



# Treatment demand indicator and drug treatment

The impact of COVID-19 on drug treatment

**Domingos Duran**

Therapeutic Intervention Division

General-Directorate for Intervention on Addictive Behaviours and Dependencies

5 . November . 2020



European Monitoring Centre  
for Drugs and Drug Addiction

- **Session 3 - Telemedicine: a viable option for European drug treatment services in times of COVID-19 and beyond?**

- Integrating internet-based treatment data collection into the TDI monitoring



# FRAMEWORK

## 1) **SIM** - Multidisciplinary Information System:

- SIM is an application available and used by all public addiction treatment units in Portugal
- In SIM different user profiles were incorporated, to be accessed accordingly with the type of professional enabled to perform specific interventions (Medical doctor, Nurse, Psychologist, Social Workers, Occupational Therapists, Physiotherapists, Nutritionists, ...)
- Areas are used by all professionals; such is the case of agendas (appointments), internal messaging, patient's personal data .
- Other areas are to be shared by specific professionals : Medical records, nursing records, psychological evaluation records



# TREATMENT PUBLIC NETWORK PORTUGAL

A National Health Service

Five Geographic Areas



- 22 CRI – Integrated Units (Treatment, Harm Reduction, Prevention and Reintegration)
- 45 - Drug Treatment Teams (and 32 more outpatient units)
- 3 CT – Therapeutic Communities
- 4 UD – Detoxification Units
- 2 CD – Day Centers
- 3 UA – Alcohol Units
- 18 CDT – Commissions for the Dissuasion of Drug Addiction



# **SIM** - MULTIDISCIPLINARY INFORMATION SYSTEM

## **SIM : Universe**

- **Currently, SIM is used nationwide, involving 100 public units – outpatient and inpatient**
- **From 1.500 registered users, more than 700 per day use SIM.**
- **Data from 170.275 patients are registered in SIM; active patients: 46.000**
- **An Helpdesk / training team is in place, supporting SIM users**



# FRAMEWORK

## 2) Reaction from services to covid pandemic:

- **Treatment services:**
  - **outpatient (CRI): strong decrease in intervention**
  - **inpatient:**
    - **Detox Units: closed**
    - **TC: operating, with strong limitations**
- **HRR: globally, remained open and operating, with adaptations**



# EMCDDA

- **REQUEST FOR REGISTRY OF SPECIFIC REMOTE TREATMENT ACTIVITY RELATED TO COVID - 19:**

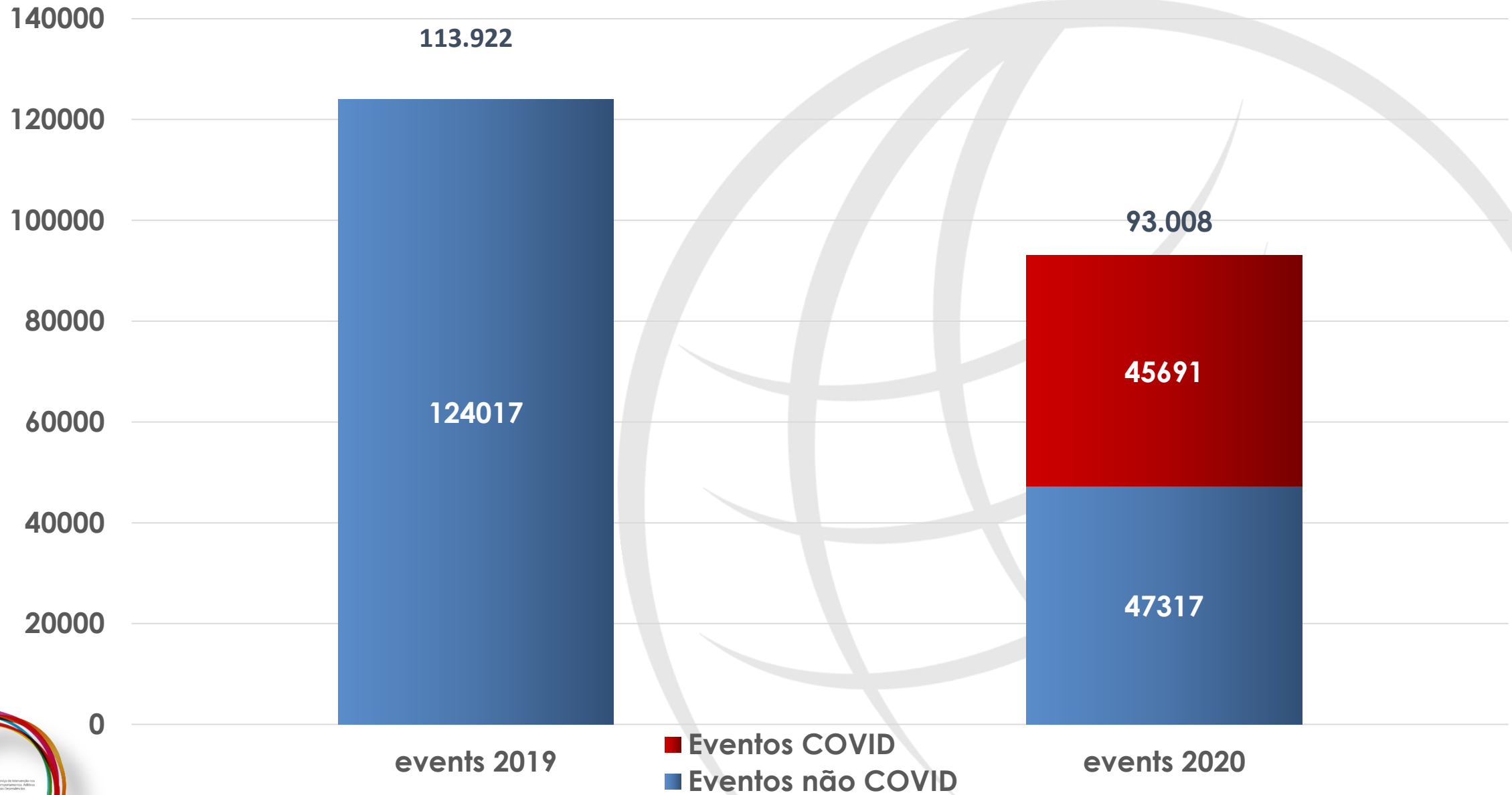
**SIM:** Creation of two new fields:

- **Remote consultation / Remote contact - COVID-19: contact made only by phone or letter, available to all professionals**
- **Remote treatment - COVID-19: Internet-only consultation (may include online counseling, e-health), available to all professionals who perform treatment activities**



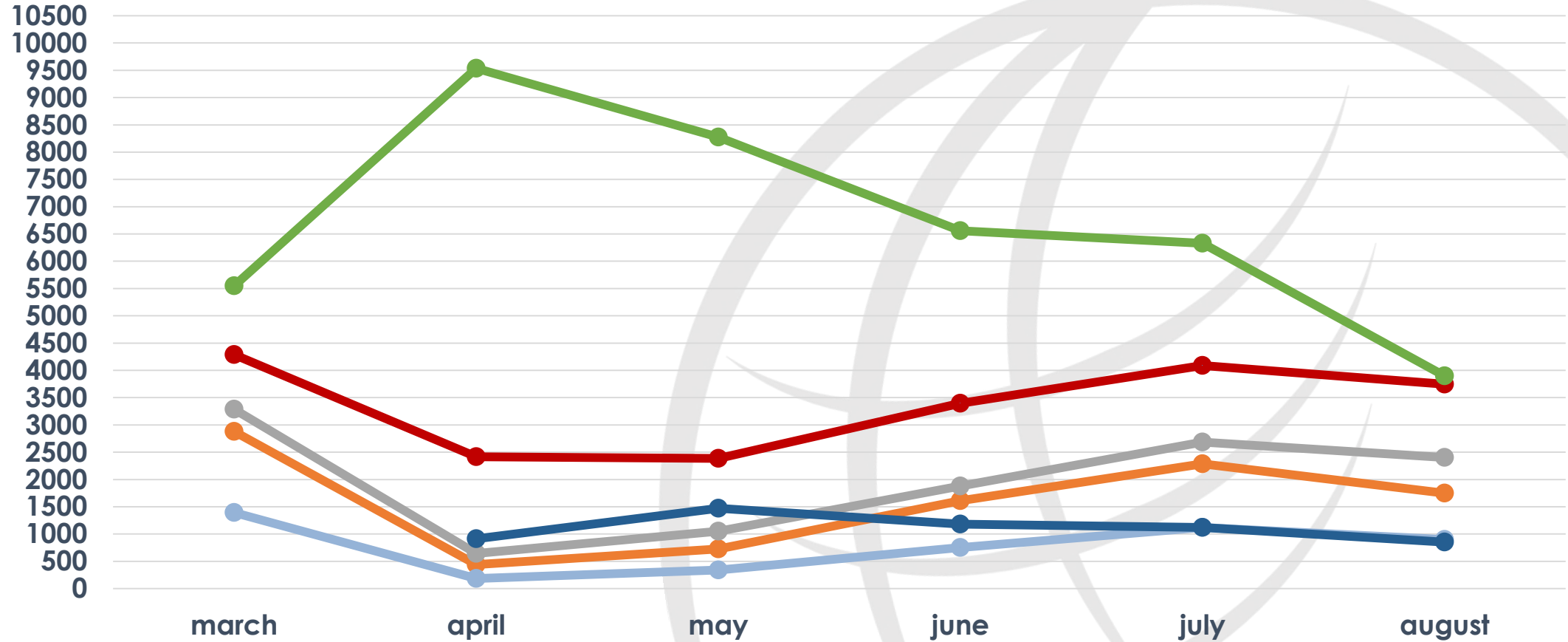


# Treatment events





## 2020 - Type of events



—●— Nursing consultation

—●— Medical consultation

—●— Remote consultation / Contact COVID-19

—●— Psychology consultation

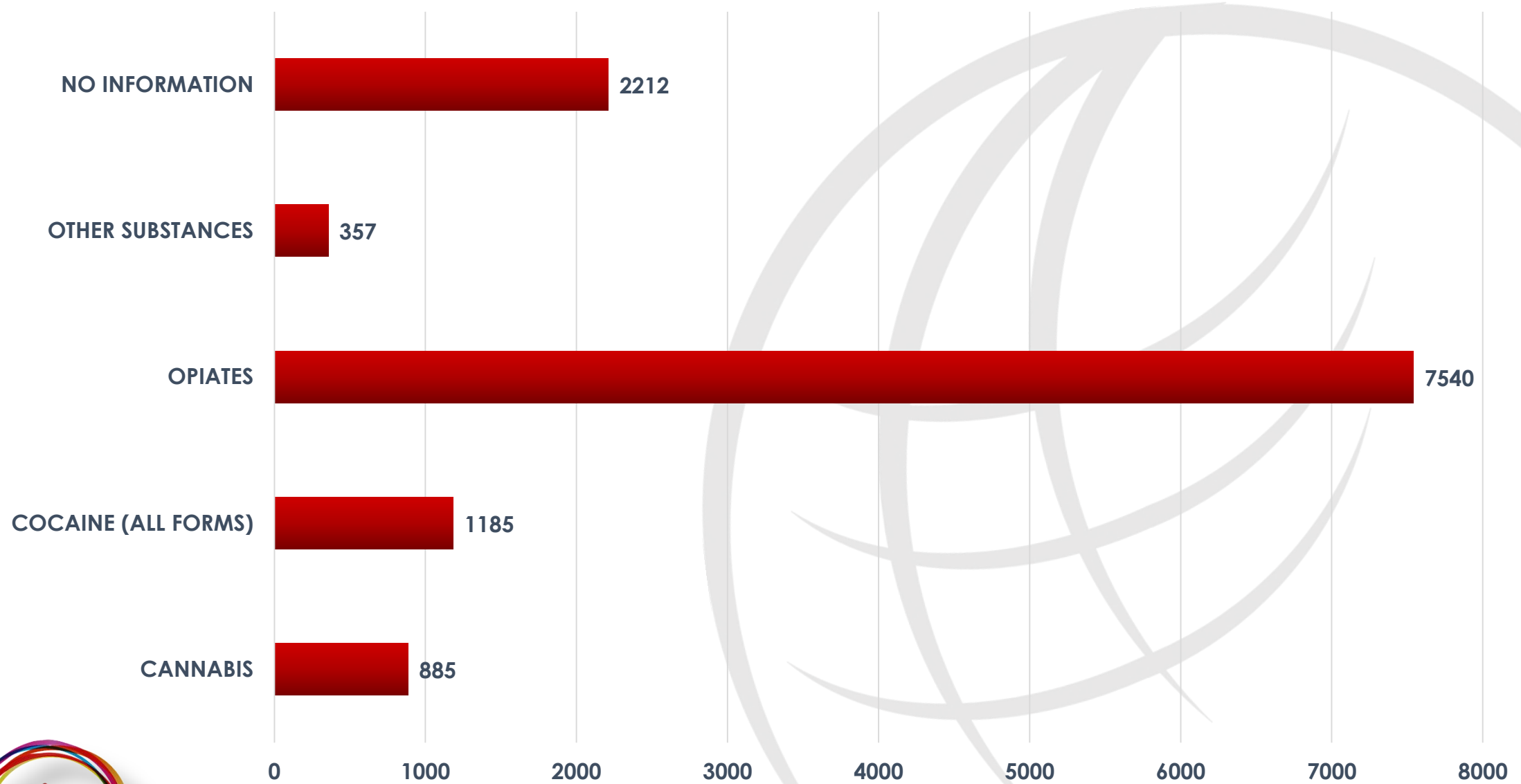
—●— Social consultation

—●— Remote Treatment - COVID 19



# COVID – 19 Treatment events

## Clients per main substance of abuse



# CONCLUSIONS AND CHALLENGES

- Inception of remote – COVID fields in SIM was essential for the consistency and precision of the data on treatment, in the context of the sanitary crisis;
- Advantages of disposing of a single clinical record system, used nationwide - SIM;
- Data point to the importance of fostering remote interventions - telephone or internet-based:
  - very important for treatment of more fragile and excluded clients, in the context of sanitary crisis;
  - surely have also advantages in other contexts of a greater normality.



Thank you

[domingos.duran@sicad.min-saúde.pt](mailto:domingos.duran@sicad.min-saúde.pt)

