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Structured questionnaire 27 – Part 1 Treatment programmes

1. Methodological information

1.1. Introduction

Ensure the availability of, and access to, targeted and diversified treatment and improve the quality of treatment is addressed in the current EU Drugs action plan 2009–12, specifically in Objectives 7 to 10, and in the Council Recommendation of 18 June 2003.

Both instruments call on Member States to develop a range of diversified services and facilities aiming at providing evidence-based treatment options corresponding to the demand for treatment.

The tasks of the EMCDDA comprise the monitoring of the state of the drugs problem and of the responses to drug-related problems, including drug treatment. The Centre is furthermore charged with the development of tools and instruments to facilitate the Member States' and the Commission's monitoring and evaluation of their respective drugs policies.

Objectives

This structured questionnaire on drug treatment addresses the policies and interventions Member States have established to provide evidence-based drug treatment. It is aimed at collecting data through which a European synopsis of the policies and organisational framework of drug treatment can be drawn up, and an overview of availability, accessibility and diversification of treatment can be provided

Questionnaire Structure

Treatment Programmes

A – Information on the organisation of drug treatment

- Policy framework
- Treatment provision
- Treatment costs

B – Information on availability and diversification of drug treatment

- Treatment by target group
- Treatment in prison
- Treatment waiting times
- Opioid substitution treatment provision

Definitions:

Detoxification

Detoxification is a medically supervised intervention to resolve withdrawal symptoms. Usually it is combined with some psychosocial interventions for continued care. Detoxification could be provided as inpatient as well as a community-based outpatient programme.

Drug substitution treatment/maintenance therapy

Treatment of drug dependence by prescription of a substitute drug (agonists and antagonists) for which cross-dependence and cross-tolerance exists, with the goal to reduce or eliminate the use of a particular

substance, especially if it is illegal, or to reduce harm from a particular method of administration, the attendant dangers for health (e.g. from needle sharing), and the social consequences. (Demand Reduction – A Glossary of terms, UNDCP, no year)

In-patient treatment

In-patient treatment is treatment in which the patient spends the night in the treatment centre.

Outpatient treatment

Outpatient treatment is treatment where the patient does not spend the night at the premises.

Psychosocial interventions

Psychosocial interventions include structured counselling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention.

Quality assurance

Quality assurance can be defined as a system of procedures, checks, audits and corrective actions to ensure that a service and reporting activities are of the highest achievable quality (Last, 1995). Quality assurance can be implemented as a more or less formal control measure and with a higher or lower level of reporting through providers and public control institutions. Among the most traditional measures are quality standards and guidelines, evaluation (monitoring) and training of staff.

Quality guidelines

Guidelines are systematically developed statements to assist practitioners and patient decisions about appropriate interventions for specific circumstances. (see also Field and Lohr, 1990)¹. Commonly guidelines include a set of recommendations or steps that can be followed when implementing an intervention. For example, quality guidelines for treatment may refer to treatment processes e.g. guidance for binding levels of assessment, individual treatment planning, informed consent, pathways of care, referrals. They may also include evaluation processes that refer e.g. to binding documentation (entry/discharge), retention, supervision, evaluation of client satisfaction, staff satisfaction, outcomes. The content of guidelines are commonly based on the available research evidence. Quality guidelines can range from those that include general recommendations up to mandatory guidelines in the framework of authorisation of services. Other terms used are: practice guidance, clinical guidelines, guides, practice recommendations

⁽¹⁾ Field, M.J., Lohr, K.N. (Eds), Guidelines for clinical practice: from development to use, Institute of Medicine, Washington, D.C., National Academy Press, 1992

Social reintegration

Social reintegration is an intervention which aims at integrating the client into the society through either education, work or housing. Traditionally, social reintegration was seen as an intervention subsequent to the (successful) completion of a treatment process, but increasingly it is considered an intervention which might be applied at any stage of a treatment process.

Treatment

Same as in the TDI protocol: "Drug treatment is defined as any activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, medical or social state of those who seek help for their drug problem"

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1.2. Internal identification

1.2.1 - EMCDDA data collection year:

1.3. Report identification by NFP

1.3.1 - Country:

1.3.2 - Year of data:

1.3.3 - Name of the person submitting this structured questionnaire:

1.3.4 - Institutional affiliation:

1.3.5 - E-mail address:

1.3.6 - Other experts involved in providing information for this structured questionnaire and period the expert opinion was gathered.

2. A: Information on the organisation of drug treatment

Policy framework

2.1. Does your national drug strategy or action plan include a treatment-specific section?

2.1.1 - Does your national drug strategy or action plan include a treatment-specific section?

Yes

No

No information

2.1.2 – Comments:

2.2. - Are there additional and separate strategies⁽²⁾ for drug-related treatment in your country, beyond the national drug strategy or action plan?

⁽²⁾ Written description of a policy approach. These strategies can, for example, concern cocaine or cannabis treatment or target specific groups.

2.2.1 - Are there additional and separate strategies for drug-related treatment in your country, beyond the national drug strategy or action plan?

Yes

No

No information

2.3. - If you answered yes to question 2.2.1, please provide the references to these separate strategies:

2.3.1 - References to separate treatment strategies:

	Title/reference	Year adopted	URL
1			
2			
3			
4			
5			

2.3.2 – Comments:

2.4. - Please list main treatment-related objectives laid down and specific targets that are defined in the national drug strategy and, if applicable, in separate strategies. For each objective / target please indicate the sources/reference.

2.4.1 - Objective, target, reference 1

Objective	
Target	
Reference	

2.4.2 - Objective, target, reference 2

Objective	
Target	
Reference	

2.4.3 - Objective, target, reference 3

Objective	
Target	
Reference	

2.4.4 - Objective, target, reference 4

Objective	
Target	
Reference	

2.4.5 - Objective, target, reference 5

Objective	
Target	
Reference	

2.4.6 - Objective, target, reference 6

Objective	
Target	
Reference	

2.4.7 - Objective, target, reference 7

Objective	
Target	
Reference	

2.4.8 - Objective, target, reference 8

Objective	
Target	
Reference	

2.4.9 - Objective, target, reference 9

Objective	
Target	
Reference	

2.4.10 - Objective, target, reference 10

Objective	
Target	
Reference	

2.4.11 – Comments:

2.5. Are there specifically defined sub-national⁽³⁾ strategies for drug-related treatment?

⁽³⁾ Countries, municipalities or other regional breakdowns.

2.5.1 - Are there sub-national drug-related treatment strategies?

Yes
 No
 No information

2.5.2 – Comments:

2.6. If you answered yes to question 2.5.1, please provide details on the character of those, e.g. geographical scope, specific topics, etc.

2.6.1 - Details of sub-national strategies:

Treatment provision

2.7. Which institutions or organisations provide treatment in the following main areas of drug treatment?

Please answer Yes, No, No information to whether an institution/organization provides the treatment modalities listed below or leave blank if not applicable in your country.

Subsequently rank the importance of the provider (YES answer) and leave the rest blank .

Please rank the importance of the providers according to the number of individual clients reached/treatment episodes and not according to funding

For the **ranking please mark:**

- 1** - for the most important (highest number of clients reached/treatment episodes)
- 2** - for the second most important (second highest)
- 3** - for the third most important, etc. (etc)

In case the importance of provision for several providers is equal, please report equal rankings for each provider.

Psychosocial outpatient⁽⁴⁾ interventions

⁽⁴⁾ Outpatient corresponds to treatment where the client does not spend the night at the premises.

2.7.1 - Which institutions or organisations provide **psychosocial out-patient treatment:**

	Yes/No/No information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners ⁽⁵⁾	
Private clinics or other commercial providers	
Other organisations (specify below which)	

⁽⁵⁾ GPs refers to office-based medical doctors who practice outside specialist drug treatment centres.

2.7.2 - Please rank the importance of the provider in the delivery of **psychosocial out-patient treatment:**

	Ranking (1 - 5) or no information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.3 - Please provide the share of clients receiving **psychosocial out-patient treatment** according to each provider (should add up to 100%):

	Share (%) or no information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.4 - Specify other organisation(s) providing psychosocial out-patient interventions:

Psychosocial in-patient⁽⁶⁾ interventions

⁽⁶⁾ In-patient corresponds to treatment where the client spends the night at the treatment centre.

2.7.5 - Which institutions or organisations provide **psychosocial in-patient treatment**:

	Yes/No/No information
Public institutions/bodies	
Non-governmental organisations	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.6 - Please rank the importance of the provider in the delivery of **psychosocial in-patient treatment**:

	Ranking (1 - 4) or no information
Public institutions/bodies	
Non-governmental organisations	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.7 - Please provide the share of clients receiving **psychosocial in-patient treatment** according to each provider (should add up to 100%):

	Share (%) or no information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.8 - Specify other organisation(s) providing psychosocial in-patient interventions:

Detoxification

2.7.9 - Which institutions or organisations provide **detoxification**:

	Yes/No/No information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.10 - Please rank the importance of the provider in the delivery of **detoxification**:

	Ranking (1 - 5) or no information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.11 - Please provide the share of clients receiving **detoxification** according to each provider (should add up to 100%):

	Share (%) or no information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.12 - Specify other organisation(s) providing detoxification:

Substitution/maintenance treatment

2.7.13 - Which institutions or organisations provide **substitution/maintenance treatment**:

	Yes/No/No information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.14 - Please rank the importance of the provider in the delivery of **substitution/maintenance treatment**:

	Ranking (1 - 5) or no information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.15 - Please provide the share of clients receiving **substitution/maintenance treatment** according to each provider (should add up to 100%):

	Share (%) or no information
Public institutions/bodies	
Non-governmental organisations	
General Practitioners	
Private clinics or other commercial providers	
Other organisations (specify below which)	

2.7.16 - Specify other organisation(s) providing substitution/maintenance treatment:

2.7.17 - Comments:

Treatment costs

2.8. Please specify if drug users have to make an own financial contribution to their treatment costs or if the treatment is always provided free of costs.

If payment is required, indicate conditions, average size of the contribution (per day in Euros), exemptions according to the relevant treatment providers reported in questions 2.7:

2.8.1 - Out-patient psychosocial treatment costs for the user:

2.8.2 - In-patient psychosocial treatment costs for the user:

2.8.3 - Detoxification costs for the user:

2.8.4 - Substitution/maintenance treatment costs for the user (please specify the cost for the medication and for the consultation):

2.8.5 - Comments:

2.9. - Please provide sources/references to the information provided in section A:

2.9.1 - Sources and references to section A:

3. B: Information on availability and diversification of drug treatment

3.1. Please assess the current availability of the treatment interventions below in relation to the user needs, judging the degree to which treatment capacity matches the demand ⁽⁷⁾:

⁽⁷⁾ Because not all drug users seek treatment at all times in their career, this expert opinion/estimation should be based on those who actively seek treatment.

3.1.1 - Current availability of **psychosocial out-patient** interventions:

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.1.2 - Current availability of **psychosocial in-patient** interventions:

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.1.3 - Current availability of **detoxification**:

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.1.4 - Current availability of **substitution/maintenance** treatment:

- Full: nearly all persons in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.1.5 Please indicate the methodology used to produce the ratings in the questions above

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.1.6 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.1.7 - Comments

Treatment by target group

3.2. - Please assess the current availability of treatment programmes for the following target groups in relation to the needs:

Use the following rating scale:

Full: nearly all persons in need would obtain it

Extensive: a majority but not nearly all of them would obtain it

Limited: more than a few but not a majority of them would obtain it

Rare: just a few of them would obtain it

If treatment programmes are currently not available, please refer if they are planned for the next three years.

Please provide one or more example(s) of such programmes.

Opioid users

3.2.1 - Are specific treatment programmes for **problem opioid users** available?

- Yes
- No
- No information

3.2.2 - If **yes**: in relation to the needs the availability is [opioid]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.3 - If **no**: are those planned for the next three years [opioid]?

- Yes
- No
- No information

3.2.4 - Example(s) of specific treatment programmes [opioid]:

Cocaine users

3.2.5 - Are specific treatment programmes for **problem cocaine users** available?

- Yes
- No
- No information

3.2.6 - If **yes**: in relation to the needs the availability is [cocaine]:

- Full

- Extensive
- Limited
- Rare
- No information

3.2.7 - If **no**: are those planned for the next three years [cocaine]?

- Yes
- No
- No information

3.2.8 - Example(s) of specific treatment programmes [cocaine]:

3.2.9 – For those individuals **not in specific treatment programmes but receiving treatment for their cocaine problem** (e.g. those reported into the TDI), please describe the key features of the treatment the majority of them is receiving (e.g. providers, type of treatment, setting).

Cannabis users

3.2.10 - Are specific treatment programmes for **problem cannabis users** available?

- Yes
- No
- No information

3.2.11 - If **yes**: in relation to the needs the availability is [cannabis]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.12 - If **no**: are those planned for the next three years [cannabis]?

- Yes
- No
- No information

3.2.13 - Example(s) of specific treatment programmes [cannabis]:

3.2.14 – For those individuals **not in specific treatment programmes but receiving treatment for their cannabis problem** (e.g. those reported into the TDI), please describe the key features of the treatment the majority of them is receiving (e.g. providers, type of treatment, setting).

Amphetamine users

3.2.15 - Are specific treatment programmes for **problem amphetamine users** available?

- Yes
- No
- No information

3.2.16 - If **yes**: in relation to the needs the availability is [amphetamine]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.17 - If **no**: are those planned for the next 3 years [amphetamine]?

- Yes
- No
- No information

3.2.18 - Example(s) of specific treatment programmes [amphetamine]:

3.2.19 – For those individuals **not in specific treatment programmes but receiving treatment for their amphetamine problem** (e.g. those reported into the TDI), please describe the key features of the treatment the majority of them is receiving (e.g. providers, type of treatment, setting).

Benzodiazepine users

3.2.20 - Are specific treatment programmes for **problem benzodiazepine users** available?

- Yes
- No
- No information

3.2.21 - If **yes**: in relation to the needs the availability is [benzodiazepine]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.22 - If **no**: are those planned for the next 3 years [benzodiazepine]?

- Yes
- No
- No information

3.2.23 - Example(s) of specific treatment programmes [benzodiazepine]:

3.2.24 – For those individuals **not in specific treatment programmes but receiving treatment for their benzodiazepine problem (e.g. those reported into the TDI)**, please describe the key features of the treatment the majority of them is receiving (e.g. providers, type of treatment, setting).

Gender-specific

3.2.25 - **Gender-specific** treatment programmes are available?

- Yes

- No
- No information

3.2.26 - If **yes**: in relation to the needs the availability is [gender-specific]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.27 - If **no**: are those planned for the next 3 years [gender-specific]?

- Yes
- No
- No information

3.2.28 - Example(s) of specific treatment programmes [gender-specific]:

Children and adolescents

3.2.29 - Are specific treatment programmes for **children and adolescents** available?

- Yes
- No
- No information

3.2.30 - If **yes**: in relation to the needs the availability is [children and adolescents]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.31 - If **no**: are those planned for the next 3 years [children and adolescents]?

- Yes
- No
- No information

3.2.32 - Example(s) of specific treatment programmes [children and adolescents]:

3.2.33 – For **those under-aged not in specific treatment programmes but receiving treatment for their drug problem**, please describe the key features of the treatment the majority of them is receiving (e.g. providers, type of treatment, setting).

Co-morbidity

3.2.34 - Are there specific treatment programmes for **clients with dual-diagnosis** available?

- Yes
- No
- No information

3.2.35 - If **yes**: in relation to the needs the availability is [dual-diagnosis]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.36 - If **no**: are those planned for the next 3 years [dual-diagnosis]?

- Yes
- No
- No information

3.2.37 - Example(s) [dual-diagnosis]:

3.2.38 – For those individuals **with dual diagnosis not in specific treatment programmes but receiving treatment for their drug problem**, please describe the key features of the treatment the majority of them is receiving (e.g. providers, type of treatment, setting).

Ethnic groups

3.2.39 - Are there treatment programmes for **ethnic groups** available?

- Yes
- No
- No information

3.2.40 - If **yes**: in relation to the needs the availability is [ethnic groups]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.41 - If **no**: are those planned for the next 3 years [ethnic groups]?

- Yes
- No
- No information

3.2.42 - Example(s) of specific treatment programmes [ethnic groups]:

Undocumented migrant⁽⁸⁾ drug users

⁽⁸⁾ Migrant drug users who do not have the needed documents, as for permission to live or work in your country.

3.2.43 - Are there specific treatment programmes for **undocumented migrant drug users** available?

- Yes

- No
- No information

3.2.42 - If **yes**: in relation to the needs the availability is [undocumented migrant drug users]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.44 - If **no**: are those planned for the next 3 years [undocumented migrant drug users]?

- Yes
- No
- No information

3.2.45 - Example(s) of specific treatment programmes [undocumented migrant drug users]:

Other groups

Please specify which below.

3.2.47 - Specify **other group 1**:

3.2.48 - Are there treatment programmes for **other group 1** available?

- Yes
- No
- No information

3.2.49 - If **yes**: in relation to the needs the availability is [other group 1]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.50 - Specify **other group 2**:

3.2.51 - Are there treatment programmes for **other group 2** available?

- Yes
- No
- No information

3.2.52 - If **yes**: in relation to the needs the availability is [other group 2]:

- Full
- Extensive
- Limited

- Rare
- No information

3.2.53 - Specify **other group 3**:

3.2.54 - Are there treatment programmes for **other group 3** available?

- Yes
- No
- No information

3.2.55 - If **yes**: in relation to the needs the availability is [other group 3]:

- Full
- Extensive
- Limited
- Rare
- No information

3.2.56 - If **no**: are those planned for the next 3 years [other groups]?

- Yes
- No
- No information

3.2.57 - Example(s) of treatment programmes [other groups]:

3.2.58 Please indicate the methodology used to produce the ratings in the questions above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.2.59 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.2.60 - General comment on section 3.2 assessing current availability of treatment programmes for specific target groups:

Availability of drug-related treatment in prison

3.3. Please assess the current availability of drug-related treatment⁽⁹⁾ in relation to the needs among prisoners with drug problems, judging the degree to which service capacity matches the demand:

(9) Because not all imprisoned drug users seek drug treatment, this expert opinion/estimation should be based on those who actively seek treatment.

3.3.1 Current availability of **Low intensity drug treatment (incl. counselling)** in prisons:

- Full: nearly all prisoners in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.3.2 Please indicate which institutions or organisations provide **Low intensity drug treatment** ranking them **according to the number of prisoners reached**. In case providers are equally important, please give same rankings to each of them.

For the **ranking please mark:**

1 - for the most important (highest number of clients reached/treatment episodes)

2 - for the second most important (second highest)

3 - for the third most important, etc. (etc)

and indicate n.a. if not applicable

Provider of Low intensity drug treatment:	Ranking (1 - 5) , not applicable, or no information
Prison health service	
Community-based public health service	
Community-based non governmental organisations (prison 'in-reach' model)	
Mixed teams, including prison health staff and external specialists on part-time contracts with prison health service ('import-model')	
Other organisations (specify below which)	

3.3.3 - Specify which other organisation(s):

3.3.4– Current availability of **Medium/high intensity drug-free treatment (incl. in prison TCs, specific prison treatment wards)** in prisons:

- Full: nearly all prisoners in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.3.5 Please indicate which institutions or organisations provide **Medium/high intensity drug-free treatment in prisons** ranking them **according to the number of prisoners reached**. In case providers are equally important, please give same rankings to each of them.

For the **ranking please mark:**

1 - for the most important (highest number of clients reached/treatment episodes)

2 - for the second most important (second highest)

3 - for the third most important, etc. (etc)

and indicate n.a. if not applicable

Provider of Medium/high intensity drug-free treatment in prisons:	Ranking (1 - 5), not applicable, or no information

Prison health service	
Community-based public health service	
Community-based non governmental organisations (prison 'in-reach' model)	
Mixed teams, including prison health staff and external specialists on part-time contracts with prison health service ('import-model')	
Other organisations (specify below which)	

3.3.6 - Specify which other organisation(s):

3.3.7 - Comments:

3.3.8 Please indicate the methodology used to produce the ratings in the questions above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.3.9 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.4. - Does your national legal or regulatory framework allow the initiation of opioid substitution treatment⁽¹⁰⁾ in prisons (excluding detoxification)?

(10) medium and long-term maintenance therapy

3.4.1 - Is the **initiation** of opioid substitution treatment in prison allowed?

- Yes
- No
- No information

3.4.2 - If Yes, since when:

3.5. - Does your national legal or regulatory framework allow the continuation of opioid substitution treatment in prisons if the prisoner is already under such treatment in the community?

3.5.1 - Is the **continuation** of opioid substitution treatment in prison allowed?

- Yes
- No
- No information

3.5.2 - If Yes, since when:

3.6. - Please assess the current availability of medium/longterm opioid maintenance treatment in the prison system:

3.6.1 Please assess the current availability of medium/longterm opioid maintenance treatment in the prison system

- Full: nearly all prisoners in need would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- Not available
- No information

3.6.2 Please indicate which institutions or organisations provide medium/longterm opioid maintenance in prisons ranking them **according to the number of prisoners reached**. In case providers are equally important, please give same rankings to each of them.

For the **ranking please mark:**

1 - for the most important (highest number of clients reached/treatment episodes)

2 - for the second most important (second highest)

3 - for the third most important, etc. (etc)

and indicate n.a. if not applicable

Provider of medium/longterm opioid maintenance in prisons:	Ranking (1 - 5), not applicable, or no information
Prison health service	
Community-based public health service	
Community-based non governmental organisations (prison 'in-reach' model)	
Mixed teams, including prison health staff and external specialists on part-time contracts with prison health service ('import-model')	
Other organisations (specify below which)	

3.6.3 - Specify which other organisation(s):

3.6.4 - Comments:

3.6.5 Please indicate the methodology used to produce the ratings in the questions above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.6.6 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.6.7 - Comments:

Treatment waiting times

3.7. - How usual is it for clients to have to wait before starting? ⁽¹¹⁾

(11) Treatment in a given treatment centre starts as soon as a client begins a formalised face-to-face contact with the treatment provider.

Detoxification (any drugs)

3.7.1 - Between first contact and start of treatment the national average waiting time is (**detoxification**):

- No waiting time
- < 2 weeks
- Between 2 weeks and 1 month
- > 1 month
- No information

3.7.2 – If more than 1 month, please provide the national average waiting time:

3.7.3 - If there is a waiting time, please **specify** the **reason** [detoxification]:

- Limited availability/resources
- Formal procedural reasons (= waiting time is due to administrative procedures, e.g. funding application at health insurance etc)
- Other (Please specify below)
- No information

3.7.4 - Specify **other** waiting reason [detoxification]:

3.7.5 - Specify if there are regional differences and the reasons for these regional differences in waiting time for detoxification.

Substitution/maintenance treatment (opioids)

3.7.6 - Between first contact and start of treatment the national average waiting time is (opioids):

- No waiting time
- < 2 weeks
- Between 2 weeks and 1 month
- > 1 month and < 6 months
- => 6 months
- No information

3.7.7 – If more than 6 months, please provide the national average waiting time:

3.7.8 - If there is a waiting time, please **specify** the **reason** [substitution/maintenance treatment (opioids)]:

- Limited availability/resources
- Formal procedural reasons (= waiting time is due to administrative procedures, e.g. funding application at health insurance etc)
- Other (Please specify below)
- No information

3.7.9 - Specify **other** waiting reason [**substitution/maintenance** treatment (opioids)]:

3.7.10 - Specify if there are regional differences and the reasons for these regional differences in waiting time for substitution/maintenance.

Psychosocial outpatient treatment (any drugs)

3.7.11 - Between first contact and start of treatment the national average waiting time is (outpatient):

- No waiting time
- < 2 weeks
- Between 2 weeks and 1 month
- > 1 month

No information

3.7.12 – If more than 1 month, please provide the national average waiting time:

3.7.13 - If there is a waiting time, please **specify** the **reason** [psychosocial out-patient treatment (any drugs)]:

- Limited availability/resources
- Formal procedural reasons (= waiting time is due to administrative procedures, e.g. funding application at health insurance etc)
- Other (Please specify below)
- No information

3.7.14 - Specify **other** waiting reason [psychosocial **out-patient** treatment (any drugs)]:

3.7.15 - Specify if there are regional differences and the reasons for these regional differences in waiting time for psychosocial out-patient treatment.

Psychosocial in-patient treatment (any drugs)

3.7.16 - Between first contact and start of treatment the national average waiting time is (inpatient):

- No waiting time
- < 2 weeks
- Between 2 weeks and 1 month
- > 1 month
- No information

3.7.17 – If more than 1 month, please provide the national average waiting time:

3.7.18 - If there is a waiting time, please **specify** the **reason** [psychosocial in-patient treatment (any drugs)]:

- Limited availability/resources
- Formal procedural reasons (= waiting time is due to administrative procedures, e.g. funding application at health insurance etc)
- Other (Please specify below)
- No information

3.7.19 - Specify **other** waiting reason [psychosocial **in-patient** treatment (any drugs)]:

3.7.20 - Specify if there are regional differences and the reasons for these regional differences in waiting time for psychosocial in-patient treatment.

Opioid substitution treatment provision

3.8 - Legal framework for opioid substitution treatment.

Please refer to the Statistical Bulletin 2010, Table HSR-2 and check whether the information already available to the EMCDDA is still valid and correct.

Should changes have occurred please provide the details in the following comment box.

3.8.1 Amendments of the legal framework for OST.

3.9. - Under what conditions can clients in substitution treatment take home doses of the substitution substance (see questions 3.7.1 and 3.7.2):

Please check [ELDD](#) entry on 'take home' laws and provide update on legal changes, if necessary.

3.9.1 - What are the **conditions** of taking substitution substance doses home?

Please specify whether other 'take home' regulations exist, e.g. medical guidelines:

3.9.2 - Other 'take home' regulations:

3.10. - Please assess the availability of psychosocial support to clients in substitution/maintenance treatment in your country?

3.10.1 - Availability of **psychosocial support** to clients in substitution/maintenance treatment:

- Full: nearly all persons in substitution treatment would obtain it
- Extensive: a majority but not nearly all of them would obtain it
- Limited: more than a few but not a majority of them would obtain it
- Rare: just a few of them would obtain it
- No information

3.10.2 Please indicate the methodology used to produce the ratings in the question above.

- Expert consensus
- Outcomes from published research/studies
- Results from grey sources (activity reports from service providers, national expert meetings and conferences)
- Other

3.10.3 – Methodological comments (e.g. the number of experts consulted, use of focus groups, estimation procedures used, etc)

3.10.4 - Please provide an estimate of the proportion of clients in OST who actually receive psychosocial support.

3.10.5 - Comments

3.11. - Please provide sources/references to the information provided in section B:

3.11.1 - Sources and references to section B:

Thank you for providing this information!



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Structured Questionnaire 27 - Part 2 Treatment Quality Assurance

1. Methodological information

1.1. Introduction

Ensure the availability of, and access to, targeted and diversified treatment and improve the quality of treatment is addressed in the current EU Drugs Action Plan 2009 – 2012, specifically in Objective 7 – Action 13 and Objective 8 - Actions 17 and 19, and in the Council Recommendation of 18 June 2003.

Both instruments call on Member States to develop a range of diversified services and facilities aiming at providing evidence-based treatment options corresponding to the demand for treatment.

The tasks of the EMCDDA comprise the monitoring of the state of the drugs problem and of the responses to drug related problems, including drug treatment. The Centre is furthermore charged with the development of tools and instruments to facilitate the Member States' and the Commission's monitoring and evaluation of their respective drugs policies.

Objectives

This structured questionnaire aims to collect data through which the measures that countries have taken to achieve and maintain a high quality of treatment service provision can be documented.

Questionnaire Structure

A – Treatment Guidelines

B – Monitoring and Evaluation

C – Development, Dissemination and Implementation of “Best Practice”

Definitions:

Pharmacological treatment

Pharmacological treatment covers both substitution treatment with agonists (methadone, buprenorphine, dihydrocodeine, heroin, slow-release morphine) and other pharmacological treatments (e.g. with antagonists such as naltrexone) which is targeted at the drug use itself (not anti-depressives and benzodiazepines).

- Inpatient treatment: treatment in which the patient spends the night in the treatment centre.
- Outpatient treatment: treatment where the patient does not spend the night at the premises.

Psychosocially assisted treatment

Psychosocially assisted pharmacological treatment refers to the combination of specific pharmacological and psychosocial measures used to reduce both illicit opioid use and harms related to opioid use and improve quality of life (WHO 2009, “Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence”).

Psychosocial treatment

Any psychosocial intervention (without pharmacological treatment associated) carried out in a therapeutic context at an individual, family or group level. Psychosocial interventions include structured counselling,

motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention (WHO 2009, "Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence").

Quality assurance

Quality assurance can be defined as a system of procedures, checks, audits and corrective actions to ensure that a service and reporting activities are of the highest achievable quality (Last, 1995). Quality assurance can be implemented as a more or less formal control measure and with a higher or lower level of reporting through providers and public control institutions. Among the most traditional measures are quality standards and guidelines, evaluation (monitoring) and training of staff.

Quality guidelines

Guidelines are systematically developed statements to assist practitioners and patient decisions about appropriate interventions for specific circumstances. (see also Field and Lohr, 1992) . Commonly guidelines include a set of recommendations or steps that can be followed when implementing an intervention. For example, quality guidelines for treatment may refer to treatment processes e.g. guidance for binding levels of assessment, individual treatment planning, informed consent, pathways of care, referrals. They may also include evaluation processes that refer e.g. to binding documentation (entry/discharge), retention, supervision, evaluation of client satisfaction, staff satisfaction, outcomes. The content of guidelines are commonly based on the available research evidence.

Quality guidelines can range from those that include general recommendations up to mandatory guidelines in the framework of authorisation of services.

Other terms used are: practice guidance, clinical guidelines, guides, practice recommendations

- Field MJ, Lohr KN (Eds). Guidelines for clinical practice: from development to use. Institute of Medicine, Washington, D.C: National Academy Press, 1992

Social reintegration

Social reintegration is an intervention which aims at integrating the client into the society through either education, work or housing. Traditionally, social reintegration was seen as an intervention subsequent to the (successful) completion of a treatment process, but increasingly it is considered an intervention which might be applied at any stage of a treatment process.

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Internal identification

EMCDDA data collection year

Report identification

Country

Year of data

Name of the person submitting this structured questionnaire

Institutional affiliation

E-mail address

Other experts involved in providing information for this structured questionnaire

2. A - Treatment guidelines

2.1. Are there national quality guidelines for the implementation of drug treatment available?

Note: Please tick boxes that apply. In case guidelines for an intervention type apply to a specific setting(s) (e.g. outpatient and/or inpatient setting), you have the option to specify this further.

Since the EMCDDA has already initiated an exercise of data collection on guidelines, we would like to highlight that only treatment guidelines developed and/or published after 2009 should be considered.

2.1.1 Guidelines for pharmacological treatment available:

- Yes
- No
- No information

2.1.2 If yes, are the pharmacological treatment guidelines targeting:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.1.3 Guidelines for psychosocially assisted treatment available:

- Yes
- No
- No information

2.1.4 If yes, are the psychosocially assisted treatment guidelines targeting:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.1.5 Guidelines for psychosocial-treatment-only available:

- Yes
- No
- No information

2.1.6 If yes, are the psychosocial-treatment-only guidelines targeting:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.1.7 Guidelines for other treatment available:

- Yes
- No
- No information

2.1.8 If yes, are guidelines for other treatment targeting:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.1.9 Please specify for which other treatment national quality guidelines are available :

2.1.10 Comments:

The 'comments' section allows for further specification, in particular when existing guidelines do not fit in the provided categories.

If you answered YES at least once, continue to answer questions 2.2-2.8, ALWAYS referring to the guideline(s) indicated in question 2.1.

If you always answered NO, please continue with section B.

2.2. Please provide reference of guidelines (author, title, year, publisher) , by whom guidelines are issued and relevant URL's for guidelines.

2.2.1 Reference(s) to guidelines for pharmacological treatment:

- Reference(s)
- Issued by
- Relevant URL (http://)

2.2.2 Reference(s) to guidelines on psychosocially assisted treatment:

- Reference(s)
- Issued by
- Relevant URL (http://)

2.2.3 Reference(s) to psychosocial-treatment-only:

- Reference(s)
- Issued by
- Relevant URL (http://)

2.2.10 Reference(s) to other treatment guidelines:

- Reference(s)
- Issued by
- Relevant URL (http://)

2.2.5 Comments:

2.3. Is the commitment to adhere to quality guidelines mandatory for obtaining an authorisation for operating a (treatment) service?

Note: "Mandatory for authorisation" means, that without a formal certification it is not possible to operate a (treatment) service

Remember to ALWAYS refer to the guideline(s) indicated in question 2.1.

2.3.1 Guidelines for pharmacological treatment are mandatory for authorisation:

- Yes
- No
- No information

2.3.2 If yes, are pharmacological treatment guidelines mandatory for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.3.3 Guidelines for psychosocially assisted treatment are mandatory for authorisation:

- Yes
- No
- No information

2.3.4 If yes, are psychosocially assisted treatment guidelines mandatory for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.3.5 Guidelines for psychosocial-treatment-only are mandatory for authorisation:

- Yes
- No
- No information

2.3.6 If yes, are psychosocial-treatment-only guidelines mandatory for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.3.7 Guidelines for other treatment are mandatory for authorisation:

- Yes
- No
- No information

2.3.8 If yes, are other treatment guidelines mandatory for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.3.9 Comments:

2.4. Are guidelines a precondition for funding?

Note: “Precondition for funding” means that services are not financed without their commitment to adhere to the guidelines.

Remember to ALWAYS refer to the guideline(s) indicated in question 2.1.

2.4.1 Guidelines for pharmacological treatment are a precondition for funding:

- Yes
- No
- No information

2.4.2 If yes, are pharmacological treatment guidelines a precondition for funding:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.4.3 Guidelines for psychosocially assisted treatment are a precondition for funding:

- Yes

- No
- No information

2.4.4 If yes, are psychosocially assisted treatment guidelines a precondition for funding:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.4.5 Guidelines for psychosocial-treatment-only are a precondition for funding:

- Yes
- No
- No information

2.4.6 If yes, are psychosocial-treatment-only guidelines a precondition for funding:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.4.7 Guidelines for other treatment are a precondition for funding:

- Yes
- No
- No information

2.4.8 If yes, are other treatment guidelines a precondition for funding:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.4.9 Comments:

2.5. Aspects/criteria of treatment processes are included in guidelines:

Notes: Questions are directed to the main process aspects of quality assurance.

Treatment processes refer to e.g. guidance for binding levels of assessment, individual treatment planning, informed consent, pathways of care, referrals.

Remember to ALWAYS refer to the guideline(s) indicated in question 2.1.

2.5.1 Aspects/criteria of treatment processes are included in guidelines for pharmacological treatment:

- Yes
- No
- No information

2.5.2 If yes, are aspects/criteria of treatment processes included in pharmacological treatment guidelines for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.5.3 Aspects/criteria of treatment processes are included in guidelines for psychosocially assisted treatment:

- Yes
- No
- No information

2.5.4 If yes, are aspects/criteria of treatment processes included in psychosocially assisted treatment guidelines for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.5.5 Aspects/criteria of treatment processes are included in psychosocial-treatment-only guidelines:

- Yes
- No
- No information

2.5.6 If yes, are aspects/criteria of treatment processes included in psychosocial-treatment-only guidelines for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.5.7 Aspects/criteria of treatment processes are included in other treatment guidelines:

- Yes
- No
- No information

2.5.8 If yes, are aspects/criteria of treatment processes included in other treatment guidelines for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.5.9 Comments:

2.6. Evaluation aspects/criteria of treatment are included in guidelines:

Notes: Evaluation processes refer to e.g. binding documentation (entry/discharge), retention, supervision, evaluation of client satisfaction, staff satisfaction, outcome.

Remember to ALWAYS refer to the guideline(s) indicated in question 2.1.

2.6.1 Evaluation aspects/criteria of treatment are included in guidelines for pharmacological treatment:

- Yes
- No
- No information

2.6.2 If yes, are evaluation aspects/criteria included in pharmacological treatment guidelines in relation to:

- Inpatient treatment
- Outpatient treatment
- Both

- No information
- Not applicable

2.6.3 Evaluation aspects/criteria of treatment are included in guidelines for psychosocially assisted treatment:

- Yes
- No
- No information

2.6.4 If yes, are evaluation aspects/criteria included in psychosocially assisted treatment guidelines in relation to:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.6.5 Evaluation aspects/criteria of treatment are included in psychosocial-treatment-only guidelines:

- Yes
- No
- No information

2.6.6 If yes, are evaluation aspects/criteria included in psychosocial-treatment-only guidelines in relation to:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.6.7 Evaluation aspects/criteria of treatment are included in guidelines for other treatment:

- Yes
- No
- No information

2.6.8 If yes, are evaluation aspects/criteria included in other treatment guidelines in relation to:

- Inpatient treatment
- Outpatient treatment
- Both
- No information
- Not applicable

2.6.9 Comments:

2.7. What is the basis for the development of the existing guidelines?

Notes: "Expert consensus" means that the development of guidelines is (mainly) based on consensus building processes between professionals.

"Evidence based" means that guidelines are developed according to scientific evaluation.

Remember to ALWAYS refer to the guideline(s) indicated in question 2.1.

2.7.1 Guidelines for pharmacological treatment are based on:

- Expert consensus only
- Evidence base only
- Both
- No information

2.7.2 Guidelines for psychosocially assisted treatment are based on:

- Expert consensus only
- Evidence base only
- Both
- No information

2.7.3 Guidelines for psychosocial-treatment-only are based on:

- Expert consensus only
- Evidence base only
- Both
- No information

2.7.4 Guidelines for other treatment are based on:

- Expert consensus only
- Evidence base only
- Both
- No information

2.7.5 Comments:

2.8. Do the existing guidelines have a legal basis?

Notes: This question can refer to two scenarios: first scenario, the guidelines have a legal basis (legal or administrative acts) at their origin (i.e. a law requested the development of such an instrument). Second scenario, the guideline originated the need to develop a law to follow them.

Remember to ALWAYS refer to the guideline(s) indicated in question 2.1.

2.8.1 Guidelines for pharmacological treatment have a legal basis:

- Law requests the development of guidelines
- Law refers to guidelines
- Both
- Not applicable
- No information available

2.8.4 Guidelines for psychosocially assisted treatment have a legal basis:

- Law requests the development of guidelines
- Law refers to guidelines
- Both
- Not applicable
- No information available

2.8.3 Guidelines for psychosocial-treatment-only have a legal basis:

- Law requests the development of guidelines
- Law refers to guidelines
- Both
- No applicable
- No information available

2.8.4 Guidelines for other treatment have a legal basis:

- Law requests the development of guidelines
- Law refers to guidelines
- Both
- Not applicable
- No information available

2.8.5 Comments:

3. **B - Monitoring and Evaluation**

3.1. Is the drug treatment outcome evaluated?

Notes: "Evaluation" is a systematic internal and/or external investigation of treatment episodes with respect to outcome/effects (e.g. illegal drug use among patients after completion of treatment).

3.1.1 Outcome of pharmacological treatment is evaluated:

- Yes
- No
- No information available
- Not applicable

3.1.2 If yes, are outcomes of pharmacological treatment evaluated for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information available
- Not applicable

3.1.3 Outcome of psychosocially assisted treatment is evaluated:

- Yes
- No
- No information available
- Not applicable

3.1.4 If yes, are outcomes of psychosocially assisted treatment evaluated for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information available
- Not applicable

3.1.5 Outcome of psychosocial-treatment-only is evaluated:

- Yes
- No
- No information available
- Not applicable

3.1.6 If yes, are outcomes of psychosocial-treatment-only evaluated for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information available
- Not applicable

3.1.7 Outcome of other treatment is evaluated:

- Yes
- No
- No information available
- Not applicable

3.1.8 If yes, are outcomes of other treatment evaluated for:

- Inpatient treatment
- Outpatient treatment
- Both
- No information available
- Not applicable

3.1.9 Comments:

3.2. Does your country fund a national research programme for evaluation and improvement of drug treatment interventions?

3.2.1 Does your country fund a national research programme for evaluation and improvement of drug treatment interventions?

- Yes
- No
- No information available

3.2.2 If your country funds a national research programme for evaluation and improvement of drug treatment interventions, please name link (URL) to programme and results:

- http://
- http://
- http://

3.2.3 Comments:

3.3. Are there any recent (in the last 2 years) relevant sub national research programmes or existing research projects on treatment?

3.3.1 Are there any recent relevant sub-national research programmes or existing research projects on treatment?

- Yes
- No
- No information available

3.3.2 If there are any recent relevant sub-national research programmes or existing research projects on treatment, please name a link (URL) to these programmes or projects and their results:

- http://
- http://
- http://

3.3.3 Comments:

4. C - Development, Dissemination and Implementation of “Best Practice”

4.1. Is there an authorised institution in your country which is responsible for promoting best practice in drug treatment?

4.1.1 Is there an authorised institution in your country which is responsible for developing guidelines for best practice in drug treatment on the basis of scientific evidence?

- Yes
- No
- No information available

4.1.2 If there is an authorised institution which is responsible for developing guidelines for best practice, please name this institution and provide a link (URL):

- Name:
- http://

4.2. Is there a platform (online portal) available providing occupational standards (knowledge, understanding, skills) for the following professions working in drug treatment?

Notes: Occupational standards describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence.

Tick all the correct options.

4.2.1 Occupational standards for drug treatment are available for

- social workers
- nursing staff
- psychologists
- psychiatrist
- medical doctors
- other profession 1
- other profession 2
- no information available

4.2.2 Please specify other profession 1, for which occupational standards for drug treatment are available:

4.2.3 Please specify other profession 2, for which occupational standards for drug treatment are available:

4.2.4 If there is a platform (online portal), please provide a link (URL) to it: (http://...)

4.2.5 Comments:

4.3. Are there specialised continued education courses/training on drug treatment?

Notes: Continued education is defined as continued training courses (non-degree or degree courses) that aim at a specific qualification in drug treatment.

Tick all the correct options.

4.3.1 Specialised courses (as described above) are implemented for:

- social workers
- nursing staff
- psychologists
- psychiatrist
- medical doctors
- other profession 1
- other profession 2
- no information available

4.3.2 Please specify other profession 1, for which specialised courses are available:

4.3.3 Please specify other profession 2, for which specialised courses are available:

4.3.4 Comments:

4.4. Is there a national system (e.g. a national institution is responsible for content and implementation) for continued education and training in drug treatment available for the different professions?
--

Note: Tick all the correct options.

4.4.1 A national system is available for:

- social workers
- nursing staff
- psychologists
- psychiatrist
- medical doctors
- other profession 1
- other profession 2
- no information available

4.4.2 Please specify other profession 2, for which a national system is available:

4.4.3 Please specify other profession 1, for which a national system is available:

4.4.4 Comments:

Thank you for providing this information!