European Monitoring Centre
for Drugs and Drug Addiction

Demand for drug treatment in Europe

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Introduction

Comparable and reliable data about the number and characteristics of people entering specialised drug treatment in EU Member States is essential for understanding the European drug problem. The EMCDDA has been collecting data on drug treatment entrants through the Treatment demand indicator (TDI) since 2001.

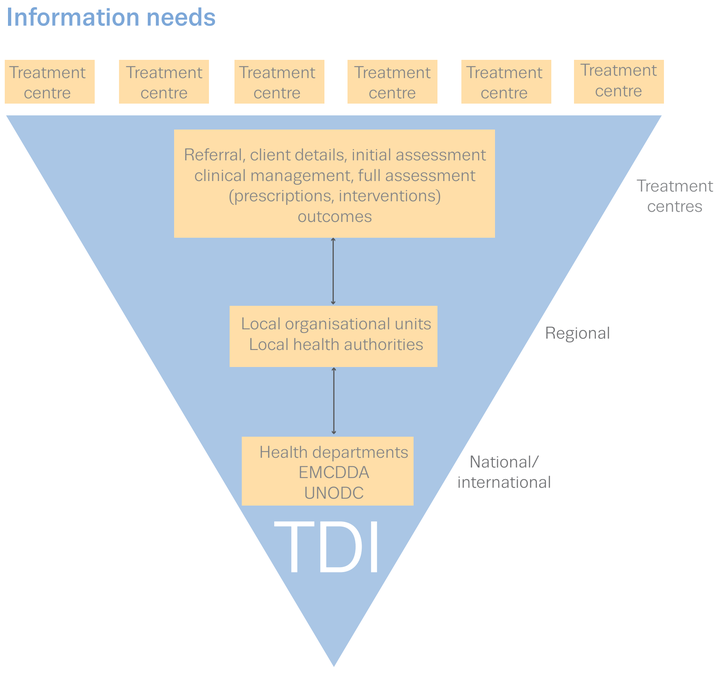
The TDI is one of a set of five key epidemiological indicators that are used by the EMCDDA to facilitate data collection, analysis and reporting on key aspects of the prevalence and consequences of drug use.

emcdda.europa.eu/activities/key-indicators

Objective

The primary purpose of the TDI is to gain insight into the socio-demographic profile and illicit drug use patterns of those entering drug treatment. It is assumed that these profiles and patterns will reflect reasonably those of people with drug problems in the community. The data collected through the indicator are also used to estimate the trends in high-risk drug use (prevalence and incidence — see the PDU indicator). Besides estimating treatment provision and identifying patterns of drug use, TDI data are used in the planning and evaluation of services for drug users and in helping to estimate minimum need for treatment resources and treatment organisation.

FIGURE 1 | **The treatment demand monitoring system: from treatment centres to the international level**



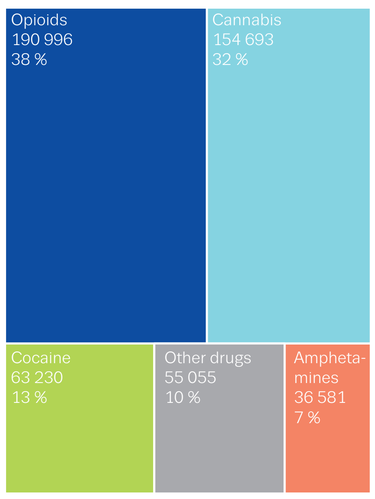
Methods

Data for the TDI are collected in all the 28 Member States of the European Union and in Norway and Turkey through a common protocol. The protocol comprises 24 items collected by all countries in the same way. The variables include socio-demographic characteristics, patterns of drug use and use of services. A key variable reported for each client is the primary drug – the drug causing the client the most problems at enrolment in treatment. Definitions and methodological specifications are described in detail in the guidelines (TDI Standard Protocol ver. 3.0).

The national experts responsible for data collection and analysis in each country participate in a European network, which is fundamental to the implementation of the indicator.

A system to assess the data quality of the indicator has been established in agreement with the national experts. Common criteria to evaluate the scientific quality of the data and the level of process implementation are the basis for a triennial evaluation.

FIGURE 2 | **Primary drug of clients entering specialised drug treatment in 2015 (or most recent year available)**



Results

The most recent TDI data (for 2015) were collected in more than 6 500 specialised treatment centres across 30 countries. After opioid users (mainly heroin), users of cannabis and cocaine are the second and third largest groups entering treatment services (Figure 2). Among those entering treatment for the first time in their life, from 2006 to 2015 the share reporting opioid use declined from 37 % to 21 %, while the share of those seeking treatment for cannabis problems increased from 28 % to 45 % (Figure 3). Signs of a rise in the treatment demands for other substances, such as non-heroin opioids and amphetamines, are reported in some European countries. Data on route of administration show that

FIGURE 3 | **Trends by primary drug among first-time entrants**

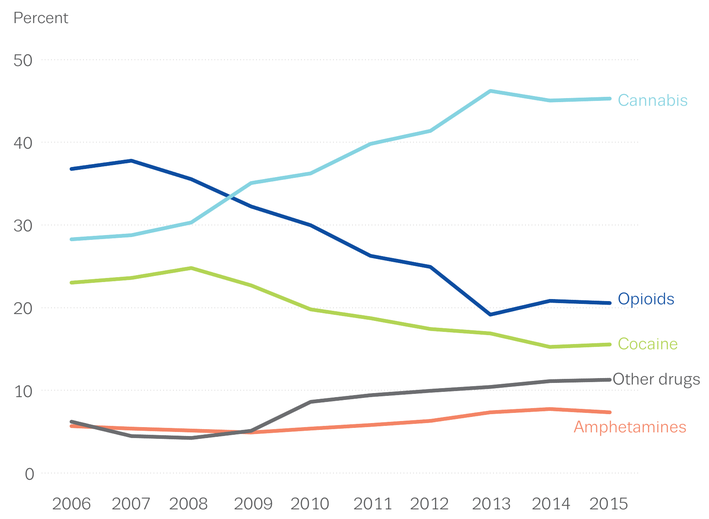
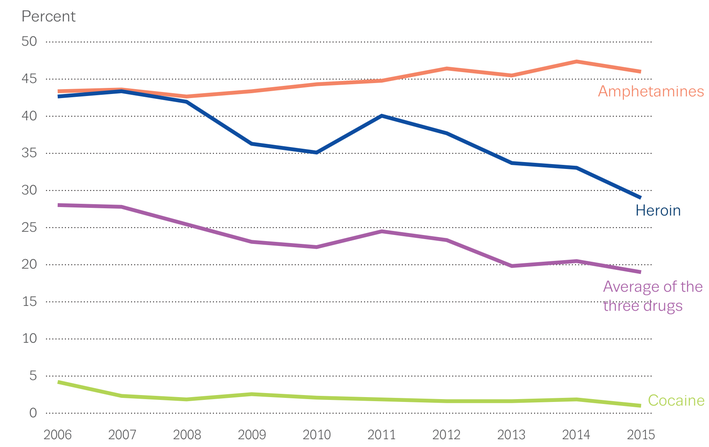


FIGURE 4 | **First-time treatment entrants reporting injection as the main route of administration of their primary drug**



drug injection is declining among first-time treatment entrants (Figure 4); there are signs of increases in injection of amphetamines, although amphetamines users represent a small number of treatment entrants and are concentrated in a few countries.

Limitations

Treatment demand data are subject to a set of methodological limitations, which are mainly related to differences that exist between national treatment reporting systems. Differences exist in the extent of national data coverage, the implementation of the common definitions, control of double counting and changes over time in treatment systems, monitoring systems or both.

Future perspectives

The analytical capacity of the Treatment demand indicator will be enhanced by combining its information with data from other indicators. In addition, the triangulation of data with qualitative information and the use of innovative research and monitoring methods can improve the indicator's informative dimension.

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