National Minimum Standards for Drug Dependence Treatment in Nigeria

Response to Drugs and Related Organized Crime in Nigeria (FED/2012/306-744) (NGAV16)

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Response to Drugs and Related Organized Crime in Nigeria
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& the World Health Organization

World Health Organization

TABLE OF CONTENTS

Office of the Honourable Minister of State

Federal Ministry of Health

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11th February, 2015

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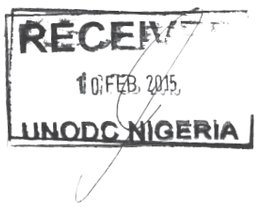


APPROVAL TO OPERATIONALIZE THE NATIONAL MINIMUM STANDARDS FOR DRUG DEPENDENCE TREATMENT IN NIGERIA IN THE DESIGNATED MODEL TREATMENT CENTERS

Reference to your letter No. ODC/NGAV16/FMOH/1214/1 of 3rd December, 2014, after evaluating the draft document, it is hereby approved that the document be used as policy tool to guide in the treatment of substance use disorders in the selected centers for now.

2. It is accordingly worthy of note that should there be any grey areas to be addressed such may be taken up during the next stage of review.

3. I wish to also recommend the inclusion of a Preface and Acknowledgment by the Supervising Minister of Health and Permanent Secretary of Health respectively to the document before publication.

4. As Federal Ministry of Health continues to collaborate with UNODC and other Partners, please accept the assurances of my highest consideration.

Dr. Khaliru Alhassan
Supervising Minister of Health

Cc: Dr. Rui Vaz, Country Representative, WHO
Cc: Country Representative, EU
Cc: Ms. Harsheth Virk, Project officer, UNODC

FOREWORD

UNODC is a global leader in the struggle against illicit drugs and international crime. Along the line of its broad-based various mandates to achieve its goal, over the years UNODC has developed strategies with several sub-programs since 2008 to date. Both strategies of 2008-11 and 2012-15 include prevention, treatment and reintegration and alternative development, among many others.

To achieve this and have most desired impact, Federal Ministry of Health (FMOH) is ready to collaborate with UNODC and other partners (WHO, EU) that are instrumental in fighting use of illicit drugs, relieving suffering, and decreasing drug-related harm to individuals, families, communities and societies.

The National Minimum Standards for Drug Dependence Treatment in Nigeria developed within recommended International guideline with joint input by UNODC and WHO will provide quality care and strong foundation for evidence based practice in the health sector.

FMOH is adapting this document to be part of the mainstream health care system. It is worthy to note that this initiative is closely linked to the MhGAP, and the MhGAP GUIDE for Nigeria has already been put to use. The sustainability of this program depends on government's full participation with technical support from our partners.

Dr. Khaliru Alhassan
Supervising Minister of Health

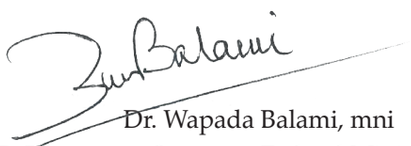
30th December, 2014

ACKNOWLEDGMENT

The National Minimum Standards is a product of UNODC and WHO in collaboration with stakeholders here in Nigeria in line with the global concept of continuum care. Federal Ministry of Health acknowledges the efforts and contribution of all parties in the development of this document.

Federal Ministry of Health sincerely appreciates European Union who provided funds and also commends the consultant who assessed the facilities as Model Treatment Centers.

Finally government appreciates and commends the professionals from Federal Tertiary Hospitals, NDLEA, NPC, NGOs and all those who worked to develop this document.



Dr. Wapada Balami, mni
FOR: Permanent Secretary Federal Ministry of Health

30th December, 2014

CHAPTER 1.
Introduction and rationale for Minimum Standards in Drug Dependence Treatment in Nigeria

A. Background

The treatment of substance use disorders, similar to that of any medical or psychiatric condition, must respect evidence-based standards of care to be effective and responsive to the needs of patients, and to respect human rights principles in accordance with international declarations.

The list of minimum standards for drug dependence treatment presented here is an important element in a continuous process of quality improvement in the treatment of substance use disorders and drug dependence in Nigeria. To ensure effective clinical practices, changes in the target population, in substances of abuse and in consumption patterns, and new treatment research and evaluation must be analysed and used as a basis for updating this list of standards.

In the past, drug dependence in Nigeria was treated as a psychiatric condition; in recent years, however, treatment has evolved and is now offered through a number of non-governmental organizations (NGOs), and at private and government health care facilities as well as in prisons. Whatever the setting, all people with drug use disorders have the same need for humane and effective care.

B. Basis of the National Minimum Standards for Drug Dependence Treatment in Nigeria

This list of minimum standards for drug dependence treatment in Nigeria was developed based on international human rights instruments and the WHO/UNODC* Principles of Drug Dependence Treatment and Care (2008). Three key primary sources used in the development of these standards were: the WHO schedules for the assessment of standards of care (1992), the UNODC Treatment Quality Standards for Drug Dependence Treatment and Care Services (2012), and the WHO Quality Rights Toolkit: assessing and improving quality and human rights in mental health and social care facilities (2012). There are two versions of this toolkit; the first is to be used as a guide for interviews with service users, family members and service centre staff; the second is us to be used by stakeholders such as health authorities, NGOs, etc., for external evaluation.

The following guidelines and instruments were used to identify options for implementation and assessment:

- Addiction Severity Index ASI, fifth edition
- Addiction Severity Index-Lite version (WHO ASI-Lite)
- WHO/UNODC/UNAIDS* position paper: Substitution maintenance in the management of opioid dependence and HIV/AIDS prevention (2004)
- WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence (2009)
- WHO Pharmacological treatment of mental disorders in primary health care (2009)
- WHO Guidelines for the identification and management of substance use and substance use disorders in pregnancy (2014)
- Checklists developed for the WHO Collaborative Study on Opioid Dependence and HIV/AIDS:

    1. Checklist on service performance in agonist maintenance treatment

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* *World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV and AIDS*

2. Checklist on service performance in HIV/AIDS treatment
3. Checklist on staff attitudes and satisfaction in agonist maintenance treatment.

C. Drug Situation and Response in Nigeria and the Need for Minimum Standards for Drug Dependence Treatment

Nigeria lacks reliable and comprehensive data on the prevalence of drug use, substances used and the number of people with drug disorders. Existing data comes from a few hospitals, surveys and studies. They identify cannabis as the most commonly used substance, but the use of heroin and cocaine has increased since the mid-1980s. Treatment and continuing care are mainly based in hospitals; some non-governmental organizations and faith-based organizations offer limited services. Inpatient and limited outpatient services are offered in most hospitals and drug units. These facilities often use the services of part-time psychiatrists, medical practitioners and psychologists. They offer a range of services including counselling, vocational and occupational rehabilitation, and, in a few centres, psychotherapy. Informal treatment programmes based on religion also exist.

The majority of treatment options emphasize abstinence; there are no harm-reduction programmes, and counselling services are lacking. The National Drug Law Enforcement Agency (NDLEA) offers counselling services at its state commands across the country. Drug users are stigmatized in Nigeria. The general public's negative regard of drug users further limits the use of already scarce resources and services. And despite evidence that HIV is growing in Nigeria, the link between HIV and AIDS and drug use has not received adequate attention.

In response to some of these issues, UNODC is implementing a large-scale project funded by the European Union, "Response to Drugs and Related Organized Crime in Nigeria", which is aimed at supporting Nigeria's efforts in fighting drug production, trafficking and use, and in curbing related organized crime. The project proposes a balanced approach to drug control, with equal attention paid to drug interdiction and drug demand reduction, including drug prevention, treatment and care (DPTC).

One of the aims of the project is to support the Federal Government's efforts to improve the quality of service delivery for the treatment of substance use disorders in existing facilities across Nigeria's six geopolitical regions. Based on the findings of a 2013 assessment, the Federal Ministry of Health selected 11 centres to be developed into model treatment centres. These centres will develop a list of minimum standards for drug dependence treatment for Nigeria. These standards will be used as a basis for upgrading the centres, particularly their infrastructure, processes, treatment protocols and modalities.

The first draft of the Minimum Standards for Drug Dependence Treatment in Nigeria combines the UNODC Treatnet Standards and the WHO Quality Rights. The first draft of the minimum standards was presented and extensively discussed at a workshop from 8-11 April 2014 with focal points and representatives from the Federal Ministry of Health (FMOH), National Drug Law Enforcement Agency, the 11 model treatment centres, WHO and UNODC. Based on their feedback, these minimum standards have now been adapted to address the specific drug dependence treatment needs in Nigeria.

The selected model treatment centres were supported by UNODC and FMOH in applying the Minimum Standards for Drug Dependence Treatment to assess their facilities and drug dependence treatment programmes during February and March 2015. Based on identified gaps, UNODC and FMOH will upgrade the centres to ensure that they meet these standards and serve as learning institutions in the area of drug dependence treatment.

During the workshop to identify gaps among these centres, a list of equipment for drug treatment centres was developed and shared with the FMOH and the participating centres. That list is available at the end of this Minimum Standards document and is meant to serve as a guide for centres as they plan to upgrade their services. It is not to imply that services cannot run if the equipment in the list is not available.

D. Methods for Quality Assessment Based on the Minimum Standards

Two options for quality assessment are to be used: internal evaluation mainly for service improvement, and external assessment for quality assurance. Service improvement is a form of self-evaluation; identifying weaknesses in the structure and operations of a given service by gauging its practices against a list of standards and criteria as a starting point for self-defined improvements. Quality assurance is a form of external evaluation by independent experts; it serves as a tool to provide an objective and non-biased judgment to health authorities or other stakeholders.

Internal evaluation

Interviews with service users and family members and/or with service staff are valuable instruments for identifying unmet or insufficiently met standards and needed quality improvements.

The following steps are recommended:

- Designate an internal or external person or group responsible for conducting the evaluation;
- Consider establishing an advisory group;
- Determine the standards that are to be assessed in the evaluation;
- Determine which questions should be asked (for example: Do you know this standard? Is it important for you? Is it met according to your experience?);
- Determine the answer categories for each individual standard; for example, answer categories for a question on knowledge of each standard would be: well known - vague idea - never heard of; on the importance of each standards in the service: essential - advisable - not indicated; on how each standard is met in the service: adequately met - inadequately met - not met at all;
- Agree on a standard interview protocol;
- Designate internal or external persons who will perform interviews (preferably persons who already have experience in interviewing people on sensitive topics);
- Prepare consent forms and seek ethical approval;
- Arrange joint training of interviewers;
- Set up a representative list of persons to be interviewed (from both genders, different age groups, different socio-cultural backgrounds, different lengths of stay in treatment, ex-patients, etc.);
- Create separate assessment forms for interviews and for document screening; enter data into a master file (model forms are annexed with detailed instructions);
- Designate an individual or individuals responsible for data entering;
- Designate an individual or individuals responsible for analysing data and preparing a draft report on outcomes;
- Arrange a joint discussion of draft report and interpretation of findings;
- Plan a strategy paper on service improvements to be based on evaluation findings;
- Arrange a consensus process on priorities and implementation of improvements; and
- Draft a plan for an internal monitoring of implementation process.

Quality assessment based on minimum standards can also be part of a more comprehensive evaluation, as described in the UNODC Treatment paper on substance use treatment programmes (2008).

External assessment

Health authorities and organizations responsible for running facilities and administering services have an interest in using the list of minimum standards to ensure the quality of treatments provided. This can be done in a systematic way that covers all facilities and services in a given network, or more selectively if specific needs for quality assessment are identified for specific services.

The assessment process includes three main elements:

- Verify the implementation of standards at the system level (1.1-1.7). The options mentioned in the respective column apply;
- Verify the implementation of standards to be included in internal regulations of services or documented in their annual reports. Assessment

has to review the internal regulations and annual reports respectively; and
- Mandate systematic interviews with service users, family members and staff of services, ex-patients, and other stakeholders (hospitals, general practitioners, police, NDLEA, courts) that refer patients. For interviews, the steps recommended for internal evaluation apply.

For a systematic external assessment of a service network or selected services, the following steps are recommended:

- Establish a project management team and set objectives;
- Establish an assessment framework;
- Establish the assessment committee(s) and working method;
- Train members of the assessment committee(s);
- Establish authority of the committee(s);
- Prepare consent forms and seek ethical approval, if required;
- Schedule and conduct the assessment;
- Observe facilities;
- Review facility documentation;
- Interview service users, family members, friends, caregivers and staff;
- Report the results of the assessment; and
- Apply the results of the assessment.

Each one of these steps is described in some detail in the WHO quality rights toolkit.

Assessment forms

Internal evaluation and external assessment have to determine if each criterion is met, partially met, not met at all, not applicable or available through referral. This assessment has to be made separately for every facility involved in the evaluation.

In order to facilitate this process, findings can be entered into template forms. There are special forms for entering data from interviews and for entering data from document analysis.

After forms are completed, data can be transferred into a master file for analysis and reporting. In addition, there are other types of forms that can be used to collect information on the minimum standards, including:

1. Service audit form
2. Client questionnaire form
3. Staff questionnaire form
4. Service user satisfaction survey
5. Key stakeholder interview form
6. Facility mapping questionnaire
7. Treatment demand indicator form
8. Routine clinical outcome form

CHAPTER 2.
UNODC / WHO Principles of Drug Dependence Treatment

1: Availability and Accessibility of Drug Dependence Treatment

Description and Justification

Drug dependence and its associated social and health problems can be treated effectively in the majority of cases if people have access to a continuum affordable treatment and rehabilitation services in a timely manner. To this end, all barriers to treatment access need to be minimised.

Components

Many factors contribute to treatment accessibility, including: location, distribution and linkages; timeliness and flexibility of opening hours; legal framework (requirements to register drug addicts in official records, if associated with the risk of sanctions, may discourage patients from attending treatment programmes, thus reducing accessibility); availability of low threshold services; affordability; cultural relevance and user friendliness; responsiveness to multiple needs and diversification of settings; criminal justice system responses (law enforcement officials, courts and prisons may closely collaborate with the health system to encourage drug dependent individuals to enter treatment); and services tailored to gender-specific treatment needs.

2: Screening, Assessment, Diagnosis and Treatment Planning

Description and Justification

Patients afflicted with drug use disorders often have multiple treatment needs across a range of personal, social and economic areas that cannot be addressed if their addictive symptoms are treated in isolation. As for any other health problem, diagnostic and comprehensive assessment processes must be the basis for developing a personalised and effective approach to treatment and engaging the patient into treatment.

Components

These include: screening, which is a useful assessment procedure to identify individuals with hazardous or harmful drug use, or drug dependence, as well as associated risk behaviours; assessment and diagnosis, which are core requirements for treatment initiation; a comprehensive assessment, which takes into account the stage and severity of the disease, somatic and mental health status, individual temperament and personality traits, vocational and employment status, family and social integration, and legal situation; and the treatment plan, developed with the patient, which establishes goals based on the patient's needs and outlines interventions to meet those goals.

3: Evidence-informed Drug Dependence Treatment

Description and Justification

Evidence-based good practices and accumulated scientific knowledge on the nature of drug dependence should guide interventions and investments in drug dependence treatment. The high quality of standards required for approval of pharmacological or psychosocial interventions in all the other medical disciplines should be applied to the field of drug dependence.

Components

These include: a range of evidence-based pharmacological and psychosocial interventions relevant to different stages of addiction and treatment;

sufficient duration (in treating complex chronic diseases and preventing relapse, long-lasting treatment programmes have been found to be the most effective); the integration of psychosocial and pharmacological treatment methods; multidisciplinary teams including medical doctors, psychiatrists, psychologists, social workers, counsellors and nurses; brief interventions, which can benefit individuals with experimental and occasional substance use and are an effective and economical prevention option; outreach and low-threshold interventions that can reach patients not motivated to engage in structured forms of treatment; the wide distribution and availability of basic services including detoxification, psychosocially assisted opioid agonist pharmacotherapy of opioid dependence, counselling, rehabilitation strategies and social support; medically supervised withdrawal for patients who are highly dependent on substances; maintenance medications; psychological and social interventions; self-help support groups, which complement formal treatment options; socio-cultural relevance; knowledge transfer and ongoing clinical research; and training of treatment professionals from early on in their careers.

4: Drug Dependence Treatment, Human Rights, and Patient Dignity

Description and Justification

Drug dependence treatment services should comply with human rights principles and affirm the inherent dignity of all individuals. Treatment should be based on an individual's right to the highest attainable standard of health and well-being and should not discriminate against individuals for any reason.

Components

People with drug dependence should not be subject to discrimination because of their past or present drug use. The same standards of ethical treatment should apply to the treatment of drug dependence as they do to any other health condition. These include the patient's right to autonomy and self-determination, and the treating staff's obligation to beneficence and non-maleficence. Access to treatment and care services, including measures to reduce the health and social consequences of drug use, needs to be ensured at all the stages of addiction. As any other medical procedure, general conditions of drug dependence treatment, whether psychosocial or pharmacological, should not be forced on patients. Only in exceptional crisis situations of high risk to the individual or to others, compulsory treatment should be mandated for specific conditions and periods of time as specified by the law. When the use and possession of drugs results in state-imposed penal sanctions, and the offer of treatment as an alternative to imprisonment or other penal sanction is made, the patient is entitled to reject treatment and choose the penal sanction instead. Discrimination should not occur based on any grounds, be it gender, ethnic background, religion, political belief, or health, economic, legal or social condition. The human rights of people with drug dependence should never be restricted on the grounds of treatment and rehabilitation. Inhumane or degrading practices and punishment should never be elements of treatment of drug dependence.

5: Targeting Special Subgroups and Conditions

Description and Justification

Several subgroups within the larger population of individuals affected by drug use disorders require special consideration and often specialised care. These groups with specific needs include adolescents, women, pregnant women, people with medical and psychiatric comorbidities, sex workers, ethnic minorities and socially marginalised individuals. A person may belong to more than one of these groups and have multiple needs.

Components

The implementation of adequate strategies and provision of appropriate treatment for these patients often require targeted and differentiated approaches to contacting services and entering treatment, clinical interventions, treatment settings and service organization, which best meet the specific needs of these groups.

6: Addiction Treatment and the Criminal Justice System

Description and Justification

Drug-related crimes are highly prevalent, and many people are incarcerated for drug-related offences. These include offences to which a drug's pharmacologic effects contribute; offences motivated by the user's need for money to support continued use; and offences connected to drug distribution. A significant number of people in criminal systems worldwide are drug dependent.

Drug use should be seen as a health condition and, when possible, drug users should be treated in the health care system rather than the criminal justice system. Interventions for drug dependent people in the criminal justice system should prioritize treatment as an alternative to incarceration, or provide drug dependence treatment while in prison and after release. Research indicates that drug dependence treatment is highly effective in reducing crime.

Components

These include: diversion schemes from the criminal justice system into treatment; human rights principles; continuity of services; and continuous care in the community upon release. Neither detention nor forced labour has been recognized as an effective treatment for drug use disorders.

7: Community Involvement, Participation and Patient Orientation

Description and Justification

A community-based response to drug use and dependence can support and encourage behavioural changes. 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, NGOs, private sector, community leaders, religious organizations and traditional healers), community members, families and the target populations is needed to establish ownership; also necessary is an integrated network of community-based health care services.

Components

These include: active patient involvement; accountability to the community; community-oriented interventions that can increase community support and promote supportive public opinions and health policy, and help reduce discrimination and social marginalisation; mainstreaming drug dependence treatment in health and social interventions; establishing links between drug dependence treatment services and hospital services; and NGOs, which can play a significant role in the provision of services for patients in coordination with the public health system. They can be particularly helpful in the process of scaling up treatment and facilitating rehabilitation and reintegration.

8: Clinical Governance of Drug Dependence Treatment Services

Description and Justification

A drug dependence treatment service requires an accountable, efficient and effective method of clinical governance that facilitates achievement of its goals. The service provided must be based on current research and be responsive to the needs of service user. Policies, programmes, procedures and coordination mechanisms should be defined in advance and clarified to all therapeutic team members, administration and the target population.

Components

These include: service policy and protocols; treatment protocols, which are written documents that outline details concerning procedures for assessment, care planning and provision of treatment; qualified staff; supervision and other forms of support for the prevention of burnout among staff members; financial resources; communication structures and networking between drug dependence treatment services and with other relevant institutions such as general practitioners, specialists and social services; monitoring systems and the updating of services to respond to their clients' evolving needs.

9: Treatment Systems: Policy Development, Strategic Planning and Coordination of Services

Description and Justification

A systematic approach to drug use disorders and patients in need of treatment, as well as to planning and implementation of services, requires a logical, step-by-step sequence that links policy to needs assessment and treatment planning and implementation, and to monitoring and evaluation.

Components

These include: the formulation of a treatment policy for drug use disorders by relevant authorities in governments for the development of treatment systems and implementation of effective interventions; linkages between prevention interventions and treatment services; situation assessment; coordination between different sectors (health, social welfare and criminal justice); appropriate balance between specialised services and primary care; coordinated care across different health and welfare services to achieve a continuum of care; a multidisciplinary approach involving diverse professional groups; capacity building by government and training institutions to ensure the availability of trained staff in the future; and quality assurance, monitoring and evaluation.

CHAPTER 3.

National Minimum Standards for Drug Dependence Treatment in Nigeria

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
1. AVAILABILITY AND ACCESSIBILITY OF DRUG DEPENDENCE TREATMENT	**1.1. Facilities are available to everyone who requires treatment and support**	**Standard**			
	1.1.1. Everyone who requests help with substance abuse treatment receives care in the facility or is referred to another facility where care can be provided	Criteria	All persons seeking help for a substance abuse problem can be admitted to an appropriate service Any service approached by a person with a substance abuse problem is obliged to care for this person or to refer him or her to an appropriate service	Nominate an official authority in charge of treatment planning and where persons seeking help for a substance abuse problem can apply Services are obliged to report annually on the number of persons asking for admittance and the number of effectively admitted persons	Key stakeholder interviews, including substance users who are not in treatment for their reasons not to apply for treatment Treatment demand indicator
	1.2. Service users can find and access the facilities they need	**Standard**			
	1.2.1. Anybody in need of treatment can find publicly available information about available options and services	Criteria	Persons who need care for a substance abuse problem have access to information about available services, from their doctor, from medical and social services, from helplines and internet sites or other sources publicly available	The authority has the mandate to set up a list of services with a detailed description of conditions for admission, treatments offered, duration of treatment, costs and contact information Make this list available to the general public	Service user interviews Key stakeholder interviews: interview persons with substance use disorders, family members, caregivers, etc. about their knowledge on available services and their conditions

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
1. AVAILABILITY AND ACCESSIBILITY OF DRUG DEPENDENCE TREATMENT	**1.3. Services users can access the services they need independent of their financial situation and without discrimination of race, gender, ethnicity, religion or cultural background, or of social marginalisation**	**Standard**			
	1.3.1. No person is denied access to facilities or treatment on the basis of economic factors, race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous, or social origin, property, disability, birth, age or other status	Criteria	Admittance of persons seeking help for a substance abuse problem must be guaranteed without discrimination, and services must be available also for persons who cannot pay for their treatment There must be services for any kind of person seeking treatment for a substance abuse problem, even if some services restrict access according to gender, age, ethnicity, religion, comorbidities etc.	Set up appropriate legal conditions for services and facilities that provide treatment to persons with substance abuse problems Make sure that persons who cannot pay for treatment can find appropriate care	Key stakeholder interviews Check on the following: Does health insurance cover treatment costs for substance abuse treatments? Does public welfare pay for substance abuse treatments? Are there NGOs or welfare organizations providing treatment at low costs or funds for cost?
	1.3.2. No service user is admitted, treated or kept in the facility on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age, or other status	Criteria	Persons who are admitted for the treatment of substance abuse problems are not retained involuntarily, if they want to leave, subject to interventions against their will, irrespective of their characteristics and affiliations	Set up legal provisions to prohibit involuntary retention and treatment, not based on medical reasons alone Patients must have the right to apply to an official authority in case of contravention to this standard	Reports from any authority that monitors such cases and their outcomes

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
1. AVAILABILITY AND ACCESSIBILITY OF DRUG DEPENDENCE TREATMENT	**1.4. Service users and their family can reach the facilities by public transport**	**Standard**			
	1.4.1. The facility can be reached by public transport	Criteria	Access to services is not impeded by lack of public transport options The locations of services allow for easy access by public transport, without long journeys or complicated connections	The authority can negotiate with respective planning and transport authorities to ensure that facilities are accessible by public transport	Check on public transport services to approved facilities
	1.5. Service users can access the services they need without waiting time creating unnecessary risks	**Standard**			
	1.5.1. Immediate access to services is provided if there is a risk in case of delaying treatment due to a waiting list	Criteria	Persons seeking treatment must be assessed for immediate health or social risks, if they cannot be admitted instantly. There must be an option for emergency care in case of such risks	Information on waiting list, waiting time and provisions for care in emergency cases is available from all services to a central authority	Key informant interviews: Monitoring of service accessibility Check on updated and accurate information provided by services and other sources Interview persons with substance use disorders, family members, caregivers, etc. about their knowledge of available services and their conditions

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
1. AVAILABILITY AND ACCESSIBILITY OF DRUG DEPENDENCE TREATMENT	**1.6. Service users have access to all services they need (through referral if necessary)**	**Standard**			
	1.6.1. The services seek to meet patient/client needs (e.g. comorbid disorders, somatic conditions, etc.)	Criteria	Persons seeking treatment may have diverse problems that should be addressed: health problems, family problems, job problems, financial problems, legal problems, etc. If a service cannot provide counselling and help for all kinds of problems, there should be a mechanism for referral to another appropriate service Treatment services for substance abuse problems are linked to other services that can provide specialised care for somatic or psychiatric conditions or who can be consulted in such cases	The authority has the mandate to set up a list of services with a detailed description of conditions for admission, treatments offered, duration of treatment, costs and contact information The list must provide information on what can be taken care of at the facility, and if referrals are provided Make this list available to the general public	Document review Check on annual reports. Check on the accuracy of information provided by services Perform interviews with substance users who are not in treatment to determine their reasons for not seeking treatment
	1.7. Referral to other services is offered in case of discharge without mutual consent	**Standard**			Reports from any authority that monitors such cases and their outcomes
	1.7.1. If a patient wants to be discharged against the advice of therapists, or if his or her behaviour leads to involuntary discharge, a referral for follow-up treatment in another service or for after-care is offered	Criteria	Sometimes, patients are not willing to continue treatment, against the advice of their therapists, or others are discharged against their will for unacceptable behaviour; in such cases, a referral to another service should be offered	The provision of this assistance must be included in the internal regulations of services	Check internal regulations of services

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
2. SCREENING, ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING	**2.1. Service users are assessed at entry for all treatment needs (somatic, psychiatric, social)**	**Standard**			
	2.1.1. A standardised instrument for assessment of patient/client is used that includes: somatic status, psychiatric status, social status, legal status, and history of substance use disorders	Criteria	To avoid overseeing any treatment needs, it is advisable to use a standardised assessment instrument for every new patient admitted to the service	Use one of the available assessment instruments, e.g. the WHO's Addiction Severity Index ASI 5th ed. or the shortened version ASI-lite	Service audit: check on use of a comprehensive assessment instrument in clinical routine
	2.2. Treatment planning is made on the basis of assessment findings, in collaboration and with the consent of service users	**Standard**			
	2.2.1. Treatment plans are developed on the basis of assessment of patient/client	Criteria	Indication and planning of individual treatment (choice of approach and methods) must respond to the treatment needs as identified during initial assessment	Services must have adequate regulations on assessment and treatment planning	Service audit: check on the respective service regulations and signed consent form
	2.2.2. Patients/clients participate in the treatment planning process	Criteria	In order to find acceptance and compliance with the intended individual treatment program, the patient should be included in the planning process	Services must have adequate regulations on assessment and treatment planning	Service user interviews Service audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
2. SCREENING, ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING	2.2.3. Patients/clients are informed of the range of available treatment options and their possibilities are explained fully and clearly, including risks and benefits	Criteria	The patient should have adequate information on available treatment options, their chances and risks, as a basis for well-informed consent with his or her individual treatment plan	Services must have adequate regulations on assessment and treatment planning	Service user interviews Service audit
	2.2.4. Each consenting patient/client has a comprehensive, individualised treatment plan that includes his or her social, medical, employment and education goals and objectives for recovery	Criteria	Treatment plans should not be restricted to medical interventions; they should also cover interventions for social and vocational rehabilitation, and should outline the improvements that are to be reached	Services must have adequate regulations on assessment and treatment planning	Service user interviews Service audit
	2.3. Assessment results, diagnosis and treatment procedures, changes, special events, discharge, and outcomes are recorded in a standardised individual record form	**Standard**			
	2.3.1. A personal, confidential medical file is created for each patient/client with their consent	Criteria	All findings, planned and performed interventions and changes in the patient's status must be recorded in an individual file, accessible only to persons involved in the care of this patient and to supervision and research	This obligation must be based on legally binding regulations covering standards 2.3 and 2.4	Service audit: check on the availability of records, their storage and accessibility as stated in standards 2.3 and 2.4

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
2. SCREENING, ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING	**2.4. Individual records are confidential, stored for later evaluation and accessible to service users on demand**	**Standard**	"Stored for later evaluation" is meant to refer to information that could be used for research		
	2.4.1. All patient/client records are confidential and are to be stored safely to guarantee confidentiality	Criteria	All findings, planned and performed interventions and changes in the patient's status must be recorded in an individual file, accessible only to persons involved in the care of this patient and to supervision and research	This obligation must be based on legally binding regulations covering standards 2.3 and 2.4	Service audit: check on the availability of records, their storage and accessibility as stated in standards 2.3 and 2.4
	2.4.2. No information is to be provided to outsiders without patient/client permission (except when ordered by c ourt)	Criteria	Notes must be recorded in an individual file, accessible only to persons involved in the care of this patient and to supervision and research	This obligation must be based on legally binding regulations covering standards 2.3 and 2.4	Service audit: check on the availability of records, their storage and accessibility as stated in standards 2.3 and 2.4 Key stakeholder interviews
	2.4.3. All patients/clients have access to the information contained in their medical files that is relevant, and they can add written information, opinions and comments to their medical files without censorship	Criteria	The patient's experience of his or her treatment, of treatment effects and regime are important information for an optimal tailoring of the treatment process, and should therefore be documented in the individual patient file	See 2.3.1 This obligation must be based on legally binding regulations covering standards 2.3 and 2.4	See 2.3.1 Service audit: check on the availability of records, its storage and accessibility as stated in standards 2.3 and 2.4

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
2. SCREENING, ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING	**2.5. All treatments are monitored, revised and supervised at regular intervals**	**Standard**			
	2.5.1. Treatment plans are regularly discussed with the patient/client	Criteria	Changes in medical and/or social status of a patient may occur during treatment, and treatment plans must be adapted accordingly. Treatment is a process; changes in the patient's status are intended, side effects may occur, and the patient's experience is an important element to guide the process. At the same time, the patient must be informed about changes in the treatment plan and reasons for changes, in order to secure good compliance	Services must have adequate regulations for routine procedures in treatment monitoring	Check on the availability of such regulations
	2.5.2. Treatment plans are regularly reviewed and updated by a staff member	Criteria	On the basis of observations and findings on patient behaviour and status, his or her individual treatment plan must be professionally reviewed and adapted	See 2.5.1 Services must have adequate regulations for routine procedures in treatment monitoring	See 2.5.1 Check on the availability of such regulations
	2.6. Regular discharge is made in consent with service users, and plans for follow-up care are in place	**Standard**			
	2.6.1 Regular discharge is made on the basis of a standardised procedure taking into account patient/client needs for stabilising treatment results	Criteria	Regular discharge needs preparation: living conditions and after-care must be organized in collaboration with patient	Internal regulations are available for the preparation of regular discharge and after-care	Check on the availability of such regulations and its practical implementation

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	**3.1. Staff is competent to provide treatment and care for substance use disorders**	**Standard**			
	3.1.1. All staff members have suitable qualifications and have received relevant training for the services they provide	Criteria	All staff must be qualified for the functions, duties and responsibilities they have within the service Initial qualifications from professional education and past experience must be complemented by training for the specific functions they perform	This standard must be based on legally binding regulations on health professionals Staff qualifications must be indicated in annual reports of services	Service audit: check on staff qualifications in services as indicated in annual reports, in special surveys or during on-site visits by mandated persons WHO questionnaire on staff attitudes and satisfaction may be used
	3.1.2. A qualified health practitioner is available "onsite" (target) or "on-call" (minimum) at all times	Criteria	A professional person "on duty" must be available around the clock and all year to respond to emergencies	Such availability must be part of the internal regulations	Service audit: check on internal regulations
	3.2. Acute intoxication management and treatment is provided	**Standard**			
	3.2.1. Professional toxicological advisory assistance is provided in acute intoxication management and treatment	Criteria	Acute intoxication (at entry or occurring during treatment) is an emergency that must be addressed immediately by staff who are trained for this purpose	Availability of such assistance should be mentioned in internal regulations of services and should include methadone for detoxification	Service audit: check internal regulations
	3.3. Detoxification is available	**Standard**			
	3.3.1. Detoxification services are available either on an outpatient or residential basis	Criteria	If a patient wants or consents to detoxification, a standardised program must be available	This standard must be part of internal regulations and good practice rules	Facility mapping survey

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	**3.4. Opioid Agonist Therapy is available, affordable and used appropriately**	**Standard**			
	3.4.1. Evidence-based pharmacological opioid agonist treatment is available and offered, based on the patient's/client's treatment outcome expectations, e.g. methadone/ buprenorphine	Criteria	A standardised program for opioid agonist therapy must be provided by trained staff, if a patient asks for it or consents to it	This standard must be part of internal indication criteria and procedural rules for opioid agonist treatment See also WHO guidelines for psychosocially assisted pharmacological treatment of opioid dependence	Facility mapping survey Service user satisfaction survey WHO checklist on service performance in agonist maintenance may be used
	3.5. Opioid Antagonist Therapy is available, affordable and used appropriately	**Standard**			
	3.5.1. Evidence-based pharmacological opioid antagonist treatment is available and offered based on the patient's/client's treatment outcome expectations, e.g. naltrexone	Criteria	Pharmacological treatments cover the management of intoxication, withdrawal states and relapse risks and include antagonist therapy A standardised program for opioid antagonist therapy must be provided by trained staff, if a patient asks for it or consents to it	See 3.4.1 This standard must be part of internal indication criteria and procedural rules for opioid agonist treatment See also WHO guidelines for psychosocially assisted pharmacological treatment of opioid dependence	See 3.4.1 Facility mapping survey Service audit: check on internal indication criteria and procedural rules of services WHO checklist on service performance in agonist maintenance may be used

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	**3.6. Psychotropic medication is available, affordable and used appropriately**	**Standard**			
	3.6.1. The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed	Criteria	Evidence-based pharmacological treatment is available for all psychiatric comorbidities	Designate in each service a person responsible for the implementation of this standard; the person must be identified in the annual report	Service audit: check on annual reports
	3.6.2. A constant supply of essential psychotropic medication is available in sufficient quantities to meet the needs of service users	Criteria	A person is designated as responsible for the constant supply of essential medications	See 3.6.1. The responsible person and the supply is documented in the annual report	Service audit: see 3.6.1
	3.6.3. Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly	Criteria	Prescribing medication according to diagnosis at individual dosages is the responsibility of the patient's physician	This standard must be covered by the internal procedural rules for pharmacological treatments See also WHO guideline on pharmacological treatment of mental disorders in primary health care	Service audit: check on the procedural rules
	3.6.4. Service users are informed about the purpose of the medications being offered and any potential side effects	Criteria	The prescribing physician is responsible for the patient's information on purposes and potential side effects	See 3.6.3 This standard must be covered by the internal procedural rules for pharmacological treatments See also WHO mhGAP intervention guide sections on pharmacological treatment of mental disorders in primary health care	See 3.6.3 Service audit: Check on the procedural rules Service user interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	3.6.5. Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy	Criteria	Patients should have an option to ask for alternatives or amendments to medication, e.g. for psychosocial interventions or psychotherapy	See 3.6.3 This standard must be covered by the internal procedural rules for pharmacological treatments See also WHO guideline on pharmacological treatment of mental disorders in primary health care	See 3.6.3 Service audit: check on procedural rules Service user interviews
	3.7. Adequate services are available for general and reproductive health	**Standard**			
	3.7.1. Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter	Criteria	Physical comorbidity is frequent in persons with substance abuse problems, and therefore it is essential to carry out physical health examinations and screenings	Services must include such examinations and screenings as part of their assessment procedures at entry, as part of the assessment instrument they use, or as an additional rule (see 2.1.1)	Service audit: check on assessment instruments and procedures Service user interviews (see 2.1.1)
	3.7.2. Treatment and care for blood-borne and other infectious diseases (especially AIDS, hepatitis and tuberculosis) is available at the facility or by referral	Criteria	Service users must be screened for these frequent infections occurring in drug abuse, and adequate treatment must be available	Screening procedures and treatment are documented in the internal regulations of services	Facility mapping survey Service audit: check on internal regulations WHO checklist on service performance for HIV/AIDS may be used
	3.7.3. Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral	Criteria	Adequate treatment of somatic comorbidities and preventive measures such as vaccinations are an essential part of improving health and social functioning of persons with substance abuse problems	See 2.2.1 Services must have adequate regulations on assessment and treatment planning	See 2.2.1 Facility mapping survey Service audit: check on the respective service regulations and signed consent form

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	3.7.4. When surgical or medical procedures are needed that cannot be provided at the facility, referral mechanisms exist to ensure that service users receive procedures in a timely manner	Criteria	Not all services can provide all types of treatment and care. In order to guarantee coverage of all treatment needs of patients, referrals to other services are essential	Services should have written procedures on how to perform referrals, including patient's consent, and a list of services that have agreed to accept referred patients with substance abuse	Service audit: check on procedures and list Service use interviews
	3.7.5. Regular health education and promotion are conducted at the facility	Criteria	Health education and promotion by individual and collective counselling help to maintain positive results of treatment provided at the services	Design collective counselling (e.g. lectures, demonstrations, interactive debates), designate a person responsible for such activities, and educate staff for individual counselling. These activities are to be documented in the annual reports of services	Service audit: check on annual reports and eventually on these activities at service level
	3.7.6. Service users are informed of and advised about reproductive health and family planning matters	Criteria		See 3.7.5 See also WHO guidelines on substance use and substance use disorders in pregnancy Design collective counselling (e.g. lectures, demonstrations, interactive debates), designate a person responsible for such activities, and educate staff for individual counselling. These activities are to be documented in the annual reports of services	See 3.7.5 Service audit: check on annual reports and eventually on these activities at service level Service use interviews
	3.7.7. General and reproductive health services are provided to service users with free and informed consent	Criteria		See 2.2.1 Services must have adequate regulations on assessment and treatment planning	See 2.2.1 Service audit Service use interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	**3.8. Psychosocial services including counselling are provided**	**Standard**			
	3.8.1. Counselling and case management are provided on-site or upon referral, including family counselling	Criteria	Patients may need multiple and diverse interventions including psychosocial interventions, according to their various needs assessed at entry to treatment. In order to facilitate a coordinated and timely implementation of the various interventions, a case manager should be mandated	Services provide for case management internally or externally if needed, in their internal regulations on treatment procedures	Service audit Service use interviews
	3.9. Intermediate outpatient/inpatient program for social reintegration is available	**Standard**			
	3.9.1. There is an intermediate outpatient/inpatient programme for social reintegration	Criteria	Re-entry to community life after treatment is a critical phase for many persons with substance abuse problems, due to stigma, relapse risks and problematic contacts	At the service level, a re-entry phase on an outpatient basis and/or an internal preparatory programme should be in place for reducing the risks. Also, at the system level, specialised services for the re-entry phase for social and vocational rehabilitation are a useful option	Service audit: check on the availability of such offers at service level or via referral Service use interviews
	3.10. Intermediate outpatient/inpatient program for reintegration to the work-place is available	**Standard**			
	3.10.1. Staff give patients/clients information about education and employment opportunities in the community	Criteria	This is an essential element of a re-entry phase programme; it increases the chances for complete recovery and reduces the risks for relapse	Link patients/clients with existing services to support education and employment. If possible, partnerships with such services are formed so that patients/clients continue to be supported by the treatment service while they are doing their vocational training	Service audit S ervice use interviews Routine outcome assessment: employment rate before and after treatment. Involvement in employment programmes

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	**3.11. Support for access to housing services is provided**	**Standard**			
	3.11.1. Staff inform and support patients/clients in accessing options for housing and financial resources	Criteria	This is an essential element of a re-entry phase programme; it increases the chances for complete recovery and reduces the risks for relapse	Form linkage and partnerships with government services and NGOs that support housing	Service audit Service use interviews Routine clinical outcome assessment: rates of homelessness before and after treatment Involvement in programmes that support accommodation
	3.12. Vocational training is offered on-site or upon referral	**Standard**			
	3.12.1 Opportunities for vocational training are available	Criteria	This is an essential element of a re-entry phase programme; it increases the chances for complete recovery and reduces the risks for relapse	Partnerships with such services are formed so that patients/clients continue to be supported by the treatment service while they are doing vocational training. If possible, the treatment programme includes a component of vocational training	Service audit Key stakeholder interviews Service use interviews Routine outcome assessment: employment rate before and after treatment. Involvement in employment programmes

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
3. EVIDENCE-INFORMED DRUG DEPENDENCE TREATMENT	**3.13. Relapse prevention medication is available**	**Standard**			
	3.13.1. Relapse prevention medication is prescribed individually upon indication	Criteria	The full range of relapse prevention medications covers opioid agonists, opioid antagonists, and other well-established medications (eg. naltrexone)	Availability of relapse prevention medications is documented in internal treatment regulations	Service audit
	3.14. Referral to follow-up treatment and care is provided	**Standard**			
	3.14.1. Services operate within a network and mutual referrals are possible, based on a contractual agreement between services		Not all services have a complete therapeutic program covering all treatment needs and treatment phases; well-organized cooperation with other services and options for referral to those must be offered. Referrals are an essential element of a complete therapeutic circle including rehabilitation and re-integration; occasionally they are also needed for an appropriate management of relapse and crisis situations	Cooperation with other services and options for referral should be documented in the internal treatment regulations	Service Audit Key stakeholder interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
4. DRUG DEPENDENCE TREATMENT, HUMAN RIGHTS AND PATIENT DIGNITY	**4.1. Patient's/client's preferences for treatment are a priority**	**Standard**			
	4.1.1. Patient's/client's preferences are given priority when deciding where they will access services	Criteria	Patients should not be admitted to services they do not want to use, and the services they prefer should be accessible to the extent possible	Services should have admission regulations covering this standard See also 1.2 and 1.3.2 (finding and accessing services) Patients can be offered the range of treatment options (including non treatment) and advised on which of these options are recommended and then supported to make their own decision Set up legal provisions to prohibit involuntary retention and treatment, not based on medical reasons only Patients must have the right to apply to an official authority in case of contravention to this standard	Service use interviews Service audit
	4.1.2. Patient's/client's preferences are taken into consideration when deciding between available treatment options	Criteria	No interventions should be imposed without informed consent Available options are presented to the patient, along with advice as to which one is considered preferable, but unless the patient is deemed unable to care for him/herself, then his/her decision determines the course of action. Even if the person is deemed unable to care for him/herself, then his/her wishes are taken into consideration when choosing between possible treatment alternatives	See 1.3.2 Set up legal provisions to prohibit involuntary retention and treatment, not based on medical reasons only Patients must have the right to apply to an official authority in case of contravention to this standard	See 1.3.2 Service audit Service use interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
4. DRUG DEPENDENCE TREATMENT, HUMAN RIGHTS AND PATIENT DIGNITY	**4.2. Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects are used exclusively with free and informed consent**	**Standard**		Applicable to drug dependent people with psychiatric comorbidity	
	4.2.1. Electroconvulsive therapy is not administered without the free and informed consent of service users	Criteria		Patients should be asked to sign a consent form indicating their consent for each ECT procedure, which is then kept in the medical records. When people are unable to read or write, they should have a friend or family member sign that they have been informed of the risks and consent to the procedure This standard must be documented in the internal treatment regulations	Service audit: check internal regulations Interviews with service users, family members, service staff Audit of medical records to see consent forms
	4.2.2. Clear evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to	Criteria		See 4.2.1 This standard must be documented in the internal treatment regulations	See 4.2.1 Service audit: check internal regulations Interviews with service users, family members, service staff
	4.2.3. Electroconvulsive therapy is never used in its unmodified form (i.e. without an anaesthetic and a muscle relaxant)	Criteria		See 4.2.1 This standard must be documented in the internal treatment regulations	See 4.2.1 Service audit: check internal regulations Interviews with service users, family members, service staff

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
4. DRUG DEPENDENCE TREATMENT, HUMAN RIGHTS AND PATIENT DIGNITY	4.2.4. Electroconvulsive therapy is not administered on minors	Criteria		See 4.2.1 This standard must be documented in the internal treatment regulations	See 4.2.1 Minor is described as 14 years and below. Service audit: check internal regulations Interviews with service users, family members, service staff
	4.2.5. Psychosurgery and other irreversible treatments are not conducted without both the service user's free and informed consent and the independent approval of a board	Criteria		See 4.2.1 This standard must be documented in the internal treatment regulations	See 4.2.1 Service audit: check internal regulations Interviews with service users, family members, service staff
	4.2.6. Abortions and sterilizations are not conducted on service users without their consent	Criteria		See 4.2.1 This standard must be documented in the internal treatment regulations Service users should be facilitated to access family planning services if they wish to	See 4.2.1 Service audit: check internal regulations Interviews with service users, family members, service staff
	4.3. Procedures and safeguards are in place to prevent detention and any treatment without free and informed consent	**Standard**			
	4.3.1. Admission and treatment are based on the free and informed consent of service users	Criteria		See 4.2.1 This standard must be documented in the internal treatment regulations Service users reluctant to enter treatment can often be persuaded to access treatment without the use of coercion with motivational interviewing approaches	See 4.2.1 Service audit: check internal regulations, consent forms Interviews with service users, family members, service staff

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
4. DRUG DEPENDENCE TREATMENT, HUMAN RIGHTS AND PATIENT DIGNITY	**4.4. Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity**	**Standard**	This standard emphasizes that a legal right is not useful unless it can be exercised		
	4.4.1. Clear, comprehensive information about the rights of service users is provided in both written and verbal form	Criteria	Patients must have the possibility to make use of their civil and patient rights according to law	See 4.2.1 This standard must be documented in the internal treatment regulations	See 4.2.1 Service audit: check internal regulations Interviews with service users, family members, service staff
	4.4.2. Service users can nominate and consult with a support person or network of people of their own choosing on decisions about admission, treatment and personal, legal, financial or other affairs, and the people selected are recognized by staff	Criteria	Patients must have the right to delegate claims for their rights to persons of their choice	See 4.2.1 This standard must be documented in the internal treatment regulations	See 4.2.1 Service audit Service use interviews
	4.5. Service users can communicate freely, and their right to privacy is respected	**Standard**	There may be situations of in which telecommunication is restricted, for example during initial detoxification. Even in this situation, some flexibility must be exercised		

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
4. DRUG DEPENDENCE TREATMENT, HUMAN RIGHTS AND PATIENT DIGNITY	4.5.1. Telephones, letters, e-mails and the Internet are freely available to service users, without censorship	Criteria	Internal and external communication is not obstructed or sanctioned; there is no censorship of mail etc. Reasons for exceptions must be documented in the patient file	This standard must be documented in the internal treatment regulations	Service audit: check internal regulations Interviews with service users, family members, service staff
	4.5.2. Service users' privacy in communications is respected	Criteria	Privacy is protected in communication with visitors, telephone calls etc.	This standard must be documented in the internal treatment regulations	Service audit: check internal regulations Interviews with service users, family members, service staff
	4.6. Service users are free from any abuse	**Standard**			
	4.6.1. Appropriate steps are taken to prevent all instances of abuse	Criteria	Physical, sexual and psychological abuse is strictly prohibited	Patients must have the possibility to apply to a trustworthy person mandated to care for such cases (internal regulations)	Service audit: check internal regulations

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
5. TARGETING SPECIAL SUBGROUPS AND CONDITIONS	**5.1. Adolescents**	**Standard**			
	5.1.1. Separate services are available for adolescents	Criteria	Mixing adolescents with adults can expose them to more severe forms of drug use, putting them at risk of harm	Separate services for adolescents, or at least separate areas in residential treatment Staff are trained in the specific needs of adolescents	Service mapping Service user questionnaires
	5.1.2. Services for adolescents are specifically designed to meet their needs	Criteria		Separate services for adolescents, or at least separate areas in residential treatment Staff are trained in the specific needs of adolescents	Service mapping Service user questionnaires
	5.2. Women	**Standard**			
	5.2.1. Staff involved in treatment obtained special training in gender-responsive services	Criteria		Staff involved in treatment obtained special training in gender-responsive services	Service user questionnaires

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
5. TARGETING SPECIAL SUBGROUPS AND CONDITIONS	5.2.2. Services for women offer segregation from men			Separate services for women, or at least separate areas in residential treatment	Service mapping
	5.2.3. Women caring for children are able to access services			Childcare is available while women are seeing treatment staff	Service user questionnaires Treatment demand indicator combined with epidemiological assessment (proportion of women accessing services compared to the proportion of women with substance use disorders)
	5.2.4. Specific counselling and social outreach services for women are available	Criteria		Liaison with antenatal services	Treatment mapping
	5.3. Pregnant women	**Standard**			
	5.3.1. Evidence-based standards of pharmacotherapy for opioid dependence treatment during pregnancy are available	Criteria		Opioid dependent women have access to opioid maintenance treatment in pregnancy	Treatment mapping Treatment demand indicator

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
5. TARGETING SPECIAL SUBGROUPS AND CONDITIONS	5.3.2. Pregnant women are able to access residential services for detoxification or stabilisation as needed			Women are advised when it is safe to detox during pregnancy Women can be admitted either to a hospital/maternity bed or detoxification unit to safely detox during pregnancy	
	5.3.3. Women with substance use disorders are screened for pregnancy			Women are offered a pregnancy test when they present for treatment	Treatment demand indicator Clinical audit
	5.3.4. Antenatal services are supported by specialist treatment services			Services are supported to screen, offer brief interventions when appropriate, and patients can be referred for more comprehensive treatment when necessary Liaison with antenatal services Staff from the substance abuse treatment service visit and support antenatal treatment services	Treatment demand indicator Treatment mapping Clinical audit
	5.4. People with drug dependence having the same level of access to treatment as any other people in the country against hepatitis B and C, HIV, tuberculosis	**Standard**			
	5.4.1. Drug treatment services screen for common comorbidities			Service users are offered screening for hepatitis B and C, HIV, tuberculosis and other common comorbidities on admission and at least once a year thereafter based on the clinical scenario	Treatment demand indicator Clinical audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
5. TARGETING SPECIAL SUBGROUPS AND CONDITIONS	5.4.2. Services are available for people with drug use disorders and comorbidities	Criteria		People with substance use disorders are not excluded from mainstream services Specific services for the treatment of hepatitis, HIV, tuberculosis and other common comorbidities are set up for people with substance use disorders Such services are preferably integrated with substance abuse treatment services, but may also be co-located, or nearby with facilitated referral mechanisms If inpatient treatment of the comorbidity is required, substance abuse treatment should be available at the same time (for example to manage any withdrawal symptoms)	Treatment mapping Treatment demand indicators: The proportion of people with a comorbidity requiring treatment who are receiving such treatment
	5.5. People with psychiatric comorbidities have access to treatment	**Standard**			
	5.5.1. Preliminary assessment and interventions include screening for associated psychiatric disorders	Criteria	Assessment is best made by use of a standardised screening instrument	A standardized assessment form can be used that includes screening questions on psychiatric disorders	Clinical audit Treatment demand indicator
	5.5.2. Adequate psychopharmacological and psychosocial treatments for psychiatric comorbidities are offered on-site or upon referral	Criteria		Substance use treatment services can be integrated within psychiatric services, otherwise they can include mental health specialists on staff, or facilitated referral mechanisms	Treatment mapping Service user survey

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
6. ADDICTION TREATMENT AND THE CRIMINAL JUSTICE SYSTEM: APPLICABLE FOR CRIMINAL JUSTICE SERVICES ONLY	**6.1. Treatment is available as an alternative to penal sanctions**	**Standard**			
	6.1.1. Treatment is offered to the patient/client as an alternative to penal sanctions	Criteria		At each step of the criminal justice pathway (arrest, laying of charges, pre-trial detention, trial, sentencing, post-trial, imprisonment, post-imprisonment, parole), there can be a mechanism for referring to treatment before continuing the criminal justice pathway Relationships and partnerships can be established between the criminal justice and drug treatment sectors to facilitate referral and ensure that appropriate treatment is available The cost of treatment can be supported by the criminal justice sector when it is a barrier to people receiving treatment Treatment staff can be trained in the specific needs of service users in the criminal justice sector and of the requirements of the criminal justice sector itself Specific legislation can be introduced for specific programmes which integrate criminal justice pathways and substance abuse treatment	Treatment mapping Service audit Key-informant interviews Service user interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
6. ADDICTION TREATMENT AND THE CRIMINAL JUSTICE SYSTEM: APPLICABLE FOR CRIMINAL JUSTICE SERVICES ONLY	6.1.2. Treatment as an alternative to penal sanctions is not imposed without patient/client consent	Criteria		People with substance use disorders who come into contact with the criminal justice system should be free to refuse treatment and face the criminal justice consequences of their actions	Key-informant interviews Service user interviews
	6.2. Treatment is available for patients in prison and other closed settings	**Standard**			
	6.2.1. There are written policies stressing that addicted patients/clients in prison and other closed settings have the right to receive health care and treatment, including substance abuse treatment	Criteria		Treatment in closed settings can include management of withdrawal symptoms, opioid maintenance treatment, brief motivational interviewing, structured psychological interventions and therapeutic communities in prisons	Treatment mapping key informant interviews service user interviews
	6.2.2. There are written policies stressing that drug dependent patients/clients in prison have the right to access services offered by local treatment centres	Criteria			Service audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
6. ADDICTION TREATMENT AND THE CRIMINAL JUSTICE SYSTEM: APPLICABLE FOR CRIMINAL JUSTICE SERVICES ONLY	**6.3. There is a continuity of services for people entering and leaving the criminal justice system**	**Standard**			
	6.3.1. For persons already in treatment before incarceration, drug dependence treatment is continued when entering prison/police custody	Criteria		Opioid maintenance treatment is continued when entering and leaving prison. If ceased when entering prison it can be offered again in the weeks before release from prison	Service audit Treatment mapping
	6.3.2. Pre-release measures for people with a history of sedative and opioid use include overdose prevention awareness	Criteria		Measures to reduce sedative/opioid overdose on leaving prison include: commencing opioid maintenance treatment several weeks before leaving prison, coordination with substance abuse treatment on leaving prison, overdose awareness counselling, and naloxone distribution programmes	Service audit Key informant interviews
	6.3.3. Psychosocial interventions, including education and vocational training, are provided to support reintegration after release	Criteria		Psychosocial support can be offered pre-release or in substance abuse treatment services on release Efforts can be made to facilitate employment on release	Treatment mapping Key informant interviews Service user interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
6. ADDICTION TREATMENT AND THE CRIMINAL JUSTICE SYSTEM: APPLICABLE FOR CRIMINAL JUSTICE SERVICES ONLY	6.3.4. Community-based services support the patient/client in accessing housing after release from prison	Criteria		Efforts can be made to facilitate housing on release either by prison health services or by substance use service on release	Treatment mapping Key informant interviews Service user interviews
	6.4. Unlawful detention and forced labour are avoided	**Standard**			
	6.4.1. People with drug use disorders are not deprived of their liberty without judicial oversight (i.e. suspected, or convicted of a serious crime, or unable to care for themselves)	Criteria		If a person with a substance use disorder is to be detained against their will in the criminal justice system because they are a threat to society (i.e. they have committed a serious crime), this should be overseen by normal judicial processes as for people without drug use disorders	Treatment mapping Key informant interviews Service user interviews Legislative review

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
7. COMMUNITY-BASED TREATMENT: FOR COMMUNITY-BASED SERVICES ONLY	**7.1. Treatment is provided with the active involvement of the patient/client**	**Standard**			
	7.1.1. Treatment in the community takes the patient's/client's social and medical status into account	Criteria		Initial clinical assessment should include medical and social assessment	Clinical audit Service user interviews
	7.1.2. Treatment planning includes patients/clients, caretakers, families and other members of the community	Criteria		The assessment includes, when appropriate, caretakers, the perspectives of families and other members of the community When deciding what treatments to offer, these views, as well as the view of the service user, can be taken into consideration The service user can then select from the range of options	Key informant interviews Service user interviews
	7.1.3. Treatment is provided with the consent of the patient			Consent for treatment is documented in the clinical record When patients are unable to read, consent is read to them and witnessed by someone nominated by the service user	Clinical audit Key informant interviews Service user interviews
	7.2.Treatment facilities are accountable to the community	**Standard**		Depending how the treatment system is organized, this may be the responsibility of the national, state or local government, or the treatment centre itself	

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
7. COMMUNITY-BASED TREATMENT: FOR COMMUNITY-BASED SERVICES ONLY	7.2.1. The facility has a systematic strategy for engaging the community for planning, delivering and evaluating services	Criteria		When a new treatment facility is planned, key stakeholders in the community are consulted From time to time, key stakeholders are given the opportunity to provide input on the treatment facility's delivery of services When an evaluation of the service is planned, key community stakeholders are included both in planning the evaluation and in the evaluation process	Key stakeholder interviews
	7.2.2. Services are updated and revised in response to feedback from patients/clients, relatives and the community, and based on regular evaluation	Criteria		Feedback from service users can be collected by a feedback survey, a satisfaction with treatment survey, a suggestion box, or online There can be a similar mechanism for getting feedback from family members Another mechanism is to include a representative of service users, in the treatment organizational structure	
	7.3. Drug treatment services are linked with other institutions/services	**Standard**			
	7.3.1. Referral networks with other services are established, including NGOs and government services	Criteria		There can be information available at any treatment service about what other treatment services are available If a service user needs a treatment that is provided by another service, then the referral is facilitated by written or verbal communication, or both	Key informant interviews Service user interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
7. COMMUNITY-BASED TREATMENT: FOR COMMUNITY-BASED SERVICES ONLY	7.3.2. Referral networks for specialist interventions are established	Criteria		A relationship with specialist service providers that outlines the requirements of the specialist provider and highlights what support can be provided can facilitate successful referrals	Key informant interviews Service user interviews
	7.3.3. Law enforcement is engaged in and briefed about treatment services	Criteria		Law enforcement staff are provided with information/training about drug treatment services by treatment staff, including how they can refer people for treatment	Key informant interviews
	7.4. Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community	**Standard**			
	7.4.1. Staff inform service users about options for housing and financial resources	Criteria	When preparing for discharge and re-entry, during outpatient treatment and rehabilitation, patients must be supported in finding an acceptable living place and financial resources	This standard must be part of internal regulations of services	Check internal regulations
	7.5. Treatment services support patients to access education and employment opportunities	**Standard**			

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
7. COMMUNITY-BASED TREATMENT: FOR COMMUNITY-BASED SERVICES ONLY	7.5.1. Staff give service users information about education and employment opportunities in the community	Criteria	When preparing for discharge and re-entry, during outpatient treatment and rehabilitation, patients must be supported in attending education and employment opportunities	This standard must be part of internal regulations of services	Check internal regulations
	7.6. The right of service users to participate in political and public life and to exercise freedom of association is supported	**Standard**			See 7.6.1 Check on internal regulations
	7.6.1. Service users are free to join and participating in the activities of political, religious, social, disability and mental disability organizations and other groups	Criteria	Outpatients and patient rehabilitation programmes must have the possibility to participate in public life	See 7.6.1 This standard must be part of internal regulations of services	See 7.6.1 Check internal regulations
	7.7. Residential service users are supported in taking part in social, cultural, religious and leisure activities	**Standard**			
	7.7.1. Staff give service users information on available social, cultural, religious and leisure activities	Criteria	Offer opportunities and contacts for networking	See 7.6.1 This standard must be part of internal regulations of services	See 7.6.1 Check internal regulations

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
8. CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES	**8.1. Service policies are transparent**	**Standard**			
	8.1.1. There are written drug treatment protocols or guidelines for drug prescription and other interventions	Criteria		National guidelines can be written based on WHO or other international guidelines Treatment centre guidelines can also be written	Existence of guidelines Key informant interviews
	8.1.2. Written criteria concerning intake and discharge exist and are known to patients and families	Criteria		Information for service users and their families can be made available in treatment services at assessment	Key informant interviews Service audit
	8.2. Treatment records are kept in accordance with medical standards	**Standard**			
	8.2.1. Written patient/client records are up to date and signed by treating staff	Criteria		Written records are kept and updated in a timely manner and signed by each treating staff member every time they are updated	Service audit
	8.2.2. Records are used and stored safely to guarantee confidentiality	Criteria	Special measures are in place to safeguard confidentiality of records	Records are stored where access is monitored unless locked Records can be coded so that the service user's name is not clearly visible to others if the file is in a common space in a treatment centre	Service audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
8. CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES	**8.3. Staff receive adequate clinical support and supervision**	**Standard**			
	8.3.1. Staff members have opportunities to discuss their clinical load with a supervisor or other staff member	Criteria		There can be either individual opportunities for clinical supervision, or clinical supervision can be part of a group process where staff take turns presenting cases in front of peers	Service audit
	8.3.2. Regular staff meetings take place for all clinical staff	Criteria		Regular meetings inform staff of any policy changes, get feedback from staff on any issues, allow for discussion of any adverse events, and for joint planning of cases involving more than one staff member	Service audit
	8.3.3. Staff members are accountable for their clinical work to a supervisor	Criteria		Staff members take professional responsibility for the work they do. As part of this process, they can pass on information to a clinical supervisor when they feel that they need assistance, or that the client may be at risk	Service audit
	8.4. Financial resources are adequate for the provision of sustainable services	**Standard**			
	8.4.1. Accurate and timely financial reports are conducted	Criteria		An annual financial report could be produced	Service audit
	8.4.2. Financial resources are adequate to ensure the viability of the treatment service			The financial report could be audited to ensure the financial integrity of the organization and the availability of funds to continue services	Service audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
8. CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES	**8.5. Incident reporting structures are in place**	**Standard**			
	8.5.1. Procedures are in place for reporting incidences with patients/clients	Criteria		There could be an incident reporting form to describe an incident or near incident	Service audit
	8.5.2. Meetings are held to discuss critical incident reports, where decisions are recorded on any measures to be taken to prevent future similar incidents			Either regular or ad-hoc meetings take place to discuss critical incidents	Service audit
	8.6. There is a system in place for monitoring trends in drug use, comorbidity and treatment outcomes	**Standard**			
	8.6.1. The facility measures outcomes such as retention in treatment and drug use after discharge			A discharge form can be completed which reports the date of discharge and the reason for discharge From time to time (i.e. every three months) a small amount of data is collected by the person providing treatment on basic outcome measures such as drug use and clinical progress	Service audit
	8.6.2. The facility publishes an annual report on trends in drug use, comorbidities and treatment outcomes			Data can be collected at treatment entry on drug use and comorbidities and at follow up for treatment outcomes	Treatment demand indicator reports Service audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
8. CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES	**8.7. Human resources practices are in line with industry standards**	**Standard**			
	8.7.1. The facility has service providers of both sexes	Criteria			Service audit
	8.7.2. Staff members have written employment contracts	Criteria			Service audit
	8.7.3. There are clear management structures	Criteria			Service audit
	8.7.4. Health care is available for staff members	Criteria			Service audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
8. CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES	**8.8. The building is in good physical condition**	**Standard**	The infrastructure, quality, safety and comfort of buildings and facilities must adhere to national standards and safeguards	Legally binding regulations should be in place	Check compliance with regulations
	8.8.1. Buildings are in good state of repair	Criteria			Service audit
	8.8.2. The building is accessible to persons with physical disabilities	Criteria			Service audit
	8.8.3. Lighting, heating and ventilation provide for a comfortable environment	Criteria			Service audit
	8.8.4. Measures are in place to prevent fire	Criteria			Service audit
	8.8.5. The facility meets hygiene and sanitary requirements	Criteria			Service audit
	8.9. The sleeping conditions of service users are comfortable and offer sufficient privacy	**Standard**			

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
8. CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES	8.9.1. Sleeping quarters provide service users with sufficient living space and are not overcrowded		Safe and comfortable sleeping conditions must be guaranteed	Internal regulations must include this standard and designate where complaints may be directed	Service audit
	8.9.2. Men, women, children and the elderly have separate sleeping quarters		Separate rooms for children, women, old or agitated patients etc. are provided		Service audit
	8.10. The facility meets hygiene and sanitary requirements	**Standard**			
	8.10.1. Bathing and toilet facilities are clean and function properly	Criteria	Sanitary infrastructure must prevent the spread of infectious disease		Service audit
	8.10.2. Bathing and toilet facilities offer sufficient privacy, and separate facilities exist for men and women	Criteria	Facilities must prevent molestation and guarantee protection of personal intimacy		Service audit
	8.11. Service users are given food, safe drinking water and clothing that meet their needs and preferences	**Standard**			

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
8. CLINICAL GOVERNANCE OF DRUG DEPENDENCE TREATMENT SERVICES	8.11.1. Food and safe drinking water are available in sufficient quantities, are of good quality and meet with the service user's cultural preferences and physical health requirements	Criteria	Safe and sufficient nutrition must be provided		Service audit
	8.11.2. When service users do not have their own clothing, good quality clothing is provided that meets their cultural preferences and is suitable for the climate	Criteria	Patients can have their own clothing, and deprived patients must be conveniently clothed		Service audit
	8.12. The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction	**Standard**			
	8.12.1. The necessary resources, including equipment, are provided by the facility to ensure that service users have opportunities to interact and participate in leisure activities	Criteria	Avoid a passive behaviour, social isolation and seclusion, which are obstacles to successful rehabilitation		Service audit

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
9. TREATMENT SYSTEMS: POLICY DEVELOPMENT, STRATEGIC PLANNING & COORDINATION OF SERVICES: APPLICABLE AT THE SYSTEMS LEVEL ONLY (NATIONAL OR REGIONAL)	**9.1. The services provided by the facility are in balance with other available resources**	**Standard**			
	9.1.1. There is an appropriate balance between the services provided by the facility and other special services provided by the health care system	Criteria			Facility mapping survey Key stakeholder interviews
	9.1.2. There is an appropriate balance between the services provided by the facility and other special services provided by the social welfare system	Criteria			Facility mapping survey Key stakeholder interviews
	9.1.3. There is an appropriate balance between the facility and services provided by the criminal justice system	Criteria			Facility mapping survey Key stakeholder interviews
	9.2. There is a continuum of services available from less intensive to more intensive	**Standard**			Facility mapping survey Service user interviews

Themes	Standard	Standard or Criteria	Comment/Explanation	Options for implementation	Options for assessment
9. TREATMENT SYSTEMS: POLICY DEVELOPMENT, STRATEGIC PLANNING & COORDINATION OF SERVICES: APPLICABLE AT THE SYSTEMS LEVEL ONLY (NATIONAL OR REGIONAL)	9.2.1. The desired continuum of care seeks to respond to the patient's/client's needs	Criteria			
	9.3. A multidisciplinary approach is provided	**Standard**			
	9.3.1. Treatment is provided by multidisciplinary teams that include physicians, psychiatrists, nurses, psychologists and social workers	Criteria			Facility mapping survey
	9.4. Capacity building	**Standard**			
	9.4.1. Drug dependence treatment is integrated into the curricula of medical and nursing schools	Criteria			Key stakeholder interviews
	9.5. Quality assurance mechanisms are in place	**Standard**			
	9.5.1. A system for intermittent external evaluation of the treatment service exists	Criteria			Service audit

CHAPTER 4.
Assessment forms

Assessment data collection form (documents)

This form is to be used for entering findings from document analysis. Types of documents include: internal regulations of facilities, annual reports, treatment protocols or other (name), national laws, government decrees, official guidelines or other official documents (name), non-official guidelines, standards of conduct or other (name).

Types of facilities are psychiatric hospitals, other hospitals, psychiatric outpatient clinics, other outpatient clinics, therapeutic community, other residential addiction treatment center, outpatient facility for addiction treatment, day care center, rehabilitation center, home, shelter or other (name).

Name of facility: _____
Type of facility: _____
Name of author: _____
Function of author: _____
Name and date of document: _____
Type of document: _____
Date and place: _____

For each criterion, the present status has to be entered according to the following categories:

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

Comments column: for each criterion that is not met or inadequately met, indicate what the problem is and how the situation could be improved.

Comments on the document (nature of recommendations, etc.)

Criteria	A	I	N	N/A	A/R	Comments
1.1.1. Everyone who requests help with substance abuse treatment receives care in the facility or is referred to another facility where care can be provided						
1.2.1. Anybody in need of treatment can find publicly available information about available options and services						
1.3.1. No person is denied access to facilities or treatment on the basis of economic factors, race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous, or social origin, property, disability, birth, age or other status						
1.3.2. No service user is admitted, treated or kept in the facility on the basis of his or her race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age, or other status						
1.4.1. The facility can be reached by public transport						
1.5.1. Immediate access to services is provided if there is a risk in case of delaying treatment due to a waiting list						
1.6.1. The services seek to meet patient/client needs (e.g. comorbid disorders, somatic conditions, etc.)						
1.7.1 If a patient wants to be discharged against the advice of therapists, or if his or her behaviour leads to involuntary discharge, a referral for follow-up treatment in another service or for after-care is offered						

Criteria	A	I	N	N/A	A/R	Comments
2.1.1 A standardised instrument for assessment of patient/client is used that includes: somatic status, psychiatric status, social status, legal status, and history of substance use disorders						
2.2.1 Treatment plans are developed on the basis of assessment of patient/client						
2.2.2 Patients/clients participate in the treatment planning process						
2.2.3 Patients/clients are informed of the range of available treatment options and their possibilities are explained fully and clearly, including risks and benefits						
2.2.4 Each consenting patient/client has a comprehensive, individualised treatment plan that includes his or her social, medical, employment and education goals and objectives for recovery						
2.3.1 A personal, confidential medical file is created for each patient/client with their consent						
2.4.1 All patient/client records are confidential and are to be stored safely to guarantee confidentiality						
2.4.2 No information is to be provided to outsiders without patient/client permission (except when ordered by court)						
2.4.3 All patients/clients have access to the information contained in their medical files that is relevant, and they can add written information, opinions and comments to their medical files without censorship						

Criteria	A	I	N	N/A	A/R	Comments
2.5.1 Treatment plans are regularly discussed with the patient/client						
2.5.2 Treatment plans are regularly reviewed and updated by a staff member						
2.6.1 Regular discharge is made on the basis of a standardised procedure taking into account patient/client needs for stabilising treatment results						
3.1.1 All staff members have suitable qualifications and have received relevant training for the services they provide						
3.1.2 A qualified health practitioner is available "on-site" (target) or "on-call" (minimum) at all times						
3.2.1 Professional toxicological advisory assistance is provided in acute intoxication management and treatment						
3.3.1 Detoxification services are available either on an outpatient or residential basis						
3.4.1 Evidence-based pharmacological opioid agonist treatment is available and offered, based on the patient's/client's treatment outcome expectations, e.g. methadone/buprenorphine						
3.5.1 Evidence-based pharmacological opioid antagonist treatment is available and offered based on the patient's/client's treatment outcome expectations, e.g. naltrexone						

Criteria	A	I	N	N/A	A/R	Comments
3.6.1 The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed						
3.6.2 A constant supply of essential psychotropic medication is available in sufficient quantities to meet the needs of service users						
3.6.3 Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly						
3.6.4 Service users are informed about the purpose of the medications being offered and any potential side effects						
3.6.5 Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy						
3.7.1 Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter						
3.7.2 Treatment and care for blood-borne and other infectious diseases (especially AIDS, hepatitis and tuberculosis) is available at the facility or by referral						
3.7.3 Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral						

Criteria	A	I	N	N/A	A/R	Comments
3.7.4 When surgical or medical procedures are needed that cannot be provided at the facility, referral mechanisms exist to ensure that service users receive procedures in a timely manner						
3.7.5 Regular health education and promotion are conducted at the facility						
3.7.6 Service users are informed of and advised about reproductive health and family planning matters						
3.7.7 General and reproductive health services are provided to service users with free and informed consent						
3.8.1 Counselling and case management are provided on-site or upon referral, including family counselling						
3.9.1 There is an intermediate outpatient/ inpatient programme for social reintegration						
3.10.1 Staff give patients/ clients information about education and employment opportunities in the community						
3.11.1 Staff inform and support patients/clients in accessing options for housing and financial resources						
3.12.1 Opportunities for vocational training are available						

Criteria	A	I	N	N/A	A/R	Comments
3.13.1 Relapse prevention medication is prescribed individually upon indication						
3.14.1 Services operate within a network and mutual referrals are possible, based on an contractual agreement between services						
4.1.1 Patient's/client's preferences are given priority when deciding where they will access services						
4.1.2 Patient's/client's preferences are taken into consideration when deciding between available treatment options						
4.2.1 Electroconvulsive therapy is not administered without the free and informed consent of service users						
4.2.2 Clear evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to						
4.2.3 Electroconvulsive therapy is never used in its unmodified form (i.e. without an anaesthetic and a muscle relaxant)						
4.2.4 Electroconvulsive therapy is not administered on minors						
4.2.5 Psychosurgery and other irreversible treatments are not conducted without both the service user's free and informed consent and the independent approval of a board						

Criteria	A	I	N	N/A	A/R	Comments
4.2.6 Abortions and sterilizations are not conducted on service users without their consent						
4.3.1 Admission and treatment are based on the free and informed consent of service users						
4.4.1 Clear, comprehensive information about the rights of service users is provided in both written and verbal form						
4.4.2 Service users can nominate and consult with a support person or network of people of their own choosing on decisions about admission, treatment and personal, legal, financial or other affairs, and the people selected are recognized by staff						
4.5.1 Telephones, letters, e-mails and the Internet are freely available to service users, without censorship						
4.5.2 Service users' privacy in communications is respected						
4.6.1 Appropriate steps are taken to prevent all instances of abuse						
5.1.1 Separate services are available for adolescents						
5.1.2 Services for adolescents are specifically designed to meet their needs						

Criteria	A	I	N	N/A	A/R	Comments
5.2.1 Staff involved in treatment obtained special training in gender-responsive services						
5.2.2 Services for women offer segregation from men						
5.2.3 Women caring for children are able to access services						
5.2.4 Specific counselling and social outreach services for women are available						
5.3.1 Evidence-based standards of pharmacotherapy for opioid dependence treatment during pregnancy are available						
5.3.2 Pregnant women are able to access residential services for detoxification or stabilisation as needed						
5.3.3 Women with substance use disorders are screened for pregnancy						
5.3.4 Antenatal services are supported by specialist treatment services						
5.4.1 Drug treatment services screen for common comorbidities						
5.4.2 Services are available for people with drug use disorders and comorbidities						
5.5.1 Preliminary assessment and interventions include screening for associated psychiatric disorders						

Criteria	A	I	N	N/A	A/R	Comments
5.5.2 Adequate psychopharmacological and psychosocial treatments for psychiatric comorbidities are offered on-site or upon referral						
6.1.1 Treatment is offered to the patient/client as an alternative to penal sanctions						
6.1.2 Treatment as an alternative to penal sanctions is not imposed without patient/client consent						
6.2.1 There are written policies stressing that addicted patients/clients in prison and other closed settings have the right to receive health care and treatment, including substance abuse treatment						
6.2.2 There are written policies stressing that drug dependent patients/clients in prison have the right to access services offered by local treatment centres						
6.3.1 For persons already in treatment before incarceration, drug dependence treatment is continued when entering prison/police custody						
6.3.2 P Pre-release measures for people with a history of sedative and opioid use include overdose prevention awareness						
6.3.3 Psychosocial interventions, including education and vocational training, are provided to support reintegration after release						
6.3.4 Community-based services support the patient/client in accessing housing after release from prison						

Criteria	A	I	N	N/A	A/R	Comments
6.4.1 People with drug use disorders are not deprived of their liberty without judicial oversight (i.e. suspected, or convicted of a serious crime, or unable to care for themselves)						
7.1.1 Treatment in the community takes the patient's/client's social and medical status into account						
7.1.2 Treatment planning includes patients/clients, caretakers, families and other members of the community						
7.1.3 Treatment is provided with the consent of the patient						
7.2.1 The facility has a systematic strategy for engaging the community for planning, delivering and evaluating services						
7.2.2 Services are updated and revised in response to feedback from patients/clients, relatives and the community, and based on regular evaluation						
7.3.1 Referral networks with other services are established, including NGOs and government services						
7.3.2 Referral networks for specialist interventions are established						
7.3.3 Law enforcement is engaged in and briefed about treatment services						

Criteria	A	I	N	N/A	A/R	Comments
7.4.1 Staff inform service users about options for housing and financial resources						
7.5.1 Staff give service users information about education and employment opportunities in the community						
7.6.1 Service users are free to join and participate in the activities of political, religious, social, disability and mental disability organizations and other groups						
7.7.1 Staff give service users information on available social, cultural, religious and leisure activities						
8.1.1 There are written drug treatment protocols or guidelines for drug prescription and other interventions						
8.1.2 Written criteria concerning intake and discharge exist and are known to patients and families						
8.2.1 Written patient/client records are up to date and signed by treating staff						
8.2.2 Records are used and stored safely to guarantee confidentiality						
8.3.1 Staff members have opportunities to discuss their clinical load with a supervisor or other staff member						

Criteria	A	I	N	N/A	A/R	Comments
8.3.2 Regular staff meetings take place for all clinical staff						
8.3.3 Staff members are accountable for their clinical work to a supervisor						
8.4.1 Accurate and timely financial reports are conducted						
8.4.2 Financial resources are adequate to ensure the viability of the treatment service						
8.5.1 Procedures are in place for reporting incidences with patients/clients						
8.5.2 Meetings are held to discuss critical incident reports, where decisions are recorded on any measures to be taken to prevent future similar incidents						
8.6.1 The facility measures outcomes such as retention in treatment and drug use after discharge						
8.6.2 The facility publishes an annual report on trends in drug use, comorbidities and treatment outcomes						
8.7.1 The facility has service providers of both sexes						
8.7.2 Staff members have written employment contracts						

Criteria	A	I	N	N/A	A/R	Comments
8.7.3 There are clear management structures						
8.7.4 Health care is available for staff members						
8.8.1 Buildings are in good state of repair						
8.8.2 Buildings are accessible to persons with physical disabilities						
8.8.3 Lighting, heating and ventilation provide for a comfortable living environment						
8.8.4 Measures are in place to prevent fire						
8.8.5 The facility meets hygiene and sanitary requirements						
8.9.1 Sleeping quarters provide service users with sufficient living space and are not overcrowded						
8.9.2 Men, women, children and the elderly have separate sleeping quarters						
8.10.1 Bathing and toilet facilities are clean and function properly						
8.10.2 Bathing and toilet facilities offer sufficient privacy, and separate facilities exist for men and women						

Criteria	A	I	N	N/A	A/R	Comments
8.11.1 Food and safe drinking water are available in sufficient quantities, are of good quality and meet with the service user's cultural preferences and physical health requirements						
8.11.2 When service users do not have their own clothing, good-quality clothing is provided that meets their cultural preferences and is suitable for the climate						
8.12.1 The necessary resources, including equipment, are provided by the facility to ensure that service users have opportunities to interact and participate in leisure activities						
9.1.1 There is an appropriate balance between the services provided by the facility and other special services provided by the health care system						
9.1.2 There is an appropriate balance between the services provided by the facility and other special services provided by the social welfare system						
9.1.3 There is an appropriate balance between the facility and services provided by the criminal justice system						
9.2.1 The desired continuum of care seeks to respond to the patient's/client's needs						

Criteria	A	I	N	N/A	A/R	Comments
9.3.1 Treatment is provided by multidisciplinary teams that include physicians, psychiatrists, nurses, psychologists and social workers						
9.4.1 Drug dependence treatment is integrated into the curricula of medical and nursing schools						
9.5.1 A system for intermittent external evaluation of the treatment service exists						

Assessment data collection form (interviews)

This form is to be used for entering findings from individual interviews. Types of interviewees are present service users, family members of users, ex-patients, drug users not in treatment, staff members, external care-takers, family doctors or other (name).

Types of facilities are psychiatric hospitals, other hospitals, psychiatric outpatient clinics, other outpatient clinics, Therapeutic Community, other residential addiction treatment center, outpatient facility for addiction treatment, day care center, rehabilitation center, home, shelter or other (name).

Name of facility: _____
Type of facility: _____
Name of interviewer: _____
Function of interviewer: _____
Name and date of interviewee: _____
Type of interviewee: _____
Date and interview: _____

For each criterion, the present status has to be entered according to the following categories:

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

Comments column: for each criterion that is not met or inadequately met, indicate what the problem is and how the situation could be improved.

Comments on the interview (language problems, difficulties in understanding, reasons for incompleteness etc.)

Criteria	A	I	N	N/A	A/R	Comments
1.1.1. Everyone who requests help with substance abuse treatment receives care in the facility or is referred to another facility where care can be provided						
1.2.1. Anybody in need of treatment can find publicly available information about available options and services						
1.3.1. No person is denied access to facilities or treatment on the basis of economic factors, race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous, or social origin, property, disability, birth, age or other status						
1.3.2. No service user is admitted, treated or kept in the facility on the basis of his or her race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age, or other status						
1.4.1. The facility can be reached by public transport						
1.5.1. Immediate access to services is provided if there is a risk in case of delaying treatment due to a waiting list						
1.6.1. The services seek to meet patient/client needs (e.g. comorbid disorders, somatic conditions, etc.)						
1.7.1 If a patient wants to be discharged against the advice of therapists, or if his or her behaviour leads to involuntary discharge, a referral for follow-up treatment in another service or for after-care is offered						

Criteria	A	I	N	N/A	A/R	Comments
2.1.1 A standardised instrument for assessment of patient/client is used that includes: somatic status, psychiatric status, social status, legal status, and history of substance use disorders						
2.2.1 Treatment plans are developed on the basis of assessment of patient/client						
2.2.2 Patients/clients participate in the treatment planning process						
2.2.3 Patients/clients are informed of the range of available treatment options and their possibilities are explained fully and clearly, including risks and benefits						
2.2.4 Each consenting patient/client has a comprehensive, individualised treatment plan that includes his or her social, medical, employment and education goals and objectives for recovery						
2.3.1 A personal, confidential medical file is created for each patient/client with their consent						
2.4.1 All patient/client records are confidential and are to be stored safely to guarantee confidentiality						
2.4.2 No information is to be provided to outsiders without patient/client permission (except when ordered by court)						
2.4.3 All patients/clients have access to the information contained in their medical files that is relevant, and they can add written information, opinions and comments to their medical files without censorship						

Criteria	A	I	N	N/A	A/R	Comments
2.5.1 Treatment plans are regularly discussed with the patient/client						
2.5.2 Treatment plans are regularly reviewed and updated by a staff member						
2.6.1 Regular discharge is made on the basis of a standardised procedure taking into account patient/client needs for stabilising treatment results						
3.1.1 All staff members have suitable qualifications and have received relevant training for the services they provide						
3.1.2 A qualified health practitioner is available "on-site" (target) or "on-call" (minimum) at all times						
3.2.1 Professional toxicological advisory assistance is provided in acute intoxication management and treatment						
3.3.1 Detoxification services are available either on an outpatient or residential basis						
3.4.1 Evidence-based pharmacological opioid agonist treatment is available and offered, based on the patient's/client's treatment outcome expectations, e.g. methadone/buprenorphine						
3.5.1 Evidence-based pharmacological opioid antagonist treatment is available and offered based on the patient's/client's treatment outcome expectations, e.g. naltrexone						

Criteria	A	I	N	N/A	A/R	Comments
3.6.1 The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed						
3.6.2 A constant supply of essential psychotropic medication is available in sufficient quantities to meet the needs of service users						
3.6.3 Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly						
3.6.4 Service users are informed about the purpose of the medications being offered and any potential side effects						
3.6.5 Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy						
3.7.1 Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter						
3.7.2 Treatment and care for blood-borne and other infectious diseases (especially AIDS, hepatitis and tuberculosis) is available at the facility or by referral						
3.7.3 Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral						

Criteria	A	I	N	N/A	A/R	Comments
3.7.4 When surgical or medical procedures are needed that cannot be provided at the facility, referral mechanisms exist to ensure that service users receive procedures in a timely manner						
3.7.5 Regular health education and promotion are conducted at the facility						
3.7.6 Service users are informed of and advised about reproductive health and family planning matters						
3.7.7 General and reproductive health services are provided to service users with free and informed consent						
3.8.1 Counselling and case management are provided on-site or upon referral, including family counselling						
3.9.1 There is an intermediate outpatient/ inpatient programme for social reintegration						
3.10.1 Staff give patients/ clients information about education and employment opportunities in the community						
3.11.1 Staff inform and support patients/clients in accessing options for housing and financial resources						
3.12.1 Opportunities for vocational training are available						

Criteria	A	I	N	N/A	A/R	Comments
3.13.1 Relapse prevention medication is prescribed individually upon indication						
3.14.1 Services operate within a network and mutual referrals are possible, based on an contractual agreement between services						
4.1.1 Patient's/client's preferences are given priority when deciding where they will access services						
4.1.2 Patient's/client's preferences are taken into consideration when deciding between available treatment options						
4.2.1 Electroconvulsive therapy is not administered without the free and informed consent of service users						
4.2.2 Clear evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to						
4.2.3 Electroconvulsive therapy is never used in its unmodified form (i.e. without an anaesthetic and a muscle relaxant)						
4.2.4 Electroconvulsive therapy is not administered on minors						
4.2.5 Psychosurgery and other irreversible treatments are not conducted without both the service user's free and informed consent and the independent approval of a board						

Criteria	A	I	N	N/A	A/R	Comments
4.2.6 Abortions and sterilizations are not conducted on service users without their consent						
4.3.1 Admission and treatment are based on the free and informed consent of service users						
4.4.1 Clear, comprehensive information about the rights of service users is provided in both written and verbal form						
4.4.2 Service users can nominate and consult with a support person or network of people of their own choosing on decisions about admission, treatment and personal, legal, financial or other affairs, and the people selected are recognized by staff						
4.5.1 Telephones, letters, e-mails and the Internet are freely available to service users, without censorship						
4.5.2 Service users' privacy in communications is respected						
4.6.1 Appropriate steps are taken to prevent all instances of abuse						
5.1.1 Separate services are available for adolescents						
5.1.2 Services for adolescents are specifically designed to meet their needs						

Criteria	A	I	N	N/A	A/R	Comments
5.2.1 Staff involved in treatment obtained special training in gender-responsive services						
5.2.2 Services for women offer segregation from men						
5.2.3 Women caring for children are able to access services						
5.2.4 Specific counselling and social outreach services for women are available						
5.3.1 Evidence-based standards of pharmacotherapy for opioid dependence treatment during pregnancy are available						
5.3.2 Pregnant women are able to access residential services for detoxification or stabilisation as needed						
5.3.3 Women with substance use disorders are screened for pregnancy						
5.3.4 Antenatal services are supported by specialist treatment services						
5.4.1 Drug treatment services screen for common comorbidities						
5.4.2 Services are available for people with drug use disorders and comorbidities						
5.5.1 Preliminary assessment and interventions include screening for associated psychiatric disorders						

Criteria	A	I	N	N/A	A/R	Comments
5.5.2 Adequate psychopharmacological and psychosocial treatments for psychiatric comorbidities are offered on-site or upon referral						
6.1.1 Treatment is offered to the patient/client as an alternative to penal sanctions						
6.1.2 Treatment as an alternative to penal sanctions is not imposed without patient/client consent						
6.2.1 There are written policies stressing that addicted patients/clients in prison and other closed settings have the right to receive health care and treatment, including substance abuse treatment						
6.2.2 There are written policies stressing that drug dependent patients/clients in prison have the right to access services offered by local treatment centres						
6.3.1 For persons already in treatment before incarceration, drug dependence treatment is continued when entering prison/police custody						
6.3.2 P Pre-release measures for people with a history of sedative and opioid use include overdose prevention awareness						
6.3.3 Psychosocial interventions, including education and vocational training, are provided to support reintegration after release						
6.3.4 Community-based services support the patient/client in accessing housing after release from prison						

Criteria	A	I	N	N/A	A/R	Comments
6.4.1 People with drug use disorders are not deprived of their liberty without judicial oversight (i.e. suspected, or convicted of a serious crime, or unable to care for themselves)						
7.1.1 Treatment in the community takes the patient's/client's social and medical status into account						
7.1.2 Treatment planning includes patients/clients, caretakers, families and other members of the community						
7.1.3 Treatment is provided with the consent of the patient						
7.2.1 The facility has a systematic strategy for engaging the community for planning, delivering and evaluating services						
7.2.2 Services are updated and revised in response to feedback from patients/clients, relatives and the community, and based on regular evaluation						
7.3.1 Referral networks with other services are established, including NGOs and government services						
7.3.2 Referral networks for specialist interventions are established						
7.3.3 Law enforcement is engaged in and briefed about treatment services						

Criteria	A	I	N	N/A	A/R	Comments
7.4.1 Staff inform service users about options for housing and financial resources						
7.5.1 Staff give service users information about education and employment opportunities in the community						
7.6.1 Service users are free to join and participate in the activities of political, religious, social, disability and mental disability organizations and other groups						
7.7.1 Staff give service users information on available social, cultural, religious and leisure activities						
8.1.1 There are written drug treatment protocols or guidelines for drug prescription and other interventions						
8.1.2 Written criteria concerning intake and discharge exist and are known to patients and families						
8.2.1 Written patient/client records are up to date and signed by treating staff						
8.2.2 Records are used and stored safely to guarantee confidentiality						
8.3.1 Staff members have opportunities to discuss their clinical load with a supervisor or other staff member						

Criteria	A	I	N	N/A	A/R	Comments
8.3.2 Regular staff meetings take place for all clinical staff						
8.3.3 Staff members are accountable for their clinical work to a supervisor						
8.4.1 Accurate and timely financial reports are conducted						
8.4.2 Financial resources are adequate to ensure the viability of the treatment service						
8.5.1 Procedures are in place for reporting incidences with patients/clients						
8.5.2 Meetings are held to discuss critical incident reports, where decisions are recorded on any measures to be taken to prevent future similar incidents						
8.6.1 The facility measures outcomes such as retention in treatment and drug use after discharge						
8.6.2 The facility publishes an annual report on trends in drug use, comorbidities and treatment outcomes						
8.7.1 The facility has service providers of both sexes						
8.7.2 Staff members have written employment contracts						

Criteria	A	I	N	N/A	A/R	Comments
8.7.3 There are clear management structures						
8.7.4 Health care is available for staff members						
8.8.1 Buildings are in good state of repair						
8.8.2 Buildings are accessible to persons with physical disabilities						
8.8.3 Lighting, heating and ventilation provide for a comfortable living environment						
8.8.4 Measures are in place to prevent fire						
8.8.5 The facility meets hygiene and sanitary requirements						
8.9.1 Sleeping quarters provide service users with sufficient living space and are not overcrowded						
8.9.2 Men, women, children and the elderly have separate sleeping quarters						
8.10.1 Bathing and toilet facilities are clean and function properly						
8.10.2 Bathing and toilet facilities offer sufficient privacy, and separate facilities exist for men and women						

Criteria	A	I	N	N/A	A/R	Comments
8.11.1 Food and safe drinking water are available in sufficient quantities, are of good quality and meet with the service user's cultural preferences and physical health requirements						
8.11.2 When service users do not have their own clothing, good-quality clothing is provided that meets their cultural preferences and is suitable for the climate						
8.12.1 The necessary resources, including equipment, are provided by the facility to ensure that service users have opportunities to interact and participate in leisure activities						
9.1.1 There is an appropriate balance between the services provided by the facility and other special services provided by the health care system						
9.1.2 There is an appropriate balance between the services provided by the facility and other special services provided by the social welfare system						
9.1.3 There is an appropriate balance between the facility and services provided by the criminal justice system						
9.2.1 The desired continuum of care seeks to respond to the patient's/client's needs						

Criteria	A	I	N	N/A	A/R	Comments
9.3.1 Treatment is provided by multidisciplinary teams that include physicians, psychiatrists, nurses, psychologists and social workers						
9.4.1 Drug dependence treatment is integrated into the curricula of medical and nursing schools						
9.5.1 A system for intermittent external evaluation of the treatment service exists						

CHAPTER 5.
Indicative list of equipment for a drug treatment centre

This list of equipment was developed to provide broad guidance on items that could be found in drug treatment centres in Nigeria. It is important to note that the list is indicative and is not intended as "minimum required equipment", without which services cannot operate.

Therefore it is to be noted that centres can operate without all the equipment listed below.

No.	Item	Tick if Available	Comments
GW	**GENERAL WARD**		
1	Beds (single or bunk beds)		
2	Mattresses		
3	Bedding materials (for each person: sheets (x2), blankets (x2), pillows (x2))		
4	Bedside cabinet for each person		
5	Water jug and cup for each person		
6	Locker/storage space (and key) for each patient		
7	Roof fans		
8	Portable fans (two)		
9	Extension cord for electricity (two)		
10	Bed screen (mobile)		
11	Air conditioner		
12	Heaters as required		
13	Water dispenser		
14	Posters and pictures for walls		
M	**MEDICAL EXAMINATION ROOM (DOCTORS/NURSES)**		
15	Room for medical examinations		
16	Examination bed/table		
17	Linens and pillows		
18	Chair		
19	Curtain or mobile screen to separate examination room from consultation desk		
20	Examination lamp		
21	Examination room desk and chairs (two)		
22	Computer (and accessories) and printer (with sufficient printing supplies and ink cartridges)		

No.	Item	Tick if Available	Comments
23	Filing cabinet		
24	General stationery (papers, pens, folders, etc.)		
25	Weight scale		
26	Height measurement tool		
27	Urinal bottles and bed pans (x2)		
28	Various medical equipment (to discuss at workshop group)		
	Small refrigerator (for medicines or specimens that require temperature control)		
29	General medicines (linked to drug treatment and basic medical conditions)		
30	Blood pressure machine		
31	Stethoscope		
32	Breath analyser		
33	Drug test kits		
C	**COUNSELLOR ROOM**		
34	Counsellor room (at least one)		
35	Computer (and accessories) and printer (with sufficient printing supplies and ink cartridges)		
36	Filing cabinet for patient files		
37	General stationery (papers, pens, folders, etc.)		
38	Office furniture: table, chairs (three)		
39	Cupboard (for general printed materials)		
40	Educational materials: drug treatment manuals, training materials, broad ranging information about drug use, dependency and health related IEC materials (HIV, hepatitis, tuberculosis, nutrition, etc.).		
41	Variety of appropriate health and drug abuse posters for walls		

No.	Item	Tick if Available	Comments
D	**DETOXIFICATION ROOM EQUIPMENT**		
42	Detoxification room or private space		
43	Oxygen cylinder for emergencies (including mask and oxygen tubing)		
44	Bed, mattress, pillows, linen and blankets		
45	Urinal bottle and bed pan (for non-ambulant patients)		
46	Bowl (for vomit)		
47	Bedside cabinet, chair, water jug and cup		
G	**GENERAL**		
48	Generator or inverter for electricity blackouts		
49	Rechargeable emergency lights and torches (three)		
50	Water storage tanks		
51	Water purifier machine		
52	Photocopy machine (including paper and ink cartridges)		
53	Scanner		
54	LCD (Liquid Crystal Display) Projector and mobile screen for educational presentations		
55	Laptop for general use by staff		
56	Safe for patient valuables		
57	Emergency kit (centres not directly linked with hospitals may require more than one)		
58	General cleaning equipment for treatment centres: brooms, buckets, sponges, etc.		
59	Fire extinguishers (three)		
60	Clothing for patients with inadequate attire		
B	**BATHROOM**		
61	Showering and bathing facility cubicles (at least one bathing facility for every 10 patients)		
62	Flush toilets either for sitting and/or squatting (at least one toilet for five patients)		

No.	Item	Tick if Available	Comments
63	Toilet cleaning equipment		
64	Hand basins		
65	Towels		
66	Toiletries		
67	Buckets (big and small)		
K	**KITCHEN & DINING AREA**		
68	Gas stove and gas connections (two)		
69	Microwave		
70	Refrigerator		
71	Cooking utensils (pots, pans and wide ranging kitchen utensils)		
72	Dining facilities: table, chairs, plates, bowls, cups, cutlery (plastic or steel for durability); quantity to be determined by patient capacity at each facility		
73	Dining room		
W	**WAITING SPACE FOR ADMISSION**		
74	Seating arrangements for a minimum of five people		
75	Water dispenser and drinking cups		
R	**RECREATIONAL**		
76	Room for group activities		
77	Television		
78	DVD Player		
79	Range of movies (for DVD): general location-specific entertainment, films/ documentaries /training-orientated materials that are value based and educational (minimum 30)		
80	CD Player/Radio (two) for music, news and general information		
81	Range of CDs		

No.	Item	Tick if Available	Comments
82	Theatre as therapy (to suit local context)		
83	Inexpensive musical instruments appropriate to location		
84	Art therapy supplies (paper, paints, crayons, pens, colour pencils, etc.)		
85	Culturally appropriate indoor sporting equipment (table tennis and necessary equipment, chess, drafts, playing cards, board games, etc.)		
86	Culturally appropriate outdoor sporting equipment (football, basketball, volleyball, etc.)		
87	Gym equipment (weights, etc.)		
88	Large floor coverings/mats to sit on when conducting group sessions among patients		
E	**EDUCATIONAL**		
89	Room for educational activities		
90	Computer and accessories (keyboards, mouse, mouse pad, etc.) (two)		
91	Printer		
92	Supplies for printers (ink cartridges, paper)		
93	Books: educational, fiction, non-fiction, vocation orientated, books for literacy development (to be discussed with group and in collaboration with Ministry of Education and other stakeholders), books on drug treatment therapy in relation to drug dependence, information about Alcoholics Anonymous and Narcotics Anonymous (if set up locally), literature about various effects of drugs (general information, education and communication materials), and faith-based materials as appropriate		
94	Bookcases (three)		
95	Literacy program materials including on money management (based on adult educational learning principles) to be linked in with Ministry of Education and other stakeholders		
96	Stationery, pens, pencils		
97	Daily newspapers and popular weekly and monthly magazines		

No.	Item	Tick if Available	Comments
98	Blackboard, chalk, and other associated materials as appropriate, or large writing board and marking pens		
99	Vocational and skill-building materials		

Annex

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