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Further education for staff in drug abuse treatment – a realistic approach

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The aim of the authors is highly relevant: to scrutinise the extensive Swedish effort to support the implementation of the national guidelines on substance abuse treatment known as Kunskap till Praktik (“Knowledge to Practice” – KTP). One part of KTP involves further education of staff members and other professionals working in health care or social services. Another part is to stimulate county councils and municipalities to agree on co-operation and the division of labour in the field of substance abuse treatment and support. To my mind, the latter aspect of KTP is both the most challenging and the most problematic. The authors, however, restrict themselves to dealing with the educational part and with the guidelines as such. An evaluation of KTP has been conducted, and we can expect to read the findings during this spring. These results will probably start a major debate on the effects of KTP at an organisational level.

The national guidelines

The authors point out that Swedish national guidelines, unlike those in the US, for example, are produced at the central level by the national authority, within Socialstyrelsen – SoS (National Board of Health and Welfare). To me, this is a mainly good thing, while the authors find it negative in that it allows “false certainties”. Guidelines detached from professional associations, such as those of psychiatrists or social workers, tend to be somewhat idiosyncratic and they may contain a mixture of evaluation of facts (which is good) and delineations of professional territories (which is bad).

The national guidelines for substance abuse treatment, published in 2007, are far from perfect. They do not adhere to modern standards of evidence grading, and they are unnecessarily unclear in many ways. This is acknowledged by SoS, and a major revision of the guidelines has just started. Still, the effort behind the original guidelines on substance abuse treatment is to be respected, as this was the first set of shared guidelines for social services and health services. Given that treatment for persons with substance abuse problems in Sweden is a task for both sectors and that areas of responsibility are unclearly defined, this is a major achievement.

KTP education

The authors are surprised that the basic KTP course delivered in all Swedish regions does not entirely deal with guideline recommendations but also includes information about the epidemiology of drug abuse, etc. Their interpretation is that (the persons behind) KTP understand EBP in a vague and wide sense. I cannot tell whether this is true or false. My comment would be that the basic course in KTP seems to...
be constructed to serve the needs of the caring professions. Many staff members working in treatment or nursing homes or on hospital wards in Sweden have none or only short formal education and training in treatment of substance abuse (although they may have a great deal of working and personal experience). It is therefore relevant to give basic courses which contain general and updated facts in the field. The assumption that KTP is unaware of the two “incompatible models of EBP identified in the literature” (EBP as critical appraisal, EBP as adherence to guidelines) may be true, but this is in my view not a major shortcoming. A modern understanding of the process of implementation includes the notion that if the practitioners and their managers perceive no need for change, new methods or refinements, no implementation will take place. According to this view, it may be wise to convey general information and recent facts on, for example, the epidemiology of abuse, to make staff members reflect on the needs of their clients and on how the needs are met in the service system they are a part of. Such reflections may prepare the implementation of evidence-based methods – and in some instances perhaps make it possible to abandon the traditional way of doing things.

Service user involvement

The paper delivers serious criticism of the use of the concept of user involvement. This is a major problem in the practising of EBP in general. EBP arguably rests on three legs: scientific evidence on efficacy and effectiveness, professional experience and the preferences of the service user. I fully agree with the authors that the process of bringing these three “legs” together is unclearly described, which is not a problem for KTP only, but for the whole EBP movement. This is a serious matter and it calls for our analytic attention!

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