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United Nations Office on Drugs and Crime

TREATNET Quality Standards

for Drug Dependence Treatment and Care Services

UNITED NATIONS OFFICE ON DRUGS AND CRIME
Vienna

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.

* 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 he 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 programmemes 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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Contents

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 regiments 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 bout 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 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.

Level of care	
The objective of this part of the survey is to investigate the institutional or programmematic framework into which the treatment activities are embedded. Some establishments provide only one level of care, while others offer integrated programmes at several levels.	
Level I. Outpatient	
Description of services	Target group
• Outreach • Drop-in • Limited stay • Frequency: Weekly or every other day, daily for many MMT clients • Example: Outpatient consultation, including psychosocial and pharmacological treatment, additional social services.	• Persons affected by drug use and/or dependence not in contact with formal treatment. • Patients/clients receiving interventions to reduce the health and social consequences of drug dependence. • 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.

Level II. Intensive outpatient/partial hospitalization	
Description of services	Target group
• Treatment in a non-residential setting e.g. Primary health care facilities. • Stay of several hours, morning, afternoon, or both. Frequency: daily. • Example: Day Clinic/drop in centre	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.
Level III. Residential facilities	
Description of services	Target group
• Inpatient treatment – length of stay to be determined based on clinical judgment. • Residential, structured emphasis. • Includes care typically provided in residential settings, such as professional medical, psychiatric, psychosocial care, monitoring of medications, evaluation, treatment, rehabilitation, family-based approaches, etc. • Psychotherapeutic counselling.	• 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. • Cognitive disorders, temporary or permanent interfere with interpersonal relations or the patient's emotional coping skills. • Certain serious medical, psychological, and social problems may be present requiring comprehensive, multidimensional, and long-term treatment. • Living space is unsafe or toxic, inter-personal relations chaotic or even abusive, offering little support. • Long histories of treatment. Law enforcement problems, poor job or school performance, an anti-social system of values.
Level IV. Hospital	
Description of services	Target group
• Inpatient treatment. • Emphasis on a general and specialized medical care. • 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. • Example: Short- or medium-term medically-managed residential setting.	• 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. • Needs deriving from substance use disorders with moderate and severe mental health and medical complications. • Sub-acute medical and mental disorders requiring all of the resources available in a general or specialized hospital.

Emergency / Crisis intervention	
Description of services	Target group
• 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. • Example: The Emergency Room of a General Hospital.	• Patients/clients displaying deterioration of a biological, psychological, or social condition of a severity requiring immediate medical and nursing care. • 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.

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.

Definition of services provided	
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.

Definition of interventions provided	
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.

Annex II. Questionnaire for the assessment of drug treatment services and programmes

Section 1. General information			
Location:			
Street address:			
City:	Postal code:		
State:			
Country:			
Phone:			
Fax (if available):			
E-mail (if available):			
Homepage (if available):			
Official name			
This centre depends on or is a part of a larger organization? YES/NO			
If YES, write the name of the organization:			
Founding date:			
The type of programme/treatment centre is (please mark below)			
Public	☐		
Private for profit	☐		
Private non-profit (NGO)	☐		
Other (specify):	☐		
Responsible officers			
Position	Name	Profession	Time in position
Questionnaire completed by:			
Name:		Date:	
Position/Title:			
Signature:			

Section 2. Description of the treatment facility

Please check whether the following applies to the treatment facility:

2.1. Level of care	Treatment Capacity (Number of slots)[a]		Comment
(a) Level I: Outpatient (including outreach, drop-in)			Number of patients/clients:
(b) Level II: Intensive Outpatient/Partial hospitalization			Number of patients/clients:
(c) Level III: Residential/Therapeutic community (sometimes these are in hospitals)			Number of patients/clients:
(d) Level IV: Hospital			Number of patients/clients:
(e) Emergency/Crisis intervention			Number of patients/clients:
2.2. General policies The treatment centre has:	Yes	No	Comment
(a) A written charter or founding document.			Last reviewed and edited:
(b) A written, valid authorization to operate by the relevant authority in charge			Date of authorization: Expiry date of authorization:
At the Ministry of Health			Date of registration: Expiry date of registration:
At the National Drug Control Commission			Date of registration: Expiry date of registration:
Other			Please specify: Date of registration: Expiry date of registration:
2.2. Organization The organizational structure and procedures consist of the following:	Yes	No	Comment
(a) A responsible administrative director			Period of service:
(b) A responsible technical director			Period of service:
(c) A written organization and operations manual			Last reviewed and edited:

(d) A written policies concerning administrative services			Last reviewed and edited:
(e) Written policies to ensure the safety of patients and staff			Last reviewed and edited:
(f) A written treatment programme manual			Last reviewed and edited:
There are written policies concerning admission protocols. Including voluntary and involuntary discharge			Last reviewed and edited:
There is a written treatment contract			Last reviewed and edited:
There are written policies concerning emergency management			Last reviewed and edited:
There are written policies concerning referral protocols			Last reviewed and edited:
2.4. Financing	Yes	No	Comment
(a) Own resources (public). Specify source:			US-Dollars: Local currency:
(b) Own resources (private). Specify source:			US-Dollars: Local currency:
(c) Public sector assistance. Specify source:			US-Dollars: Local currency:
(d) Private sector assistance. Specify source:			US-Dollars: Local currency:
(e) International cooperation. Specify source:			US-Dollars: Local currency:
(f) Average Cost/Patient/Month	US-Dollars: Local currency:		
2.5. Statistics, records and epidemiological reporting	Yes	No	Comment
(a) There are methods to collect and process statistical data. (e.g. tables, databases, etc.)			Specify method(s):
(b) The collected data is processed according to an established timeline			Avg. duration of processing:
(c) Reports are regularly submitted to authorities (Health Ministry, Drug commission)			Specify frequency and date of last report:
(d) There are written admission and discharge records			Specify:
(e) Diagnosis is recorded according to the ICD-10			Please specify:
(f) Diagnosis is recorded according to other classification systems			Please specify classification:
(g) There are frequent training programmes on data processing for relevant staff			Date of last training:

2.6. Target population Admission to the treatment service is determined by:	Yes	No	Comment
(a) Ethnic group			Please specify ethnic group:
(b) Gender issues			Please specify gender issue:
(c) Age group			Please specify age group:
(d) Religious belief			Please specify religious belief:
(e) Political belief			Please specify political belief:
(f) Caste or social status			Please specify caste/social status:
(g) Legal status			Please specify legal status:
(h) Civil status			Please specify civil status:
(i) Ability to pay			Please specify ability to pay:
(j) Somatic condition			Please specify somatic condition:
(k) Psychiatric condition			Please specify psychiatric condition:
(l) Type of substance use			Please specify substance:
(m) Treatment history			Please specify treatment history:
(n) Other criteria (e.g., sexual orientation)			Please specify other criteria:
(r) The provided services seek to target:			
Specific individuals (e.g. children, women, etc.)			Please specify individuals:
Couples			Please specify couples:
Families			Please specify families:
Communities and/or neighbourhoods			Please specify communities:
Marginalized sub-groups of the population			Please specify sub-groups:

2.7. Services available			
2.7.1. Initial treatment Care and stabilization are always provided:	Yes	No	Comment
(a) Prior to the beginning of the treatment			Specify measures:

(b) During the patient/client's induction to treatment			Specify measures:
(c) Throughout the treatment			Specify measures:
2.7.2. Detoxification Professional toxicological advisory assistance is provided in:	Yes	No	Comment
(a) Withdrawal management and treatment			Specify advisory assistance:
(b) Out-patient setting			Specify services:
(c) Community-based setting			Specify services:
(d) Short-term in-patient on a non-residential basis (e.g. walk-in centre)			Specify services:
(e) Residential setting			Specify services:
(f) Acute intoxication management and treatment			Specify assistance:
(g) Detoxification services are practiced for at least one month (UNODC /WHO, 2008)			Specify services:

2.7.3. Rehabilitation: Relapse prevention phase of treatment	Yes	No	Comment
(a) Psychosocial services including counselling are offered on-site or upon referral			Specify services:
(b) Other pharmacological treatment services are offered			Specify services:
Opiod Agonist Therapy is available			Specify services:
Opiod Antagonist Therapy is available			Specify services:
Other pharmacological treatment (i.e. disulfiram)			
(c) Case management is provided on-site or upon referral			Specify services:
2.7.4. Sustainable livelihoods	Yes	No	Comment
(a) There is an intermediate outpatient/inpatient programme for social re-integration			Comment:
Support for access to housing services provided			Specify services:
(c) There is an intermediate outpatient/inpatient programme for re-integration into the work place			Comment:
Vocational training offered on-site or upon referral			Specify services:
Support for re-integration into the job market offered			Specify services:

2.7.5. Family therapy	Yes	No	Comment
(a) The family involvement in the treatment process is done upon the patient/client's request			Avg. number of requests:
(b) The patient/client's family is actively involved in the agenda of the treatment plan			Specific points in the agenda:
(c) The centre applies systematic (evidence-based) family therapy programmes			Specify programme:

2.7.6. Legal assistance	Yes	No	Comment
(a) Assistance offered to all patients/clients upon request on-site or upon referral			Specify background:
2.7.7. Prevention	Yes	No	Comment
(a) Drug prevention counselling is provided by qualified staff			Specify background:
(b) IEC materials are available for distribution to service users			Specify materials:
2.7.8. Health promotion There are activities to:	Yes	No	Comment
(a) Promote treatment in the early stages of an addictive disorder			Specify activities:
(b) Promote treatment for people affected by drug dependence			Specify activities:
(c) Promote programmes aimed at reducing negative health and social consequences of drug use			Specify activities:
2.7.9. Other services	Yes	No	Comment
(a) The facility offers a range of complementary services (e.g. yoga, meditation, exercice, arts, etc.)			Specify options:
2.8. Treatment goals The main goals are:	Yes	No	Comment
(a) To achieve total abstinence from substance use			Avg. percentage of targets met:
(b) To reduce substance use risks. (e.g. safe/ harm-free use)			Avg. percentage of targets met:
(c) To target the root causes of substance use			Avg. percentage of targets met:

	Yes	No	Comment
(d) To target the consequences of substance use. (e.g. HIV, HCV, STD)			Avg. percentage of targets met:
2.9. Type of drug treatment interventions provided			
2.9.1. Screening	Yes	No	Comment
(a) A standardized instrument for screening is used (e.g. ASSIST)			Specify instrument(s):
Including a motivational interview			Specify intervention(s):
Including brief interventions			Specify intervention(s):
2.9.2. Assessment	Yes	No	Comment
(a) A comprehensive standardized tool for assessment is used (e.g. ASI):			Specify intervention(s):
Including the assessment of the patient/client's physical condition			Specify intervention(s):
Including the assessment of physical co-morbidities			Specify intervention(s):
Including the assessment of psychiatric co-morbidities			Specify intervention(s):
Including the assessment of concomitant consumption			Specify intervention(s):
2.9.3. Management of acute phase	Yes	No	Comment
(a) Immediate interventions like emergency care can be implemented			Specify intervention(s):
(b) Immediate interventions against severe detoxification symptoms can be implemented			Specify intervention(s):
2.9.4. Management of intermediate phase	Yes	No	Comment
(a) First stabilization interventions seek to relieve the process of withdrawal			
(b) First stabilization interventions seek to monitor the process of withdrawal			
(c) First Interventions seek to achieve and maintain abstinence			
(d) First Interventions include pharmacological treatment. (e.g. Opiod Agonist Therapy)			
(f) First Interventions include psychological treatment			
A Motivational Interview is conducted			
Cognitive Behavioural Therapy is available			
(g) Second stabilization interventions seek to maintain abstinence with medication			
(h) Second stabilization interventions seek to maintain abstinence with other practices			

Maintenance and follow-up phase, including:	Yes	No	Comment
(a) Monitoring to maintain the patient/client's abstinence			Specify intervention(s):
(b) Relapse prevention			Specify intervention(s):
Opioid Agonist therapy is available			Specify intervention(s):
Opiod Antagonist Therapy is available			Specify intervention(s):
Other pharmacological treatment (i.e. disulfiram)			
(c) Contingency management or a mechanism for practical support to avoid previous lifestyle and habits.			Specify intervention(s):
(d) The support of the creation of sustainable livelihood. (e.g. vocational training)			Specify intervention(s):

2.10. Existing supplies

2.10.1. Universal precaution Include:	Yes	No	Comment
(a) Facilities for hand washing after any direct contact with patients/clients			
(b) Bins for the immediate disposal to avoid needle recapping			
(c) Bins for the safe collection and disposal of sharp objects			
(d) Gloves for contact with body fluids and mucous membranes			
(e) Face masks, eye protection and a gown			
(f) Eye protection available if blood or other body fluids might splash			
(g) Gown available if blood or other body fluids might splash			
(h) Medical bandages and swaps for covering cuts and abrasions			
(i) Equipment for cleaning up spills of blood and other body fluids			
(j) Safe system for infectious waste management and disposal			

2.10.2. Room division Ensures:	Yes	No	Comment
(a) Privacy during physical examination			

	Yes	No	Comment
(b) Privacy during psychiatric examination			
(c) Privacy during counselling			
(d) Privacy during personal/private activities of the patient			
2.10.3. Office supplies Include:	Yes	No	Comment
(a) Writing equipment (e.g. pens, paper, pencils)			
(b) Telephone			
(c) Fax machine			
(d) PC			
(e) Internet access			
2.10.4. Infrastructure and equipment	Yes	No	Comment
(a) The facility is clean and protected			
(b) The environment of the facility does not endanger the patients/clients' and staff's safety			
(c) A reliable and clean supply of water is available			
(d) Clean latrines or toilets exist			
(e) A rubbish bin is available and regularly emptied			
(f) A fire extinguisher is available			
(g) Emergency exits in the premises are available			
(i) Storage for food is adequate			
(j) Electricity or a generator is available (heating facilities, fans or AC available)			
(k) Laundry facilities are available			
(l) Clean mattresses, blankets, mats, pillows, and towels are available			
(m) For emergency situations a written policy is available			
(n) Infrastructure is adapted to the type and range of services offered			

	Yes	No	Comment
(o) Basic laboratory facilities are available for:			
Examination of blood			
Examination of urine samples			
Examination of sputum			
(p) Basic medical equipment includes:			
Thermometer			
Blood pressure measuring device			
Stethoscope			
ECG (electrocardiography equipment)			
A weighing scale			
Syringes			
Urine tests			
Pregnancy tests			
Glucometer			
First aid kit			
(q) Basic medications:			
Pain medication			Specify medication:
Anti-inflammatory drugs			Specify medication:
Naloxone for treatment of overdoses			
(r) Basic equipment for HIV and disease prevention in sufficient quantity:			
Needles and syringes			Specify quantity:
Condoms			Specify quantity:
(s) Safe storage facilities:			
Maintenance of proper refrigeration			
Storage of toxic or potentially dangerous materials (e.g. sharp objects, chemicals)			

Section 3. Assessment of the TREATNET II quality standards

Adequately met = A
Inadequately met = I
Not met = N
Not applicable= N/A
Available upon referral= A/R

Average = Avg.
Number = Nr.
Total number = TNr.
Excluded = Excl.
Comment = Data applies to the period of one year

Quality criteria Please check the adequate box for each item and its respective sub-items	Adequately met	Inadequately met	Not met at all	Not applicable	Available upon referral	Comments
1. Availability and accessibility of drug dependence treatment	A	I	N	N/A	A/R	Comments
1.1. Geographical accessibility, distribution and institutional linkages						
(a) Patients/clients from urban areas can reach the service facility easily						Avg. catchment area: Nr. of urban patients/clients:
(b) Patients/clients from rural areas can reach the service facility easily						Avg. catchment area: Nr. of urban patients/clients:
(c) Physically challenged patients/clients can reach the service facility easily						Avg. catchment area: Nr. of challenged patients/clients:
(d) The facility is linked to other relevant service facilities						Nr. of linkages:
(e) The facility can be reached by public transport						Specify means of transport:
1.2. Flexibility of opening hours	A	I	N	N/A	A/R	Comments
(a) Same-day admission is practiced on a regular basis						Avg. Nr. of same day-admissions:
(b) The waiting time for services is monitored and kept to minimum						Avg. waiting time:

	A	I	N	N/A	A/R	Comments
(c) Intermediate services are offered (e.g. information services) to make use of the waiting time						Intermediate services provided:
(d) Patients/clients with family responsibilities are considered						Respective (Resp.) opening hours:
(e) Patients/clients with professional responsibilities are considered						Resp. opening hours:
(f) In special cases, alternative appointments beyond the official opening hours can be arranged						Nr. of special appointments:
(g) There are no patients/clients on a waiting list						Nr. of people on waiting list:
1.3. Legal framework There is a written agreement that:	A	I	N	N/A	A/R	Comments
(a) Treatment services are confidential						Last reviewed and edited:
(b) Treatment records are confidential						Last reviewed and edited:
(c) The official registration of drug users is confidential						Last reviewed and edited:
1.4. Accessibility and discrimination Treatment services are provided:	A	I	N	N/A	A/R	Comments
(a) Regardless of the patient/client's ethnic group						TNr. of patients/clients:
(b) For adult males and females (> 15 years)						TNr. of patients/clients: Nr. of male patients/clients: Nr. of female patients/clients:
	A	I	N	N/A	A/R	Comments
(c) For young (< 40) and mature age (> 40)						Nr. of patients/clients > 40: Nr. of patients/clients < 40:
(d) For people with common and alternative political beliefs						Nr. of patients/clients with alternative political beliefs:
(e) For people with common and alternative religious beliefs						Nr. of patients/clients with alternative religious beliefs:
(f) For people of a high and low caste or social status						Nr. of patients/clients of a low caste or social status:

1.5. Affordability	A	I	N	N/A	A/R	Comments
(a) Treatment services are affordable (free, fee per service, insurance, NHS):						Specify :
If the service is not free of cost, the cost of service is appropriate to the country's income level						Specify income scale:
(b) Waiver mechanism exists for patients/clients unable to afford services fee						Specify income threshold:
1.6. Cultural relevance and user friendliness	A	I	N	N/A	A/R	Comments
(a) The treatment services are tailored to patient/client's cultural background						
(b) There is a multi-cultural team						
1.7. Responsiveness to diverse needs	A	I	N	N/A	A/R	Comments
(a) The services seek to meet patients/clients needs. (e.g. co-morbid disorders, somatic conditions, etc.)						
On-site						Specify services:
Upon referral						Specify services:
1.8. Responsiveness to the criminal justice system To encourage convicted individuals to enter treatment:	A	I	N	N/A	A/R	Comments
(a) Treatment centre collaborates with law enforcement officials						Specify legal institution:
(b) Treatment centre encourages prisons/courts to be involved in the facility's referral and counter-referral practices						Specify legal institution:
1.9. Gender-sensitiveness of services	A	I	N	N/A	A/R	Comments
(a) The facility offers primary health care services tailored to drug dependent women						Nr. of patients/clients:
There are separate rooms available to ensure privacy						
The patient/client can choose between a male or female service provider						
(b) The facility offers primary health care services tailored to pregnant women						Nr. of patients/clients:
(c) The facility offers outreach services tailored to drug dependent women						Nr. of patients/clients:
(d) The facility offers outreach services tailored to pregnant women						Nr. of patients/clients:
(e) The facility offers a shelter for children of parents with drug dependence						Nr. of patients/clients:

	A	I	N	N/A	A/R	Comments
(f) The facility is linked to institutions offering the services mentioned above						Specify linkages: Nr. of referrals and counter-referrals:
2. Screening, assessment, diagnosis and treatment planning						
2.1. Screening	A	I	N	N/A	A/R	Comments
(a) Systematic screening of all patients/clients is a general practice						
(b) A standardized screening tool including the following is used:						Specify screening tool:
Viral transmission via needle sharing						
Unprotected sexual activity						
Potentially violent behaviour						
Suicide risk						
(c) The screening tool can be used for:						
Employee assistance programmes at work places						
School health programmes						
Counselling services						
Primary health care system						
2.2. Assessment and diagnosis	A	I	N	N/A	A/R	Comments
(a) Standardized instruments for diagnosis are used (e.g. ICD-10 DSM V)						Last reviewed and edited:
(b) SCL-90 is applied as a psychopathology measurement						Last reviewed and edited:
(c) CAGE is applied to assess the patient/client's severity in alcohol and other drugs						Last reviewed and edited:
(d) HIV-testing and counselling is recommended and offered to all patients/clients						Nr. of occasions:
Free of charge						
With a fee						
(e) HIV-testing testing is offered to pregnant patients/clients						Nr. of occasions:

	A	I	N	N/A	A/R	Comments
Free of charge						
With a fee						
(f) Hepatitis testing is offered to all patients/clients						Nr. of occasions:
(g) Hepatitis vaccination is offered to all patients/clients						Nr. of occasions:
2.3. Comprehensive assessment: stage and severity	A	I	N	N/A	A/R	Comments
(a) Triage is conducted to decide which patients need immediate care						
(b) A standardized instrument for assessment is used that includes:						Specify tool:
The somatic status						
The psychiatric status						
The patient/client's social status						
The patient/client's legal status						
The patient/client's history of substance use disorders						
2.4. Treatment planning	A	I	N	N/A	A/R	Comments
(a) Treatment plans are developed on the basis of the assessment						
(b) Patients/clients participate in the treatment planning process						
(c) Patients/clients are informed on the range of available treatment options and their possibilities are explained fully and clearly to them, including risks and benefits						
(d) The treatment plan is discussed regularly with the patient/client						
(e) Team discussions regarding treatment plan changes take place regularly (e.g. modifying methadone dose)						
3. Evidence-based drug dependence treatment						
3.1. Multidisciplinary treatment teams include	A	I	N	N/A	A/R	Comments

(a) Medical doctors						Nr. of medical doctors:
(b) Psychiatrists						Nr. of psychiatrists:
(c) Psychologists						Nr. of psychologists:
(d) Social workers						Nr. of social workers:
(e) Nurses						Nr. of nurses:
(f) Counsellors						Nr. of counsellors:
(g) Ex-drug users						Specify Nr. of ex drug users as staff:
(h) Other professions						Please specify:
3.2. Duration of treatment	A	I	N	N/A	A/R	Comments
(a) The facility offers long-term treatment programmes that aim for relapse prevention						Specify duration:
(b) The facility develops specific approaches to facilitate long term patient retention in treatment						Specify approaches:
3.3. Psycho-social and pharmacological interventions include:	A	I	N	N/A	A/R	Comments
(a) Pharmacological interventions						Specify interventions:
(b) Case management						
(c) Contingency management						
(d) Motivational interviews						
(e) Cognitive behavioural therapy						
(f) Supervised self-help groups						Specify self help groups:
(g) Other interventions (alternative medicine, etc.)						Specify interventions:
(h) Brief interventions						
3.4. Brief interventions	A	I	N	N/A	A/R	Comments
(a) Brief interventions and counselling are systematically applied to individuals with experimental and occasional substance use						
3.5. Outreach and low-threshold interventions	A	I	N	N/A	A/R	Comments
(a) Advice on how to reduce negative health and social consequences of drug use is offered						

(b) Targeted counselling services are provided to:						
	A	I	N	N/A	A/R	Comments
Vulnerable groups						
HIV-infected patients/clients						
Pregnant patients/clients (mother-to-child transmission of infections, breast-feeding with infections etc.)						
Partners of drug users						
Released prisoners						
Refugees and/or internally displaced persons						
(c) Overdose prevention measures						
3.6. Basic services include:	A	I	N	N/A	A/R	Comments
(a) Detoxification						
(b) Psychosocially assisted opioid agonist pharmacotherapy						
(c) Counselling						
(d) Rehabilitation strategies						
(e) Social support						
3.7. The following medications, if necessary, are available and utilized:	A	I	N	N/A	A/R	Comments
(a) Antidepressants						
(b) Anxiolytics						
(c) Antipsychotics						
(d) Mood stabilizers						
(e) Lithium						
3.8. Maintenance medications	A	I	N	N/A	A/R	Comments
(a) Evidence-based pharmacological opioid dependence treatment is available and offered based on the patients/clients' treatment outcome expectations						
Methadone/Buprenorphine						If other than Methadone/Buprenorphine is used, please specify:

Naltrexone						
(b) Medications doses meet patients/clients' needs and follow international and national standards						
Take home doses of medications available for stabilized patients/clients						
3.9. Self-help support groups that operate in the treatment centre:	A	I	N	N/A	A/R	Comments
(a) The facility cooperates with private self-help groups						
(b) The facility cooperates with self-help groups supported by the government						
(c) The facility cooperates with private self-help groups supported by NGOs						
3.10. Socio-cultural relevance is embedded in treatment system:	A	I	N	N/A	A/R	Comments
(a) To diverse regional, national and local circumstances						
(b) Both cultural and social factors						
(c) Economic factors						
3.11. Knowledge transfer of ongoing clinical research	A	I	N	N/A	A/R	Comments
(a) Treatment services are regularly reviewed in light of the latest research outcomes concerning evidence-based drug dependence treatment and adapted as necessary						Date of last update:
(b) Treatment services are regularly reviewed in light of the latest outcomes of diversified research, which is conducted in different regions of the world and adapted as necessary						Date of last update:
3.12. Training of treatment professionals	A	I	N	N/A	A/R	Comments
(a) Regular training is provided						Date of last training:
(b) Continuous training is provided for professional development						Date of last training:
(c) Staff involved in treatment of subgroups have received special training, including overdose prevention						
(d) The facility has at least one staff member trained in TREATNET training package volume A: Screening, Assessment and Treatment Planning						Nr. of staff trained:
(e) The facility has at least one staff member trained in TREATNET training package volume B: Elements of Psychosocial Treatment						Nr. of staff trained:

(f) The facility has at least one staff member trained in TREATNET training package volume C: Addiction Medications and Special Populations+						Nr. of staff trained:
4. Human rights and dignity of the patient/client						
4.1. Adequate access to treatment and care	A	I	N	N/A	A/R	Comments
(a) The provision of medical treatment services is not dependent on the type of substance use disorders						
(b) The continuous provision of medical treatment services is not dependent on compliance with addiction treatment						
(c) Unmotivated patients are encouraged not to stop treatment						
4.2. Avoidance of discrimination	A	I	N	N/A	A/R	Comments
(a) Staff are properly trained in the provision of treatment in full compliance with ethical standards and show respectful and non-stigmatizing attitudes						Date of last training:
(b) Measures are in place to ensure no discrimination against patients/clients':						If not, please explain:
Gender or age						Nr. of occasions:
Ethnic background						Nr. of occasions:
Religion or political belief						Nr. of occasions:
Legal or social condition						Nr. of occasions:
If applicable, policies exist for discriminative acts						
4.3. Protection of human rights	A	I	N	N/A	A/R	Comments
(a) Treatment services are in compliance with the principles of human rights						Last reviewed and edited:
(b) The privacy of the patient/client is respected						
(c) The written authorization from the patient/client is requested before the patient/client's data is used for any purposes						
(d) Inhumane or degrading practices have never been noticed in the course of the treatment						If I or N, Nr. of occasions:
(e) Punishment of patients/clients has not been noticed in the course of the treatment						If I or N, Nr. of occasions:

4.4. The patient/client's rights	A	I	N	N/A	A/R	Comments
(a) Patient's privacy and confidentiality are ensured by means of:						
	A	I	N	N/A	A/R	Comments
No information is provided to outsiders without permission (except when ordered by court)						
No photographing or video recording of patients/clients without their consent						
(b) Patients/clients are fully informed about their health status and progress						
(c) Patients/clients are fully informed about the written information sharing policy of the centre						
(d) Treatments are only conducted with patients/clients knowledge and consent						
(e) All interventions meet basic ethical requirements (e.g. treatment is voluntary etc.)						
The Universal Declaration of Human Rights applies in treatment programmes						
All patients/clients are treated with respect and empathy						
Patients/clients/clients not subjected to stigma and discrimination from health care providers						
No coercive methods are used during treatment						
Procedures are in place for patients/clients to file complaints						
Patients/clients have the right to terminate treatment any time						
5. Targeting special subgroups and conditions						
5.1. Adolescents	A	I	N	N/A	A/R	Comments
(a) Due to the arrangement of the facility, young patients in early stages of substance use disorders are not in contact with people in more advanced stages of drug dependence						
(b) The facility offers separate settings for adolescents and their parents						
(c) Planning and implementing interventions happens in cooperation with families and schools						

5.2. Women	A	I	N	N/A	A/R	Comments
(a) Staff involved in treatment obtained special training in gender-responsive services, which include:						Specify training:
	A	I	N	N/A	A/R	Comments
Specific treatment settings						Specify setting:
Development of a specific treatment plan						Specifiy treatment plan:
Child friendliness						Specify child friendliness:
Specific counselling and social outreach services						Specify outreach services:
5.3. Pregnant women	A	I	N	N/A	A/R	Comments
(a) Evidence-based standards of pharmacotherapy for opioid dependence treatment during pregnancy are available						
(b) Breast-feeding is supported if no contraindication is present						
Please specify contraindication:						Specify contraindication:
5.4. People with medical co-morbidities	A	I	N	N/A	A/R	Comments
(a) Staff involved in treatment obtained special training in ensuring people with drug dependence having the same level of access to treatment as any other people in the country against:						Specify training:
Hepatitis B and C						
HIV						
TB						
5.5. People with psychiatric co-morbidities	A	I	N	N/A	A/R	Comments
(a) Preliminary interventions include screening for associated psychiatric disorders						
(b) Adequate psychopharmacological and psychosocial treatments are offered						
(c) Possible drug interactions are taken into consideration						Specify interaction:
5.6. Sex-workers	A	I	N	N/A	A/R	Comments
(a) The treatment services include measures to prevent HIV infection						Specify measures

(b) The treatment services include measures to prevent hepatitis infection						Specify measures
(c) The treatment services include measures to prevent sexually transmitted diseases						Specify measures:
(d) Sources of sustainable livelihood are offered in parallel with drug dependence treatment						Specify sources:
5.7. Ethnic minorities	A	I	N	N/A	A/R	Comments
(a) In order to respond to language barriers, interpreters are available whenever needed						Specify interpreters:
(b) In order to respond to cultural and religious differences, cultural mediators are available						Specify mediators:
5.8. Socially marginalized individuals	A	I	N	N/A	A/R	Comments
(a) Social assistance and support are provided in order to achieve means of sustainable livelihoods						Specify support:
(b) Treatment services are offered along with the following services:						
Temporary job opportunities						Specify jobs:
Dormitories						Nr. of beds:
Vouchers						Specify vouchers:
Free food						Specify meals/food:
6. Treatment as alternative to prison and in prison settings						
6.1. Treatment as an alternative to penal sanctions	A	I	N	N/A	A/R	Comments
(a) Treatment is offered to the patient/client as an alternative to penal sanctions						
(b) Treatment as an alternative to penal sanctions is not imposed without the patient/client's consent						
6.2. Human rights	A	I	N	N/A	A/R	Comments
(a) There are written policies stressing that addicted patients/clients in prison settings have the right to receive health care and treatment						

(b) There are written policies stressing that drug dependence patients/clients in prison settings have the right to access services offered by local treatment centres						
6.3. Continuity of services	A	I	N	N/A	A/R	Comments
(a) For those inmates already in treatment before incarceration, drug dependence treatment is continued when entering prison						
	A	I	N	N/A	A/R	Comments
(b) For those inmates already in treatment before incarceration, drug dependence pharmacological therapy is continued when entering prison						
(c) Pre-release measures include overdose prevention awareness						
(d) Special facilities for the treatment of pregnant women and mothers with small children in prison settings are provided in order to create optimum bonding opportunities						
(e) Psychosocial interventions including vocational training are provided, in order to support reintegration after release						
6.4. Continuous care in the community After release, due to support by community, the patient/client has access to:	A	I	N	N/A	A/R	Comments
(a) Treatment						Specify linkage(s):
(b) Education						Specify linkage(s):
(c) Housing						Specify linkage(s):
(d) Job opportunities						Specify linkage(s):
(e) Insurance and health care including drug dependence treatment						Specify linkage(s):
6.5. Avoidance of detention and forced labour The facility agrees that:	A	I	N	N/A	A/R	Comments
(a) Detention cannot be considered a treatment measure						
(b) Forced labour cannot be considered a treatment measure						
(c) Corporal and/or psychological punishment cannot be considered a treatment measure						

7. Community-based treatment						
7.1. Active involvement of the patient/client	A	I	N	N/A	A/R	Comments
(a) Screening, assessment and treatment planning are only undertaken if trust has been established between the patient/client and the community						
	A	I	N	N/A	A/R	Comments
(b) The treatment in the community takes the patient/client's social and medical status into account						
(c) Treatment planning includes patients/clients, caretakers, families and other members of the community						
(d) Given the patient/client's consent, help and support are offered to family members						
7.2. Accountability to the community	A	I	N	N/A	A/R	Comments
(a) The facility has a systematic strategy for engaging the community for planning, delivering and evaluating services						
(b) The community and the patients/clients are involved in the evaluation of the services						
(c) Services are updated and revised in response to feedback from patients/clients, relatives and the community as well as from regular evaluation						
(d) Where recording client names is not advisable, clients are provided with other unique identifiers (e.g. a number or a code)						
7.3. Community-oriented interventions	A	I	N	N/A	A/R	Comments
(a) There are communication exchange mechanisms with community stakeholders (elders, shop owners, religious leaders, etc.)						
(b) Both the community and the patients/clients are involved in the process of decision making and treatment service planning						
(c) The needs of the community are reflected in the treatment plan						
(d) Treatment planning includes suggestions by patients/clients, caretakers, families and other members of the community						
7.4. Mainstreaming	A	I	N	N/A	A/R	Comments
(a) The facility promotes drug dependence as a multi-factorial disorder throughout the health system						

(b) Specific outreach services seek to achieve a paradigm change within society						
7.5. Linkages with other institutions	A	I	N	N/A	A/R	Comments
(a) Referral networks with other institutions are established						
(b) Referral networks for specialist interventions are established						
(c) Law enforcement is engaged and briefed about the services						
	A	I	N	N/A	A/R	Comments
(d) Law enforcement is supportive of the treatment's objectives						
(e) Court officers and the criminal justice system are involved						
7.6. Involvement of NGOs	A	I	N	N/A	A/R	Comments
(a) NGOs are involved in the process of scaling up treatment and facilitation of rehabilitation and reintegration						
(b) NGOs are involved in outreach services						
(c) NGOs are involved in other processes						
8. Clinical governance						
8.1. Service policy service protocols	A	I	N	N/A	A/R	Comments
(a) There are written drug treatment protocols or guidelines for drug prescriptions and other interventions						
These protocols/guidelines follow international and national standards of care						
Staff members know about the existence of protocols/guidelines and apply them to their services provided						
(b) Written criteria concerning intake and discharge exist:						
Patients/clients are informed about these criteria						
Staff are familiar with these criteria						
8.2. Treatment protocols	A	I	N	N/A	A/R	Comments
(a) There are written patients/clients' records						
Records are up-to-date						

Records are stored safely to guarantee confidentiality						
8.3. Qualified staff	A	I	N	N/A	A/R	Comments
(a) A health practitioner is available "on site" (maximum criteria) or "on call" (minimum criteria) at all times						
(b) A health practitioner is always available "on call" for emergencies						
(c) Fixed times are announced to patients/clients when a health practitioner is available						
8.4. Supervision	A	I	N	N/A	A/R	Comments
(a) Regular supervision and case discussion are ensured						
(b) Regular supervision of staff members is provided						
(c) Records of regular supervisions are kept						
(d) Regular staff meetings take place						
8.5. Financial resources	A	I	N	N/A	A/R	Comments
(a) Financial data systems are clear and up to date						
(b) Financial data is computerized						
(c) Accurate and timely financial reports are conducted						
(d) A resource mobilization policy is in place						
8.6. Communication structures	A	I	N	N/A	A/R	Comments
(a) Procedures are in place for reporting incidences with patients/clients						
(b) Information about 24 hour emergency facilities is provided						
8.7. Monitoring systems	A	I	N	N/A	A/R	Comments
(a) The facility has a structured system for data collection and analysis that is consistent with national and international standards						
(b) The facility issues an annual report on trends and treatment outcomes						
(c) The facility conducts on a regular standardized basis, which focuses on:						
Planning						
Implementation						

Proc						
Patient/client's involvement and satisfaction						
Outcome						
8.8. Human resources	A	I	N	N/A	A/R	Comments
(a) The facility has service providers of both sexes						
There is an option for the patients/clients to choose						
	A	I	N	N/A	A/R	Comments
(b) All staff members have suitable qualifications for the services they provide						
All staff members have received training relevant for the function they deliver						
(c) The patient/client-staff ratio is adequate in accordance with regional/national standards						Please indicate the ratio here: _____
(d) Working hours and pay correspond to national standards						
(e) Staff members have written working contracts						
(f) There are clear management structures						
(g) Health care is available for staff members						
Staff members have immediate access to medical help in case of an emergency						
Staff members are trained and preventive supplies are available to reduce health risks						
Professional support and prevention of staff "burn out" is provided						
9. Policy development and strategic planning within the treatment system						
9.1. Multisectoral treatment policy at national level includes:	A	I	N	N/A	A/R	Comments
(a) Treatment policies based on evidence of effectiveness and cost-effectiveness						
(b) The role and responsibilities of the health care system						
(c) The role and responsibilities of the welfare system						

(d) The role and responsibilities of the criminal justice system						
(e) The role and responsibilities of the civil society						
9.2. Link to prevention services in the community, if available, includes:	A	I	N	N/A	A/R	Comments
(a) Medical services (including immunization services, specialist services, e.g. dentist, x-ray etc.)						
(b) Psycho-social services in the community (employment, housing, welfare)						
(c) Criminal justice system (e.g. probation, drug courts, supervised probation, legal assistance etc.)						
(d) NGOs and government organizations						
9.3. Written situation assessment is conducted for he following purposes:	A	I	N	N/A	A/R	Comments
(a) To understand the types of people who may seek help						
(b) To record patterns of drug use and how they change over time in any one population						
(c) To grasp different types of treatment						
9.4. Coordination balance There is an appropriate balance between:	A	I	N	N/A	A/R	Comments
(a) The services provided by the facility and other special services provided by the health care system						
(b) The services provided by the facility and other special services provided by the social welfare system						
(c) The facility and the criminal justice system						
9.5. Continuum of care The desired continuum of care seeks to respond to the patient/client's:	A	I	N	N/A	A/R	Comments
(a) Physical needs						
(b) Psychological needs						
(c) Social needs						
(d) Spiritual needs						

9.6. Multidisciplinary approach Multidisciplinary teams include:	A	I	N	N/A	A/R	Comments
(a) Physicians and psychiatrists						Specify Nr.:
(b) Nurses						Specify Nr.:
(c) Psychologists						Specify Nr.:
(d) Social workers						Specify Nr.:
(e) Spiritual healers						Specify Nr.:
(f) Other professionals						Specify Nr.:
9.7. Capacity-building	A	I	N	N/A	A/R	Comments
a) Government and training institutions cooperate to ensure continuous availability of trained staff						
b) Drug dependence treatment is integrated into the curriculum of medical and nursing schools						
9.8. Quality assurance A system of clinical governance has been implemented for:	A	I	N	N/A	A/R	Comments
(a) The continuous monitoring of the patient/client's well being						
(b) The intermittent external evaluation						

References

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

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http://www.who.int/substance_abuse/terminology/who_lexicon/en/

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GLOSSARY

Substance use disorders[1]

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-I0, section FI0-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[2]

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[3]

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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[1]http://www.who.int/substance_abuse/terminology/who_lexicon/en/

[2]WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence (2009)

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

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