



CICAD

Guide to Indispensable Criteria for Starting-up and Operating Treatment Centers for People with Psychoactive Substance Use Disorders



Organización de los Estados Americanos
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Guide to Indispensable Criteria for Starting-up and Operating Treatment Centers for People with Psychoactive Substance Use Disorders

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INTRODUCTION

The complex phenomenon of psychoactive substance use has highly variable characteristics among Latin American and Caribbean countries and within them. Multiple bio-psycho-social factors, entailing from the individual dimension to a broader population glance, are among its determinants.

Among the different aspects of the phenomenon, the consumption of the various substances, depending on elements such as the dose, frequency, route of administration, and time of consumption, can produce acute or chronic alterations of the state of health, which require attention.

Additionally, many elements distributed at different levels of the individual's environment influence the particular configuration of personal vulnerability, for example, the level of development, urbanization, and available services. That is why consumption, its impact, and repercussions are different in each situation, and therefore, it requires a tailored approach for its attention. However, the common characteristics shared by the cases represent significant areas of opportunity for the design and implementation of public policies.

The international consensus in finding responses to the world drug use problem emphasizes the public health approach, which encompasses essential elements as the types of treatment services available for people with substance use disorders. There is currently a significant gap between the need for care and treatment and services available to deal with the problems and consequences of using alcohol, tobacco, and other drugs. Hence we must keep striving to implement accessible, timely, and non-discriminatory treatment services, ensuring respect for human rights and fostering the highest level of safety and effectiveness.

To promote this process in member states, we formed a working group to gather and review regulatory and normative instruments from several countries and valuable resources from different international agencies like the United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the Cooperation Program between Latin America and the European Union on Drug Policies (COPOLAD).

As a result of this work, this document compiles the characteristics that countries of the Americas, according to their progress and implementation level, can consider to develop their guidelines, and by applying them, promote increasing quality of care for substance use problems. For guiding this process, countries can take three criteria levels into account: 1) the indispensable, corresponding to the minimally expected level; 2) the basic, to keep working on continuous quality improvement; and 3) the advanced, oriented towards the achievement of excellence.

JUSTIFICATION

Governments are responsible for ensuring people's health and universal access to care services, the quality of which must be guaranteed. Therefore, their responsibility is to develop laws, regulations, public policies, strategies, programs, and interventions to safeguard this guarantee. Intending to achieve this objective, we must consider the attention for problems due to using psychoactive substances, which have been recognized as "public health matters" by countries of the Americas, in different hemispheric or regional policy instruments, strategies, and action plans¹.

Each country is responsible for defining the care services model and organization that best suits its context and particular needs, outlining the policies and management mechanisms that make this model viable to produce effective and timely responses to health demands due to psychoactive substances use.

This task can be expedited by utilizing global, regional, and national reference documents on the principles that should guide the offer of treatment services, operating rules, and standards and procedures for verifying compliance with them.

In the case of the Americas, the "Basic Principles for the Treatment and Rehabilitation of Drug Abuse and Dependence in the Hemisphere," prepared by the CICAD-OAS Group of Experts on Demand Reduction in 2009, specify a series of conditions to be considered in offering services, such as guaranteeing access and protecting human rights, use of scientific evidence to guide intervention protocols, integrate care to the health system, with different levels of complexity and in charge of qualified personnel, as well as using data as support for the planning and evaluation of the activities.

However, in the current reality of the region's countries², as occurs with health services in general, the care provided to the population affected by problems due to the use of psychoactive substances is segmented and fragmented. Treatment systems and networks developed essentially outside the public sector, in a poorly organized care network constituted mainly by separate facilities run by the private sector or non-governmental organizations, many of which are religious institutions. Public sector services consist primarily of under-resourced mental health institutions, and in much of the hemisphere, tend to operate as shelters rather than health care facilities.

There are wide variations in how each country defines and applies standards to allow treatment centers for people with problem drug use to begin operations. The definitions, legal terminology,

¹ Hemispheric Drug Strategy (CICAD, 2010) and the Plan of Action; Strategy on Substance Use and Public Health (PAHO, 2010) and Plan of Action (PAHO, 2011); Basic principles of Treatment WHO-UNODC.

² Organization of American States. (2013). *The Drug Problem in the Americas: Studies*. Washington, D.C.: Organization of American States, Drugs and Public Health.

procedures, and authorities in charge differ from country to country, making it challenging to apply a homogeneous process based on international standards. The standards that already authorized treatment centers must meet for continuing operations or earning an accreditation or certification vary broadly among and within the hemisphere's countries.

In developing a quality assurance process, each country should encourage authorities responsible for dealing with the drug problem to participate jointly with various areas of the health care sector, other stakeholders, and institutions that provide clinical services for people with substance use disorders³.

Different initiatives in this field are underway by national and international agencies, generating regulatory instruments in several countries with varying levels of development. There are outstanding efforts from organizations like the WHO, with its projects for the Evaluation of Assistance Provided in the Treatment of Psychoactive Substance Abuse in 1993 (which served as the basis for the Minimum Standards program jointly developed by PAHO and CICAD, later replicated by UNDCP in Central America) and the Quality Rights Program (WHO, 2012). More recently, in 2010, UNODC developed the Quality Standards for the Treat Net II Project. The valuable work created by the Cooperation Program between Latin America and the European Union on Drug Policies (COPOLAD) stands out. Through an in-depth systematic review of the literature and available evidence and the implementation of focus groups and DELPHI groups, COPOLAD consolidated the document Definition of Criteria for the Accreditation of Demand Reduction Programs (COPOLAD, 2014)⁴.

Based on this accumulated experience, the following pages represent a reference and support tool to increase treatment services' quality and efficiency for substance use's health problems, based on standardized criteria to define the indispensable requirements for operating.

³ WHO. (1998). *Expert Committee on Drug Dependence, Thirtieth Report*. Geneva: World Health Organization.

⁴ Grupo de trabajo COPOLAD (2014). *Criterios de calidad y base en la evidencia en Reducción de la Demanda de Drogas*. Proyecto Calidad y Evidencia. Madrid: Entidad de Coordinación y Ejecución (ECE), Programa de Cooperación entre América Latina y la Unión Europea en Políticas sobre Drogas (COPOLAD).

SCOPE OF THE DOCUMENT

With aid from international organizations, national bodies and agencies have organized their response by undertaking several initiatives in this field, developing regulatory instruments with diverse levels of development. Considering these experiences, we discuss below some references and tools that will help increase the quality and efficiency of treatment services for drug-related health problems, based on some standardized requirements for operating a treatment center.

The criteria presented are a proposal for the consideration of the corresponding authorities so that, in respect of sovereignty and the scope of competencies of sanitary regulation, each country can consider them as part of the requirements and elements that treatment centers for people with drug use problems must follow.

Likewise, countries should decide the characteristics and types of interventions considered "treatment." Ideally, a law (typically in health legislation) should stipulate this, or at least some regulatory instrument stemming from the law. Doing this sustains or endorses the framework that should guide the therapeutic interventions given to the population. For this purpose, some valuable references are:

- The WHO Expert Committee on Drug Dependence defines **treatment**⁵ as *the process that begins when psychoactive substance users contact a health provider or other community service and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached.*
- The United Nations Office on Drugs and Crime (UNODC)⁶ considers treatment as the provision of one or more structured interventions designed to manage health and other problems as a consequence of drug abuse and to improve or maximize personal and social functioning.

Problems due to the use of psychoactive substances should be addressed systemically, from an extensive, comprehensive perspective, through a continuum of coordinated and interconnected interventions that involve the participation of all relevant sectors, which represents a **Comprehensive System of (Healthcare) Services.**

While the recommendations made in this document could apply to many different fields, we focus on services specifically for treating people diagnosed with *mental and behavioral disorders due to psychoactive substance use* (ICD-10, WHO), which we shall call, *treatment centers*. These centers are the specialized units that coordinate with other public health services, such as primary care units, general and specialized hospitals, and mental health services. In the social

⁵ WHO Expert Committee on Drug Dependence. (1998). *Thirtieth Report*. Geneva: World Health Organization.

⁶ United Nations Office on Drugs and Crime. (2003). *Drug Abuse Treatment and Rehabilitation: A Practical Planning and Implementation Guide*. New York: United Nations.

and private sectors, the coordination is with self-help groups and other forms of community organizations. Beyond the health care, social development and education sectors, among other areas, treatment centers also have links with the criminal justice system. Moreover, they should also coordinate with universities and other educational institutions which train professionals such as those in the health area.

For practical purposes, we address the standards from two angles: 1) organizational axis, which divides the criteria into two categories, depending on whether they are structural or functional and process aspects, and 2) temporal axis (sequential) that defines the starting point, associated to the baseline that establishes the requirements to be considered a treatment center, and after, the monitoring, which raises the general characteristics of the requirements that must be maintained or achieved over time.

GENERAL RECOMMENDATIONS

First. Because drug use disorders are health conditions, addressing them corresponds to the public health field. Hence, the people or institutions that carry out activities in this field are subject to the regulations established by the governmental entity in health matters through policies, norms, laws, and other instruments applicable in each country.

Second. Authorization to operate a treatment center that meets the government's requirements and rules should be time-limited. Each country sets such a period based on what is locally most appropriate.

Third. There should be no delay in meeting the essential requirements since they involve people's safety. It is possible to grant a waiting period for fulfilling criteria beyond standards at the indispensable level, but, depending on particular circumstances, it should not exceed one year.

Fourth. Treatment centers must be supervised/audited/checked regularly. The recommendation is to conduct audits annually or more frequently if circumstances and available resources allow.

Fifth. With the support of the national drug commission, local government, community representatives, and service providers representatives, the health care authority should set up and coordinate quality control committees. Such committees should schedule and conduct the audits and prepare reports and recommendations for continuous improvement of the quality of services. The audit findings should be shared with the authorities and with the treatment facilities audited.

Sixth. Each country's regulations should stipulate the repercussions or penalties for treatment centers that fail to meet the standards.

Seventh. The possibility of applying closure mechanisms, temporary or definitive, should be considered for the cases that warrant it, mainly when endangering the integrity, safety, or life of the people receiving care.

ESSENTIAL REQUIREMENTS FOR OPENING AND OPERATING A TREATMENT CENTER

Approved in 2014 by the CICAD Group of Experts on Demand Reduction

STRUCTURAL REQUIREMENTS

Category 1: Infrastructure and facilities

- A treatment center's facilities and surroundings must meet essential requirements to ensure the safety of the clients and the staff working there:
 - Safe buildings and surroundings (to guard against natural phenomena such as floods, earthquakes, etc.)
 - Compliance with rules and regulations on infrastructure and health and safety (seismic codes, materials, etc.)
 - Spacious rooms to avoid overcrowding of patients and to facilitate evacuation in case of emergency (evacuation routes clearly marked)
- Residential treatment centers that perform detoxification or hospitalization must follow health and safety regulations.

Category 2: Ethical principles and rights of people in the programs

- A treatment center must have explicit rules to protect the rights of patients/clients to prohibit inhumane and degrading treatment, per the United Nations Charter on Human Rights.
- Before admission, the client/patient and his family must receive a letter explaining the treatment program and its cost, with a copy to the authorities. The patient or their family or representative must give their informed consent.

Category 3: Regulatory matters

- A treatment center must be properly registered according to the law and regulations.
- A treatment center must have written internal operating procedures and manuals, which should be available to the staff, patients, and their families.
- The treatment program manual developed by the center must be available in writing and specify the model of care to use, the scientific basis for the model, the work schedule, and the people in charge.
- A treatment center must have explicit procedures for handling the treatment of people in particular situations (minors, people in conflict with the law, people living on the street, etc.).
- A treatment center must have a civil protection plan and an appointed committee to deal with contingencies and emergencies.

Category 4: Financial matters

- A treatment center must have an administrative office responsible for all aspects of the financing of the services and for keeping proper records.

Category 5: Human resources

- A treatment center must have a clearly identified legal representative.
- A treatment center must have a technical director who should be professionally qualified, ideally with training and experience in treating and managing addictions.
- Have a core roster of professionals and technical staff able to carry out the treatment plans. The ratios of professionals per patient established in the treatment protocols should be followed.
- The professionals, technical staff, and aides working in the program must have the necessary skills and competencies.
- Staff supervision and continuous training must be in place and functioning.

OPERATING AND PROCESS REQUIREMENTS

Category 6: Organizational matters

- Written reports should be available on activities carried out and planned under the treatment and rehabilitation program.
- Based on a civil protection plan, staff and clients must be fully aware of the procedures to follow in case of emergencies (such as evacuation and contingency plans).
- Treatment centers must comply with labor and tax laws.
- There is an established program for regularly supervising all staff performance.
- A training and staff development plan is in place, based on the model of care provided in the treatment center.

Category 7: Information and documentation systems

- A drug treatment center must have a system for registering and monitoring patients, keeping the information in the clinical files safe and secure, ensuring confidentiality and clinical follow-up and monitoring.
- Treatment centers should be linked to institutions that have a role in recording, analyzing, and disseminating information about their activities and impact.
- A treatment center reports its activities and statistical information to the health authorities through centralized systems, statistical offices, and the national drug commissions per the law and pertinent regulations.

Category 8: Coordination and cooperation mechanisms

- A treatment center should have a link with existing social and health agencies and community support services.
- A mechanism should be determined for referring patients to the various health care and social and community support networks and should be used regularly.
- A treatment center, mainly a residential treatment center, should have clearly defined mechanisms for admitting people to treatment under the law and ethical considerations.
- A treatment center, mainly a residential treatment center, should have first aid facilities and mechanisms for referring emergencies to the proper care under the health legislation and human rights laws.



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