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**Building a european consensus on minimum quality standards for drug treatment,
rehabilitation and harm reduction**

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Table 1: Sources of relevant documents: regional distribution

| Treatment/rehabilitation | South-West | Central-East | North |
|---------------------------------|-------------------|---------------------|--------------|
| Lit. review | 41 (20.1) | 23 (13.7) | 20 (20.2) |
| Exp. opinion | 40 (19.6) | 43 (25.6) | 23 (23.2) |
| Exp. consensus | 61 (29.9) | 51 (30.4) | 25 (25.3) |
| Research project | 22 (10.8) | 15 (8.9) | 12 (12.1) |
| Practice experience | 40 (19.6) | 36 (21.4) | 19 (19.2) |
| Total: | 204 (100.0) | 168 (100.0) | 99 (100.0) |
| Harm reduction: | | | |
| Lit. review | 7 (18.9) | 8 (20.5) | 7 (21.2) |
| Exp. opinion | 9 (24.3) | 7 (17.9) | 6 (18.2) |
| Exp. consensus | 8 (21.6) | 13 (33.3) | 6 (18.2) |
| Research project | 3 (8.1) | 7 (17.9) | 7 (21.2) |
| Practice experience | 10 (27.0) | 4 (10.3) | 7 (21.2) |
| Total: | 37 (100.0) | 39 (100.0) | 33 (100.0) |

Note: South-West includes Austria, Belgium, Cyprus, France, Germany, Greece, Italy, the Netherlands, Portugal, Spain, and Switzerland; Central-East includes Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia; North includes Denmark, Finland, Ireland, Sweden, and the United Kingdom

Table 2: Treatment and rehabilitation standards: number of documents, evidence grading, source of evidence, and level of obligation.

| Draft number, group, description, and explanation of quality standard | Number of documents | Number of documents / evidence grade | | | | | Source of document | | | | | Level of obligation | |
|--|---------------------|--------------------------------------|---|---|---|----|--------------------|--------------|----------------|------------------|---------------------|---------------------|--------------|
| | | A | B | C | D | E | Lit. review | Exp. opinion | Exp. consensus | Research project | Practice experience | Man-datory | Re-co-mended |
| Structural standards of services | | | | | | | | | | | | | |
| TR1 Accessibility: location (service can easily be reached by public transport) | 57 | 0 | 0 | 1 | 4 | 6 | 22 | 28 | 31 | 14 | 26 | 51 | 6 |
| TR2 Physical environment: space (e.g., service has separate rooms for individual counselling) | 58 | 0 | 1 | 0 | 5 | 4 | 19 | 32 | 39 | 6 | 32 | 35 | 29 |
| TR3 Physical environment: safety (service is equipped for reanimation and other emergencies, e.g., management of overdose) | 67 | 0 | 1 | 3 | 3 | 4 | 28 | 29 | 45 | 12 | 40 | 42 | 21 |
| TR4 Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis) | 101 | 5 | 1 | 8 | 4 | 11 | 49 | 58 | 74 | 22 | 54 | 53 | 69 |
| TR5 Staff composition: education (e.g., at least half of staff has a diploma in medicine, nursing, social work, or psychology) | 104 | 1 | 0 | 3 | 4 | 14 | 44 | 62 | 76 | 25 | 60 | 52 | 57 |
| TR6 Staff composition: transdisciplinarity (e.g., service employs a | 105 | 0 | 1 | 3 | 2 | 11 | 38 | 52 | 63 | 19 | 51 | 68 | 42 |

multidisciplinary team composed of at least 3 professions)

Process standards at the service level and of interventions

| | | | | | | | | | | | | | |
|--|-----|----|---|----|----|----|----|----|-----|----|----|-----|----|
| TR7 Assessment procedures: substance use history, diagnosis and treatment history have to be assessed | 166 | 13 | 3 | 21 | 36 | 37 | 78 | 89 | 105 | 40 | 78 | 104 | 62 |
| TR8 Assessment procedures: somatic status and social status have to be assessed | 138 | 5 | 2 | 9 | 21 | 30 | 65 | 78 | 89 | 39 | 63 | 91 | 47 |
| TR9 Assessment procedures: psychiatric status has to be assessed | 130 | 2 | 2 | 8 | 11 | 15 | 63 | 74 | 85 | 36 | 64 | 91 | 40 |
| TR10 Individualised treatment planning (treatment plans are tailored individually to the needs of the patient) | 177 | 4 | 6 | 7 | 15 | 15 | 83 | 98 | 116 | 46 | 86 | 117 | 65 |
| TR11 Informed consent (patients must receive information on available treatment options and agree with a proposed regime or plan before starting treatment) | 140 | 3 | 1 | 7 | 12 | 3 | 68 | 80 | 93 | 36 | 71 | 68 | 77 |
| TR12 Written client records (assessment results, intervention plan, interventions, expected changes and unexpected events are documented complete and up to date for each patient in a patient record) | 141 | 1 | 0 | 8 | 4 | 6 | 65 | 75 | 92 | 32 | 68 | 70 | 76 |
| TR13 Confidentiality of client data (patient records are confidential and exclusively accessible to staff involved in a patient's treatment or regime) | 124 | 2 | 1 | 5 | 10 | 3 | 60 | 75 | 83 | 34 | 64 | 58 | 71 |

| | | | | | | | | | | | | | |
|--|-----|---|---|---|----|----|----|----|-----|----|----|-----|----|
| TR14 Routine cooperation with other agencies (whenever a service is not equipped to address all needs of a given patient, another appropriate service is available for referral) | 155 | 1 | 2 | 6 | 15 | 10 | 62 | 85 | 102 | 30 | 74 | 109 | 51 |
| TR15 Continued staff training (staff is regularly updated on relevant new knowledge in their field of expertise) | 111 | 3 | 0 | 3 | 12 | 8 | 55 | 74 | 86 | 31 | 64 | 77 | 39 |
| Outcome standards at the system level | | | | | | | | | | | | | |
| TR16 Goal: health stabilisation/improvement (treatment must be aimed at improvement or stabilisation of health) | 138 | 2 | 0 | 9 | 5 | 4 | 66 | 77 | 93 | 31 | 58 | 110 | 30 |
| TR17 Goal: social stabilisation/integration (treatment must be aimed at improvement of social stabilisation or integration) | 131 | 1 | 0 | 3 | 4 | 14 | 53 | 66 | 89 | 28 | 53 | 103 | 30 |
| TR18 Goal: reduced substance use (treatment must be aimed at a reduction of substance use, e.g., helping the client/patient to reduce the use of or to abstain from psychotropic substances) | 147 | 4 | 2 | 9 | 5 | 8 | 62 | 78 | 93 | 37 | 65 | 98 | 40 |
| TR19 Utilisation monitoring (services must periodically report the occupancy of treatment slots or beds) | 57 | 0 | 2 | 2 | 4 | 0 | 18 | 33 | 37 | 15 | 29 | 37 | 20 |
| TR20 Discharge monitoring (e.g., ratio of regular / irregular discharges, retention rates, etc., have to be periodically monitored) | 48 | 0 | 0 | 1 | 3 | 0 | 13 | 31 | 33 | 10 | 26 | 33 | 20 |
| TR21 Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes) | 73 | 2 | 0 | 4 | 6 | 6 | 27 | 46 | 55 | 18 | 41 | 54 | 24 |

| | | | | | | | | | | | | | |
|--|----|---|---|---|---|---|----|----|----|----|----|----|----|
| TR22 External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator) | 56 | 0 | 0 | 2 | 7 | 0 | 18 | 36 | 39 | 14 | 32 | 37 | 24 |
| TR23 Cost-effectiveness ratio (positive outcomes, e.g., number of abstinent patients in relation to treatment costs) | 16 | 6 | 2 | 2 | 1 | 0 | 13 | 13 | 13 | 7 | 12 | 11 | 5 |
| TR24 Cost-benefit ratio (tangible benefits, e.g., years of increased life expectancy in relation to treatment costs) | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 1 | 1 |

Table 3: Harm reduction quality standards: number of documents, evidence grading, source of evidence, and level of obligation per standard.

| Draft number, group, description, and explanation of quality standard | Number of documents | Number of documents / evidence grade | | | | | Source of Document | | | | | Level of obligation | |
|--|---------------------|--------------------------------------|---|---|---|---|--------------------|----------------|------------------|------------------|---------------------|---------------------|---------------|
| | | A | B | C | D | E | Literature review | Expert opinion | Expert consensus | Research project | Practice experience | Man-datory | Re-com-mended |
| Structural standards interventions | | | | | | | | | | | | | |
| HR1 Accessibility: costs not to be paid by clients (exclusion of costs that limit the accessibility for poor clients/patients) | 15 | 0 | 0 | 1 | 0 | 0 | 7 | 7 | 3 | 4 | 10 | 8 | 8 |
| HR2 Accessibility: location (service can easily be reached by public transport) | 33 | 0 | 0 | 2 | 2 | 1 | 11 | 10 | 8 | 11 | 17 | 23 | 10 |
| HR3 Accessibility: opening hours (adjusted to the needs of clients/patients, e.g., evenings & weekends) | 26 | 0 | 0 | 2 | 2 | 2 | 12 | 12 | 9 | 7 | 13 | 19 | 7 |
| HR4 Staff qualification: minimal qualification (e.g., at least half of staff has a diploma in nursing, social work, or psychology) | 29 | 0 | 0 | 1 | 2 | 1 | 12 | 17 | 12 | 10 | 22 | 21 | 11 |
| HR5 Staff composition: transdisciplinarity (e.g., service employs a | 24 | 0 | 0 | 1 | 2 | 1 | 12 | 17 | 12 | 10 | 22 | 15 | 9 |

multidisciplinary team composed of at least 2 professions)

HR6 Indication criteria: age limits (e.g., minimal age required for admittance) 23 0 0 0 5 3 9 13 11 3 11 19 7

HR7 Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis or, if not possible, a detailed assessment of the current substance use) 14 0 0 0 5 3 9 13 11 3 11 6 8

Process standards interventions

HR8 Assessment procedures: risk behaviour assessment (client's/patient's risk behaviour is assessed) 24 0 0 2 1 1 15 12 8 9 15 21 3

HR9 Assessment procedures: complete needs assessment and prioritisation (e.g., 1. harm reduction of intravenous drug use and, 2. reduction of used syringes in public spaces, etc.) 26 0 0 2 3 2 9 11 9 8 13 18 8

HR10 Assessment procedures: client/patient status (the client's health status is assessed) 30 0 0 2 5 3 16 17 14 10 16 28 2

HR11 Informed consent (clients/patients must receive information on available service options and agree with a proposed regime or plan before starting an intervention) 23 0 0 2 5 1 12 13 14 6 11 14 12

HR12 Confidentiality of client data (client/patient records are confidential and exclusively accessible to staff involved in a client's/

patient's intervention or regime)

HR13 Written client records (assessment results, intervention plan, interventions, expected changes and unexpected events are documented completely and updated for each client/patient in a client/patient record)

HR14 Individualised treatment planning (intervention regime and intervention plans, if applicable, are tailored individually to the needs of the client/patient)

HR15 Routine cooperation with other agencies (whenever a service is not equipped to address all needs of a given patient/client, another appropriate service is available for referral)

HR16 Continued staff training (staff is regularly updated on relevant new knowledge in their field of action)

HR17 Neighbourhood/community consultation (avoiding nuisance and conflict with other people around the service)

Outcome standards at system level

HR18 Goal: reduced risk behaviour (reducing unsafe injections, unsafe drug use and unprotected sex)

HR19 Goal: reduced substance use (treatment must be aimed at a

| | | | | | | | | | | | | |
|----|---|---|---|---|---|----|----|----|----|----|----|----|
| 18 | 0 | 0 | 2 | 0 | 0 | 12 | 11 | 7 | 7 | 13 | 16 | 2 |
| 33 | 0 | 0 | 1 | 2 | 0 | 13 | 15 | 10 | 9 | 16 | 28 | 6 |
| 49 | 0 | 0 | 3 | 9 | 1 | 22 | 23 | 22 | 15 | 22 | 28 | 24 |
| 30 | 1 | 0 | 2 | 3 | 0 | 17 | 18 | 15 | 8 | 20 | 24 | 9 |
| 20 | 0 | 0 | 2 | 1 | 1 | 9 | 12 | 10 | 7 | 8 | 12 | 9 |
| 62 | 2 | 0 | 4 | 7 | 1 | 25 | 25 | 25 | 15 | 26 | 43 | 22 |
| 26 | 1 | 0 | 3 | 3 | 1 | 17 | 19 | 16 | 11 | 20 | 23 | 3 |

| | | | | | | | | | | | | | |
|--|----|---|---|---|---|---|----|----|----|----|----|----|----|
| reduction of substance use, e.g., helping the client/patient to reduce the use of or to abstain from psychotropic substances) | | | | | | | | | | | | | |
| HR20 Goal: referrals (treatment services must be prepared to refer patients to other health/social/treatment services if needed and agreed) | 44 | 1 | 0 | 3 | 3 | 1 | 17 | 19 | 16 | 11 | 20 | 33 | 12 |
| HR21 Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes) | 20 | 1 | 0 | 0 | 0 | 0 | 9 | 15 | 12 | 8 | 11 | 14 | 9 |
| HR22 External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator) | 21 | 1 | 0 | 1 | 1 | 0 | 11 | 17 | 13 | 9 | 11 | 14 | 10 |
| HR23 Utilisation monitoring (services must periodically report the occupancy of service slots) | 24 | 0 | 0 | 1 | 0 | 0 | 8 | 15 | 12 | 19 | 18 | 16 | 10 |
| HR24 Cost-effectiveness ratio (positive outcomes, e.g., number of abstinent patients in relation to service costs) | 5 | 0 | 0 | 1 | 0 | 0 | 5 | 4 | 3 | 3 | 2 | 4 | 1 |
| HR25 Cost-benefit ratio (tangible benefits, e.g., years of increased life expectancy in relation to service costs) | 3 | 0 | 0 | 1 | 0 | 0 | 3 | 3 | 3 | 3 | 2 | 2 | 1 |

Table 4: Treatment/rehabilitation: implementation status, feasibility in respective country, and overall personal acceptability of quality standards

| | | n | Imple- mented (%) | Feasible no problems (%) | Problems expected (%) | Not feasible at all (%) | No answer (%) | Overall personal accept- ability (%) | Excep- tions to accept- ability¹⁾ |
|--------------------------------------|---|----------|----------------------------------|---|--------------------------------------|--|------------------------------|---|---|
| Structural standards services | | | | | | | | | |
| TR1 | Accessibility: location (service can easily be reached by public transport) | 153 | 21.6 | 30.1 | 38.6 | 3.9 | 5.9 | 85.0 | 3 |
| TR2 | Physical environment: adequate spacing for the activities in the service (e.g., service has separate rooms for individual counselling) | 149 | 39.6 | 28.2 | 23.5 | 1.3 | 7.4 | 91.9 | 6 |
| TR3 | Physical environment: safety (service is equipped for emergencies, e.g., management of overdose, fire or aggression on the premises) | 150 | 26.7 | 19.3 | 33.3 | 9.3 | 11.3 | 78.0 | 6 |
| TR4 | Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis) | 145 | 41.4 | 23.4 | 26.9 | 1.4 | 6.9 | 84.1 | 6, 4 |
| TR5 | Staff composition: basic education (e.g., at least half of staff has a diploma in medicine, nursing, social work, or psychology) | 142 | 47.9 | 23.9 | 16.9 | 6.3 | 4.9 | 90.1 | 6, 4, 3 |
| TR6 | Staff composition: transdisciplinarity (e.g., service employs a multidisciplinary team composed of at least 3 professions) | 143 | 25.9 | 21.0 | 41.3 | 7.7 | 4.2 | 79.7 | 6, 3 |

Process standards of services

| | | | | | | | | | |
|-------|--|----|------|------|------|-----|-----|------|---------|
| TRs7 | Assessment procedures: substance use history, diagnosis and treatment history have to be assessed | 84 | 44.0 | 38.1 | 11.9 | 1.2 | 4.8 | 92.9 | 6, 4 |
| TRs8 | Assessment procedures: somatic status and social status have to be assessed | 84 | 35.7 | 39.3 | 15.5 | 2.4 | 7.1 | 88.1 | 6, 4 |
| TRs9 | Assessment procedures: psychiatric status has to be assessed | 84 | 23.8 | 32.1 | 32.1 | 3.6 | 8.3 | 77.4 | 6 |
| TRs10 | Individualised treatment planning (treatment plans are tailored individually to the needs of the patient) | 84 | 38.1 | 22.6 | 28.6 | 3.6 | 7.1 | 91.7 | 6, 3, 4 |
| TRs11 | Informed consent (patients must receive information on available treatment options and agree with a proposed regime, plan or change of plan before starting treatment) | 84 | 42.9 | 39.3 | 11.9 | 0.0 | 6.0 | 86.9 | 6, 3, 4 |
| TRs12 | Written client records (patient records, including assessment results, intervention plan, interventions, expected changes and unexpected events, are documented and up to date for each patient) | 84 | 42.9 | 26.2 | 19.0 | 3.6 | 8.3 | 86.9 | 6 |
| TRs13 | Confidentiality of client data (patient records are confidential and exclusively accessible to staff involved in a patient's treatment or regime) | 84 | 56.0 | 26.2 | 11.9 | 0.0 | 3.3 | 94.0 | 6 |
| TRs14 | Routine cooperation with other agencies (whenever a service is not equipped to deal with all needs of a given patient, an appropriate service | 84 | 25.0 | 26.2 | 35.7 | 6.0 | 7.1 | 90.5 | 3, 6 |

| | | | | | | | | | |
|---|---|----|------|------|------|-----|-----|------|--------------------------|
| | is available for referral) | | | | | | | | |
| TRs15 | Continued staff training (staff is regularly updated on relevant new knowledge in their field of action) | 84 | 29.8 | 23.8 | 40.5 | 0.0 | 6.0 | 92.9 | 6 |
| Process standards of interventions | | | | | | | | | |
| TRi7 | Assessment procedures: substance use history, diagnosis and treatment history have to be assessed | 55 | 45.5 | 23.6 | 29.1 | 0.0 | 1.8 | 94.5 | - |
| TRi8 | Assessment procedures: somatic status and social status have to be assessed | 55 | 40.0 | 30.9 | 23.6 | 3.6 | 1.8 | 92.7 | - |
| TRi9 | Assessment procedures: psychiatric status has to be assessed | 55 | 30.9 | 23.6 | 36.4 | 7.3 | 1.8 | 74.5 | 4, 7, 1, 6 ²⁾ |
| TRi10 | Individualised treatment planning (treatment plans are tailored individually to the needs of the patient) | 55 | 40.0 | 12.7 | 41.8 | 1.8 | 3.6 | 90.9 | - |
| TRi11 | Informed consent (patients must receive information on available treatment options and agree with a proposed regime, plan or change of plan before starting treatment) | 55 | 40.0 | 25.5 | 29.1 | 3.6 | 1.8 | 89.1 | - |
| TRi12 | Written client records (patient records, including assessment results, intervention plan, interventions, expected changes and unexpected events, are documented complete and up to date for each patient) | 55 | 36.4 | 23.6 | 38.2 | 0.0 | 1.8 | 85.5 | - |
| TRi13 | Confidentiality of client data (patient records are confidential and | 55 | 60.0 | 25.5 | 12.7 | 0.0 | 1.8 | 94.5 | - |

| | | | | | | | | | |
|--|--|-----|------|------|------|------|-----|------|---------|
| | exclusively accessible to staff involved in a patient's treatment or regime) | | | | | | | | |
| TRi14 | Routine cooperation with other agencies (whenever a service is not equipped to deal with all needs of a given patient, an appropriate service is available for referral) | 55 | 29.1 | 18.2 | 49.1 | 1.8 | 1.8 | 92.7 | - |
| TRi15 | Continued staff training (staff is regularly updated on relevant new knowledge in their field of action) | 55 | 30.9 | 16.4 | 45.5 | 5.5 | 1.8 | 92.7 | - |
| Outcome standards at system level | | | | | | | | | |
| TR16 | Goal: health stabilisation/improvement (treatment must aim for improvement or stabilisation of health) | 142 | 41.5 | 28.9 | 21.8 | 1.4 | 6.3 | 95.8 | 6 |
| TR17 | Goal: social stabilisation/integration (treatment must aim for improvements in social stabilisation or integration) | 142 | 28.9 | 27.5 | 33.8 | 4.2 | 5.6 | 92.3 | 4, 6, 3 |
| TR18 | Goal: reduced substance use (treatment must aim for a reduction of substance use, e.g., helping the client/patient to reduce use or to abstain from illegal or non-prescribed psychotropic substances) | 142 | 37.3 | 31.0 | 24.6 | 1.4 | 5.6 | 88.0 | 6, 4 |
| TR19 | Utilisation monitoring (services must periodically report the occupancy rate of treatment slots or beds) | 142 | 30.3 | 30.3 | 28.9 | 2.8 | 7.7 | 87.3 | 6, 4 |
| TR20 | Discharge monitoring (e.g., ratio of regular/irregular discharges and retention rates have to be monitored periodically) | 142 | 14.8 | 24.6 | 40.1 | 12.0 | 8.5 | 79.6 | 4, 6, 3 |

| | | | | | | | | | |
|--------------------|---|-----|------|------|------|------|------|------|------------------|
| TR21 | Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes) | 142 | 23.2 | 24.6 | 38.7 | 8.5 | 4.9 | 85.9 | 4, 6, 3 |
| TR22 | External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator) | 141 | 7.8 | 15.6 | 53.2 | 17.0 | 6.4 | 78.7 | 4, 6, 3 |
| TR23 ³⁾ | Cost-effectiveness ratio (positive outcomes, e.g., number of abstinent patients in relation to treatment costs) | 140 | 3.6 | 11.4 | 51.4 | 22.1 | 11.4 | 65.7 | 6, 4, 3, 5, 1, 2 |
| TR24 ³⁾ | Cost-benefit ratio (tangible benefits, e.g., years of increased life expectancy in relation to treatment costs) | 139 | 2.2 | 9.4 | 41.7 | 31.7 | 15.1 | 58.3 | 6, 4, 3, 5, 1, 2 |

¹⁾ 1 = out-patient services, 2 = in-patient services, 3 = prison-based services, 4 = office-based services, 5 = specialised teams, 6 = non-specialised teams. Note: exceptions are ordered from high to low relevance; ²⁾ categories for process standards of interventions: 1 = counselling, 2 = psycho-social, 3 = substitution maintenance, 4 = heroin-assisted treatment, 5 = detoxification, 6 = vocational rehabilitation, 7 = other rehabilitation. Note: exceptions are ordered from high to low relevance; ³⁾ these MQS were excluded from the list after the conference.

Table 5: Harm reduction: implementation status, feasibility in respective country, and overall personal acceptability of quality standards

| | | n | Imple- mented (%) | Feasible no problems (%) | Problems expected (%) | Not feasible at all (%) | No answer (%) | Overall personal accept- ability (%) | Excep- tions to accept- ability ¹⁾ |
|--|---|-----|-------------------------|-----------------------------------|-----------------------------|----------------------------------|---------------------|--|--|
| Structural standards of interventions | | | | | | | | | |
| HR1 | Accessibility: costs to be paid by clients (exclusion of costs which limit accessibility for poor clients/patients) | 138 | 23.2 | 18.1 | 26.1 | 21.7 | 10.9 | 46.4 | 4, 7, 8, 3, 9, 6, 5, 1, 2, 10 |
| HR2 | Accessibility: location (service can easily be reached by public transport) | 147 | 17.0 | 23.1 | 44.9 | 10.2 | 4.8 | 87.1 | 4, 10, 5, 3 |
| HR3 | Accessibility: opening hours (adjusted to the needs of clients/patients, e.g., evenings & weekends) | 140 | 16.4 | 24.3 | 43.6 | 14.3 | 1.4 | 83.6 | 5, 6, 4, 7, 9, 10, 8 |
| HR4 ²⁾ | Staff qualification: minimal qualification (<i>staff has to be qualified and the staff qualifications have to be made transparent</i> , e.g., for two trained peers in the service, two have a diploma in social work and further two have | 133 | 35.3 | 27.1 | 22.6 | 10.5 | 4.5 | 84.2 | 1, 10, 3, 9, 8 |

| | | | | | | | | | |
|---|---|-----|------|------|------|------|------|------|-------------------------------------|
| | diplomas in in nursing) | | | | | | | | |
| HR5 ³⁾ | Staff composition: transdisciplinarity (e.g., service employs a multidisciplinary team composed of at least 2 professions) | 133 | 17.3 | 19.5 | 33.8 | 24.1 | 5.3 | 64.7 | 4, 10, 6, 9, 1, 8, 3, 5, 7, 2 |
| HR6 ²⁾ | Indication criteria: age limits (<i>1. Services have to be age appropriate and staff have to be trained to meet age appropriate clients needs, 2. There should be no age limits in harm reduction services</i>) | 135 | 21.5 | 20.7 | 28.9 | 15.6 | 13.3 | 29.6 | - |
| HR7 ³⁾ | Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis or, if not possible, a detailed assessment of current substance use) | 137 | 29.2 | 21.9 | 23.4 | 16.8 | 8.8 | 62.8 | 4, 3, 9, 8, 10, 1, 5, 6, 2, 7 |
| Process standards of interventions | | | | | | | | | |
| HR8 | Assessment procedures: risk behaviour assessment (client/patient risk behaviour is assessed) | 125 | 24.0 | 35.2 | 24.8 | 10.4 | 5.6 | 76.8 | 4, 10, 6, 5 |
| HR9 | Assessment procedures: complete needs assessment and prioritisation (e.g. 1. harm reduction of intravenous drug use and, 2. reduction of used syringes in public spaces) | 127 | 14.2 | 31.5 | 28.3 | 13.4 | 12.6 | 74.8 | 4, 5, 10, 6, 7, 9, 3, 8 |
| HR10 | Assessment procedures: client/patient status (the client/patient health status is assessed) | 126 | 20.6 | 32.5 | 26.2 | 11.1 | 9.5 | 69.8 | 4, 3, 8, 9, 10, 5, 7 |

| | | | | | | | | | |
|--------------------|--|-----|------|------|------|------|-----|------|-------------------------------|
| HR11 ²⁾ | Informed consent (clients/patients must receive information on available service options and agree with a proposed regime or plan before starting an intervention. <i>Interventions should not be based on written informed consent, but rather on transparent information regarding all the treatments offered by a service</i>) | 124 | 39.5 | 28.2 | 20.2 | 7.3 | 4.8 | 84.7 | 4, 3, 1, 10, 8, 9 |
| HR12 | Confidentiality of client data (client/patient records are confidential and exclusively accessible to staff involved in a client's/patient's intervention or regime) | 124 | 55.6 | 27.4 | 12.1 | 1.6 | 3.2 | 95.2 | 4 |
| HR13 ³⁾ | Written records (assessment results, intervention plan, interventions, expected changes and unexpected events are documented and up to date for each client/patient in a client/patient record) | 124 | 21.0 | 25.8 | 25.8 | 19.4 | 8.1 | 58.1 | 4, 1, 3, 9, 8, 2, 10, 5, 7, 6 |
| HR14 | Individualised treatment planning (intervention regime and intervention plans, if applicable, are individually tailored to the needs of the client/patient) | 125 | 20.0 | 25.6 | 32.8 | 16.8 | 4.8 | 73.6 | 4, 1, 3, 2, 8, 9, 5, 10, 6, 7 |
| HR15 | Routine cooperation with other agencies (whenever a service is not equipped to deal with all needs of a given client/patient, an appropriate service available for referral) | 124 | 34.7 | 20.2 | 39.5 | 4.0 | 1.6 | 91.9 | 4 |
| HR16 | Continued staff training (staff is regularly updated on relevant new knowledge in their field of action) | 123 | 25.2 | 27.6 | 41.5 | 4.9 | 0.8 | 95.9 | 4 |

| | | | | | | | | | |
|------|--|-----|------|------|------|------|-----|------|---------------------|
| HR17 | Neighbourhood/community consultation (avoiding nuisance and conflict with other people around the service) | 123 | 22.8 | 22.8 | 32.5 | 14.6 | 7.3 | 80.5 | 4, 5, 6, 7, 9, 8, 3 |
|------|--|-----|------|------|------|------|-----|------|---------------------|

Outcome standards at the system level

| | | | | | | | | | |
|--------------------|---|-----|------|------|------|------|------|------|-------------------------------|
| HR18 | Goal: reduced risk behaviour (reducing unsafe injections, unsafe drug use and unprotected sex) | 133 | 39.8 | 18.8 | 35.3 | 3.8 | 2.3 | 94.7 | - |
| HR19 ³⁾ | Goal: reduced substance use (treatment must be aimed at a reduction of substance use, e.g. helping the client/patient to reduce use or to abstain from psychotropic substances) | 131 | 24.4 | 20.6 | 33.6 | 13.7 | 7.6 | 59.5 | 4, 2, 6, 5, 1, 10, 9, 3, 7, 8 |
| HR20 | Goal: referrals (treatment services must be prepared to refer clients/patients to other health/social/treatment/legal services if needed) | 130 | 42.3 | 19.2 | 30.8 | 5.4 | 2.3 | 93.8 | 4 |
| HR21 | Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes) | 130 | 23.8 | 29.2 | 36.9 | 7.7 | 2.3 | 89.2 | 4 |
| HR22 | External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator) | 129 | 8.5 | 16.3 | 54.3 | 16.3 | 4.7 | 79.8 | 4, 10, 7 |
| HR23 ³⁾ | Utilisation monitoring (services must periodically report the occupancy rates of service slots) | 130 | 28.5 | 30.8 | 25.4 | 9.2 | 6.2 | 84.6 | 4, 5, 2, 3, 9 |
| HR24 ³⁾ | Cost-effectiveness ratio (positive outcomes, e.g. number of abstinent | 129 | 4.7 | 16.3 | 40.3 | 26.4 | 12.4 | 50.4 | 2, 4, 3, 1, 7, |

| | | | | | | | | | |
|--------------------|---|-----|-----|------|------|------|------|------|-------------------------------------|
| | | | | | | | | | 10, 9, 8, 5, 6 |
| HR25 ³⁾ | Cost-benefit ratio (tangible benefits, e.g. years of increased life expectancy in relation to service costs) | 128 | 1.6 | 17.2 | 37.5 | 31.3 | 12.5 | 58.6 | 4, 3, 5, 10, 7, 8, 9, 2, 1, 6 |

¹⁾ 1= needle-syringe exchange, 2 = supervised injection room, 3 = outreach/street work, 4 = drug checking, 5 = BBV testing & counselling, 6 = vaccination, 7 = referrals, 8 = safer use counselling, 9 = safe sex counselling, 10 = sheltered housing. Note: exceptions are ordered from high to low relevance; ²⁾ these MQS were reformulated during the conference, reformulations are marked in italics; ³⁾ these MQS were definitively excluded from the list after the conference.
Note: HR 1-3: These three standards were integrated into one MQS at the conference but were assessed separately in the online survey. HR6 and HR7 were integrated into one MQS and reformulated at the conference as described in HR6 in the table.