

Evidence for improving welfare services

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Public procurement of welfare state services involves various risks and problems. Extensive bureaucratic procedures, delays in service delivery and inflated prices have been identified as challenges. Addressing these problems requires reforms in policies and practices, increased transparency, improved oversight of processes – all of this while keeping a strict focus on the quality of services. Schneider et al. (2023) have systematically reviewed the drug treatment service procurement literature and identified four partly overlapping models of drug treatment service procurement: traditional; value-based; outcome-based; and innovative. Their study concludes that competition and incentives improve neither the efficiency nor the quality or the outcomes of complex drug treatment services.

In Norway, the Directorate of Health (Helsedirektoratet) wishes to consider the possibility of establishing a national overdose warning system (OVS) to notify users of

increased overdose risk. The OVS, in this context, is understood as a set of interconnected elements functioning as a whole, with the purpose of early detection of increased overdose risk combined with rapid notification to those at risk of overdoses. Borge and Muller (2023) have reviewed the research evidence on effectiveness and conclude that there is a need to be cautious in drawing conclusions about the types of OVSs that should or should not be introduced in Norway. The establishment of an OVS does not necessarily entail the creation of new infrastructure but could rather involve connecting two well-developed, existing systems: monitoring systems and harm reduction measures. The authors identified limited empirical research on existing OVSs, particularly related to the effectiveness of such systems.

Improvements of services is also the subject of a research report by Kalsås et al. (2023), who

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investigate the needs for help and received help reported by bereaved family members and friends from drug-related deaths (DRD). Nearly half of the DRD-bereaved individuals reported that they were satisfied with the help. A higher satisfaction with help the help was found among the older bereaved and the participants who received help from a crisis team or psychotherapist. The latter was particularly stated for younger participants. The study concludes that when assessing the help needs of the DRD-bereaved, relations of both psychological and biological closeness to the person who has passed away should be recognised.

A conclusion from a study by Frederiksen et al. (2023) is that health service, educational and legal institutions should be very aware of the risk for young people from families with problematic parental substance use (PPSU) who do not live with both parents. They studied the association between childhood family structures, including the presence or absence of PPSU and adverse outcomes during adolescence/young adulthood in a sample population including 9,770 young people (aged 15–25 years). The results show that people who experienced PPSU and did not live with both parents had higher odds of the different long-term adverse outcomes compared with young people who did not experience PPSU, and similar odds of the outcomes compared to youth who had not experienced PPSU and did not live with both parents. The highest odds of adverse outcomes were found among young people who experienced PPSU and lived with the parent with substance use problems for less than 5 years.

A study by Karsberg et al. (2023) examines the association between adverse experiences (physical abuse, sexual abuse and parental substance use problems), not being employed, in education or training (NEET) and being in need of acute psychiatric help among young patients receiving treatment for substance use disorders. More than half of the participants – 580 adolescents and young adults aged 15–25 years – were NEET 2 years after treatment

enrolment. NEET was predicted by parental substance use problems, exposure to physical abuse and non-abstinence, and three types of adverse experiences. The study is able to show that adverse experiences, such as being exposed to PPSU and physical abuse, may be important predictors for NEET after treatment for substance use dependencies (SUDs).

The many questions involved in translating the Alcohol Use Disorders Identification Test (AUDIT) is embarked upon by Neufeld et al. (2023). This question is of great relevance, especially in country comparisons, and this is also a reason why the World Health Organization has in place rules on instrument on translation and adaptation.

Also in this issue:

Pelters and Galanti (2023) set their aims at understanding the meaning-imbued reality of waterpipe smoking for young adults in Sweden. The youth's experience of waterpipe smoking shows different dimensions (time, space, fun, community) that construct the practice of waterpipe smoking as a closed bubble characterised by harmlessness, cosiness and freedom to develop an adult self in the waterpipe group. The researchers conclude that prevention approaches require a dialogical – rather than a traditional – rationale negotiating the risk landscape faced by young adult smokers.


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