

## Terms of Reference

**Title of the activity:** Strengthening Deaddiction Services for alcohol and substance use disorders in Nepal

**Duration of activity:** 8 months (May 1 – October 30, 2023)

**Background:** Use of alcohol and psychoactive substance is a major global public health problem. According to World Drug Report 2022, in the year 2020, an estimated 284 million people aged 15-64 (1 in 18 people aged 15-64) used drugs in the last year which was 26% higher than 2010. Among them cannabis is the most problematic drug use disorder globally followed by opioids which accounts for 69% of all deaths due to drug use. Similarly, alcohol use accounts for 5.1% of the global burden of disease and injury to alcohol. (WHO, 2022)

The prevalence of alcohol consumption (current drinkers, i.e., drank in the past 30 days) was 23.9% (men 36.8%, women 10.8 %), 6.8% of which were heavy episodic drinkers. The consumption of unrecorded alcohol 68.5% (STEPS 2019). The problem of Substance use/drug use in Nepali society has traditionally been dominated by cannabis, and opioids. But this list has now expanded to include 'hard-drugs' like South Asian cocktail which is a mixture of opioids, benzodiazepine and antihistamines. Heroin (Diacetyl morphine), injectable buprenorphine, pharmaceutical opioids (Codeine, Tramadol, Tapentadol) is currently known to be frequently used opioids in Nepal. Pharmaceutical opioids (tramadol and tapentadol) are often combined with other medications like Benzodiazepine (Nitrazepam, Clonazepam, Dextromethorphan, Promethazine- commonly called "formula" popular among young people who use drugs (PUD). According to the Nepal Drug Users Survey, 2020, out of the 130,424 people who use drugs, 84.7% use cannabis, 46.8% used opioids, 73.1% use tranquilizers and 31% use other drugs (including, tramadol, pregabalin, gabapentin, etc). Data from different periodic surveys in Nepal has shown that the number of people using drugs is increasing steadily from 46000 in 2008 to 91,534 in 2013 and 130,424 in 2020.

Despite this huge problem only one in seven people with drug use disorder receive treatment. Inpatient detoxification services are provided along with in patient mental health services from hospitals across the country. Besides inpatient detoxification, harm reduction-based treatment

modalities including OST, and self-help groups like Alcoholic Anonymous and Narcotics Anonymous are other treatment modalities also in practice. The current module of Mental health training of primary care providers, the mhGAP, has a section dedicated for assessment, management, psychosocial intervention and basic pharmacological interventions for alcohol and substance use disorder. There is no national center of excellence in Nepal which lead in service development, provision, and research in Nepal.

Most of about 235 Treatment and rehabilitation centers available in country follow involuntary admission only with the consent of caregivers (parents, spouse, family members). Many restrict them from visiting friends and family and cut the communication to outside world. The treatment duration ranges from at-least 3 months or longer. The practices in existing treatment and rehabilitation centers vary. The treatment and rehabilitation at these centers are directed by the Ministry of Home Affairs' Directive on the Operation of Treatment and Rehabilitation Center for the Users of Narcotic Drugs, 2018 and National Opioid Substitution Therapy Guideline 2013. However, in the absence of strong health oriented national treatment standards, there are major concerns in the quality of treatment and rehabilitation services in Nepal.

In order to overcome this bottleneck, the national policy documents have envisioned to develop a National Standardized Treatment and Rehabilitation Protocol for alcohol and substance use disorder in Nepal. The Narcotics Drug Prevention and Control National Master Plan 2022-2027 has envisioned to develop a "Accepted Standard Training Curriculum" to train existing service providers calling the Ministry of Health and Population and other partners to complete the task by the end of this fiscal year. Additionally, the "Directive on the operation of treatment and rehabilitation center for the users of narcotic drugs, 2018" also recommends treatment based on "National Treatment Protocol". Similarly, the National Mental Health Strategy and Action Plan 2022, has envisioned strengthening drug related treatment and rehabilitation services in Nepal. Ministry of Home Affairs has planned to operate a 'a model rehabilitation center' as a national center to set a national standard for rehabilitation services in Nepal. Therefore, in consultation with Ministry of Home Affairs and Ministry of Health and Population, WHO Country Office for Nepal has planned to take actions to strengthen de-addiction services for Alcohol and Drug Use in Nepal.

**Objectives:** The overall objective of this assignment is to strengthen deaddiction services in Nepal. Specifically, the assignment has following objectives:

- a. To map the access to services for the treatment and management of substance and alcohol use disorder in Nepal
- b. To consolidate current approach to the provision of deaddiction services in Nepal
- c. To engage and consult with wider stakeholders, service providers, program managers and persons with lived experience to build consensus on strategic interventions to strengthen deaddiction services
- d. To develop a National Treatment Protocol for the treatment and management of Alcohol and Substance Use disorders in Nepal.

### **Description of work**

Mapping of stakeholders and deaddiction services in Nepal: At the beginning a mapping of stakeholders and deaddiction services will be done to understand the access to deaddiction service in the country.

Desk review of current national and international best practices: The experts will undertake a comprehensive review of published and grey literature to identify national and international best practices on management of substance use disorder. In case of unavailability of published and grey literature, the team will undertake consultation with key informants such as service providers, program managers, policy makers either individually (in the form of KII) or in group as FGD.

Stakeholder consultation: Before formulating treatment protocols, a wider stakeholder consultation will be organized right from the inception phase. The consultation will involve existing drug rehabilitation centers, law enforcement, Health and Social care sectors throughout the process. As needed a multiple workshops and meeting shall be organized. Based on the consultation, strategic interventions and treatment protocols will be informed.

Drafting of treatment protocol: A protocol shall be drafted based on available evidence considering effectiveness, cost effective, feasibility and local sociocultural context. Proposed interventions shall undergo multiple review from national and international experts before finalization. The WHO/UNODC “International standards for treatment of drug use disorder shall

serve as major resource guiding the process. The Standardized Treatment Protocol will have guides for screening, admission and discharge criteria, scientific detoxification, management/ liaison for medical conditions and dual diagnosis, psychological intervention that can be used in treatment and rehabilitation centers and after care/ community care. The protocol envisions being a guiding document and supplementary for treatment and rehabilitation centers for management of alcohol and substance use disorder. Additionally, the protocol will include a checklist to be integrated into periodic review and renewal of the rehabilitation centers in the country.

**Deliverables:**

- a. A report with mapping of stakeholders and deaddiction services in Nepal (by the end of month 1)
- b. A review of current approaches on treatment and management of alcohol and substance use disorders (5-8 pages technical report by the end of month 1)
- c. A set of strategic recommendations to strengthen deaddiction services (end of month 2)
- d. A national treatment protocol for treatment and management of substance use disorder developed (end of month 4)

**Processes to follow**

Work will be performed under the guidance of the Ministry of Home Affairs and the Ministry of Health and Population with direct supervision of Mental Health team at WHO Country Office for Nepal, in collaboration with other partners including network of people who use/have used drugs.

The protocol development will be drafted by a core group of experts which will consult regularly with technical working group consisting of law enforcement regulatory authorities, Health and Social care sectors, representatives of service providers, persons living with drug use problem or their family.

An agency with experience and expertise in policy and service development and implementation on mental health, drug and substance use would manage the activity.

The final draft will be submitted to Ministry of Home Affairs and Ministry of Health and Population for joint endorsement and implementation.

**Profile and experiences required:** The following are the desired profile and experience of the organization (academic institution, NGO or private firm) submitting the interest.

- Experience and knowledge on working on drug and substance use with due consideration the protecting rights of the vulnerable group
- Strong track record in designing and implementing comprehensive programmes on strengthening mental health, drug, and substance use services
- Proven experience in working on designing and implementing (mental) health interventions for drug and alcohol use
- Experience in coordination and advocacy with government – federal, provincial, and local
- Previous work with WHO or other UN or development agencies in a similar area preferably in mental health integration in primary care level