Development of Quality Assurance Mechanism and Tools for drug use disorders treatment: Evaluation of good practices informed by science and ethical principles towards continuous quality improvement

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BACKGROUND

Following the launch of the UNODC-WHO International Standards for the Treatment of Drug Use Disorders (2016) ("the Standards"), there was a need for new globally applicable tools to ensure a qualified and effective response to drug use disorders (DUDs) around the world. This work contributes to the achievement of the following United Nations Sustainable Development Goals (SDGs):

Within these, a main focus is Target 3.5: to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Some of the tools developed include the UNODC Quality Assurance Mechanism and Tools (QAM/Tools) that are designed to ensure drug treatment systems and services are evidence-based, follow ethical principles and help people with DUDs enjoy the same quality standards and treatment opportunities that are provided for other chronic diseases (Figure I and II. Effective drug treatment system; quality assurance for treatment of drug use disorders). These tools are globally applicable and aligned with the Standards and can support policymakers, funders of drug use disorder systems, treatment services managers and practitioners to improve their capacity to deliver quality treatment and care services.

Figure I. Effective Drug Treatment System in line with UNODC-WHO International Standards for the Treatment of Drug Use Disorders
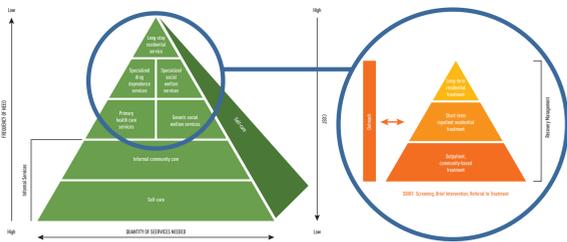
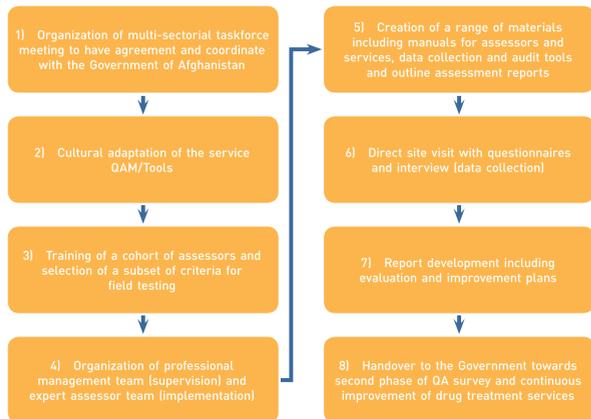**Figure II. Establishing a quality assurance cycle**

METHOD:

After literature review on the quality of drug treatment programmes and services, UNODC, in collaboration with WHO, convened the technical consultation on the development of the QAM/Tools, by bringing together acknowledged experts. Under the overall supervision and coordination of UNODC, the QAM/Tools were developed and further enhanced through remote peer review.

The QAM/Tools were further improved in two ways: a field testing of the QA service standards and evaluation of eight training workshops of expert groups.

RESULTS

In November 2016 the technical consultation meeting brought 18 experts from ten countries to Vienna, where key elements of the quality treatment systems and services were discussed and identified. The expert group concluded that the Standards encompass drug treatment system development and clinical guidance, and that therefore QAM/Tools needed to separate these elements. Another major suggestion was that drug service standards had core elements applicable to all types or modalities of treatment services (core management; core care; and patients' rights and responsibilities) and other optional elements (different types of interventions; settings and target groups).

The draft QAM/Tools were developed in March 2017, collecting inputs from international, regional, and national treatment experts via peer review process. The QAM/Tools consist of five system standards with 21 criteria (Table 1. System-level QA standards) and six service standard areas comprised of 28 standards and 122 criteria (Table 2. Service level QA standards). The QAM/Tools also detail evidence required for each criterion and indicative "scoring" of whether a criterion was not applied/met/partially met/not met using a "culturally transferable BRAG scoring system" (Blue, Red, Amber, Green). (Figure III and IV. Structure of QA tools and scoring system).

The QAM/Tools were further enhanced in two ways: field testing of the services QAM/Tools in Afghanistan in 2017 and evaluation of eight training workshops of expert groups from 12 countries (Afghanistan, Egypt, Indonesia, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Nigeria, Tajikistan, Turkmenistan, Viet Nam, United Arab Emirates, Uzbekistan).

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Table 1.   System level QA standards

There are five standards for local drug treatment systems, each with detailed criteria and recommended evidence required to demonstrate compliance. The standards are:

System 1	System 2	System 3	System 4	System 5
The country should have a strategic multi-sectorial partnership group that coordinates and oversees the planning, funding, monitoring and review of drug treatment in line with national and/or international/UNODC/WHO standards.	The strategic multi-sectorial partnership group should ensure routine comprehensive needs assessments are undertaken to guide national and provincial drug treatment and health promotion service planning (based on surveys to assess need in the community and drug treatment utilization data).	The country should have a three- to five-year strategic plan to develop and/or maintain its national and provincial drug system.	The national strategic multi-sectorial partnership group should work with funders to ensure the drug treatment system is provided in line with UNODC/WHO quality standards for drug treatment.	The national strategic multi-sectorial partnership group should ensure the ongoing quality and performance improvement of local drug treatment system is supported.

Table 2.   Service level QA Standard

CORE STANDARDS			OPTIONAL STANDARDS		
Core management (CM)	**Core care (CC)**	**Patients' rights and responsibilities (PRR)**	**Intervention (INT)**	**Setting-specific (SET)**	**Patient target group (TAR)**
• Management body • Annual plan • Finance • Accommodation and equipment • Human resource • Clinical governance • Patient involvement • Outcome monitoring • Key performance indicators • Partnership with providers	• Service manual • Retention and discharge • Accessibility • Screening and assessment • Treatment or recovery care planning	• Staff are respectful • Treatment information • Informed consent • Confidentiality • Patient involved in assessment • Patient recovery care plan • Patient involvement in recovery care planning • Family-inclusive service • Mutual aid/visible recovery • Patient involved in service • Patient complaints	• Advice and information • Interventions to reduce negative health consequences of drug use • SBIRT • Psychosocial interventions • Pharmacological interventions • Sustained recovery management	• Outreach • Buildings-based	• Children and young people • Parents who use drugs (including pregnant women) • Offenders who use drugs • Access and suitability for diverse groups

Figure III.   Structure of Quality Assurance Tool

Criteria

Standard statement

Scoring

Evidence or data

Standards statement

SyS5: The national strategic multi-sectorial partnership group should ensure the ongoing quality and performance improvement of local drug treatment system is supported

Criteria		Scoring	Data
A	The national strategic multi-sectorial partnership group should monitor the drug treatment system performance and effectiveness using key performance indicators and take early action where services need support	Met Partially met Not met	Evidence of monitoring of national KPIs and improvement plans (if required) Partial monitoring of KPIs and improvement planning (if required) No evidence of KPIs, monitoring or improvement planning
B	The national strategic multi-sectorial partnership group will ensure the support local drug treatment systems to adhere to UNODC/WHO or other quality standards frameworks ***	Met Partially met Not met	Evidence of a range of drug treatment system quality support Evidence of partial drug treatment system quality support No system-level quality support
Notes * examples of key performance indicators and improvement plans could be provided **, *** a checklist of met and partially met content could be developed or examples given			

Notes

Figure IV.   Scorecard for rating a service using QA Tools

Standard	Criterion A	Criterion B	Criterion C	Criterion D	Criterion E	Criterion F	Criterion G	Criterion H	Criterion I	Criterion J	Criterion K
Core management											
CM1											
CM2											
CM3											
CM4											
CM5											
CM6											
CM7											
CM8											
CM9											
CM10											
Core care											
CC1											
CC2											
CC3											
CC4											
CC5											
Patients' rights and responsibilities											
PRR1											
Interventions											
INT1											
INT2											
INT3											
INT4											
INT5											
INT6											
Setting-specific											
SET1											
SET2											
Target-specific											
TAR1											
TAR2											
TAR3											
TAR4											

% or BRAG rating

Blue = U/A

Red = Not met

Amber = Partially met

Green = Met

Request services create action plans to improve Red and Amber areas of service provision.

Figure V.   Process of quality assurance mechanism and tools field testing in Afghanistan

1) Organization of multi-sectorial taskforce meeting to have agreement and coordinate with the Government of Afghanistan

2) Cultural adaptation of the service QAM/Tools

3) Training of a cohort of assessors and selection of a subset of criteria for field testing

4) Organization of professional management team (supervision) and expert assessor team (implementation)

5) Creation of a range of materials including manuals for assessors and services, data collection and audit tools and outline assessment reports

6) Direct site visit with questionnaires and interview (data collection)

7) Report development including evaluation and improvement plans

8) Handover to the Government towards second phase of QA survey and continuous improvement of drug treatment services

SERVICES QAM/TOOLS FIELD TESTING IN AFGHANISTAN

The QAM/Tools were culturally adapted with a group of Afghanistan experts by June 2017. Decisions were made to "mainstream" the piloting into existing drug treatment services' monitoring and oversight mechanisms. A team of expert assessors was selected from the two existing drug treatment and public health monitoring teams. In July 2017, UNODC trained the expert assessors on the Standards and QMA/Tools and worked with them to select a subset of standards and criteria to pilot (Figure V. Process of QAM/Tools field testing in Afghanistan).

Of the 20 services selected for the pilot, 16 were inspected by the assessment team. Results were collated and discussed by the assessment team and communicated to services. Services were subsequently asked to create an action plan to improve areas rated as "red" (non-compliant). The pilot was judged as useful and successful by the Ministry of Public Health in Afghanistan, and in 2018 the QAM was mainstreamed into their core function and applied to all DUD treatment services.

Another positive outcome was that system-wide issues were identified across services (including lack of clinical guidelines), which resulted in system- and service-level quality improvement initiatives and actions (e.g. development of national clinical and recovery protocols and guidelines).

In 2018, the Government of Afghanistan, in collaboration with UNODC, Colombo Plan and national NGOs, completed the second phase of QA assessment for 42 drug treatment centres in four regions in the country, where some improvements were observed in the clinical governance mechanism, technical supervision of staff, the annual plan and its revision linked with key performance indicators, case documentations, patient retention rate, bed occupancy rate, treatment completion rate, and patient satisfaction.

THE EVALUATION OF EIGHT WORKSHOPS

More than 90 per cent of participants in each workshop rated the training and QA tools positively. The BRAG rating system was culturally transferable and thought to be helpful, though countries had very different ideas about what constituted some criteria being "met". Cultural adaptation was required to take into account each country's legal framework, related quality assurance and monitoring systems, and the funding, structure and configuration of DUD and generic services.

CONCLUSION

UNODC has, in collaboration with WHO and drug treatment experts worldwide, developed the QAM/Tools for the treatment of DUDs. The DUD services QAM was found to be useful in helping increase the quality of DUD treatment, whereas the DUD systems QAM has the potential to help countries review their system and increase the coverage of DUD treatment in line with the Standards. Together, both mechanisms provide culturally adaptable tools to support achievement of the United Nations SDGs for the treatment of drug and other substance use disorders.