

CHAPTER 2. HEALTH SERVICES

2.1 Treatment of substance use disorders within health services

Thomas F Babor and Kerstin Stenius

Overview

Since the end of the Second World War there has been a consistent growth of specialized medical, psychiatric or social services for individuals with substance use disorders, particularly in the more affluent parts of the world where disorders due to alcohol and illicit drugs are prevalent (Mäkelä et al., 1981). In low-income and lower middle-income countries, specialized treatment services are often lacking and the general health care systems are not prepared to manage patients with substance use disorders. There is good evidence that treatment can reduce the health burden attributable to substance use and possibly the amount of alcohol and drugs consumed in a country, even if treatment alone cannot completely solve the alcohol or drug problem (Babor et al., 2010a; Smart & Mann, 2000; Reuter & Pollack 2006).

Attempts to build service systems that adequately respond to substance use disorders in the population face several challenges. While epidemiological knowledge has increased, it is still incomplete in many countries, making it difficult to estimate the amount and type of treatment that is needed in a particular country. Consequently, treatment services are often established without any overall planning or a general concept of how they fit present and future population needs. Treatment services tend to be fragmented, without sufficient coordination between different services. Access to treatment can vary according to location, financial resources and type of substance. Services are sometimes provided in a way that increases stigma and at times they may lack the necessary respect for basic human rights.

ATLAS-SU data

The ATLAS figures presented in this chapter provide a global view of key indicators of treatment services and systems within the six WHO regions. As such, they are a valuable source of information about how treatment for substance use disorders is financed and organized at national and regional levels. Although two-thirds of the WHO Member States included in the survey report having a government unit responsible for alcohol and drug treatment services, only 45.8% of the countries have an annual budget appropriation for treatment programmes, and in many areas that budget is combined with funding allocations for mental health services. Financing mechanisms vary by WHO region, but most countries use tax revenues, user fees and private insurance to pay for alcohol and drug services.

Low-income countries are less likely to have a government unit for alcohol and drug treatment and a dedicated treatment budget that is separate from the mental health budget. Tax funding is more important in higher middle-income and high-income countries, while out-of-pocket financing is more common in the poorer countries. In high-income countries specialized services play the most important role in first treatment, while mental

health plays a more important role in treatment provision in low-income countries (for both alcohol and drugs). The availability of both inpatient and outpatient treatment is much higher in the more affluent countries, even if there is a relative lack of availability in many of these countries. There is a large difference between the low-income and high-income countries in the median number of beds available for alcohol and drug treatment. In addition, specialized treatment for people with substance use disorders and infectious diseases is often not delivered, with the data showing a lack of treatment capacity for persons with HIV/AIDS, especially in the WHO African Region.

Towards a public health model

As suggested by these data, countries differ markedly in the extent, organization and nature of the health services provided to persons with substance use disorders. Although there has been a considerable amount of clinical research on specific therapeutic interventions, little attention has been devoted to the optimal amount, type and organization of services necessary to meet the public health needs of a particular country. Nevertheless, recent comparative research and descriptive studies have begun to focus on such critical issues as availability, accessibility, coordination, service quality, cost-effectiveness and degree of coerciveness (Babor, Stenius & Romelsjo, 2008). Much of this research can be characterized in terms of system qualities, which are defined by linkages between different facilities and levels of care, and by the extent of integration with other types of services, such as primary health care, mental health, and mutual help organizations (Gossop, 1995; Klingemann, Takala & Hunt, 1992; 1993; Klingemann & Hunt, 1998).

According to a public health model proposed by Babor, Stenius & Romelsjo (2008), treatment policies affect system qualities by specifying not only where services are located (e.g. separate alcohol and drug services, or combined alcohol and drug services with or without mental health services), but also how they are organized and integrated. System qualities include equity (the extent to which services are equally available and accessible to all population groups), efficiency (the most appropriate mix of services) and economy (the most cost-effective services). These qualities in turn influence the general effectiveness of a system of services. When they are available and accessible to persons with substance use disorders, the cumulative impact of these services should translate into population health benefits, such as reduced mortality and morbidity, as well as benefits to social welfare, such as reduced unemployment, disability, crime, suicide and health care costs.

These considerations suggest the need for a public health view of treatment services – one that avoids an exclusive focus on expensive residential, medical or psychiatric care in favour of a broader system of services that includes self-help, outpatient treatment, harm reduction, and preventive health services such as screening and brief intervention delivered in primary health care. Although long-term residential care for some patients may be warranted, most people with substance use disorders can be managed with a combination of outpatient treatment and continuing care with the support of mutual help organizations (Babor et al., 2010a).

Conclusion

Health services for substance use disorders form a vital part of effective national responses to the burden of disease and disability resulting from substance use disorders. While information on the structure and functioning of these services is needed to guide the development and modification of service systems, this information is often not available in low-income and middle-income countries. The ATLAS data collected for this report not only represent an important first step in the development of reliable data on treatment services at an international level but they also point to the need for more comprehensive methods of data collection and analysis. Continued efforts to collect user-friendly treatment service data could provide a basis for improved service planning and could stimulate system reform in countries attempting to maximize their health services for persons affected by substance use disorders.

2.2 Government administration and budget of treatment services for substance use disorders

(Figures 2.1–2.4)

Background

- Nominated focal points were asked about the presence of a special government unit or the presence of a governmental official in their countries responsible for substance use disorder treatment services.
- In addition, focal points were asked to provide information about the presence of a specific budget line in the annual budget of the government which could be allocated for actions directed towards the treatment of substance use disorders.

Salient findings

Government unit for substance use disorder treatment services

- A government unit or a government official responsible for substance use disorder treatment services was reported by 66.2% of surveyed countries. For the majority of these countries (50%), the government unit was taking care of alcohol and drug use disorder treatment services together. Separate government units for alcohol treatment services and drug use disorder treatment services exist in a few countries only. Few countries (7%) reported having a government unit for the treatment of drug use disorders only. No country in the survey reported having only a government unit focusing on the treatment of alcohol use disorders.
- The presence of government units for the treatment of alcohol and drug use disorders appears to be least likely among countries in the African Region.
- There seems to be an effect of country income level on the presence of government units for substance use disorder treatment services across different income groups of countries. Countries in the higher income groups report more frequently on the presence of government units for substance use disorder treatment services than countries in the lower income groups.

Budget line for treatment services

- Less than half of the countries reported having a budget line allocated for actions directed towards the treatment of substance use disorders.
- Specific budget lines for the treatment of substance use disorders appear to be most common in South-East Asia (70%) and in Western Pacific (66.6%). The lowest proportion of specific budget lines reserved to finance alcohol and drug use disorder treatment services were reported among countries in the African Region (32.6%).
- Some countries reported having budget lines which are exclusively allocated to financing treatment services for drug use disorders. However, no country in the survey reported having budget lines allocated to finance treatment services for alcohol use disorders only.

- There is no clear country income effect on the presence of budget lines for substance use disorder treatment services across different income groups of countries.
- The majority of low-income countries appear to finance substance use disorder treatment services through an integrated budget line (i.e. a budget line which is reserved for financing mental health, alcohol and drug use disorder treatment services together). The presence of an integrated budget line seems to decrease with increasing country income.

Notes and comments

- A third of responding countries reported having no government unit responsible for substance use disorder treatment services. A government unit responsible for mental health treatment services which includes substance use disorders might, however, still be present in such countries.
- Budget lines specifically allocated to the treatment of substance use disorders seem to be absent, even in higher middle-income and high-income countries.
- The presence of a budget line does not mean that information is available about the amount of financial resources that are ultimately allocated to substance use disorder treatment services.

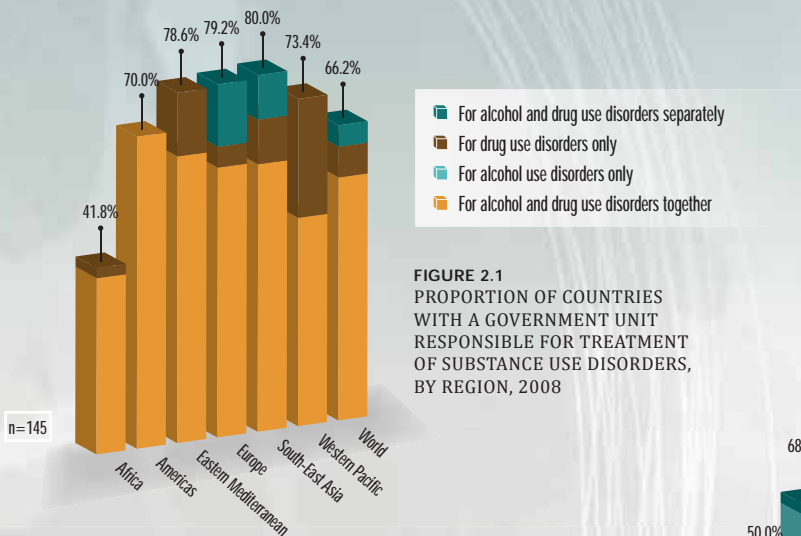


FIGURE 2.1
PROPORTION OF COUNTRIES WITH A GOVERNMENT UNIT RESPONSIBLE FOR TREATMENT OF SUBSTANCE USE DISORDERS, BY REGION, 2008

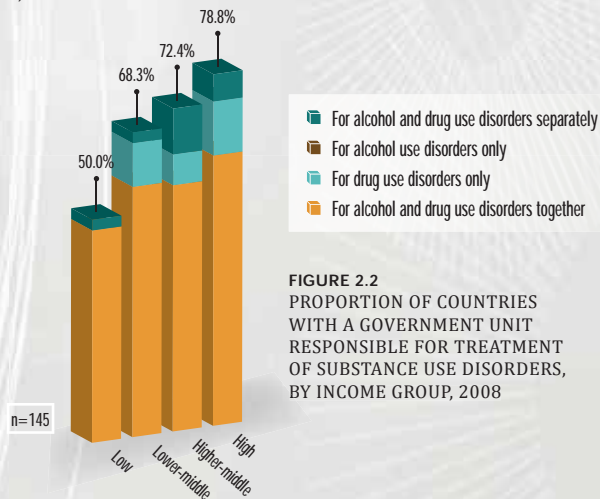


FIGURE 2.2
PROPORTION OF COUNTRIES WITH A GOVERNMENT UNIT RESPONSIBLE FOR TREATMENT OF SUBSTANCE USE DISORDERS, BY INCOME GROUP, 2008

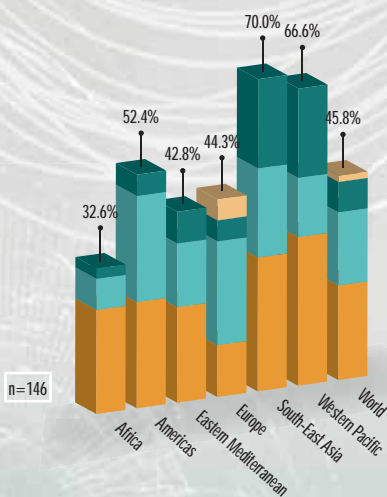
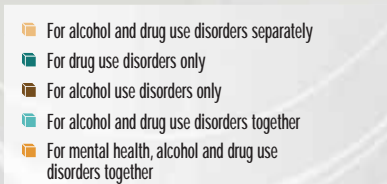


FIGURE 2.3
PROPORTION OF COUNTRIES WITH A BUDGET LINE IN THE ANNUAL BUDGET FOR TREATMENT OF SUBSTANCE USE DISORDERS, BY REGION, 2008

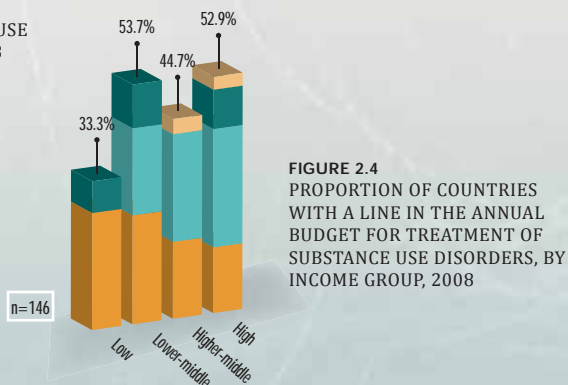


FIGURE 2.4
PROPORTION OF COUNTRIES WITH A LINE IN THE ANNUAL BUDGET FOR TREATMENT OF SUBSTANCE USE DISORDERS, BY INCOME GROUP, 2008

2.3 Financing treatment services for substance use disorders

(Figures 2.5–2.8)

Background

- Nominated focal points were asked to rank the three most common funding or financing methods for the treatment services of alcohol and drug use disorders in their countries.
- Different sets of figures are presented in this section:
 - Figs. 2.5 and 2.7 present the foremost methods in countries of funding the treatment of alcohol and drug use disorder treatment services.
 - Figs. 2.6 and 2.8 indicate the relative importance of the three most common methods in countries of funding the treatment of alcohol and drug use disorders, presenting this information across different income groups of countries.

Salient findings

- Countries identified tax-based funding, out-of-pocket payments and social health insurance as being among the foremost methods of funding treatment for alcohol as well as drug use disorders.
- In Africa, approximately 40% of countries reported out-of-pocket payments to be the main funding method for alcohol and drug use disorder treatment services. Across the regions, however, out-of-pocket payments were also reported to be the main financing method for alcohol and drug use disorder treatment from a high proportion of countries in the Americas (approximately 41%) and in Eastern Mediterranean (33% for alcohol disorder treatment, 45% for drug use disorder treatment).
- A high proportion of countries in Europe reported that social health insurance and tax-based funding were the foremost methods of financing alcohol disorder treatment services (47% and 42% respectively) and drug use disorder treatment services (42% and 45% respectively).
- The bar graphs presenting the relative importance of the three most important financing methods for alcohol and drug use disorder treatment services indicate that tax-based funding, out-of-pocket payments and NGOs appear to be the first, second and third most frequent funding methods for alcohol and drug use disorder treatment services in the majority of countries responding to the survey.
- Out-of-pocket payments seem to play a major role in funding substance use disorder treatment services for a high number of low-income and lower middle-income countries. This appears to be in contrast to high-income countries in which out-of-pocket payments were reported to be among the first and second most common financing method in less than 10% of responding countries.
- A high proportion of higher middle-income countries reported tax-based funding to be the main financing method for alcohol and drug use disorder treatment services.

- The biggest proportion of high-income countries finance alcohol and drug use disorder treatment services through tax-based funding and social health insurance. Financing alcohol and drug use disorder treatment services through social health insurance seems to increase with increasing country income.

Notes and comments

- In many countries, no single financing method for substance use disorder treatment services seems to be used exclusively. Countries appear to combine several methods to fund treatment for substance use disorders.
- In low-income and lower middle-income countries, treatment services appear to be financed primarily with out-of-pocket payments. A number of people with alcohol and drug use disorders and their families may, however, not have sufficient financial resources to pay for substance use disorder treatment. This may restrict access to treatment for a large part of the population.

FIGURE 2.5
FOREMOST METHOD IN COUNTRIES OF FUNDING THE TREATMENT OF ALCOHOL USE DISORDERS, BY REGION, 2008

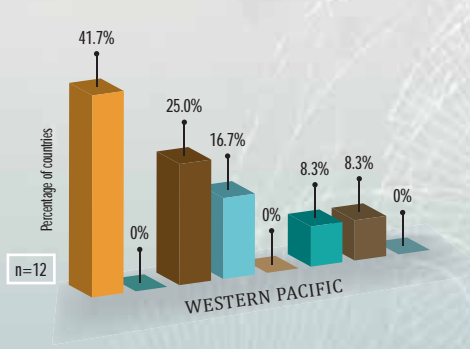
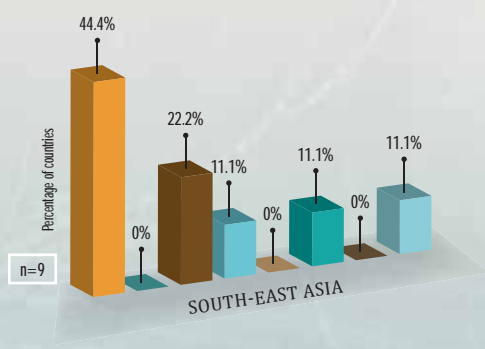
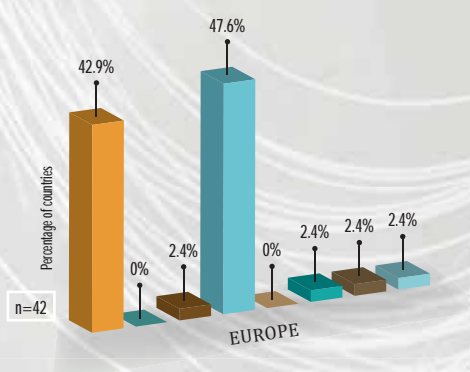
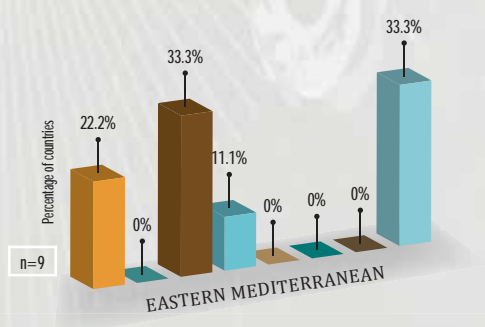
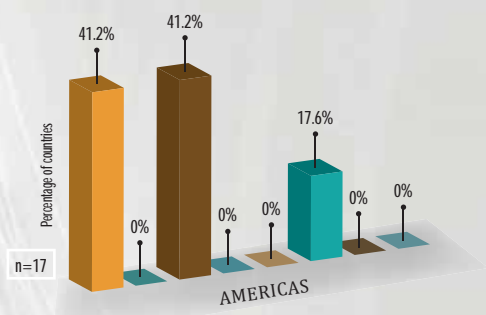
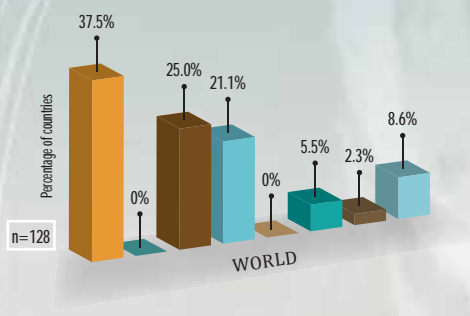
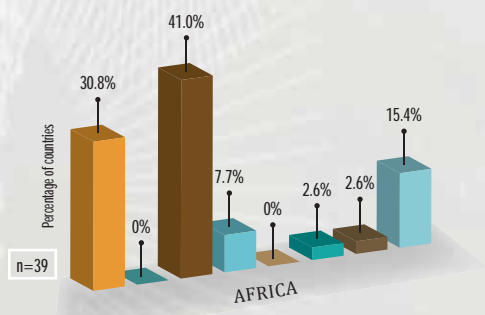
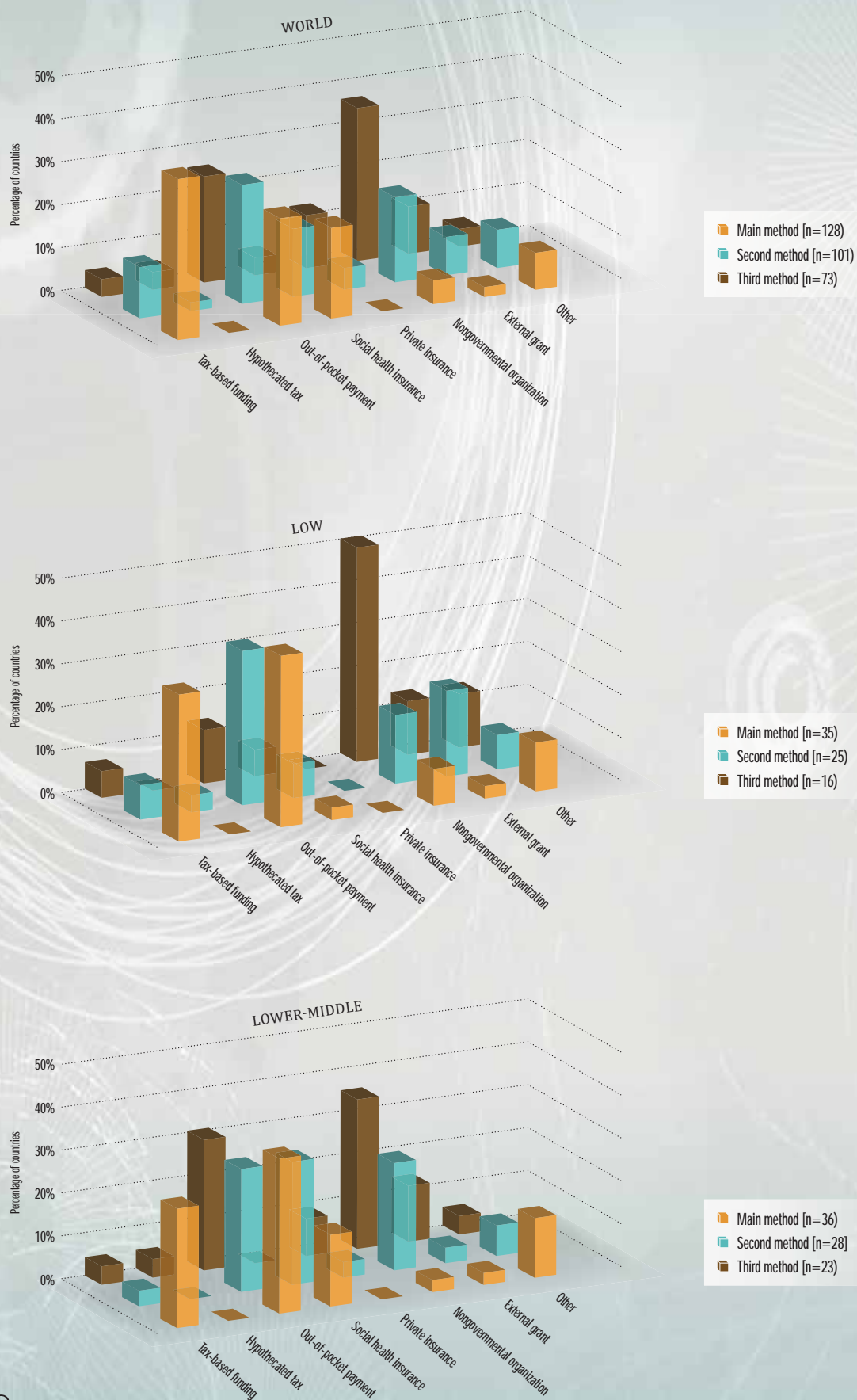


FIGURE 2.6
THREE MOST COMMON METHODS IN COUNTRIES OF FUNDING THE TREATMENT OF ALCOHOL USE DISORDERS, BY INCOME GROUP, 2008



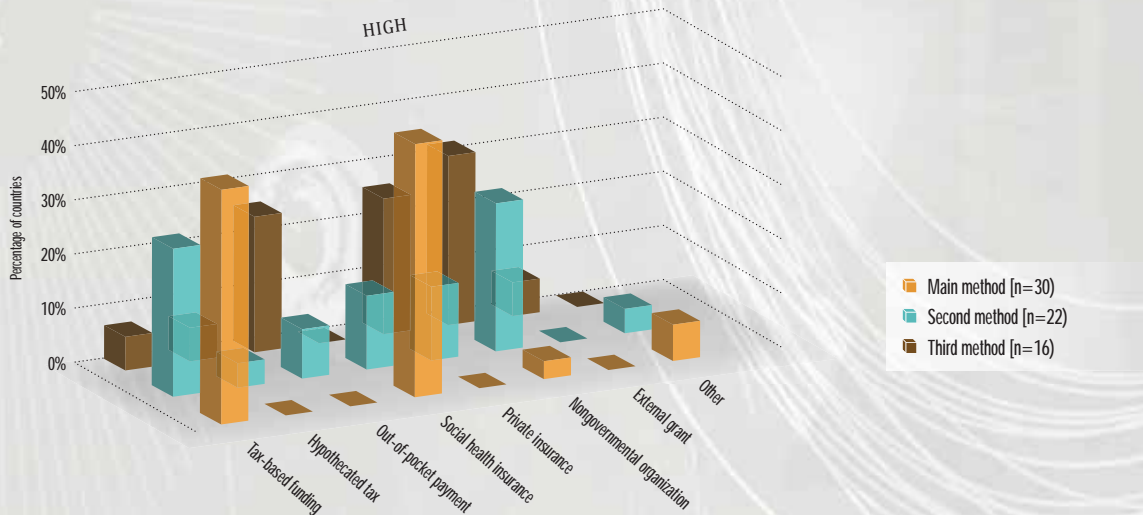
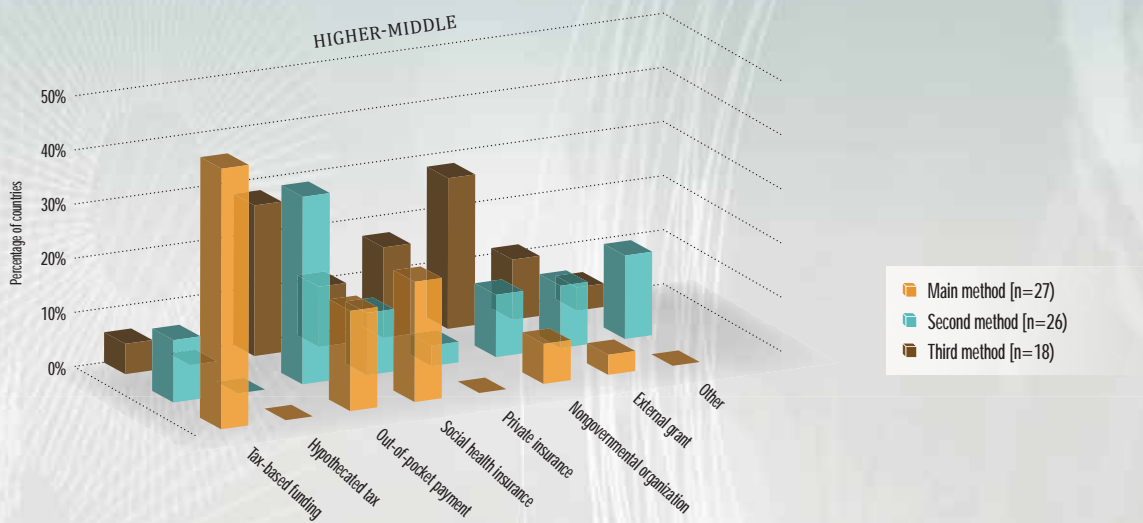


FIGURE 2.7
FOREMOST METHOD IN COUNTRIES OF FUNDING THE TREATMENT OF DRUG USE DISORDERS, BY REGION, 2008

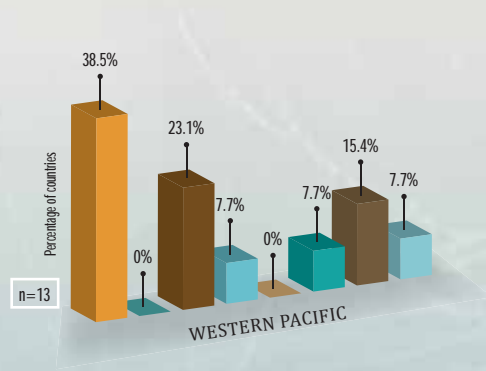
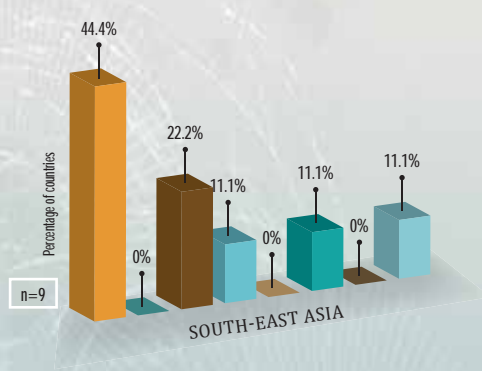
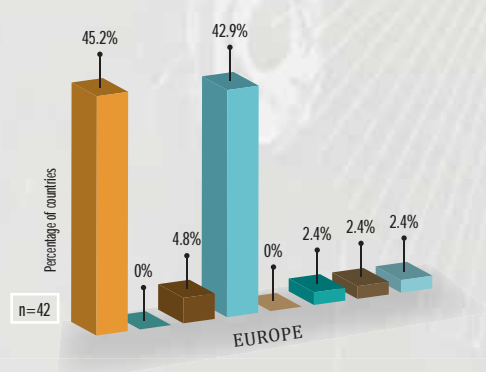
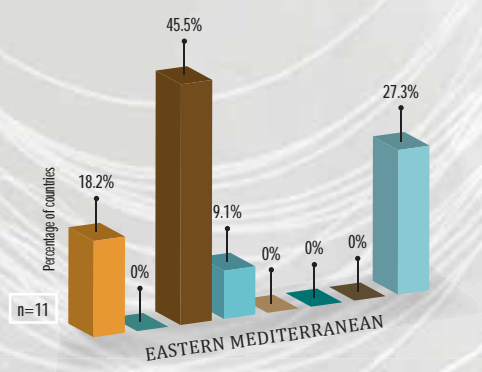
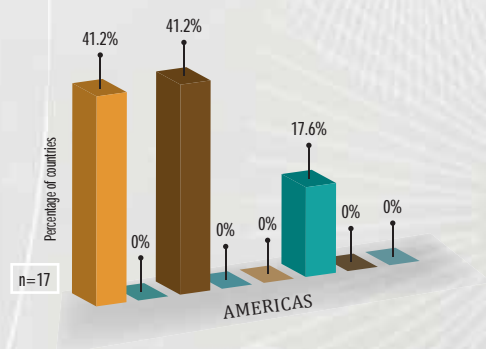
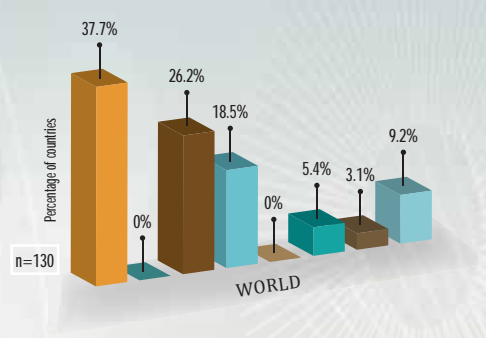
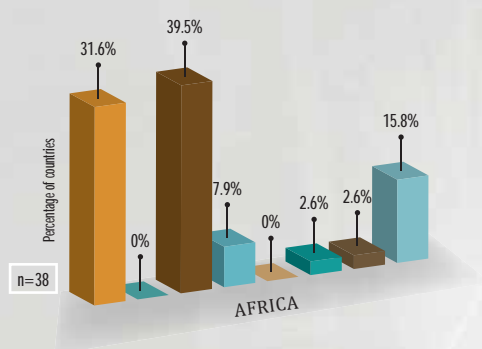
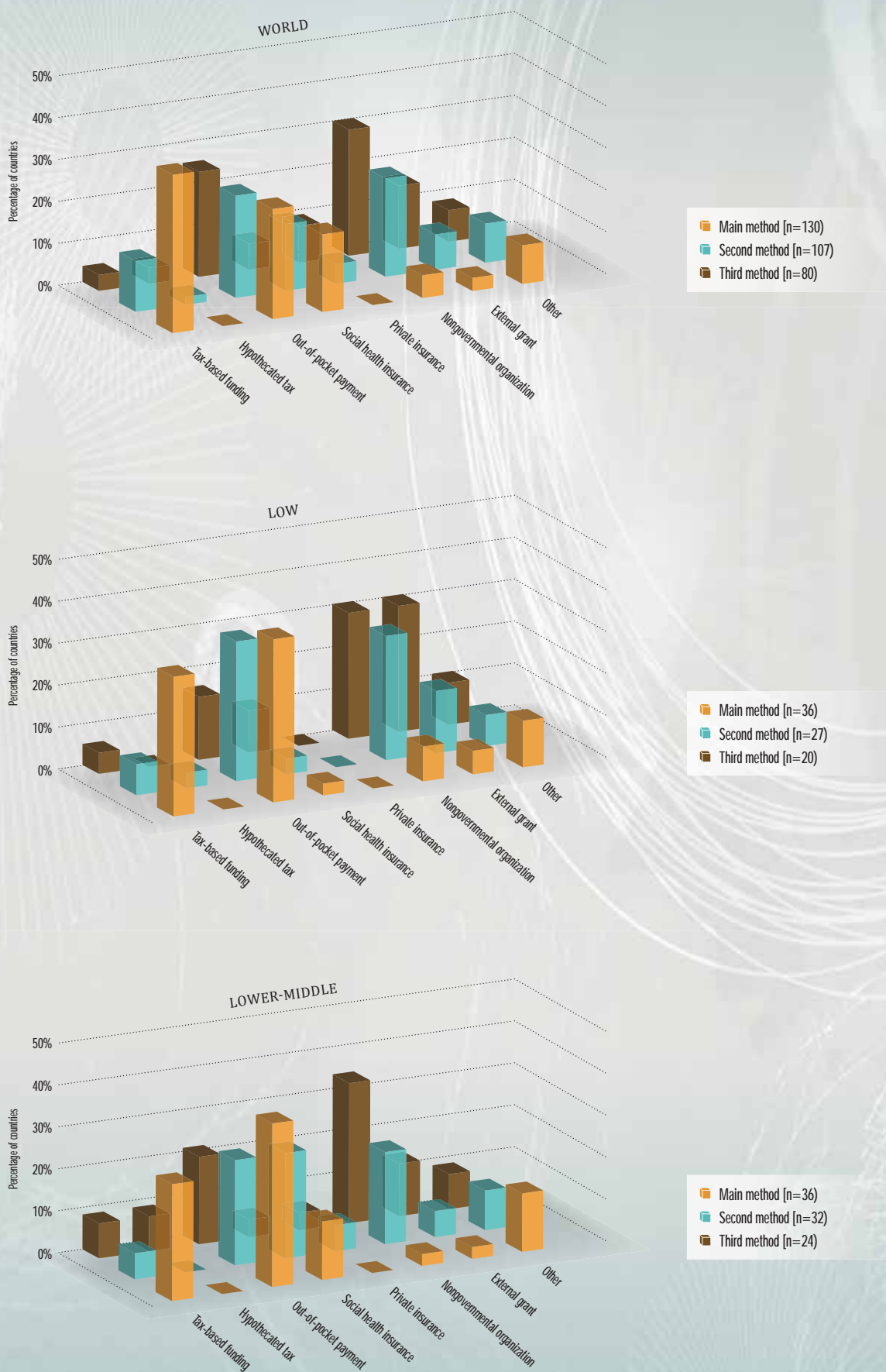
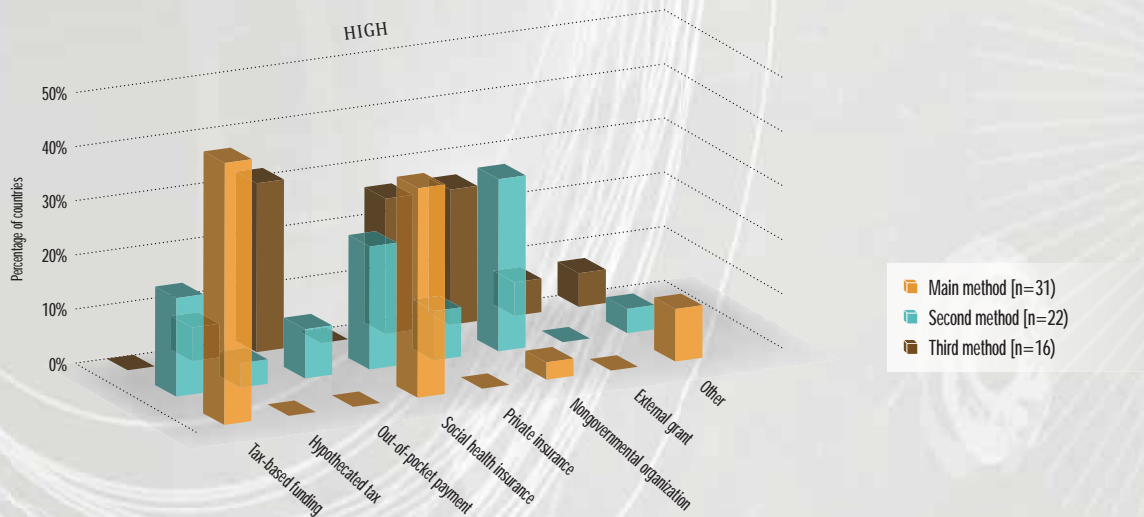
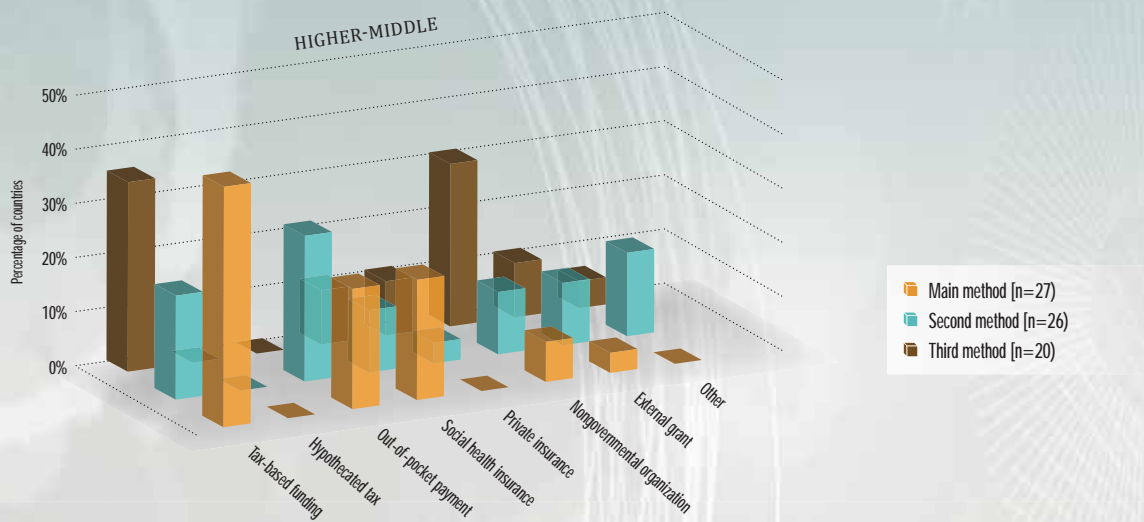


FIGURE 2.8
THREE MOST COMMON METHODS IN COUNTRIES OF FUNDING THE TREATMENT OF DRUG USE DISORDERS, BY INCOME GROUP, 2008





2.4 Treatment settings for alcohol and drug use disorders

(Figures 2.9–2.12)

Background

- Nominated focal points were requested to indicate the most commonly used treatment settings for persons with alcohol and drug use disorders in their countries. In the context of this report, the treatment settings were: specialized treatment services for alcohol and drug use disorders, mental health services, general health services (such as treatment delivered in district hospitals), primary health care, and other treatment services.
- Different sets of figures are presented in this section:
 - The pie graphs (Figs. 2.9 and 2.11) present the most common settings in countries for the treatment of alcohol disorders and drug use disorders respectively.
 - The bar graphs (Figs. 2.10 and 2.12) indicate the relative importance of the three most common treatment settings in countries, presenting this information across different income groups of countries.

Salient findings

- Nominated focal points in countries reported a variety of treatment settings for persons with alcohol and drug use disorders. With few exceptions, all treatment settings are used for the treatment of alcohol and drug use disorders across different income groups of countries.
- In the majority of responding countries (39.8%), mental health services are the most common treatment setting for alcohol use disorders.
- A higher proportion of countries reported specialized treatment services to be the main setting for the treatment of drug use disorders (51.5%) than for alcohol use disorders (34.6%).
- Approximately 10% of countries in the survey reported primary health care to be the most commonly used setting for treatment of alcohol and drug use disorders.
- In high-income countries, specialized treatment services for the treatment of drug use disorders seem to play a prominent role, with almost 90% of high-income countries reporting specialized services to be the main setting for the treatment of drug use disorders.
- A number of countries reported traditional medicine to be the main treatment method for alcohol and drug use disorders. Traditional medicine is included under the category “other treatment settings”.

Notes and comments

- Treatment of alcohol and drug use disorders in surveyed countries involved different treatment settings with mental health services and specialized alcohol and drug services as main providers of treatment for people with alcohol and drug use disorders. The role of primary health care is still limited.
- The majority of low-income countries identified mental health services to be the main setting for alcohol and drug use disorder treatment. The importance of mental health services as the most common treatment setting for alcohol and drug use disorders appears to decrease with increasing country income, which is especially evident for the treatment of drug use disorders.
- The importance of specialized treatment services in treating alcohol and drug use disorders gains in importance as a country's income level rises.
- Because the majority of focal points for the ATLAS survey are working in the specialist system, there may have been a tendency to overemphasize the role of the specialist system in provision of treatment for substance use disorders.

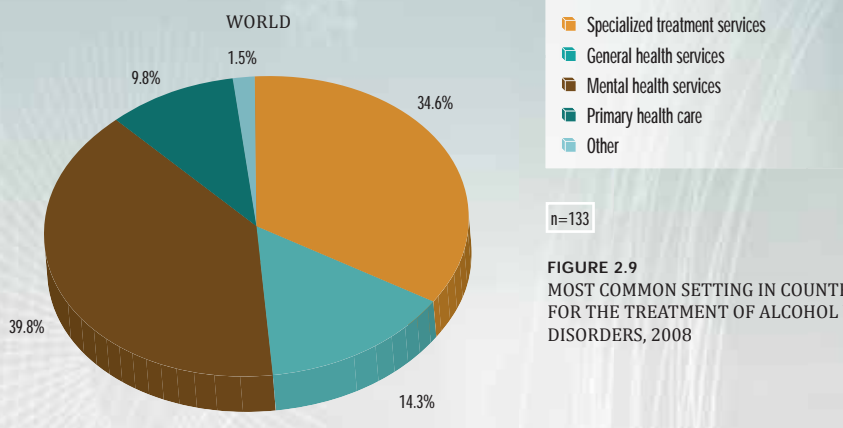
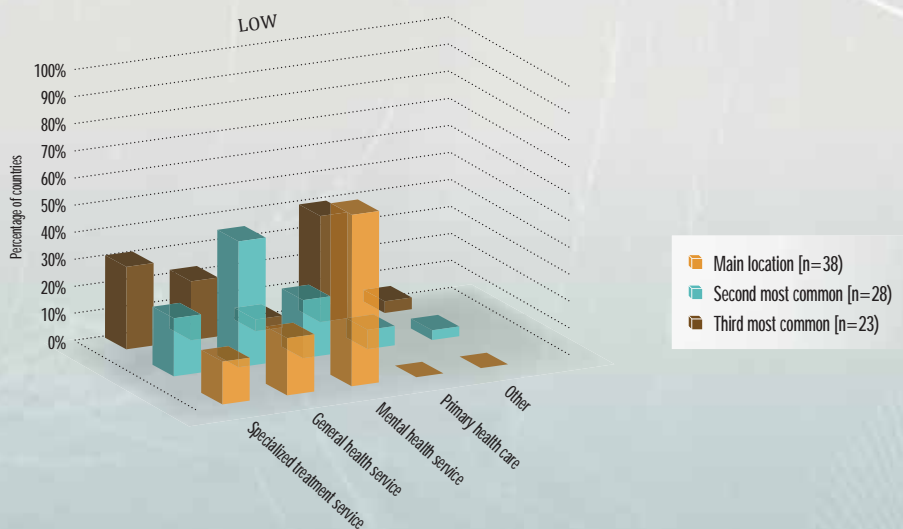
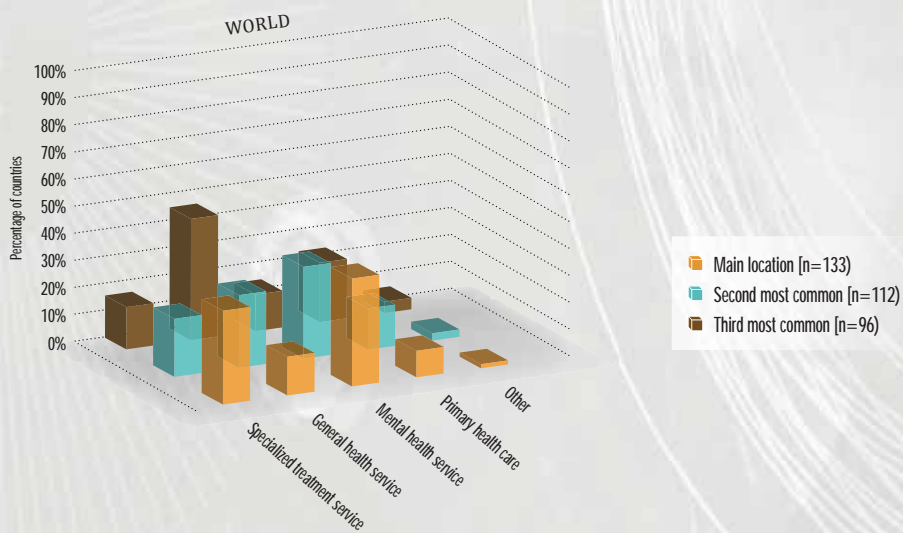
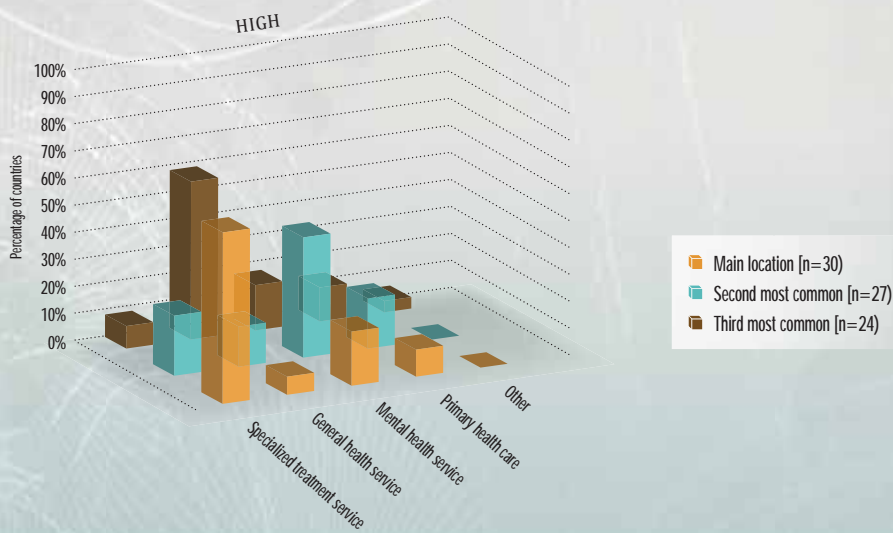
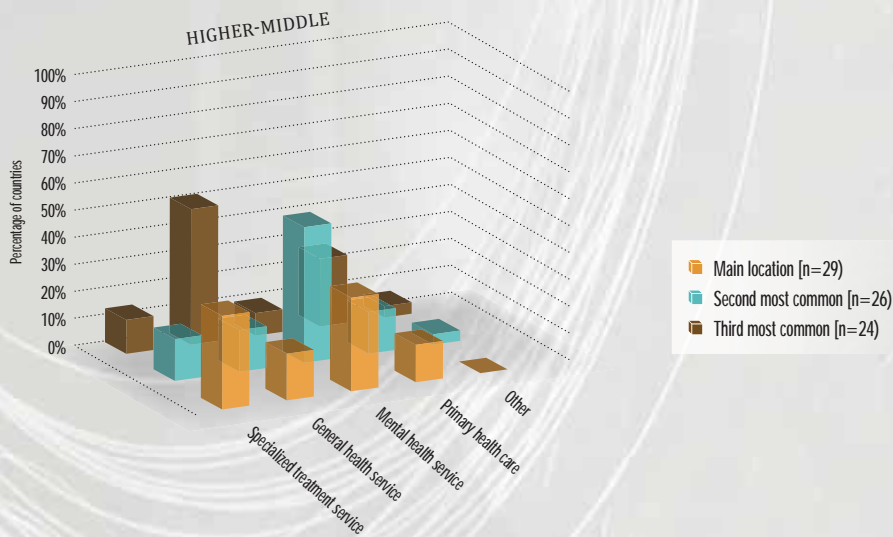
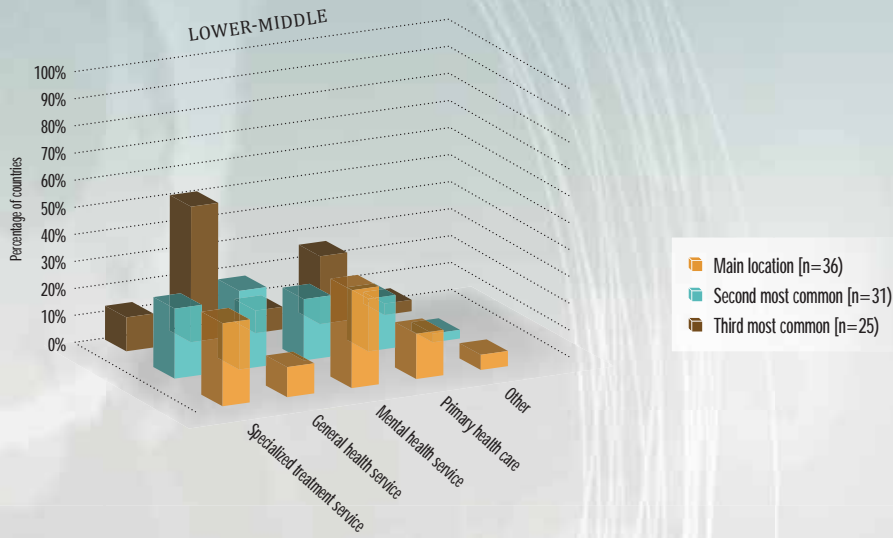


FIGURE 2.9
MOST COMMON SETTING IN COUNTRIES FOR THE TREATMENT OF ALCOHOL USE DISORDERS, 2008

FIGURE 2.10
THREE MOST COMMON SETTINGS IN COUNTRIES FOR THE TREATMENT OF ALCOHOL USE DISORDERS, BY INCOME GROUP, 2008





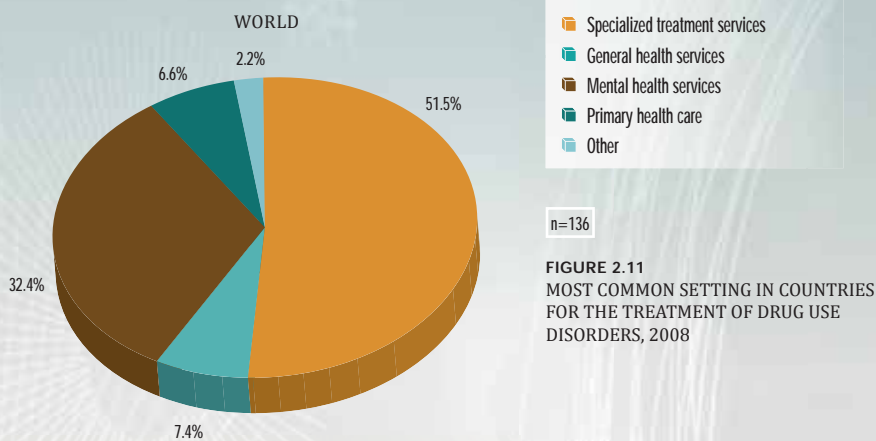
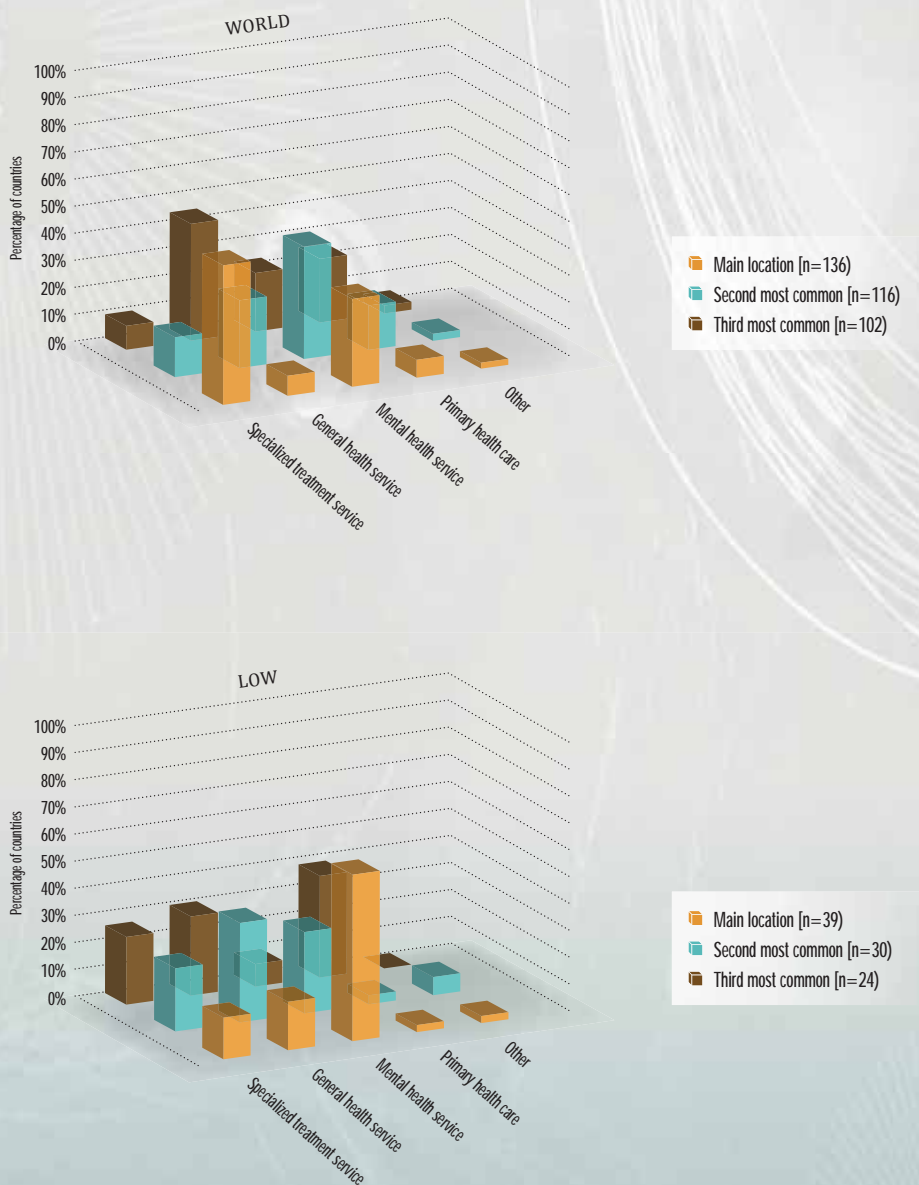
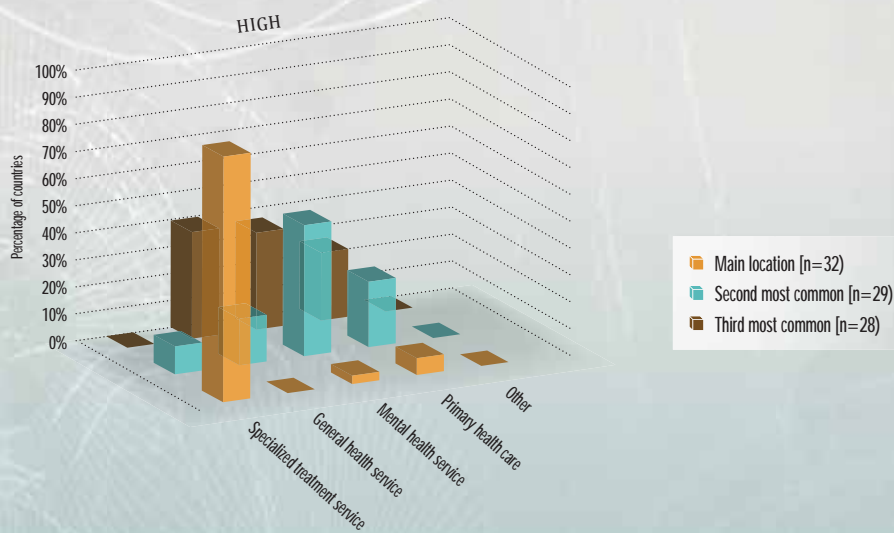
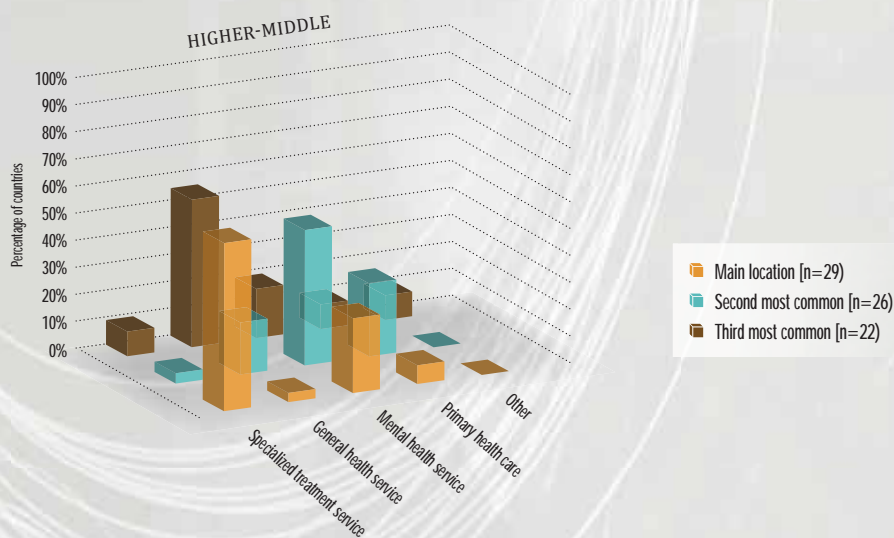
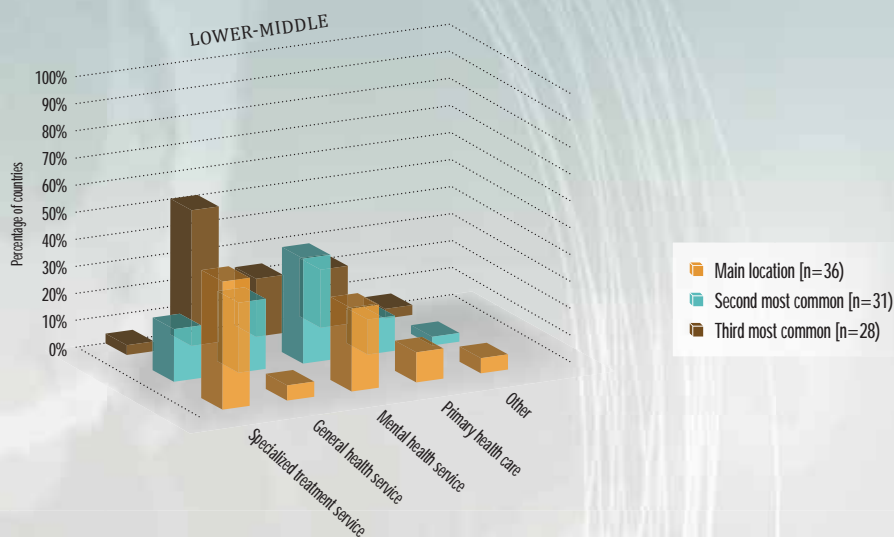


FIGURE 2.11
MOST COMMON SETTING IN COUNTRIES
FOR THE TREATMENT OF DRUG USE
DISORDERS, 2008

FIGURE 2.12
THREE MOST COMMON SETTINGS IN COUNTRIES FOR THE TREATMENT OF DRUG USE DISORDERS, BY INCOME GROUP, 2008





2.5 Treatment services and coverage of alcohol and drug use disorder treatment

(Figures 2.13–2.23)

Background

- Focal points were requested to indicate the presence of different treatment services available for the treatment of alcohol and drug use disorders. In the context of this report, treatment services were categorized as: inpatient medical detoxification, outpatient treatment and long-term residential rehabilitation (for alcohol and drug use disorders), and opioid agonist maintenance therapy (for the treatment of opioid dependence).
- The number, distribution and accessibility of treatment services for alcohol and drug use disorders may vary considerably in countries, and within regions. Nominated focal points were therefore asked to indicate the coverage of the population in need with these services (i.e. to estimate the coverage of persons with alcohol and drug use disorders in their countries receiving these services).

Salient findings

Presence of treatment services for substance use disorders

- Among different treatment services, inpatient detoxification for alcohol and drug use disorders appears to be frequently present in countries, and was reported to be present in over 90% of countries responding to the survey.
- Long-term residential rehabilitation and opioid agonist maintenance therapy for opioid dependence appear to be least present of the treatment services presented. The presence of opioid agonist maintenance therapy for opioid dependence was reported in 44.6% of countries.
- With the exception of long-term residential rehabilitation and opioid agonist maintenance therapy, the presence of treatment services for alcohol and drug use disorders did not vary greatly across the regions. However, the presence of long-term residential rehabilitation was less common in the African and Eastern Mediterranean regions. Similarly, opioid agonist maintenance therapy for opioid dependence was reported most often among countries in the European Region (86.4%), and was less present in the African Region (12.2%) and the Eastern Mediterranean Region (16.7%).
- Countries' income levels seem to have an effect on the presence of treatment services for alcohol and drug use disorders. The presence of treatment services for alcohol and drug use disorders as described in this section increases with increasing country income.

Coverage of treatment services for substance use disorders

- Coverage of the population in need with alcohol and drug use disorder treatment services seems to be low. In low-income countries the majority of persons with alcohol and drug use disorders are not covered by the respective treatment services. For example, in over 50% of low-income countries less than 10% of persons with alcohol use disorders have access to inpatient medical detoxification. Similarly, in around 60% of low-income, lower middle-income and higher middle-income countries, substitution maintenance therapy for opioid dependence is reaching less than 10% of opioid-dependent persons.

Notes and comments

- Although a high proportion of countries reported having some services for treating substance use disorders, coverage of the population in need appears to be low, even in the higher middle-income and high-income groups of countries.
- Information about the presence of treatment services for alcohol and drug use disorders in countries does not indicate the number of treatment services which are available at national level. Treatment services for alcohol and drug use disorders might be more often present in urban areas, for example, especially in low-income countries.

- Inpatient medical detoxification [n=131]
- Outpatient treatment [n=130]
- Long-term residential rehabilitation [n=131]

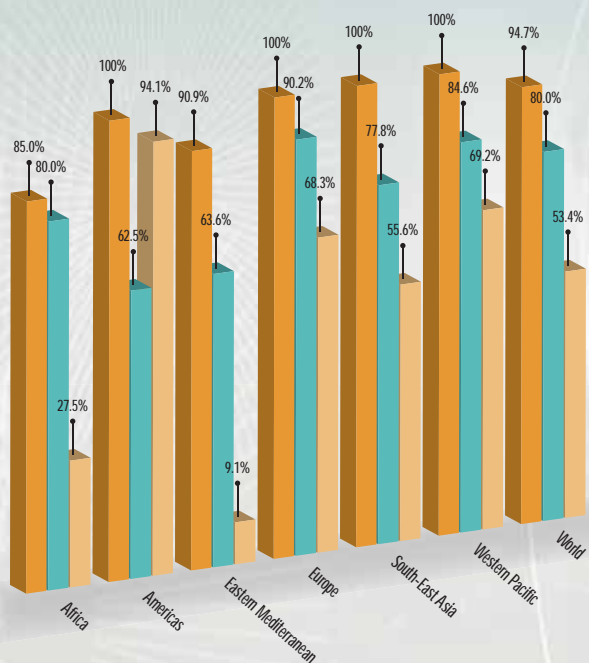


FIGURE 2.13
PROPORTION OF COUNTRIES WITH TREATMENT SERVICES FOR ALCOHOL USE DISORDERS, BY REGION, 2008

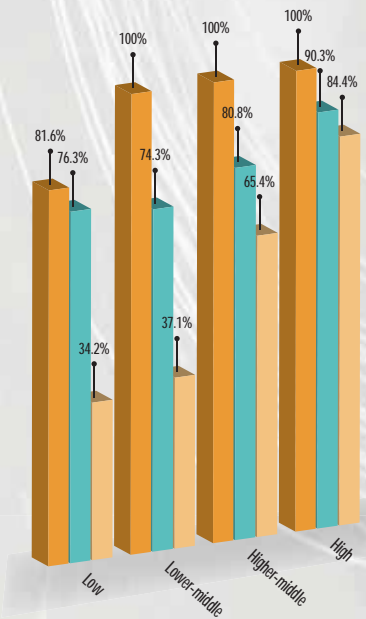


FIGURE 2.14
PROPORTION OF COUNTRIES WITH TREATMENT SERVICES FOR ALCOHOL USE DISORDERS, BY INCOME GROUP, 2008

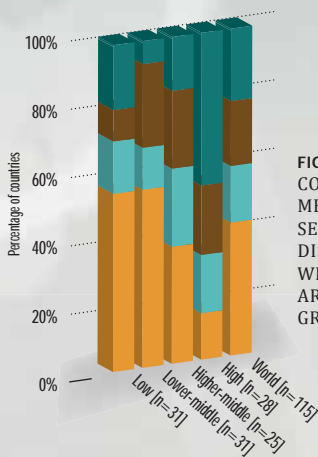
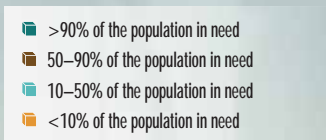


FIGURE 2.15
 COVERAGE OF INPATIENT
 MEDICAL DETOXIFICATION
 SERVICES FOR ALCOHOL USE
 DISORDERS IN COUNTRIES
 WHERE THESE SERVICES
 ARE AVAILABLE, BY INCOME
 GROUP, 2008

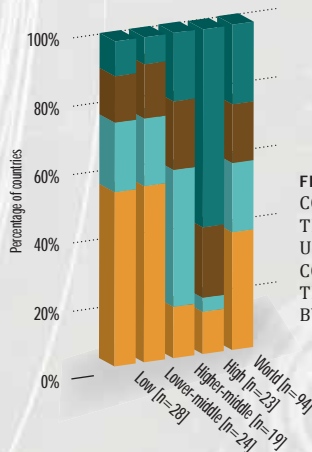


FIGURE 2.16
 COVERAGE OF OUTPATIENT
 TREATMENT FOR ALCOHOL
 USE DISORDERS IN
 COUNTRIES WHERE THIS
 TREATMENT IS AVAILABLE,
 BY INCOME GROUP, 2008

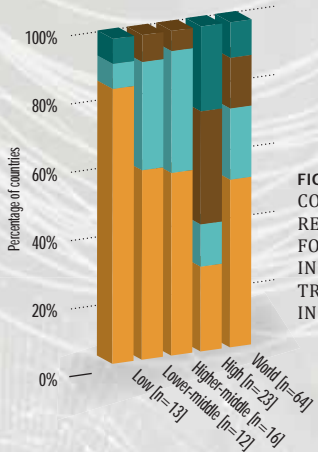


FIGURE 2.17
 COVERAGE OF LONG-TERM
 RESIDENTIAL REHABILITATION
 FOR ALCOHOL USE DISORDERS
 IN COUNTRIES WHERE THIS
 TREATMENT IS AVAILABLE, BY
 INCOME GROUP, 2008

- Inpatient medical detoxification [n=137]
- Outpatient abstinence oriented treatment [n=134]
- Long-term residential rehabilitation [n=135]
- Substitution maintenance therapy for opioid dependence [n=139]

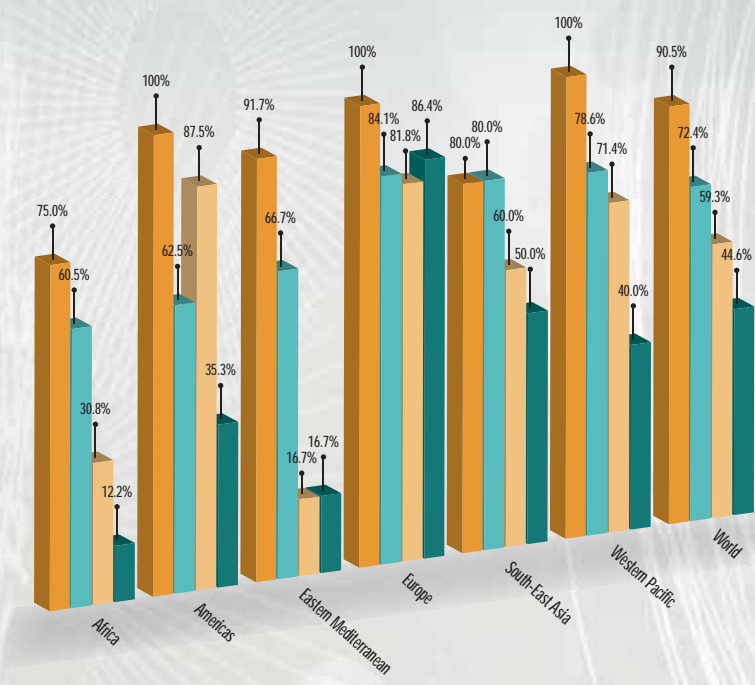


FIGURE 2.18
PROPORTION OF COUNTRIES WITH TREATMENT SERVICES FOR DRUG USE DISORDERS, BY REGION, 2008

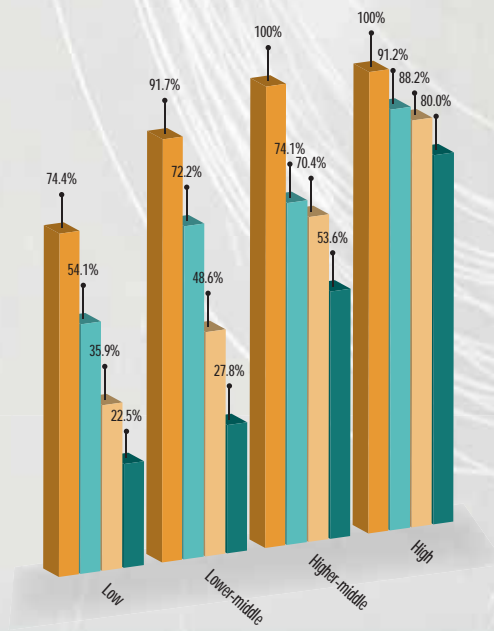


FIGURE 2.19
PROPORTION OF COUNTRIES WITH TREATMENT SERVICES FOR DRUG USE DISORDERS, BY INCOME GROUP, 2008

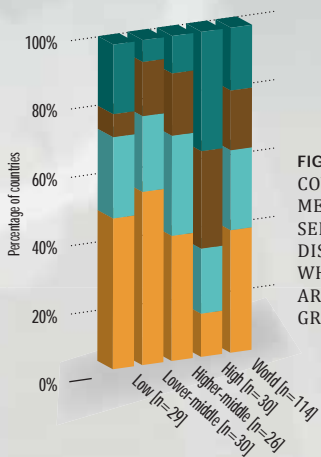
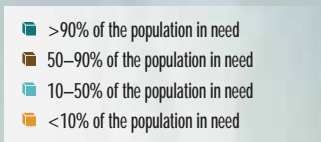


FIGURE 2.20
 COVERAGE OF INPATIENT
 MEDICAL DETOXIFICATION
 SERVICES FOR DRUG USE
 DISORDERS IN COUNTRIES
 WHERE THESE SERVICES
 ARE AVAILABLE, BY INCOME
 GROUP, 2008



FIGURE 2.21
 COVERAGE OF OUTPATIENT
 ABSTINENCE ORIENTED
 TREATMENT FOR DRUG USE
 DISORDERS IN COUNTRIES
 WHERE THIS TREATMENT
 IS AVAILABLE, BY INCOME
 GROUP, 2008

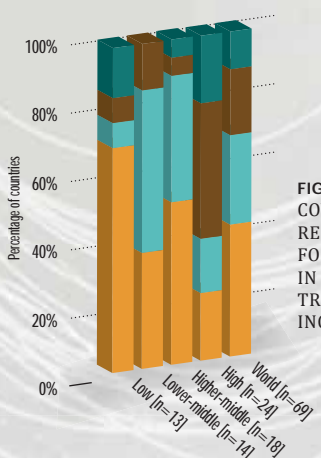


FIGURE 2.22
 COVERAGE OF LONG-TERM
 RESIDENTIAL REHABILITATION
 FOR DRUG USE DISORDERS
 IN COUNTRIES WHERE THIS
 TREATMENT IS AVAILABLE, BY
 INCOME GROUP, 2008

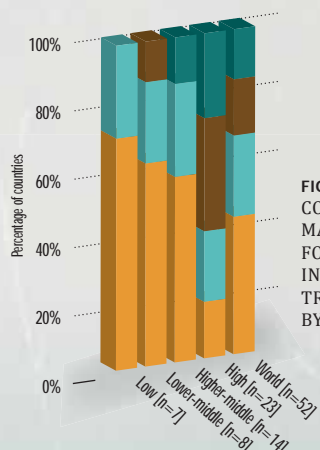


FIGURE 2.23
 COVERAGE OF AGONIST
 MAINTENANCE THERAPY
 FOR OPIOID DEPENDENCE
 IN COUNTRIES WHERE THIS
 TREATMENT IS AVAILABLE,
 BY INCOME GROUP, 2008

2.6 Number of beds and length of stay

(Figures 2.24–2.27)

Background

- Nominated focal points were requested to report on the capacity of their health care systems to treat substance use disorders using the following indicators:
 - the total number of inpatient beds available in their countries for the treatment of alcohol and drug use disorders;
 - the average length of stay for inpatient alcohol and drug detoxification.

Salient findings

Beds for alcohol and drug use disorders

- Among the responding countries, the median number of beds for alcohol and drug use disorders was 1.7 per 100 000 population (range 0–52 beds per 100 000 population).
- The lowest median numbers of beds for alcohol and drug use disorders were in the African Region (0.2 per 100 000 population) and the Eastern Mediterranean Region (0.6 per 100 000 population).
- The highest median number of beds for alcohol and drug use disorders was reported from countries in the European Region (10.3 beds per 100 000 population).
- There was a country income effect on the median number of beds for alcohol and drug use disorders across different income groups of countries. Between the low-income and lower middle-income groups of countries, there was no marked difference in the median number of beds for alcohol and drug use disorders. However, from lower middle-income (0.7 beds per 100 000 population) to higher middle-income countries (7.1 beds per 100 000 population), there was a 10-fold increase in the median number of beds for alcohol and drug use disorders.

Length of stay for alcohol and drug detoxification

- The median length of stay for alcohol and drug detoxification was 10.3 days and 14.0 days respectively.
- In the majority of regions, the median length of stay was longer for drug detoxification than for alcohol detoxification, and this difference was most marked in the Western Pacific Region, where the median length of stay was 14 days for drug detoxification and 7 days for alcohol detoxification.
- Low-income countries reported having a longer median length of stay than high-income countries. For example, the median length of stay for alcohol detoxification was 8 days in high-income countries, and 16.5 days in low-income countries.

Notes and comments

- Some focal points reported that beds for alcohol and drug use disorders are not counted separately from beds for mental health conditions, making it difficult for them to provide a response to this question.
- Patients with comorbid conditions may receive substance use disorder treatment in other hospital wards. These beds may not have been considered by countries.
- Information on the average length of stay for alcohol and drug detoxification was completed by 86 (alcohol detoxification) and 92 countries (drug detoxification). As presented in section 1.5, this response rate may reflect the fact that institutionalized treatment data collection systems for substance use disorders are present only in approximately 50% of countries.
- High-income countries seem to use shorter inpatient stays than low-income countries, despite the fact that shorter inpatient treatment duration is likely to result in significant cost savings.

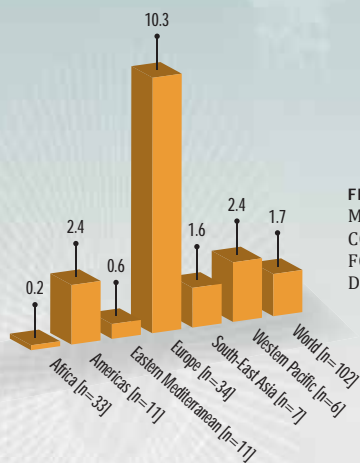


FIGURE 2.24
 MEDIAN NUMBER OF BEDS IN COUNTRIES (PER 100 000 POPULATION) FOR THE TREATMENT OF ALCOHOL AND DRUG USE DISORDERS, BY REGION, 2008

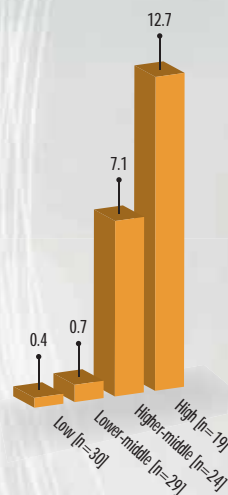


FIGURE 2.25
 MEDIAN NUMBER OF BEDS IN COUNTRIES (PER 100 000 POPULATION) FOR THE TREATMENT OF ALCOHOL AND DRUG USE DISORDERS, BY INCOME GROUP, 2008

Alcohol detoxification
 Drug detoxification

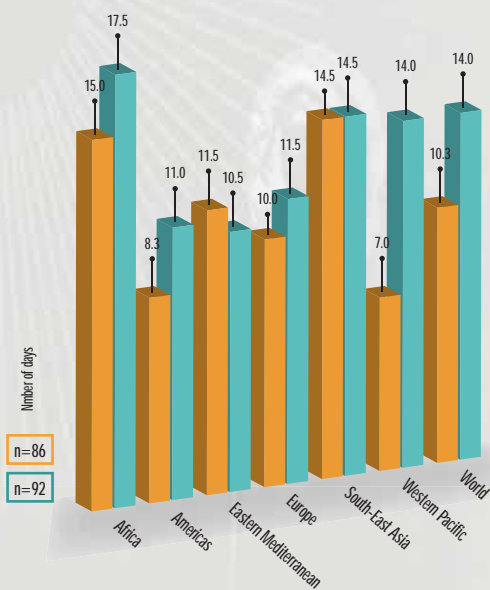


FIGURE 2.26
 MEDIAN LENGTH OF STAY IN COUNTRIES FOR INPATIENT ALCOHOL AND DRUG DETOXIFICATION, BY REGION, 2008

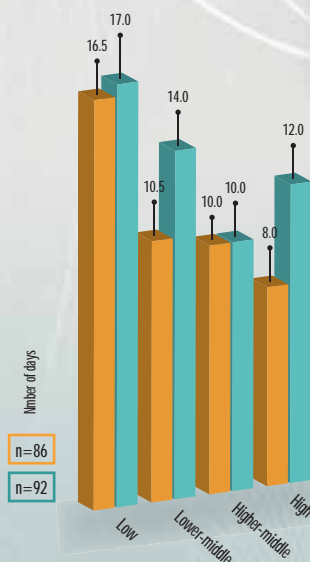


FIGURE 2.27
 MEDIAN LENGTH OF STAY IN COUNTRIES FOR INPATIENT ALCOHOL AND DRUG DETOXIFICATION, BY INCOME GROUP, 2008

2.7 Care for special populations

(Figures 2.28–2.33)

Background

- Nominated focal points were asked about the presence of treatment services for substance use disorders in special populations. In the context of this report, special populations are defined as pregnant women, young people, indigenous populations, and also prisoners, injecting drug users (IDUs) and commercial sex workers.
- Persons with drug use disorders who have infectious diseases may require specialized care and treatment. Focal points were asked about the presence of specialized treatment services for persons with drug use disorders who have HIV/AIDS or tuberculosis (e.g. where treatment of opioid dependence, tuberculosis and HIV are available from one specialized treatment service).

Salient findings

Treatment services for substance use disorders in special populations

- The proportion of countries offering treatment services for substance use disorders in different special populations varies considerably between regions and country income groups and according to the special population being treated.
- Substance use disorder treatment services for prisoners were reported from the majority of surveyed countries (55.9%), followed by substance use disorder treatment services for young people (47.6%) and injecting drug users (40.0%). Specialized substance use disorder treatment services for pregnant women and commercial sex workers are present in 31.0% and 25.5% of countries respectively. Approximately 11.0% of countries reported having substance use disorder treatment services for indigenous populations.
- Substance use disorder treatment services for young people and pregnant women were reported from the majority of countries in Europe (72.7% and 61.4% of countries in Europe respectively). Substance use disorder treatment services for indigenous people were reported to be most common among countries in the Western-Pacific (28.6%). Substance use disorder treatment services for commercial sex workers were reported to be most common among countries in South-East Asia (40%), and countries in Europe (34.1%).
- Besides substance use disorder treatment services for prisoners and injecting drug users, there is no effect of country income level on the presence of treatment services in special populations.

Specialized treatment services for persons with drug use disorders having HIV/AIDS or tuberculosis

- Specialized treatment services for persons with drug use disorders and HIV/AIDS were reported by 43.2% of countries. These services seem to be more often present in countries than treatment services for drug use disorders and tuberculosis (24.6%).
- Specialized treatment for persons with drug use disorders and HIV/AIDS appears to be most often present among countries in the European, South-East Asia and Eastern Mediterranean regions, and appears to be less common among countries in Africa where 14% of countries reported having this treatment service.
- Treatment services for persons with drug use disorders and tuberculosis were most often reported in South-East Asia (40%). In approximately 16% of countries in the African and Western Pacific regions, specialized treatment was reported for persons with drug use disorders and tuberculosis.
- There is no strong effect of country income level on the presence of specialized treatment services for persons with substance use disorders and HIV/AIDS or tuberculosis across different groups of countries.

Notes and comments

- One factor that may explain the variation in the proportion of countries providing services for different populations is the presence of the special population itself. Significant numbers of indigenous populations are not present in every country, for instance.
- The generally low proportion of countries with services for these types of special populations may represent a significant opportunity for development of services in this area.

FIGURE 2.28
PROPORTION OF COUNTRIES WITH TREATMENT SERVICES FOR SUBSTANCE USE DISORDERS IN SPECIAL POPULATIONS, BY REGION, 2008

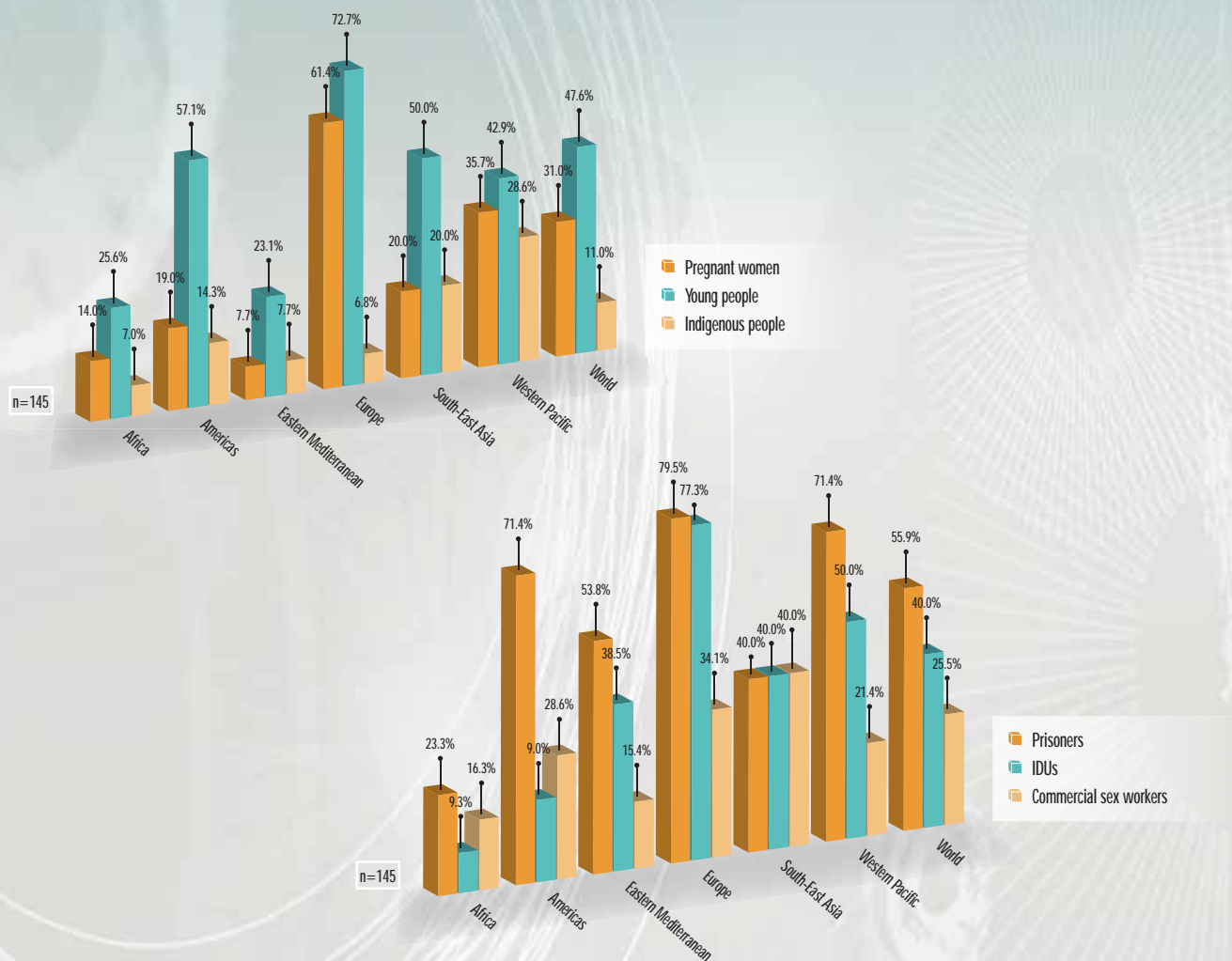
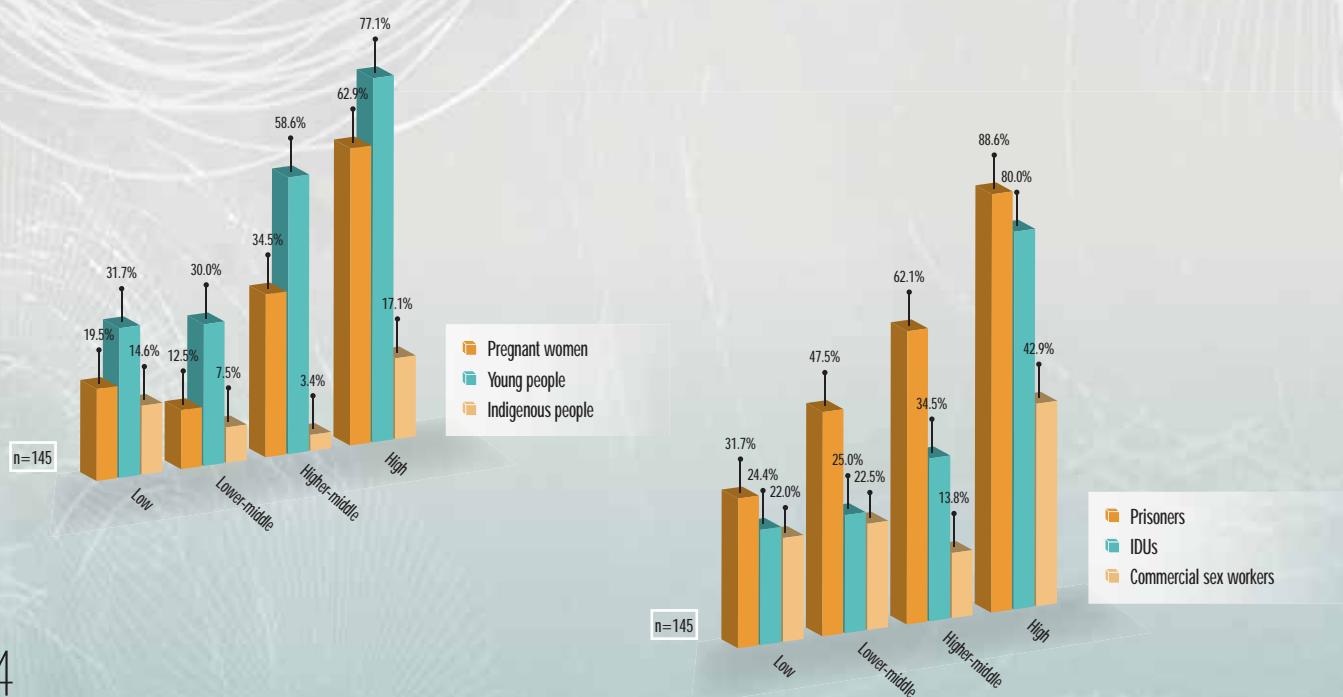


FIGURE 2.29
PROPORTION OF COUNTRIES WITH TREATMENT SERVICES FOR SUBSTANCE USE DISORDERS IN SPECIAL POPULATIONS, BY INCOME GROUP, 2008



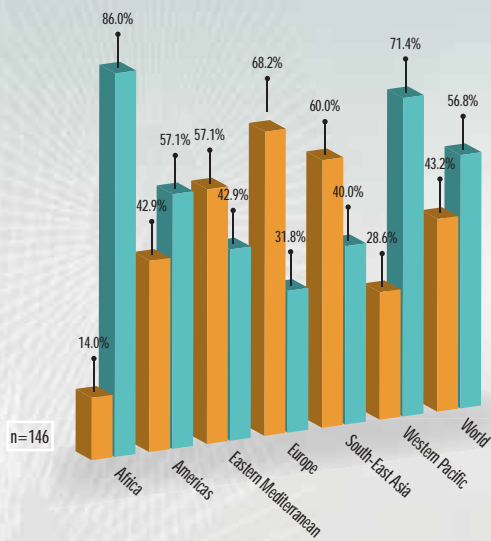
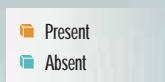


FIGURE 2.30
PROPORTION OF COUNTRIES WITH SPECIALIZED TREATMENT SERVICES FOR PERSONS WITH DRUG USE DISORDERS AND HIV/AIDS, BY REGION, 2008

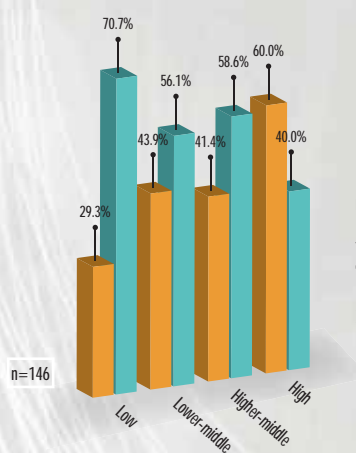


FIGURE 2.31
PROPORTION OF COUNTRIES WITH SPECIALIZED TREATMENT SERVICES FOR PERSONS WITH DRUG USE DISORDERS AND HIV/AIDS, BY INCOME GROUP, 2008

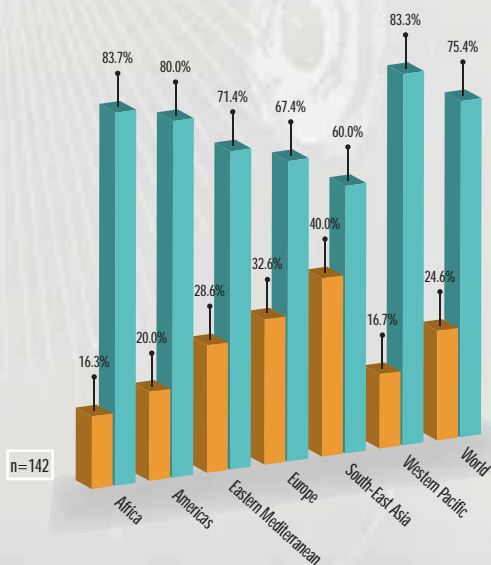


FIGURE 2.32
PROPORTION OF COUNTRIES WITH SPECIALIZED TREATMENT SERVICES FOR PERSONS WITH SUBSTANCE USE DISORDERS AND TUBERCULOSIS, BY REGION, 2008

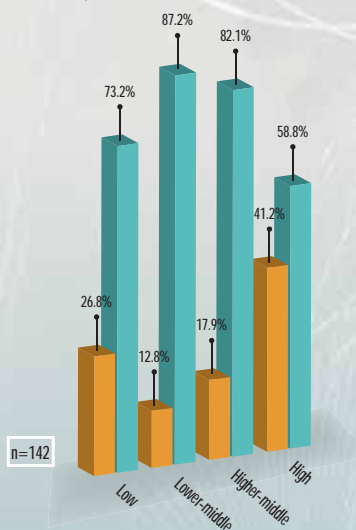


FIGURE 2.33
PROPORTION OF COUNTRIES WITH SPECIALIZED TREATMENT SERVICES FOR PERSONS WITH SUBSTANCE USE DISORDERS AND TUBERCULOSIS, BY INCOME GROUP, 2008

