



European Monitoring Centre  
for Drugs and Drug Addiction

# TDI/Treatment meeting 2017

## Introduction and update

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Lisbon, 20-21 September 2017

20 September 2017



# Purpose and objectives of the meeting

## **Purpose:**

**to improve quality and usefulness of treatment data by sharing experiences with TDI experts and other experts about annual progress in the implementation and analysis of TDI/Treatment related data**

## **Objectives:**

- **Data quality, data reporting and assessment tools**
- **NPS coding in TDI**
- **Interpretation of trends in treatment related data**
- **Findings from specific projects: (OST, Prevalence, CJS)**
- **TDI/ treatment data in the new European Responses Guide**
- **Recent developments in the field of psychiatric comorbidity**

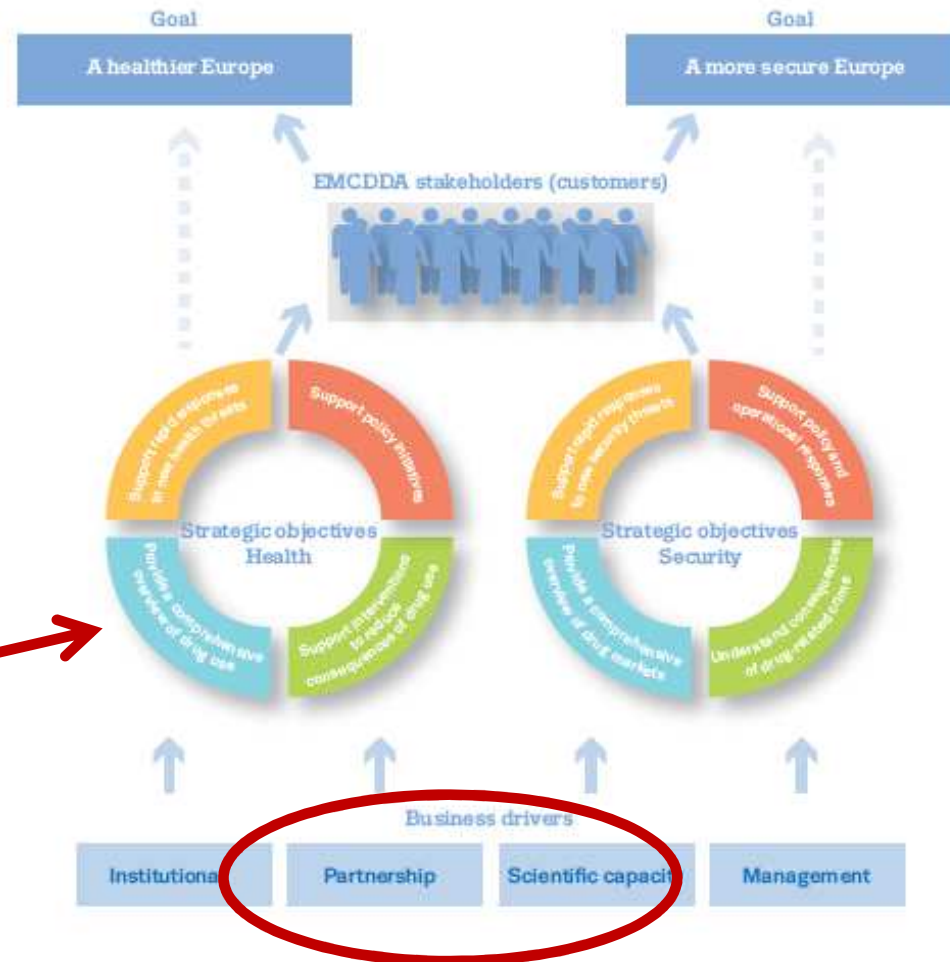


# EMCDDA Strategy 2025

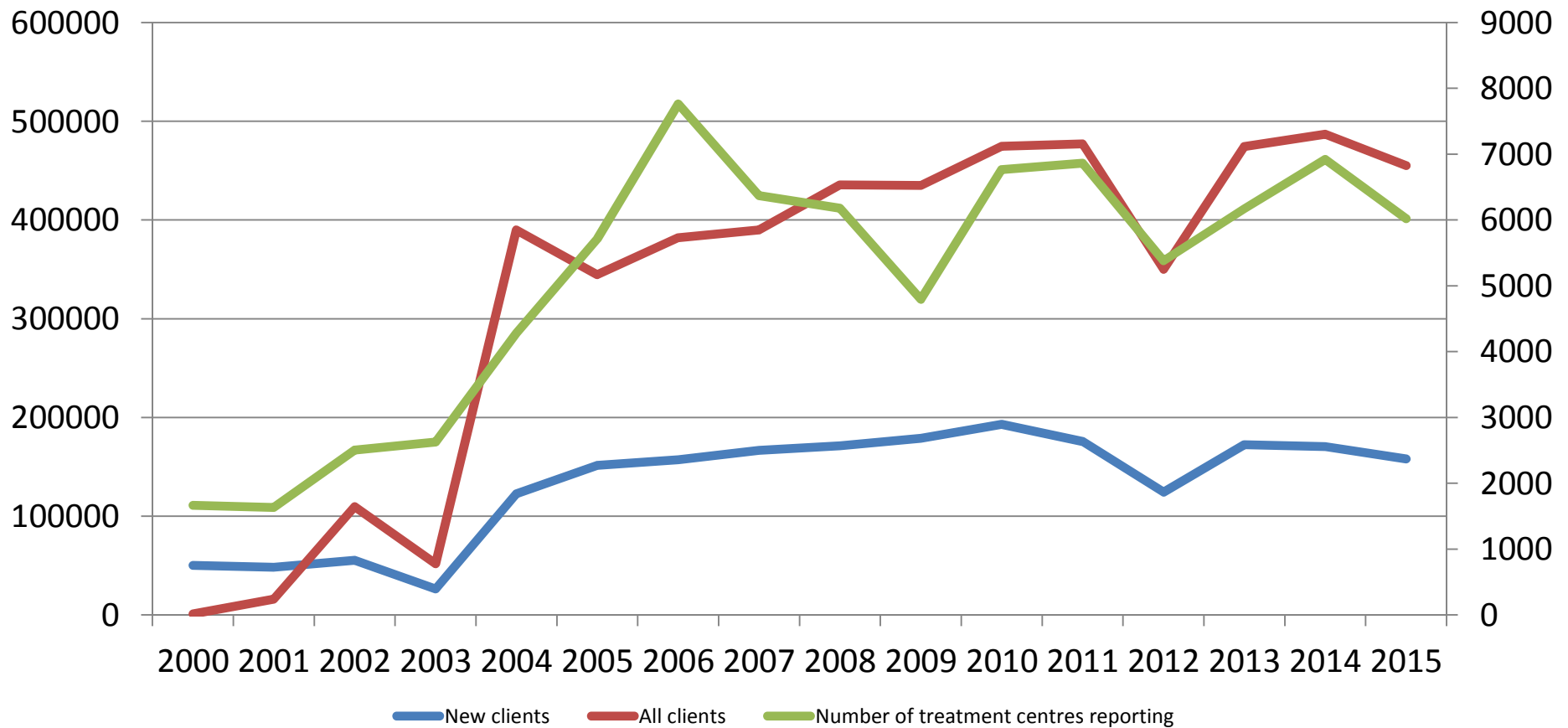
## Action areas (obj. 1)

- Strengthen the core monitoring system
- Develop new flexible and timely monitoring tools/approaches
- Understand public health implications of drugs problems
- Identify future reporting needs

Evidence on drugs: for a healthier and more secure Europe



# Trend in TDI reporting from 1996 to 2015: units, new clients and all clients



# Use of TDI/Treatment related data

- EDR 2017: trends and developments
- Statistical Bulletin
- Health and Social Responses Guide
- Country Drug Reports
- TDI web pages
- Scientific articles and conferences
- National and EU policy discussions
- Lisbon Addiction Conference: TDI poster

**Treatment demand key epidemiological indicator**

**Treatment demand indicator (TDI)**  
The treatment demand indicator (TDI) is one of five key epidemiological indicators which contribute to the overall EMCDDA aim of providing objective, reliable and comparable information at a European level concerning drugs, drug addiction and their consequences (EU action plan on drugs 2000-04). This information is intended to provide the Community and Member States with 'a better understanding of the drugs problem and the development of an optimal response to it through a measurable and sustainable improvement in the knowledge base and knowledge infrastructure' (EU drugs strategy, 2005-12).  
Read more >

**Key methodological documents**

**TDI Protocol ver 3.0 - Treatment demand indicator standard protocol 3.0 (including technical annex)**  
This protocol is the most detailed description available of the methodology used by the key indicator and is principally aimed at professionals in the field.

**Overview of the TDI key indicator (8 pages, PDF)**  
This document provides an overview of the treatment demand indicator. It is written in an easy to understand manner and is intended for a wider readership.

**TDI statistical methods and definitions**  
Part of the EMCDDA Statistical bulletin, this text provides a summary of the methods and definitions used in TDI and is primarily intended to assist in the interpretation of data.

**European Drug Report**  
Trends and Developments

2017

**Statistical Bulletin**

**LISBON ADDICTIONS 2017**  
SECOND EUROPEAN CONFERENCE ON ADDICTIVE BEHAVIOURS AND DEPENDENCIES

# Country Drug Reports (1)

## High-risk drug use and trends

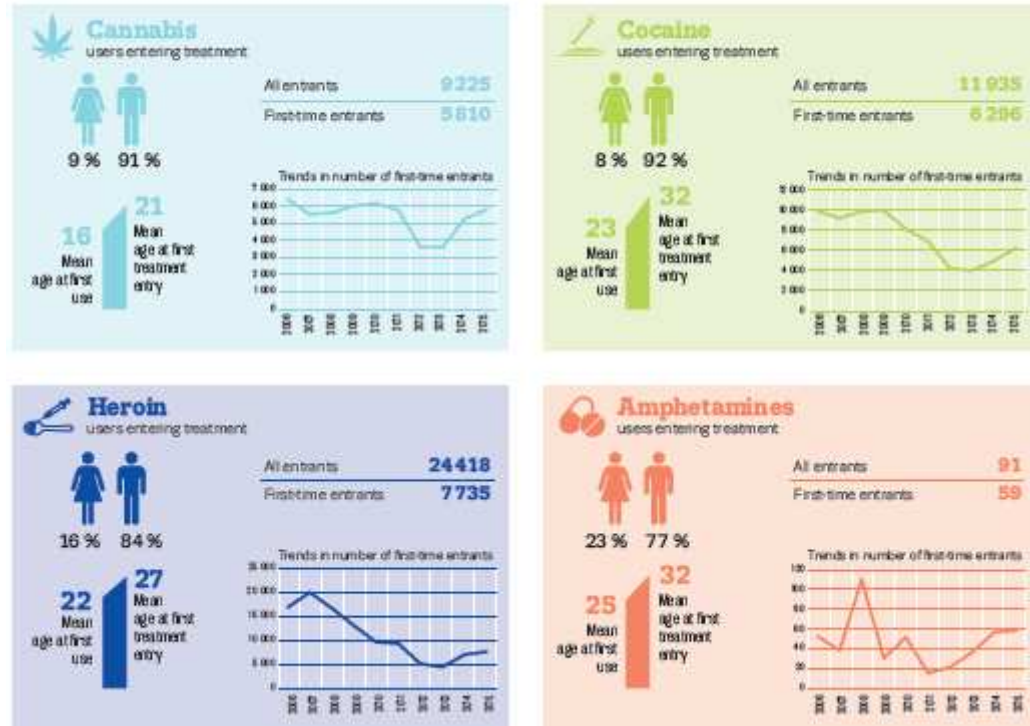
Data from the specialised treatment centres in Italy indicate that in 2015 heroin was the most commonly reported primary substance for first-time clients entering treatment and that the decline in the numbers of new clients entering treatment because of heroin use that was observed in the last decade has now stopped. In general, injecting remains common among opioid users entering treatment, in particular among those who have been treated previously. Cocaine is the second most commonly used substance among first-time treatment clients, followed by cannabis.

The available data suggest an increase in cocaine-related new treatment demands in recent years.

In addition, an increasing proportion of clients enter treatment because of polydrug use. Approximately one in seven clients entering treatment is female, but the proportion of females in treatment varies by primary drug and by the treatment programme. The long-term trend indicates a steady increase in the age of heroin users seeking treatment, and the average age of new treatment clients in Italy is the highest in Europe. However, because of substantial changes in the national reporting system in the last years, the long-term trends for data from specialised treatment centres should be interpreted with a caution (Figure 8).

FIGURE 8

Characteristics and trends of drug users entering specialised drug treatment services in Italy



# Country Drug Reports (2)

## Treatment

### The treatment system

All nine Austrian provinces have drawn up drug strategies and nominated drug coordinators who are responsible for coordinating drug treatment at regional level. A drug coordinator has been appointed to accredit and monitor treatment at national level under the Federal Ministry of Health. The Provincial Conference of Drug Coordinators performs inter-regional coordination of drug treatment policies. The provincial governments, the social insurance funds and the federal government fund most drug treatment.

Drug treatment services are provided both by specialised centres and as part of general healthcare services (e.g. psychiatric hospitals, psychosocial services and office-based medical doctors). Primary healthcare services are also involved in opioid substitution treatment (OST) provision. Drug treatment services provide a range of options and can be flexibly applied to respond to a client's treatment and social needs. The treatment programmes are offered in modular form, providing both short-term

### Drug treatment in Austria: settings and number treated

#### Outpatient



#### Inpatient



NR: Year of data 2015.

FIGURE 15

Trends in percentage of clients entering specialised drug treatment, by primary drug in Austria

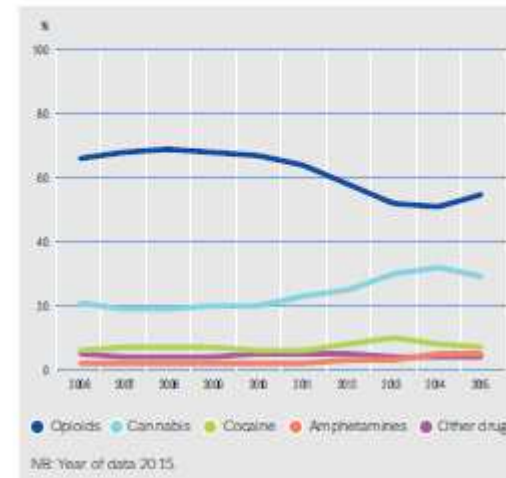


FIGURE 16

Opioid substitution treatment in Austria: proportions of clients in OST by medication and trends of the total number of clients





# Progress since last year

- Third year of TDI 3.0 implementation
- Number of countries reporting in 2016: 28 out of 30
- Second year of treatment 'Workbooks'
- Analysis of TDI Prevalence data for EDR
- Bilateral dialogue with three countries (SE, NO, DK)
- OST project
- DRID/TDI collaboration (now starting with DRD )
- Project on Tramadol misuse
- International cooperation



# Upcoming relevant activities

- **Implementation of the EMCDDA Strategy 2025**
- **New forthcoming outputs (e.g. EDR, CDR)**
- **4<sup>th</sup> KI assessment in 2018 (2009, 2012, 2015)**
- **TDI prevalence module (2019 on data 2018)**
- **Continue with bilateral dialogue**
- **Follow up on links with other indicators (DRID/TDI, DRD/TDI, TDI/PDU)**
- **Update to “Methods and Definitions by country”**

**Follow up from the current meeting**



# Main issues from National Updates (1)

## (31 countries)

- **Data description**

- Good insight into the data and trends: decrease of heroin, but some signs of increase, increase of cannabis, appearance of NPS + other opioids
- Relevant countries differences
- Useful also for the workbooks
- In non EU countries efforts to strengthen TDI monitoring reported

- **Changes in the treatment system from last year**

- 10 countries reported no changes
- 5 did not report any information
- 12 report different types of changes: administrative reform, establishment of new units -one dual diagnosis unit-, reorganisation of treatment based on target group
- Inclusion of prison units in 2 countries (currently 13 countries' are reporting data on prison units)



# Recent focused analysis using TDI data

- **Many analysis for local, regional, national international purposes and projects**
- **Different themes according to country's needs**
- **Several countries carrying out analysis on:**
  - PDU estimates, Gender, OST, Ageing drug users
- **Examples of others topics reported:**
  - estimates of treated population in 2020
  - linkage with health insurance database
  - cannabis VS synthetic cannabinoids
  - cannabis potency and cannabis admissions
  - referrals to treatment



# Need for future analysis, emerging issues, suggestions for next meeting

- **Methodological issues:**
  - cross country comparison, validation analysis, linkage with DRID, DRD, PDU, use of personal data/aggregated data, new privacy laws
- **Substance focused analysis:**
  - opioids other than heroin, NPS, polydrug use
- **Analysis by target group:**
  - by client characteristics, migrants
- **Treatment:**
  - treatment outcome, treatment pathways, e-health



# Overview of the agenda

## Plenary Sessions

### Wednesday 20/9

14.30 - 15.30

### Update/developments

16.00 - 18.00

### Data quality– Round Table

### Thursday 21/9

9.00 - 9.30

### Round Table

14.30 - 17.30

### Treatment monitoring to respond to drug use

## Parallel Sessions

### Thursday 21/9

9.30 – 11.00

1. Interpreting trends: new heroin clients
2. Opioid substitution treatment
3. Minimum Quality Standards

11.30-13.00

1. Interpreting trends: consistency btw sources
2. TDI Prevalence
3. Psychiatric comorbidity



# Round table

## Wednesday 20/9 16.00-18.00:

- 1<sup>st</sup> Group: Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, France, Germany, Ireland
- 2<sup>nd</sup> Group: Finland, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden

## Thursday 21/9 9.00-9.30:

- 3<sup>rd</sup> Group: Cyprus, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, United Kingdom



## Expected outputs and structure of the meeting

- **Short summary of the main findings**
- **Suggestion for improvement in the TDI European and national implementation**
- **Briefing note on trend analysis**
- **Update of Methods and Definitions by country**





# Practical information

- Take the badge at the EMCDDA reception (if you do not have it)
- Please always carry your badge visibly
- Sign attendance list
- Lunch is at the canteen in the building on the right of the conference centre or you can go anywhere around the EMCDDA – both options are self-funded
- Toilets are right outside the door of the room
- Stick to time schedule, especially for workshops and round table
- Folder: you have agenda and participants list
- **When you go to workshops tomorrow morning you will be scanned by a metal detector: do not take any luggage or forbidden objects**



# Important links

- On-line survey:

<https://www.surveymonkey.com/r/TDIexpertmtg>

- TDI in the EMCDDA website:

- <http://www.emcdda.europa.eu/activities/tdi>

- TDI meeting:

- <http://www.emcdda.europa.eu/events>

- Web Restricted area:

<http://projects.emcdda.europa.eu/areaTDI>

