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Principles of Drug Dependence Treatment

Discussion Paper

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DISCUSSION PAPER - PRINCIPLES OF DRUG DEPENDENCE TREATMENT

Introduction

This discussion paper aims to encourage Governments and other partners to take concerted action for the implementation of evidence-based drug dependence treatment services, which respond to the needs of their populations. Given the scale of the problem in most societies and the limited resources available, a clear and coherent approach to service planning is required. There is a need to develop services that can reach the maximum number of individuals and have the greatest impact at lowest cost. This is most likely to be achieved with broad community-based health care services that can work with individuals in their own communities over longer periods of time. While the present document recommends actions to promote each of the nine principles, these will need to be prioritized to respond to the local situation and circumstances and implemented in progressive steps in accordance with resource availability and stages of development of the treatment system.

An estimated 205 million people in the world use illicit drugs, including 25 million who suffer from illicit drug dependence. This constitutes a public health, socio-economic development and security problem for both industrialized and developing countries alike. The important role of drug dependence prevention and treatment as part of demand reduction and public health has been repeatedly emphasized in international agreements. The importance of maintaining an appropriate balance between law enforcement and demand reduction/public health approaches was most recently highlighted by the 1998 UNGASS Political Declaration and Declaration on the Guiding Principles of Drug Demand Reduction, bringing to the forefront a comprehensive approach in drug policy. Further, in recent decades important advances have been made in the understanding of drug dependence and approaches for its prevention and treatment. This joint UNODC-WHO document aims at articulating the key principles for underlying effective treatment of drug dependence.

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disease. Unfortunately in many societies drug dependence is still not recognized as a health problem and many people suffering from it are stigmatized and have no access to treatment and rehabilitation. Over recent years, the *biopsychosocial* model has recognized drug dependence as a multifaceted problem requiring the expertise of many disciplines. A health sciences multidisciplinary approach can be applied to research, prevention and treatment.

In the past decades, drug dependence has been considered, depending on the different beliefs or ideological points of view: only a social problem, only an educational or spiritual issue, only a guilty behavior to be punished, only a pharmacological problem. The notion that drug dependence could be considered a "self-acquired disease", based on individual free choice leading to the first experimentation with illicit drugs, has contributed to stigma and discrimination associated with drug dependence. However, scientific evidence indicates that the development of the disease is a result of a complex multi-factorial interaction between repeated exposure to drugs, and biological and environmental factors. Attempts to treat and prevent drug use through tough penal sanctions for drug users fail because they do not take into account the neurological changes drug dependence has on motivation pathways in the brain.

“Nothing less” must be provided for the treatment of drug dependence than a qualified, systematic, science-based approach such as that developed to treat other chronic diseases considered untreatable some decades ago. Many of these diseases are now preventable or treatable thanks to good practice clinical interventions and rigorous therapeutic strategies and cumulative scientific research.

Drug dependence and illicit drug use are associated with health problems, poverty, violence, criminal behavior, and social exclusion. Its total costs to society are difficult to estimate. In addition to the health care costs and other costs associated with the consequences of drug use; drug dependence involves also social costs in the form of loss of productivity and family income, violence, security problems, traffic and workplace accidents, and links with corruption. These result in overwhelming economic costs and an unacceptable waste of human resources.

Drug use, especially injecting drug use (IDU) is closely linked to HIV and hepatitis B and C transmission through the sharing of needles. Non injecting drug use is also linked to HIV transmission by increasing high risk sexual behaviors. Data on the size of the IDU population from 130 countries indicates that there are close to 10 million IDUs worldwide. Up to 10% of global HIV infections are due to unsafe injecting drug use, and if Sub-Saharan Africa is excluded, up to 30% of global HIV infections are due to unsafe injecting drug use. The sharing of contaminated injection equipment is a major route of HIV transmission in many regions, including Eastern Europe, Central, South and South East Asia and some countries in Latin America.

Drug dependence is a preventable and treatable disease, and effective prevention and treatment interventions are available. The best results are achieved when a comprehensive multidisciplinary approach which includes diversified pharmacological and psychosocial interventions is available to respond to different needs. Even taking into account the requirements for the delivery of evidence-based treatment, its costs are much lower than the indirect costs caused by untreated drug dependence (prisons, unemployment, law enforcement, health consequences). Research studies indicate that spending on treatment produces savings in terms of reduction in the number of crime victims, as well as reduced expenditures for the criminal justice system. At a minimum there was a 3:1 saving, and when a broader calculation of costs associated with crime, health and social productivity was taken into account, the rate of savings to investment rose to 13:1 . These savings can improve disadvantaged situations where opportunities for education, employment and social welfare are undermined, and increase possibilities for families to recover battered economies, thus facilitating social and economic development. Individuals involved in the criminal justice system may be at higher risk of health and social consequences of drug dependence. Drug taking behaviour inside the prison involves more harmful patterns leading to increased risk of contamination with infectious diseases like HIV and Hepatitis. The potential for imprisonment to cause harm should not be underestimated.

A WHO / UNODC / UNAIDS policy brief on the reduction of HIV transmission through drug-dependence treatment recommended drug dependence treatment to be included in HIV/AIDS prevention programmes for injecting drug users given its capacity to reduce drug use in general, the frequency of injecting, and the levels of associated risk-taking behavior. Research has also shown that treatment in prisons or alternative measures to imprisonment can reduce post release use of drugs and re-offending.

This paper outlines nine key principles for the development of services for treatment of drug use disorders. It is recognized that in some circumstances resources will be

rather limited and priorities in resource allocation need to be set. It is important that in such situations, a response to drug use disorders is developed as “building blocks” on which more diverse and sophisticated interventions can be developed and incorporated in the treatment system as further resources become available. Depending on human and financial resources available and the quality level of the existing health system in each country, the actions suggested by the present document may be progressively and gradually implemented, taking into account the outlined components for each principle as general framework.

PRINCIPLE 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 continuum of available and affordable treatment and rehabilitation services in a timely manner. To this end, all barriers limiting accessibility to treatment services need to be minimized for people to have access to the treatment that best fits their needs.

Components

Many factors contribute to treatment accessibility:

- Geographical accessibility, distribution and linkages.
 - Health care system and public health networks, in cooperation with social services and the broader community, can provide essential prevention and treatment services and support for people with drug use disorders in their communities. Social services and other institutions (e.g. schools, civil society organizations, and self help groups) can serve as points of first contact for potential patients and help them access treatment.
 - In a comprehensive treatment system a large scale, distributed network of treatment facilities that can respond to various needs of individuals seeking treatment permits an adequate response in each community.
 - The basic prevention and treatment services for drug use disorders need to be within the reach of people with different levels of income.
 - Within a continuum of care, people with drug dependence should have access to treatment services through multiple entry points.
 - Outreach services, as part of a continuum of care, are needed to reach the 'hidden' populations most affected by drug use, often non-motivated to treatment or relapsing after a treatment program. Outreach services are particularly important to attract problematic drug users early and to establish contact with the population of people with severe disorders who may not seek treatment because of stigma and marginalization.
- Timeliness and flexibility of opening hours. Same-day admission or short waiting time for structured services, as well as provision of immediate intermediate services, including patient information. A wide range of opening hours will facilitate access to services for individuals with employment or family responsibilities.
- 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. Flexibility in the organization of treatment services will improve access by a larger range of individuals in need. This includes the availability of services with low threshold for patient admission and the removal of unnecessarily selective criteria.
- Affordability. Payment for treatment and rehabilitation services may constitute a significant barrier for patients in many cases without sources of income. Insurance coverage or inclusion of drug dependence care in the public health care system is therefore key to promote access for those most in need.
- Cultural relevance and user friendliness. Current knowledge indicates that a treatment climate that is culturally sensitive, preferably multi - professional, team orientated, and that encourages patient participation and involvement in treatment facilitates patient access and retention in treatment, and ultimately improved treatment outcomes.

- Responsiveness to multiple needs and diversification of settings. The availability of specialized services and residential settings to care for the more complex cases, e.g., patients with drug dependence and associated somatic or psychiatric disorders is essential to increase accessibility.
- Criminal justice system responses play a significant role in improving access for individuals affected by drug dependence to treatment services: law enforcement officials, courts and prisons may closely collaborate with the health system to encourage drug dependent individuals to enter treatment.
- Gender-sensitiveness of services. Services tailored to gender-specific treatment needs can improve accessibility by responding to differential stigmatization, child care needs, and issues in pregnancy.

Actions to promote this principle

Ensure that:

1. the system of services permeates both urban and rural areas, and builds upon the primary health care system. Key components include: proactive outreach, low-threshold, early identification and brief intervention in primary health and social care services, basic drug dependence treatment services, and referral to treatment services from the criminal justice system.
2. legal frameworks guarantee protection from potential sanctions for those seeking treatment.
3. there are functional referral and counter referral mechanisms between different services in the system as well as to and from other agencies, facilitating a continuum of care.
4. the number of people on waiting lists and waiting times are minimized, and that intermediate responses are available.
5. staff attitudes are welcoming and non-judgmental.
6. services take into account and respect cultural norms.
7. patients' perspectives are taken into account in service design and development.
8. eventual service costs to patients are affordable and waved if necessary.
9. services for women in primary health care and facilities for children of parents with drug dependence are built in close relationship with drug dependence treatment programs.

PRINCIPLE 2: SCREENING, ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING

Description and Justification

Patients affected by drug use disorders often have multiple treatment needs across a range of personal, social and economic areas that cannot be addressed when taking into consideration only their addictive symptoms in a standardized way. As for any other health care problems, diagnostic and comprehensive assessment processes are the basis for a personalized and effective approach to treatment planning and engaging the client into treatment.

Components

- Screening is a useful assessment procedure to identify individuals with hazardous or harmful drug use, or drug dependence, as well as associated risk behaviors (viral transmission via needle sharing and/or unprotected sexual activity, potential violent behavior, suicide risk). There are standardized tools to assess drug use and its severity in an individual that help to consider the degree of help required. These tools can be applied in different environments (primary health care system, school health and counselling services, and employee assistance programmes at work places).
- Assessment and diagnosis are core requirements for treatment initiation. Diagnostic criteria commonly used in the mental health field are the references to reach a diagnosis of a drug use disorder. Diagnosis of co morbid psychiatric disorders is ideally made and followed-up by a psychiatrist, while with adequate training, other health care professionals can successfully identify and manage drug use disorders and associated psychiatric co-morbidity.
- A comprehensive assessment 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. It further considers environmental and developmental factors, including childhood and adolescent history, family history and relationships, social and cultural circumstances, and previous treatment attendance. An adequate assessment process creates the environment for the development of a therapeutic alliance to engage the patient into treatment.
- The treatment plan, developed with the patient, establishes goals based on the patient's identified needs and sets interventions to meet those goals. A care or treatment plan is a written description of the treatment to be provided and its anticipated course. Care plans set the specific needs of the individual patient and how they are going to be met by the service. The plan is then monitored and revised periodically as required to respond to the patient's changing situation. While current research results do not support matching patient profiles to specific treatment approaches, there is evidence that matching responses and interventions to client needs following a serious diagnostic process and extensive assessment improves the treatment outcomes.

Actions to promote this principle

Ensure that:

1. primary health care staff, as well as employee assistance programmes and health/counseling staff in social services, at schools and in the criminal justice system are aware of the benefits of screening, early identification of drug use and brief interventions and are trained to administer such screening tools and associated interventions packages.

2. patient risk behaviors associated with drug use disorders are assessed at all relevant venues (primary health care, outreach services, emergency services, social services, etc) and responses planned in consequence.
3. accurate diagnosis of drug dependence and other co-morbid conditions is established before initiating drug dependence treatment, in particular pharmacological treatment.
4. clinical protocols specify requirements for comprehensive patient assessment and the treatment plan development, patient progress monitoring and revision of written care plans, and relevant staff is trained to fulfil these tasks.
5. documentation and standardization of all treatment steps is required from all staff involved in the treatment plan in order to ensure quality treatment for all patients

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