



Lebanese Republic
Ministry of Public Health
National Mental Health Programme

ACCREDITATION STANDARDS

**RESIDENTIAL SUBSTANCE USE
REHABILITATION PROGRAMMES**

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2019 RESIDENTIAL SUBSTANCE USE REHABILITATION PROGRAMMES

The development of this report has been coordinated by the National Mental Health Programme (NMHP) at the Ministry of Public Health (MOPH), with the support of Association Francophone pour les Malades Mentaux (AFMM), and with funding from MedNET, the Pompidou Group Mediterranean cooperation network in the field of drugs within the Council of Europe.

Both English and Arabic versions are available at: <http://moph.gov.lb>

Suggested citation: Ministry of Public Health (MOPH). 2019. Accreditation Standards - Residential substance use rehabilitation programmes 2019. Beirut: Lebanon.

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NMHP-MGT-STD-ACR 001/19 -EN



FOREWORD

BY HIS EXCELLENCY THE DIRECTOR GENERAL OF THE MINISTRY OF PUBLIC HEALTH

These Accreditation Standards aim to improve the quality of care and to ensure the protection of Human Rights for persons in Residential Substance Use Rehabilitation facilities in Lebanon. They have been successfully developed in close collaboration with the Ministry of Social Affairs as part of the “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021”.

The National Mental Health Programme (NMHP) at the Ministry of Public Health has been leading the coordination of these efforts in line with the strategic objective 2.3.2 of the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021 “Develop accreditation standards for programmes providing substance use treatment and rehabilitation taking into consideration the special needs of vulnerable groups” with the funding from Pompidou Group of the Council of Europe and the support of Association Francophone pour les Malades Mentaux (AFMM).

These Standards are designed to provide organizations with the building blocks of quality and provide them with a guide towards excellence in service to persons with substance use disorders. The standards could be applied in both public and private residential programmes and should be provided by multi-disciplinary teams.

This process included a literature review of international standards from Canada, the US and the UNODC-WHO joint Programme on Drug Dependencies and Treatment followed by thorough revisions by local and international experts in the field as well.

The Accreditation Standards for Residential Substance Use Rehabilitation Programmes constitute a milestone in the health and social welfare sectors response to substance use in Lebanon, ensuring participant-centered programming and respect of human rights. I commend all actors who have contributed to the development of these standards and endorse their integration in the current practice.

Dr. Walid Ammar
Director General
Ministry of Public Health

ACKNOWLEDGEMENTS¹

Technical development

National Mental Health Programme – Ministry of Public Health

Rabih El Chammay & Ghada Abou Mrad

Coordination

National Mental Health Programme – Ministry of Public Health

Rachel Btaiche

Technical review²

Ministry of Public Health

Rita Freiha (Accreditation and Evaluation of Hospitals Department)

Zeinab Abbas & Marie-Therese Matar (Narcotics Department)

Bedros Kazazian (National Mental Health Programme)

Ministry of Social Affairs

Khadije Ibrahim (Specialized Social Care Unit)

Amira Nasreddine (National Prevention Programme)

UN agencies

Alissar Rady & Edwina Zoghbi (World Health Organization – Lebanon office)

European Monitoring Center for Drugs and Drug Addiction

Marica Ferri (Public Health Unit)

Non-governmental organizations

Souraya Frem, Raffi Kaypekian (Cénacle de la Lumière – CDLL)

Rima Badran, Batoul Nouredine (Islamic Health Society)

Rita Moukarzel (Lebanese Association Medical Services Addiction – LAMSA)

Elie Aaraj (Middle East and North Africa Harm Reduction Association – MENAHRA)

Garos Margossian (No For Drugs – NFD)

Father Marwan Ghanem, Samilab Maalouf Zaatar (Nusroto)

Mireille Khoury, Elie Wheibe (Oum El Nour)

Ramzi Haddad (Skoun)

Nadia Badran (Soins Infirmiers et Développement Communautaire – SIDC)

¹ All names are listed without titles.

² Names are listed by alphabetical order of organizations' names and then by last name of persons within organization.

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The substance use residential treatment services provide screening and assessment of persons with substance use disorders, orientation, in-house treatment, rehabilitation programmes, follow-ups and support for social reintegration of persons with substance use disorders. Throughout the document, the word “participants” is used to refer to a person with substance use disorders using relevant services.

The substance use residential treatment programme standards for Lebanon are designed to provide organizations with the building blocks of quality and provide them with a guide towards excellence. Addenda will be developed later on for standards related to minors and for standards related to social reintegration.

The standards may be applied in both public and private residential programmes and should be provided by a multidisciplinary team. These standards are grouped under the following sections:

- Building an effective substance use residential treatment programme
- Maintaining a safe substance use residential treatment programme
- Having the right people work together to deliver care
- Delivering and coordinating substance use residential treatment programme
- Maintaining accessible and efficient health information systems
- Monitoring quality and achieving positive outcomes

Acknowledging that organizations may be at different points along the continuum of excellence, substance use residential treatment standards are classified according to Measures of Quality comprising three levels:

Basic

Addresses basic structures and processes linked to the foundational elements of safety and quality improvement in substance use residential treatment service delivery.

Advanced

Builds on the foundational elements of quality and safety, emphasizes key elements of programme participant-centered care and consistency in the delivery of services through standardized processes.

Excellence

Demonstrates a commitment to excellence and leading the substance use residential treatment field in terms of quality and safety.

Each Measure of Quality is linked to one of the following seven Elements of Quality:

Accessibility

Through ensuring availability, affordability, and acceptability of services, taking into consideration the diversity of persons and without any discrimination based on nationality, culture, religion, political views, age, gender, or disability.

Appropriateness

In relation to the needs and expectations of both persons with substance use disorders and service providers, utilizing state-of-the-art means and efficacy.

Continuity of Care

For persons in various levels of care – prevention, harm reduction, substance use treatment, rehabilitation and social reintegration – across all healthcare providers.

Effectiveness

Through ensuring provision of the right service to the right person, the right way and at the right time.

Efficiency

Through optimizing available skills and resources.

Safety

Through protection and risk management of persons with substance use disorders, of the community and of service providers.

Continuous Improvement of Performance

Compared to current established standards and leading healthcare “industry” benchmarks.

BUILDING AN EFFECTIVE RESIDENTIAL SUBSTANCE USE REHABILITATION PROGRAMME

STANDARD 1 | PROGRAMME DEVELOPMENT

The programme is developed to meet the substance use rehabilitation needs of its participants. Physical access to persons with disability should be mentioned as part of “Appropriateness”.

INTENT

To ensure appropriateness of the current programme to the bio-psycho-socio-spiritual needs of the participants.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
1.1 The programme has a written mission and vision statement.	 Efficiency	 Basic
1.2 The programme collects information about the substance use rehabilitation needs from its programme participants and the community.	 Appropriateness	 Basic
1.3 The programme analyses and uses the information it collects for planning and designing services.	 Appropriateness	 Basic
1.4 The programme has a strategic plan based on identified community needs.	 Appropriateness	 Basic
1.5 The programme’s strategic plan includes measurable long-term goals and objectives.	 Effectiveness	 Basic
1.6 The programme develops annual operating plans to guide day-to-day operations.	 Effectiveness	 Basic
1.7 The programme has a steering committee made up of members of the broader community (municipality, university, technical persons, family of persons with substance use disorders, persons recovering from substance use disorders...) to provide their input on services.	 Appropriateness	 Basic
1.8 The programme involves its participants, the community and the steering committee when developing its operating plans.	 Appropriateness	 Basic
1.9 The programme has written policies, terms of reference and code of conducts for staff, the steering committee and community participation.	 Appropriateness	 Basic
1.10 The programme services should be easily accessible with regard to location, opening hours, transportation and safety.	 Accessibility	 Basic
1.11 The programme should follow a solid theoretical framework with evidence-based criteria.	 Appropriateness	 Basic

STANDARD 2 | PROGRAMME ADMINISTRATION

The facility/programme director is responsible in consultation with the steering committee, the staff and the participants, for planning, organizing, and directing the day-to-day operations of the substance use rehabilitation programme and facility. The facility director is directly responsible in all matters related to the maintenance, operation and management of the facility. The facility director reports to the steering committee on the implementation of the annual plan.

INTENT

To ensure the administrative body is vigilant and consistently following up on programme and facility needs and providing quality assurance.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
2.1 The director of the programme is on the ground locations for a necessary number of hours to allow suitable attention to the management of the facility and the substance use rehabilitation program.	 Effectiveness	 Basic
2.2 The director of the programme guarantees that the facility and the programme take into account the issues of protection and promotion of the programme participant's health, safety, and well-being.	 Safety	 Basic
2.3 The director of the programme maintains a sufficient number of qualified, multidisciplinary and experienced staff, including administrative staff, as per the needs of the selected evidence-based programme, to enable work to be completed in a safe and efficient manner for all participants.	 Effectiveness	 Basic
2.4 The director of the programme delegates a replacement, who is responsible and accountable for the management of the programme, to act in their absence.	 Effectiveness	 Basic
2.5 The director of the programme guarantees the development of the procedures that require reporting of any evidence of abuse, neglect, or exploitation of any person receiving service from the facility.	 Safety	 Basic
2.6 The director of the programme ensures that an effective complaint mechanism is in place to report and investigate any suspected abuse, neglect, exploitation and violation of human rights and that steps are taken to protect programme participants.	 Continuous Improvement of Performance	 Basic
2.7 The programme's staff and service providers have access to the programme director between meetings for decision-making purposes.	 Effectiveness	 Basic
2.8 The programme has an organizational chart with clear lines of responsibility and authority.	 Effectiveness	 Basic

2.9 The programme demonstrates financial accountability to its funders through annual reporting.	 Effectiveness	 Basic
2.10 The programme distributes an annual report to all key stakeholders.	 Effectiveness	 Basic
2.11 The programme director monitors, evaluates and modifies its management practices to improve cost performance.	 Continuous Improvement of Performance	 Advanced
2.12 The programme evaluates its management practices annually.	 Continuous Improvement of Performance	 Basic
2.13 The programme improves its management processes based on the results of the evaluation.	 Continuous Improvement of Performance	 Basic
2.14 The programme implements recruitment and retention strategies to attract and keep the staff required to meet the needs of the programme's participants.	 Effectiveness	 Basic

MAINTAINING A SAFE RESIDENTIAL SUBSTANCE USE REHABILITATION PROGRAMME

STANDARD 3 | SAFETY

The programme is committed to providing a safe, supportive environment. The programme has policies and procedures in place to protect participants from harassment and from violence, be it from staff or from other participants.

INTENT

To ensure that all programme participants are safe and respected in the environment.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
3.1 The programme ensures that staff respect the human rights of each person receiving a service, and ensures that each participant in the programme is responsible of treating staff and peers with respect.	 Appropriateness	 Basic
3.2 The programme staff do everything they can to ensure the personal safety of each person receiving the service.	 Safety	 Basic
3.3 The programme establishes and implements policies and procedures to decide what the person's mental, physical, and psychological ability is and to protect them from injury.	 Safety	 Basic
3.4 The programme has policies and procedures in place that show the procedure of what will happen in case of personal and environmental emergencies.	 Safety	 Basic
3.5 The programme guarantees the running of house-keeping (hygiene and sanitary requirements) and maintenance, including pest control and fire/escape plans, as needed to protect the health and safety of the people.	 Safety	 Basic
3.6 The programme creates and maintains a physical environment that ensures the protection of the participants and staff and keeps it free of factors that may pose a potential risk to the health and safety of the persons.	 Safety	 Basic
3.7 The programme guarantees that all passageways for care and treatment are safe and adequate.	 Safety	 Basic
3.8 The programme ensures that all equipment and furniture are safe and maintained in good condition.	 Appropriateness	 Advanced
3.9 The programme is responsible for providing each person with a suitable supply of clean beds, sheets, showering area, and other needs that may be necessary for their care and treatment. These items must be in good conditions.	 Appropriateness	 Basic

3.10 The programme guarantees the delivery of clean water for bathing and hand washing at safe and comfortable temperatures to protect persons from potential burns and injuries.	 Safety	 Basic
3.11 The programme creates and implements policies and procedures, whether by ways of plumbing devices or direct staff monitoring, to maintain water temperatures that accommodate persons' safety, comfort and preferences.	 Appropriateness	 Basic
3.12 The programme creates and implements policies and procedures to guarantee that hazardous/poisonous materials are appropriately handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by persons.	 Safety	 Basic
3.13 The programme ensures that the food is of good quality, prepared in a safe and sanitary manner, and served in sufficient quantities and frequency to meet the daily nutritional needs of each person.	 Effectiveness	 Basic
3.14 The programme guarantees that special populations receive tailored services to accommodate their unique needs (i.e. persons receive special diets when ordered by a licensed health care professional).	 Effectiveness	 Advanced
3.15 When persons are involved in the food service of the facility, the programme guarantees that each person is trained so that nutritional and food safety standards are met.	 Safety	 Advanced
3.16 To have a skilled dietitian in charge when there is food service in the facility.	 Appropriateness	 Excellence

STANDARD 4 | MANAGING AND DISPENSING MEDICATION

The facility/programme has a pharmacy with a certified pharmacist that adequately stores, manages, dispenses medications and oversees the processes. The programme safely prescribes and dispenses medication.

INTENT

To ensure that the facility's medication inventory includes the number and types of medication within the programme, and that the medication is properly stored and dispensed with a tracking system in place.

To ensure easy access to medication information, clear medication order, safe preparation and dispensing and monitoring of adverse drug reaction.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
4.1 The facility/programme limits access to medication to authorized staff.	 Safety	 Basic
4.2 The facility/programme limits access to medication by placing them away from the persons' service areas and storing them in a locked cabinet, drawer or closet.	 Safety	 Basic
4.3 The medication storage areas are clean and orderly.	 Safety	 Basic
4.4 The facility/programme limits access to prescription pads to authorized staff only.	 Safety	 Basic
4.5 The facility/programme maintains an up-to-date inventory of available medication and medications that have been dispensed.	 Safety	 Basic
4.6 The facility/programme medication labels are distinctive, use clear abbreviations, and contain only essential information.	 Safety	 Basic
4.7 The facility/programme clearly defines, lists and labels high-risk/high-alert medication.	 Safety	 Basic
4.8 The facility/programme has an up-to-date list of medication including the essential list of medication as per the Ministry of Public Health (MoPH) and medication covered by the National Social Security Funds (NSSF).	 Effectiveness	 Basic
4.9 The facility/programme adheres to expiry dates on medication and has a process to monitor them.	 Safety	 Basic
4.10 The facility/programme promptly discards outdated medication (e.g. Guidelines for Warehousing Health Commodities ³).	 Safety	 Basic
4.11 The programme limits the dispensing of medication to authorized staff.	 Safety	 Basic
4.12 The programme's staff have access to medication-related information and tools.	 Appropriateness	 Basic

³ <http://apps.who.int/medicinedocs/documents/s21549en/s21549en.pdf>

4.13 The facility's staff have access to current protocols, guidelines, dosing recommendations, and checklists for medications.	 Effectiveness	 Basic
4.14 The facility's staff clearly write prescription orders.	 Safety	 Basic
4.15 The facility's pharmacy establishes criteria for acceptable medication orders.	 Safety	 Basic
4.16 The facility's pharmacy reviews prescriptions or medication orders for accuracy and appropriateness.	 Safety	 Basic
4.17 The facility's pharmacist conducts periodic reviews (appropriateness reviews, medication reconciliation) of medication profiles of programme participants who suffer from chronic diseases or multiple comorbidities to assess the suitability of medications (type and quantity), including its compatibility with medication guidelines.	 Safety	 Basic
4.18 The facility's pharmacy contacts the prescribing medical professional when medication orders are incomplete, illegible, or unclear.	 Safety	 Basic
4.19 The facility develops policies and procedures to ensure that medication are prepared safely.	 Safety	 Basic
4.20 The facility's pharmacy maintains accurate and up-to-date records of all medication prepared in the pharmacy.	 Safety	 Basic
4.21 The facility's pharmacy develops policies and procedures to ensure medication are dispensed safely.	 Safety	 Basic
4.22 The facility develops and follows a process to maintain clinically accurate, known adverse drug reactions for each programme participant in the ongoing medication profile.	 Safety	 Basic

HAVING THE RIGHT PEOPLE WORK TOGETHER TO DELIVER CARE

STANDARD 5 | MULTIDISCIPLINARY TEAM

The programme uses a multidisciplinary team approach taking into consideration the bio-psycho-social model of care to deliver the substance use rehabilitation services and abiding by national licensing procedures of the Orders and of the Ministry of Health for the different professions.

INTENT

To ensure a multidisciplinary team approach in the different phases of the programme, allowing each team member to work to their full scope of practice with professional autonomy, promoting effective and coordinated services, with accurate and timely communication, and a process to evaluate team functions in relation to provided services, processes, and outcomes.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
5.1 The programme delivers substance use rehabilitation services using a multidisciplinary approach.	 Efficiency	 Basic
5.2 Team members work together according to their specialization and competencies to develop goals.	 Efficiency	 Basic
5.3 The programme has standard processes and procedures for handover to improve teamwork and minimize duplication.	 Efficiency	 Advanced
5.4 The team communicates regularly to coordinate services, roles and responsibilities.	 Efficiency	 Basic
5.5 Team members meet on weekly basis to discuss the case management of programme participants.	 Efficiency	 Basic
5.6 The programme's staff work to their full scope of practice with professional autonomy when delivering substance use rehabilitation services.	 Efficiency	 Advanced
5.7 The programme provides education and training on how to work together across disciplines.	 Efficiency	 Basic
5.8 The team has a process to regularly evaluate its team functioning and identify areas to improve.	 Efficiency	 Basic

STANDARD 6 | PARTICIPANT-CENTERED PROGRAMME

The facility is participant-centered.

INTENT

To develop and maintain an open, transparent and respectful relationship with persons with substance use disorders and their families.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
6.1 The programme informs participants and staff of their rights, responsibilities and codes of ethics.	 Appropriateness	 Basic
6.2 The programme delivers services in line with codes of ethics.	 Appropriateness	 Basic
6.3 The programme has policies and procedures in place to manage any conflict of interest.	 Appropriateness	 Basic
6.4 The programme complies with the relevant professional and legislative confidentiality requirements.	 Effectiveness	 Basic
6.5 The programme's physical workspace maintains the comfort, privacy and confidentiality of the programme participants.	 Effectiveness	 Basic
6.6 The programme gathers and uses the input gathered from programme participants and families about the physical environment.	 Appropriateness	 Basic
6.7 The facility/programme's staff are considerate to persons' diversity including nationality, culture, religion, political views, age, gender or disability.	 Appropriateness	 Basic
6.8 The programme informs programme participants and stakeholders about how to place complaints including anonymous complaints.	 Effectiveness	 Basic
6.9 The programme has systems in place to process verbal or written complaints from programme participants and stakeholders, with no negative impacts on the participant.	 Effectiveness	 Basic
6.10 The programme promptly investigates and responds to complaints from programme participants and stakeholders, and informs them about the outcomes.	 Continuous Improvement of Performance	 Basic

STANDARD 7 | STAFF TRAINING

The programme's staff, volunteers and service providers are educated, trained, qualified and competent.

INTENT

To ensure that all support services and interventions offered by the programme are delivered by appropriately qualified and licensed personnel: specifying position profiles without any duplication, verifying the qualifications of staff, volunteers and service providers, providing an orientation course to new recruits, and conducting the relevant training workshops, professional development sessions, performance evaluations, and other support to improve performance.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
7.1 The programme maintains an up-to-date, comprehensive personal file for each staff member and volunteer.	 Effectiveness	 Basic
7.2 The programme has current job descriptions that outline the education, qualifications, skills, and competencies required for each staff member, volunteer and service provider.	 Effectiveness	 Basic
7.3 The programme regularly updates its job descriptions and maintains a list of all staff, volunteers and service providers that includes contact details and their designation.	 Effectiveness	 Basic
7.4 The programme ensures that each team member, volunteer and service provider has the necessary certification, registration, license and credentials to deliver the care services, and stay within the scope of the role for which she or he is adequately qualified.	 Safety	 Basic
7.5 The programme maintains evidence of the staff, volunteers and service providers having appropriate license, certification, registration and credentials.	 Effectiveness	 Basic
7.6 The programme orients new staff, volunteers and service providers to the clinic, their roles, and their responsibilities.	 Effectiveness	 Basic
7.7 The programme regularly educates, trains and provides appropriate support and supervision to each staff member, volunteer and service provider.	 Effectiveness	 Basic
7.8 The programme offers staff, volunteers and service providers with detailed education and training to carry out mental health services in line with Ministry of Public Health guidelines, such as: • Practices which are recovery-oriented (such as WHO's Quality Rights Toolkit⁴). • Knowledge of information on mental health (such as WHO's Mental Health Gap Action Programme version 2.0⁵).	 Effectiveness	 Basic

⁴ https://www.who.int/mental_health/publications/QualityRights_toolkit/en/

⁵ https://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/

• Knowledge of information on medications (Guide for the rational prescription of medications for priority mental and neurological conditions for specialists in the Public Health System⁶). • Knowledge of information on substance abuse. • Monitoring of individuals at risk of self-harm or suicide. • Showing sensitivity to cultural, and gender specific issues, family-related issues, high risk issues such as harassment reduction, non-violent crisis interventions, and de-escalation techniques.		
7.9 The programme trains staff, volunteers and service providers on the prevention of workplace violence, which includes acts committed by programme participants and their families, violence at the residential facility and random violence that occurs as a result of a criminal act. The training and educational workshops covers the following essential competencies: • Learning how to identify triggers. • Being able to recognize signs of agitation and aggression. • Knowing how to respond to and manage violence (e.g. de-escalation techniques, conflict resolution and mediation, self-defense). • Learning how to communicate. • Changing the management.	 Effectiveness	 Basic
7.10 The programme ensures that each staff member has a documented professional development plan.	 Continuous Improvement of Performance	 Excellence
7.11 The programme has a documented process that includes standards, performance objectives, and performance evaluations for staff, volunteers and service providers.	 Continuous Improvement of Performance	 Basic
7.12 The programme regularly evaluates and documents the performance of each staff, volunteer or service provider in an objective, interactive, and positive way.	 Continuous Improvement of Performance	 Basic
7.13 The programme's evaluation for staff, volunteer and service provider includes a demonstration of competence.	 Continuous Improvement of Performance	 Basic
7.14 The programme stores personal files confidentially and securely, including performance evaluations.	 Safety	 Basic

⁶ [https://moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/Psychotropic%20medications%20guide-%20FI-NAL-%20EN-%2019%20Sept%202018%20\(1\).pdf](https://moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/Psychotropic%20medications%20guide-%20FI-NAL-%20EN-%2019%20Sept%202018%20(1).pdf)

STANDARD 8 | POSITIVE WORK ENVIRONMENT

The programme provides a positive work environment for its staff.

INTENT

To provide a work environment that supports staff work satisfaction and facilitates staff retention, encourages responsibility, and makes staff comfortable raising issues with their supervisors.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
8.1 The programme complies with relevant occupational health and safety legislations and regulations.	 Safety	 Basic
8.2 The programme identifies and addresses workplace health and safety issues to reduce workplace illness and injury.	 Safety	 Basic
8.3 The programme has an incident and accident reporting system in place.	 Safety	 Basic
8.4 The programme uses the incident and accident reporting system to improve health and safety.	 Continuous Improvement of Performance	 Basic
8.5 The programme monitors staff and service providers' immunization status and recommends specific immunizations, if required.	 Effectiveness	 Basic
8.6 The programme has a policy on how to address situations involving violent or aggressive behaviour.	 Safety	 Basic
8.7 The programme has a policy on staff care and strengthens the staff's self-care abilities.	 Effectiveness	 Advanced
8.8 The programme has a confidential process for staff and service providers to bring forward complaints, concerns, and grievances.	 Effectiveness	 Basic
8.9 The programme carries out exit interviews and uses this information to improve retention rates and the work environment.	 Continuous Improvement of Performance	 Advanced

DELIVERING AND COORDINATING THE RESIDENTIAL SUBSTANCE USE REHABILITATION PROGRAMME

STANDARD 9 | SCREENING AND ASSESSMENT

The programme uses screening and assessment instruments to determine which, if any, substance use service(s), will be of most benefit to persons with substance use disorders.

INTENT

To ensure that persons are referred to programmes or services that will best meet their bio-psycho-social needs, their preferences, and most effectively support them in reaching their treatment goals.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
9.1 The programme offers an initial screening to collect basic information including the person's age, gender, other socio-demographic information, and the reason for which he or she may need services.	 Appropriateness	 Basic
9.2 The programme conducts a comprehensive assessment that takes into account several indicators, including the clinical situation of the person in regard to his/her physical and mental health, substance use, employment status, family and social integration status, legal situation, among others.	 Effectiveness	 Basic
9.3 The programme explains to the programme participant her or his rights with regard to consent to service and the limits of confidentiality that apply to disclosure of personal information.	 Appropriateness	 Basic
9.4 If further services are needed, the programme staff having the most appropriate training and experience should conduct a more detailed bio-psycho-social assessment of the participant.	 Appropriateness	 Basic
9.5 The programme staff should use evidence based approaches during the assessment process and be aware that experiences of violence and trauma can underlie problematic substance use (Standard 20).	 Effectiveness	 Basic
9.6 The programme can facilitate the participation of family members and other important persons in the assessment process if the person seeking service wishes so.	 Appropriateness	 Basic
9.7 In order to complete an assessment, the programme uses evidence-based and standardized screening and assessment tools supported by the Ministry of Public Health and the Ministry of Social Affairs.	 Effectiveness	 Basic

9.8 The programme uses the following criteria in relation with the assessment to help decide whether a residential substance use rehabilitation programme is suitable for the person, and whether: • The person shows that they are ready (readiness to treatment), willing (motivation) and able to actively participate in seeing the impact of their substance use. • The person has challenging substance use problems that negatively affects other areas of their life (e.g., health, functioning, family, work, education, housing). • The person needs a level of service and support that cannot be delivered in a community or outpatient setting in an effective way	 Effectiveness	 Basic
9.9 With the person's written consent, the programme can share relevant parts of the assessment with any other substance use service or programme to which they are referred to.	 Efficiency	 Basic
9.10 The programme decides with the person and the referral agent whether they are eligible to enter the programme so they can complete the referral process.	 Efficiency	 Basic
9.11 If it is seen that the residential substance use rehabilitation programme is not suitable for the person seeking the service, the programme then refers the person to the appropriate hospital or community-based substance use services or other identified community supports.	 Continuity of Care	 Basic

STANDARD 10 | INFORMED DECISION MAKING

The programme provides persons with substance use disorders with all the information they need to make a decision about applying to a residential substance use rehabilitation programme.

INTENT

To ensure that persons are able to make an informed decision about participating in a residential substance use rehabilitation programme, and are fully aware of their responsibilities as participants before applying for such a programme. Informing and getting the participant's approval must be at all steps.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
10.1 The programme provides the person with: • Appropriate information on all the residential substance use rehabilitation programmes for which they are eligible. • Information on the person in charge of the programme, what kind of care and supports it offers, and its philosophy or approach to treatment. • Information on any fees that they may be charged and any financial support that may be available. • A list of personal belongings that the person is understood to bring with them, as well as items that are not allowed. • Details of all policies and rules that the programme has, including: - Contacting family members, friends, and significant others. - Restrictions on smoking. - Reasons why a participant may be asked to leave the programme.	 Appropriateness	 Basic
10.2 The programme clarifies to the person their rights and responsibilities as a participant in the programme.	 Appropriateness	 Basic
10.3 The programme notifies the person on how to arrive to the programme's facility.	 Accessibility	 Basic
10.4 No participant is subjected to medical or scientific experimentation without her or his informed consent.	 Safety	 Basic

STANDARD 11 | COMMUNITY SUPPORTS

The programme makes referrals to appropriate support services in the community if the person seeking treatment is not in need of a place in a residential substance use rehabilitation programme, or is placed on a waiting list.

INTENT

To ensure that all persons seeking treatment receive support services that are appropriate to their assessed needs and preferences and to ensure that persons waiting for residential substance use rehabilitation programme are adequately supported while they wait.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
11.1 The programme ensures that the person on the waiting list who has a community substance use counsellor continues to receive services from that counsellor while waiting for admission to the rehabilitation programme.	 Continuity of Care	 Basic
11.2 If the person does not have a current counsellor, the programme provides them with appropriate information on community-based substance use services, health and social services in the person's area.	 Continuity of Care	 Basic
11.3 The programme offers support services to the persons so that they can connect with these services.	 Continuity of Care	 Advanced
11.4 The programme stays in regular contact with the referral agent to guarantee that the person seeking service receives updates on the status of their application to enter the programme.	 Efficiency	 Advanced
11.5 The programme strives to secure same-day admission or short waiting periods for persons in need of structured services, and provides immediate services as needed.	 Appropriateness	 Advanced

STANDARD 12 | SETTLING INTO RESIDENCE

The programme provides the participant with the support she or he needs to settle into the programme and feel comfortable with the programme.

INTENT

To help ensure that persons engage with the substance use rehabilitation programme and make the best possible start to their treatment journey.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
12.1 The programme guarantees that the person feels welcomed upon arrival and provides the information and support they need in order to feel safe and comfortable in the environment.	 Appropriateness	 Basic
12.2 Within the first couple of days of the person's arrival, the programme offers them the opportunity to review with the staff the programme's rules and policies, including: • The rights and responsibilities of the participant. • Visitation rules and other forms of contact with family and friends. • The reasons they may be asked to leave the programme.	 Appropriateness	 Basic
12.3 The programme offers the participants every opportunity and encouragement to talk with staff about any concern they may have.	 Appropriateness	 Basic
12.4 The programme encourages and supports positive relationships between the participants and other persons in the programme.	 Appropriateness	 Basic
12.5 Persons with physical disabilities will have access to all programme components. This is made possible with the support of the programme.	 Accessibility	 Basic
12.6 Persons with cognitive disabilities will have access to all programme components. This is made possible with the support of the programme.	 Accessibility	 Advanced

STANDARD 13 | TREATING MEDICAL COMORBIDITIES

The programme ensures that participants have access to a physician (family doctor) and a psychiatrist as part of a multidisciplinary team while in the programme. STIs and HIV shouldn't be a cause for rejection.

INTENT

To meet the medical needs of programme participants while in a residential substance use rehabilitation programme.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
13.1 The programme guarantees that a physician will assess the health status of the programme applicant shortly before joining the programme. This includes: - Assessments of current functioning in relation to the presenting problem, including community living skills, independent living skills and emotional psychological health. - Gaining basic medical history and information, deciding the need for of a medical examination or the results of the medical examination. - Prescribed medication being taken at the moment and, if available, history of medication used. - Summary of mental health treatments that have been done before joining the programme.	 Effectiveness	 Basic
13.2 The programme ensures that each participant has a health screening, which includes an evaluation for infectious diseases within 30 days of admission.	 Effectiveness	 Basic
13.3 The programme provides medical attention to participants upon need and upon their consent.	 Effectiveness	 Basic
13.4 The programme starts a follow up assessment of the health status and medication use of the participant as soon as it is possible and after their arrival, regarding their physical, psychiatric and substance dependence needs.	 Effectiveness	 Basic
13.5 The programme guarantees that the programme participant's medication plan is revised on an ongoing basis and that an accurate list of all medications being taken is created.	 Effectiveness	 Basic
13.6 The programme guarantees that all decisions taken from the result of medication reviews are documented in the personal treatment plan.	 Efficiency	 Basic
13.7 The programme offers services users prescribed medication in order to continue taking their medication to improve their health and support their recovery phase.	 Effectiveness	 Basic
13.8 The programme makes the required measures to access mental health services on a regular basis to meet the identified needs of participants.	 Effectiveness	 Basic
13.9 The programme makes sure that the mental health services are to be provided by licensed mental health professionals.	 Effectiveness	 Basic
13.10 The programme puts itself in a position to always be able to manage health emergencies on a 24/7 basis.	 Effectiveness	 Basic

STANDARD 14 | SUBSTANCE USE TREATMENT PLANNING

The programme involves the participants in developing a written personal treatment plan which reflects their needs, goals, and strengths and which clearly describe the services the participants will receive.

INTENT

To ensure that the planning of the treatment is a well-documented collaborative process that accurately reflects the participants' goals and provides an outline of the work to take place and the decisions to be regularly reviewed.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
14.1 The programme team works on setting the personal treatment plan, with the participant's full participation, and ensures that it begins within one week of the participant's arrival to the programme, that it is reviewed regularly, and that it is updated throughout the participant's stay to reflect their changing situation.	 Continuity of Care	 Basic
14.2 Given the participants' consent, the programme includes the community groups, professionals and participant's support network with which they have established connections in developing and revising the treatment plan.	 Continuity of Care	 Basic
14.3 The programme has a minimum treatment duration in line with evidence-based guidelines.	 Effectiveness	 Basic
14.4 The programme guarantees that the written assessment completed before arriving at the residential substance use rehabilitation programme is used to help develop the personal treatment plan.	 Effectiveness	 Basic
14.5 A clear and simple copy of the treatment plan should be provided to the programme participant by the programme.	 Appropriateness	 Basic
14.6 In addition to focusing on substance use, the programme guarantees that the treatment plan takes into account (as appropriate): • The participant's wellbeing (physical, emotional, mental wellbeing). • Having an understanding of the influence of substance use. • Having the readiness to actively partake in altering their substance use habits, their thinking patterns, and the behaviors associated with it. • Focusing on building better relationships with family, friends, and others. • Developing their life skills. • Having the participant connect with their community, including transition planning. • The participant's household needs. • Focusing on other needs such as employment, education, training and wishes.	 Effectiveness	 Basic

• Leisure interests (including chances for physical exercise). • Practices concerning spirituality and cultural preferences. • Participation with the criminal justice system. • Participation with the child welfare system. • Other important issues and/or goals.		
14.7 The programme helps the participant in learning and practicing the skills needed in order to reach the goals they had set out in the treatment plan.	 Effectiveness	 Basic
14.8 The programme supports the person receiving service by helping them manage their emotions and cope with adjusting to significant changes.	 Effectiveness	 Basic
14.9 The programme encourages and supports the programme participants to stay in the programme, and respect any decision they make to leave.	 Appropriateness	 Basic
14.10 The programme staff aim to create warm, honest, and open professional relationships with the programme participants, and be available to listen to their thoughts and feelings regarding the treatment services.	 Appropriateness	 Basic
14.11 The programme maintains a close collaboration with the health system and law enforcement officials, courts and prisons to maintain and encourage drug dependent individuals to be treated voluntarily.	 Appropriateness	 Advanced
14.12 In treating severe, complex and chronic substance use disorders, the programme grants sufficient and long-lasting treatment services to prevent relapses of participants.	 Appropriateness	 Basic

STANDARD 15 | TRANSITION PLANNING

The programme involves the service user in creating a plan for her or his return to the community.

INTENT

To ensure that each person's transition back to the community is adequately supported.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
15.1 The programme ensures that work on the transition plan begins within 2 months of the person's stay at the residential programme and is a collaborative process between the person receiving service, residential staff, the appropriate community-based resource(s), and, where appropriate, the person's circle of support (e.g., family, friends and/or supportive others).	 Continuity of Care	 Basic
15.2 The programme guarantees that the transition plan mirrors the person's successes, preferences, and ongoing goals and highlights any concerns that they may have about returning to the community.	 Appropriateness	 Basic
15.3 The programme may include in the plan any or all of the following elements, as suitable to each participant's situation: • Substance use treatment and support for current issues with: • The participant's mental health situation. • The capability of the participant's life skills. • The status of their relationship with their families. • The existence of personal and social support (including community groups). • Being connected to the family doctor. • Having spiritual and cultural practices and preferences. • Education and/or vocational training. • Housing. • Employment. • Leisure interests (e.g., arts, sports, social activities). • Violence and abuse safety. • Parenting skills.	 Effectiveness	 Basic
15.4 The programme offers the participant a copy of their transition plan, with the person's written consent, while sharing the plan with the appropriate community-based supports and services.	 Appropriateness	 Basic
15.5 The programme ensures a regular update of the transition plan and its finalization at least 1 month before discharge.	 Continuity of Care	 Basic

15.6 If the person receiving a service decides to leave or is asked to leave the residential programme before completing treatment or reaching their treatment goals, the programme manages the person's departure in a sensitive and respectful way. The programme also provides the person with help and support to return to the community while sharing with the person everything that has been already developed when it comes to the transition plan.	 Continuity of Care	 Basic
15.7 The programme creates written release criteria which is used by the staff to decide an appropriate release or transfer for each programme participant.	 Efficiency	 Basic

STANDARD 16 | AFTERCARE TREATMENT AND SUPPORTS

The programme helps each person receiving treatment to connect with the community-based support services identified in their transition plan.

INTENT

To ensure that persons experience a seamless transition from the residential programme to the community and are supported in the community to continue building on the progress they have made at the residential programme.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
16.1 The programme actively helps the person who is receiving treatment to create and continue relationships with the substance use service providers that they will work with in the community.	 Continuity of Care	 Basic
16.2 The programme actively helps the participant to have contact with family, significant others, other health and social service agencies and community organizations (e.g., primary care, housing, child care, employment services and support groups) as needed.	 Continuity of Care	 Basic

MAINTAINING ACCESSIBLE AND EFFICIENT HEALTH INFORMATION SYSTEM

STANDARD 17 | PROGRAMME PARTICIPANT RECORDS

The programme maintains a comprehensive and accurate record for each person entering into contact with the programme.

INTENT

To ensure that each person receives all the needed care and treatment according to the best evidence-based practices.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
17.1 The programme creates a record for each person upon admission that contains enough information to clearly identify the person, to validate the care and treatment provided, and to document the results of care and treatment accurately.	 Effectiveness	 Basic
17.2 The programme guarantees that each record contains, when appropriate, the following information: • The dates of admission and release. • The person's name. • The gender of the person and their date of birth. • Demographics (address and telephone number). • Physical description of the person or photo identification. • The information of the assessment of the person upon admission and decision of eligibility for admission. • Information of any health screenings. • Service plans specifically modified for the person. • Information of any orders from physicians. • Medications being taken and any special diet. • History of any important medical conditions. • History of any allergies. • Contact person in case of emergency, including telephone number. • Agreement of fee. • Documentation of care that has been done and the treatment provided, what was the person's response to the care and treatment, and if there were any changes in the person's condition or changes in care and treatment. • Release and transferal information; person rights. • Information for referral.	 Efficiency	 Basic
17.3 The programme guarantees that records are systematically organized to guarantee the lasting of the records and their completeness.	 Effectiveness	 Basic
17.4 The programme guarantees that all records of admissions are dated, legible and permanently verified. In case of electronic records, signatures may be substituted by an approved, uniquely identifiable electronic equivalent.	 Effectiveness	 Basic

17.5 The programme will have records remain confidential unless medically required. Records are then allowed to be inspected by authorized staff from the Ministry of Public Health and the Ministry of Social Affairs.	 Appropriateness	 Basic
17.6 The programme retains the participant's records for a minimum of ten years.	 Continuity of Care	 Basic
17.7 The programme may publicize the participant's information and/or records only with the permission of the person, the person's designee, or as required by law.	 Appropriateness	 Basic
17.8 When a person is moved to another programme or service, the programme shares suitable information with the receiving programme or service.	 Continuity of Care	 Basic
17.9 If a programme has a change of ownership or directorship, records of all persons stay in the programme.	 Continuity of Care	 Basic
17.10 Prior to the dissolution of any programme, the programme director has to notify the Ministry of Public Health and the Ministry of Social Affairs in writing as to the location, safety and storage conditions of persons' records.	 Continuity of Care	 Basic

STANDARD 18 | HEALTH INFORMATION SYSTEM

The programme has a health information system that supports appropriate and timely management of programme participant's information, including the transfer of adequate information upon referral.

INTENT

To provide staff with access to information technology (such as electronic medical records (EMR), participant registry, tracking systems, waiting list management systems, reminder systems...) that facilitate the ongoing management and follow-up of persons with substance use disorders.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
18.1 The programme's managers select health information systems based on staff needs and with innovation in mind to support high-quality substance use treatment services.	 Appropriateness	 Basic
18.2 The programme's staff receive education and training on the health information systems.	 Effectiveness	 Basic
18.3 The programme uses health information systems to support decisions about participant's care and services.	 Continuity of Care	 Excellence
18.4 The programme has a registry of participants, their families, and the type of care and services provided.	 Efficiency	 Basic
18.5 The programme uses a shared registry in which the designation for coordination of care for a participant is specified where there are multiple service providers.	 Efficiency	 Advanced
18.6 The designated staff is clearly identified in the participant's record and is known by all team members as well as the participant.	 Continuity of Care	 Excellence
18.7 The programme records any changes in responsibility from one service provider to another in the participant's record.	 Continuity of Care	 Excellence
18.8 The programme has access to information tools that provide it with reminders about the programme participant's upcoming needs for follow-up services.	 Continuity of Care	 Excellence
18.9 The programme has an information system, a policy or a process to transfer adequate documentation and information for referrals.	 Continuity of Care	 Excellence
18.10 The programme has an information system, a policy or a process to effectively follow-up on cancelled appointments.	 Continuity of Care	 Excellence
18.11 The programme sends periodic reports on specific indicators to the Ministry of Public Health And the Ministry of Social Affairs using designated templates and platforms.	 Continuous Improvement of Performance	 Basic

MONITORING QUALITY AND ACHIEVING POSITIVE OUTCOMES

STANDARD 19 | EVIDENCE-BASED PRACTICE

The programme uses recognized practices and provides evidence-based support services and treatment to work with persons on the goals set out in their personal treatment plan.

INTENT

To ensure that all interventions and support services offered at the programme are informed by the best available evidence about what works in the field of substance use residential treatment.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
19.1 The programme has a range of evidence-informed support services and treatments that are appropriate to the cultural context, to the person's needs and preferences, and that are offered either in the residence or in the community.	 Continuous Improvement of Performance	 Basic
19.2 The programme offers the participant help and support for mental health issues, which are provided either at the programme facility or elsewhere.	 Effectiveness	 Basic
19.3 The programme offers the participants help and tools to strengthen their personal circle of support (relationships with family members, partners, and friends).	 Continuity of care	 Basic
19.4 The programme creates and maintains strong relationships with service providers of other health and social services.	 Continuity of care	 Advanced
19.5 The programme has a process to access, review, and select which evidence-based guidelines it will use.	 Continuous Improvement of Performance	 Basic
19.6 The programme team follows a process to monitor the consistent use of guidelines in the delivery of substance use treatment services.	 Continuous Improvement of Performance	 Excellence
19.7 The programme regularly reviews the selected evidence-based guidelines and its policies and protocols to make sure they are up to date and reflect current research and best practice information.	 Continuous Improvement of Performance	 Advanced
19.8 The programme collects and uses other research and best practice information to improve its services.	 Continuous Improvement of Performance	 Advanced
19.9 The programme communicates the use of evidence-based guidelines, research, and best practice information to its participants.	 Appropriateness	 Advanced

STANDARD 20 | MONITORING AND EVALUATION

The programme is committed to ongoing monitoring, evaluation and quality improvements to ensure that persons receiving services are provided with effective treatment and support services.

INTENT

To ensure that all facilities follow a continuous quality improvement process.

MEASURES OF QUALITY

Measures of Quality	Elements of Quality	Level
20.1 The programme educates staff and service providers on quality improvement in general as well as the quality improvement plan.	Continuous Improvement of Performance	Basic
20.2 The programme has a designated person responsible for quality improvement.	Continuous Improvement of Performance	Basic
20.3 The programme has a quality improvement plan.	Continuous Improvement of Performance	Basic
20.4 The programme annually reviews, monitors and updates – as necessary – the quality improvement plan.	Continuous Improvement of Performance	Excellence
20.5 The programme monitors the achievement of the quality improvement plan.	Continuous Improvement of Performance	Excellence
20.6 The programme holds bi-annual quality improvement meetings.	Continuous Improvement of Performance	Advanced
20.7 The programme identifies and monitors process and outcome measures.	Continuous Improvement of Performance	Basic
20.8 There are consistent opportunities for participants to provide feedback on the safety and the quality of the programme activities and interventions.	Continuous Improvement of Performance	Basic
20.9 There are consistent opportunities for other service providers who are connected with the residential substance use rehabilitation programme to provide formal feedback.	Continuous Improvement of Performance	Excellence
20.10 When released, the programme requests each participant to fill out a satisfaction questionnaire.	Continuous Improvement of Performance	Basic
20.11 The programme then uses the participant satisfaction questionnaire to support the programme's management team by providing information about how well they are doing and how they can improve.	Continuous Improvement of Performance	Basic
20.12 The programme compares its results with other similar interventions, programmes, or organizations.	Continuous Improvement of Performance	Excellence

20.13 The programme ensures a periodic review of its services by an external technical consultant.	 Continuous Improvement of Performance	 Excellence
20.14 The programme uses the recommendations set by the external consultant to improve its services.	 Continuous Improvement of Performance	 Excellence
20.15 The programme shares the evaluation results with staff, participants, and families.	 Appropriateness	 Advanced

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