Quality assurance in
treatment for drug use disorders:
key quality standards for service appraisal

October 2021

Pre-publication version

Disclaimer
This document has not been formally edited.

Acknowledgements

Abbreviations

AIDS - Acquired immunodeficiency syndrome

COPOLAD - Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

HIV - Human Immunodeficiency Virus

KPI – Key Performance Indicators

N/A - Not applicable

OAS/CICAD – Inter-American Drug Abuse Control Commission of the Organization of American States (Comisión Interamericana para el Control del Abuso de Drogas)

PAHO – Pan American Health Organization

SOP – Standard Operating Procedures

UNODC – United Nations Office on Drugs and Crime

WHO – World Health Organization

SUD – Substance use disorders

SI – Serious incidents

1. Background

Improving the coverage and quality of drug use disorder treatment is an agreed global priority outlined in the United Nations Sustainable Development Goals 2020-2030 through health Target 3.5. The goal of this document is to improve quality of care and ultimately the life of people with drug use disorders through implementation and improvement of quality assurance processes. The target audience includes those involved in planning, funding, monitoring, and evaluation of services, as well as service-providers of drug use disorder treatment.

This document is the result of a process of consensus building on the basis of the UNODC/WHO International Standards for the Treatment of Drug Use Disorders (WHO/UNODC, 2020)[1], as well as the Minimum Quality Standards in Drug Demand Reduction EQUS[2], Minimum Quality Standards in Drug Demand Reduction in the European Union[3], the draft UNODC/WHO Quality Assurance Tool for Services, COPOLAD/CICAD Quality Standards for the Treatment of Substance Use Disorders[4]. In addition, this document is also in line with the African Union Continental Minimum Quality Standards for Drug Treatment[5]. The Key Quality Standards need to be read in conjunction with existing international or regional standards.

Over the recent past, various international organizations have developed sets of standards for drug use disorder treatment services. To coordinate efforts between 2018 and 2021, international experts and representatives from international and regional organizations worked together to agree a subset of *"Key Quality Standards"* that were (a) drawn from existing sets of regional and international standards and (b) were thought to be of key importance to assure the quality of drug use disorder treatment services.

Several international expert group meetings were held since 2016 to review and compare existing sets of standards and quality assurance tools; to analyze sets of quality assurance elements that were selected by countries during pilot quality assurance projects; and, select and agree a subset of consensus quality statements. The present document is the result of a process of consultation and harmonization of the statements with the final version of *'The International Standards for the Treatment of Drug Use Disorders'* (WHO/UNODC 2020).

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[1] UNODC/WHO (2020). International Standards for the Treatment of drug Use Disorders
International Standards for the Treatment of Drug Use Disorders (who.int)
31 Mar_Web version_20021_International Standards for the Treatment of Drug Use Disorders (unodc.org)
[2] Research Institute for Public Health and Addiction (2014) Minimum Quality Standards in Drug Demand Reduction EQUS f
[3] Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union, 11985/15 (2015)
[4] Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLOAD), The Inter-American Drug Abuse Control Commission (CICAD) (2017). Quality Standards for the Treatment of Substance Use Disorders
[5] African Union (2002) African Union Continental Minimum Quality Standards for Drug Treatment

2. Overview of the Key Quality Standards

As summarized in Table 1, the Key Quality Standards for the appraisal of drug treatment services are grouped in the following 4 areas: 1) effective management of the service; 2) individualized, patient-centred treatment and care; 3) timely access to evidence-based interventions; and, 4) promotion of patient health, safety, and human rights.

Table 1:
Overview of the Key Quality Standards for the appraisal of drug treatment services

Effective management of the service	Individualized, patient-centred treatment and care	Timely access to evidence-based interventions	Promotion of patient health, safety and human rights
M1. The service adequately plans the delivery of treatment and care for drug use disorders	PC1. Patient assessments are comprehensive and participatory	E1. The service ensures timely access for its target groups	P1. Patients are treated with respect and protected from abuse, malpractice, and discrimination
M2. The service operates within established financial regulations	PC2. Treatment and care provided based on informed consent from patients	E2. The service monitors and improves its outcomes and performance	P2. Patients are fully informed about service rules, policies and procedures protecting confidentiality
M3. The service adequately manages its human resources to provide effective and caring treatment	PC3. All patients have a written individual treatment plan that is regularly reviewed and helps co-ordinate treatment and care	E3. Interventions are evidence-based and underpinned by established protocols	P3. The service promotes patients' health, wellbeing and social functioning.
M4. The service meets national/local requirements for providing drug use disorder treatment	PC4. The service works in partnership with other services to meet patient needs		P4. The service has a procedure of independent complaint for patients
M5. The service has adequate facilities and equipment for service delivery	PC5. The service meets the needs of diverse groups of patients		P5. The service actively ensures the cleanliness, fire &infection control and other serious incidence protection
M6. The service has a patient record system that facilitates treatment and care	PC6. The service involves patients in service design and delivery		P6. The service safely manages its medicines
M7. The service has sustainable quality assurance mechanism			

3. How to use the Key Quality Standards

This document is developed for supporting the planning, provision and evaluation of specialized treatment and care services for people with drug use disorders.

In particular, the Key Quality Standards may be used by planners, funders, monitoring and evaluating bodies, and, providers of drug use disorder treatment and care in a number of ways, including: to conduct an internal review of a drug use disorder treatment service; or, to review a group of services in a drug use disorder treatment system; or, when reviewing or developing quality assurance mechanisms in a country or local area.

In this context, the Key Quality Standards have been arranged in a checklist for the appraisal of services, including criteria and suggestions for information sources that can be used as means of verification to assess compliance. An example of how the statements may be scored is given for illustration purposes mainly. The checklist is designed to be flexible and may be adapted by countries to reflect language and cultural diversity, service structure and processes, legal or statutory frameworks. Therefore, those using the instrument are advised to adapt the means of verification and scoring.

The checklist provides initial guidance to enable the relevant stakeholders involved in the planning, development, provision, monitoring, and evaluations of specialized services for drug use disorders to review services, groups of services or implement quality assurance mechanisms using process of: adaptation of the statements; assessing of the services on the basis of the statements and against available evidence; reporting; and, taking action for improvement (see Figure 1 below).

The Key Quality Standards sets the overall scene but does not attempt to provide all the necessary details for the organization, functioning and development of services. Additional tools, such as treatment guidelines, capacity-building materials and toolkits for implementation, monitoring and evaluation, can be used for these purposes. This document has already been used in several countries and is a living document. As such, it maintains a degree of flexibility to ensure their applicability in different social, cultural and legal frameworks.

Figure 1. Recommended process for using the 'Key Quality Standards'

Adapt ➡ Assess ➡ Report ➡ Improve

Checklist for the appraisal of services using the Key Quality Standards

The service is well-managed				
No	**Statements and criteria**	**Potential sources of information**	**Scoring (suggested only – for discussion and cultural adaptation)**	
M1	**The service adequately plans the delivery of treatment and care of drug use disorders**			
a	The service has a written plan for its functioning and development	A written plan with stated targets for a set timeframe, e.g. annual plan Information collected from managers	Met	A comprehensive current plan/document
			Partially met	An incomplete plan or the plan is outdated
			Not Met	No plan
M2	**The service operates within established financial regulations**			
a	The service has clearly formulated procedures to manage and report on financial resources allocated to its functioning and development	Financial procedures documentation Information from managers	Met	Procedures documented and evidence they are followed
			Partially met	Some financial procedures and/or little evidence they are followed
			Not Met	No evidence of financial procedures
b	The service has a budget allocated for its functioning and delivery according to the written plan	Established budget for set timeframe, e.g. annual budget Evidence the budget meets the Plan Information from managers	Met	Current budget that meets the plan
			Partially met	Current budget does not fully meet the plan
			Not Met	No current budget
c	The service reports regularly against its expenditure	Financial reports Information from managers	Met	Regular finance reports
			Partially met	Some finance reports but not regular or partial
			Not Met	No finance reports
M3	**The service adequately manages its human resources to provide effective and caring treatment**			
a	The service staffing structure meets national regulations or the current service plan	Written documentation on human resource allocation Personnel/patient ratios or caseload Information from managers	Met	The service has enough personnel to meet the plan or national regulations
			Partially met	The service has some deficits in personnel but working to improve this
			Not Met	The service has insufficient personnel to meet plan or regulations
b	The service ensures that personnel are competent and have the necessary education and training.	Personnel records, such as personnel qualification, credential, training records Information from managers and personnel	Met	Evidence that majority of personnel have necessary education/training
			Partially met	Evidence that majority of personnel have some necessary education/training

			Not Met	Evidence that majority of personnel do not have necessary education/training
c	Personnel receive regular technical and personal supervision and support	Documents or regulations for provision of regular supervision and support for human resources
Personnel record audit of supervision and support
Information from managers and personnel	Met	There is a system of regular supervision that is available for the majority of professionals
			Partially met	There is a system of regular supervision that is available for some professionals or supervision available is not regular
			Not Met	Little or no personnel supervision or support
M4	**The service meets national/local requirements for operating a drug use disorder treatment (if applicable)**			
a	The service is locally registered/accredited/certified to provide drug use disorder treatment services.	Certificate of registration/accreditation/certification to operate as a drug use disorder treatment provider	Not Applicable	Country does not have a registration system for the particular service
			Met	Service is fully registered/accredited/certified
			Partially Met	In process of registration /accreditation/certification
			Not Met	Service not registered /accredited/certified
M5	**The service has adequate facilities and equipment for service delivery**			
a	The service facilities are adequate for type of service and interventions offered.	Information if facilities for service provision are in line with local regulations and requirements in terms of rooms, space, environmental hygiene based on site visit
Documents of facility, including rooms/toilets and space
Service plan and/or patient numbers attending daily	Met	Service meets all requirements in terms of rooms, space, environmental hygiene
			Partially met	Service meets majority but not all requirements in terms of rooms, space, environmental hygiene
			Not met	Service does not meet requirements in terms of rooms, space, environmental hygiene
b	Service equipment is adequate and 'fit for purpose' for the service and interventions offered.	List of equipment
Equipment safety or maintenance records, including regular technical inspections/calibration
Information from managers	Met	Equipment is adequate and 'fit for purpose'
			Partially met	Equipment is sufficient but doesn't fit all purposes
			Not met	Equipment is insufficient or inappropriate
M6	**The service has a patient records system that facilitates treatment and care**			
a	The service has a comprehensive patient record system	Comprehensive paper or electronic patient record system	Met	Comprehensive paper or electronic patient record system
			Partially met	Partial paper or electronic patient record system
			Not met	No paper or electronic patient record system
b			Met	Procedure and evidence are established

	The service has an established information management procedure for patient records	Documentations on information management procedures, such as patient records	Partially met	Procedure and/or evidence of information management is not established in full
			Not met	No procedure and little evidence of information management
M7	**The service has sustainable quality assurance mechanism**			
a	The service has defined standards for service provision	Service standards document	Met	Standards for all key areas
			Partially met	Some standards for some key areas
			Not Met	No standards
b	The service monitors and regularly audits its practice against its standards	Service monitoring or audit data or reports	Met	Standards, audit or monitoring of all key areas
			Partially met	Standards, audit or monitoring of some key areas
			Not Met	No standards, audit or monitoring
c	The service has an established mechanism to involve patients in the quality assurance of the service	Patient feedback mechanism/exit questionnaires, management reports Information from service users	Met	Evidence of consistent patient involvement in quality assurance
			Partially met	Some evidence of consistent patient involvement in quality assurance
			Not Met	No evidence of patient involvement in quality assurance
d	The service regularly reviews and improves practice if required	Clinical governance or management meetings Audit or monitoring reports Improvement plans	Met	Audit, regular discussion in meetings and improvement plans
			Partially met	Some audit, meeting discussions and improvement plans
			Not Met	No evidence of quality assurance process

Notes:

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders and patients' representatives)

M1a: A Service Plan or Strategic Plan would commonly include: vision, principles, objectives, targets and activities, roles and responsibilities, timeline and indicators, elements such as a description of the service; the services provided; numbers of patients; priorities; staffing; finances and targets for the reporting period, etc.

M2a: Financial procedures may include: purchasing or goods, equipment, or contractors; payment of personnel and bills and utilities; keeping records of financial transactions; 'petty cash' management; patient fees procedures (if applicable); ensuring money or goods given as donations as recorded and used for the purpose given etc.

M2b: Having a current service budget is good practice and required in many countries.

M2c: 'Regular' finance reports may be annual, quarterly or monthly depending on the type of service and requirement of its management/board/funding bodies.

M3a: Requirements for personnel numbers and disciplines may vary in different countries. Some countries specify the personnel required for different specialized drug use disorder services. If personnel expectations are not explicit, the scoring should be agreed in advance of assessment by the Quality Assurance team and services. Assessors should make notes of the numbers of patients and daily attendance, the type of services (out-patient/in-patient/residential), personnel numbers (onsite and on call) and profile/professional background (managers, administration, receptionist, doctors, nurses, psychologists, counsellors, volunteers etc).

M3b: 'Personnel competence' is defined as 'the skills, experience and/or qualifications/credentials required to perform in a job'. Personnel competence requirements may vary from country to country. Direct evaluation of personnel skills and experience is beyond the goals of this tool. Personnel competence is assessed by audits of personnel records and training records.

M3c: This criterion reflects an expectation of regular supervision (e.g. monthly) and support for personnel providing direct treatment or interventions to patients

M4a: Some countries, regions or states have requirements a service needs to meet to operate a drug use disorder service. This may be meeting a registration/accreditation/certification process. This criterion may not be applicable in some countries as it is dependent on whether the county has a registration/accreditation/certification system.

M5a: Facilities include: reception and waiting area; counselling rooms, groupwork rooms, clinical rooms, toilets, kitchens, administrative/record storage area, outside areas etc. If the service is residential or in-patient this includes beds per room/ward.

M5b: Equipment may include: medical equipment used during assessment, examination or treatment (medical devices, blood pressure equipment, stethoscope, oxygen equipment, suction machine, examination couch), computers and office equipment, kitchen equipment, cleaning equipment etc.)

M6a: Comprehensive patient record systems includes: patient sociodemographic details; assessment and risk assessment and mitigation documents; signed consent documents; case notes of all appointments and contacts; medication records; treatment plans and treatment plan reviews; referrals and joint work with other providers (eg health services); discharge and throughcare planning; family involvement and contacts.

M6b: The established information management procedure should cover ensuring eg the collection and storage of patient records, ensuring patients confidentiality/appropriate information sharing, consistent approach to information breeches (who is told, what corrective action is taken) etc

M7: An established quality assurance mechanism consists of a service having a process for intermittently monitoring or auditing its practice against standards and, if practice falls short of standards or goals, planning improvement then, taking action to improve.

M7a: Standards may cover all aspects of service management and the delivery of treatment and care assessment

M7b: Monitoring may be including: the collection and reporting on service performance data such as numbers in treatment; length of patient stays etc; it may include regular audits of patients records or medicines management or service protocols. Patient feedback may also be included in regular monitoring

M7c: Patient feedback and involvement in the quality assurance of drug use disorder services is good practice as outlined *in 'the International* Standards" (WHO/UNODC, 2020). This may be via regular feedback mechanisms, patient representative bodies that link with management or quality assurance or service redesign or patients' questionnaires, focus groups,

M7d: Review of monitoring of quality reports and data would normally be by the service management or quality meeting (such as clinical governance meetings)

The service provides individualized, patient-centred, treatment				
No	**Statements and criteria**	**Potential sources of information**	**Scoring (suggested only – for discussion and cultural adaptation)**	
PC1	**Patient assessments are comprehensive and participatory**			
a	Patient assessments are comprehensive	Patient records Information from managers, personnel and service users	Met	Comprehensive assessment in most patient records
			Partially met	Comprehensive assessment in some patient records
			Not Met	Few comprehensive assessments
b		Patient records Information from service users	Met	Most patients or records indicate participatory approach
			Partially met	Some patients or records indicate participatory approach

	Patients play active role in their assessment and their opinions are valued		Not Met	Little or no evidence patients or records of participatory approach
c	Patient strengths and resources (recovery capital) are taken into account during assessment	Patient records Information from service users	Met	Most patients or records indicate strengths or assets
			Partially met	Some patients or records indicate strength or assets
			Not Met	Little or no evidence patients or records of strengths or assets
PC2	**Treatment and care provided based on informed consent from patients**			
a	The service is provided on the basis of free and informed patient consent	A protocol for informed consent Patient records Information from service users	Met	Protocol/patient information, audit show patients' routine consent
			Partially met	Some evidence from protocol/patient information/patient feedback
			Not Met	No evidence of consent in records or from patients' feedback
b	The service documents consent with treatment in patients' records	Patients' records	Met	Records indicates routinely consent
			Partially met	Some records contain consent record
			Not Met	No evidence of consent on patients' records
PC3	**All patients have a written individual treatment plan that is regularly reviewed and helps co-ordinate treatment and care**			
a	Patients in treatment have a written individual treatment plan	Treatment plans in patient records	Met	Majority of current patients' records have a treatment plan
			Partially met	Some patients' records have a treatment plan
			Not Met	A small minority or no patients' records have a treatment plan
b	The service regularly reviews treatment plans respecting patients' views on treatment provision	Patients' records: number of treatment plan reviews in the last year	Met	Majority of current patients' records have a treatment plan review
			Partially met	Some patients' records have a treatment plan review
			Not Met	A small minority or no patients' records have a treatment plan review
c	The service records referrals and coordinates care with other providers in patients' treatment plans	Patient documentation for referral records and coordination of care where other providers are involved (to meet patient need) Information from managers, personnel and service users	Met	Majority of current patients' records show co-ordination if needed
			Partially met	Some patients' records show co-ordination if needed
			Not Met	A small minority or no patients' records show co-ordination if needed
d	Patients have discharge plans when they leave the services to encourage throughcare and reduce relapse	Patient documentation of last discharged patients (e.g. last 10): discharge plans in patients' records	Met	Majority of discharged patients' records have discharge plans
			Partially met	Some discharged patients' records have discharge plans
			Not Met	A small minority of discharged patients' records have discharge plans

		Information from managers, personnel and service users		
PC4	**The service works in partnership with other services to meet patient needs**			
a	The service works with other providers to meet patient needs	Referral forms, partnership agreements with other providers Patients' records Information from managers	Met	Evidence of partnership with a range of other service providers
			Partially met	Evidence of some partnership with other service providers
			Not Met	Little or no evidence of partnership arrangements
PC5	**The service meets the needs of diverse groups of patients**			
a	The service maximizes access to care for diverse range of its target population and has strategies to engage groups not accessing treatment	Targets (e.g. Key Performance Indicators, KPIs) for access for different patient groups Information from managers on engagement strategies for under-represented or 'hard to reach groups"	Met	Range of access targets and engagement strategies
			Partially met	Few access targets, limited evidence of engagement strategies
			Not Met	No evidence of targets, or engagement strategies
b	Personnel are trained to work with diverse groups of patients	Personnel records, such as personnel qualification, credential, training records	Met	Evidence that majority of personnel have all necessary education/training
			Partially met	Evidence that majority of personnel have partial necessary education/training
			Not Met	No evidence that personnel have necessary education/training
c	The service has established protocols to ensure the needs of populations with special treatment and care needs (such as women, children and adolescents, etc.)	Protocol/procedures for populations with special treatment and care needs Information from managers and personnel	Not applicable	Service focuses per concept on particular subpopulation (e.g. male patients) only
			Met	Protocol/procedures established for populations with special needs
			Partially met	No protocol, but evidence of tailoring interventions for populations with special treatment and care needs
			Not Met	No protocol, practice or tailored interventions
PC6	**The service involves patients in service design and delivery**			
a	The service has established mechanisms to involve patients in the design of the service	Patient advisory group/ meeting minutes showing involvement Information from service users	Met	Evidence of consistent patient involvement in service design
			Partially met	Some evidence of consistent patient involvement in service design
			Not Met	No evidence of consistent patient involvement in service design
b			Met	Peers are involved in service delivery adequately

	People with 'lived experience' of drug use disorders and recovery are involved in service delivery	People with 'lived experience' mentioned in service provision documentation Personnel record audit shows that some volunteers/personnel have 'lived experience' Information from managers and personnel	Partially met	Peers are involved in service delivery, but their contribution is limited
			Not Met	No peer support/mutual aid plus personnel/volunteers with 'lived experience'

Notes

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders and patients' representatives)

Definitions

Patient-centred care: care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred care to individuals, families, communities and society. Whereas patient-centred care is commonly understood as focusing on the individual seeking care—the patient—people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services. [67]

PC1a: Assessment tools should cover SUD; mental & physical health; social functioning etc. Validated assessment tools are those that have been scientifically tested to produce reliable results on different patient groups and administered by different personnel. They include (but are not limited to): Addiction Severity Index (ASI) Substance Abuse Disorder Questionnaire (SADQ), Mini International Neuropsychiatric Interview (MINI) (Sheehan et al, 1998; Sheehan, 2016), Structured Clinical Interview for DSM-5 (SCID) (First et al, 2015) or the Composite International Diagnostic Interview–Substance Abuse Module (CIDI-SAM) (Cottler, 2000) etc.

PC1c: Patient assets or strengths are important in assessments and treatment planning as the service should aim to help the patient build recovery assets. Such may include the patient's psychosocial situation, strengths beyond biomedical considerations and diagnostic procedures.

PC2a: Informed consent is patient permission for an organization to provide treatment interventions after assessment and the service has explained the recommended treatment, risk, benefits and service rules. The more intensive or invasive the treatment is – the higher the threshold is for informed consent.

PC3a: This criterion may not apply to patients receiving brief interventions, drop-in or single session interventions. A treatment plan may be a standalone document or a note on the record indicating the issues and goals the patient is working towards. It is good practice for patients to sign and/or have a copy treatment plan and have been involved in the plan and goal setting.

PC3b: This criterion may not apply to patients receiving brief interventions, drop-in or single session interventions who may not be suitable for or require a treatment plan. The definition of 'regular' may differ from service to service, depending on the patient group needs and treatment setting. It is good practice for patients to sign and/or have a copy treatment plan review and have been involved in the review and goal setting.

[6] WHO (2010): Meeting report on "People centred care in low and middle-income countries" https://www.personcenteredmedicine.org/doc/genevathree/geneva2011i.pdf
[7] https://www.who.int/healthsystems/Glossary_January2011.pdf

PC3c: Co-ordination may not be required for all patients. Evidence of care coordination could include joint case review or coordination meetings in patient records: evidence of joint working arrangements with other providers such as agreed Standard operation procedures (SOPs); information/sharing agreements; referral and acceptance pathways etc.

PC3d: This criterion should not be applied to patients receiving brief interventions, drop-in or single session interventions. The sample for audit should be recently discharged patients only eg the last 10 discharged (who did not drop-out).

PC4a: Documents could include: partnership meeting minutes, joint case review notes; evidence of case management with other providers, evidence of referrals to know links, memorandum of understanding (MoU) with partners.

PC5a: KPIs for access examples include: waiting times; or target numbers of patients from a particular group or location; to ensure access for all its target population. The target population will depend on the scope of the project and whether it explicitly provides SUD treatment for a locality of certain groups within a locality eg men, women, children and young people, people who inject drugs (PWID), etc. Engagement strategies for "hard to reach groups" may include outreach into particular population groups, group specific interventions (eg tailored to age, gender, ethnicity, religion, sexuality, substances used etc.

PC5b: Personnel records show training and/or competence in gender, sexuality, age, ethnicity, language, religion etc depending on service target group

PC5c: This statement may not be applicable for some services. Protocol for populations with special treatment and care needs and/or evidence the protocol or practice is established.

PC6a: Established mechanisms for involving patients in service design may be patient surveys on service redesign, a patient representative body that management consult with or other patient consultation methods.

PC6b: Selected and properly trained peers can work in treatment services, providing specific interventions aimed at helping identify patients, engage them and keeping them in treatment. Involvement in service delivery requires adequate training and may be in a variety of roles such as peer support workers or providing mutual aid groups, outreach workers, volunteers such helping with 'front of house', meeting and greeting new patients, or providing refreshments in waiting areas etc. The health and recovery process of peer workers needs to be considered and they need to receive adequate support.

The service provides timely access and ensures interventions are effective and evidence-based				
No	**Statements and criteria**	**Potential sources of information**	**Scoring (suggested only – for discussion and cultural adaptation)**	
E1	**The service ensures timely access for its target groups**			
a	The service ensures and monitors timely access of patients to treatment	Evidence of monitoring access to treatment Evidence indicators are monitored, and performance is reviewed	Met	Access monitoring and evidence of review
			Partially met	Either monitoring and/or evidence of review
			Not Met	No monitoring or review
E2	**The service monitors and improves its outcomes and performance**			
a		Evidence of service targets or KPIs	Met	A range of KPIs
			Partially met	One KPI

			Not Met	No KPIs
b	The service monitors its targets or KPIs, including patient outcomes	Evidence targets or KPIs are monitored, KPI data reports for management Patient outcomes data	Met	Data available for majority of KPIs, including patient outcomes
			Partially met	Data available for some KPIs and some patient outcomes
			Not Met	No KPIs or no KPI monitoring
c	The service has mechanisms to improve its performance based on the results of its monitoring	Outcome monitoring reports Strategies to improve outcomes Improvement plans	Met	Outcome monitoring and strategies/improvement plan for areas not meeting goals
			Partially met	Some strategies and/or improvement plan for areas not meeting goals
			Not Met	No strategies to improve performance or outcomes
E3	**Interventions are evidence-based and underpinned by established protocols**			
a	The service has a documented approach in line with evidence-base	A treatment manual (or similar documents, for example national standards/guidelines for service provision) which covers all aspects of treatment provided Information from managers	Met	A treatment manual covering all aspects of the services
			Partially Met	Partial documentation of the services in a manual or documents
			Not Met	No manual or documents
bi	The service utilizes established protocol or SOP to ensure interventions to reduce the negative health and social consequences of drug use are evidence-based	Protocol or SOP (or similar documents, for example national standards/guidelines for service provision) for interventions to reduce the negative and social consequences of drug use Information from managers and personnel	Met	Protocol/SOP and verification evidence-based practice is established
			Partially met	Protocol/SOP and some verification evidence-based practice is established
			Not Met	No protocol/SOP or verification evidence-based practice is established
bii	Personnel involved in the provision of the services possess adequate professional knowledge and competence to deliver interventions to reduce the negative health and social consequences of drug use	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training

ci	The service has an established protocol or document or SOP to ensure psychosocial interventions are evidence-based	Protocol or SOP (or similar documents, for example national standards/guidelines for service provision) for evidence-based psychosocial interventions Information from managers and personnel	Met	Protocol or SOP and verification evidence-based practice is established
			Partially met	Protocol or SOP & some verification evidence-based practice is established
			Not Met	No protocol/SOP or verification evidence-based practice is established
cii	The service ensures personnel are competent to deliver psychosocial interventions	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training
di	The service has an established protocol or SOP to ensure pharmacological interventions are evidence-based	Protocol, document or SOP (or similar documents, for example national standards/guidelines for service provision) for evidence-based for prescribing interventions Information from managers and personnel	Met	Protocol or SOP and verification evidence-based practice is established
			Partially met	Protocol or SOP & some verification evidence-based practice is established
			Not Met	No protocol/SOP or verification evidence-based practice is established
dii	The service ensures personnel are competent to deliver pharmacological interventions	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training
ei	The service has an established protocol or SOP to ensure recovery management interventions are evidence-based	Protocol, document or standard operating procedure (or similar documents, for example national standards/guidelines for service provision) for evidence-based for recovery interventions. Information from managers and personnel	Met	Protocol or SOP and verification evidence-based practice is established
			Partially met	Protocol or SOP & some verification evidence-based practice is established
			Not Met	No protocol/SOP or verification evidence-based practice is established

eii	The service ensures personnel are competent to deliver recovery management interventions	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training

Notes

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders and patients' representatives)

E1a: Examples of access KPIs include: waiting times; numbers of patients from populations with special treatment needs accessing treatment, etc

E2a: Examples of KPIs include: retention in treatment, bed occupancy; numbers in treatment; numbers completing treatment; patient outcomes (such as reduction in the number of days drugs were used in the last month).

E2b: Monitoring of KPIs would ideally be achieved using routine data collection and/or regular audits of patient records.

E2c. Monitoring of patient outcomes could be achieved by using validated assessment tools or outcome measurement tools.

E3a: A treatment manual or set of documents (service manuals, adapted/national/regional guidelines) that explain the range of interventions provided, patients inclusion/exclusion criterion, timetable, patient groups etc. Note: the treatment manual would not normally contain detailed documentation outlining how to deliver each intervention and the personnel competence required – these are the protocols for interventions described below.

E3bi. A protocol or Standard Operating Procedure (SOP) is a document that explains an intervention or procedure in detail for personnel and normally includes as a minimum, a description of the intervention or issues, the patient/personnel it applies to, the expected actions (in sequence) from personnel, personnel competence required, and reporting requirements. Some interventions to reduce the negative and social consequences of drug use should ideally be provided in all localities. Interventions to reduce the negative and social consequences include: information on and linkage to services catering for basic needs (safety, water, food, shelter, hygiene and clothing); needle and syringe programmes; condom distribution programmes; overdose prevention, identification and management, including take-home naloxone; voluntary HIV/hepatitis testing and counselling; information on and linkage to services providing prevention, diagnosis and the treatment of HIV/ AIDS; information on and linkage to services providing vaccination (for hepatitis B), prevention, diagnosis and the treatment of viral hepatitis; information on and linkage to prevention, diagnosis and treatment services for sexually transmitted infections and tuberculosis; targeted information, education and communication, for people who use drugs and their sexual partners, on the effects of drugs, risks associated with drug use as well as approaches to minimize health and social harms due to drug use; information on and access to mutual-help groups (such as Narcotics Anonymous, Nar-Anon, Cocaine Anonymous and other peer-driven and mutual-support groups); anti-stigma activities, awareness raising and promotion in the community; screening and brief interventions for substance use; basic counselling; information on and access to basic medical (such as wound management) and social support (including food, hygiene and shelter) services; crisis interventions; legal support; referral to other treatment and care modalities and recovery management services; and referral to other health care and social services, as needed.

E3bii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in interventions to reduce the negative and social consequences of drug use disorders. Direct evaluation of personnel skills and experience is beyond the goals of this tool. Personnel competence is assessed by audits of personnel records and training records.

E3ci: This criterion should be applicable to all drug use disorder services. Psychosocial interventions may include one to one or group work. Interventions may include: psychoeducation; cognitive behavioural therapy; motivational interviewing and motivational enhancement therapy; the community reinforcement approach; family

oriented treatment approaches; contingency management; mutual-help groups (including 12-step groups); and housing and employment support, among others. The patient interviews should explore whether patients have a good therapeutic relationship with personnel providing psycho-social interventions.

E3cii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in specific psychosocial interventions.

E3di: This criterion may not be applicable to some services. Pharmacological interventions should be administered alongside psychosocial interventions. Pharmacological interventions may include: Drug withdrawal management, Management of opioid dependence, symptomatic medications for disorders due to psychostimulant or cannabis use, overdose prevention, identification and management.

E3dii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in prescribing and dispensing pharmacological interventions.

E3ei: Some recovery management interventions should ideally be provided by all drug use disorder services such as access to mutual aid or peer support, aftercare, recovery-check-ups or support for those leaving treatment.

E3eii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in recovery management interventions, etc.

No	Statements and criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
The service promotes patients' health, safety and human rights				
P1	**Patients are treated with respect and protected from abuse, malpractice, stigma and discrimination**			
a	Patients report they are treated with dignity and respect	Information from service users Patient complaint records	Met	There are no indications on violation of patients' dignity and respect
			Not Met	There are indications on violation of patients' dignity and respect
b	There are procedures to ensure patients' rights and privacy are respected and protected	Protocols to ensure patients' privacy Information from service users	Met	Procedures are in place and enforced
			Partially met	There are procedures but they are not known by all patients
			Not Met	No procedures
c	The service ensures an overall health and human rights promoting environment and patients are not subject to abuse, discrimination or malpractice	Information from service users Patient complaints records Visual inspection (O)	Met	No current evidence of abuse, restraint, discrimination or malpractice
			Not Met	Any evidence of abuse, restraint, discrimination or malpractice
d			Met	Protocol, information, evidence of activities

	The service has an established protocol and documented activities to tackle stigma and discrimination of people who use drugs	Available documentation about activities to tackle stigma and discrimination Information from managers, personnel and service users	Partially met	No protocol but some evidence of information and activities
			Not Met	No protocol, information or activities
P2	**Patients are fully informed about service rules, policies and procedures protecting confidentiality**			
a	The service has procedures protecting confidentiality that are known to service users	Service delivery protocols or other documentation with notions related to user's confidentiality Information from service users	Met	Written procedures to protect confidentiality are in place and known to service users
			Partially met	Procedures to protect confidentiality are in place but either not written or unknown to some service users
			Not Met	No procedures to protect confidentiality in place or they are unknown for service users
b	The service has written rules and policies that are known to service users	Service delivery protocols or other documentation with notions related to rules of services Information from service users	Met	Written service rules are in place and known to service users
			Partially met	Service rules are in place but either not written or unknown to some service users
			Not Met	No written service rules are in place or unknown to all service users
P3	**The service promotes patients' health, wellbeing and social functioning**			
a	The service has a defined goal and interventions to improve health and well-being of patients.	Service manual/protocols, health screening and assessment documents, health screening intervention/referral in case note audit Health promotion documentation Patient interviews	Met	Protocol or document, most patients have health screening/assessment and/or health intervention/promotion or referral
			Partially met	Either protocol/document, some patient records have health screening/assessment and/or health intervention/promotion or referral
			Not Met	No protocol/document, few patient records have health screening/assessment and/or health intervention/promotion/referral
b	The service helps each patient improve their social functioning and re-integration into communities	Service manual/protocol. Social functioning and re-integration referral/ interventions in case note audit	Met	Protocol/document, most patient records have social functioning and re-integration interventions
			Partially met	Protocol/document and/some of patient records have social functioning and re-integration interventions
			Not Met	No protocol/document and few patient records have social functioning and re-integration interventions

c	Food and drink are provided by the service and should be affordable, nutritious and healthy (if applicable)	Food menu in line with national guidance on healthy nutrition Special food available as needed for religious or dietary reasons, Patient survey	Met	Food/drink is provided and judged as satisfactory, most of patients positive
			Partially met	Either food/drink is assessed as satisfactory or some of patients positive
			Not Met	Food/drink is either not provided or assessed as unsatisfactory by assessors and some of patients
P4	**The service has a procedure of independent complaint for patients**			
a	The service has an independent complaints mechanism established for collecting, investigating and responding to patient complaints that is known to patients.	Patient complaints and resolution policy, investigation reports and actions taken Information from service users	Met	Complaints policy and most patients report knowledge of how to complain
			Partially met	Complaints policy and/or some patients report knowledge of how to complain
			Not Met	No complaints policy and patients unaware of how to complain
P5	**The service actively ensures the cleanliness, fire &infection control and other serious incidence protection**			
a	The service has an established infection control protocol to minimize the spread of infections, viruses and disease	Infection control (IC) policy IC reports Personnel records, such as personnel qualification, credential, training records	Met	IC policy or document/consistent practice, trained personnel
			Partially met	Partial IC documents/consistent practice or trained personnel
			Not Met	No evidence of IC policy, consistent practice or trained personnel
b	The service meets national/local regulations for cleanliness for a health/social care facility	Certificates, and any other documents or records on meeting local regulations Field visit report	Met	All Inspection audits/certificates
			Partially met	Some inspection audits/ certificates
			Not Met	No inspection audits/ certificates
c	The service meets national fire regulations or good practice	Certificates, and any other documents or records on meeting local regulations Personnel training in records	Met	Service has fire safety certificates/evidence of consistent practice
			Partially met	No certificates but consistent practice in fire safety
			Not Met	No certificates or consistent practice in fire safety
d	The service has established protocols and practice to manage serious incidents (SI)	SI protocol Investigation reports or improvement plans Information from managers	Met	Protocol, serious incident reports, improvement plans
			Partially met	No protocol but some serious incident reports, improvement plans
			Not Met	No evidence of protocols or practice to manage serious incidents
P6	**The service safely manages its medicines**			

a	The service has an established protocol to ensure safe storage, prescribing and dispensing of medication.	Medicines management protocol, prescribing protocols, audit and improvement plans	Met	Comprehensive protocol, audit and improvement plans
			Partially met	Partial protocol, limited audit and improvement plans
			Not Met	No protocols or audits

Notes

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders and patients' representatives)

P1a: Patients reporting personnel treat them with respect in patient surveys has been associated with better reported outcomes in the UK and USA.

P1b: Evidence that patients' privacy is respected within the service include: private space for washing, toileting, privacy when being counselled or medically examined

P1c. Abuse may be physical (eg beating or hitting, sexual abuse) or mental (torture, humiliating practice, abusive language etc), constraint may include being tied, chained or locked up), discrimination (may include unfair treatment due to gender, sexuality, religion, culture, race, etc), malpractice (may include non-evidence-based practice, or practice that the patient has not consented to). Any abuse should result in a 'not met score due to the importance of the need to challenge this type of practice.

P1d: Evidence to show the anti-discrimination protocol (including promotion of good relationships between diverse groups) has been established may include additional protocols on bullying or harassment on the basis of gender, sexuality, age, disability, ethnicity, language, religion etc, evidence of incidents and actions in management meetings, investigations etc. Also, activities/intervention/ service information that promote an inclusive culture.

P2a: This criterion refers to 'rules' around the principle that patient information should not be shared without their consent unless the patient or another is at significant risk of harm. It is normal practice to share information for example, to refer the patient for healthcare (with consent).

P2b: The service has written rules, policies and expectations of patients should be explained and given to patients prior to treatment so they can give informed consent – (particularly if restrictions of liberty are requested by a residential or in-patient unit). Information should match the literacy level and language of the patient group).

P3a: Health and well-being includes physical and mental health including interventions to promote health. Interventions may include: treatment of mental and physical health conditions, screening, assessment, brief interventions and referral to other treatment; screening and referral for treatment for blood borne viruses, sexual and reproductive health issues, liver disease, etc.; provision of vaccinations (HEPB, viral infections etc.); health promotion activities, such as exercise, health diet, sleep hygiene, dental hygiene etc.

P3b: Social functioning and re-integration include interventions such as: building supportive relationships; education; training; employment or life-skills (e.g. managing money, cooking); integration into society; mutual aid or peer support; aftercare etc.

P3c: Scoring for thresholds for food and drink provided by a service may vary between countries and the quality assessors should agree thresholds in line with country norms.

P4. An independent complaints mechanism should include established procedures for collecting, investigating and responding to patient complaints while granting anonymity and protecting patients complaining from negative consequences. This should be known to patients by being explained to each patient and being advertised in patient information.

P5a: Infection control is of critical importance to drug use disorder service as the patient group be more vulnerable to catch and pass on some infectious diseases. Infection control procedures may include: handing blood and body fluids (urine, faeces, vomit etc.); handling and disposal of injecting and other disposable medical equipment; needle stick injury; handling medical waste; face masks and face shields, and handwashing/disinfection. Procedures should exist for managing infections or communicable disease outbreaks including contingency planning for outbreaks, epidemics or pandemic situations.

P5b: National/local regulations for cleanliness for a health/social care facility may vary in different localities. Sone countries may not have regulations and so assessors will need to set scoring thresholds based on country norms.

P5c: Fire regulations for a health/social care facility may vary in different localities. Sone countries may not have regulations and so assessors will need to set scoring thresholds based on country norms.

P5d: Serious incidents may include: violence on premises (between patients or patient to personnel), death or overdose of patients, weapons on premises etc, abuse of patients or personnel, significant theft; fire etc

P6a: This criterion only applies to services that store or prescribe medication. If a service does not – score as not applicable (N/A).