ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 31: Substance Use and Addiction Treatment

Applies to services that assess and treat substance use and addiction

DOCUMENT NUMBER	ASF-HS11-S31
REVISION	01
DATE OF THIS REVISION	1 November 2026
STATUS	Approved for use.
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, President, Accréditation Sans Frontières
APPLIES TO SURVEYS STARTING AFTER	1 November 2026
REVIEW	Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027.
CONTROLLED COPY	The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the version shown on its cover.

REVISION HISTORY

Revision	Date	Change	Approved by
01	1 November 2026	First version, from the Version 10 standard on substance use and addiction treatment, renumbered as Standard 31. Approved.	Prof. Giorgi Pkhakadze, MD, MPH, PhD

APPROVAL

Approved on 1 November 2026. Approved for use in surveys.

APPROVED BY

Prof. Giorgi Pkhakadze, MD, MPH, PhD
President, Accréditation Sans Frontières

Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 31 at a glance: criteria, responsibilities, training

9 Criteria 31.1 to 31.5 (each on its own page)

10 Questions and answers

11 E-learning by standard

12 References

13 Document register

Criterion pages: 31.1 Substance Use Is Assessed With a Validated Tool · 31.2 Treatment Is Individual and Prescribed by a Licensed Clinician · 31.3 Harm Reduction Is Available · 31.4 Information About Use Is Confidential · 31.5 Discharge Is Planned With Links to Community Support.

1 Introduction

This document is Standard 31 of ASF Health Standards. It sets out how a service that assesses and treats substance use and addiction carries out a validated assessment of each person, an individual treatment and prescribing plan, harm reduction with naloxone, confidentiality of information, and a planned discharge with a relapse plan.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 31 protects people who use substances and the care they receive. A validated assessment, an individual plan, safe prescribing and a planned discharge keep each person safe and connected to care.

Who should read it. Service managers, psychiatrists, mental health nurses, clinical psychologists, social workers, nurses who prescribe or dispense, the secretary who keeps the registers, and the assessors who verify the service. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 31 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you manage or work in a service that assesses and treats substance use, read section 4 to confirm that the standard applies to your service, then section 5 to find the rating for your setting. Read each criterion from 31.1 to 31.5, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, and standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example **SUB-POL-001** (substance use, policy, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL

(policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 13.

4 Scope

Standard 31 covers services that assess and treat substance use and addiction: validated assessment, individual treatment and prescribing, harm reduction and naloxone, confidentiality of information, and planned discharge with a relapse plan.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: humanitarian settings (emergency or crisis, very limited resources), transition and fragile settings (a health system in change or under strain), and standard settings (full resources).

WHERE STANDARD 31 APPLIES

Standard 31 applies to services that assess and treat substance use and addiction, including outpatient and inpatient treatment and the prescribing and harm reduction services that go with it. Hospital, ambulatory clinic, primary health clinic, long-term care and telemedicine services may apply it. It is not applicable to home care, fitness and wellness, dental clinics, or aesthetic and procedure clinics. A criterion is marked N/A for a facility type that does not provide these services.

Criterion	Applies to
31.1 Substance Use Is Assessed With a Validated Tool	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine N/A: Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
31.2 Treatment Is Individual and Prescribed by a Licensed Clinician	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine N/A: Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
31.3 Harm Reduction Is Available	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine N/A: Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
31.4 Information About Use Is Confidential	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine N/A: Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic
31.5 Discharge Is Planned With Links to Community Support	Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine N/A: Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
OAT	Opioid agonist treatment
SUD	Substance use disorder
ISCO	International Standard Classification of Occupations (ISCO-08), used to code each role
ISO	International Organization for Standardization
WHO	World Health Organization

DOCUMENT CODE PREFIXES

Prefix	Topic
SUB	Substance use and addiction treatment

7 Terms and definitions

Term	Definition
Validated tool	A screening or assessment tool with evidence of validity, named in the procedure, used before a treatment plan is agreed.

Term	Definition
Individual treatment plan	The plan for a person, with goals and interventions specific to them, reviewed with them.
Naloxone	A medicine that reverses opioid overdose, offered and supplied under the harm reduction procedure.
Harm reduction	Services that reduce the health harm of substance use, without requiring abstinence first.
Relapse plan	A plan agreed with the person for what to do if use resumes, with the support and contacts to use.
Disclosure log	The record of each disclosure of substance use information, with the person, the reason and the date.

8 Standard 31 at a glance: criteria, responsibilities, training

Standard 31: Substance Use and Addiction Treatment is a standard of ASF Health Standards for services that assess and treat substance use and addiction. It covers validated assessment, individual treatment and prescribing, harm reduction and naloxone, confidentiality of information, and planned discharge with a relapse plan.

The standard has 5 criteria. Each is shown below and explained on its own page in section 9. Each criterion states its own rating for each setting, its evidence and its pass rule.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
31.1	Substance Use Is Assessed With a Validated Tool	Minimum	Must	Must
31.2	Treatment Is Individual and Prescribed by a Licensed Clinician	Must	Must	Must
31.3	Harm Reduction Is Available	Minimum	Medium	Must
31.4	Information About Use Is Confidential	Minimum	Must	Must
31.5	Discharge Is Planned With Links to Community Support	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference.

No.	Criterion	Positions responsible or involved
31.1	Substance Use Is Assessed With a Validated Tool	**Nurse** (ISCO 2221) · **Manager** (ISCO 1342) · **Mental health nurse** (ISCO 2221) · **Clinical psychologist** (ISCO 2634) · **Psychiatrist** (ISCO 2212)
31.2	Treatment Is Individual and Prescribed by a Licensed Clinician	**Manager** (ISCO 1342) · **Nurse** (ISCO 2221) · **Psychiatrist** (ISCO 2212) · **Consultant physician (internal medicine)** (ISCO 2212)
31.3	Harm Reduction Is Available	**Manager** (ISCO 1342) · **Secretary** (ISCO 3344) · **Mental health nurse** (ISCO 2221) · **Social worker** (ISCO 2635) · **Infection prevention and control (IPC) lead**
31.4	Information About Use Is Confidential	**Manager** (ISCO 1342) · **Data protection officer** · **Mental health nurse** (ISCO 2221)
31.5	Discharge Is Planned With Links to Community Support	**Manager** (ISCO 1342) · **Nurse** (ISCO 2221) · **Social worker** (ISCO 2635) · **Mental health nurse** (ISCO 2221) · **Family physician (GP) lead** (ISCO 2211)

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. For this standard the manager is the head of the service. A hospital with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Data protection officer	Chief executive officer (CEO)	No direct reports.
Infection prevention and control (IPC) lead	Quality manager	IPC nurse.
Consultant physician (internal medicine)	Head of department (per specialty)	Resident physician / house officer.
Psychiatrist	Head of department (per specialty)	No direct reports.
Mental health nurse	Head of department (per specialty)	No direct reports.
Clinical psychologist	Head of department (per specialty)	No direct reports.
Social worker	Patient services manager	No direct reports.
Family physician (GP) lead	Medical director	Practice nurse (immunisation, chronic care), Walk-in clinic physician, Same-day procedure nurse.

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 RELATED COURSES IN THE GMJ ACADEMY

No related GMJ Academy courses are listed for this standard.

31.1 Substance Use Is Assessed With a Validated Tool

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine. **Not applicable to:** Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Each person has a documented assessment of their substance use, using a validated screening or assessment tool, before a treatment plan is agreed.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: an assessment is always recorded before a plan is agreed.

GUIDANCE

Treatment starts with knowing what the person uses, how much and how often. A validated screening or assessment tool gives a common starting point that can be compared over time, and the tool used is named in the record.

The assessment is dated before the treatment plan. It is repeated at the set interval, and each repeat is recorded so that progress or relapse can be seen.

> **Good practice.** Every person has a validated assessment dated before the plan, the tool and score are recorded, and repeat assessments follow the set interval.

> **Partial because.** Assessments are done for most people, but some are dated after the plan, the tool is not named, or repeat assessments are not recorded.

WHAT GOOD LOOKS LIKE

- A validated assessment procedure (**SUB-SOP-001**) that names the approved tools.
- A substance use assessment record (**SUB-FRM-001**) completed for each person before the plan.
- The tool and score recorded for every assessment.
- Repeat assessments recorded against the set interval.

COMMON MISTAKES

- A plan agreed first and the assessment completed afterwards.
- An assessment with no named tool, so its result cannot be compared.
- Repeat assessments done only when the person asks.
- Assessment records held in separate files and not linked to the plan.

> **Why it matters.** Substance use treatment starts with knowing what the person uses, how much and how often. A validated screening tool gives a common starting point that can be compared over time.

WHAT THE ASSESSOR CHECKS

Sample. Review assessment records for 20 people who started treatment in the last 6 months.

1 Each person has a substance use assessment dated before the treatment plan.

Method. Check each record for an assessment dated before the plan.

Evidence to show. Substance use assessment record (**SUB-FRM-001**).

Pass when. Every sampled person has an assessment before the plan.

2 The assessment uses a validated screening or assessment tool, and the tool is named.

Method. Check each assessment for the tool named and the score recorded.

Evidence to show. Validated substance use assessment (**SUB-SOP-001**).

Pass when. Every assessment names a validated tool and records a score.

3 The assessment is repeated at the set interval.

Method. Check each record for the repeat assessment dates against the interval.

Evidence to show. Substance use assessment record (**SUB-FRM-001**).

Pass when. Every sampled person has repeat assessment at the set interval.

Pass. The criterion is met when every check above is passed.

Immediate fail. A person starts treatment with no assessment of substance use on file. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
SUB-SOP-001	Validated substance use assessment	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Chief executive (ISCO 1120)
SUB-FRM-001	Substance use assessment record	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the substance use assessment record	Narcology & Addiction Treatment (AMB-21) Essential
Manager (ISCO 1342)	Maintains the validated substance use assessment	Narcology & Addiction Treatment (AMB-21) Essential
Mental health nurse (ISCO 2221)	Responsible for the assessment at the first contact	Narcology & Addiction Treatment (AMB-21) Essential
Clinical psychologist (ISCO 2634)	Supports the assessment where needed	Narcology & Addiction Treatment (AMB-21) Essential
Psychiatrist (ISCO 2212)	Supports the assessment where needed	Narcology & Addiction Treatment (AMB-21) Essential

REFERENCES FOR THIS CRITERION

- WHO (2023). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. https://news.gmj.ge/guideline/mental-health-gap-action-programme-mhgap-guideline-for-mental-neurological-and-substance-use-disorders/
- World Health Organization (2009). Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: WHO. https://news.gmj.ge/guideline/guidelines-for-the-psychosocially-assisted-pharmacological-treatment-of-opioid-dependence/

31.2 Treatment Is Individual and Prescribed by a Licensed Clinician

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine. **Not applicable to:** Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Each person has an individual treatment plan. Where medicines are part of treatment, they are prescribed and monitored by a qualified clinician, following WHO guidance on the treatment of substance use.

Rating rule. Must in every setting. A treatment plan and prescribing by a qualified clinician are never adapted to resources.

GUIDANCE

Treatment for substance use must fit the person. The individual plan sets goals and interventions specific to that person, and it is reviewed with them.

Where a medicine is part of treatment, a licensed clinician prescribes it and records the monitoring for each prescription, following WHO guidance on opioid dependence. Monitoring is checked against the monitoring plan.

> **Good practice.** Every person has an individual plan, every prescribed medicine has its monitoring recorded, and prescribing is by a licensed clinician following WHO guidance.

> **Partial because.** Plans are individual for most people, but some prescriptions have no recorded monitoring, or the prescriber is not licensed for the medicine.

WHAT GOOD LOOKS LIKE

- An individual treatment and prescribing policy (**SUB-POL-001**).
- An individual treatment plan record (**SUB-FRM-002**) for each person.
- Monitoring recorded for every prescribed medicine.
- Prescribing limited to licensed clinicians.

COMMON MISTAKES

- The same plan copied for everyone.
- An opioid medicine prescribed by telephone with no assessment or monitoring.
- Monitoring entries missing for weeks.
- Prescribing delegated to staff who are not licensed to prescribe.

> **Why it matters.** Treatment for substance use must fit the person. A plan built for them, and medicines prescribed by a licensed clinician, keep the treatment safe and effective.

WHAT THE ASSESSOR CHECKS

Sample. Review treatment plans and prescribing records for 20 people, including any given medicines for substance use.

1 Each person has an individual treatment plan.

Method. Check each plan for goals and interventions specific to the person.

Evidence to show. Individual treatment and prescribing (**SUB-POL-001**).

Pass when. Every sampled person has an individual plan.

2 **Monitoring is recorded for each prescribed medicine.**

Method. Check each record for monitoring entries against the monitoring plan.

Evidence to show. Individual treatment plan record (**SUB-FRM-002**).

Pass when. Every prescribed medicine has monitoring recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. A person prescribed an opioid medicine by phone with no monitoring and no individual plan. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
SUB-FRM-002	Individual treatment plan record	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Manager (ISCO 1342)
SUB-POL-001	Individual treatment and prescribing	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the individual treatment and prescribing policy	Narcology & Addiction Treatment (AMB-21) Essential
Nurse (ISCO 2221)	Completes the individual treatment plan record	Narcology & Addiction Treatment (AMB-21) Essential
Psychiatrist (ISCO 2212)	Prescribes and monitors medicines for substance use	Narcology & Addiction Treatment (AMB-21) Essential
Consultant physician (internal medicine) (ISCO 2212)	Supports the prescribing and monitoring	Narcology & Addiction Treatment (AMB-21) Essential

REFERENCES FOR THIS CRITERION

- WHO (2025). Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence. https://news.gmj.ge/guideline/opioid-agonist-maintenance-treatment-as-an-essential-health-service-implementation-guidance-on-mitigating-disruption-of-services-for-treatment-of-opioid-dependence/
- World Health Organization (2009). Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: WHO. https://news.gmj.ge/guideline/guidelines-for-the-psychosocially-assisted-pharmacological-treatment-of-opioid-dependence/

31.3 Harm Reduction Is Available

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine. **Not applicable to:** Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Harm reduction services are available to people who use substances, including access to naloxone, information on safer use, and referral for testing for blood-borne infections.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

People who use substances face serious harm from overdose and infection. The harm reduction services offered are listed in the procedure (**SUB-SOP-002**), so that anyone who needs them knows what is available.

Naloxone is offered to people at risk and each supply is recorded in the naloxone and harm reduction register (**SUB-REG-001**). Each testing offer and referral for blood-borne infections is recorded in the same register.

> **Good practice.** Harm reduction services are listed and available, every person at risk is offered naloxone with the supply recorded, and every testing offer and referral is recorded.

> **Partial because.** Services are listed, but some naloxone offers or testing referrals are not recorded in the register.

WHAT GOOD LOOKS LIKE

- A harm reduction and naloxone procedure (**SUB-SOP-002**) listing the services offered.
- A naloxone and harm reduction register (**SUB-REG-001**) kept for each person.
- A naloxone offer and supply recorded for each person at risk.
- Testing offer and referral recorded for each person.

COMMON MISTAKES

- Naloxone available on the shelf but not offered to people at risk.
- Supplies given with no entry in the register.
- Testing referrals made verbally and not recorded.
- Services listed on paper that the service does not actually provide.

> **Why it matters.** People who use substances face serious harm from overdose and infection. Harm reduction services save lives and bring people into care, and they should be available to anyone who needs them.

WHAT THE ASSESSOR CHECKS

Sample. Review harm reduction records for the last 6 months, including naloxone supply and testing referrals.

1 Harm reduction services are available to people who use substances.

Method. Check the service list for the harm reduction services offered.

Evidence to show. Harm reduction services and naloxone access (**SUB-SOP-002**).

Pass when. Harm reduction services are listed and available.

2 Naloxone is offered and supplied to people at risk, with the supply recorded.

Method. Check the register for each naloxone supply against the offer recorded.

Evidence to show. Naloxone and harm reduction register (**SUB-REG-001**).

Pass when. Every person at risk has a naloxone offer and supply recorded.

3 Referral for testing is offered and recorded.

Method. Check each record for the testing offer and the referral.

Evidence to show. Naloxone and harm reduction register (**SUB-REG-001**).

Pass when. Every testing offer and referral is recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. A person who uses opioids is not offered naloxone or a testing referral. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
SUB-SOP-002	Harm reduction services and naloxone access	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Chief executive (ISCO 1120)
SUB-REG-001	Naloxone and harm reduction register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the harm reduction services and naloxone access	Narcology & Addiction Treatment (AMB-21) Essential
Secretary (ISCO 3344)	Keeps the naloxone and harm reduction register	Narcology & Addiction Treatment (AMB-21) Essential
Mental health nurse (ISCO 2221)	Offers naloxone and testing referral at contact	Narcology & Addiction Treatment (AMB-21) Essential
Social worker (ISCO 2635)	Supports referral and links to community services	Narcology & Addiction Treatment (AMB-21) Essential
Infection prevention and control (IPC) lead	Advises on blood-borne infection testing and referral	Narcology & Addiction Treatment (AMB-21) Essential

REFERENCES FOR THIS CRITERION

- World Health Organization (2025). Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence. https://news.gmj.ge/guideline/opioid-agonist-maintenance-treatment-as-an-essential-health-service-implementation-guidance-on-mitigating-disruption-of-services-for-treatment-of-opioid-dependence/
- World Health Organization (2026). Consolidated guidance on hepatitis B and C prevention, testing, treatment, service delivery and monitoring. https://news.gmj.ge/guideline/consolidated-guidance-on-hepatitis-b-and-c-prevention-testing-treatment-service-delivery-and-monitoring/

31.4 Information About Use Is Confidential

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine. **Not applicable to:** Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Information about a person's substance use is kept confidential. It is shared only with consent or where the duty of confidentiality allows, and each disclosure is recorded. This criterion adds to the record-keeping and confidentiality rules in Standard 1.

Rating rule. Minimum in humanitarian settings. Must in transition and standard settings: information is always kept confidential.

GUIDANCE

A person who uses substances may fear arrest or stigma if their information is shared. Information about substance use is held under confidentiality controls, and access is limited to the staff who need it for care.

Information is disclosed only with the person's consent or where the law requires it. Each disclosure is recorded with the person, the reason and the date in the disclosure log, under the confidentiality policy (**SUB-POL-002**).

> **Good practice.** Every record of substance use information is held under confidentiality controls, and every disclosure is recorded with the person, the reason and the date.

> **Partial because.** Records are held under controls, but some disclosures are not logged, or the reason is not recorded.

WHAT GOOD LOOKS LIKE

- A confidentiality policy for substance use information (**SUB-POL-002**).
- Access controls on every record of substance use information.
- A disclosure log with the person, reason and date of each disclosure.
- Staff trained in confidentiality (T-11).

COMMON MISTAKES

- Information shared with an employer or family without consent or legal basis.
- Disclosures made by telephone and not logged.
- Records left open to staff who do not need them for care.
- Requests from third parties answered without checking consent.

> **Why it matters.** A person who uses substances may fear arrest or stigma if their information is shared. Keeping it confidential, and sharing it only with consent or where the law requires, keeps them coming back to care.

WHAT THE ASSESSOR CHECKS

Sample. Review information-sharing records for 15 people, including any request for information from a third party.

1 Information about substance use is kept confidential.

Method. Check each record for the confidentiality status and the access controls.

Evidence to show. Confidentiality of substance use information (**SUB-POL-002**).

Pass when. Every record is held under confidentiality controls.

2 **Each disclosure is recorded with the person, the reason and the date.**

Method. Check the disclosure log for each entry.

Evidence to show. Confidentiality of substance use information (**SUB-POL-002**).

Pass when. Every disclosure is recorded with its reason and date.

Pass. The criterion is met when every check above is passed.

Immediate fail. A person's substance use disclosed to an employer without consent. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
SUB-POL-002	Confidentiality of substance use information	Chief executive (ISCO 1120)	Governing body members	Chief executive (ISCO 1120)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the confidentiality of substance use information	Records, Confidentiality and Data Protection (T-11) Essential
Data protection officer	Advises on disclosures and the access controls	Records, Confidentiality and Data Protection (T-11) Essential
Mental health nurse (ISCO 2221)	Applies the confidentiality rules in daily care	Records, Confidentiality and Data Protection (T-11) Essential

REFERENCES FOR THIS CRITERION

- WHO (2025). Global standards for quality health care services for adolescents. https://news.gmj.ge/guideline/global-standards-for-quality-health-care-services-for-adolescents/

31.5 Discharge Is Planned With Links to Community Support

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 5 of 9 facility types: Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine. **Not applicable to:** Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

> **Criterion.** Discharge and transfer are planned in advance, with referral to community support, and with a relapse plan agreed with the person.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

Leaving treatment without a link to community support is a common reason for relapse. Each discharge or transfer is planned in advance, and the plan is dated before the discharge date.

A relapse plan is agreed with the person and recorded on the discharge and relapse plan record (**SUB-FRM-003**), together with the community support the person has been referred to.

> **Good practice.** Each discharge is planned in advance with community referral, and every sampled person leaves with a relapse plan that they agreed and that is recorded.

> **Partial because.** Most discharges are planned, but some relapse plans are not agreed with the person, or referrals are not recorded.

WHAT GOOD LOOKS LIKE

- A discharge, community support and relapse plan procedure (**SUB-SOP-003**).
- A discharge and relapse plan record (**SUB-FRM-003**) for each person.
- Referral to community support recorded before discharge.
- Relapse plan agreed and signed with the person.

COMMON MISTAKES

- A person discharged with no referral and no plan.
- A relapse plan written by staff and never discussed with the person.
- Plans dated after the discharge.
- Referral letters sent but not followed up.

> **Why it matters.** Leaving treatment without a link to community support is a common reason for relapse. A planned discharge with referrals keeps the person connected after the service ends.

WHAT THE ASSESSOR CHECKS

Sample. Review discharge and transfer records for 15 people who left treatment in the last 6 months.

1 Discharge or transfer is planned in advance.

Method. Check each record for the plan dated before the discharge date.

Evidence to show. Discharge, community support and relapse plan (**SUB-SOP-003**).

Pass when. Every sampled discharge has a plan dated before it.

2 A relapse plan is agreed with the person and recorded.

Method. Check each record for the relapse plan and the person's agreement.

Evidence to show. Discharge and relapse plan record (**SUB-FRM-003**).

Pass when. Every sampled person has a relapse plan agreed and recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. A person discharged from treatment with no community referral and no relapse plan. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
SUB-SOP-003	Discharge, community support and relapse plan	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Chief executive (ISCO 1120)
SUB-FRM-003	Discharge and relapse plan record	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Secretary (ISCO 3344)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the discharge, community support and relapse plan	Narcology & Addiction Treatment (AMB-21) Essential
Nurse (ISCO 2221)	Completes the discharge, community support and relapse plan record	Narcology & Addiction Treatment (AMB-21) Essential
Social worker (ISCO 2635)	Makes the community referral	Narcology & Addiction Treatment (AMB-21) Essential
Mental health nurse (ISCO 2221)	Agrees the relapse plan with the person	Narcology & Addiction Treatment (AMB-21) Essential
Family physician (GP) lead (ISCO 2211)	Receives the discharge plan for ongoing care	Narcology & Addiction Treatment (AMB-21) Essential

REFERENCES FOR THIS CRITERION

- World Health Organization (2025). Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence. https://news.gmj.ge/guideline/opioid-agonist-maintenance-treatment-as-an-essential-health-service-implementation-guidance-on-mitigating-disruption-of-services-for-treatment-of-opioid-dependence/
- World Health Organization (2009). Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: WHO. https://news.gmj.ge/guideline/guidelines-for-the-psychosocially-assisted-pharmacological-treatment-of-opioid-dependence/

10 Questions and answers

The criterion text is the authority. These answers summarise it.

Who does Standard 31 apply to?
Services that assess and treat substance use and addiction, including outpatient and inpatient treatment and the prescribing and harm reduction services that go with it.

Do I need to meet every criterion in Standard 31?
Yes. Every criterion has its own pass rule and its own immediate-fail rule. A failure on any one criterion means that criterion is not met.

What is an immediate fail?
An immediate fail is one event or finding that means a criterion is not met, even if everything else in that criterion is in place. For example, a person starts treatment with no assessment of substance use on file.

What do the colours mean for this standard?
Red (Must) is required. Yellow (Medium) is required, adapted to what a transition setting can realistically do. Green (Minimum) is the lowest acceptable level in humanitarian settings. In standard settings every criterion is Must.

Is a validated tool required for every person?
Yes. Under 31.1 each person has a documented assessment of their substance use with a validated screening or assessment tool before a treatment plan is agreed.

Who can prescribe treatment medicines?
Under 31.2 treatment is individual and prescribed by a licensed clinician, and monitoring is recorded for each prescribed medicine.

Is naloxone part of the service?
Under 31.3 harm reduction is available, including naloxone offer and supply, recorded in the naloxone and harm reduction register.

Can information about a person's substance use be shared?
Under 31.4 information is kept confidential and shared only with consent or where the duty of confidentiality allows. Each disclosure is recorded.

What happens when a person leaves treatment?
Under 31.5 discharge is planned in advance, with community referral and a relapse plan agreed with the person.

Do I have to use the documents on this page?
No. The policies, SOPs, forms and registers are drafts to help you. Adapt them to your service, write your own, or upload your own. What the assessor checks is that the criterion is met and that you can show how.

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Narcology & Addiction Treatment (AMB-21)	Manager; Nurse	None	31.1, 31.2, 31.3, 31.5	GMJ Academy, course code AMB-21
Records, Confidentiality and Data Protection (T-11)	Manager; Nurse	None	31.4	GMJ Academy, course code T-11

12 References

CITED FOR CRITERIA

1. WHO (2023). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. https://news.gmj.ge/guideline/mental-health-gap-action-programme-mhgap-guideline-for-mental-neurological-and-substance-use-disorders/ (criterion 31.1)
2. World Health Organization (2009). Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: WHO. https://news.gmj.ge/guideline/guidelines-for-the-psychosocially-assisted-pharmacological-treatment-of-opioid-dependence/ (criterion 31.2, 31.3, 31.5)
3. World Health Organization (2025). Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence. https://news.gmj.ge/guideline/opioid-agonist-maintenance-treatment-as-an-essential-health-service-implementation-guidance-on-mitigating-disruption-of-services-for-treatment-of-opioid-dependence/ (criterion 31.2, 31.3, 31.5)
4. World Health Organization (2026). Consolidated guidance on hepatitis B and C prevention, testing, treatment, service delivery and monitoring. https://news.gmj.ge/guideline/consolidated-guidance-on-hepatitis-b-and-c-prevention-testing-treatment-service-delivery-and-monitoring/ (criterion 31.3)
5. WHO (2025). Global standards for quality health care services for adolescents. https://news.gmj.ge/guideline/global-standards-for-quality-health-care-services-for-adolescents/ (criterion 31.4)

13 Document register

Every document code used in Standard 31, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	What it is for	Criteria
SUB-SOP-001	Validated substance use assessment	Procedure (SOP)	To name the validated tools and set how each person is assessed before treatment.	31.1
SUB-FRM-001	Substance use assessment record	Form (record)	To record each assessment, the tool used, the score and the repeat dates.	31.1
SUB-POL-001	Individual treatment and prescribing	Policy	To set individual treatment planning and prescribing by a licensed clinician, with monitoring.	31.2
SUB-FRM-002	Individual treatment plan record	Form (record)	To record each individual plan and the monitoring of each prescribed medicine.	31.2
SUB-SOP-002	Harm reduction services and naloxone access	Procedure (SOP)	To list the harm reduction services and set how naloxone is offered and supplied.	31.3
SUB-REG-001	Naloxone and harm reduction register	Register	To record each naloxone offer and supply, and each testing offer and referral.	31.3
SUB-POL-002	Confidentiality of substance use information	Policy	To set how substance use information is kept confidential and how disclosures are made and recorded.	31.4
SUB-SOP-003	Discharge, community support and relapse plan	Procedure (SOP)	To set how discharge and transfer are planned, with community referral and a relapse plan.	31.5
SUB-FRM-003	Discharge and relapse plan record	Form (record)	To record the discharge plan, the community referral and the relapse plan agreed with the person.	31.5