Annex: results from the Survey on implementation of TDI ver. 3.0

1)   28 countries replies

2)   Possible to deliver data to the EMCDDA according to the TDI Protocol ver.3.0:

22   countries will deliver data in September 2014
3   countries will deliver data in September 2015
2   countries will deliver data in September 2016
1   country will deliver data in September 2018

Comments:

- Needs agreement of all actors involved, in particular professionals of the treatment centres
- Some countries need a formal adoption (Ministerial decree, agreement between regions, Ministries)
- Coverage may be limited in an initial phase in some countries
- There can be some problems with the new variables

3)   Main challenges and practical issues related to the implementation of the TDI protocol ver 3.0
(multiple answers)

10 countries
    Involvement, acceptance, motivation, training of the stakeholders, treatment centres

9 countries
    Technical development of a reporting system/Software adaptation; modification statistical routine

7 countries
    Political and legal procedures to implement the new Protocol

6 countries
    Adapt, translate the National protocol to the EMCDDA Protocol; define Manual for data collection; having template ready for reporting data

4 countries
    Problem with specific variables

3 countries
    Funding, Human resources

2 countries
    Coverage (non reporting centres, specific type of treatment centres not reporting

1 country
    Combination with other revisions - new data collection (DRID, Treatment Prevalence, etc.)

1 country
    No Unique identifier

1 country (PT)
    Uncertainness at political level (PT)

4)   Need for training to ensure implementation of the new protocol.
       (multiple answers)

18 countries
       will organise specific training at national level for data providers. In some cases they have already a concrete plan. The training will have the objective to instruct the data providers and motivate them. It will be on methodological and definitional issues

6 countries
       will organise conferences, meeting and national working groups with relevant stakeholders on

6 countries
       do not foresee any specific training since the changes will only concern a data extraction or because of political problems

4 countries
       will provide relevant documentation for TDI implementation

5)   EMCDDA possible help for TDI implementation
       (multiple answers)

11 countries
       do not foresee any specific role for the EMCDDA

7 countries
       EMCDDA to explain, facilitate the knowledge on the relevance of the TDI data on for the national level; this can be done through letter sent to FP, leaflet, participation in national meetings and training (this include the activities in the framework of the IPA4 project)

6 countries
       EMCDDA to provide financial support

3 countries
       Translate protocol, define short guidelines

2 countries
       Mapping National questionnaires and having them in the TDI web restricted area; include in that area the best national practices in TDI implementation

4 countries
       help, advise on case by case need, on bilateral basis

6)   New improved EMCDDA "case definition" matching the national case definition:

12 countries
       existing national case definition matches EMCDDA case definition"

11 countries
       does not match, but no difficulties in extracting data according to it

4 countries
       does not match, but possible to extract data according to it with difficulties

1 country
       does not match, and not possible to extract data

Comments/Reasons for difficulties:
3 countries   no unique identifier/double counting control

2 countries	already collect continuous treatments
1 country	not possible to estimate overlap between treatment centres in treatment journey
1 country	developing a new system
1 country	different databases and only one compatible with TDI; need for legislative support to implement the new TDI

7) Possible to collect data on old variables (slightly modified)

15 countries
> all of them according to Protocol ver. 3.0

5 countries
> all of them but with some difficulties related to deadlines

2 countries: some of them not possible to collect
> (end of treatment, education)

2 countries
> some with difficulties

1 country
> not possible to say, depend on national authorities

Other comments:
- Problems of coverage: not all centres (types of centres) will send information on all data

8) Possible to report the data on new variables according to EMCDDA guidelines

	YES	Partially	NO	Comments
Polydrug use problem	27	1		To be piloted (1 country)
Living conditions: having children	22	3	3	
Living conditions: living with children	25	3		
DRID: HIV testing	22	6		To see (1 country)
DRID: HCV testing	20	8		To see (1 country)
OST	24	3	1	To be piloted (1 country)
Age at first OST	21	3	4	Not known (1 country)
Age at first injection	24	2	2	
Needle/syringe sharing	23	4	1	

9) Possible to implement other changes

22 countries possible

6 countries partially possible

0 countries where it is not possible

10) Further comments

OS managed by GPs, so client's profile totally different
Political, legislative, organisational issues
Need for time
Possible problem of coverage
Financial and human resources issues