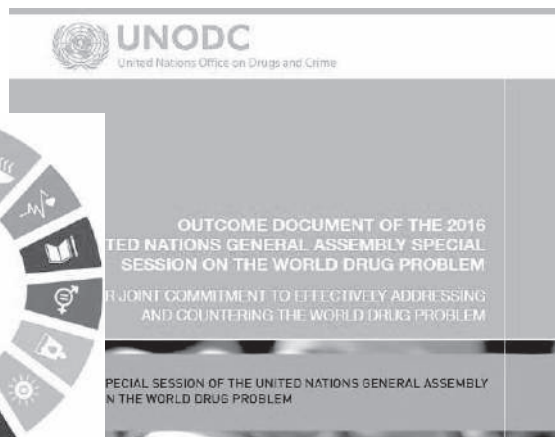
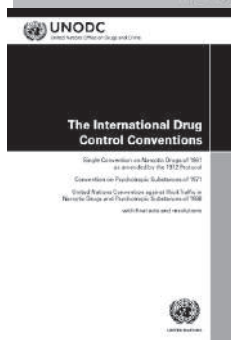


International Policy Context



Resolution 59/4

Development and dissemination of international standards for the treatment of drug use disorders



Post-2015 Development Agenda

The Sustainable Development Goals



Drug prevention and treatment on the development agenda



Ensure healthy lives and promote well-being for all at all ages

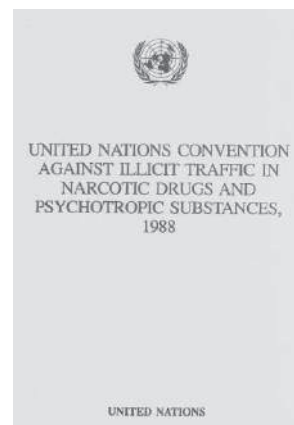
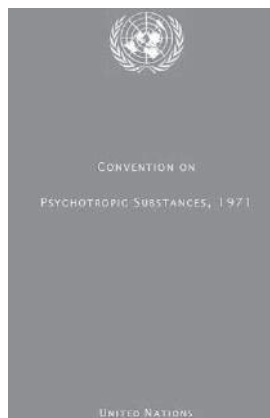
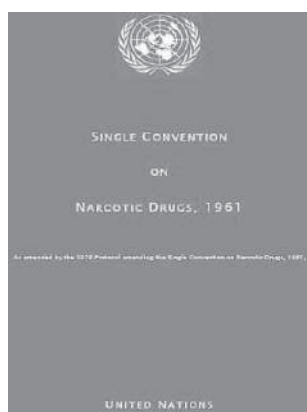
3.5. Strengthen the prevention and treatment of substance abuse including narcotic drug abuse and the harmful use of alcohol

The right to health

- Enshrined in various (inter)national and regional treaties, conventions and regulations
- The implementation of the right to health is a subject closely related to drug control policies
 - The ultimate objective of drug control policies is to promote and protect public health
 - When the criminal justice comes into play, offenders with drug use disorders are not deprived of their right to access treatment



International Drug Control Conventions (1961, 1971, 1988)



- UNGASS (1998)
- Political declaration and plan of action (2009 -2019)
- High level review of Political declaration and plan of action (2014)
- UNGASS (2016)

The need to provide treatment

- “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



Political Declaration and Plan of Action 2009

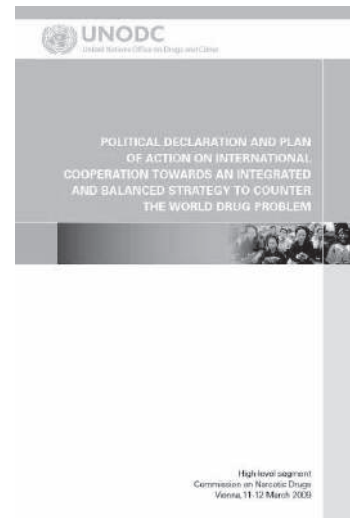
- CND expressed concern regarding the consequences of drug abuse and reaffirmed their commitment to addressing the problem
- CND reinstated its commitment to work towards universal access to comprehensive prevention programmes and treatment & care services
- CND requested UNODC to carry out its mandate in cooperation with relevant UN organisations



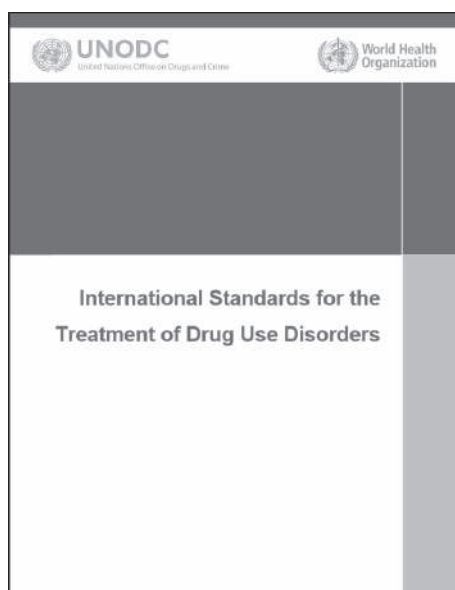
Political Declaration
and Plan of Action 2009

Request for health standards for demand reduction

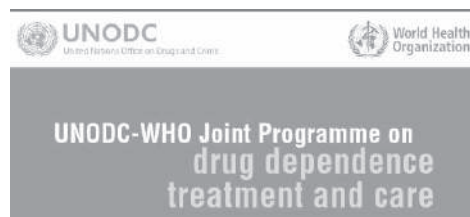
- CND recognized that a lack of quality standards hinder the effective implementation of demand reduction measures based on scientific evidence, therefore requesting the development and adoption of appropriate health-care standards.



Development of the International Standards (2016)



- UNODC and WHO Standards as a guide for policy development
- Developed by a group of international experts from all regions





CND Resolution 59/4: Development and dissemination of international standards for the treatment of drug use disorders (2016)

- CND expressed its appreciation for the Standards as a reflection of the best treatment practices for possible use in Member States
- CND encourages Member States to initiate systematic processes to adopt the Standards, and to create national standards for the accreditation of services to ensure a qualified and effective response to DUDs



UNGASS on the World drug problem (2016)



UNGASS 2016 recommendations

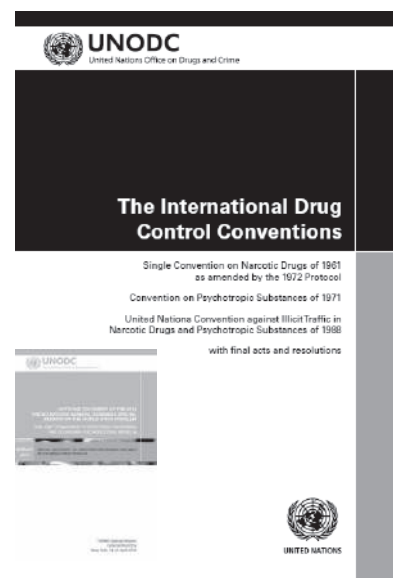
The outcome document of the special session of the General Assembly on the world drug problem held in 2016 contains more than 100 recommendations on promoting evidence-based prevention, care and other measures to address both supply and demand.

THE SPECIAL SESSION	PAGE 2	DRUGS AND HUMAN RIGHTS	PAGE 17
DEMAND REDUCTION, PREVENTION, TREATMENT, HIV/AIDS	PAGE 6	EMERGING AND PERSISTENT CHALLENGES AND THREATS	PAGE 21
AVAILABILITY AND ACCESS	PAGE 9	INTERNATIONAL COOPERATION	PAGE 25
SUPPLY REDUCTION	PAGE 11	ALTERNATIVE DEVELOPMENT	PAGE 29

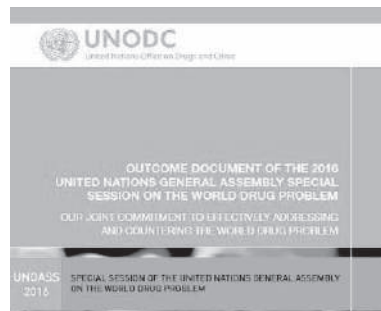


International Drug Control Conventions and UNGASS 2016

We underscore that the Single Convention on Narcotic Drugs of 1961 (..) the Convention on Psychotropic Substances of 1971, the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and other relevant international instruments constitute the cornerstone of the international drug control system



TREATMENT RECOMMENDATIONS



Thirtieth Special Session
General Assembly
New York, 19-21 April 2016

- © Nick Danziger 2015

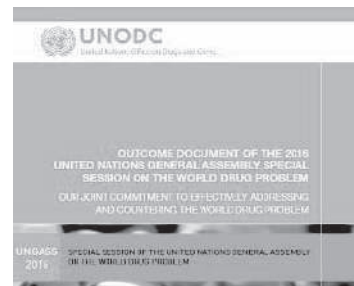
TREATMENT RECOMMENDATIONS



- Recognize drug dependence as a complex, multifactorial health disorder
- Promote Treatment Quality Standards and supervision
- Develop and strengthen TX capacity
- Develop and implement diversity of treatment interventions
- Ensure (non-discriminatory) access to treatment, health and social services and mainstream gender and age perspective
- Treatment as an alternative to conviction/punishment and treatment in prisons
- Promote prevention and treatment of drug overdose, in particular opioid overdose
- Promote cooperation and partnership

Recognize drug dependence as a complex, multifactorial health disorder

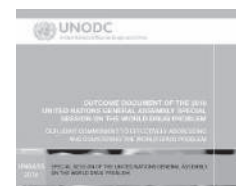
- characterized by a chronic and relapsing nature with social causes and consequences
- Prevented and treated through scientific evidence-based drug treatment, care and rehabilitation



Thirtieth Special Session
 General Assembly
 New York, 19-21 April 2016

Diversity of treatment interventions

- Develop and implement outreach programmes
- prevention, early intervention, treatment (psychosocial, behavioural and medication-assisted treatment) , care, rehabilitation and social reintegration
- Assistance for effective reintegration into the labour market and other support services



Thirtieth Special Session
 General Assembly
 New York, 19-21 April 2016

Ensure access to treatment and gender and age perspective

- Ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication-assisted treatment, rehabilitation, social reintegration, recovery support
- Special attention to needs of women, children and youth
- Develop and disseminate gender-sensitive and age-appropriate measures



Third High Level Panel of Experts
Report on the Global Drug Problem
New York, 19-21 April 2019

Develop and strengthen TX capacity

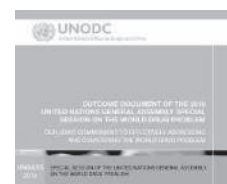
- Take measures to facilitate access to treatment and expand treatment capacity
- of health, social and law enforcement and other criminal justice authorities, within their mandates, to cooperate in the implementation of comprehensive, integrated and balanced responses to drug abuse and drug use disorders
- Strengthen capacity for aftercare and rehabilitation
- Intensify the meaningful participation of and support training for civil society



Third High Level Panel of Experts
Report on the Global Drug Problem
New York, 19-21 April 2019

Overdose prevention and treatment

- Promote inclusion in national drug policies of elements of prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone to reduce drug-related mortality



Thematic Special Session
 General Assembly
 New York, 29-31 April 2016

Promote Treatment Standards

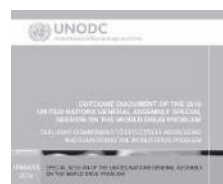
- Promote and implement the standards on the treatment of drug use disorders developed by the United Nations Office on Drugs and Crime and the World Health Organization and other relevant international standards,(...)
- and provide guidance, assistance and training to health professionals on their appropriate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



Thematic Special Session
 General Assembly
 New York, 29-31 April 2016

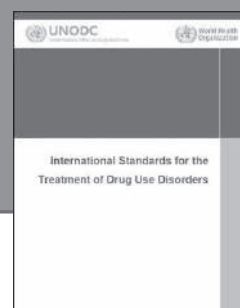
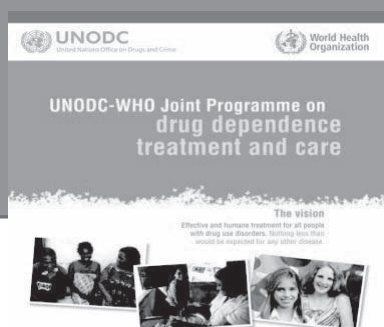
Promote supervision of treatment

- 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;



Third United Nations
General Assembly
New York, 19-21 April 2011

4. Field testing and implementation of the treatment standards



Key objective – Field testing

Test the

- applicability,
- comprehensiveness,
- clinical and public health utility
- suitability for the development of national clinical guidelines and standards

of the “International Standards for the Treatment of Drug Use Disorders”, and finalize the standards based on the results of field testing.

Field testing sites:

- Treatment services and programmes affiliated with WHO Collaborating Centres on Management of Drug Dependence
- Treatment services and programmes affiliated with the *UNODC-WHO Program on Drug Dependence Treatment and Care* and related collaborative activities;
- Treatment services and programs with a mix of drug use patterns (opioid, stimulants, cannabis) and a situated in a range of socioeconomic (low income, middle and high-income) settings from different regions

Requirements for field testing sites:

- Capacity to test at least 2 treatment modalities and settings;
- Recognized status of treatment provider for substance use disorders at national level;
- Identified in consultation with WHO governmental focal points for substance abuse and UNODC counterparts at national level

Field testing steps

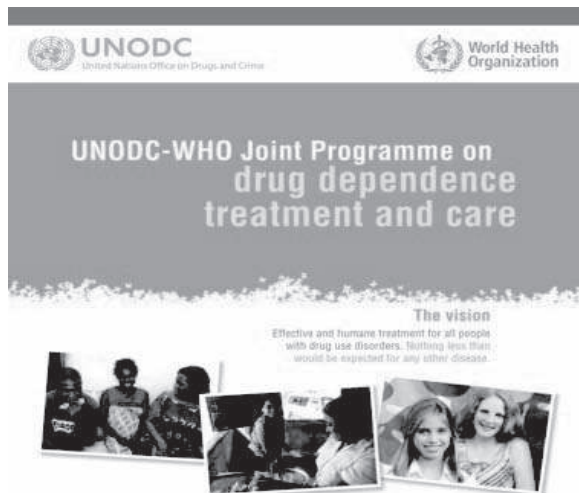
- **Data collection**
 - 4a. Development of assessment instruments (checklists) and procedures for treatment systems and particular treatment modalities as well as reporting forms in line with field testing protocol
 - 4b. Implementation of WHO Datacol-based survey of key professionals from the identified field testing sites (survey instrument to be developed and, whenever necessary, translated).
 - 4c. Focus groups on standards for particular treatment modalities organized with involvement of managers, clinicians and service users. Each field testing site will be required to conduct at least 2 focus groups following the field testing protocol.
 - 4d. Analysis and compilation of national data and development of recommendations from field testing site



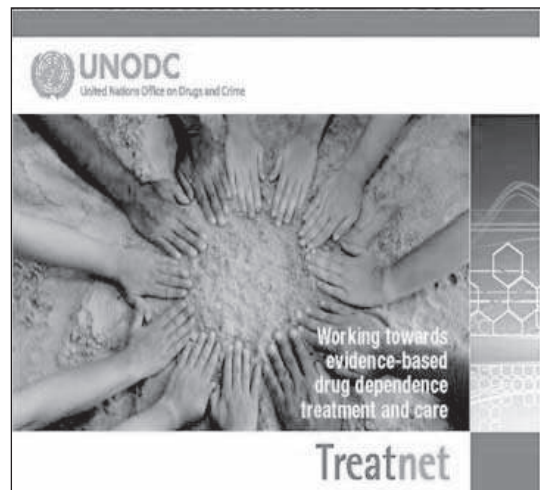
UNODC
United Nations Office on Drugs and Crime

UNODC tools

From science to policy to practice: Implementing the Standards



GLOK32



GLOJ71

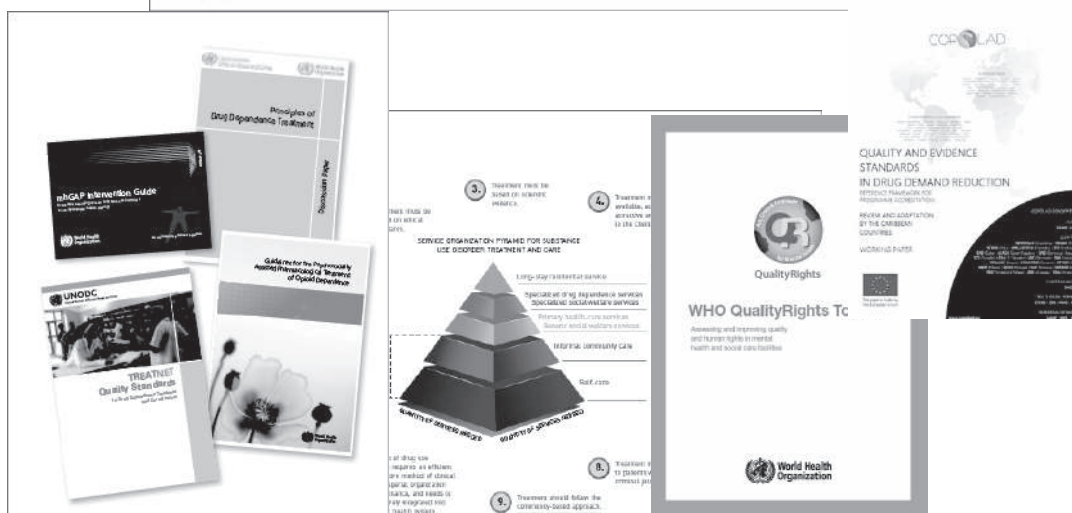


UNODC
United Nations Office on Drugs and Crime

Working with national governments to review and develop national treatment standards

- Process initiated by the relevant body, usually the MoH, including relevant experts in the country
- Development/review of national standards and checklist
- Assessment of treatment centres in the country based on both the draft international standards and the new national standards

Quality Standards on the Treatment of Drug Use Disorders



Development of Quality Assurance tools

International expert group: Nov 2016

- International expert group convened Vienna Nov 2016
- Group made recommendations to structure and content of quality assurance tools
- Draft Drug treatment system and standard QA tools agreed March 2017




Afghanistan Pilot of QA tools


- Afghanistan Pilot project began May 2017 with Multi-sectorial task force meeting
- QA tools adapted for Afghanistan pilot June 2017



Mapping of treatment services



World Health Organization



UNODC
United Nations Office on Drugs and Crime

Mapping tool for substance abuse treatment facilities

September 2015

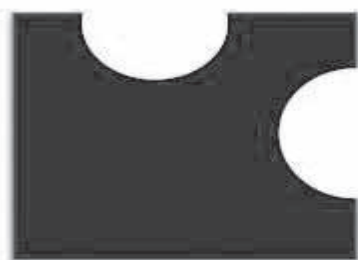
September 2015 Version

C* On-site service availability	Tick if available and specify (multiple responses)
Management of withdrawal	<input type="checkbox"/>
Opioid agonist maintenance treatment (i.e. methadone or buprenorphine)	<input type="checkbox"/>
Short psychosocial support (less than 2 weeks)	<input type="checkbox"/>
Longer duration psychosocial support (more than 2 weeks)	<input type="checkbox"/> If yes, specify the most common form of psychosocial treatment: <ul style="list-style-type: none"> • Cognitive behavioural therapy <input type="checkbox"/> • Motivational enhancement therapy <input type="checkbox"/> • Contingency management <input type="checkbox"/> • Family therapy <input type="checkbox"/> • Group counselling <input type="checkbox"/> • 12 step facilitation <input type="checkbox"/> • Individual counselling <input type="checkbox"/> • Other (please specify): <input type="text"/>
Employment/income generation support	<input type="checkbox"/>
Housing/shelter support	<input type="checkbox"/>
Outreach services to street-based substance users	<input type="checkbox"/>
Provision of sterile injecting equipment to injecting drug users	<input type="checkbox"/>
On-site pharmacy (supervised medication dispensing)	<input type="checkbox"/>
On-site testing for HIV	<input type="checkbox"/>
On-site testing for hepatitis C	<input type="checkbox"/>
On-site ART treatment of HIV/AIDS	<input type="checkbox"/>
On-site treatment of hepatitis C	<input type="checkbox"/>
Services specifically for women	<input type="checkbox"/>
Services specifically for adolescents with SUD* (15-18 years)	<input type="checkbox"/>
Services specifically for children with SUD* (4-11 years)	<input type="checkbox"/>
Other services (please specify)	<input type="text"/>

SUD: substance use disorders

Quality assurance

System and service standards



SYSTEM



SERVICE

UNODC/WHO International Standards for Drug Use Disorders covers system and service level standards



UNODC

United Nations Office on Drugs and Crime

System standards to encourage system planning, funding & monitoring in line with WHO/UNODC

System 1 A local strategic partnership group plans and co-ordinates the local drug treatment system in line with UN/WHO 'International Standards'

System 2 There is a routine local assessment of need for drug treatment

System 3: There is a local 3-5 year strategic plan for a drug treatment system in line with 'International Standards'

System 4 Drug treatment is planned and funded in line with 'International Standards'

System 5 Local planners and funders support on-going system quality improvement



53



UNODC

United Nations Office on Drugs and Crime

Drug treatment service standards (QA)



Service level score cards

Standard	Criteria A	Criteria B	Criteria C	Criteria D	Criteria E	Criteria F	Criteria G	Criteria H	Criteria I	Criteria J	Criteria K
Core management											
CM1											
CM2											
CM3											
CM4											
CM5											
CM6											
CM7											
CM8											
CM9											
CM10											
Core Care											
CC1											
CC2											
CC3											
CC4											
CC5											
Patients rights & responsibilities											
PR1											
Interventions											
INT1											
INT2											
INT3											
INT4											
INT5											
INT6											
Setting specific											
SET1											
SET2											
Target specific											
TAR1											
TAR2											
TAR3											
TAR4											

An example
Drug treatment
service
scorecard

8

Quality assurance cycle

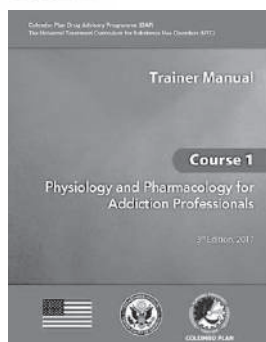


Complimentary clinical training tools



mhGAP training manuals

For the mhGAP implementation guide for mental health and psychosocial support to people with mental health problems – version 2.0 (for field testing)



Basic Volume



Elements of Drug Dependence Treatment

For participants

For trainers

Volume A



Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination

For participants

For trainers

Volume B



Elements of Psychological Treatment

For participants

For trainers

Volume C



Pharmacological Treatment for Drug Use Disorders

Drug Treatment for Special Populations

For participants

For trainers

Volume D



Management of Drug Dependence Treatment Services

For participants

For trainers

Volume E



Therapeutic Community: An approach to drug treatment

For participants

For trainers

Workshops with policy makers on different levels

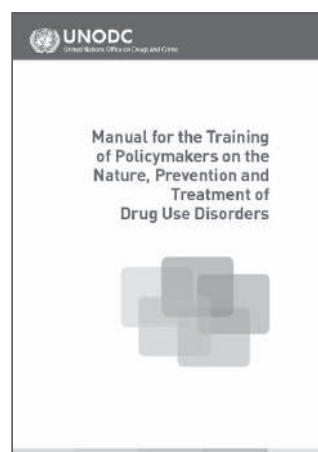
- El sistema internacional de control de drogas
- Naturaleza de los trastornos por consumo de drogas
- Prevención
- Tratamiento
- Epidemiología
- Planificación de sistemas eficaces

Manual for the Training of Policymakers on the Nature, Prevention and Treatment of Drug Use Disorders

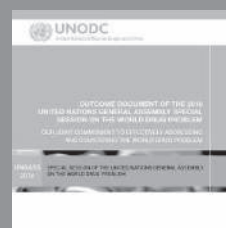


Science and policy and civil society

- The United Nations Informal Scientific Network on Drug Demand Reduction.
- Training Package for Policy Makers on DDR issues.



In conclusion....



Improving access to evidence-based treatment for drug use disorders – for public health (and public safety....)

UNODC support

UNODC continues to work closely with its partners to assist countries in implementing the recommendations contained in the UNGASS outcome document, in line with the international drug control conventions, human rights instruments and the 2030 Agenda for Sustainable Development.





Thank you!

anja.busse@un.org

www.unodc.org/treatment

[http://www.unodc.org/unodc/en/drug-
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