



Standards and quality assurance in treatment related to illegal drugs and social reintegration in EU Member States and Norway

The European Union action plan on drugs (2000–2004), under strategy target 3 ‘to increase substantially the number of successfully treated addicts’, addresses the issue of guidelines and standards in treatment and social reintegration. It states ‘Member States (are) to define clear guidelines for standards and goals of treatment services’ as well as ‘Member States (are) to ensure that adequate attention is paid to social and professional rehabilitation and reintegration of former addicts’.

This paper presents what has been reported in national reports from Reitox focal points and some other sources in terms of quality assurance such as guidelines and standards in the respective Member States. It must be borne in mind that many concepts in the area of standards and quality assurance in responses to drug use are not well defined and some terms are used interchangeably although the actual connotation may differ. Furthermore, the concepts and the terminology are conceived in the language of the respective country and an accurate English equivalent may not always exist.

In order to assure as homogeneous a coverage as possible, considering the unique national and language context of each Member State, a list of items was identified. For each of the countries there has been an attempt to cover the following items:

- Quality assurance mechanisms and formal requirements for them
- Criteria and instruments applied
- Training
- Monitoring
- Evaluation

This paper will focus on the quality assurance mechanisms that take place in ‘civil’ settings, that is, not in prisons, or in other penal settings. Another general comment is that this paper can only report what national reports and/or other sources state on standards and quality assurance in the Member State but cannot assess to what extent these measures are implemented or how well they function. Moreover, as this paper sets out to describe quality assurance in Member States, a small-scale local evaluation exercise will not be considered as a quality assurance measure if it is not part of a regional (for federal countries) or national plan or policy. Similar considerations apply to monitoring and documentation systems of treatment or social reintegration centres – they must have national coverage (or at least regional for federal countries) in order to be included as an (indirect) example of a national quality assurance mechanism.

Moreover, a majority of the quality assurance measures make no distinction between treatment and social reintegration and therefore these will be dealt with jointly. In cases

where some quality assurance measures are for either treatment or social reintegration this will be indicated. If no special mention is made, the quality assurance makes no (explicit) distinction between treatment and social reintegration.

In the European Union, there are numerous cross-country research projects on how to improve treatment and social reintegration. However, these are predominantly evaluation or research projects and do not have an explicit quality assurance mechanism in them but can merely suggest good practice or give advice. One example at European Union level are the guidelines for the provision of methadone treatment which have been published by Euro-Methwork with funding from the European Commission DG SanCo. These 'methadone guidelines' suggest ways of providing methadone treatment and outline what it considers to be best clinical practice. The guidelines have been published in English, French, Spanish, German and Greek. In the near future, ten especially appointed experts will be asked to write concrete recommendations based on the European Methadone Guidelines and later the development of a Quality Certificate is foreseen.

Furthermore on the issue of evaluation, the Commission, in close collaboration with the EMCDDA, plans to carry out an evaluation of the latest EU Action Plan on Drugs. The publication of the results are foreseen in 2004 or 2005.

The countries are presented in protocol order, that is, according to the name of the country in its respective language, with the exception of Norway, which appears after the United Kingdom.

It must be borne in mind that the terms applied in order to denote standards (even this term is somewhat ambiguous) and quality in treatment related to illegal drugs and social reintegration emerge from a uniquely national context. They may be difficult to translate into English, which is why the vital terms will also be presented in the original language.

Country overview

Belgium

Due to the federal structure of Belgium standards and quality assurance is a regional (or more accurately in the case of Belgium, a Community) matter. However, there are also nationwide quality assurance initiatives, such as an evaluation research, financed by the federal government, regarding the 'medical and social reception centres (in Flemish *'Medisch-Sociale OpvangCentra'* (MSOC) and in French *'Maison d'Accueil Socio-Sanitaire'* (MASS)). The results of this study were published in July 2001. Another report of an evaluative nature is the follow-up report of the 'Consensus Conference on Methadone', published in November 2000. In this report the present situation regarding the prescription of methadone in Belgium is evaluated and recommendations are given regarding the individual practice of general practitioners (GPs), the relations between GPs and registration systems.

In the French Community, health promotion projects (which include the fields of treatment and social reintegration) must have an evaluation component in order to be funded by the authorities. Furthermore, in the French Community a study was carried out in 1999 to determine the effectiveness of substitution treatments prescribed by GPs who are members of the ALTO network. There are other reports of several evaluation projects being carried out in the Communities but no report of these projects covers entire Communities.

Lastly, training for professionals in the field of demand reduction has been reported from the Flemish Community whereas the French Community reports training for professionals in harm reduction as well as prevention and treatment.

Denmark

There are no formal standards for treatment related to illicit drugs. Nor are there formal guidelines or strategies for the assurance of quality in treatment centres. However, there is a data information system (DANRIS) collecting data on clients in inpatient treatment centres. This is not a formal quality control tool but rather an instrument to collect data on treatment duration, clients' satisfaction and successful completion rates (and thereby ultimately on the quality of the treatment provided). At the time of reporting for the 2002 national report there were 36 inpatient treatment centres – nearly all existing centres – in DANRIS. Data collected and analysis of data can be found on the DANRIS website at <http://www.crf-au.dk/danris/> (also available in English).

Non-binding guidelines are being drafted by the National Narcotic Council ('Narkotika rådet') but are not yet finalised and published. Typically twice a year, the Danish School of Social Workers ('Den Sociale Højskole'), offers training courses for professionals (both therapeutic staff and addiction consultants).

Germany

At an overall level, there are two forms of quality assurance mechanisms in German Drug Aid. One is the internationally recognised ISO 9000ff and the other and more widespread is the self-evaluation of the European Foundation of Quality Management (ETQM).

Quality assurance is not only in theory but also in practice an integral part of treatment related to illicit drugs in Germany. The reason for this is linked to the pension funds and health insurances, which finance most inpatient and some outpatient treatment and therefore wish to monitor and assess closely the treatment provided. Each year pensions funds and health insurance companies submit questionnaires to treatment centres and their clients. Based on the questionnaires filled out, the pension funds and health insurance companies write a report for and to each treatment centre presenting the average value for all German treatment centres compared with those for the treatment centre itself. Clients' satisfaction is amongst the parameters in the report. In addition the centres' therapeutic concept is evaluated and a small sample of treated cases is analysed and evaluated in a peer review through therapists working in other centres.

Other than this formalised reporting system for treatment funded by pension funds and health insurance companies, data collection systems exist for the monitoring of treatment according to the treatment demand indicator (TDI). The data information collection system EBIS collects data from outpatient treatment centres and SEDOS from inpatient treatment centres. Both systems collect data on type of treatment centre, staff, and profile of clients amongst other things.

Minimum standards exist for General Practitioners having more than three clients in substitution treatment. These General Practitioners must undergo special training offered by the German General Medical Council.

There is no systematic training of professionals in the field of treatment related to illicit drugs, but through training organised by the German Association of Pension Scheme Providers it is possible to obtain a certificate known as 'Single and group therapist in the field of addiction' which is normally a prerequisite for employment as a drug counsellor. Furthermore, there are special training sessions taking place for addiction therapists,

which are organised by the welfare organisations (which again run the treatment centres).

Greece

The Greek National Action Plan (2002-2006) has as an aim to promote quality of services provided in the field of treatment (and prevention as well). It intends to apply measurable and comparable indicators thereby collecting data on the effectiveness of drug policies and programmes. In order for these objectives to be met, the National Action Plan foresees actions such as the development of a common evaluation policy and the implementation of such evaluations through external institutions.

In Greece the State-run OKANA has set up an official operational framework of substitution treatment as well as minimum criteria for drug-free treatment centres. According to these minimum criteria all treatment centres should be supervised; however, it cannot yet be said to be a homogenous scheme for quality assurance in drug treatment. The services are encouraged to carry out internal or external evaluation on a continuous basis and frequent use is reported of questionnaires, such as 'Treatment Unit Form', 'EDDRA', 'EuropASI' and Treatment Demand Indicator.

The NGO, KETHEA, which runs several treatment centres across the country, has furthermore established cooperation with the ICRC (International Certification and Reciprocity Consortium for Alcohol and Other Drugs) on the certification of drug addiction counsellors.

In the near future, the Ministry of Health intends to inaugurate the Institute of Substances and Drug Addiction, which will set guidelines and priorities in the field not only of treatment, but also of research, education, prevention and evaluation.

In the area of evaluation, there are numerous evaluations at regional level (i.e., 'Effectiveness evaluation of the KETHEA's Therapeutic Communities') and one which involves international collaboration. The latter is called 'Treatment systems research on European addiction treatment (TREAT 2000)' and is financed by the European Union. It is a three-year study involving five other European research institutes and is expected to shed light on the outcome of different drug treatment systems. Results are to be published in 2003–2004.

In the field of training, there are no formal or uniform requirements for treatment professionals, but there are national (and international) conferences and seminars available to them.

Spain

Within the Government Delegation for the National Plan on Drugs, a Spanish Monitoring Centre for Drugs and Drug Addiction has been created and within this an Advisory Council has been set up. Amongst its tasks is to promote drug-related surveys and to analyse information on drugs and disseminate findings. The National Strategy on Drugs also had as an objective the creation of a National Drug Research and Training Institute ('Instituto Nacional de Investigación y Formación sobre Drogas') and this has been created in the course of 2002.

With regard to evaluation, the National Strategy on Drugs 2000–2008 stresses its importance and aims at setting up evaluation mechanisms in order to measure whether the objectives set out in the strategy are fulfilled. In the framework of the National Drug Strategy, drug-related research (which is not necessarily to be labelled 'evaluation') has been initiated and furthermore there are several regional/local evaluations underway.

In Spain, there are regional guidelines for drug treatments (the differences between the regional versions is believed to be quite small). The extent to which these guidelines are followed varies from region to region just as the monitoring of their implementation varies.

Another objective of the National Drugs Strategy is to boost the quality of substitution treatment and assessment of it is foreseen to be through the aforementioned evaluation mechanisms. As mentioned earlier, the National Drugs Strategy runs until 2008 but mid-term findings are foreseen for 2003.

France

The French national drug coordination body, MILDT, draws attention to the issue of quality in its 'three year plan for fighting drugs and the prevention of dependence for the 1999–2001 period' ('Plan Triennal de la lutte contre la drogue et de prevention des dependences') (extended to include 2002). The plan defines three overall kinds of actions that have the final aim of assuring quality, namely, promotion of an evaluation of public policies, structuring and development of research in order to improve feedback between scientist and decision-makers, and lastly, promotion of training of professionals.

The National Agency for the Accreditation and Establishment of Care (hereafter ANAES) works for the implementation of quality measures in the area of health including addiction treatment. Amongst others, ANAES has published 'Recommendations for clinical practice' and has developed evaluation protocols.

The aforementioned three-year plan also addresses the issue of research and stresses that not only should knowledge and insights in the area of demand reduction be improved but should also be disseminated. The issue of evaluation is also covered with MILDT and the French Observatory of Drugs and Drugs addiction collaborating on setting up a centre of expertise and a global evaluation framework.

Ireland

The Irish National Drug Strategy 2001–2008 contains 100 actions of which some address the topic of quality assurance. Action 50, for example, states that Health Boards, in consultation with the National Advisory Committee on Drugs (NACD), are to develop criteria to ensure that all State-funded treatment and rehabilitation programmes accord with quality standards as set out by the Health Boards. Actions 39 and 40 address issues such as training for health care and other professionals and the use of performance indicators for treatment and rehabilitation providers.

The NACD was established in July 2000 to advise the Government in relation to prevalence, prevention, treatment/rehabilitation and consequences of problem drug use in Ireland based on analysis of research findings and information available to it. The Committee is overseeing a three-year work programme on the extent, nature, causes and effects of drug use in Ireland. In the field of treatment and rehabilitation the NACD commissioned a national longitudinal study designed to evaluate the effectiveness of existing treatment and rehabilitation models in use for Opiate Dependence. The study, which commenced in late 2002, is expected to take three years.

Guidelines have been developed to monitor the conduct of the evaluation of projects operating under the Local Drug Task Forces. For instance, the National Drug Strategy Team identified a number of mechanisms that would facilitate the evaluation process. These were:

- a steering group comprising the National Drug Strategy Team and Local Drug Task Force coordinators was set up to oversee and monitor the process;
- a specially appointed evaluation coordinator devised terms of reference for conducting the evaluation, along with appropriate performance indicators and these were approved by the steering group; and
- a panel of independent evaluators was formed to conduct the evaluations with individuals projects.

In addition, guidelines as to how the evaluations should be carried out, along with ground rules were developed by the steering group in consultation with Local Drug Task Forces, project personnel and the evaluation coordinator. These guidelines relate primarily to the process evaluation stage, which centres on the development of objectives and the setting up of appropriate structures and processes to support the achievement of these objectives.

Several training activities are reported from Ireland. A few take place in university settings but the majority are conducted in the community and voluntary sectors. A specially commissioned directory of training courses was compiled in 1999–2000 and includes almost 40 identified training courses. These include short courses aimed at providing basic information and/or raising awareness of drug misuse among the general public. Similar courses are available for those whose paid or voluntary work brings them into contact with drug misuse. In addition, there are longer courses aimed at workers in the field and some courses lead to professional qualifications in the field of drug misuse.

Italy

In 2001, as part of the enactment of Law 328/2000 for the implementation of an integrated system of interventions and social services, the Government drew up the first National Social Services/Interventions Plan. This underlined the need for essential performance levels to be established at a national level to ensure that a common standard of service was offered to all citizens. The different levels of government (Region, Province, Commune) were requested to provide themselves with tools capable of identifying the needs of the population and the adequacy of the services provided to respond to these needs. The performance standards are relevant to drug services (residential and semi-residential treatment, residential or day assessment services and community based interventions). Implementation of the National Plan should, therefore, lead to the establishment of quality standards and the monitoring of socio-health services for recovery from drug dependence. This activity was already planned for services in the drugs field through the State Regions accord of 1999. Moreover, as part of the implementation of the accord, a regulation was issued in 2002 establishing the principles for the organisation and functioning of the local health authority managed treatment services – Ser.T. and for placing these services and the accredited private social organisations on an equal footing. The effective implementation of these arrangements has met with many difficulties as a result of the recent constitutional amendment, which has devolved competence in the socio-sanitary sector to the Regions.

In Italy, as universally, research may be divided into three organisational levels. Firstly, the level of individual organisations or research institutes, secondly, locally/regionally conducted research and, thirdly, research undertaken at national level. For the first two levels, it is difficult to monitor the activities being carried out. It is, however, possible to obtain substantial data for research at national level, with coverage for the whole of Italy, which may be financed with money from the National Drugs Fund. A total of 16 projects with nationwide coverage have been financed through the National Drugs Fund. Two of the biggest national research projects, financed by the Fund and promoted by the

Ministry of Health and Regions, are the “evaluation of the Ser.T.’s (Servizio Entità di Ricupero di Tossicodipendenze) and the Therapeutic Communities”, and the “VEdeTTE study” which aims at assessing treatment efficiency according to a number of predefined outcome indicators. The evaluation research has now been completed and a preliminary report on the therapeutic communities and a final report on the Ser.T. has been published. The first VEdeTTE study – focused on acute mortality and retention in treatment – has also been completed. Preliminary data has been presented at several conferences and the final report is awaited. A second VEdeTTE study has now begun following up patients who were enrolled in the first study to evaluate the efficacy of treatment in relation to long term drug use. This study began in late 2001.

The law leaves the issue of training to the regions and autonomous provinces. As a consequence, evaluation and reporting requirements on training differ between regions and autonomous provinces and there is no national standard system for this.

Luxembourg

Ministries carry out quality control in their respective areas within the drug demand reduction field. The law known as ‘ASFT’ (loi du 8 septembre 1998 réglant les relations entre l’Etat et les organismes oeuvrant dans les domaines social, familial et thérapeutique) from October 1998 regulates the relationship between the Luxembourgish State and NGOs carrying out drug treatment, whereas the subsequent decree of 18 December 1998 obliges treatment providers to obtain a *governmental quality standard certification*. Having obtained such a certification, they are entitled to provide socio-medical treatment following standardised quality requirements. The actual implementation of these measures is ensured by a so-called ‘co-ordination platform’ which consists of three members from the concerned treatment provider (or institution) plus at least one representative from the ministry in question. The governmental quality standard certification is the main mechanism/tool for implementing standardised quality control but is not directly linked to funding.

In terms of the monitoring of treatment interventions, the Relis drug monitoring system is continuously being developed in collaboration with the drug treatment agencies. This monitoring system provides data on drug consumption patterns, socio-economic situation, risk behaviour, law enforcement contacts etc.

On research, the National focal point is in charge of coordinating drug research at national level. Regarding training, there are ad hoc activities although the National focal point in its 2001 national report stated that there was an evident ‘lack of specific drug training courses’.

The Netherlands

The implementation of quality systems has been set by law and organisations working in both addiction care and general health care have agreed to comply with them for many years. However, time has shown that implementation was more difficult than expected and consequently quality assurance has not yet become a widespread routine. Evaluation of the implementation of the quality systems suggests that there were too many targets and that many of them were too hard to accomplish.

Formerly there were no guidelines or protocols to standardise treatment activities but in 2002 guidelines were published for intake to treatment, matching patient to treatment as well as suggesting a path/route of addiction care. The idea is to provide professionals with a checklist for the first phases of treatment.

There is no national programme to assure systematic training for practitioners in the field of drug treatment, but on the other hand there is a considerable and varied offer of

training courses in the field of addiction care. The main providers of these courses are the Trimbos institute, the Amsterdam Institute of Addiction Research, the Jellinek Centre and the school of criminal investigation. The 2002 Dutch national report states that training to raise awareness about the quality of addiction treatment for general health professionals is underdeveloped.

There are numerous ongoing evaluation projects in the Netherlands, as there have been in the past, but nothing on drug treatment or the quality of it with nationwide coverage.

Austria

Many small-scale projects with the aim of assuring quality procedures have been implemented, although there is no national programme on quality assurance in drug treatment. One example is a small-scale institution-based initiative called the Total Quality Management Project of the Drugs Institute (which is based on the European Quality Management model) at the Otto Wagner Hospital in Vienna. The initial results cover subjects such as strategy, philosophy, employee satisfaction and client satisfaction. Furthermore, the Viennese outpatient centre known as Dialog succeeded in 2002 in getting *certified* according to ISO 9001:2000. At national level, guidelines including quality criteria for the announcement of drug facilities according to Art. 15 of the Narcotic Substances Act have been drawn up. After consultation with relevant decision makers – especially regional drug coordinators – the Ministry of Health will issue these guidelines in spring 2003.

Regarding training, a postgraduate course for experts in social work started up in the autumn of 2002 at Danube University Krems. The course 'MS Social Therapy – Focus on addiction' aims to train participants in providing assistance to addicted patients and their relatives. Another training initiative was launched as a joint venture between the Faculty of Medicine at the University of Innsbruck and the Province of Bolzano (South Tyrol in Italy). It is the third time this course is being offered. For many years, the Austrian Association for Group Therapy and Group Dynamic (ÖAGG) has been organising a four-semester training course on addiction.

On evaluation, a pilot study by the Austrian focal point estimates that around 20% of the 105 registered outpatient treatment centres have carried out some kind of evaluation or research project, but that the funds for such activities remain scarce. For projects financed entirely or partly by the 'Healthy Austria Fund' evaluation is, however, mandatory. On a global scale, evaluation of treatment related to illegal drugs and social reintegration is becoming increasingly widespread but funding is still somewhat limited and the exact extent of evaluation of treatment and social reintegration is not known.

There is no national training programme in the field of drug treatment but a pilot study conducted by the Austrian national focal point has shown that a vast majority of the registered regional drug centres have regulations concerning training of their staff. In 2002, the Federal Ministry of Social Security and Generations commissioned a project on the development of curricula for the drug specific further education of five relevant professional groups (social workers, psychologists, psycho therapists, physicians and public health officers) in the drugs field. The project also includes proposals for implementation of these curricula and will be finished in mid-2003.

Portugal

The Portuguese drug treatment system is organised in a way that allows the co-existence of public specialised drug treatment units and (private) NGO units. The NGO units are then sub-divided into whether they are 'certified' or not and those which are 'certified' may have protocols. In this system, quality and the monitoring of quality is assured through the Treatment Department of the IDT (Instituto da Droga e da Toxicodependência – the national state body in drug services coordination and the Portuguese focal point). The IDT carries out auditing control of these bodies as well as a continuously surveying and monitoring the services provided (including clinical supervision) and the quality of services at the centres. Each client's individual needs in terms of treatment are assessed and an individual treatment protocol is designed according to clinical criteria.

Another measure taken to assure quality in demand reduction is the launch of legal diplomas to implement guidelines and funding criteria for programmes and efforts that are in line with the Portuguese drug strategy and National Plan. The legal diploma on harm reduction measures was issued in 2001 and a prevention diploma was recently discussed in the National Parliament. Monitoring and quality assessment of these programmes, which also include social integration, are ensured by the IDT.

There are no evaluation activities in the field of treatment with nationwide coverage but several programmes have been evaluated and its results published in the peer reviewed journal *Toxicodependências*. The national social and professional integration programme 'Programa Vida-Emprego' was also internally evaluated and its implementation status is permanently monitored by the IDT and the National Institute for Training and Employment through quarterly statistical forms, filled in at regional level and sent to the national coordination. The external evaluation of this programme is being carried out by an independent agency and will focus on the effects of the programme on the clients. On research, the National Action Plan – Horizonte 2004 states its support for a number of drug-related research areas including research on programme evaluation methodologies for different types of responses.

There is a national training programme in the field of prevention, treatment and social integration provided to professionals by the IDT and several postgraduate courses in universities. The IDT Information and Counselling centres also provide a wide fan of training options for professionals, which may also include treatment.

Finland

The Government Decision-in-principle on Drug Policy from the end of 1998 endorsed a well-balanced approach to drug policy. Later on, during the implementation of the Decision-in-principle, the need to promote drug treatment further has been urged by the Academy of Finland and the Finnish Medical Society Duodecim.

There are a number of guidelines available for prevention but only a few for treatment. One is recent and is a guidebook on how to carry out cognitive family therapy in connection with substitution treatment. On a more general level, the Home Office has appointed a so-called 'service assessment group' which is to standardise, monitor and evaluate municipal services including drug-related services. Another initiative is a development project on preparing quality criteria for substance abusers' treatment services. The starting point for this project is a survey conducted in the outpatient and inpatient addiction treatment units on which kind of treatment modalities are in use. Findings from this project are not yet available.

There is no evaluation project of drug treatment in Finland with national coverage but there are some small-scale evaluations of drug treatment interventions. One was on risk counselling given to intravenous drug users at a number of treatment centres in Helsinki.

Drug training is considered as part of the social welfare and health care education in Finland. In particular for training on drug treatment, the A-clinic foundation provides courses for a fan of professional groups and the Järvenpää addiction hospital provides courses for physicians working in the drugs field. On a somewhat larger scale, the Ministry of Social Affairs and Health has funded several training events, which have been organised mostly by the A-clinic foundation or the National Public Health Institute.

Summing up, there is seemingly much attention paid to quality assurance in drug treatment and social reintegration in Finland but many of the measures are yet to be implemented, let alone the monitoring and evaluation of them.

Sweden

There are no quality assurance procedures with national coverage in Sweden but a computerised version of the assessment and evaluation instrument, Addiction Severity Index (ASI) has been developed and is in use, to a greater or lesser extent, in 75 of 289 municipalities. The National Board of Health and Welfare (NBHW) is supporting the development of the instrument and are in favour of implementing ASI as widely as possible. The Treatment Demand Indicator (TDI) is gradually being implemented in Sweden in a developed form, i.e. DOK.

There are some projects or studies on treatment evaluation scattered around Sweden but there is no nationally coordinated evaluation study. In the area of research SoRAD (Social Research on Alcohol and Drugs) at the University of Stockholm was established in 1999 and is systematically carrying out drug-related research. SoRAD also participates in the European TREAT 2000 research project. The Swedish Council on Technology Assessment in Health Care (SBU – Statens Beredning för medicinsk Utvärdering) evaluates methods of treatment in the health-care sector including treatment of drug addiction. One publication makes a meta-analysis of findings on treatment modalities for drug and alcohol addiction based on both Swedish and foreign research. The SBU report is presently being translated into English and further studies linked to the report are foreseen.

In the objectives of the Swedish drug policy, much emphasis is put on the importance of having an elevated level of competence amongst the drug staff. In that light it has been stressed that specific training for professionals is needed and a master's degree not only on carrying out high-quality treatment but also on linking daily practises to research findings is foreseen.

United Kingdom

Until a few years ago, there were no formal requirements for treatment and care for problem drug users but this has changed with the launch of a range of guidance documents, which on the basis of literature reviews, suggest 'what works'. One example is the Substance Misuse Advisory Service (SMAS), which has published standards to provide guidance as well as to act as an assessment or review tool for the development of commissioning practice. The standards are published in a book named: 'Commissioning Standards for Drug and Alcohol Treatment and Care'.

A second example is the development of the so-called Quality Standards in Alcohol and Drug Treatment (QuADS). QuADS has been developed and published by Alcohol Concern and DrugScope in 1999 with the aim of all drug and alcohol services in England (not all of the UK) meeting the requirements by March 2002. In order to help

services achieve this target, the former British national focal point (DrugScope) has developed a consultancy service.

On the basis of these two guidance documents (and others) the National Treatment Agency is working to provide a so-called Model of Care document outlining the treatment framework and process. This document should allow for the delivery of higher quality and more efficient services. The National Treatment Agency furthermore foresees the introduction of a system of standards and accreditation for drug treatment services and hopes to implement the system by September 2004. A long-term hope is that drug services will all be accredited by 2008.

As regards presence, the Drug Action Teams (DAT) are already obliged to set out plans of objectives and activities and to report on whether these have been achieved or not. The DAT plan has to include issues such as how to apply quality standards and how performance is monitored and how it is all implemented.

As one of few countries (besides Italy), the United Kingdom boasts a large-scale nationwide longitudinal treatment evaluation study, the National Treatment Outcome Research Study. The study was launched in 1996 and in 2002 the findings after five years were published. Besides this large-scale study there are many other local or regional evaluations of drug treatment in the United Kingdom.

Norway

Until recently there were neither systematic or consistent quality control procedures in the drugs field in Norway, but over the last years there has been a process of building up a two-tiered nationwide documentation system: 1) a simplified form for documenting client information 2) a database covering the treatment units.

A two-year prospective multi-centre study is going on, which investigates the issues of efficiency and cost-benefits of different treatment modalities. Results from this evaluation study are foreseen for 2003.

The European version of Addiction Severity Index (ASI) is used for this comprehensive treatment research, as it is for more limited research projects with dual diagnosis patients and within substitution treatment. The Norwegian Institute for Drug and Alcohol Research (SIRUS) has now initiated a project to arrange for and follow the implementation of Europ-Asi for treatment planning and evaluation in a number of treatment modalities.

Regarding training there is no national programme to assure systematic training of drug treatment staff but there are several independently offered training programmes. Firstly, there are 12 further education programmes, all college based, covering early prevention as well as treatment and after care. Secondly, there are seven regional competence centres, which are expected to contribute actively to increased awareness among drug staff. Furthermore, one university offers a two-year master programme in health promotion work, which includes the area of drugs, and another offers a master's programme in Public Health Science that includes education in drug prevention and other drug-related issues.

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