



NORWEGIAN MINISTRY  
OF HEALTH AND CARE SERVICES

National Action Plan

# Norwegian National Action Plan on Alcohol and Drugs



RUSMIDDELPOLITIKKEN ET TYDELIGERE FOLKEHELSESPERSPEKTIV • HEVE KVALITETEN OG KOMPETANSEN PÅ RUSFELTET • I  
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INKLUDERING OG MER TILGJENGELIGE TJENESTER • LEGGE TIL RETTE FOR AT DE SOM YTER TJENESTER SAMHANDLER OG SAMORDNER SEG • SIKRE BRUKERE INNFLYTELSE PÅ TJENESTENE DE MOTTAR OG AT PÅRØR

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# PREFACE



Norway's alcohol and drug policy is about solidarity with individuals and society's capacity for solidarity. Substance use problems are a matter of social inequality, social trends, exclusion of social misfits, and overcoming challenges at school and in the workplace. Fundamental political choices have the greatest impact on developments in substance use in society, determining whether we have a society with a strong sense of community and fellowship, or whether it is every man for himself.

This Action Plan lays out the Government's areas of priority in the field of alcohol and drug problems. We are looking at the entire field of alcohol and drug problems in context, and work in this area is based on the Government's general policies. The goal is to offer good services that focus on the user. The basic dignity of all human beings must be respected, even in the most demanding situations. The services must be designed on the basis of the individual's need for help, at the same time as we must continue to follow the broad strategies that we know work.

There is still no clear-cut solution for how to deal with the negative consequences of substance use for individuals and society as a whole. We must learn to live with dilemmas and trade-offs. It is impossible to come up with a successful alcohol and drug policy through organisation, funding or regulations alone. It is just as much a matter of attitudes and conduct, of feelings, and of wanting to help people who, for some reason or other, have ended up in a difficult situation.

Nobody can improve the situation in this field on their own. To achieve the targets, we must work together. The Government wants to ensure that local authorities, regional health authorities, county governors, voluntary organisations and others have the best possible foundation for successful measures and efforts.

Alcohol and drug policy is a matter of making political choices and priorities. The Government's alcohol and drug policy is built on a foundation of solidarity with the people affected by the negative consequences of substance use.

When a person is struggling with alcohol or drug problems, their children, siblings, parents, friends and family are also affected by the health and social problems substance dependence entails. Our alcohol and drug policy is about providing better help, that the community provides a safety net, and, not least, about using resources to help addicts' loved ones. We want to make sure that the people who are affected, directly and indirectly, are more involved in designing policy and measures.

Preventing substance use problems before they arise is by far the best solution for individuals and society alike. We need a broad campaign aimed at the entire population and more specialised measures aimed at the groups we know are in the danger zone. We must focus in particular on creating attractive arenas for children and young people that are free of alcohol and drugs, to prevent the negative consequences of substance use that may affect them for the rest of their lives. We know that the reasons why some people develop alcohol and drug problems are usually complicated and interrelated. In the areas of prevention, treatment and rehabilitation, we are going to apply and increase the knowledge we have about correlations, for example, between substance use disorder and mental health problems.

Help must come at as early a stage as possible. There is little point in addicts who are motivated to change their lives having to wait a long time for treatment. The Government wants to be able to offer help at an earlier stage than is currently the case. Many of the heaviest users lead atypical lives dominated by stress, chaos and the constant search for the next hit – far removed from the typical nine-to-five routine of the majority. The treatment system and rehabilitation services for this group need to be flexible enough to ensure that users can be followed up and helped where they are and when they are there. We need more low-threshold schemes in the municipal services and in the specialist health services. We need more field workers, i.e. outreach and ambulatory services, and more round-the-clock services that provide users with motivation and follow-up on their own turf outside normal working hours.

One of the challenges in terms of alcohol policy is the fact that commercial interests are often in conflict with the public health interests. In many cases, commercial interests are given precedence at the expense of public health. However, what is profitable for individual companies is not always best for society. We want to take steps to ensure that the balance between public-health considerations and commercial considerations globally, nationally and locally tips in favour of public health. We must ensure that international trade agreements attach sufficient importance to public health, and that commercial interests do not sway the local authorities' licensing policy. Although alcohol is a legal substance that the majority of the population consumes in a controlled manner, it is important to stress that alcohol is not an ordinary commodity.

Attempts have been made in Norway and neighbouring countries to estimate the costs to society caused by harmful use of alcohol. However, there are many uncertainty factors linked to these kinds of estimates. What is certain, however, is that there are large social costs, in the form of lost work input and the costs of treatment and care. Investments in preventative work are worthwhile both from the perspective of public health and from an economic perspective. There are reasons to believe that measures that can reduce the amount of alcohol-related disease and injuries in the population will benefit business in general and promote wealth creation. Comparisons of international literature on the impact of various different preventative measures show that regulations and taxes are not only the most effective measures, but also the least expensive. A report ordered by the European Commission shows that the measures used in Norway's alcohol policy are the most effective. We intend to build further on this policy.

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Drug policy is hampered by many difficult trade-offs between legal and socio-political considerations. Drugs are and will remain illegal. Nevertheless, it is our duty to look after people who become addicted to intoxicants. Everyone is entitled to a worthy life and to be treated with respect by society and the treatment system. The work on medication-assisted rehabilitation demonstrates this dilemma. It involves treating people with strong, addictive medicines. We want as many people as possible to manage without addictive medicines. However, at present, pharmacotherapy appears to be the best option for many opiate addicts. Use of these kinds of medicines must therefore only be recommended after a thorough, comprehensive assessment of the individual's condition. We have a major responsibility to ensure good psycho-social rehabilitation of everyone in medication-assisted rehabilitation.

Individually adapted treatment and rehabilitation must be available for everyone who wants it. The services must be comprehensive, coordinated and based on respect and solidarity. This entails requirements for us on the individual and the social level. The goal must be to look after everyone, but it is particularly important to look after young people in the process of rehabilitation. Acceptance and inclusion in the community are often the crux of success. Stigmatising people with substance dependence problems and their loved ones cannot be accepted. Society must be robust enough to accommodate everyone.

We must accept that people with substance dependence can have relapses and make irra-



tional choices. Relapses can be instructive and should not be only regarded as a setback in the rehabilitation process.

People with substance dependence must be given the opportunity to find work, for social inclusion and reintegration in the local community. Everyone has the right to good, secure housing. Housing must not be something you have to qualify for by agreeing to undergo treatment. Many people with substance dependence also have mental health problems and live in undignified conditions and poverty. Measures to limit consumption of intoxicants also help reduce poverty and social inequalities in health. The work in this field must be seen in context with the Government's efforts to improve inclusion in working life, measures to combat poverty, social inequalities in health, the Escalation Plan for Mental Health, the strategy for habilitation and rehabilitation and the strategy to combat and prevent homelessness *På vei til egen bolig (A Path to a Permanent Home)*.

We are going to build further on our collaboration with voluntary organisations. They do invaluable work in preventing alcohol and drug use and helping people with substance addictions. They are important collaboration partners for the local authorities and the specialist health services, and for the Government's work on developing alcohol and drug policy.

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The alcohol and drug field is to be given a professional boost. The goal is better quality in all areas of the field. The efforts are to be based on a platform of research and information about research, knowledge generation and raising levels of expertise. The public health perspective will form the foundation for the preventative work. There is no single "magic" solution that works for everyone. In preventative schemes and development of services, we must attach greater importance to local adaptation, social differences, gender issues and ethnic background.

Considerable resources are used in the alcohol and drug field, but resources alone are not enough to fulfil our objective. It is important that the funds are employed in an appropriate way. Good local democracy is essential to ensure good welfare services.

Compulsive gambling and the use of harmful performance-enhancing drugs are related to alcohol and illicit drug dependence. This plan does not discuss efforts in these areas specifically, but issues are seen in context where appropriate.

The plan, which will run until 2010, is the result of a collaboration between the affected ministries, with much important input from the Directorate of Health. Norway's leading researchers in the field, local authorities, regional health authorities, voluntary organisations and other stakeholders have also been involved. Together, they have provided a great deal of valuable knowledge and suggestions, which have helped shape this plan

*Sylvia Brustad*

# TARGETS AND CHALLENGES

The overriding objective of the Government's alcohol and drug policy is to reduce the negative consequences of substance use for individuals and for society.

This overriding objective can be divided into five main targets:

- Target 1: Clear focus on public health
- Target 2: Better quality and more expertise
- Target 3: More accessible services and greater social inclusion
- Target 4: Binding collaboration
- Target 5: Greater user influence and better care for children and next of kin

A great deal of money is being invested in preventing and treating substance use disorder in Norway, and much excellent work is being done in the local authorities, in the specialist health services, in private enterprises and in voluntary organisations. However, there are special challenges in some areas within prevention, treatment and rehabilitation.

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Whilst measures aimed at particularly at-risk groups are important, the perspective of public health must be the starting point for our national alcohol and drug policy. In order to fulfil the objective of reducing the negative health and social consequences of substance use, we need an approach aimed at the population as a whole.

The central and local government services for people who have already developed substance dependence problems must be designed so that they are adapted to the individual user's needs. Services in the ordinary system are better than special measures, not least because people with substance dependence problems often have co-occurring problems. The Drug Reform constituted an important overhaul of the system for alcohol and drug use. It entailed that the central government took over responsibility from the regional health authorities for treatment services for people with substance dependence problems. The measures presented in this plan are largely a matter of giving the reform content that works well for the users. This requires increasing capacity in the municipal services and the specialist health services and improving the quality of all work in this area.

For a more detailed review of the status in the area of alcohol and drug use, please see the Ministry of Health and Care Services' status report *The Drug Situation in Norway (October 2006)* and the Directorate of Health's report *Trends in the Health and Social Sector (2007)*.

The five main targets in the National Action Plan are anchored in the main challenges in the alcohol and drug dependence area:



*Clear focus on public health:* We need to do more and better preventative work. This applies to alcohol and drugs alike. We are going to maintain an effective policy aimed at the population as a whole, at the same time as we must target preventative efforts so that they are adapted according to gender, ethnic background and high-risk groups. We want Norway to be an active participant, collaboration partner and driving force in international processes regarding alcohol and drugs. Measures to meet the challenges regarding public health are discussed under target 1.

*Better quality and more expertise:* We must improve skills and quality in the area of substance dependence. We need to strengthen research and teaching on alcohol and drugs, and ensure that the knowledge generated is communicated and applied. People who work in this field need further training to improve their qualifications, we need to recruit more people, and systematic steps must be taken to improve the quality of services. We need better documentation and quality assured statistics. Measures to meet these challenges are discussed under target 2.

*More accessible services and greater social inclusion:* We must offer help at the first opportunity and make sure that services are available when they are needed. This means we need to increase the number of treatment institutions at all levels. It must be assumed that all people with substance dependence need acute help. People with substance dependence must be guaranteed access to help more quickly on all levels. The aim must be that anyone who wants help will be offered help without any unnecessary delay. People who have started treatment (for example detoxification) must be guaranteed immediate follow-up. Follow-up, rehabilitation and inclusion must be integrated in the individual's treatment programme. Measures to meet these challenges are discussed under target 3.

*Binding collaboration:* We must increase and improve collaboration throughout the entire alcohol and drug field, on the individual level and on the system level. Bodies that work with children and young people have a particular need for better systems for coordination. Measures to meet these challenges are discussed under target 4.

*Greater user influence and better care for children and next of kin:* We must ensure that users can influence their own treatment and that their children and families receive better care and follow-up. Better follow-up and help for children and siblings of people with substance dependence problems are especially important. We must ensure that users' experiences are systematically used in quality assurance, and that users are given more opportunity to influence how the services are organised and policy design in this area. Measures to meet these challenges are discussed under target 5.



**Below are some actions we are going to take to meet the targets defined in the National Action Plan:**

- Improve municipal follow-up, create more treatment places in interdisciplinary specialised treatment and cut waiting times for treatment
- Ensure that everyone has an individual plan
- Test the system of contact coordinators for people with substance use disorder
- Establish alcohol and drugs dependence advisors at the county level
- Raise the quality of the services by introducing quality indicators, charting tools, guides and professional guidelines
- Introduce a maximum waiting time guarantee for children and young people under the age of 23 who have an alcohol / drug problem
- Produce guidelines for the services about children of parents with mental health problems and substance dependence problems
- Increase knowledge about children who need help, develop a strategy for early intervention and strengthen the regional child welfare services
- Quantify unmet needs in the municipalities and in the specialist health services
- Award the Prevention Prize to drug prevention projects involving young people

## THE NEED FOR GREATER CAPACITY IN THE TREATMENT SYSTEM

The evaluation of the Drug Reform showed that there has been a significant increase in the number of referrals, and that since the Drug Reform, many new treatment places have been created for people with substance dependence. The health trusts increased the budgets for interdisciplinary specialised services for people with substance dependence by 60 % between 2004 and 2006. This is an increase from NOK 1.3 billion to NOK 2.1 billion – i.e. an increase of NOK 0.8 billion. In 2005 and 2006, the relative growth in use of resources was greater for alcohol and drug treatment than for somatic and mental health care. (According to the Calculation Committee for the specialist health services (BUS); 2005: Relative growth for alcohol and drug treatment: 7.7 %, for mental health care: 6.6 % and general medicine: 2.8 % 2006: Relative growth for alcohol and drug treatment: 7.8 %, for mental health care: 3.0 % and general medicine: 5.1 % )

At the beginning of 2007, the Ministry of Health and Care Services charted the total capacity in terms of overnight places within interdisciplinary specialised treatment. The study revealed that there are 380 more overnight places, i.e. a 25 % increase over three years. The evaluation also shows that the number of full-time equivalents in health and social care within interdisciplinary specialised treatment has increased by approx. 10 %. Nevertheless, we know that this is still not enough and many people cannot get the services they need.

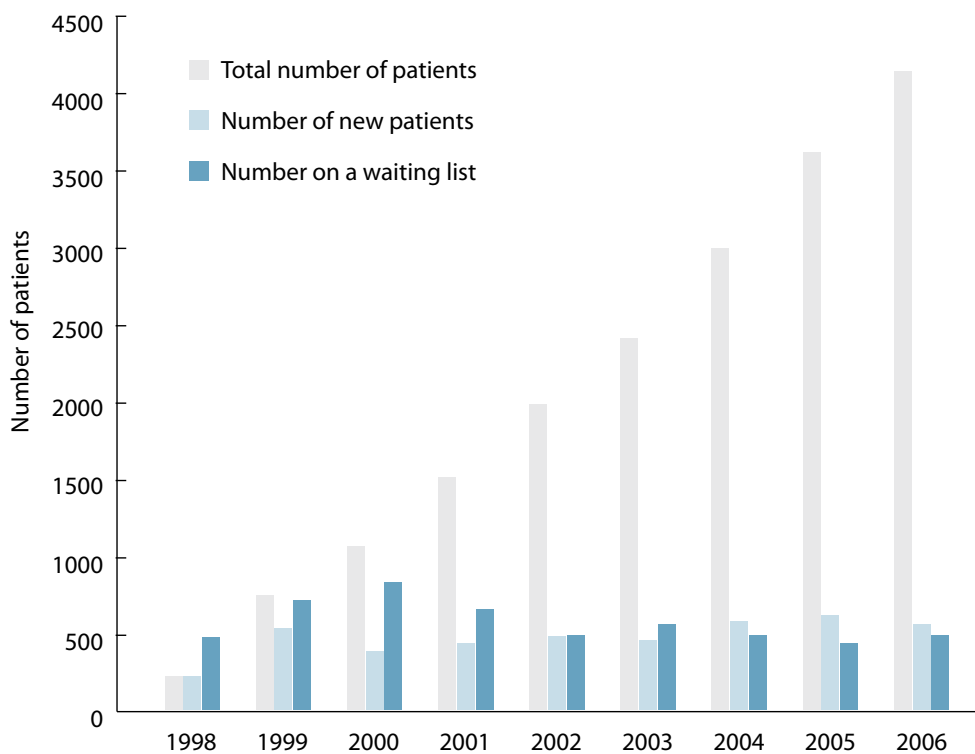


Figure 1. The number of patients in medication-assisted rehabilitation, the number of new patients each year and the number on a waiting list 1998–2006.

Source: The Clinic for Intoxication and Dependency at Aker University Hospital

As of 30 April 2007, there were 439 people on the waiting list for medication-assisted rehabilitation. Figures from the Norwegian Patient Register show that at the end of April 2007, there were 3655 people on the waiting list for other alcohol / drug treatment. Average waiting time was 70 days. An increase has been recorded in the number of persons treated for alcohol poisoning in Norwegian hospitals. Figures from the Norwegian Patient Register also show an increase in the number of admissions for alcoholic liver disease. The need for alternative serving of sentences in treatment or care institutions is also growing. It is estimated that approx. 60 % of prisoners have a substance dependence problem (the Institute of Applied Social Science (FAFO) 2004).

There has also been an increase in the number of full-time equivalents and resources employed in alcohol and drug work on the municipal level. However, the need for municipal services is also on the rise. There is large variation between municipalities in terms of resources and services. The Norwegian Board of Health Supervision points out that a growing number of people with substance dependence have serious co-occurring problems, and that not everyone receives the necessary or appropriate services. Statistics Norway estimates that there are some 122 000 recipients of financial social assistance, and we can cautiously estimate that around 40 % of them, i.e. some 50 000 people, have substance dependence problems and an accumulation of standard of living problems (SINTEFUnimed 2004). A FAFO study on the 5300 people in Norway with no fixed abode estimates that 60 % have a substance dependence problem.

We need better municipal follow-up of addicts, especially on release from an institution or prison, and better housing and activity schemes. We also know that individual plans, which are statutory, are not used sufficiently. There is also a growing need for care services on the municipal level. In the future there will be a great need to provide better follow-up for people with substance dependence problems in the Norwegian Labour and Welfare Organisation's (NAV) new qualification programme. According to the evaluation of medication-assisted rehabilitation, follow-up of users in medication-assisted rehabilitation is more structured than the follow-up of other people with substance dependence problems. By contrast, many municipalities have a long waiting time before work can be started on applying for medication-assisted rehabilitation, meaning that the total waiting time is longer than the waiting time recorded in the specialist health services.

We also have figures for other indicators that are useful in predicting the need for treatment and rehabilitation. New figures from the National Institute for Drug and Alcohol Research (SIRUS) suggest that the number of people in Norway who inject drugs rose until 2001, then dropped until 2003, and has since remained stable. For 2005, we can estimate that between 8200 and 12 500 people injected illegal drugs in Norway, which is fewer than at the last estimate in 2002. Although the number of overdose deaths has plummeted from 2001 to 2006 (338 to 195), this figure is still too high. The National Institute for Drug and Alcohol Research (SIRUS) also estimates that there are between 66 000 and 122 000 people with high alcohol consumption (2005).

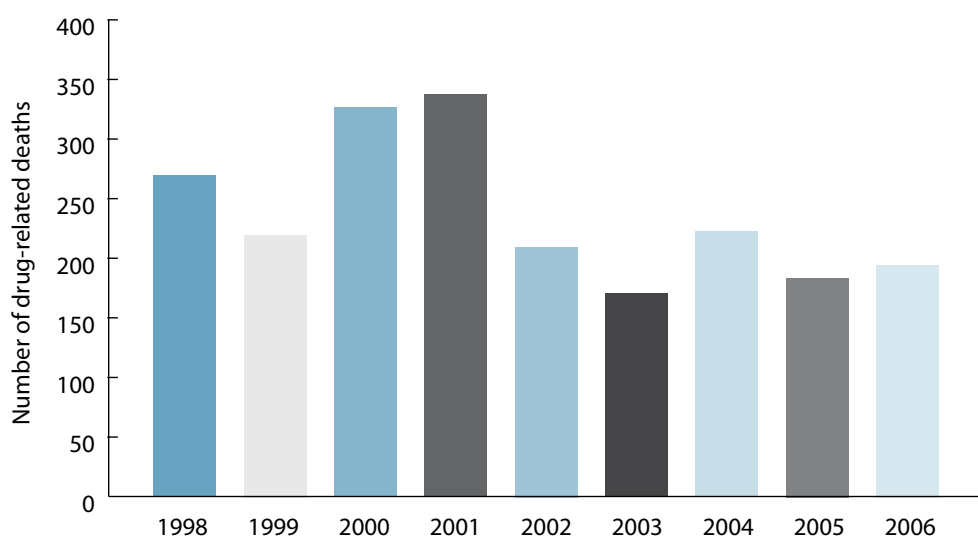


Figure 2. Annual recorded drugs-related deaths 1998–2006.

Source: the National Criminal Investigation Service (KRIPOS)

Many sources, including the National Institute for Drug and Alcohol Research (SIRUS), Statistics Norway, reports from the local authorities to the central government, and the Norwegian Patient Register, provide information about capacity needs in the alcohol and drug treatment area. Statistics Norway and the Directorate of Health are working on developing better substance dependence indicators in municipal statistics. Changes in the legal foundation for the Norwegian Patient Register and new waiting list data for specialised interdisciplinary treatment entail that we are now able to say more about the needs than previously.

We know enough to be able to initiate measures with a view to increasing capacity. At the same time, it is clear that we have inadequate knowledge about real needs. Thus, parallel to our work to increase capacity, we are also going to initiate work to chart the needs in the alcohol and drug field in more detail – in the municipalities and in the specialist health services.

# TARGET 1: CLEAR FOCUS ON PUBLIC HEALTH

The Government's alcohol policy aims to reduce the negative consequences of substance use for individuals and for society. There is a clear correlation between price, availability, total consumption, health risk and injury. Alcohol policy must always target the population as a whole and limit the availability of alcohol. The bans on selling, possessing and taking illicit drugs are going to be sustained, and efforts are going to target preventing production, trafficking and sale. At the same time, there is going to be a greater focus on measures to combat illegal import and use of medications. Information about the harmful effects of alcohol and drugs must be tailored more to at-risk groups and actively involve young people and their parents. We are going to listen to what young people themselves say and award a prize to the best municipality in terms of preventive work in the alcohol and drug field. Adults with hazardous alcohol consumption are also going to be helped at an earlier stage. Primary care doctors and occupational medical officers will play a key role in this work. Last but not least, we want Norway to be an advocate ensuring that alcohol is given priority in international bodies, and that binding, long-term drugs collaboration is given priority.

## THE NEED FOR A PUBLIC-HEALTH PERSPECTIVE

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The extent of the negative social and health consequences, including disease and accidents, increases parallel to the increase in consumption of alcohol and drugs. We therefore need to reduce the population's total consumption of alcohol and take steps to ensure that fewer people take drugs.

Alcohol consumption in Norway is increasing. In its report *På helsa løs – når rusbruk blir misbruk og misbruk blir avhengighet* [At the expense of your health – when substance use becomes abuse and abuse becomes dependence] (2006), the Norwegian Medical Association states that efforts to reduce alcohol consumption need to focus on prevention and public health. The Norwegian Board of Health Supervision reiterates this in its report from 2007 on follow-up of patients treated for alcohol poisoning. The work on reducing consumption is based on strategies targeting the public linked to price and availability. Research shows that these kinds of regulatory interventions are effective. However, these kinds of measures are facing mounting pressure, and active steps must be taken to maintain them. There is a need to ensure public knowledge about and legitimacy for the regulatory instruments. There is a pressing need to make sure people are aware of the social costs of drinking and drugs and what can be gained by reducing consumption. An important means of reducing the demand for treatment and rehabilitation is preventing consumption increasing. A number of surveys among young people reveal a significant increase in alcohol consumption among girls, while drinking among boys has gone down a little in recent years. Good, safe surroundings during childhood and adolescence have a preventative effect in their own right. It is therefore important to develop good local communities. We need to strengthen our efforts aimed at prevention.

There is also widespread illegal distribution of medicines, which are legal products. Use of medicines can be very addictive, and combined with alcohol or drugs can pose a serious health risk. It is therefore important to reduce illegal sales and use of medicines.



A study published in the Journal of Youth Research (2006) suggests that young people have alarmingly little knowledge about the harmful effects of drugs and especially alcohol. There is a huge need for factual information.

A small number of marginalised young people with immigrant backgrounds base their income on selling drugs, especially cannabis (cf. the publication Gatekapital [Street Capital] from 2006). The reasons for this are multiple and complex. There is a worrying consumption of khat in some immigrant communities, exacerbating poor social inclusion. More measures across several welfare areas are needed to counter this development.

There is broad consensus that workplaces must be free of alcohol and drugs. However, research and statistics show that alcohol consumption in the grey areas of working life is on the rise. We need more knowledge about and focus on use of alcohol in connection with working life.

Developments in Norway, other countries and in international organisations affect Norway's ability to implement public health drug and alcohol strategies aimed at the general public. To this end, extensive international collaboration on various measures is needed to combat use of alcohol and drugs, concerning reducing availability, monitoring, experience sharing, research and policy design.

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## SUB-TARGET 1.1 REDUCE TOTAL CONSUMPTION OF ALCOHOL

Our goal of reducing the total consumption of alcohol is ambitious. Alcohol policy is under pressure, from international bodies and business interests. We want to improve support for the general alcohol policy we have in Norway.

We have good knowledge about which measures are most effective at reducing the total consumption of alcohol. There is a clear correlation between price, availability, total consumption, health risk and injury. Lower prices and greater availability increase overall consumption, resulting in more alcohol-related injuries. The fact that the various measures interact and reinforce one another makes Norwegian alcohol policy particularly effective. Our holistic alcohol policy is to be maintained, and the regulatory mechanisms are going to be continued.

Alcohol or other intoxicants are often a contributing factor in serious road and water accidents. Emergency wards frequently treat people who incurred injuries while intoxicated. These kinds of injuries and accidents are not often linked to dependence. This is one of the reasons for using measures aimed at the general public, as opposed to measures aimed specifically at people who have or are at risk of developing an addiction. Negative consequences of substance use affect different population groups differently, and measures to limit consumption of intoxicants are key to improving social living conditions and levelling out social inequalities in health.

The main instruments in Norway's alcohol policy are the licensing system, the alcohol wholesale monopoly "Vinmonopolet", limited retail and serving times, specific orders and prohibitions, including the advertising ban, statutory age limits, and the restrictive tax policy. All these measures are going to be maintained.

Enforcement of the Alcohol Act must be ensured, and use of the instruments it provides must be monitored. If necessary, amendments will be made. Changes to the criteria for establishing Vinmonopol retail outlets must be regarded in this context. The same also applies to the tax policy. The restrictive tax policy is going to be maintained. In collaboration with the Ministry of Justice and the Ministry of Local Government and Regional Development, the Ministry of Health and Care Services is assessing relevant measures to improve the efficiency of supervision of licences to serve alcohol, including the possibility of quicker, harsher reactions in connection with serving alcohol to minors and intoxicated patrons. The National Institute for Drug and Alcohol Research (SIRUS) has reported extensive non-compliance with the Alcohol Act among licensees and inadequate municipal monitoring of the industry in a number of studies. The Directorate of Health is therefore going to continue its information work aimed at the local authorities and help improve the quality of the local authorities' monitoring.

There is broad consensus among large parts of the population that certain areas of life and society should be free of intoxicants; for example, traffic, sport, sailing and water activities, pregnancy, work and in the presence of children. Nevertheless, some of these areas are being challenged; for example, when they are in conflict with commercial interests. The work to ensure alcohol-free areas is going to be continued.

The police's work to prevent smuggling and illegal distribution and sale of alcohol must be target oriented.

**Measures:**

- Bolster support for the alcohol policy (Directorate of Health)
- Employ a restrictive tax policy (Ministry of Finance)
- Further develop AS Vinmonopolet (Ministry of Health and Care Services)
- Make monitoring of licensing more effective and study the possibilities for faster, harsher reactions if establishments serve minors or visibly intoxicated persons (Ministry of Health and Care Services)
- Help improve the quality of the local authorities' monitoring of licences to serve and sell alcohol (Directorate of Health)
- Increase support for alcohol-free areas (Directorate of Health)
- Make the police's work to prevent smuggling and illegal distribution and sale of alcohol more target oriented (Ministry of Justice and the Police)



## SUB-TARGET 1.2 STRENGTHEN ANTI-DRUGS WORK

With a view to reinforcing the work to combat illegal drugs and illegal use of medicines, the Government is going to increase its efforts, both internationally to limit availability of drugs and nationally to ensure that fewer people start using illegal intoxicants.

Several ministries are responsible for anti-drugs work. To ensure good coordination between and ranking of the various measures, we are going to review and assess all the measures intended to reduce cultivation, production, trafficking, sale and use of drugs. A working group is going to study which measures seem most likely to restrict availability and use of drugs.

There are grounds to assume that some groups of children and young people with ethnic backgrounds are especially at risk of developing substance dependence problems. A project targeting young people of immigrant background who sell drugs, especially cannabis, in Oslo has provided some useful experience. This project is going to be followed up. We need more knowledge about whether we need special measures to reach these groups.

Norwegian Social Research (NOVA) carried out a study in 2006 on khat use in Norway. Khat issues must be considered in light of employment, education and collaboration between the public sector and relevant immigrant organisations. Khat is illegal in Norway. We are going to consider whether to introduce stricter monitoring of the illegal import and use of khat, and whether we can get khat put on the list of narcotic drugs under international control.

Research suggests substance use patterns are changing. There are grounds to believe that consumption of substances that stimulate the central nervous system will increase in the years to come. Amphetamines are one drug that cause major mental and somatic health problems. International and Norwegian data show that the use of central nervous system stimulants (amphetamines, methamphetamines and cocaine) is increasing among young users. We need more systematic knowledge about changes in consumption trends and about effective preventative measures and treatments. The Directorate of Health is going to arrange a consultation to discuss the situation and gather information and advice about effective measures to meet the challenges.

The assistance agencies and the police and customs authorities report extensive illegal use of medicines. A significant proportion of the people who use illegal intoxicants also use addictive medicines. This applies to medicines smuggled into the country and medicines prescribed by doctors. Monitoring of illegal imports is going to be intensified by means of more targeted police and customs work. The amount of medicines being sold and used illegally is going to be mapped. An information campaign aimed at doctors is going to be developed to raise awareness about prescribing drugs. We are also going to assess the need for guidelines about which specific medical conditions should be treated with Class B controlled drugs. As far as possible, Class B substances should only be prescribed by the individual's primary care doctor, and we are going to consider the possibility of establishing a system whereby prescription of Class B drugs by other doctors must be reported to the patient's primary care doctor. The Ministry of Health



and Care Services is considering measures to minimise the unfortunate aspects of private import of medicines. Measures under consideration include an 18 year age limit on sending medicines from other EEA States, more information about unfortunate consequences, and making it illegal to import some medicines, such as antibiotics, for example.

Driving under the influence of alcohol or drugs constitutes a serious threat to traffic safety. Drugs and alcohol are a contributory factor in very many serious traffic accidents. Norway already has good, effective measures in place in this area. This work will be continued. Drivers' use of intoxicants other than alcohol is on the rise and is cause for concern. In autumn 2005, a working group presented its report and proposed remedies. The proposals include better and more targeted information and greater focus on traffic controls at times when and in places where people are likely to drive while intoxicated. Several of the proposed measures are going to be followed up, and a working group is already preparing reports with a view to introducing a zero limit for illegal drugs in the Road Traffic Act, and fixed intoxication limits for prescription drug listed as a controlled substance and over-the-counter medicines, similar to those in place for alcohol.

**Measures:**

- Appoint a working group to review measures designed to reduce cultivation, production, trafficking, trade and use of drugs (Ministry of Health and Care Services)
- Tailor police and customs work to prevent production, trafficking and sale of drugs (Ministry of Justice and the Police / Ministry of Finance)
- Improve the knowledge base and implement measures for young people from immigrant backgrounds who sell drugs, and implement measures linked to use of khat (Directorate of Health)
- Increase efforts to combat use of central nervous system stimulants such as amphetamines and cocaine, and systemise knowledge and develop new measures and forms of treatment (Directorate of Health)
- Intensify control of illegal import of medicines (Ministry of Finance)
- Get an overview of the medicines that are being sold and taken illegally (Directorate of Health)
- Prepare an information campaign aimed at doctors, guidelines for which conditions should be treated with Class B substances, and consider a system whereby the primary care doctor is notified (Directorate of Health)
- Introduce limits for private import of medicines (Ministry of Health and Care Services)
- Develop measures to combat driving under the influence of intoxicants other than alcohol (Ministry of Transport and Communications)



## SUB-TARGET 1.3 MORE INFORMATION

The Government wants to focus more on targeted information and greater participation from young people and parents. Knowledge must be generated and attitudes must be changed to reduce the harmful side effects.

The Directorate of Health does active information work about the harmful effects of alcohol. This work aims to raise the level of knowledge in the public and make people aware of the link between the age people start drinking and alcohol consumption in adult life. The initial target group is young people and parents, who are to be given a more active role as contributors and mediators in local preventative work. One purpose of the information work is to help build up good, safe local communities. The information must be tailored to the part of the population it is aimed at. Gender perspectives and the needs of people of different ethnic origins must be taken into consideration, for example, some people from an immigrant background may need information translated. The information aimed at parents must be coordinated with that aimed at children and young people. Alcohol must be raised at parent–teacher meetings. All levels in the school system should be involved. Work must be done in collaboration with the regional resource centres for substance dependence problems, local and voluntary prevention organisations and the National Parents' Committee for Primary and Lower Secondary Education. Information work in schools must build on knowledge about effective prevention.

Information campaigns must not be seen in isolation, but must be an integrated part of local preventative work. To encourage more involvement and awareness, children and young people must be involved in the preparation and implementation of measures to prevent hazardous use of alcohol and drugs. As a means to this end, the Prevention Prize for drug prevention projects involving young people will be awarded each year during the plan period. This prize will be awarded to the municipality that best involves children and young people in the general work to prevent substance use. The jury will consist of representatives for children and young people.

Information campaigns and other measures to prevent drug and alcohol problems must be under constant development. A brainstorming session will be arranged for voluntary stakeholders in this field to come up with good ideas for preventative measures.

Each year, babies are born with serious defects as a result of pregnant women drinking alcohol. To reduce this, public health clinics, primary care doctors and other health workers must advise pregnant women not to drink during pregnancy. The Directorate of Health is going to develop and implement screening methods to reveal alcohol consumption during pregnancy. We are also initiating an information campaign on the risks of alcohol consumption during pregnancy.

The EU's alcohol strategy and its follow-up have raised the issue of putting health warnings on alcoholic beverages. France has decided to introduce health warnings, and many other countries are expected to follow suit. In this light, we are going to consider whether health warnings could be a relevant measure in Norway.

**Measures:**

- Improve information aimed at young people and their parents (Directorate of Health)
- Award the Prevention Prize to the municipality that best involves children and young people in drug prevention work (Ministry of Health and Care Services)
- Arrange a brainstorming session on good alcohol and drug prevention for voluntary organisations in the substance use field (Ministry of Health and Care Services)
- Introduce screening to detect alcohol consumption in early pregnancy (Directorate of Health)
- Implement an information campaign about the risks of drinking during pregnancy (Directorate of Health)

## SUB-TARGET 1.4 BOLSTER WORKPLACE ALCOHOL AND DRUG PREVENTION

There is widespread consensus in Norway that the workplace should be an alcohol and drug free arena. It is worrying that alcohol is increasingly being used in work-related situations, for example seminars, courses and team-building exercises. We are going to bolster workplace alcohol and drug prevention.

It is increasingly being recognised that alcohol constitutes a significant problem in working life and that the total costs are high. The topic is being given high priority in all the affected ministries.

There are grounds to believe that a significant share of the short-term absence from work due to illness is caused by alcohol and problems linked to drinking in the family. The National Institute for Drug and Alcohol Research (SIRUS) and other stakeholders are going to gather better data about problems at work linked to alcohol and drug use, including absence caused by use of intoxicants.

Many companies have good routines for dealing with substance dependence problems at the workplace, and several new initiatives have been registered in this area. The Norwegian Tripartite Committee for the Prevention of Alcohol and Drug Problems in the Workplace (AKAN) does important work on reducing substance dependence problems, but tends to be used only in the public sector and large companies. The evaluation of AKAN, performed by the Work Research Institute in 2005, shows that work to prevent alcohol and drug use must be more proactive, system-oriented and long term. The Directorate of Health is going to help AKAN develop models that also work for private and small and medium-sized enterprises.



AKAN is also supposed to provide information and communicate knowledge, and the necessary steps are going to be taken to ensure that AKAN is better able to implement measures to ensure earlier intervention.

Earlier detection and intervention in cases of harmful alcohol use and use of other intoxicants are an important task for primary care doctors and occupational medical officers. We want to pave the way for doctors to be able to use screening and charting tools to detect and prevent unfortunate developments.

**Measures:**

- Acquire better data about drug and alcohol-related problems in working life, including absence due to substance dependence problems (Ministry of Health and Care Services)
- Further develop the Tripartite Committee for the Prevention of Alcohol and Drug Problems in the Workplace (AKAN) by testing models for preventing and dealing with substance dependence problems in private and small and medium-sized companies (Directorate of Health)
- Provide the stakeholders in working life with better information and knowledge through AKAN (Directorate of Health)

## SUB-TARGET 1.5 STRENGTHEN INTERNATIONAL WORK

Norway has a tradition of taking international collaboration on alcohol and drugs seriously. This work will be continued and further strengthened.

**Stronger international focus on alcohol and health**

For a number of years now, the Nordic countries have coordinated their efforts through the Nordic Council of Ministers to ensure alcohol and health are a priority item on the international agenda. Norway wants to support the work to increase the minimum taxes on alcoholic beverages in the EU and to reduce the duty-free quotas in the EU. Norway wants to encourage the World Health Organization (WHO) and the International Labour Organization (ILO) to pay more attention to the links between alcohol and health and is going to collaborate with other countries that are concerned about the health risks of alcohol use. Norway is going to participate in the development of a common professional knowledge base about how alcohol as a health risk factor can be reduced, for example by taking part in expert groups on alcohol-policy issues in the EU and in the Northern Dimension partnership. On the initiative

of the Nordic countries, work is underway in the WHO to develop an action document to bolster international work to combat alcohol-related disease and injuries. The Nordic collaboration to promote international measures in this area is going to be continued.

In autumn 2006, the EU Commission presented a strategy for alcohol and health. Norway is going to work to make sure that the strategy is followed up by the EU institutions, EU States and other stakeholders. Steps are also going to be taken to ensure that the EEA funding schemes – schemes whereby Norway is committed to contributing to development and investment projects in new EU member states and Greece, Portugal and Spain – are used to bolster the focus on alcohol and drug policy in the recipient countries.

It must be ensured that EEA membership, international trade agreements under the WTO and bilateral trade agreements do not have negative consequences for Norway's alcohol policy instruments. The impact on alcohol policy will be assessed continuously in connection with WTO negotiations. We are going to strive to ensure that the interests of public health are taken sufficiently into consideration in international trade agreements. Norway must have a good understanding of the correlation between matters of EU/EEA law, WTO issues and health-related issues.

Alcohol poses a serious threat to health and development in many developing countries, and Norway is going to support measures to reduce this threat.

#### **Norwegian work to combat international drug problems needs to be more target oriented**

Almost without exception, the illegal intoxicants used in Norway come from abroad, and the drug situation in Norway is affected by drug production in these countries. International drug trafficking must be combated by means of monitoring and confiscation. Norway is going to promote international police and customs collaboration to control the trade of illegal drugs. Norway is also going to consider alcohol and drug oriented programmes in Norwegian bilateral and multilateral aid, including aid to producer countries that change their crops and promote alternative ways of making a living.

The objective of the international work in this area is to limit the amount of drugs on the international and national markets, to counter liberalisation of drug policy, to share experiences, and to gather good, comparable data. Norway is going to continue to give priority to the long-term binding international anti-drugs collaboration through the EU, the Council of Europe (the Pompidou Group), the United Nations' Commission on Narcotic Drugs (CND) and other relevant UN organisations, the Nordic Council of Ministers and other Nordic collaboration.

Responsibility for Norway's international commitments is distributed among several ministries. This work needs streamlining. A strategy is going to be drawn up for Norway's international drugs collaboration in keeping with the overriding targets of the National Action Plan.



Voluntary organisations do an important job in the international work on alcohol and drugs. The Government is going to continue facilitating voluntary work and that volunteers can collaborate in networks and contribute to international processes that have an impact on the alcohol and drug field.

**Measures:**

- Be an advocate in the Nordic collaboration on alcohol policy (Ministry of Health and Care Services)
- Actively work to ensure that alcohol-related problems are given greater attention in the EU (Ministry of Health and Care Services)
- Help ensure that alcohol and drug-related projects are initiated under the EEA funding schemes (Ministry of Health and Care Services)
- Actively work to ensure that alcohol-related problems are given greater attention in the WHO and ILO and ensure long-term funding for this work (Ministry of Health and Care Services)
- Work to make sure that the interests of public health are taken into consideration in international trade agreements (Ministry of Health and Care Services)
- Ensure sufficient expertise in matters of EU/EEA law and issues linked to the WTO that affect Norway's alcohol policy (Ministry of Health and Care Services)
- Assess alcohol and drug oriented programmes in Norwegian bilateral and multi-lateral aid, including aid to producer countries that commit to changing crops and promoting alternative ways of making a living (Ministry of Foreign Affairs)
- Promote national and international police and customs collaboration to increase control and confiscation of illegal drugs (Ministry of Justice and the Police)
- Prepare an overall strategy to ensure continued binding and long-term international anti-drugs collaboration (Ministry of Health and Care Services)
- Facilitate voluntary organisations' international work on substance use (Ministry of Health and Care Services)

## TARGET 2: BETTER QUALITY AND MORE EXPERTISE

People with substance dependence problems are entitled to good services of consistently high quality. The Government is therefore going to give priority to raising the level of quality and expertise in services in this area. Knowledge, dissemination of expertise, professional development and recruitment are all interrelated. We need to improve the quality of work on alcohol and drug-related issues, bearing in mind that this area is diverse, interdisciplinary and includes public agencies and private and voluntary organisations. We are going to improve the quality of services and increase knowledge about substance use disorders. We have established a new research programme and a new centre for drug and alcohol research. We are going to make provisions to ensure that more people can get further education in subjects relevant to substance use disorder. The organisation of alcohol and drug work in the municipal services and in the specialist health services is going to be improved, and we are going to develop tools to raise the quality of the services. We are going to set up a management system for services in the field of alcohol and drug problems that will provide us with better overview, documentation and statistics.

### CURRENT NEEDS FOR QUALITY AND EXPERTISE

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Reports from the Norwegian Board of Health Supervision, the Office of the Auditor General and SINTEF draw attention to the poor quality of services in this area, both in terms of preventative measures and within health and social services. Employees in the Norwegian Labour and Welfare Organisation (NAV), the child welfare services and the Norwegian Correctional Services also face challenges linked to inadequate knowledge and expertise about substance dependence. Research and development of methods are going to be a priority, and knowledge about effective services and effective prevention will be communicated to decision-makers and executive agencies. A concerted approach to improving quality and expertise is needed.

A quality system must be established that ensures better routines and responsible professional conduct. To improve professionalism, we need thematic guidelines and manuals – and to make sure that the services use them. More management information and statistics are also required. This will provide the authorities with better knowledge about whether the measures are having the desired effect, and will also provide the users with better information about the available services. We need to ensure that services are based on knowledge and research. The link between research and practice must be strengthened. The services must have up-to-date knowledge about trends and changes in use of intoxicants so that the range of support and treatment services is developed in keeping with the users' needs. The efforts to improve quality will support the commitment to providing more accessible services and more binding collaboration.

To strengthen expertise in substance use disorder in the local authorities and in the health trusts, more people with a qualifications in health and social work must be employed and the services must be developed using interdisciplinary expertise.



We need a greater focus on the consequences of substance use in basic education courses to allow more people to take further education in the field of alcohol and drug problems. We also need more and better knowledge about the links between substance use and health problems, especially mental health problems, and between substance use, social functionality, participation in working life and living conditions.

All the stakeholders involved must contribute to ensure attainment of the goals of improving quality and expertise. This entails responsibilities for employers and for individual employees. Educational institutions and research communities have an independent responsibility to generate knowledge and communicate it to the services and society at large. This also applies to directorates, county governors and the regional resource centres for substance dependence problems.

## SUB-TARGET 2.1 IMPROVE RESEARCH AND TEACHING

The Government is investing in research on substance use and has established a special research programme and a new research centre. The results of the research must be communicated out to the field, and we are going to invest in more and better teaching in basic and further education.

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A new substance use research programme (2007–2011) is being established under the Research Council of Norway (NFR). In addition to the research programme, a specialised research centre is also being set up at the University of Oslo: the Section for Clinical Substance Use Problems. I *NOU 2003: 4, Research on the Field of Drugs* highlights a number of shortcomings in research on alcohol and drug use. Establishment of the research programme and centre are intended to contribute to a stronger academic anchoring for research on substance use, more teaching, and greater visibility and status for studies of substance use as an academic field. The centre is going to provide teaching and supervision in basic education courses and further education in subject areas relevant to alcohol and drug use. It is also going to coordinate large-scale interdisciplinary research projects. Through the programme, support will be given to research projects of high quality with a focus on better knowledge about the negative consequence of substance use, injuries as a result of substance dependence problems and measures to prevent and treat substance dependence. The aim is better quality in the education and services and a better foundation for decision-making for politicians and authorities.

We are also going to expand other central research institutes and resource centres such as the National Institute for Drug and Alcohol Research (SIRUS), the Norwegian Institute of Public Health, the main treatment institutions in the health trusts and municipal specialist communities. The regional resource centres for substance dependence problems are going to be built up as expert organisations, with a particular focus on the main needs in the municipalities and the need to improve collaboration between the different service levels. The role of go-between between practice and research communities must be defined more clearly, and the centres' function of supporting development of quality and knowledge-based preven-



tion strategies and social and health services is going to be reinforced. The Ministry of Health and Care Services will consider these challenges when deciding where to locate and how to organise the resource centre functions.


Research and development work on organisation and professional development in the social services is going to be boosted. For example, research will be initiated to generate better knowledge about unmet needs for health and social services among people with alcohol and drug problems. In collaboration with Norwegian Association of Local Authorities (KS), projects are going to be carried out to test different models for organising municipal work on alcohol and drug use. This must be seen in connection with the development of models for mental health work.

Four college and university social offices have been established in collaboration with local authorities. The purpose is to develop practice-based research and knowledge-based practice, and develop new forms of collaboration between practice, research, education and users in the social services. This trial scheme embraces tasks pursuant to the Social Services Act that are administered by the social office service.

The regional health authorities are to give priority to areas such as treatment for substance use disorder and mental health care. There is a particular need to bolster knowledge about organisation and consumption of health services and coordination between the primary and specialist health services. The regional health authorities must make use of the opportunity to grant doctors and psychologists within interdisciplinary specialised treatment research leave, so that research and clinical work can be combined.

**Measures:**

- Support more research projects through the new Alcohol and Drug Research Programme (Ministry of Health and Care Services)
- Establish a substance use research centre at the University of Oslo (Ministry of Health and Care Services)
- Generate more knowledge about the need for health and social services among people with alcohol and drug problems (Ministry of Health and Care Services)
- Further develop and strengthen the regional resource centres for substance dependence problems (Ministry of Health and Care Services)
- Research and development work on organisation and professional development in the social services is going to be boosted (Ministry of Health and Care Services)
- The regional health authorities are going to make research on treatment of substance dependence a priority (Ministry of Health and Care Services)

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- Pave the way for research combined with clinical work and research leave for doctors and psychologists within interdisciplinary specialised treatment (Ministry of Health and Care Services)

## SUB-TARGET 2.2 IMPROVE EXPERTISE AND RECRUITMENT

To improve expertise in the alcohol and drug field, more people must be given the opportunity to qualify and take further education. Recruiting people with the correct academic knowledge and training is a long-term priority for the Government.

There are several colleges offering further education in fields related to substance use. In order to get more people to improve their expertise, we are going to establish a scheme of part-funding of this kind of further education for employees in the social and health services and in the Norwegian Labour and Welfare Organisation (NAV). This scheme will also encompass employees in the Norwegian Correctional Services and the police. From 2007, several colleges are establishing a new interdisciplinary course of further education in psycho-social work with children and young people. This course will be useful in anti-drugs and alcohol work and preventative mental health work in the municipalities. The course is primarily intended for municipal employees who work with children and young people, but it is open to everyone. This course is supported by a central-government wage subsidy for employees administered through the county governors. The Norwegian State Housing Bank gives grants to municipal employees who take further education in housing assistance, and importance is going to be attached to encouraging employees in health trusts, correctional services and child welfare services to take this course. The Directorate of Health is going to continue its work on further and continuing education for health and social personnel in their work with patients with dual diagnoses.

As part of the quality agreement between the Government and the Norwegian Association of Local Authorities (KS), strategies that ensure expertise and greater interdisciplinary breadth are going to be developed; for example, by increasing the percentage of employees with higher education (cf. *Report no. 25 to the Storting (2005–2006), Long-term care – Future challenges*). In collaboration with the Norwegian Association of Local Authorities (KS) and the Norwegian Labour and Welfare Organisation (NAV), the Directorate of Health is going to establish a project to improve expertise in substance dependence and hazardous use of alcohol and drugs among employees and managers in the municipal services and to test various different models of organisation and content for the services, and to develop flexible services that result in more individual guidance and follow-up for users. This project must be seen in connection with the development of models for mental health work. The goal is to generate more knowledge about which measures work.

The courses for doctors and psychologists organised by the University of Oslo are going to be strengthened. Primary care doctors and hospital doctors need information about where they can go for advice and professional guidance on substance dependence problems. We will continue to build on the empirical knowledge that doctors working with substance dependence problems have developed using contact forums and electronic networks to improve information channels for doctors.

The Drug Reform has been evaluated by the International Research Institute of Stavanger (IRIS). The evaluation report, in 2006, indicates that expertise in health care and social work has improved as a result of the reform. Interdisciplinary specialised treatment has seen a significant increase in the number of medical personnel. There has also been an increase in people with qualifications in social work and pedagogics. The number of full-time equivalents in the municipal services has also risen. At the same time, we would refer to the Norwegian Board of Health Supervision's nationwide inspection of interdisciplinary specialised treatment in 2006 and the problems it uncovered linked to lack of expertise.

Expertise within interdisciplinary specialised treatment for substance use disorder must be further strengthened. Interdisciplinary specialised treatment for substance use disorder is a new service area within the specialist health services. A national interdisciplinary group is going to be set up to define the concept more precisely and specify the medical, psychological and social content of the services.

There is broad support for the principle of equitable health services regardless of social status in Norway. For some people, the threshold to the health service can seem prohibitively high. This is often the case for heavy drug addicts and prisoners, who need special low-threshold schemes. We need more knowledge about social inequalities in access to health services, (cf. *Report no. 20 to the Storting (2006–2007), National Strategy to Reduce Social Inequalities in Health*).

The measures to improve expertise must also include personnel who do not have professional qualifications involved in follow-up and care services. The opportunities for training for unskilled employees are going to be increased. An example in this context is the common training programme run by the City of Oslo and the Salvation Army in collaboration with VOX Norwegian Institute for Adult Learning.

**Measures:**

- Part-fund further education in substance dependence problems at colleges (Ministry of Health and Care Services)
- Offer municipal employees interdisciplinary further education in psycho-social work with children and young people (Ministry of Health and Care Services)



- Improve expertise among employees and managers in the social services and in other parts of the municipalities' work linked to substance use disorder (Directorate of Health)
- Increase number of courses for doctors and psychologists at the University of Oslo (Ministry of Health and Care Services)
- Develop a substance use information channel for doctors (Directorate of Health)
- Improve health-care expertise on substance use and increase recruitment of personnel to interdisciplinary specialised treatment (Ministry of Health and Care Services)
- Increase knowledge about social inequalities in access to health services and the underlying mechanisms that cause this (Ministry of Health and Care Services)
- Expand the training available for unskilled employees (Ministry of Health and Care Services)

## SUB-TARGET 2.3 IMPROVE THE QUALITY OF SERVICES

The quality and content of the services are going to be improved. The work requires a systematic approach and long-term investments and is going to be done within the framework of the *National Strategy for Quality Improvement in the Health and Social Services* and the *National Strategy for Quality Improvement in the Health and Social Services for People with Substance Dependence Problems*.

To improve the quality and content of municipal work on alcohol and drug use disorders, special substance use advisers are going to be established on the county level. The advisers will help implement the National Action Plan on the local level, paying special attention to ensuring that the municipal services' work with individuals with substance dependence is improved and that individual treatment plans are used more actively. The advisers should also contribute to a better system for municipal follow-up after release from an institution or prison. They are also going to be charged with following up and coordinating central-government grant schemes and measures to improve expertise. The advisers must collaborate with regional and local partners to ensure the various central-government investments have maximum impact.

The improvement efforts must have an interdisciplinary and psycho-social perspective. It is particularly important that the local authorities recognise the links between substance use disorder and mental health problems, and between substance dependence problems and social skills and inclusion. Measures for people with substance use problems must be considered in connection with other rehabilitation work. This work must take into account the fact

that how alcohol and drug work is organised varies widely and that tasks may be assigned to different units, such as the local NAV office, social services, the mental health unit, outreach and home-based services or other activation measures.

The Government wants to put the local authorities' tasks related to substance use on the agenda in the consultations with the Norwegian Association of Local Authorities (KS) and through follow-up of the agreement on quality improvement in the health and care services that runs from 2006–2010. Together the Government and KS will work to promote better quality and simpler schemes in municipal services. The challenges must be countered in light of local variations and needs.

Knowledge must be systematically gathered about the ongoing efforts on substance use problems on the municipal level and the users' needs through knowledge reviews and sample surveys. Evaluations of the organisation, services on offer and various experimental projects must be followed up, and experience must be shared. Good, comprehensive services for people with substance dependence should be based on lessons learnt.

In collaboration with the Norwegian Association of Local Authorities (KS), projects will be carried out to test different organisational models for municipal substance dependence work in order to develop more flexible services that promote individual guidance and follow-up of the users. This must be seen in connection with the development of models for mental health work.

The local authorities' work with people with addictions should also be subject to systematic learning in a quality system based on internal control. The municipal social and health services and the specialist health services are obliged to have routines to ensure that the services are secure and safe and that capture any errors or shortcomings. This is an integral part of any systematic improvement work. The Directorate of Health must collaborate with the county governors to facilitate a comprehensive approach to quality enhancement and training in internal control.

The Drug Reform drew attention to the need to define more clearly the distribution of responsibility between the local authorities and the specialist health services. Application of the principle of lowest effective level of care has not come far enough in the services for people with substance dependence problems. The evaluations of medication-assisted rehabilitation and the Drug Reform indicate that there are major variations between municipalities in terms of resources invested and scope of services. It must be ensured that the tasks ascribed to the local authorities and the specialist health services respectively are clearly defined. To bolster the municipal alcohol and drug work as a field of practice, charting tools, templates and guidelines for municipal services are going to be developed. The Directorate of Health is going to prepare a guide on municipal substance use work and a guide on referring people for interdisciplinary specialised treatment for primary care doctors and the social services. Good referrals to the specialist health services will help improve distribution of tasks, reduce waiting time for assessment and treatment, and ensure better planning of individual rehabilitation programmes. These manuals will ensure a good professional basis for a more uniform



assessment of entitlement to receive necessary health care for people with alcohol and drug addictions.

The quality of interdisciplinary specialised treatment for substance use disorder is going to be improved. Transferring responsibility for this service to the regional health authorities resulted in needs for more qualified health personnel to meet the requirements stipulated for a specialist health services. The professional content must be systemised and quality assured. To set standards for quality, the specialist health services must make greater use of guides and professional guidelines. The Directorate of Health is going to publish a guide on assessment of referrals for interdisciplinary specialised treatment for people with substance dependence. This kind of guide will ensure a solid professional basis for a more uniform assessment of entitlement to receive necessary health care for people with alcohol and drug addictions. The Directorate is also going to compile national professional guidelines for medication-assisted rehabilitation, for interdisciplinary specialised treatment for substance dependence and for assessment and diagnosis of patients with substance use problems and serious mental health problems. A sizeable percentage of people addicted to intoxicants who are referred to the specialist health services also have fairly serious mental health problems. We need better knowledge about treatment of patients with co-occurring disorders. This applies to both interdisciplinary specialised treatment and mental health care.

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The people who prepare guidelines and guides must decide how users with special, extensive needs are to be dealt with. Children and young people with substance use problems or mental problems, pregnant substance addicts or pregnant women undergoing medication-assisted rehabilitation, people with substance dependence problems of ethnic minority background and people with gambling addiction represent special challenges for the services. Individual needs, the gender perspective, ethnic background and family situation must all be taken into consideration. The Directorate of Health is going to prepare a guide on the follow-up of pregnant women in medication-assisted rehabilitation and assess other development projects in the area. This work must be seen in connection with the quality work in prenatal care and other services for pregnant women.

Professional development must also be based on surveys and evaluations. In connection with its deliberation of the Drug Reform, the Storting ruled that the reform was to be evaluated after three years. In the revised national budget for 2007, the Ministry of Health and Care Services presented the Storting with a more detailed account of the evaluation of the Drug Reform.

Low-threshold health interventions are to be evaluated, and grants for municipal alcohol and drug work are to be evaluated as part of the development work. The Directorate of Health is going to survey and evaluate the use of retention in an institution without the person's consent pursuant to sections 6-2 and 6-AA of the Social Services Act.

Several regional health authorities have attached importance to establishing interdisciplinary forums for therapists as a useful means of improving competencies in their plans of action for alcohol and drug dependence. These provide a professional meeting place for doctors and

psychologists. The Ministry of Health and Care Services wants to encourage establishment of more of these kinds of forums, which ought to include specialists in internal medicine and other personnel from somatic hospital wards that work with patients with substance use problems.

**Measures:**

- Establish substance use advisers at the county governors' offices to aid implementation of the National Action Plan in the municipalities (Ministry of Health and Care Services)
- Gather and spread knowledge about systematic quality development work in the municipalities (Directorate of Health)
- Provide training in internal control and quality systems (Directorate of Health)
- Compile a manual on municipal substance treatment work and charting tools for municipal services (Directorate of Health)
- Compile a manual on referral to interdisciplinary specialised treatment (Directorate of Health)
- Prepare national professional guidelines on interdisciplinary specialised treatment for substance dependence and medication-assisted rehabilitation (Directorate of Health)
- Prepare national professional guidelines on assessment and diagnosis of patients with co-occurring substance use disorder and serious mental health problems (Directorate of Health)
- Prepare a manual on follow-up of pregnant women in medication-assisted rehabilitation (Directorate of Health)
- Evaluate use of retention in an institution without the person's consent (Directorate of Health)
- Evaluate and further develop grants for municipal work on alcohol and drug dependence (Directorate of Health)



## SUB-TARGET 2.4 BETTER DOCUMENTATION AND STATISTICS

Existing alcohol- and drug-related data do not provide enough information about the scope of the problem, causes, input of resources and results. We are going to develop and implement better systems for reporting, statistics and documentation.

Good statistics form the foundation for target-oriented services adapted to the needs of the individual and good management information for the authorities, service providers and researchers. Good data also provide the users with better information about the available services. The Directorate of Health is working on development of a management system for the services in the alcohol and drug field. Data from different registers are going to be coordinated, and the system will contain reporting parameters as a basis for quality assured statistics. The statistics will provide grounds for national overviews and international reports and shall include both the specialist health services and the municipal sector.

A lot of information is already available. Statistics Norway collects data from the municipalities' reports to the central government (via Kostra), individual-based nursing and care statistics (Iplos), central data from the general practitioner service (Seda) and the specialist health services, including substance dependence treatment. Waiting list data on patients in interdisciplinary specialised treatment for substance dependence are reported to the Norwegian Patient Register. The Storting has decided that the Norwegian Patient Register is to be altered to allow identification of individual patients. To ensure relevant data for administration, management and quality assurance of the services, certain social and intoxication-related variables are to be registered, meaning the register will be more useful for research and as a source of data for registers of diseases and quality, and information about the services.

It is difficult to get an overview of the scope of substance dependence because the local authorities generally register services provided according to needs and not diagnosis. As part of the development of the reporting system, the Directorate of Health is going to devise better measuring and quality indicators for substance dependence in the municipalities and in the specialist health services. Work is also going to be done to get better overview of the total use of resources in this area. The Directorate of Health also assesses diagnosis related groups (DRG) for interdisciplinary specialised treatment and for mental health care. The National Institute for Drug and Alcohol Research (SIRUS) is also going to help improve knowledge about unmet needs for health and social services among people with substance dependence problems.

A number of sample surveys are going to be carried out to map the needs of people with alcohol and drug problems in the municipal services and the specialist health services. This is an important part of the work to systematically develop the services. The surveys must be seen in light of the work to map homelessness and living conditions among convicts and prisoners (the Institute of Applied Social Science (FAFO) 2004).

In order to implement appropriate measures, we must have a good overview of access to and use of intoxicants and the underlying causes of use. The National Institute for Drug and Alco-



hol Research (SIRUS) has helped build up a good factual basis in this area that we are going to continue to build on. Knowledge and statistics are inadequate in some areas, for example in relation to alcohol poisoning, and steps will be taken to ensure better documentation and statistics.

**Measures:**

- Introduce a better management system – statistics, documentation, reporting – in the municipal services and the specialist health services (Directorate of Health)
- Establish a person-identifiable patient register (Ministry of Health and Care Services)
- Design measuring and quality indicators for the alcohol and drug field in the municipalities and the specialist health services (Directorate of Health)
- Chart needs and use of resources in the alcohol and drug field (Ministry of Health and Care Services)


## SUB-TARGET 2.5 RAISE THE QUALITY IN THE VOLUNTARY SECTOR

Voluntary organisations play an important role with regard to prevention, treatment and care within self-help and user organisations. The Government is going to continue supporting voluntary work. We are going to take steps to ensure that the voluntary sector is also involved in the quality improvement work in the substance use area.

At present, voluntary organisations are given grants for prevention and rehabilitation services.

The grant schemes for organisations that do preventative work are intended to support measures based on empirical knowledge. At the same time, we want to encourage new thinking and innovation, and the relationship between support for operation and project support must be taken into account. We also want to encourage local collaboration between voluntary organisations and the public sector.

The grant schemes for user organisations and organisations that provide services must prioritise local rehabilitation work with a focus on long-term follow-up, rehabilitation and networking as part of the work on individual plans. Many voluntary organisations function as a supplement to public services. We are going to continue the work on making grants target oriented so that they help improve the quality of work in the voluntary sector. Grants for user organisations are intended to promote user-initiated measures that help people help them-



selves (getting their lives back on track and learning) and that increase user involvement in services for people with substance dependence problems. Measures aimed at next of kin are also covered by this scheme. The Directorate of Health is going to evaluate the grant scheme for voluntary organisations that provide services connected to alcohol and drug use. It is hoped that the evaluation of the grant scheme will cast light on and provide an overview of the services provided by voluntary organisations and charities, and that it will yield important knowledge about the situation facing voluntary and private organisations that provide services similar to those the municipal authorities and regional health authorities have a duty to provide. The evaluation will therefore be an important foundation for further development of measures in the voluntary sector.

Internal control and monitoring have also been introduced for organisations that work with substance use problems that were not covered by the Drug Reform. Government supervision of private undertakings is now regulated in the same way as the supervision of public schemes. In addition, the internal control regulations have been amended so that private institutions and private homes with 24-hour care services now have an independent duty to perform internal control. The purpose of the amendments is better protection of users' legal rights and better quality control.

The experiences gained by the various different organisations locally are going to be summarised and published as part of the work to develop the services and the field. The local authorities and regional health authorities are also going to involve the voluntary organisations in their development work.

Partnership models will be considered as a means to reinforce the collaboration between public and voluntary stakeholders. This will help us develop a good range of activities, low-threshold schemes and network collaboration.

**Measures:**

- Make the grants for voluntary organisations target oriented (Directorate of Health)
- Evaluate the grant scheme for voluntary organisations that provide services in the alcohol and drug field (Directorate of Health)
- Follow-up supervision and the internal control regulations for private institutions that treat substance dependence (Ministry of Health and Care Services)
- Summarise and communicate experiences from voluntary organisations (Directorate of Health)
- Improve collaboration between public and voluntary stakeholders and consider partnership models (Directorate of Health)

## TARGET 3: MORE ACCESSIBLE SERVICES

The services for children and young people must be made more accessible. We want to raise the level of expertise and introduce measures to detect use and offer assistance at an earlier stage than is currently the case. We want to introduce a maximum waiting time guarantee for children and young people under the age of 23 with substance use problems or mental health problems. It must be assumed that all people with substance dependence need acute help. People with substance dependence must be guaranteed access to help more quickly on all levels. We want to increase capacity and establish more treatment places in interdisciplinary specialised treatment, including medication-assisted rehabilitation. At the same time we want to bolster the municipal alcohol and drug work with better individual follow-up, low-threshold schemes, outreach services, and more employees in the care services. To make the services more accessible for people in prison, we are going to provide more places for prisoners to serve their sentence in treatment and rehabilitation institutions and set up substance dependence problems units in prisons. To help combat poverty and help more people with disadvantages in the employment market find work, we are going to introduce a new qualification programme for people with significantly reduced work and earning capacity and with no or limited National Insurance benefits.

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### MAIN CHALLENGES IN THE SERVICES

We must get better at recognising and following up children and young people who show signs of problems, and we need better tools to detect problems in children and young people as early as possible to ensure swift intervention. It is crucial that schools and the school health service do more to identify and follow up at-risk children. This is also a key focus area in the Escalation Plan for Mental Health.

Individual follow-up by the local authorities desperately needs improving. For example, the Norwegian Board of Health Supervision points out that a growing number of people with substance dependence have several co-occurring problems and that they do not receive the necessary professional services. Statistics Norway estimates that there are some 122 000 recipients of financial social assistance, and we can cautiously estimate that around 40 % of these (i.e. approx. 50 000 people) have substance use problems and an accumulation of standard of living problems (Sintef Unimed 2004). Reports show that participants in medication-assisted rehabilitation are followed up more systematically than others, but the local authorities have a duty to provide good services for everyone who needs assistance, regardless of whether they are undergoing medication-assisted rehabilitation or not. The services must be made more accessible, also for people who have difficulty taking advantage of the ordinary schemes. The services must become more flexible, and there is a need for more outreach and ambulatory activities and more low-threshold schemes. The use of individual plans must be increased, and measures such as adapted homes, participation in qualification programmes and other activation measures need improving. Better coordination with the specialist health services, the correctional services, the labour and welfare services and voluntary organisations is essential to ensure that the municipalities succeed in providing better individual follow-up. Grants for municipal measures in the alcohol and drug field must be made more target oriented and shall serve to improve individual follow-up. The county governors must follow up the local authorities' efforts in this area more closely.



A survey by the Norwegian Institute of Urban and Regional Research (NIBR) and the Norwegian Building Research Institute shows that in 2005 there were approx. 5500 people of no fixed abode in Norway. This is an increase of around 300 people from 2003. Approx. 60 % of the people without a permanent address have substance dependence problems and 38 % have a mental health problem. Approx. 25 % have both a mental health problem and substance dependence problems. We need to improve access to housing, and there is also a need for more adapted housing and follow-up schemes for people with substance dependence.

The Drug Reform made the regional health authorities responsible for interdisciplinary specialised treatment for substance dependence. The Drug Reform laid the organisational foundation for expanding and improving the overall specialised services for people with substance dependence. The introduction of patient's rights in connection with treatment for substance dependence was an important step in this direction. The evaluation of the Drug Reform shows that the number of referrals for interdisciplinary specialised treatment soared in the immediate wake of the reform, but that the growth has since levelled off. The increase can mainly be ascribed to referral from primary care doctors and re-referrals from other parts of the specialist health services. There are huge regional variations in the percentage of people regarded as entitled to receive necessary health care. The evaluation of the Drug Reform also shows that waiting time for some parts of the treatment has increased and that interruptions in the treatment process often hamper the ability to provide good, coherent services. Expertise in health care has been strengthened, while the social assistance expertise has been maintained. According to the evaluation, parts of the services still need upgrading to meet the requirements that apply to specialist health services. Since the Drug Reform, the regional health authorities have more resources for interdisciplinary specialised treatment. In 2005, 2006 and 2007, the regional health authorities were asked to increase their services within mental health care and treatment of people with substance dependence. The evaluation confirms that this has happened. For example, increases have been reported in outpatient activities and in capacity for inpatient treatment. At the same time, there is much to indicate that there is still a wide gap between supply and demand. This means we need to increase the number of treatment institutions at all levels. The aim must be that people with substance dependence who want help are offered help without any unnecessary delay. People who have already started treatment, for example, detoxification, must be ensured further follow-up straight away, so that they are not left without assistance after detoxification.

The finds of the evaluation of the Drug Reform and the Norwegian Board of Health Supervision's nationwide monitoring of interdisciplinary specialised services for people with substance dependence in 2006 will be central in the further development of services.

Prisoners with substance use problems need much better follow-up both during their stay and after their release. A report from the Institute of Applied Social Science FAFO (2004), indicates that around 60 % of all prisoners have a substance use problem, and the prevalence of mental health problems is three times higher than in the rest of the population. It is often a municipality a long way from the prison that is responsible for providing social services, and it can be difficult to plan follow-up measures before release. Prisoners may also have problems accessing specialist health services because the prisoner is supposed to go to the specialist. We are seeing an increase in the

need for alternative ways of serving prison sentences in treatment or care institutions pursuant to section 12 of the Norwegian Execution of Sentences Act.

People with substance dependence are often stigmatised by the assistance agencies and society at large. Work to change attitudes is needed in several areas.

### **SUB-TARGET 3.1 EARLY INTERVENTION AND MORE ACCESSIBLE SERVICES FOR CHILDREN AND YOUNG PEOPLE**

Services must be accessible to children and young people who are especially at risk of developing alcohol or drug-related problems. We are going to ensure that everyone who has a high risk of developing alcohol or drug dependence and people in the early stages of developing alcohol or drug use problems receive appropriate help at the earliest possible opportunity.

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Some children and young people are particularly at risk of developing alcohol or drug-related problems. These include children of parents who have substance use problems and/or mental health problems and children who have been the victim of violence or traumatic experiences. We also need to intervene earlier when there are signs of problematic use of intoxicants in adults. Secondary preventative measures are crucial. People with an elevated risk must be identified, and intervention must come early enough. Employees who are in contact with children and young people, in the health and social services – and also in other bodies, not least schools and the child welfare services – must learn to recognise underlying problems, such as domestic violence, mental health problems and substance use disorder.

In 2006, the Borgestad Clinic charted expertise among municipal employees who have contact with children and young people with an elevated risk of developing substance dependence problems. In 2005 and 2006, the National Institute for Drug and Alcohol Research (SIRUS) published reports on services for children admitted to institutions with their parents who are being treated for substance dependence and the services for children of parents with substance use problems. These reports provide useful information for the further development of measures in the specialist health services and in the municipal services, such as involving primary care doctors and the school health service more in the work.

The municipalities are going to have their competence boosted by means of guidance from teams of experts from the child welfare service, among others. See the more detailed discussion on measures for children of parents with mental health problems and substance use problems in the section on sub-target 5.1.

Stigmatisation in connection with identifying risk groups must be avoided. It must not be forgotten that people who do not belong to risk groups can also develop substance dependence problems. The term “risk group” must be used with caution and only as a tool to devise effective preventative strategies. We need to raise the level of knowledge about risk groups



and interventions. Early intervention also means ensuring that primary care doctors have and make use of tools to assess problematic alcohol consumption. The Directorate of Health is going to collaborate with affected directorates and the regional resource centres for substance dependence problems to develop and implement a national strategy for early intervention. It will define target groups, arenas and the main general strategies for the field of service (health service, social services, schools, child welfare, etc.). The strategy will primarily focus on developing skills in early identification and referral to the correct assistance agency. A system for improving knowledge about early intervention will be a key element in the strategy.

Norway has a long tradition of outreach programmes for young people and youth support teams. This work is important in identifying children and young people in the risk zone and must be integrated into the work on the strategy for early intervention.

A working group has assessed how best to prepare and establish a special guaranteed maximum waiting time for children and young people with mental health problems and young people with substance dependence and how to improve entitlement to receive necessary health care. The group suggested strengthening patients' rights by introducing a special guaranteed maximum waiting time for children and young people in connection with mental health and substance dependence problems, better coordination between the municipal health service and the specialist health services, and measures to increase productivity and improve efficiency in outpatient clinics. In April 2007, the Government submitted *Recommendation no. 53 to the Odelsting (2006–2007)* proposing a legal basis for stipulating the maximum waiting time guarantee for children and young people under the age of 23 with mental health problems and substance use disorder in regulations.

The Escalation Plan for Mental Health and the building up of mental health care for children and young people on the municipal level will have consequences for the services available for children and young people who are at risk of developing or have developed substance dependence problems. At least 20 % of the ear-marked funds granted to local authorities in connection with the Escalation Plan for Mental Health are to be spent on measures for children and young people. The municipalities must set up low-threshold schemes for diagnosis, treatment and follow-up of children and young people with mental health problems, regardless of the cause and background. A guide has been published on municipal mental health work for children and young people. It provides the local authorities with advice and guidance on building up services for at-risk children and young people and about preventing mental health problems and substance dependence. The plan is to establish 1060 new full-time equivalents in psycho-social work at child health clinics and school health services and in other municipal services. The plan also includes projects to test the family centre model and develop expertise and advisory material for schools and day care centres. Many local authorities have insufficient services for children and young people. We are going to chart the number of children and young people with mental health problems that ought primarily to receive assistance from the local authorities and their needs for treatment and follow-up. The charting work will also encompass children and young people who have been exposed

to violence or traumatic experiences as well. During the course of 2007, five regional resource centres for violence, traumatic stress and suicide prevention are going to be established. The centres are going to provide all parts of the assistance system with necessary expertise and guidance. The objective is to provide local authorities with advice and guidance on follow-up and rehabilitation of children and young people and raise levels of competence in the local authorities. Work on alcohol and drug use must be seen in this context.

Young people with substance use problems and their families are in an extremely difficult and demanding situation and need immediate help and effective treatment. Existing measures and treatment methods aimed at this group are to be further developed and improved. The Norwegian Center for Child Behavioral Development and Innovative Therapy (Atferds-senteret) has performed development work aimed at young people with serious behavioural problems, including substance use disorder. The work has consisted of developing the family and community based method of treatment known as multisystem therapy (MST) with another experience based method: Contingency Management (CM) – sometimes called learning based substance disorder treatment. This combination has shown promising results, and the work on further refining MST for young people with substance use problems is being continued. A project has also been initiated in six counties where CM has been implemented within the system of measures for young people with substance use problems. The project targets child welfare institutions, outpatient clinics and “drug collectives”, which offer treatment for teenagers under the age of 18 who have substance use problems.

**Measures:**

- Improve expertise in the municipalities, for example by means of guidance from expert teams from the child welfare service (Ministry of Children and Equality)
- Improve competence in early identification and early intervention among employees who come into contact with at-risk children and young people (Directorate of Health)
- Ensure that primary care doctors have the tools to assess patients’ problematic alcohol consumption (Directorate of Health)
- Build up the local authorities’ low-threshold schemes and outreach services (Directorate of Health)
- Introduce a special guaranteed maximum waiting time for children and young people under 23 with mental health problems and substance use disorders (Ministry of Health and Care Services)
- Chart the scope of children and young people with mental health problems and substance use disorders and their needs for treatment and follow-up (Directorate of Health)



## SUB-TARGET 3.2 IMPROVE MUNICIPAL SERVICES FOR PEOPLE WITH SUBSTANCE DEPENDENCE

People with substance use disorders must be given far better individual follow-up on the municipal level. The Government wants to introduce a trial system of “contact coordinators” for people with alcohol or drug dependence. The services are going to be made more accessible and more flexible. Greater priority is going to be given to social inclusion, rehabilitation and networking, and closer follow-up after release from a treatment institution or prison. We are going to strengthen low-threshold schemes, outreach activities and ambulatory services in order to reach people who do not make use of ordinary services. Good, comprehensive services in the municipalities are critical for the success of our efforts in the alcohol and drug field.

Several recent reports and evaluations from the Norwegian Board of Health Supervision, the Office of the Auditor General and SINTEF document the services available for people with substance dependence problems. They all point out the need for much better follow-up in the municipal services. The municipal services form the foundation of the welfare services, and a good, coordinated range of municipal services is essential for ensuring that individuals get good rehabilitation. Good municipal services and good coordination with other bodies are also key to the effectiveness of investments in the specialist health services and other bodies.

The Government is therefore going to focus on systematically strengthening and developing municipal alcohol and drug work. Challenges pointed out in the evaluations of medication-assisted rehabilitation and the Drug Reform, inspection reports and other evaluations have been included in the development work.

### MORE SYSTEMATIC INDIVIDUAL FOLLOW-UP

The individual's needs for individual guidance, accessible services and coordinated follow-up are to form the cornerstone of the further development of services. As a trial scheme, the Government is going to promote use of “contact coordinators” in the municipalities for people with substance dependence. The idea is that they will help steer the individual through the various assistance services and help ensure that people with substance dependence receive the services they need and get better rehabilitation than is currently the case. Examples of measures that the contact coordinator should help with include the individual plan, activation, participation in the Norwegian Labour and Welfare Organisation (NAV)'s qualification programme and, not least, assistance in finding accommodation and domestic assistance and advice. The scheme is also supposed to help ensure that more people have an individual plan drawn up for them and that the number of relapses after a stay in an institution or prison is reduced. The scheme should be local and take into account local variations and the differing needs of different users. The local authorities can collaborate with voluntary organisations in a partnership, but the service must be anchored in the Social Services Act to ensure that the rules concerning correct processing of cases are adhered to and legal rights are protected. The Government is proposing introducing a grant scheme where the municipality and the



central government co-fund local projects for up to four years. In collaboration with the Directorate of Health, the county governors will be assigned a central role in administering the stimulation grant. The Directorate of Health is going to draw up guidelines for the grant.


The Directorate of Health is also going to collaborate with the county governors and the Norwegian Association of Local Authorities (KS) on more systematic follow-up of projects that are already underway and development of new models for individual follow-up and organisation of the services. We are going to continue to build on the experiences gained from the focus on medication-assisted rehabilitation and low-threshold health schemes, and we are also going to see what we can learn from the work on mental health in the municipalities and measures to combat poverty. The development work should serve to ensure that services for people with substance use problems are considered in the light of other habilitation and rehabilitation services. The Directorate is going to collaborate with user organisations and local authorities to gather good examples of individual follow-up and share them with other local authorities. The Government is also presenting a strategy for habilitation and rehabilitation (see chapter 9), where proposals about improving individual plans will also cover the alcohol and drug field. Close follow-up after serving time in prison or a stay in an institution is particularly important. Follow-up must be more interdisciplinary, and the various agencies and services involved must work together more closely. The focus on developing the services offered on the municipal level must also be seen in light of measures to improve expertise and quality. Experiences gained in connection with improving work on individual plans and testing individual contact coordinators for people with substance dependence are also going to be used in the work with other users who need composite, long-term services (cf. the strategy for rehabilitation and habilitation – see chapter 9).

## A DIVERSE, FLEXIBLE TREATMENT SYSTEM

Individual needs, availability and flexibility are also going to be given greater priority in the different service areas and the measures the local authorities are involved in. The local authorities must have a varied range of services because the users' level of functionality and ability to cope vary quite widely. Each individual will have a different goal for rehabilitation, ranging from improving everyday life to becoming alcohol / drug-free and self-sufficient.

Housing parts or all of the social services in the same premises as the Norwegian Labour and Welfare Organisation (NAV) would enable more target-oriented rehabilitation work in the alcohol and drug field. The municipal health and social services have the same goals as the Norwegian Labour and Welfare Organisation. The opportunities afforded by the new Norwegian Labour and Welfare Organisation will yield better follow-up and more coordinated services for people with substance use problems.

The introduction of the proposed qualification programme in the Norwegian Labour and Welfare Organisation (cf. *Recommendation no. 70 to the Odelsting (2006–2007)*) will help ensure that people with substance dependence problems are also given more opportunity to participate in working life and other activities. The programme is part of the follow-up of



*Report no. 9 to the Storting (2006–2007), Work, welfare and inclusion*, where the Government has proposed strategies and measures to improve inclusion for people who have problems entering the employment market or are on the verge of dropping out of it. The Government suggests that a new qualification programme be set up with appurtenant qualification support for people with significantly reduced work and earning capacity and with no or limited benefits from the Norwegian Labour and Welfare Organisation. The aim is to help get more people working through closer and more binding assistance and follow-up from the Labour and Welfare Organisation. It is proposed that responsibility for the scheme be on the municipal level and that the administration, like financial social assistance, be ascribed to the local office of the Labour and Welfare Organisation. The qualification programme will consist of labour market schemes, training, work practice, motivation and mastery classes, possibly combined with medical treatment, retraining and activities such as applying for jobs. The labour market initiatives for long-term recipients of social assistance are going to be reinforced through establishment of the qualification programme.

Meaningful activities, ability to cope and quality of life are fundamental to the individual's rehabilitation process. People with substance dependence will be given the opportunity for social inclusion and involvement in the local community on the basis of the individual's needs and goals. This includes offers of work or schemes aimed at integrating them into the workforce, activities such as "green" learning and activity arenas (adapted pedagogical programme on farms), low-threshold labour schemes, recreational activities and good places to be. Cultural and recreational measures, for example using theatre and music, yield excellent results for many people. Collaboration with the voluntary sector may help build networks and improve social skills.

The Government's strategic plan for labour and mental health 2007–2012 continues and strengthens the targeted initiatives in the Escalation Plan for Mental Health and is a supplement to *Report no. 9 to the Storting (2006–2007), Work, welfare and inclusion*. The Government's aim with this plan is to prevent exclusion and facilitate inclusion in working life for people with slight and more serious disorders / problems, and people who also have substance use problems. The strategic plan marks a continuation of the priorities in the project *Where there's a will there's a way – focus on work and mental health in Norwegian Labour and Welfare Organisation (NAV)* – and is largely aimed at individual follow-up and competence raising, and schemes intended to integrate people with mental health problems into the workforce.

Financial problems and debt are common problems for many people with substance use disorder that often exacerbate an already difficult life situation. The Directorate of Health and the county governors will follow up the local authorities' advice, paying particular attention to increasing awareness about financial and debt advice.

Financial problems may be linked to unpaid tax, overdue fines and maintenance payments. These are debts to public creditors, debts that are difficult to compress, and where debt settlement arrangements or forced collection are used. This can affect motivation to seek help to sort out one's life and undermine the financial incentives of getting back into work. Work has been started to assess the regulations and practices linked to collecting tax arrears from disadvantaged tax payers. The Norwegian Correctional Services is going to try to facilitate more

possibilities for serving a sentence for unpaid fines pursuant to section 12 of the Norwegian Execution of Sentences Act.

## GREATER USE OF OUTREACH SERVICES

Municipal social and health services must reach out to the people that need them, even if they do not themselves visit public offices. This applies to people in danger of developing substance dependence problems, and people with such serious substance dependence problems and problems functioning that they find it difficult to keep appointments. Presence in a variety of arenas helps improve accessibility and contact with people who never seek out municipal services. The services (both those provided by the local authorities and those provided by the specialist health services) need to be far more flexible in order to maintain contact with this group. A number of local authorities have achieved good results using outreach activities with children and young people and people with substance dependence. There are several good examples of coordination between municipal services and the specialist health services on ambulatory services. Outreach work is going to be developed and must be seen in connection with the development of models for organisation of the social services and the work on a strategy for early intervention.

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## SUBSTANCE USE PROBLEMS AND HEALTH

Many people with substance use problems also have mental problems. Several local authorities prefer to have services for people with substance use disorder and mental health work located in the same premises or to set up special expert teams for mental health and substance use disorder, and many have common measures for users with both substance dependence problems and psychological problems.

Primary care doctors have responsibilities towards people with substance dependence, like any other member of the population. The role of the doctors has been expanded in that they must now follow up participants in medication-assisted rehabilitation and can refer patients for interdisciplinary specialised treatment. Primary care doctors also have an important duty to identify substance use problems at an early stage. In many cases, primary care doctors do a lot to help people with substance use problems, but in some cases it is difficult to gain access to the primary care doctor. Doctors' responsibilities are therefore going to be defined more clearly, and coordination between primary care doctors and social services must be improved.

The system of low-threshold health schemes has been established to provide health services for people with substance dependence who are unable to use the ordinary health services. Through varied activities and street services, this scheme should improve the life situation of drug addicts and prevent overdoses. The schemes should also act as a link and help ensure that people with substance dependence problems make greater use of ordinary services. Municipalities with many people with substance dependence and other health problems and with a high number of overdoses are given a special grant. The system of low-threshold



health services is currently under evaluation, and the final report will be presented at the end of 2007. Preliminary reports indicate that the measures appear to reach the target group. As part of the development work, lessons learned from low-threshold health services and the low-threshold method are going to be shared with other local authorities. It is also necessary to maintain the focus on control of communicable diseases and preventing diseases such as hepatitis and HIV among intravenous drug users.

People with substance dependence and with complex health problems may need inpatient health and care services and services from the nursing and care services after release from hospital or an institution. A study from Gjøvik University College (2006) shows that an increasing share of the population group under the age 67 who receive home services have substance dependence problems. In 2005, the Salvation Army set up the Field Nursing Station ("Gate") and in collaboration with the City of Oslo as a three-year project on commission from the Ministry of Health. The Government is going to propose continuing the funding for the Field Nursing Station in collaboration with the City of Oslo, and also wants to take steps to ensure that special services can be developed for women. The project will be evaluated, and the lessons learned will be used to develop nursing and care services to ensure that they are better able to reach people with substance dependence.

People with substance dependence tend to have poorer dental health than the rest of the population – often as a result of a difficult personal financial situation. Dental health is a priority area for improving general health and increasing the possibilities for social and work-oriented rehabilitation. People with substance dependence receiving treatment in the specialist health services are entitled to free dental health care. Since 2006, people with substance dependence in municipal alcohol / drug schemes have actively been offered adapted free dental health services. People in prison are offered dental health services, which are funded through ear-marked grants to the county administration. Dental health was included in the low-threshold municipal health services scheme in 2005. In spring 2007, the Ministry of Health and Care Services presented *Report no. 35 to the Storting (2006–2007), Availability, competence and social equality* on dental health. Issues such as further expansion of the dental health services and establishing a legal basis for the services will be dealt with as part of the follow-up of this report.

In 2004, the Storting passed a provisional Act relating to a trial scheme for premises for drug injection (the Drug Injection Rooms Act). Funds have been provided for experimental schemes, and the Storting has decided to extend the Act relating to a trial scheme for premises for drug injection for upto two years, until 2009. The scheme will be evaluated in 2007, and the findings of the evaluation will form part of the basis for decisions about continuing and developing good schemes.

## **MUNICIPAL ALCOHOL AND DRUG WORK – AN INTEGRATED PART OF HOLISTIC MUNICIPAL SERVICES**

Most of the services for people with substance dependence problems are part of the ordinary municipal services and are funded from the framework allocations to the local authorities.

According to the evaluation of the Drug Reform, there has been an increase in the number of full-time equivalents related to substance dependence problems in the local authorities, at the same time as there are huge variations between municipalities in terms of use of resources and scope of services. The need to improve municipal work for rehabilitation of people with substance dependence must be seen in connection with the strengthening of local authorities' economy and with Report no. 25 to the Storting (2005–2006), Long-term care – Future challenges. The municipal care services are going to be boosted by 10 000 new full-time equivalents by 2009, compared with 2004. The care services are responsible for follow-up of people with substance use problems. The care services are to be improved by means of training, knowledge generation and recruitment via *The Competence Plan 2015*. Municipal efforts in the alcohol and drug field are also linked to measures initiated under *The Escalation Plan for Mental Health* and the Government's work to combat poverty. A central-government grant scheme for municipal alcohol and drug measures is intended to encourage trial schemes and development work, and there are ear-marked grants for development of medication-assisted rehabilitation and low-threshold health services. The central-government grant scheme must be made more target oriented to promote development of methods and knowledge about how to improve individual follow-up, and it must reach more municipalities. The grants must also be seen in light of the collaboration with the Directorate of Health, the Norwegian Association of Local Authorities (KS) and the county governors in the alcohol and drug field.

**Measures:**

- Introduce a trial scheme of "contact coordinators" on the municipal level for people with substance dependence (Ministry of Health and Care Services)
- Develop models for good organisation of municipal work on alcohol and drugs (Directorate of Health)
- Build up a collection of good examples of individual follow-up and share them with other local authorities (Directorate of Health)
- Improve municipal alcohol and drug work and interdisciplinary follow-up (Ministry of Health and Care Services)
- Introduce a qualification programme to improve efforts for people with significantly reduced work and earning capacity and with no or limited National Insurance benefits (Ministry of Labour and Inclusion)
- Make sure that schemes aimed at integrating disadvantaged people into the workforce, varied activity schemes, «green» learning and activity arenas, social activities and recreational activities can be offered as part of rehabilitation (Ministry of Health and Care Services)
- Raise levels of expertise and quality in the local authorities' advisory services for financial and debt management (Directorate of Health)



- Assess the regulations and practice linked to overdue taxes and other government debts (Ministry of Finance)
- Facilitate more possibilities for serving a sentence for unpaid fines pursuant to section 12 of the Norwegian Execution of Sentences Act (Ministry of Justice and the Police)
- Further develop outreach work (Ministry of Health and Care Services)
- Evaluate low-threshold health services and spread empirical knowledge about low-threshold health services to other local authorities (Directorate of Health)
- Continue the grant for the Field Nursing Station, further develop this scheme and improve nursing and care services for people with substance dependence (Ministry of Health and Care Services)
- Further develop dental health services for people with substance dependence (Ministry of Health and Care Services)
- Follow-up the evaluation of the drug injection rooms scheme (Ministry of Health and Care Services)
- Improve the care services, including alcohol and drug work through competence raising and recruitment under *the Competence Lift 2015* (Ministry of Health and Care Services)
- Make the grant scheme for municipal alcohol / drug use schemes more target oriented (Ministry of Health and Care Services)

### **SUB-TARGET 3.3 IMPROVE HOUSING SCHEMES FOR PEOPLE WITH SUBSTANCE DEPENDENCE**

A good living situation is important for rehabilitation, health and dignity. In recent years, many different models have been developed for housing and services, partly through *Project Homeless* and efforts linked to implementation of the strategy *A Path to a Permanent Home*. This work is going to be further developed, and lessons learned will be communicated to other local authorities.

Efforts to reduce homelessness have yielded results. Many patients in medication-assisted rehabilitation have been given adapted accommodation through the local authorities, using the Norwegian State Housing Bank's loan and grant schemes and follow-up by social workers, and some people have managed to buy a home. Nevertheless, the most recent survey shows that the number of people of no fixed abode in the general population has risen slightly, especially in small municipalities.

Homelessness often starts with eviction. In some cases, eviction might have been avoided if the assistance services had known that the tenant needed help. To help ensure that the assistance services are involved earlier, a notification rule has been added to the Tenancy Act that came into effect on 1 July 2007. The rule means that landlords can notify the social services in the municipality about the tenant's breach if there are grounds so to do. Social services will thus have an opportunity to deal with the circumstances that led to the breach at an earlier stage and avoid people being evicted from their homes.

Figures from the municipalities' reporting to the central government reveal an increase in the number of stays in temporary accommodation, from just over 4200 in 2005 to almost 4500 in 2006. In 2007, work was initiated on trial projects in the four largest cities in Norway and in a number of other municipalities with challenges linked to use of temporary accommodation. The aim is to develop methods and measures for following up people staying in temporary accommodation so that they are offered a permanent home. The scheme is being continued in 2008.

The strategy *A Path to a Permanent Home* comes to an end in 2007. The Government's target of eliminating homelessness has not been reached. Efforts will therefore be continued with the same priority as before. *Proposition no. 1 to the Storting (the National Budget) (2007–2008)* for the Ministry of Local Government and Regional Development proposes that measures that help reduce homelessness should continue to have first priority within the Norwegian State Housing Bank's loan and grant schemes. The State Housing Bank will continue its coordination and educational work vis-à-vis local authorities and other key stakeholders, such as voluntary organisations, for example.

The housing grant from the State Housing Bank is for building or buying rental homes for disadvantaged people. The grant is usually given to local authorities, but can also be given to companies, foundations, etc. The grant is for up to 20 % of the cost. The grant scheme is going to be reviewed in light of other schemes to contribute to better housing possibilities for disadvantaged people.

In *Report no. 25 to the Storting (2005–2006), Long-term care – Future challenges*, the Government stated it was going to introduce a new investment grant for nursing homes and assisted living facilities. The target group for this scheme is people who need extensive care services. One of the purposes of the grant is to bolster the local authorities' housing facilities for people with substance dependence and mental health problems. *Proposition no. 1 to the Storting (the National Budget) (2007–2008)* for the Ministry of Local Government and Regional Development lays out the proposed framework, allocation and design of the scheme.

**Measures:**

- Improve efforts to eliminate homelessness – with a special focus on homelessness in small municipalities (Ministry of Local Government and Regional Development)
- Improve work to prevent homelessness, including reducing number of evictions and use of temporary accommodation (Ministry of Local Government and Regional Development)
- Develop methods and routines for following up people in temporary accommodation to ensure they are found a permanent home (Ministry of Labour and Inclusion)
- Introduce a new investment grant for nursing homes and assisted living facilities (Ministry of Local Government and Regional Development)

### SUB-TARGET 3.4 INCREASE CAPACITY IN INTERDISCIPLINARY SPECIALISED TREATMENT FOR SUBSTANCE USE DISORDER

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The regional health authorities have achieved a significant increase in capacity in interdisciplinary specialised treatment for substance use disorder, and the services are largely organised in such a way that people with substance dependence receive varied, comprehensive treatment. At the same time, the number of referrals for interdisciplinary specialised treatment has increased. Input and capacity are going to be increased to meet the need for treatment.

In order to ensure sufficient accessibility to interdisciplinary specialised treatment, capacity is being increased in terms of number of treatment places and number of staff. The proportional growth in treatment within interdisciplinary specialised treatment and mental health care in the specialist health services must be greater than the growth in general medical care. Staffing, quality and capacity are going to be boosted with a view to reducing waiting time for assessment and treatment. This applies to emergency services, detoxification, coercion, outpatient and ambulatory services, and certain parts of the inpatient services. Where necessary, the services will be upgraded to satisfy the requirements that apply to specialist health services. The treatment chain must be coordinated, and scheduled detoxification must be immediately followed by the next stage of treatment. The regional health authorities must have good routines for following up patients that break off treatment (cf. section 3-15 of the Specialist Health Services Act). The specialist health services should take steps to avoid breaks in the treatment chain, as pointed out in the evaluation of the Drug Reform.

There are many different forms of treatment available for people with substance use problems, with different therapeutic interventions and a combination of public and private service providers. This encompasses detoxification, outpatient services, inpatient treatment and



medication-assisted rehabilitation. With the exception of detoxification and medication-assisted rehabilitation, medicines are not widely used in treatments.


The specialist health services determine whether a patient is entitled to necessary health care and what treatment is appropriate after individual assessment. In many cases, patients in medication-assisted rehabilitation also need treatment in an outpatient service for substance users or an inpatient institution.

The regional health authorities are responsible for further developing interdisciplinary specialised treatment for substance use disorder within the applicable constraints and regulations. All the regional health authorities have prepared plans for their work in the alcohol and drug field. The plans lay out how professional capacity is going to be increased and competence raised in the various treatments: treatment involving medication and other schemes and measures. The goal is to provide a broad, diverse range of treatments adapted to the patients' needs.

Many people with substance dependence also have extensive psychiatric and somatic disorders in addition to their addiction. At present, they get limited treatment for co-occurring disorders. The mental health care service is responsible for patients with dual diagnosis. This diagnosis includes serious psychiatric disorders such as schizophrenia, affective disorders or serious personality disturbances and lasting serious substance dependence. People with less serious mental health problems in addition to substance dependence are not encompassed by this definition. The evaluation of the Drug Reform reports that coordination between the services for people with substance dependence and mental health problems in the specialist health services has improved. However, there are still many challenges linked to people with substance dependence who need several forms of treatment. Charting tools must be used when assessing and diagnosing patients. We must ensure better coordination and collaboration between the interdisciplinary specialised treatment for substance use disorder and the mental health service, and services must be provided simultaneously. Measures in this plan must be considered in light of the Escalation Plan for Mental Health and the Directorate of Health's recommendations for further development of services at district psychiatric centres.

In spring 2007, the Ministry of Health and Care Services presented *Recommendation no. 53 to the Odelsting (2006–2007)* concerning amendments to the Patients' Rights Act and Specialist Health Services Act. The proposals in the Recommendation entail clarification of the interpretations and practices established in the wake of the Drug Reform, such as, for example, the right to be assessed within 30 working days and referral to all treatment for substance use disorder. In this Recommendation, the Ministry of Health and Care Services also proposed amending section 3-1 of the Specialist Health Services Act, making it a duty for the regional health authorities to provide emergency places specifically for interdisciplinary specialised treatment. This proposal underlines the regional health authorities' responsibility for ensuring that there are emergency places for treatment for substance use disorder, for emergency detoxification and emergency admissions.

The evaluation of medication-assisted rehabilitation shows that waiting time varies widely



between the health regions. Amount of resources invested in treatment and rehabilitation also varies, both between and within municipalities and health regions. As part of the follow-up of the evaluation, *Recommendation no. 53 to the Odelsting (2006–2007)* proposes establishing a legal basis for preparing regulations for medication-assisted rehabilitation. These regulations would be able to define the objectives, criteria for admission and release, requirements concerning an individual plan, self-help groups and mandatory urine testing. Detailed guidelines and the regulations (if passed) would replace the current circular on medication-assisted rehabilitation, and would help further improve medication-assisted rehabilitation as a form of treatment. The Ministry has also initiated work to regulate the costs of providing medicines in medication-assisted rehabilitation and yield better overview of the costs of purchasing the medicines used in this treatment.

The evaluation of the Drug Reform provides an important foundation for further developing the specialised services. For example, the evaluation provides knowledge about the extent to which the objectives for the reform have been met, whether services for people with substance dependence and co-occurring disorders have actually improved, how patients' rights are safeguarded, coordination of services, the referral system, and trends in waiting times.

In 2006, the Norwegian Board of Health Supervision undertook a nationwide inspection of interdisciplinary specialised treatment to assess whether the enterprises are satisfying the requirements defined in legislation and regulations. Along with the evaluation of the Drug Reform, the report from this inspection will lay the foundation for further follow-up measures in the plan period.

There is a need for further development and a more detailed specification of the content of interdisciplinary specialised treatment for substance use disorder. An national interdisciplinary group is going to consider these issues, and the results of their work will also provide useful information for development work.

**Measures:**

- Increase investments in and capacity of interdisciplinary specialised treatment, including medication-assisted rehabilitation (Ministry of Health and Care Services)
- Ensure better routines for coordinated treatment to avoid interruptions in treatment (Ministry of Health and Care Services)
- Increase investments in and treatment capacity in the mental health care services and ambulatory services for people with substance dependence problems and co-occurring psychiatric disorders (Ministry of Health and Care Services)
- Improve services for patients with substance dependence and co-occurring psychiatric disorders (Ministry of Health and Care Services)

- Amend the Patients' Rights Act in keeping with the Drug Reform (Ministry of Health and Care Services)
- Publish thematic guidelines on medication-assisted rehabilitation (Directorate of Health)
- Consider introducing regulations to specify the details of medication-assisted rehabilitation (Ministry of Health and Care Services)

### SUB-TARGET 3.5 IMPROVE ACCESSIBILITY OF SERVICES FOR PRISONERS AND CONVICTS

60 % of all people serving a sentence in prison have substance use problems (FAFO 2004). They are just as entitled as everyone else to have their need for help assessed and to receive adapted treatment and follow-up. However, the evidence indicates that this group has poorer access to assistance services than the rest of the population. The Government intends to do something about this.

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More prisoners with substance use problems are going to be given the opportunity to receive better treatment and rehabilitation during their stay in prison and alternative forms of serving their sentence. This requires close collaboration between the prisons and the regional health authorities and between the prisons and the local authorities. The Ministry of Health and Care Services and the Norwegian Police Directorate have prepared a circular clarifying responsibilities, tasks and coordination between the local authorities, the specialist health services and the Norwegian Correctional Services with regard to prisoners and convicts with substance dependence. The aim is that the circular will bolster and intensify collaboration and ensure follow-up and continuity in measures. Arrangements will be made to allow the services involved to come up with good solutions for collaboration and joint plans on the regional and local levels. The need for continuity in the services before, during and after imprisonment means that it is not relevant to develop special care services for people in the Norwegian Correctional Services.

In 2006, 41 484 prison days were served pursuant to section 12 of the Norwegian Execution of Sentences Act, distributed over 439 people. Steps are going to be taken to ensure that more prisoners with substance use disorder can serve part of their sentence in an institution pursuant to section 12 of the Norwegian Execution of Sentences Act. We want to see an increase in access to this form of serving. The funding of these kinds of schemes is going to be reviewed.

Units for people with substance use disorder are going to be set up in Norwegian prisons. One of these will be in a women's prison. There are currently three units like this, in Oslo, Bergen and Trondheim. In 2007, units for people with substance use disorder are going to be set up at prisons in Sarpsborg, Bodø and Stavanger. The purpose of the units is to improve



services for prisoners and convicts with substance dependence who need treatment for substance dependence and rehabilitation. The employees in the units ought to have academic training in health care, social work and prison work. Treatment and rehabilitation started in prison must be followed up after release. We are therefore going to pave the way for good collaboration with the Probation Service and the municipal services while the prisoner is serving his/her sentence.

There is a particular need to improve services for prisoners about to be released. The collaboration between the involved parties must start in plenty of time before the difficult transition from prison to freedom. Collaboration with voluntary organisations, such as WayBack, for example, is crucial in this phase.

There is currently a three-year trial scheme underway in Oslo and Bergen: the Drug Rehab Programme under Court Supervision, offering alternatives to prison for convicts with substance dependence problems. Participants receive services from the local authorities and the specialist health services as part of an active rehabilitation programme. The Norwegian Correctional Services is collaborating with Western Norway Regional Health Authority and Eastern Norway Regional Health Authority (now South-Eastern Norway Regional Health Authority) in addition to the City of Bergen and the City of Oslo. This trial scheme will generate experience in cross-sectorial collaboration on following up convicts. The trial scheme will be evaluated, and if it seems promising, continued and expanded. In 2007, the Norwegian Correctional Services is working on a comprehensive strategy to combat substance use. The purpose is to increase rehabilitation measures and to make control measures more effective at promoting rehabilitation.

**Measures:**

- Improve collaboration between the municipal health service, the specialist health services, the municipal social services and the Norwegian Correctional Services (Ministry of Justice and the Police)
- Increase the number of prison days served in an institution pursuant to section 12 of the Norwegian Execution of Sentences Act (Ministry of Justice and the Police)
- Establish units or people with substance use disorder in prisons (Ministry of Justice and the Police)
- Improve the services for prisoners about to be released (Ministry of Justice and the Police)
- Evaluate the trial scheme Drug Rehab Programme under Court Supervision and assess continuation and expansion (Ministry of Justice and the Police)
- Develop a coordinated strategy to combat substance use in the Norwegian Correctional Services (Ministry of Justice and the Police)

## TARGET 4: MORE BINDING COLLABORATION

People with substance dependence problems often have a range of other problems too and need long-term follow-up. Improved collaboration between the various different services is especially important for this group. The Government is introducing special reporting to improve collaboration between the services and make it more binding. Much good work is already being done, and we are going to make sure that good examples are shared. Preparation of individual plans is now statutory, and it is the most important tool we have for collaboration. We know that too few people with substance dependence have an individual plan. We are going to simplify the current guide on preparing an individual plan and adapt it specifically for people with substance use problems. We are also going to improve training in preparing individual plans and devising tools tailored to the situation of people with substance dependence. The use of contracts as an instrument to achieve collaboration and coordination between the various different stakeholders is going to be increased. Contracts are an important means of ensuring collaboration on the system level, and the Government has entered into a new national framework agreement with the Norwegian Association of Local Authorities (KS) concerning collaboration between the specialist and the municipal health services that also embraces the alcohol and drug field. A proposal about expanding the remit of the patient representatives to also include municipal health and care services has been sent to the relevant bodies for review and comment.

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### COLLABORATION IS GOING TO BE MADE MORE BINDING

Many people with substance use problems need services from different municipal agencies and from the specialist health services. Living standard problems have a tendency to accumulate. Problems grow in line with spiralling consumption. Extensive health and social problems often accompany a complex history of addiction and repeated attempts at treatment. These are the conclusions of a report from SINTEF on the health status of the heaviest people with substance dependence problems from 2003 and a report from Diakonhjemmet College from 2002.

Norway has a broad system of schemes and measures in the alcohol and drug field. Several public bodies on all administrative levels, plus a number of voluntary and private stakeholders are involved. People with substance dependence often find it difficult to negotiate their way round the public services. Coordination between all the various stakeholders involved is thus important. Lack of coordination usually lessens the impact of the efforts.

A lack of coordination within and between municipal social, health and care services, specialist health services and other sectors is therefore the greatest challenge facing us at present. Roles need to be clarified and models for action need to be agreed upon. To reach the political objectives of comprehensive health and social services, we all need to accept responsibility and pull together.

The local authorities must ensure good internal collaboration and good collaboration with the specialist health services, the Labour and Welfare Organisation (NAV), the Norwegian Correctional Services and other public, voluntary and private organisations. Collaboration



between the central government and the local authorities must be improved to ensure good living and rehabilitation conditions after treatment in the specialist health services or release from prison.

The transition from a treatment institution and prison to municipal services is a critical period. The Norwegian Board of Health Supervision points out that the local authorities are often unaware of who is in an institution, especially private institutions. Assistive measures may be initiated without the proper responsible authority being involved. Voluntary and private organisations must also be invited and be given a duty to collaborate. Measures are needed that facilitate collaboration, on the system level and on the individual level. Collaboration and coordination between all the stakeholders involved is essential to ensure the best possible overall effect of the input of everyone involved.

*The National Health Plan (2007–2010), which has been incorporated into Proposition no. 1 to the Storting (the National Budget) (2006–2007) for Ministry of Health and Care Services, contains a broad discussion of the challenges in terms of coordination facing the municipal social and health services and the specialist health services. Official Norwegian Report NOU 2005: 3 From Piecemeal to Comprehensive, a Cohesive Health Service, and a number of committees and working groups have also dealt with this issue. See for example the national strategy for habilitation and rehabilitation (cf. chapter 9), which also discusses the alcohol and drug dependence field. It is an important objective for health policy to create coherence and continuity in the services, especially for people who need long-term and coordinated services. Collaboration must be included as a natural part of the work. An equitable partnership and mutual respect are the key to success.*

## **SUB-TARGET 4.1 BETTER COORDINATION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE**

*We are going to make measures that guarantee good coordination for children and young people a priority. Children and young people are particularly vulnerable, and coordination often involves more people and agencies than services for adults.*

Greater priority is going to be given to coordination between the child welfare services, Child and Adolescent Psychiatry and interdisciplinary specialised treatment. Children and young people who receive assistance from these agencies often also need support from other services too, such as the family welfare service. Several ministries have published a circular on prevention and collaboration in work with children and young people on the municipal level.

Individual plans are also an important tool in coordinating services for children who need long-term, coordinated services. A separate circular has been published for children with reduced functional capacity, calling for collaboration across different administrative levels and agencies. This circular could also fruitfully be applied to the alcohol and drug field.

In 2005, the Directorate for Children, Youth and Family Affairs and the Directorate of Health entered into a collaboration agreement to join forces in efforts to reach the most at-risk children and ensure more comprehensive services. The agreement is for three years and ensures binding collaboration on work to develop this area on the national level. This collaboration agreement will continue to be followed up.

Government agencies that come into contact with children and young people with substance use problems must have good routines for reporting to the child welfare services. The child welfare services must also have good routines in place for following up these reports. To improve follow-up of these kinds of reports, practices in connection with reports to the child welfare services are going to be mapped and assessed, and if necessary, the routines will be revised.

The regional health authorities and regional central-government child welfare services entered into collaboration agreements in 2004. The goal is to provide early, appropriate help for children in particularly high-risk situations and children with complex needs. These agreements have priority and instruct the various hospitals and expert teams to develop local agreements. These agreements will be followed up.

**Measures:**

- Distribute circulars on prevention and collaboration regarding children and young people (Ministry of Children and Equality)
- Assess the need to issue a circular detailing appropriate routines for dealing with reports to the child welfare services to ensure that reports are followed up properly (Ministry of Children and Equality)

## SUB-TARGET 4.2 IMPROVE COLLABORATION AND CONTINUITY IN THE SERVICES

Treatment, rehabilitation and follow-up of people with substance dependence problems often entail that a number of different measures must be implemented at the same time or consecutively. Many people experience the services as fragmented and poorly coordinated. We want to ensure better quality and use of resources by improving collaboration and continuity.

Challenges that hamper coordination must be resolved locally in the executive agency, (cf. *Official Norwegian Report NOU 2005: 3, From Piecemeal to Comprehensive, a Cohesive Health Service*). Collaboration presupposes that the services are familiar with each other's tasks and responsibilities. The central-government authorities' task is to facilitate collaboration. Referrals and case record summaries are useful tools in improving communication between the serv-



ices. Different interpretations can impede collaboration. The different bodies must get better at providing and receiving information and advice. According to section 6-3 of the Specialist Health Services Act, the regional health authorities have a duty to advise the municipal health service. The local authorities have a duty to communicate knowledge back again. In addition, the services ought also to be well informed about and collaborate well with private institutions and voluntary organisations. Systems for distribution of information and knowledge are going to be developed and improved.

People with substance use disorder tend to have periods where they do not intoxicate themselves, and then relapse. The evaluation of the Drug Reform indicated that many people with substance dependence experience interruptions in their treatment. Routines must be developed for collaboration, also in the event of unforeseen circumstances. Many substance use institutions have long experience and considerable expertise in collaborating with the municipal services. Good routines for follow-up after inpatient and outpatient treatment are also necessary. In collaboration with user organisations, the Directorate of Health is going to systematise experiences and present good examples of collaboration between the regional health authorities and the local authorities in connection with planned and unplanned interruptions in treatment.

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To ensure more binding collaboration, a general reporting system is going to be established for reporting on collaboration and challenges in this respect between the regional health authorities and the local authorities. The reports will be sent to the Directorate of Health and be based on aspects that are perceived locally as challenging.

In light of the evaluation of the Drug Reform, it is natural to assess whether more measures are necessary to improve the collaboration between the regional health authorities and the local authorities. For example, the trial scheme of “contact coordinators” in the local authorities might serve to improve cohesion and coordination in services.

A number of municipalities have established practice consultant schemes to improve collaboration between the local authorities and the specialist health services. This schemes offers primary care doctors and general practitioners part-time posts in hospital wards. This promotes dialogue between doctors and other health and social workers. We want to increase the number of primary care medical practitioners in the practice consultant scheme with a part-time position in interdisciplinary specialised treatment.

We are also going to turn the spotlight on the collaboration between the regional health authorities and the local authorities on the one hand and private and voluntary service providers who have entered into agreements with public bodies on the other. In this context, action will be taken to ensure predictability and long-term commitment for the private and voluntary organisations so that they have the best starting point for providing services of a high, professional calibre – in good interaction with the public stakeholders.

There are a considerable number of private and voluntary service providers that have entered into agreements with the local authorities and the specialist health services. The experiences



of these organisations is relevant for developing expertise in the alcohol and drug field, and arrangements are therefore going to be made to actively involve them in the local authorities' and specialist health services' work on developing the field and improving expertise.

We are also going to assess the current funding schemes to see if they adequately promote collaboration and coordination between the various service providers.

People with substance use problems are more likely to have mental health problems than the rest of the population. Experiences from the local authorities suggest that mental health work and alcohol and drug work have quite a lot in common. The services must also be adapted to take into account the different functional capacities of the users. Methods are to be developed that better take the differing needs of the different user groups into consideration, including methods for determining functional capacity. Many local authorities have shared schemes for users with both substance dependence problems and psychiatric problems. The Cities Project under the Escalation Plan for Mental Health is being continued and provides services for users living in particularly bad conditions who tend not to take advantage of the established treatment and follow-up services.


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The Norwegian State Housing Bank administers grant funds for establishment of better collaboration routines. In connection with the strategy A Path to a Permanent Home, the State Housing Bank collaborates with the county governors to run municipal networks. The purpose is to stimulate reciprocal sharing of information and experiences.

A proposal about expanding the remit of the patient representatives to also include municipal health and care services has been sent to the relevant bodies for review and comment. The Ministry is planning to submit a bill to the Storting in autumn 2007. Expansion might help improve legal protection and uniformity in the services. Expansion would also improve the rights of people who are not capable of communicating their needs for care in cases where it is felt the municipal services are inadequate.

The Norwegian Board of Health Supervision's inspection report for 2006 shows that there is insufficient knowledge about and documentation of alcohol poisoning in the specialist health services. As a result, these patients receive inadequate follow-up. A report published by the Norwegian Board of Health Supervision in 2007 points out that follow-up of alcohol poisoning requires closer collaboration between the affected parts of the specialist health services and entails more stringent requirements concerning collaboration between the specialist health services and the local authorities.

Estimates suggest that there are between 8500 and 12 500 people who inject drugs in Norway. Of these, around half are in and around Oslo. At the same time, Oslo has the most people with serious alcohol problems. In both these groups, a significant percentage of people also have mental health problems, somatic ailments and very often major social problems in addition to their substance dependence. All this leads to a very unstable lifestyle, and in many cases homelessness and social exclusion.



Oslo faces particularly many challenges in terms of meeting the need for emergency services for people with substance dependence. As result of the Drug Reform, responsibility for detoxification and emergency services for people with substance dependence in Oslo was transferred to the central government, to the former Eastern Norway Regional Health Authority. Since the reform, it has transpired that the emergency services in Oslo are not sufficient to meet the demand for detoxification and emergency services for people with substance dependence. The municipal follow-up services also need building up, including housing, health and care services, activation and employment. The City of Oslo receives considerable central-government funding for municipal substance dependence treatment schemes, as do voluntary organisations that work in the alcohol and drug field in Oslo. These investments need to be better coordinated to provide the users with a coherent, accessible range of services. To this end, a process has been started between the City of Oslo, South-Eastern Norway Regional Health Authority and voluntary organisations that provide relevant services. This process is going to form the foundation for optimising collaboration between the stakeholders mentioned above, to ensure that everyone who needs different emergency and detoxification services can get them and to improve the quality of the follow-up services. At the same time, South-Eastern Norway Regional Health Authority is going to improve its emergency services for this group of patients in the Oslo region.

**Measures:**

- Improve the regional health authorities' advice to the local authorities and local authorities' communication of knowledge to the regional health authorities (Directorate of Health)
- Systemise and present good examples of collaboration between the regional health authorities and local authorities (Directorate of Health)
- Establish a general reporting system for collaboration and challenges impeding collaboration for the regional health authorities and local authorities (Ministry of Health and Care Services)
- Strengthen the practice consultant scheme by increasing the number of part-time positions in interdisciplinary specialised treatment for primary care doctors (Ministry of Health and Care Services)
- Increase use of municipal networks to facilitate experience sharing between local authorities (Ministry of Local Government and Regional Development)
- Propose expansion of the patient representative scheme to include municipal health and care services (Ministry of Health and Care Services)

## SUB-TARGET 4.3 GREATER USE OF INDIVIDUAL PLANS

People who need long-term and coordinated social and health services are entitled to have an individual plan drawn up for their treatment and follow-up, if they wish. Nevertheless, many reports show that few people with substance dependence have an individual plan. We want to make changes that promote use of individual plans.

Individual plans must be prepared. The regulation on individual plans is based on statutory provisions in the Municipal Health Services Act, the Social Services Act, the Specialist Health Services Act, the Mental Health Act and the Act on the Norwegian Labour and Welfare Organisation, and gives public bodies a duty to prepare individual plans. The plan must contain an overview of who is involved in the work, who is responsible for coordination and progress, relevant measures and their scope. It should also indicate the time frame for services and describe how the measures are going to be carried out. The plan must be prepared and implemented in close collaboration with the user.

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The Government wants to improve work on individual plans. To ensure that everyone has an individual plan drawn up for them, we are going to focus on training and support for employees in public services. The services' duty to use individual plans must be defined more clearly. The trial scheme to test use of "contact coordinators" (cf. sub-target 3.2) must be regarded in light of the need to increase use of individual plans. The Directorate of Health is going to draw up a simpler version of the relevant guide and adapt it specifically for use in work with people with substance dependence problems. In this way, the services will have a good tool to help them prepare individual plans. Several county governors and regional resource centres for substance dependence problems already provide training in preparation of individual plans. This training will be supplemented with training in processing cases, housing assistance work and counselling, and adapting charting tools. In addition, the Directorate of Health is going to team up with county governors, regional resource centres and user organisations to prepare summaries and share experiences with individual plans with the services. The county governors are going to be given a greater responsibility for following up the work on individual plans in the local authorities, especially in municipalities where individual plans are not used sufficiently.

Prisoners with substance dependence problems may be entitled to an individual plan. *Circular G-8/2006 Collaboration between the municipal services, the specialist health services, the municipal social services and the Norwegian Correctional Service regarding prisoners and convicts with substance dependence* facilitates preparation of an individual plan for prisoners who need long-term coordinated services.

The new contract system between the central government and the Norwegian Association of Local Authorities (KS) is going to make follow-up of individual plans a regular item on the agenda.

**Measures:**

- Increase use of individual plans (Directorate of Health)
- Prepare a simpler version of the current guide on individual plans and adapt it for people with substance dependence problems (Directorate of Health)
- Gather, summarise and share experiences with individual plans in collaboration with county governors, regional resources centres for substance dependence problems and user organisations (Directorate of Health)
- Make the individual plan a regular topic in the contract system between the central government and the Norwegian Association of Local Authorities (KS) (Ministry of Health and Care Services)

## SUB-TARGET 4.4 INCREASE USE OF CONTRACT SYSTEMS

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The individual plan is a tool to achieve collaboration on the individual level. On the system level too we need tools to ensure that systematic and target-oriented work is done to resolve collaboration challenges. We want to enter into binding contracts as a means to improve collaboration.

More collaboration will require input in many areas, and it is the sum of individual measures in a system that yields better coordinated services. In June 2007, the Government and the Norwegian Association of Local Authorities (KS) entered into a three-year national framework agreement concerning collaboration in the health and care services area. The agreement is one of the measures in the *National Health Plan (2007–2010)*. The agreement is based on the consultation system between the Government and the Norwegian Association of Local Authorities (KS). A central objective of the framework agreement is to support local contracts and form a basis for collaboration between the local authorities and health trusts as equal partners. The users must be able to expect a coordinated, cohesive range of services. This requires systematic work across a broad range of areas and a variety of measures. The parties to the contract will work closely with patient and user organisations in the follow-up to ensure a user-oriented focus in the work on the contract. The work must be seen in the context of the processes to devise strategies for collaboration and decentralisation in the health trusts. All the regional health authorities have incorporated this in their strategies. A number of health trusts have already entered into agreements with the local authorities in the area.

The Government has entered into a collaboration agreement with the Norwegian Association of Local Authorities (KS) on preventing and combating homelessness, and the Ministry of Justice and the Norwegian Association of Local Authorities (KS) have entered into a sub-agreement on housing on release from prison. There is a model contract for agreements between

local authorities and prisons / local correctional services. This has led to new projects, for example within the Norwegian Correctional Services. The projects focus on circumstances such as preparing housing arrangements while the individual is still in prison, and on the system level, routines can be encouraged that ensure that housing is available. Progress and experiences will be evaluated each year in the consultation system between the Government and the Norwegian Association of Local Authorities (KS). The contract is going to be extended, and experiences from local authorities that can document good results in combating homelessness will be shared.

The Norwegian Correctional Services' central administration and the Norwegian Labour and Welfare Organisation have entered into a collaboration agreement to increase convicts' workforce participation. This agreement is intended to promote binding and systematic collaboration between the two sectors. We want to encourage contracts and collaboration models between local authorities and health trusts or treatment institutions that include housing preparations. The State Housing Bank's competence grant may be used.

Collaboration between the child welfare services, mental health services for children and adolescents and schemes for people with substance dependence problems is essential for our ability to cater properly for children with complex needs. Binding collaboration agreements have been entered into on the regional level between the health trusts and the central-government regional child welfare services. There must be collaboration between central bodies on all levels, also in the individual municipalities. Many expert teams in the child welfare services have formalised collaboration with this objective in mind in contract form.

**Measures:**

- Follow up the national framework agreement between the Ministry of Health and Care Services and the Norwegian Association of Local Authorities (KS) on collaboration between the specialist and the municipal health services (Ministry of Health and Care Services)
- Renegotiate the contract between the Government and the Norwegian Association of Local Authorities (KS) on measures to prevent and combat homelessness (Ministry of Local Government and Regional Development)
- Improve housing arrangements after release from prison (Ministry of Justice and the Police)
- Improve convicts' participation in the workforce (Ministry of Justice and the Police)



## SUB-TARGET 4.5 BETTER COORDINATION OF LOCAL PREVENTATIVE MEASURES

Prevention requires measures that reduce both availability of intoxicants and demand for them. In many places, local authorities and voluntary organisations separately run a range of preventative measures aimed at the same target groups. We want to facilitate the local authorities' preventative measures being seen in an overall perspective and that they are considered in light of follow-up of people with substance use problems.

According to section 1-7d of the Alcohol Act, local authorities must draw up action plans for their alcohol policy. To improve coordination and promote holistic planning, we recommend that the action plan covers the entire alcohol and drug field, not just alcohol policy. The Directorate of Health has published a guide on municipal action plans for alcohol and drug policy. This guide is intended to help local authorities plan their alcohol and drug policy in a systematic, comprehensive way. The plan can give examples of and define constraints for how different municipal units and voluntary organisations should collaborate and coordinate their measures. Not least, it is important that guidelines for alcohol licensing policy (retailing and serving) are seen in the context of other preventative measures. As a further tool to help local authorities plan their alcohol and drug policy work, an interactive advisory website has been established – [www.kommunetorget.no](http://www.kommunetorget.no), where users can also submit information.

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In the period 2004 to 2006, models for coordinating local preventative measures have been developed and tested through the "region project". An evaluation report is due to be published in autumn 2007. This will form the basis for assessing how work is to be followed up. The Directorate of Health is collaborating with the regional resource centres for substance dependence problems on ways to share lessons learned in the region project with other local authorities.

The Directorate of Health and the Norwegian Directorate for Education and Training have jointly published a research report on efforts to prevent alcohol and drug use in schools (2006). Along with the other quality-enhancing work, this report will indicate the recommended direction for efforts to improve the quality of anti-alcohol and drugs work in schools. The goal is to encourage revision and development of programmes that seem not to be very effective.

In collaboration with the regional resource centres and on the basis of the guide for municipal action plans for alcohol and drug policy, experiences from the region project, the report on prevention in schools, and the work to improve early intervention, the Directorate of Health is going to implement a system for training and knowledge sharing. The goal is to coordinate and improve local prevention in the municipalities. Collaboration with voluntary organisations must be ensured where it is natural and useful.

The Directorate of Health allocates grants for projects to prevent alcohol and drug use problems to local authorities and other bodies. The grant schemes are supposed to promote attainment of the target that all local authorities develop coordinated action plans for alcohol

and drug policy. Local authorities that do not have these kinds of plans shall be given the necessary assistance to develop one.

Several local authorities and central-government agencies perform supervision linked to commercial enterprises in the retail and hospitality industries. The affected ministries are going to discuss measures to ensure effective, coordinated supervision and to simplify matters for businesses.

**Measures:**

- Help local authorities that do not have a comprehensive action plan for alcohol and drug policy to develop one (Directorate of Health)
- Further develop anti-alcohol and drugs work in schools (Directorate of Health)
- Strengthen and coordinate training and knowledge sharing about local prevention schemes (Directorate of Health)
- Assess measures to ensure effective and coordinated supervision and simplify the area for businesses (Ministry of Health and Care Services)

## TARGET 5: GREATER USER INFLUENCE AND BETTER CARE FOR CHILDREN AND NEXT OF KIN



The Government wants to give greater priority to the user perspective to ensure better services. We are going to focus on measures for children of parents with mental health problems and substance use disorder. New guidelines are going to be prepared for work with this very vulnerable group. The local authorities need more expertise in identifying and intervening early when children are suffering. By creating a new position in an expert team in each region, the central-government child welfare services will be better equipped to train and advise the local authorities. A national strategy for early intervention is going to be drawn up. The friends and family of people with substance use disorder often possess untapped resources, which ought to be used more efficiently. We are going to organise a national conference for relatives to kick-start work in this area.

### NEED FOR GREATER USER INFLUENCE

The users' needs and abilities must form the starting point for the services. The main objective of rehabilitation services is enabling users to live alone and participate in society. One of the main challenges in terms of collaboration is the fact that the users' needs are not given sufficient consideration when the services are developed. The management and the employees in the services must be aware of the significance of and have good knowledge about user perspectives and user involvement. Greater involvement of the users and their next of kin is going to be encouraged to ensure good, holistic treatment and rehabilitation.

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The individual plan ensures user involvement because it gives the recipients of services influence over their own situation. Arrangements must be made that ensure users are involved throughout the entire planning process.

It is estimated that 130 000 families live with mental health problems and/or substance dependence problems. Alcohol use does not only have consequences for the person with alcohol dependence. A study published in the Norwegian Medical Association's journal in 2003 shows that on average three people closely related to a person with alcohol dependence suffer from reactions and symptoms directly linked to the behaviour and problems of the person with alcohol dependence. It is estimated that 200 000–300 000 children are exposed to alcohol use and grow up in a vulnerable, unpredictable and difficult home situation. A report from the National Institute for Drug and Alcohol Research (SIRUS) published in 2005 shows that many of these children have serious mental and behavioural problems and are more likely to develop substance dependence problems themselves than other children. The child welfare services, child health clinics, day care centres and schools must keep a very close eye on these children. It is difficult to come into contact with some of these children, and discovering them poses a major challenge. We want to improve the follow-up and assistance they receive. A necessary condition for this is that they are identified early and that necessary measures are implemented.

The relatives of people with substance use disorders can be very important resources, but are sadly often overlooked by the services. Relatives often come under such intense strain that they too end up needing help. The opinions and input of relatives must be encouraged



and given priority, and we need more documentation about their situation and needs. The interests and needs of the users do not necessarily coincide with interests of their relatives. It is therefore important that relatives are listened to, with regard to their own needs for treatment and rehabilitation and their wish to be involved in their capacity as a relative. The health trusts and many substance treatment institutions currently have special facilities for loved ones, but the services are still a long way from fully addressing the needs of the users and their relatives.

Instruments that promote greater user influence must be given priority. The users must have influence over the services they are offered and over policy design, organisation and systematic quality work in the services.

### **SUB-TARGET 5.1 BETTER FOLLOW-UP AND HELP FOR THE CHILDREN OF PEOPLE WITH ALCOHOL / DRUG PROBLEMS**


Children and young people whose parents have an excessive or hazardous use of alcohol and/or drugs are more frequently subject to parental neglect, abuse and violence than others. They must be identified and helped at the earliest possible opportunity.

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In 2006, the regional health authorities were given a duty to make sure that young people with substance use problems receive comprehensive services, and that children and young people of parents with mental health problems and substance use disorders are assessed and ensured appropriate follow-up. The Ministry of Health and Care Services will assess the need for legal regulation to safeguard the needs of children of psychiatric patients and people with substance use disorders within the substance treatment and psychiatric services. In resolution no. VII from *Budget Recommendation no. 11 to the Storting (2006–2007)*, the Storting requested that this kind of assessment be carried out.

The Directorate of Health has sent out a circular and a checklist with questions that service providers should ask when they are in contact with people with mental health problems or substance use disorders. The Directorate of Health is going to prepare a guide for the services on looking after children of parents with mental health problems and substance use disorders. We are also going to consider the possibility of developing indicators to chart how many children live in families where the parents or siblings have a mental health problem or substance use disorders. Day care centres, schools, recreational arenas, the health and social services, and the child welfare services are key stakeholders and collaboration partners in this work. See the discussion under sub-target 3.1 about the Directorate of Health's plan to develop and implement a national strategy for early intervention, with a focus on improving skills in early identification and referral to the correct assistance agency.

The Ministry of Children and Equality and the Ministry of Health and Care Services are collaborating on improving measures for children of parents with mental health problems and substance use problems. The objective is to help these children at an earlier stage, improve guidance and training in the services, provide long-term follow-up of the children, increase



research in this field, share experiences and stimulate voluntary organisations to implement measures. Schemes to raise levels of expertise with regard to identifying and charting are particularly relevant.

A training programme in interaction counselling is being planned using the Marte Meo (Latin: “with own power”) method, among others, to improve interaction between children and parents. A process and consequence evaluation will document whether this method has the intended effect. The expert teams in the central-government regional child welfare services are going to be boosted with the creation of one new position in each region, which will help increase specialist expertise on children of parents with mental health problems and substance use disorders. Efforts are going to be strengthened, and more measures are going to be initiated to ensure that children and young people of parents with mental health problems and substance use disorders receive follow-up and help. The measures must directly benefit the children and include support for voluntary organisations that run groups for children and young people, competence raising, professional development and research linked to children admitted to substance treatment institutions for adults. There are currently many different organisations involved and many different types of schemes for this target group. In 2007, a national competence network is being established under the management of Sørlandet Hospital Trust to gather, systemise and communicate knowledge to the services. In collaboration with other bodies and expert communities with competence in this area, the competence network will be responsible for promoting competence building linked to prevention and treatment of problems in children of parents with mental health problems and substance use problems. Informational and advisory materials are going to be developed that will be presented at the national conference in autumn 2007. From 2008, regional conferences will be held to continue the focus on professional development and experience sharing.

The general rule is that pregnant women with substance use disorders must be offered non-pharmaceutical treatment. The services are also obliged to assess whether pregnant women with substance use disorders ought to be placed in an institution without their consent. If medication-assisted rehabilitation is considered to be the best alternative, it is essential that the pregnancy is monitored extra carefully and the woman receives structured follow-up. In the last ten years, approx. 120 babies have been born to mothers in medication-assisted rehabilitation. The purpose of substitution therapy in pregnancy is to get the substance use under control and prevent use of intoxicants, stabilise the mother’s life situation, reduce the risk of birth defects and disease, and pave the way for a good situation for mother and baby. In general, the services are very reluctant to use medications during pregnancy as it may cause birth defects. The risks must be weighed up against the disadvantages and the risk if alternative treatment is used or no action is taken. Women who get pregnant whilst undergoing medication-assisted rehabilitation are offered assistance in reducing intake. Experts do not concur on what is the best treatment for these women and their children, and we need more knowledge in this area. The Norwegian Knowledge Centre for the Health Services is going to prepare a knowledge review about pregnant women with substance use disorders in medication-assisted rehabilitation. Service development and better understanding of treatment methods and long-term follow-up measures will be given priority.

**Measures:**

- Assess the need for legal regulation to safeguard the needs of children of psychiatric patients and people with substance use disorders within the substance treatment services and psychiatric services (Ministry of Health and Care Services)
- Prepare a guide to promote the needs of children of parents with mental health problems and substance use disorders (Directorate of Health)
- Chart how many children and young people live in families where siblings or parents have mental health problems and substance use disorders (Directorate of Health)
- Invest more in measures for children of parents with mental health problems and substance use disorders (Ministry of Health and Care Services)
- Establish a national competence network for prevention and treatment of problems in children of parents with mental health problems and substance use disorders (Ministry of Health and Care Services)
- Boost the central-government child welfare services with one new position in the expert teams in each region (Ministry of Children and Equality)
- Prepare informational and advisory materials about children of parents with mental health problems and substance use disorders (Ministry of Children and Equality)
- Hold regional conferences to continue the work on competence building and experience sharing regarding children of parents with mental health problems and substance use disorders (Ministry of Children and Equality)
- Increase knowledge about and assess measures for pregnant women with substance dependence and women who get pregnant while they are undergoing medication-assisted rehabilitation and their children (Directorate of Health)

**SUB-TARGET 5.2 GREATER USER INVOLVEMENT**

Planning and design of services in collaboration with the users is a statutory requirement and a necessary condition for good quality. The services must be arranged in such a way that the users are given real influence and the relatives are well looked after. Work in this area must be based on the Directorate of Health's quality strategy for the social and health services.

Effective methods must be developed for involving the users in decision-making processes. The users need better access to information, and measures to improve the collaboration between the user and the provider must be assessed on an ongoing basis. The methods used



to ensure user involvement ought to be reviewed and evaluated. Online services, training and advisory programmes and user-oriented collaboration arenas are examples of tools that improve the users' rights. We want to encourage use of these kinds of tools.

We are going to draw up an overview of centres for users and their relatives, and we need more knowledge about what functions they have and how collaboration between centres can best be achieved. The Directorate of Health is going to grant funding to centres for relatives. In cooperation with the user organisations, the Directorate of Health is going to develop courses, information and advisory materials about available services and rights, including material aimed at groups with a non-Norwegian ethnic background. To get this work off the ground, the Directorate of Health is going to arrange a national conference for relatives of people with substance dependence. Efforts to equip users for participation in society and the focus on coping strategies must be considered in connection with similar work within the Escalation Plan for Mental Health, (cf. the Directorate of Health's action plan for relatives of people with mental health problems and the plan for user involvement – targets, recommendations and measures in the Escalation Plan for Mental Health).

Having a loved one who is dependent on intoxicants is a huge strain. Many people experience problems working and end up on protracted sick leave. This is not only disruptive for the individual, but also has negative implications for society as a whole. The Working Environment Act has several general provisions obliging employers to take individual needs into consideration when designing the work situation, and the Norwegian Labour Inspection Authority and the Petroleum Safety Authority Norway provide advice about these provisions. The Directorate of Health is going to collaborate with the working environment authorities and relatives' organisations to provide advice and guidance on adapting work so that it is easier for relatives of people with substance dependence to remain occupationally active even if they find themselves in a difficult situation in life.

The user must be involved in the preparation of the individual plan. Relatives may also be able to play an important role and must be involved whenever possible. The individual plan should ensure user involvement in designing services.

The self-help perspective must be given greater priority in the alcohol and drug field. The work must be seen in the context of the *National Plan for Self-Help*, which contains systematic efforts to promote self-help as an aspect of public mental health work, (cf. *Report no. 16 to the Storting (2002–2003), Prescription for a Healthier Norway – Public Health Policy*). Self-help and participation in self-help groups can help individuals tap into their own resources in collaboration with others. A national website for self-help work has been established at [www.selvhjelp.no](http://www.selvhjelp.no). The coping aspect of self-help in itself is important for people with substance dependence and their loved ones. Organisations and institutions that run self-help programmes for people with substance dependence problems are involved in the website's national network of partners. The website is intended to promote systematic development of self-help as a method and tool in work with people with substance dependence and help publicise self-help among users and employees in the municipal assistance system and in the specialist health services.

**Measures:**

- Start using tools for user involvement (Directorate of Health)
- Improve collaboration with centres for users and relatives in the municipalities and the health regions (Directorate of Health)
- Financially support centres for relatives of people with substance dependence (Directorate of Health)
- Arrange a national conference for relatives of people with substance dependence (Directorate of Health)
- Advise relatives about employees' entitlement to individual adaptation of the work situation (Directorate of Health)
- In cooperation with user organisations, assist the county governors with more intensive training in preparing individual plans (Directorate of Health)
- Develop self-help as a method and tool in the alcohol and drug field and help raise awareness about self-help among users, in the local authorities and in the specialist health services (Ministry of Health and Care Services)

### SUB-TARGET 5.3 MORE SYSTEMATIC USE OF USERS' EXPERIENCES IN WORK TO IMPROVE QUALITY

Systematic gathering of experiences from users and their relatives is important to be able to develop good, effective services. These experiences are necessary correctives and help stimulate continual improvement. We want to make sure that user experiences are used more systematically in the work to improve quality.

The Directorate of Health is going to develop quality indicators for the alcohol and drug field, with a view to reinforcing user involvement on the individual and system levels. The regional health authorities and the individual health trusts have set up user councils or user committees where the alcohol and drug field is represented. There is a focus on substance dependence issues in training for users and their relatives. The Norwegian Knowledge Centre for the Health Services carries out patient experience surveys. A specialised survey has been proposed on the experiences of users and their relatives within interdisciplinary specialised treatment.

In order to quality assure and develop the services, all local authorities and health trusts must have systems for systematic feedback on users' experiences. User involvement must be included as part of the local authorities' and regional health authorities internal control systems. Internal control means systematic measures intended to ensure that the enterprise's



activities are planned, organised, carried out and maintained in compliance with requirements laid down in or pursuant to the social and health legislation. Routines must be in place to ensure that the experiences of users and their loved ones are included in improvement work in the agencies.

Work must be initiated to assess good models for user involvement in the services. Experiences from user councils, user committees, the centre for user experience and the user representatives must be included and applied in the work.

Section 3-8 of the Specialist Health Services Act lays down that the specialist health services must provide training for patients and their relatives. Learning and activity centres have been established in all the health regions. These centres run training programmes for patients and families and help ensure that training is an integral part of all medicinal treatment and rehabilitation. Users are involved in the design of the training programmes at these centres. In consultation with the regional health authorities, the Ministry of Health and Care Services is going to assess the role of these centres vis-à-vis users in interdisciplinary specialised treatment and their relatives. The centres also constitute a natural collaboration arena for the local authorities.

**Measures:**

- Undertake a specialised survey on the experiences of users and their relatives in interdisciplinary specialised treatment (Ministry of Health and Care Services)
- Ensure that user surveys and user involvement are an integrated part of the internal control systems in the specialist health services and the local authorities (Directorate of Health)
- Develop models for user involvement in local authorities and health trusts (Directorate of Health)
- Improve the role of the learning and activity centres in relation to people with substance dependence and their relatives (Ministry of Health and Care Services)

# FINANCIAL CONSEQUENCES AND FOLLOW-UP

## FINANCIAL CONSEQUENCES

The starting point is that the ordinary treatment system must be accessible and provide necessary assistance to people with substance use problems. The regular GP reform, the hospital reform, the drug reform and the reform of the Norwegian Labour and Welfare Organisation (NAV) have all entailed changes in the organisational framework for the treatment system, and thus also in the services for people with substance dependence.

For 2006, the alcohol and drug field received an extra NOK 140 million, of which this Government contributed to an increase in the alcohol and drug field of NOK 91.5 million (cf. *Proposition No. 1 to the Storting, Addendum no. 1 (2005–2006)*). The alcohol and drug field received an extra NOK 70 million in connection with the national budget for 2007. As a result of the proposals in *Proposition no. 44 to the Storting (2006–2007)* being passed, the alcohol and drug field received a further injection of NOK 50 million. For 2008, NOK 8.0 million are being transferred for medication-assisted rehabilitation (cf. *Report no. 44 to the Storting (2006–2007)*). An increase of NOK 125 million has also been approved.

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For 2008, the specialist health services has received an additional NOK 900 million for increasing activity in the health trusts, corresponding to 1 ½ % growth for all patient treatment. This entails a boost for interdisciplinary specialised treatment of approx. NOK 30 million.

This means that in 2008, the alcohol and drug field has almost NOK 375 million more than in 2005. Further increases for the alcohol and drug field will be processed in the ordinary budget processes.

The proportional growth in interdisciplinary specialised treatment and in psychiatric services in 2008 must be larger than the growth in general health care, necessitating further increases in funding. The budget for the regional health authorities paves the way for good follow-up of the alcohol and drug field.

The improved financial situation for the municipal sector also provides an opportunity to give priority to efforts to combat substance dependence problems in keeping with the targets and measures described in the plan. The local authorities are responsible for organising and further developing the services. Better organisation will enable more efficient use of the resources.

There are also programmes linked to other policy areas, such as the work to combat poverty, which will partially also benefit the alcohol and drug field.



## EFFORTS TO COMBAT SUBSTANCE USE PROBLEMS IN OTHER PLANS

To gain an overall impression of the work to combat substance use problems, plans and strategies in other, partially overlapping areas must also be taken into account. *The Action Plan against Poverty, the Action Plan for Integration and Social Inclusion of the Immigrant Population, the National Health Plan (2007–2010), the strategy A Path to a Permanent Home and the Escalation Plan for Mental Health* all have an impact on the alcohol and drug field. The Government's report to the Storting on Work, Welfare and Inclusion will also affect the work to overcome substance dependence problems. This is also true of the report to the Storting *National Strategy to Reduce Social Inequalities in Health* and the new national strategy for habilitation and rehabilitation. The Norwegian National Action Plan on Alcohol and Drugs must also be seen in connection with the collaboration with the Norwegian Association of Local Authorities (KS) on quality enhancement in the municipal services and the agreement on measures to prevent and combat homelessness.

## IMPLEMENTATION AND FOLLOW-UP

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The National Action Plan was prepared by the Ministry of Health and Care Services in close collaboration with the Ministry of Labour and Inclusion, the Ministry of Children and Equality, the Ministry of Justice and the Police, the Ministry of Research and Higher Education and the Ministry of Local Government and Regional Development. The plan also ascribes responsibilities and tasks to the Ministry of Finance, the Ministry of Transport and Communications and the Ministry of Foreign Affairs. A number of the measures must be defined in more concrete terms during the plan period. To ensure systematic further development and implementation of measures, coordination meetings are going to be organised between the affected ministries and relevant external agencies. The coordination meetings will be chaired by the Ministry of Health and Care Services, which is also responsible for coordinating the National Action Plan with other plans.

There will be continuous follow-up in the plan period. The plan indicates which agency has the main responsibility for each measure. This agency is responsible for initiating the measure and for involving affected stakeholders. The responsible agency is also in charge of reporting. Otherwise, the ordinary rules apply for distribution of responsibility in the government administration. The Directorate of Health has a significant responsibility for implementation of the plan, including bearing the main responsibility for many of the measures.


The status and progress of the various measures must be reported each year to the Ministry of Health and Care Services, and the reports will form the basis for an annual summary indicating degree of attainment of targets and progress for the measures.



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