QCT Europe Literature Review – Germany

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Introduction

In 1971 a new narcotics law (BtMG) was passed in Germany in response to the country's increasing rate of drug use. The new law sets out the transition for drug-dependent offenders to therapy with deferment of penal enforcement. The law was based on an international agreement on 'narcotic drugs' (1961) and 'psychotropic substances' (1971)[1]. In 1981 the narcotics law was amended aiming to reduce the negative health and social consequences of drug use whilst sentences for drug dealing were made more severe. The choice of *'therapy instead of punishment'* (QCT) is the responsibility of the courts and the persons affected.

Coercive measures (CT) were imposed in accordance with the penal code (StGB). Those affected are primarily so-called 'therapy resisters' or offenders with a psychic impairment, which have been referred for rehabilitation. In the case of addicts, coercive measures often come into effect after several failed attempts at 'therapy not punishment'.

Special regulations are enacted with QCT measures for drug-dependent offenders in order to support access to treatment/therapy and ultimately to promote social integration.
The combination of treatment through coercion should enable drug-dependent offenders to deal with the real problem of drug addiction and to begin a course of treatment. A general view was based on the working paper of the QCT (November 2002) project study group to assess the following experiences:

a) Connection between drugs and criminal behaviour
b) Information on the incidence of drug addicts and criminal drug addicts in Germany and their capacity for crime
c) Effectiveness of therapeutic intervention for drug addicts and drug-dependent offenders
d) Influence of QCT on therapeutic/psychosocial intervention
e) QCT method and requirements for further development
f) Questions arising from all considered factors for the current QCT EU research project

This text aims to summarize research carried out in Germany on the topic of QCT along with results from studies carried out in German as part of an international co-operation project.
The data base for the following review was collected in psychological libraries and through out the internet by using different drug research, prevention and care websites and international European data bases[2]

[1] ELDD (2001). European Legal Database on Drug Abuse, EMCDDA Project
[2] www.archido.de ; www.drugnet.com ; www.drugabuse.gov ; www.bisdro.uni-bremen.de ; www.drugtext.org

Drug use and crime

The connection between drug use and criminal behaviour is obvious, since drug use is defined per se as deviant criminal behaviour. Violation is becoming a constitutive element of the syndrome drug addiction.
The length of the addiction correlates positively to the length of time spent in prison. Similarly the length of the addiction determines the total length of psychosocial intervention (Sickinger und Kindermann, 1992). I.e. for drug addicts imprisonment and therapy inhibit the time spent in private life.

Increased drug use also sees a rise in the number of criminal offences and a greater tendency for crime. A study portrayed the rise in the seriousness of offences between the first criminal trial and the fourth. In cases where the first and second trials were for 'drug possession', by the fourth trial the elements of the offence had escalated to 'drug trafficking' (Hedrich, 1992).
Drug addicted men and women have significant different numbers of legal proceedings, which is based on the different kind of crimes and the lower number of previous convictions. The second and third legal proceeding compared, women mostly show the offence "possession of drugs", while men show on this stage offences as "purchase and sale of drugs", robbery, shop lifting and so on (Hedrich, 1992).
A swiss study shows, that drug addicted men and women have the same scale of criminal/semi-criminal activity, but the risk for legal proceedings for men is higher than for women (Dobler-Mikola, 2000). There are grounds for the assumption, that gender related manners in the administration of justice based on i.e. motherhood. .

Estimated figures for drug use in Germany 2000

In this chapter the data of the "new, eastern" part of Germany are separated those from the "old, western" part. In former times in both parts of the country drug abuse and criminality did not showed the same spreading. Until today the drug abuse has nearly a similar distribution, especially cannabis and amphetamine derivates.
In the 'new' federal states the use of 'hard' drugs is significantly lower than in the 'old' federal states, excluding ecstasy. 21.8% of those questioned between 18 and 59 years old had used illegal drugs at least once. In relation to the entire population this corresponds to 8.5 million people. Men have significantly more experience than women (25.4% and 18.1% respectively). The difference between genders is even more obvious in the new federal states (men 14.6%, women 7.1%).
For 'young adults' (18-39 years old) the proportion of those who had used drugs was 29.5%.
More than one quarter (28%) of young West Germans aged between 12 and 25 years old had used drugs. The difference between new and old federal states is already fading in this age group. Estimates by the Deutschen Hauptstelle gegen die Suchtgefahren (2001) suggest that between 120.000 and 150.000 people are dependent on illegal drugs. These figures do not take into account cannabis use.
As in representative surveys (Kraus und Augustin, 2000; BzgA, 2001) the following is a description of current numbers and different drug profiles in Germany:

- The largest group of consumers is cannabis users. More than 10 million people (21.4%), the majority of whom are aged 39 years old and below, have used cannabis products. 3.4 million people have smoked cannabis in the last 12 months. The current number of cannabis users in Germany is approx. 3 million according to estimates.

The incidence here is much higher for men than women. An increasing number of QCT measures are used with young people who use cannabis and amphetamine derivatives.

- The spread of ecstasy consumption has stabilised in the last few years. The incidence rate for lifetime frequency is 4%. The 12-month incidence rate is 10.6% in West Germany and 9% in East Germany (based on the age group 18-39 years old).
- Cocaine shows a similar increase. With cocaine and heroine, the incidence rates correspond to the information on admission to treatment institutions. Cocaine is still a complementary substance, but is increasingly used as a primary drug. The 12-month incidence rate for 2000 was 3.8% of 18-39 year olds in the West and 2.9% in the East.
- Heroin and other opiates are consumed on a very small scale in Germany. Lifetime frequency is 0.5% in the West and 0.7% in the East of Germany. The 12-month incidence rate is 0.2% and 0.3% respectively (DBDD, 2001). The number of problematic cases has remained stable in the last few years.
- Until now crack and also Free Base was only noticeably used in the cities of Hamburg and Frankfurt. According to observations, however, a small drug scene is establishing itself in Hanover and Berlin. It is characterised as the most problematic group due to its high rate of violence. A grass-roots study from Frankfurt provides the initial figures. In the study 1999 of the 2160 people questioned were drug addicts, with 27% male and 26% female crack users (Stöver, 2000).

Statistics for drug-related crime in Germany in 2000

An increase in the number of offences for violations of the narcotics law and an increase in the number of drug-related offences (crime in the pursuit of drug acquisition) or even offences whilst under the influence of drugs as well as a rise in the number of drug-related deaths are all representative of the explosive nature of drug and addiction problems in Germany.
Drug-related offences linked to cannabis products dominate the statistics. Cities such as Berlin, Frankfurt and Hamburg are over-represented for offences related to heroine and cocaine, as well as crack.

In 2000 drug-related crime reached its highest level. In 1990, 103,629 drug-related crimes were reported compared with 244,366 drug-related offences in 2000, an increase of 135% (DHS, 2000).
In addition 2.581 cases of crime in the pursuit of drug acquisition were registered.
East and West, in other words the new and the old German states, differ in terms of the number of drug users and also in the frequency of offences (26.458 cases). Offences related to cannabis rose by 12,689 cases between 1999 and 2000.
In 2000, the number of first-time drug users was recorded at 22.584. If the number of criminal offences is classified according to substances, drug-related offences are most frequently related to cannabis, heroine and synthetic drugs (Bundeskriminalamt, 2000)[3].

Nature of offences, age structure, gender and origin of suspects

Drug-related offences are split into the following legal categories (Kriminalstatistik, 2000):

[3] Offences classified according to substances: Heroin 45,591, cocaine 23,976, synthetic drugs 26,118, cannabis 131,662, other drugs 12,788. Source: Rauschgiftkriminalität 2000. In: Kriminalitätsstatistik 2000, Bundeskriminalamt Deutschland, www.bka.de

- *“General violations of the narcotics law”* (§ 29 BtMG) listed under „Consumer offences“, in other words the possession, purchase and sale of addictive substances in small quantities. In 2000, 163.541 offences (67%) were recorded in this category. This number has almost doubled for synthetic drugs in comparison to the previous year.
- *“Illegal trafficking and smuggling”* (§ 29 BtMG). This category concerns the sale and smuggling of drugs in large quantities, which exceed individual usage and are therefore clearly proven to be destined for trade. The trade in drugs is also interpreted in the sense of foreign risk. In 2000, 70.256 offences (29%) of this type were recorded.
- *“Importing drugs”* (§ 30, Para. 1, No. 4). Importing is defined as cross-border smuggling in large quantities for sale on the drug scene. In 2000, 6.338 (3%) offences were recorded in this category.
- *“Other violations of the narcotics law”* lists offences such as the cultivation of drugs or their distribution to minors. 4.201 (2%) cases were recorded in 2000.
- *“Direct crimes in the pursuit of drug acquisition”* refers to offences which serve to provide drugs. This includes, for example, robbery, deception, cheque fraud, forging prescriptions, theft and also offences related to prostitution which was still illegal until recently, etc. In other words, offences which help to satisfy individual demand. These crimes often involve violent behaviour.

These cases have demonstrated a decreasing trend since 1993, even though drug crime has been increasing as a whole. In 1999 there were 2.991 cases compared to 2.581 cases in 2000. The introduction of an extensive substitution program may be an important factor for the fall in crime in the pursuit of drug acquisition. Especially the number of female drug addicted offenders decreased with the extension of methadone maintenance programmes (Möller, 2001); while earlier studies showed, that there is no gender specific difference (Raschke, 1994).

In 2000, 202.291 suspected cases were recorded. Of these 12.2% were female and 87.8% were male drug addicts. In the aforementioned criminal categories the representation of women ranged from 8% up to 21%. In categories related to drug trafficking the proportion of females was lower.
Women accounted for 21% of cases in the category ‘*direct crime in the pursuit of drug acquisition*’. Women specialise more on modest drug use related crimes as cheque fraud, forging prescriptions and shop lifting, which means also lower sentences by the court (Zurhold, 2000). Other studies show, that compared with men the female offender get slightly severe sentences for those more modest crimes (Kawamura, 2000). Reasons for the modest sentences are seen in the gender role specific attributions. The more female offenders and their offences relate to the traditional gender specific role expectations and typical female crimes, the lower the sentences might be (Lengaro & Zill, 1987; Kawamura, 2000).

Almost 50% of drug criminals are between 18 and 25 years old. Women and men are represented equally in this age group. The most frequent crimes in this age group are related to synthetic drugs and cannabis. As age increases so does the share of crimes related to ‘hard’ drugs. The most common here is cocaine.

The proportion of migrants involved in reported crimes was 21% in 2000 (42.591). In the categories drug trafficking, smuggling and importation this proportion rose to 59% for cocaine.
The migrant group, in particular in relation to the categories drug trafficking, smuggling and import of cocaine and heroin, mainly consists of unemployed migrants, asylum seekers, migrants with short-term residency permits and refugees (Kriminalstatistik, 2000).

Imprisonment and drug addiction

The percentage of drug-dependent prisoners varies between 20% and 30%. The percentage of female drug addicts varies according to prison but can reach as high as 50% (Drugnet Europe, 2001).

Throughout the course of drug addiction, imprisonment and psychosocial measures become dominating factors. During the development of drug addiction there is a significant link between the length of sentences and the length of addiction, as well as an increase in time spent in psychosocial institutions. Dependency and its consequences inhibit the time spent in private life (Forschungsprojekt "Amsel", 1991).

Longer periods spent in prison have negative effects on the chances of overcoming dependency and delinquency. They also reduce the motivation for therapy considerably (Forschungsprojekt "Amsel", 1991). The penal system promotes the deformation of social behaviour and promotes passive attitudes which, amongst other things, have also played a role in the start of addictive disorders.

Figures for rehabilitation treatment in Germany 2000

Suchthilfestatistik 2000 (Welsch, 2001) documents patient data from 401 out-patient and 89 in-patient rehabilitation centres. The data is based on guidelines of the federal records and core records the EMCDDA and the EBDD.
In 2000 a total of 135,105 people were treated in out-patient centres. This year 74,715 addicts established contacts with these services. Alcohol-related disorders account for the main group of new patients with 69.5% (40,054) of visitors in out-patient centres, followed by opiate addicts with 14.4% (8,278) and 6.3% (3,632) cannabis users and 3.6% (2,088) cocaine and stimulant users.

Addicts (illegal drugs) with a criminal background (§ 35 – 38 BtMG and other criminal measures) accounted for around 20% of men and 11% of women undergoing treatment.
The largest substance-related percentage relates to male cocaine users (27%), who were visiting centres for legal reasons. Of male clients who use illegal drugs approximately 22% are placed directly by judicial authorities and social services. Ultimately 15.1% of alcoholics were sent by judiciary authorities.

86.4% of alcoholics, 72.8% of opiate addicts and 67.7% of cannabis users showed an improvement in their consumption or total abstinence after an average treatment time of 4-6 months. For cocaine addicts and amphetamine users the figures were 77.7% and 79.1% respectively.
Out-patient treatment showed a particularly positive effect on the integration of addicts into working life.

In 2000, 15,525 addicts were treated as in-patients. 12,195 new admissions were recorded.
67.1% were alcoholic and of these 6.7% were in treatment under various legal conditions.

14.4% of addicts were dependent on illegal drugs. Of these patients 9.8% were admitted to the institutions under judicial conditions.

84% of alcoholics improved their consumption or achieved total abstinence, as did 56% of opiate addicts and 63% of cocaine addicts, 70% of amphetamine users and 65.8% of cannabis users with an average treatment time of 3 to 9 months.

Impact of therapeutic intervention on the social integration of drug addicts

Voluntariness is a core requirement for all types of therapy, in particular psychotherapy. In this context voluntariness means that the patient chooses the course and end of treatment freely within a programme defined together with the therapist, whether abandoning or completing treatment. Voluntariness also means that the patient's decisions are not influenced, either through positive encouragement or negative inference.
The requirements of therapeutic intervention, which are different to those for other therapies, concern the start, execution and end of treatment. The relationship between the therapist and the addict is formed differently and the voluntary aspect must be covered more broadly (Egg, 1993).

In the case of directives, whether obligations imposed from a suspended sentence, coercive measures, "semi" coercive measures or even agreements, effected by the employer[4] there is still little room for free uninfluenced judgment. Ultimately it is hoped that motivation for therapy will be promoted through these measures.

Internal and external obligations determine the motivation for therapy. The start of a course of therapeutic treatment seems almost inevitably determined by "pressure".
Nevertheless social and judicial pressures are different due to the fundamental aspect of crime and its consequences (Forschungsprojekt "Amsel", 1991).

Influence of coercive measures on motivation for treatment

Several studies show that judicial pressure can have a negative impact on the prospect of successfully concluding such a measure (Forschungsprojekt Amsel, 1991; Sickinger, 1994).

In a study, Schalast (2000b) depicted the close connection between adjustment after a coercive measure (§ 64 penal code) and a high tendency for relapse. The initial motivation for treatment correlates to the tendency for relapse.
Heckmann (1997) also reached a conclusion in his evaluation study of compulsory treatment measures. In this study 10% of clients were ultimately drug-free after a follow-up period of 12-18 months.

Realistic awareness of the problem and insight into the disorder can also increase an offender's tendency for relapse. Excessive personal demands and a lack of prospects also play a possible role here (Rasch, 1989).

Egg (1993) was able to prove that the measures of §§ 35, 36, 37 BtMG could have a motivating effect on drug-dependent offenders in some cases. Those addicts who were successful were those who completed the program without

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[4] Probationary measures according to § 56 c of the penal code are a therapy-based directive to suspend remaining sentences. Coercive measures through execution of regulation § 64 StGB in rehabilitation centres. Company agreements are procedures for handling drug-dependent employees for behavioural change and reintegration into the workplace.

any interruptions and who underwent a rapid transition from imprisonment to therapy. 50% of individuals in this sample remained crime-free and did not use hard drugs.
Motivated offenders in compulsory treatment or semi-compulsory treatment show good chances for successful completion of therapy. There are no substantial differences for those with regular admission into therapy. These results were also consistent with Heckmann (1997) in a study of the coercive measures system in Sweden.

However, one demotivating factor is that in specific compulsory therapy centres the relapse rate within the institution is relatively high. In stages of up to one year there is an average of five to six cases of relapse. (Schalast, 2000a).

The aims of compulsory therapy measures to provide 'help' and 'control' are tainted by their judicial background and might be considered as 'punishment'. This form of control can also evoke resistance (Schalast, 2000a) for addicts with specific requirements or temporary adaptive behaviour (Böllinger, 2002).

Length of therapy and successful treatment

Panel studies (Feuerlein und Küfner, 1989; Herbst, 1992; Egg, 1993; Kunz, Overbeck- Larisch und Kampe, 1992; Kindermann et al., 1992; Sickinger, 1994) and meta-analyses (Süß, 1995; Sonntag und Künzel, 2000) examined the various settings for treatment and their influence on the rehabilitation of drug addicts.
The results showed that short-term treatment often leads to a return to previous habits, e.g. drug use and criminal behaviour. The risk of relapse falls with longer periods in a drug-free environment, i.e. the length of therapy.

Herbst (1992) points to the fact that an 8-month period of treatment reduces the risk of relapse by 50% but that therapy lasting longer than 12 months does not demonstrate a significant improvement.

Scheller and Klein (1986) found that for the treatment of alcoholics there is a critical period of between 12 and 15 months during which treatment is beneficial. A longer period does not appear to increase the rate of abstinence. Self-expectancy regarding the effectiveness of therapy proves to be more prominent for successful completion of treatment than for abandonment or relapse.

The defence of legality (legal probation) is the second factor which is positively influenced by longer periods of in-patient treatment. After a long and successful treatment at the end of which the client is drug-free the chance of legal probation is 98% (Herbst, 1992; Kunz et al. 1992). The chance of legal probation drops if the client abandons the treatment and/or relapses (see also Bühringer, Herbst, Kaplan und Platt, 1989).

A further indicator of crime-free living is that after successful completion of treatment young people seldom offend and people with few previous convictions offend even more rarely than those with a higher number of convictions.
During the probation period women are less likely to offend than men (Egg, 1993). This means in case of QCT measures, the outcome for women after the treatment differs positively from men.

Studies show, that drug addicted women have at the start of their treatment lower self-efficacy scores, lower self-esteem scores and higher depression and anxiety scores and a worse health status. At the end of the treatment and also one year after, they catch up to the same and better score values than men. This leads to the hypothesis, that women in

respect to their personal situation have worse start conditions than men, but show more motivation to change their deficits during a treatment phase. (Hanel, 1990). Data focussing methadone programs showed the same gender specific effects (Vogt, 2000).
Furthermore the study from Vogt (2000) showed, that women are less likely to enter in- or out-patient treatment services, but when they entered, they show more compliance to finish it successfully and to change their habbits.

Therapy settings, treatment types and successful treatment

The settings for out-patient therapy and in-patient therapy were not collectively examined in previous studies. Küfner et al.(1989) defined that out-patient therapy shows a lower ratio of success than in-patient therapy. Süß (1995) was unable to definitely confirm this difference in his meta-analytical study.
It is important to note from these results that both approaches are effective for different treatment groups (needs and patient profiles) and that this was not taken into consideration.

Substitution programs enable a considerable reduction in drug use and delinquency. Once again, the longer the treatment, the greater the fall in delinquency.
After successful completion of the substitution program there is, however, a greater danger of relapse in comparison to other forms of treatments and also a risk of reverting to delinquent behaviour (Bührigner, Künzel und Spies, 1997).
Commitment is a major factor in the effectiveness of out-patient and in-patient approaches to therapy. This condition was not found for substitution however (Bühringer, Künzel und Spies, 1997).
Clients with double diagnosis doing worse in the methadone treatment. They keep stronger ties to the drug scene, go on using drugs over longer periods and keep near to the criminal context. Mental health at entry of a treatment programme predicts retention and outcome of the measurement. (Vogt, 2000)

In their meta-analytical study Sonntag et al. (2000) came to the conclusion that motivational therapy showed great success for highly aggressive, angry and unpredictable addicts. This point may also be valid in part for offenders which are referred for coercive measures.
They also obtained the following criteria for successful measures: ratio for discontinuing treatment, improvement in user behaviour, legal situation, health and psychic state and access to occupational fields.

The therapeutic relationship, i.e. adjustment of the therapist to his/her work and to each individual client, has an enormous influence on the success of the treatment. Theory-based behavioural-oriented processes are also effective. Forms of therapy which refer to a clear everyday structure. Offer regular individual therapy meetings thereby working intensively on problem areas, involve relatives and carry out future planning, as well as those forms which are linked to a therapy group, contribute considerably to successful therapy and long-term abstinence. Intensive care is particularly stabilising for patients who are difficult or who show striking behaviour (Sonntag et al., 2000; Küfner et al., 1989; Süß, 1995).

Effects of semi-compulsory therapeutic measures at treatment centres

In addition to the previous reflections there remains the question as to what extent judicial coercion can lead to a willingness for therapy and to what extent it can be used. A previous evaluation study questioned workers from treatment centres about problems with clients who were admitted for treatment under the narcotics law.

Complaints included a lack of insight into the illness and a lack of willingness to adhere to regulations. Workers believed that successful treatment was only obtained by using extensive motivational therapy to transform external motivation into self-motivation.

In this study, as in many others, workers reported on the negative effect of QCT clients on the rest of the group. Behavioural patterns acquired whilst in prison were transferred to the therapy group, thereby considerably aggravating the atmosphere in the centre as well as the motivation of other patients.
Nevertheless the workers questioned stressed that many of the patients cared for in accordance with § 35 BtMG did not represent a negative selection (Egg und Kurze, 1989).

Even on special rehabilitation units which carry out motivational work, the opinion of patients under specific measures, such as § 35 BtMG or paragraphs from the youth assistance law, is cautious. Starting treatment due to external motivation has a negative effect on the group process. As a result in groups where an excess proportion of the addicts were present due to legal conditions the rate of abandonment was higher (Alzinger, Dexheimer und Wolf, 1995). The authors rule out the fact that considerable legal or social pressure is counterproductive for the start of withdrawal or cure.

Methods and further development of QCT measures

The German legal system has elaborated numerous paragraphs according to which QCT is decided by judges, public prosecutors and offenders. This means that a drug addict contributes to his or her application for 'therapy not punishment' in order to carry out these measures. In particular the inclusion of substitution programs appears to be very consequential for minimising crime.
This is also the case with probation under which drug-dependent offenders are generally held under sanction before they are finally sentenced. Germany has a well-constructed legal system of semi-voluntary measures.

A critical factor is that the application for QCT measures is generally a long process. In order to shorten the duration of prison terms, which have a negative impact on motivation for therapy and social behaviour and to improve the chances of successful treatment, it would appear meaningful to speed up the transition from imprisonment to therapy and ensure timely application (Forschungsstudie Amsel, 1991; Egg, 1993).
For an easy transition it is necessary to extend and form good working relations between judicial and psychosocial institutions.

Accelerated access to psychosocial support can be particularly beneficial for young drug addicts with little insight into drug-related problems and addiction. A stay in detention centres does not perform a preventative or protective function but rather has an often reinforcing effect on criminal behaviour and drug use. The judicial system bears the main responsibility here (Gross, 1998).

Preparation for therapy and its demands through drug counselling would be desirable, possibly in order to transform the existing primary motivation, thus being to get out of prison (Herbst, 1993; Gross, 1998).

Coercive measures (CT) ultimately turn out to be ineffective for addicts (Schalast, 2000a) and portray a dubious framework for sociotherapy measures. This is because the compulsory element makes it difficult for addicts to identify with the treatment and its conditions. Therefore coercive measures should be carried out in the same way as the existing model § 35 BtMG to increase the chances of success.

Content of further research

One problem arising from the results so far concerns the method of transition for offenders to therapy, i.e. in terms of the structure and network between the parties involved.
How do the networks perform in the run-up to QCT measures and how can they be optimised so as to exert a positive influence on motivation for treatment or be effective in minimising damage?

It is difficult to compare the networks between judicial systems and treatment centres across all federal states. They must all be approached in a different manner. This is also important as regards cultural differences faced by treatment methods and judicial practices, which are shaped not only by laws but also by subjective decisions and responsiveness.

What effect does excessive criminal behaviour have on those affected in the various states? What effect does a liberalised approach to 'offences' under the narcotics law have on participating states? Where are the boundaries in comparison to Europe?

Current changes in the trends for drug use, as well as the resulting differences in understanding the disorder and awareness of a need for treatment, should definitely be reflected in how measures are implemented.
Based on this the success of such measures should be critically examined.
This also gives rise to questions regarding differing indications and new requirements for specific forms and settings for therapy, as well as examples of the most beneficial treatment methods.

Finally, a further study should examine which internal and external resources are relevant for a drug-free and socially stable life. This includes concepts such as self-effectiveness, pro-active strategies for coping, stress management, health, social conditions and motivation to alter the previous lifestyle (Stages of Change, Climente, 1992).

Methods

In order to get a complete picture of QCT measures it is important to use quantitative and qualitative methods.
Interviews with addicts and experts at all centres which took part in the studies may be useful to gain an understanding of all aspects of QCT measures, to understand their strengths and weaknesses and ultimately their influence on decriminalisation and rehabilitation of those affected, the legal position of each state and the 'grey areas' of implementation at all levels.

A perceptive scope and set of questions are necessary to be able to measure internal resources and changes, as well as to expand on the qualitative data and provide comparable and clear results.

Formation of a clear subgroup under cultural, gender-specific and psychological criteria can provide a clear picture of QCT and its effects. It can also provide a representation of the possibilities and requirements for a life free from drugs (addiction).

Clear results can only be obtained through accurate definitions of the concepts relapse, successful therapy, failed therapy, social integration, etc.

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