

The Development of Standards of Care for Drug and Alcohol Treatment

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OPS

Treatment goals

1. To reduce the craving and substance use
2. To improve functionality and well-being
3. To prevent future harms through risk reduction for complications and recurrence



“Therapeutic Goals” depends on:

- Methods
- Intensity
- Frequency
- Types of services (available)



- Which interventions could be considered an **effective treatment program**?
- Which evidence-based **procedures** are **essential** to the clinical management of problematic substance users and **must be always implemented**?

Is there **consistent evidence** about the
“therapeutic intervention” that are we using?



The “intervention” ...

Reduce the symptoms?

- substance use
- Risks for recurrence

Improve functionality?

- Bio-Psycho-Social

**Reduce health & social risks
related to substance use?**



SUD Healthcare: Regional panorama

- Services unequal distribution, fragmentation and duplicity
- Predominance of “volunteer driven”, non-professional treatment and care
- Inadequate facilities, asylum-like environment
- Lack of evidence-based treatment protocols.
- Low governance level

SUD Treatment

Nature of Substance Use Problems

Organization of Health Care Systems



OUT-PATIENT

MODALITIES

RESIDENTIAL

- Specialized treatment units
- PHC services
- MH services
- Low-threshold
- Hospital based units

- Specialized residential units
 - Hospital based
 - Non-hospital based

PROGRAM COMPONENTS

PROBLEM PROFILE

CONCEPTUAL /THEORETICAL BACKGROUND

NEEDS: BIO-PSYCHO-SOCIAL

TARGET GROUP

OBJECTIVES (TREATMENT GOALS)

METHOD: STRATEGIES, ACTIVITIES

RESOURCES: HHRR, INFRASTRUCTURE

Essential services and Interventions

- 1. Outreach**
- 2. Screening**
- 3. Outpatient & residential treatment**
- 4. Long-term residence**
- 5. Rehabilitation**
- 6. Recovery**

- Brief interventions
- Diagnostic assessment
- Outpatient counselling
- Psychosocial treatment
- Pharmacotherapy
- Outreach
- Acute management: DETOX, Withdrawal, Induced Psychosis

Patient Placement

TREATMENT STAFF



- OBJECTIVE CRITERIA (MEASURABLE)
- CAREFUL EVALUATION
- SERVICE CONTINUITY
- DIVERSE LEVEL OF SEVERITY



INDICATION OF SERVICE TYPE

EXIT
REFERENCE



STABILIZATION OF CLINICAL
CONDITION



CHANGE THE EVOLUTION OF
SUD

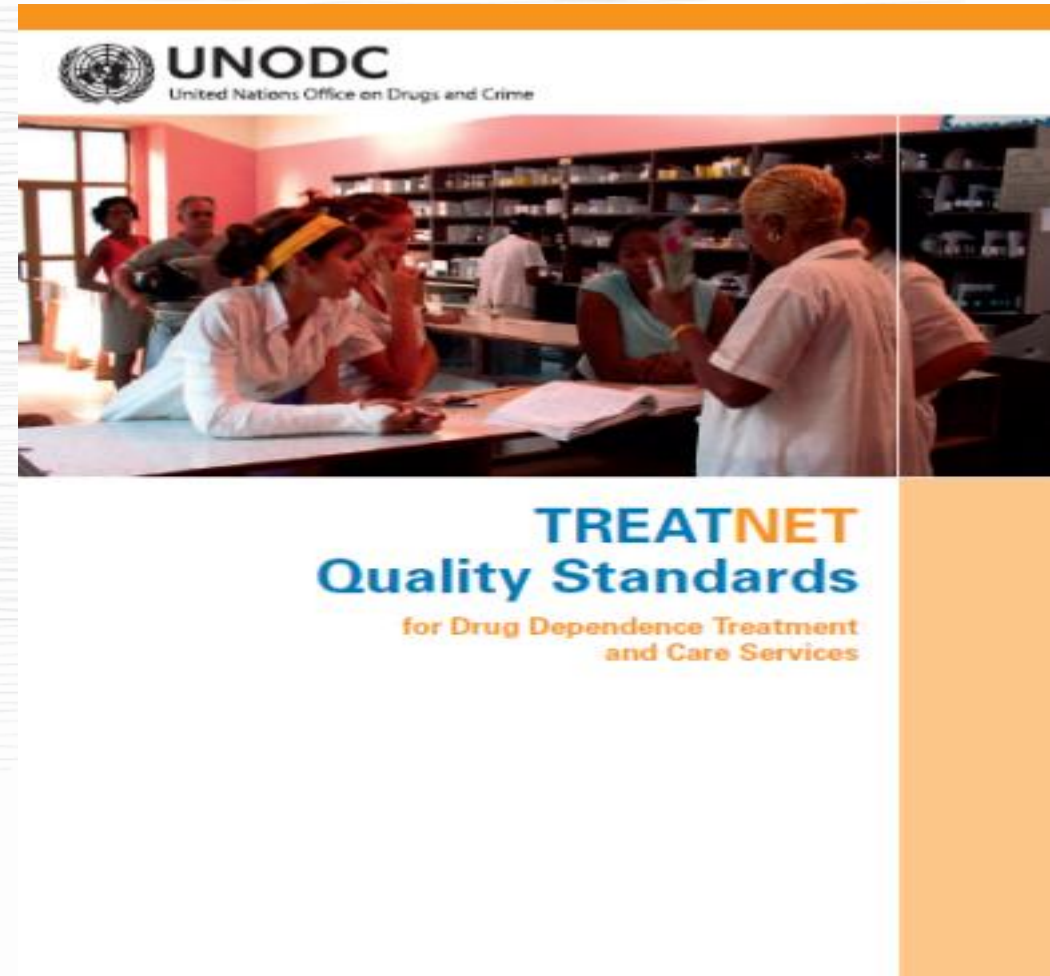
PATIENT PLACEMENT CRITERIA

ASSESSMENT Axis	I Outpatient	II Intensive Outpatient	III Residential TC	IV Hospital
1:Level of Intoxication / Withdrawal	+	++	+++ +++++	++++
2:Medical disorders	+	++	+++ +++++	++++
3: Mental disorders	+	++	+++ +++++	++++
4:Disposition to Change	+++ +++++	+++	++	+
5:Relapse risk	+	++	+++ +++++	++++
6:Environment	+	++	+++ +++++	++++

Quality Standards for Drug Dependence Treatment



Título Presentación

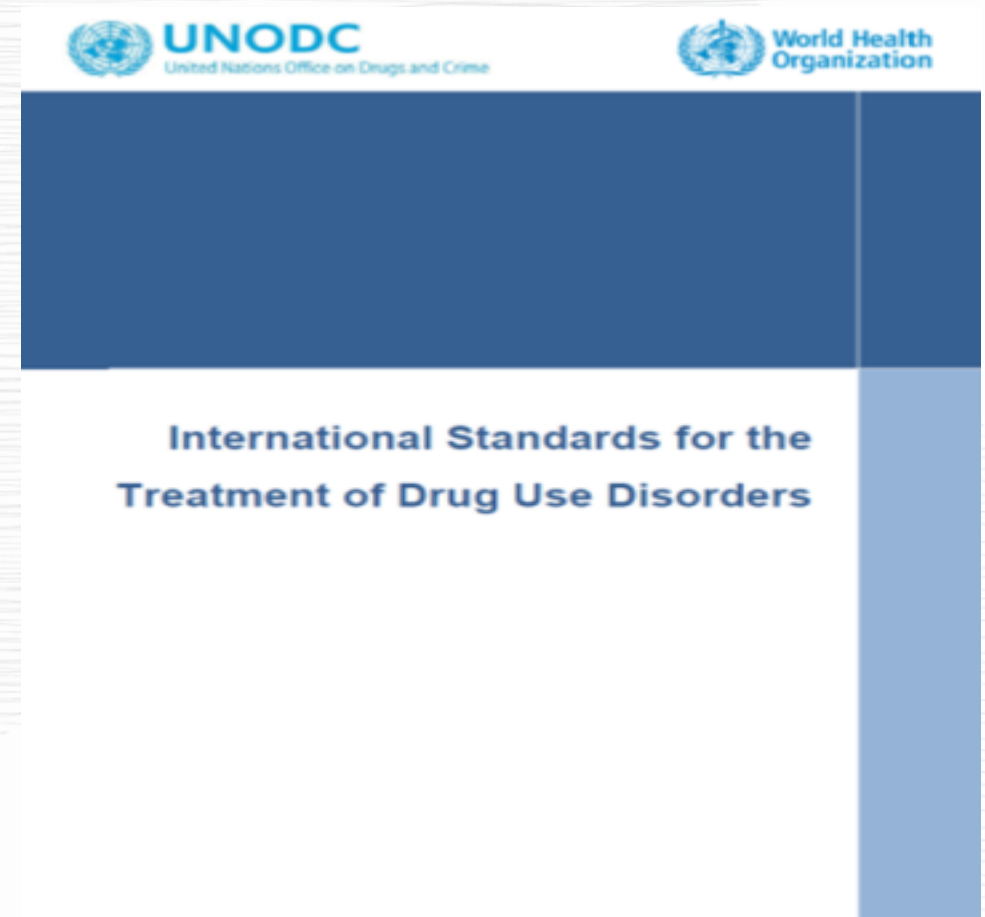


International Standards for the Treatment of Drug Use Disorders (WHO-UNODC, 2016)

Principle 1. Treatment must be available, accessible, attractive, and appropriate

Principle 2: Ensuring ethical standards of care in treatment services

Principle 3: Promoting treatment of drug use disorders by effective coordination between the criminal justice system and health and social services

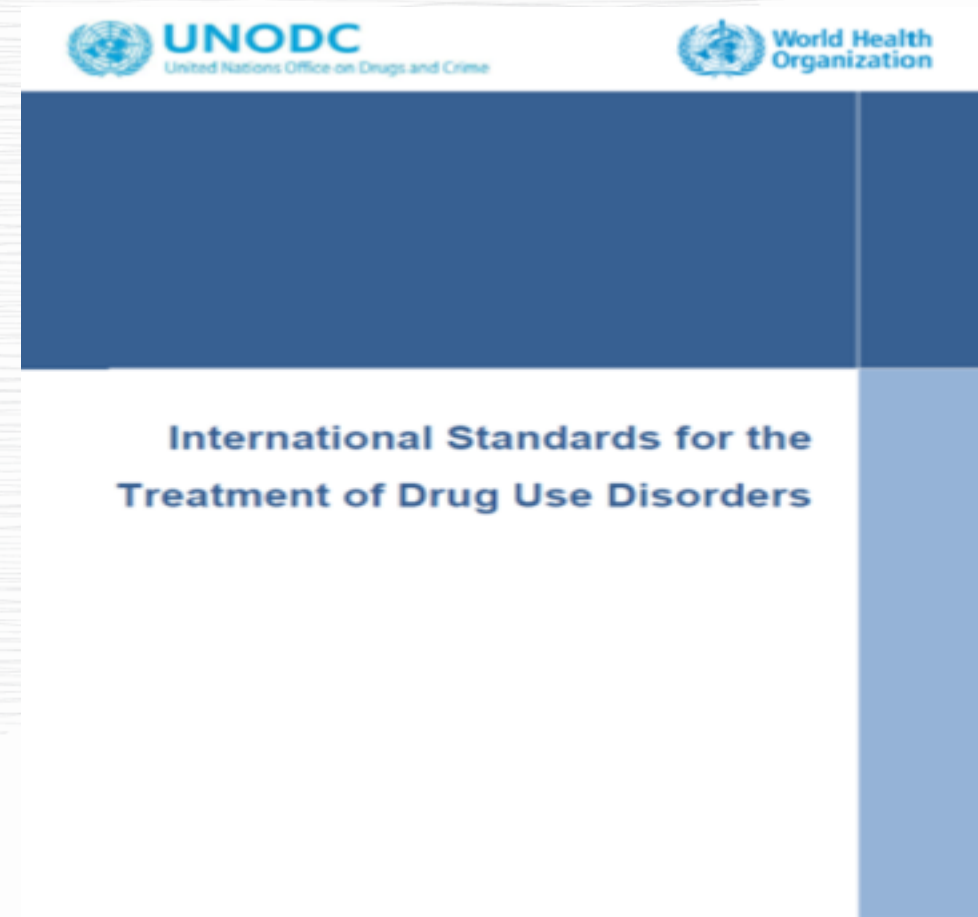


International Standards for the Treatment of Drug Use Disorders (WHO-UNODC, 2016)

Principle 4: Treatment must be based on scientific evidence and respond to specific needs of individuals with drug use disorders

Principle 5: Responding to the needs of specific populations

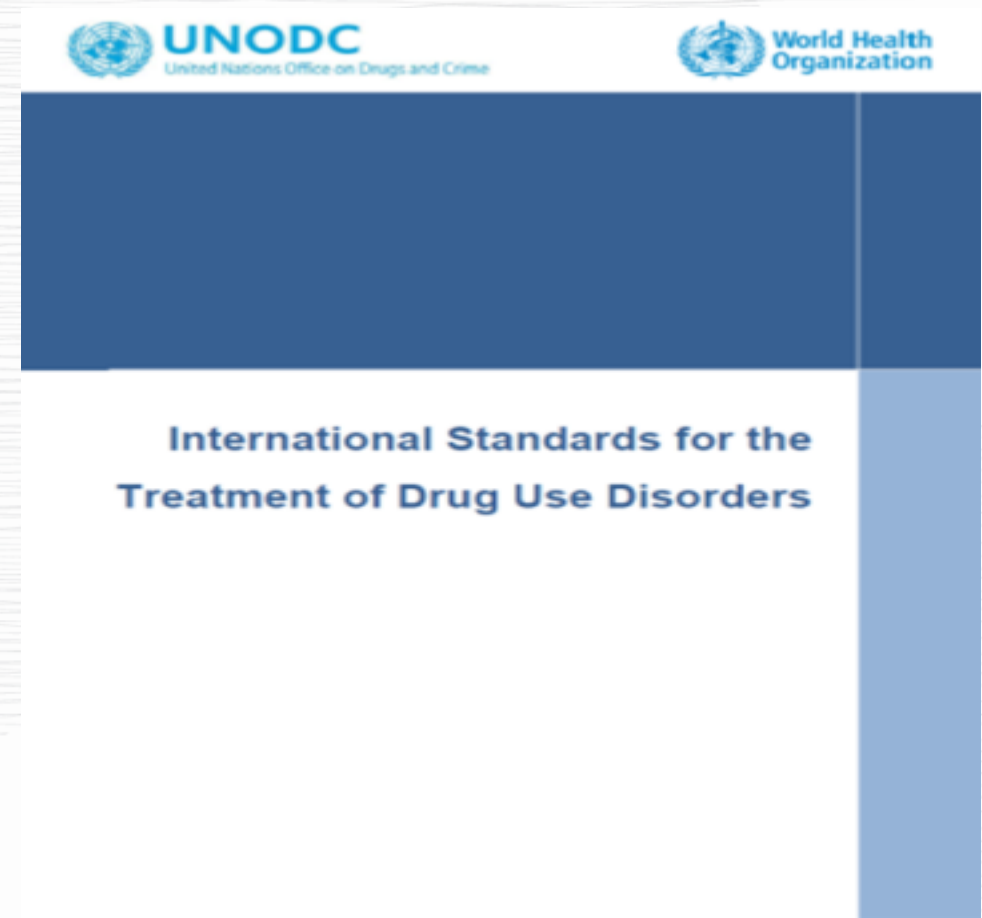
Principle 6: Ensuring good clinical governance of treatment services and programmes for drug use disorders



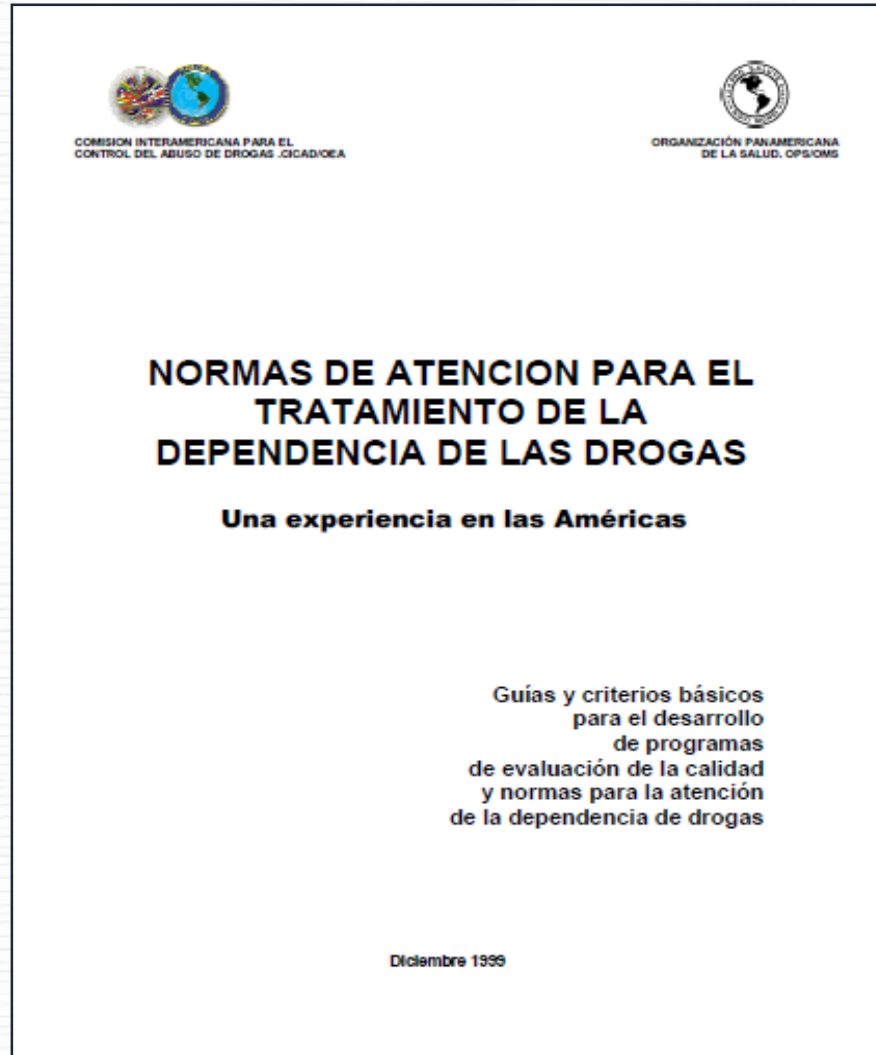
International Standards for the Treatment of Drug Use Disorders

(WHO-UNODC, 2016)

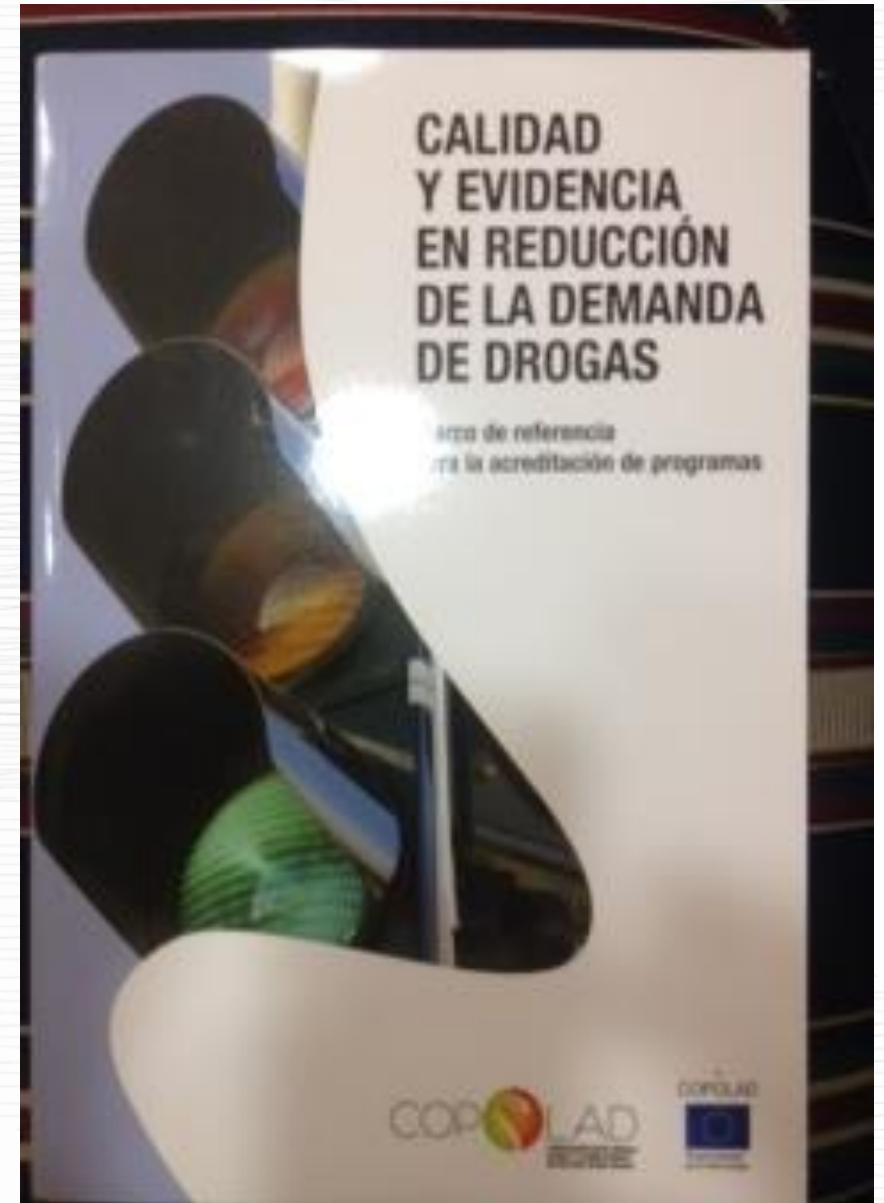
Principle 7. Treatment policies, services, and procedures should support an integrated treatment approach, and linkages to complementary services must be constantly monitored and evaluated



Minimum Standards of Care in Drug Treatment



COPOLAD Accreditation Standards



QualityRights WHO



QualityRights

WHO QualityRights Tool Kit

Assessing and improving quality
and human rights in mental
health and social care facilities



Bad

(C. D. Atiyah, IOM, 2007)

NO ACHIEVEMENT

**EXPECTED
OUTCOME**

NON EFFECTIVE

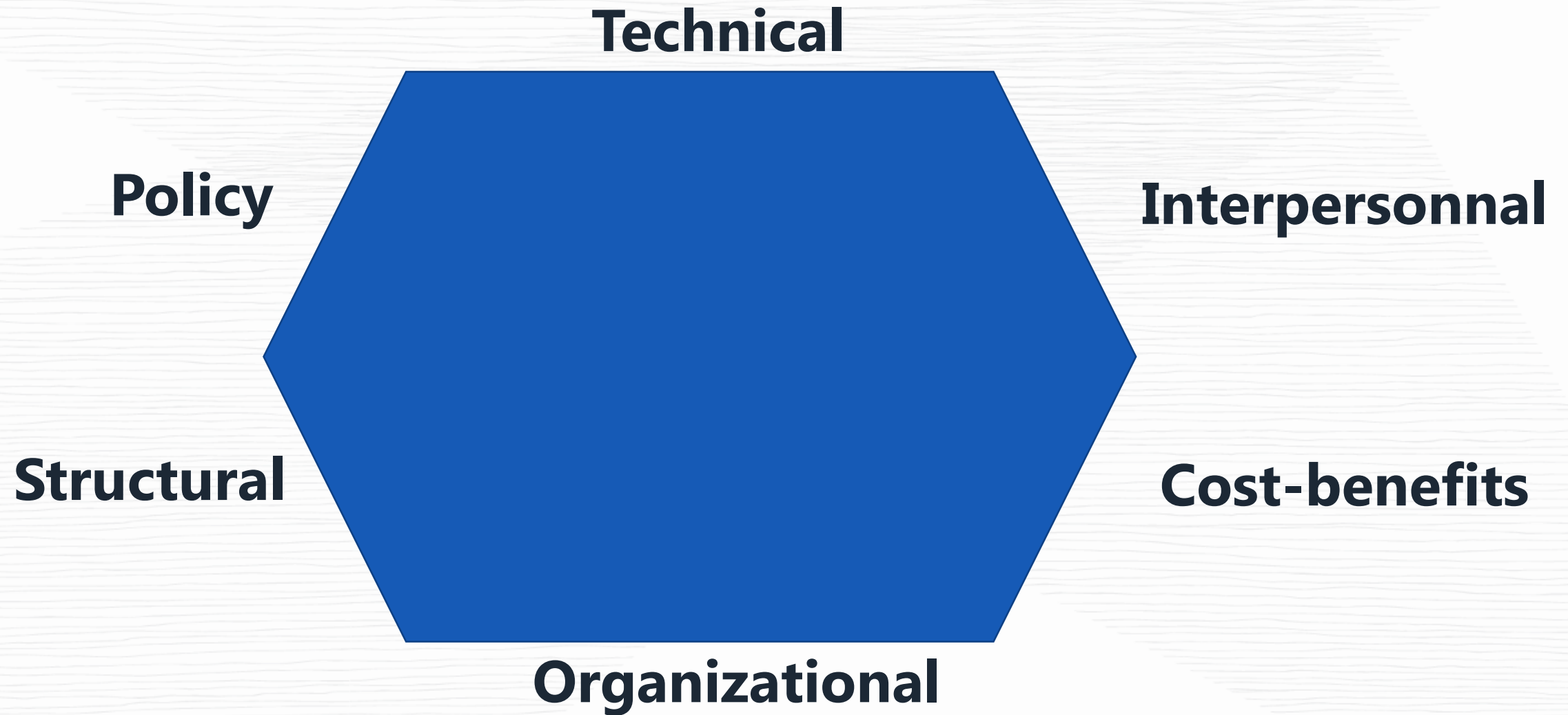
**INCONSISTENT
WITH STANDARD
KNOWLEDGE**

LOW

IN

**SATISFACTION
PERCEIVED QUALITY**

Quality Dimensions



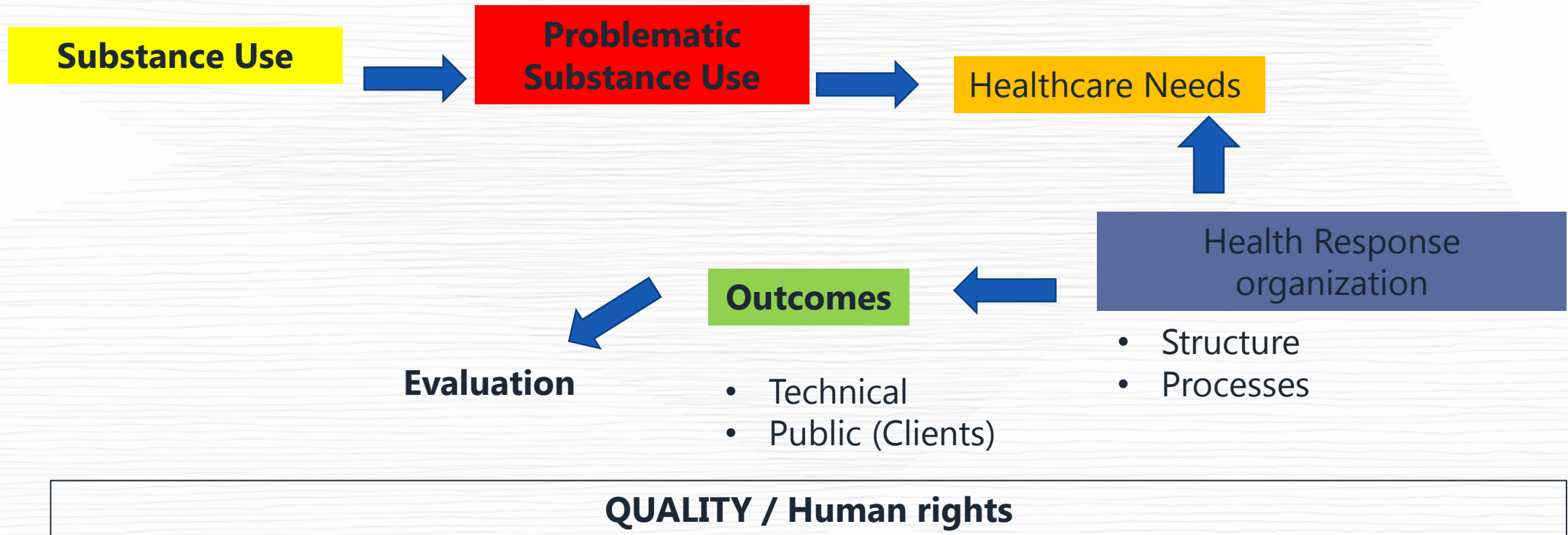
Systemic Factors



QU
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TY

Operational Factors





Quality

- Opportunity (On-Time)
- Competence
- Safety (minimum risk)
- Ethic (Dignity)

- Benefit

Dignity

- Equity

Solidarity

- Autonomy

Honesty

- Confidentiality

Justice

Development of QA program (Steps)

Management Organization



- Identification of relevant actors and stakeholders
- Establish a consultation mechanism.
 - Establish a steering committee.



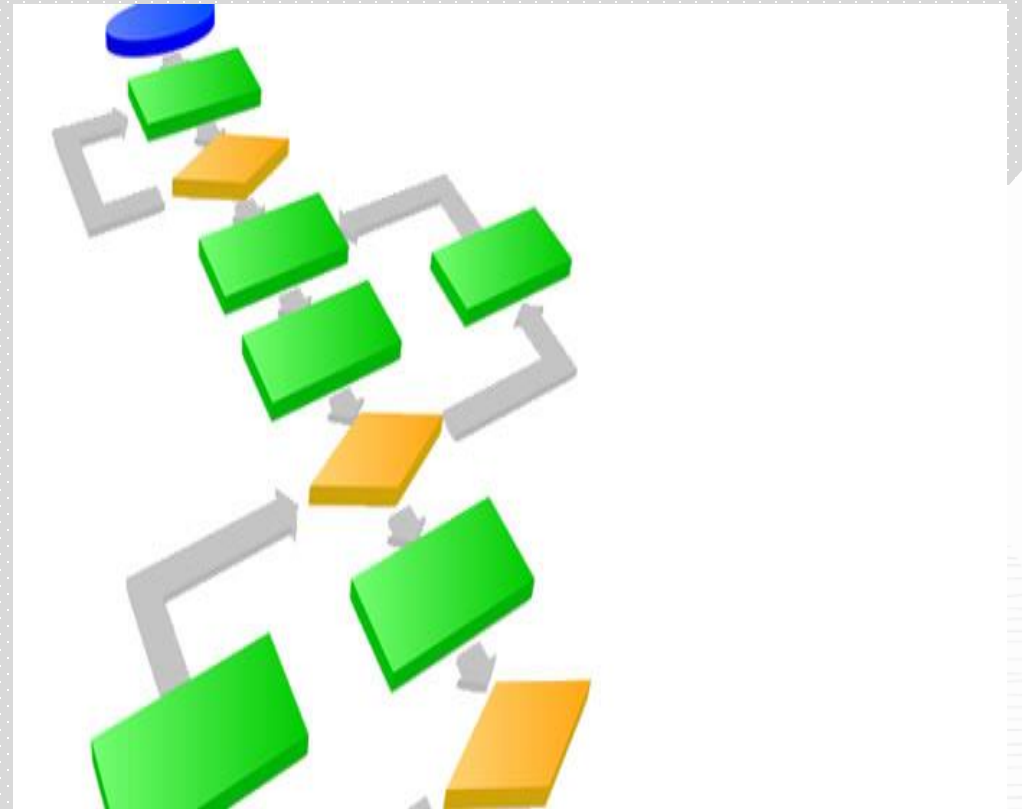
Definition of quality standards

Creation of expert
workgroup (ad-hoc)



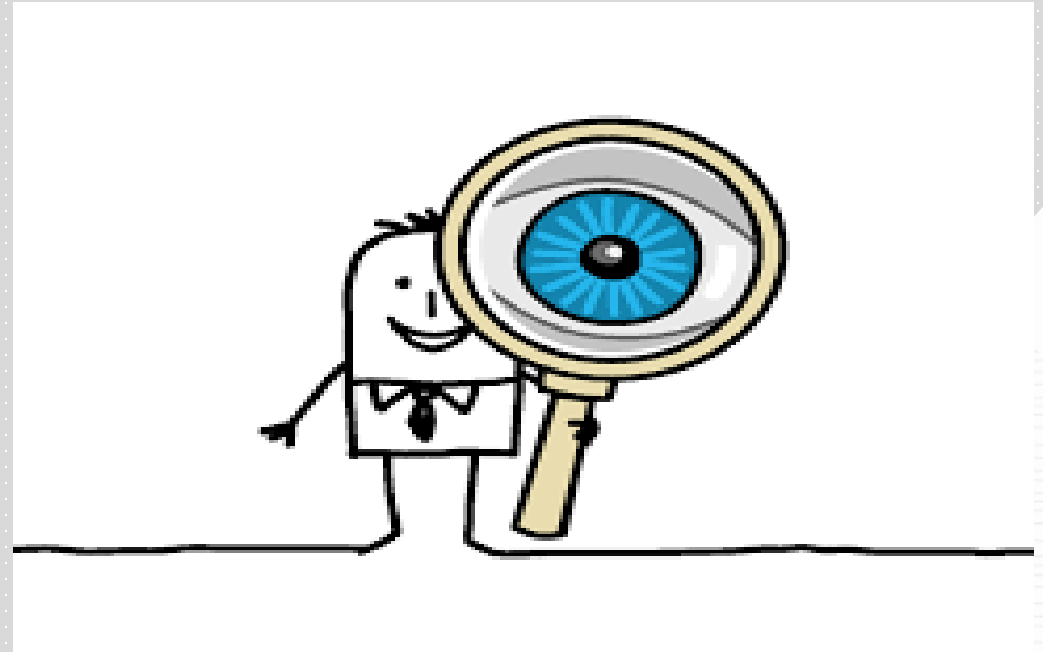
Design a work plan

Pilot and field test
Training of evaluation team
Officialization of steering committee and evaluation team



Operational Quality Assessment

- Preparation of Documentation
- Schedule of visits
- Observation
- Documents review
- Interviews
- Preparation of report



Follow-up/Monitoring service quality

- Periodic controls
- Interpretation and use of results





Organización
Panamericana
de la Salud



Organización
Mundial de la Salud

OFICINA REGIONAL PARA LAS **Américas**

THANKS