

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 2005–08, specifically in Objectives 11 and 12, 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

The first part of 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. In its second part, 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

PART I : Treatment Programmes

- A – Information on the organisation of drug treatment
- B – Information on availability and diversification of drug treatment

PART II : Quality Assurance

- A – Quality Guidelines
- B – Monitoring and Evaluation
- C – Preparing, Delivering and Training of “Good Practice”

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

Treatment comprises all structured interventions with specific pharmacological and/or psychosocial techniques aiming at reducing or abstaining from the use of illegal drugs.

Contact person:

Contact person:

Dagmar Hedrich
dagmar.hedrich@emcdda.europa.eu
Tel. (351) 218 11 30 67

Alessandro Pirona
alessandro.pirona@emcdda.europa.eu
Tel. (351) 218 11 30 63

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

2. A: Information on the organisation of drug treatment

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:

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

If you answer yes to any of the answer options below, please rank the importance of the provider **in the delivery** of drug treatment (**not according to funding but according to number of individual clients reached/treatment episodes**).

For the **ranking please mark:**

- 1** - for the most important
2 - for the second most important
3 - for the third most important, 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**:

Public institutions/bodies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Non-governmental organisations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
GPs ⁽⁵⁾	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Private clinics or other commercial providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Other organisations (specify below which)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information

⁽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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Non-governmental organisations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
GPs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Private clinics or other commercial providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Other organisations (specify below which)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information

2.7.3 - 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.

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

Public institutions/bodies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Non-governmental organisations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Private clinics or other commercial providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Other organisations (specify below which)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information

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

	Ranking (1 - 4) of no information				
Public institutions/bodies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> no information
Non-governmental organisations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> no information
Private clinics or other commercial providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> no information
Other organisations (specify below which)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> no information

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

Detoxification

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

Public institutions/bodies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Non-governmental organisations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
GPs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Private clinics or other commercial providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Other organisations (specify below which)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information

2.7.8 - Specify other organisation(s) providing detoxification:

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

	Ranking (1 - 5) or no information					
Public institutions/bodies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Non-governmental organisations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
GPs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Private clinics or other commercial providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Other organisations (specify below which)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information

Substitution/maintenance treatment

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

Public institutions/bodies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Non-governmental organisations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
GPs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Private clinics or other commercial providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information
Other organisations (specify below which)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No information

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

	Ranking (1 - 5) or no information					
Public institutions/bodies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Non-governmental organisations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
GPs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Private clinics or other commercial providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information
Other organisations (specify below which)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> no information

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

2.7.13 - Comments:

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, size of the contribution, exemptions:

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:

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 - Comments:

3.2. - Please assess the current availability of treatment programmes for specific 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 specific 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]:

Cannabis users

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

- Yes
- No
- No Information

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

- Full
- Extensive

- Limited
- Rare
- No information

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

- Yes
- No
- No Information

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

Amphetamine users

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

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

- Yes
- No
- No Information

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

Benzodiazepine users

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

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

- Yes
- No
- No Information

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

Gender-specific

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited

- Rare
- No information

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

- Yes
- No
- No Information

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

Children and adolescents

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

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

- Yes
- No
- No Information

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

Co-morbidity

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

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

- Yes
- No
- No Information

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

Ethnic groups

3.2.33 - Are there specific treatment programmes for **ethnic groups** available?

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

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

- Yes
- No
- No Information

3.2.36 - 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.

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

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

- Yes
- No
- No Information

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

Other groups

Please specify which below.3.2.41 - Specify **other group 1**:

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

3.2.44 - Specify **other group 2**:

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

3.2.47 - Specify **other group 3**:

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

- Yes
- No
- No Information

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

- Full
- Extensive
- Limited
- Rare
- No information

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

- Yes
- No
- No Information

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

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

3.3. - Does your national legal or regulatory framework allow the initiation of substitution treatment in prisons?

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

- Yes
- No
- No Information

3.3.2 - Comments:

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

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

- Yes
- No
- No Information

3.4.2 - Comments:

3.5. - Please assess the provision of substitution/maintenance treatment in prisons:

3.5.1 - Provision of substitution/maintenance treatment in **prisons**:

- Full provision: exists in nearly all prisons
- Extensive provision: exists in a majority of prisons (but not in nearly all of them)
- Limited provision: exists in more than a few prisons but not in a majority of them
- Rare provision: exists in just a few prisons
- Substitution/maintenance is not available in prisons
- No information

3.5.2 - Comments:

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

3.6.1 - Provision 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

3.6.2 - Comments:

3.7. - 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](http://eldd.emcdda.europa.eu/?nnodeid=5036) entry on 'take home' laws (<http://eldd.emcdda.europa.eu/?nnodeid=5036>) and provide update on legal changes, if necessary.

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

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

3.7.2 - Other 'take home' regulations:

3.8. - How usual is it for clients to have to wait before starting? . . . ⁽⁹⁾

⁽⁹⁾ 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)

3.8.1 - Waiting time for **detoxification**:

- Usually there is no waiting time
- Between first contact and start of treatment there are waiting times of ... (please specify below)
- No information available

3.8.2 - Specify the average waiting time for **detoxification** (please report in days (d) or weeks (w); e.g. '14d')

3.8.3 - 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 available

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

Substitution/maintenance treatment (opioids)

3.8.5 - Waiting time for **substitution/maintenance** treatment (opioids):

- Usually there is no waiting time
- Between first contact and start of treatment there are waiting times of ... (please specify below)

No information available

3.8.6 - Specify the average waiting time for **substitution/maintenance** treatment (opioids) (please report in days (d) or weeks (w); e.g. '14d')

3.8.7 - 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 available

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

Psychosocial outpatient treatment (any drugs)

3.8.9 - Waiting time for psychosocial out-patient treatment (any drugs):

Usually there is no waiting time

Between first contact and start of treatment there are waiting times of ... (please specify below)

No information available

3.8.10 - Specify the average waiting time for **psychosocial out-patient** treatment (any drugs) (please report in days (d) or weeks (w); e.g. '14d')

3.8.11 - 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 available

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

Psychosocial in-patient treatment (any drugs)

3.8.13 - Waiting time for psychosocial **in-patient** treatment (any drugs):

- Usually there is no waiting time
- Between first contact and start of treatment there are waiting times of ... (please specify below)
- No information available

3.8.14 - Specify the average waiting time for **psychosocial in-patient** treatment (any drugs) (please report in days (d) or weeks (w); e.g. '14d')

3.8.15 - 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 available

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

3.9. - In your country, who is legally allowed to initiate the prescription of opioid substitution/maintenance drugs?

Please answer for each of the substances below (answer only for those substances that are officially registered, in your country, for substitution/ maintenance ⁽¹⁰⁾ treatment of opioid dependence)

⁽¹⁰⁾ Please make sure to report on the legal framework of maintenance treatment of opioid dependence and not detoxification (see definitions).

It is assumed that unticked treatment providers are not legally allowed to initiate the prescription of the corresponding substitution/maintenance drug.

Methadone maintenance treatment

3.9.1 - Who is allowed to **initiate** the prescription of **methadone** maintenance treatment?

- Doctors at specialised outpatient drug treatment centres (including those based at hospitals, psychiatric clinics)
- Specialised GPs⁽¹¹⁾

- Any GPs⁽¹²⁾
- Others (specify below)

3.9.2 - Who else is allowed to initiate methadone maintenance treatment?

⁽¹¹⁾ Specialised GPs refers to specifically trained or accredited office-based medical doctors in the practice of substitution treatment. These specialist office-based GPs practice outside treatment centres.

⁽¹²⁾ Any GP refers to office-based medical doctors outside treatment centres without any specialisation (training or accreditation) in the practice of substitution treatment.

High-dosage buprenorphine treatment

3.9.3 - Who is allowed to **initiate** the prescription of **high-dosage buprenorphine** treatment?

- Doctors at specialised outpatient drug treatment centres (incl. those based at hospitals, psychiatric clinics)
- Specialised GPs
- Any GPs
- Others (specify below)

3.9.4 - Who else is allowed to initiate high-dosage buprenorphine treatment?

Buprenorphine-Naloxone¹³

¹³A form of buprenorphine that includes the opioid antagonist naloxone (buprenorphine: naloxone 4:1) in a combined sublingual tablet.

3.9.5 - Who is allowed to **initiate** the prescription of **buprenorphine-naloxone** treatment?

- Doctors at specialised outpatient drug treatment centres (incl. those based at hospitals, psychiatric clinics)
- Specialised GPs
- Any GPs
- Others (specify below)

3.9.6 - Who else is allowed to initiate buprenorphine-naloxone treatment?

Slow-release morphine

3.9.7 - Who is allowed to **initiate** the prescription of **slow-release morphine** treatment?

- Doctors at specialised outpatient drug treatment centres (incl. those based at hospitals, psychiatric clinics)
- Specialised GPs
- Any GPs
- Others (specify below)

3.9.8 - Who else is allowed to initiate slow-release morphine treatment?

3.10. - In practice, from the provider(s) listed in questions in section 3.9.1-2, where do most clients initiate their methadone maintenance treatment?

3.10.1 - Where do most clients **initiate** their **methadone** treatment?

3.11. - In practice, from the provider(s) listed in questions in section 3.9.3-4, where do most clients initiate their buprenorphine treatment?

3.11.1 - Where do most clients **initiate** their **buprenorphine** treatment?

3.12. - Who is legally allowed to continue the prescription of substitution/maintenance treatment once this has been initiated?

It is assumed that unticked treatment providers are not legally allowed to continue the prescription of the corresponding substitution/maintenance drug once this has been initiated.

Methadone maintenance treatment

3.12.1 - Who is allowed to **continue** the prescription of **methadone** maintenance treatment?

- Doctors at specialised outpatient drug treatment centres (incl. those based at hospitals, psychiatric clinics)
- Specialised GPs
- Any GPs
- Others (specify below)

3.12.2 - Who else is allowed to continue the methadone maintenance treatment?

High-dosage buprenorphine treatment

3.12.3 - Who is allowed to **continue** the prescription of **high-dosage buprenorphine** treatment?

- Doctors at specialised outpatient drug treatment centres (incl. those based at hospitals, psychiatric clinics)
- Specialised GPs
- Any GPs
- Others (specify below)

3.12.4 - Who else is allowed to continue the high-dosage buprenorphine treatment?

Buprenorphine-Naloxone

3.12.5 - Who is allowed to **continue** the prescription of **Buprenorphine-Naloxone** treatment?

- Doctors at specialised outpatient drug treatment centres (incl. those based at hospitals, psychiatric clinics)
- Specialised GPs
- Any GPs
- Others (specify below)

3.12.6 - Who else is allowed to continue the Buprenorphine-Naloxone treatment?

Slow-release morphine

3.12.7 - Who is allowed to **continue** the prescription of **slow-release** morphine treatment?

- Doctors at specialised outpatient drug treatment centres (incl. those based at hospitals, psychiatric clinics)
- Specialised GPs
- Any GPs
- Others (specify below)

3.12.8 - Who else is allowed to continue the **slow-release morphine** treatment?

3.13. - Where can substitution/maintenance substances be legally dispensed to problem drug users in treatment?

It is assumed that unticked points are not legally allowed to dispense the corresponding substitution/maintenance drug.

Methadone maintenance treatment

3.13.1 - Where can **methadone** be dispensed?

- Specialised outpatient treatment centres (incl. hospitals, psychiatric clinics)
- Specialised GPs' offices
- Any GPs' offices
- Pharmacies
- Mobile outreach units
- Others (specify below)

3.13.2 - Which other points can legally dispense **methadone**?

High-dosage buprenorphine treatment

3.13.3 - Where can **buprenorphine** be dispensed?

- Specialised outpatient treatment centres (incl. hospitals, psychiatric clinics)
- Specialised GPs' offices
- Any GPs' offices
- Pharmacies
- Mobile outreach units
- Others (specify below)

3.13.4 - Which other points can legally dispense **buprenorphine** ?

Buprenorphine-Naloxone

3.13.5 - Where can **buprenorphine-naloxone** be dispensed?

- Specialised outpatient treatment centres (incl. hospitals, psychiatric clinics)
- Specialised GPs' offices
- Any GPs' offices
- Pharmacies
- Mobile outreach units
- Others (specify below)

3.13.6 - Which other points can legally dispense **buprenorphine-naloxone**?

Slow-release morphine

3.13.7 - Where can **slow-release morphine** be dispensed?

- Specialised outpatient treatment centres (incl. hospitals, psychiatric clinics)
- Specialised GPs' offices
- Any GPs' offices
- Pharmacies
- Mobile outreach units
- Others (specify below)

3.13.8 - Which other points can legally dispense **slow-release morphine**?

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

3.14.1 - Sources and references to section B:

Thank you for providing this information!