

Clients' profile by groups in France

Why to use group classification?

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Program:

1. About RECAP: French TDI monitoring system

- How, when, and why was it created?
- Treatment centres
- Key numbers
- France-specific questions

2. Groups of patients

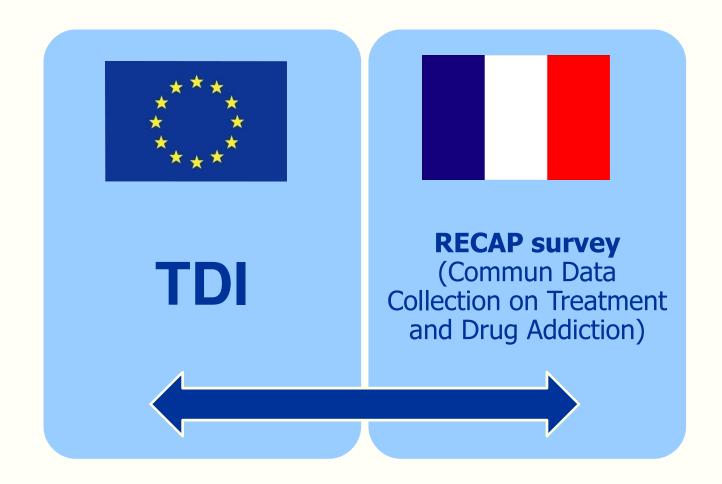
- Definition of groups
- Characteristics of patients by group
- Differences between groups
 - gender, mean age, products, source of referral,...

3. Conclusions

Utility of classification by groups

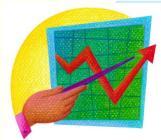


1. About RECAP: TDI - RECAP





1. About RECAP: What is RECAP survey?



<u>Aim</u>: to identify the key socio-economic characteristics and use habits of drug users and to follow the evolutions



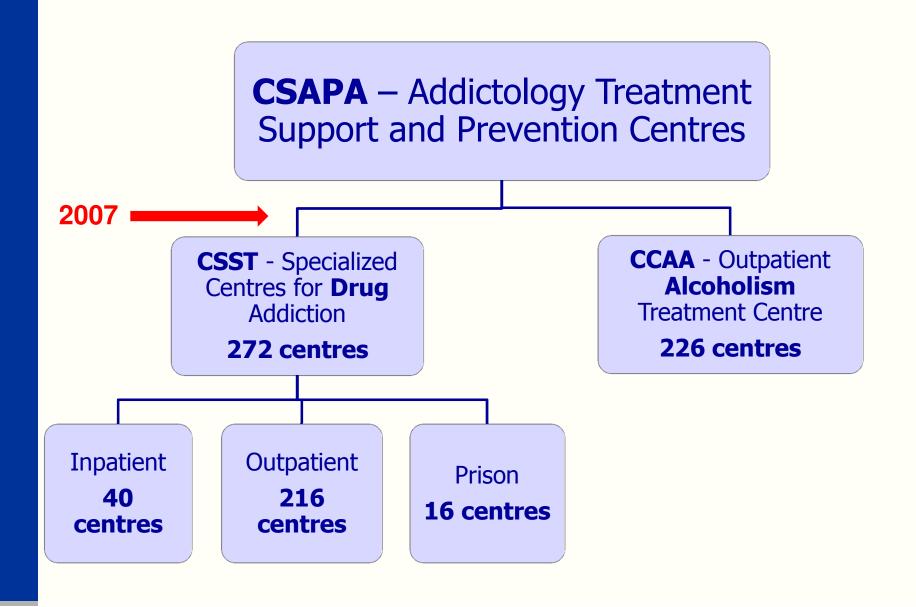
<u>Public</u>: all **patients treated** in the Specialised drug addiction treatment centres throughout the whole year



<u>For</u>: policy makers, health and social professionals, EMCDDA, general public



1. About RECAP: Treatment centres in France





1. About RECAP: Timeline

January - February

March - April

May - Jun

July

September

- FMCDDA requests TDI data from the centres
- Centres send TDI data in txt format by email
- creation of unique TDI database at national level
- transmission
 of
 personalized
 results to each
 structure
 - transmission of national TDI data to the EMCDDA













1. About RECAP: Key numbers

2005

- 44 620 patients registered (drug treatment centres)
- 135 drug treatment centres
- 92 alcohol treatment centres
- Reply rate 60%

2011

 96 046 patients registered (drug treatment centres)



- 195 drug treatment centres
- 107 alcohol treatment centres (in 2009)
- Reply rate 70%



1. About RECAP: Questions

93 questions divided in 8 groups:

- 1. Centre / Personal identifications



- 2. Socio demographic information
- 3. Source of referral
- 4. Drug related information





- 5. Substitution treatments / other treatments
- 6. HIV / HCV serology , HVB vaccine
- 7. Hospitalisation and suicide (frequency)
- 8. Imprisonment (when, length and number)





2. Groups of patients: Definition

Classification in groups is based on primary drug and OST



Cannabis

- Users with cannabis problem
- Not under OST
 - Mean age 26 years



Opioids, cocaine and other products

- Mostly problem with opioids and/or cocaine
- Under OST
- Often poly-consumers
- Mean age 36 years



Alcool

- Received in alcohol treatment centres
 - Mean age 42 years



2. Characteristics of groups: Socio demographic profile

Cannabis

- Living with the family (49%)
- Without children (81%)
- Stable accommodation (85%)
- Students (23%)
- Never previously treated (77%)

Opioids, cocaine and other products

- Living alone (36%)
- With children (44%)
- Less often in stable accommodation (74%)
- Receiving social benefits (44% vs 23%in group cannabis)
- Previously treated (68%)

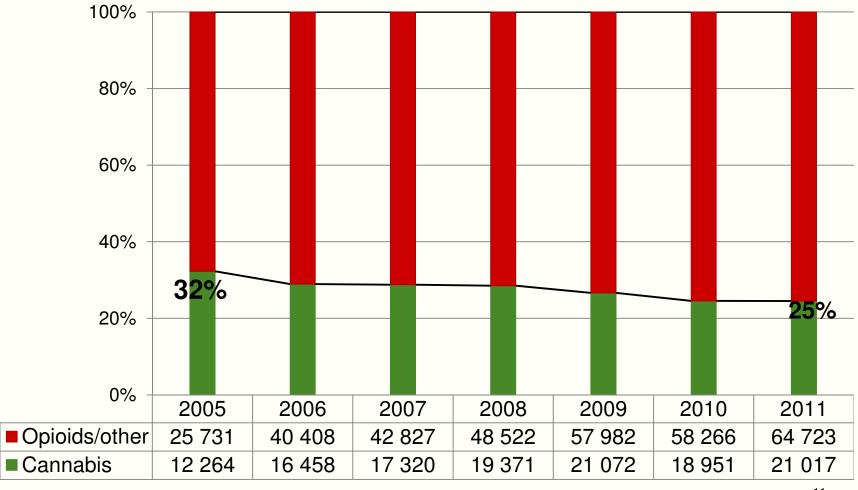
Alcohol

- Living alone (37%)
- With children (56%)
- Stable accommodation (88%)
- Regularly employed (42%)
- Previously treated (68%)



2. Differences between groups: Evolution of groups

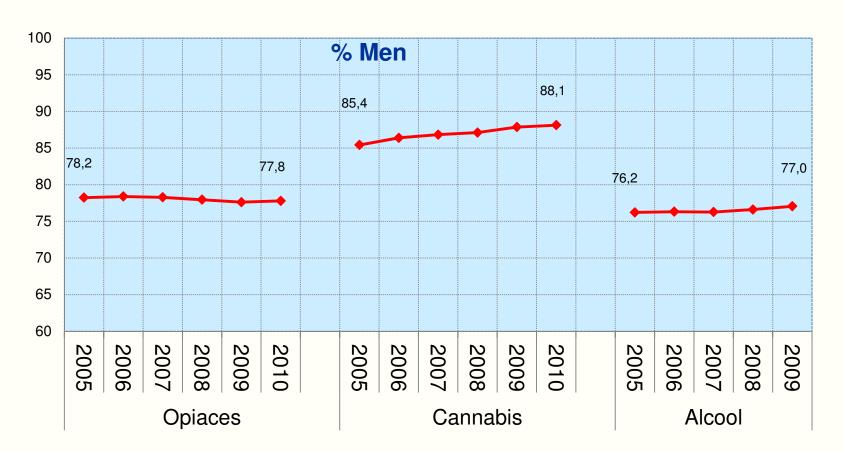
■ Part of cannabis users decreased since 2005:





2. Differences between groups : Gender

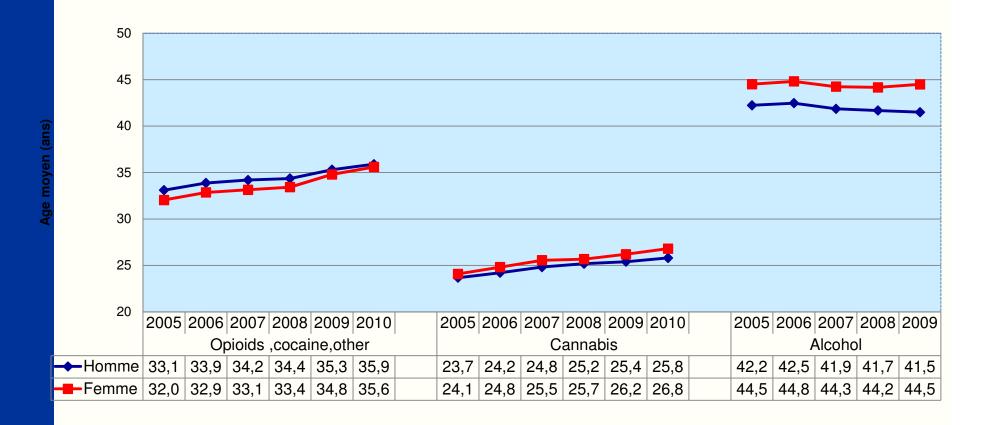
Increase in the % of men for cannabis group:





2. Differences between groups : Mean age

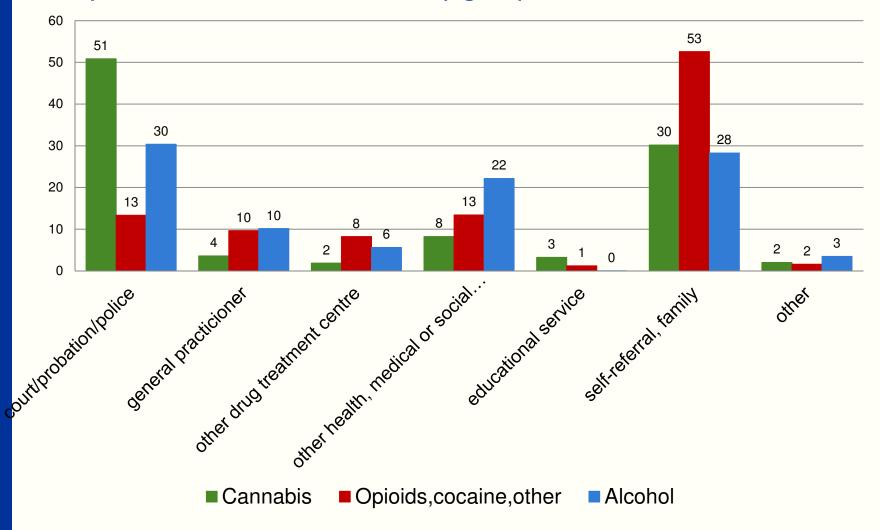
Increase of the mean age for the cannabis and for the opioids, cocaine and other products groupe:





2. Differences between groups : Source of referral

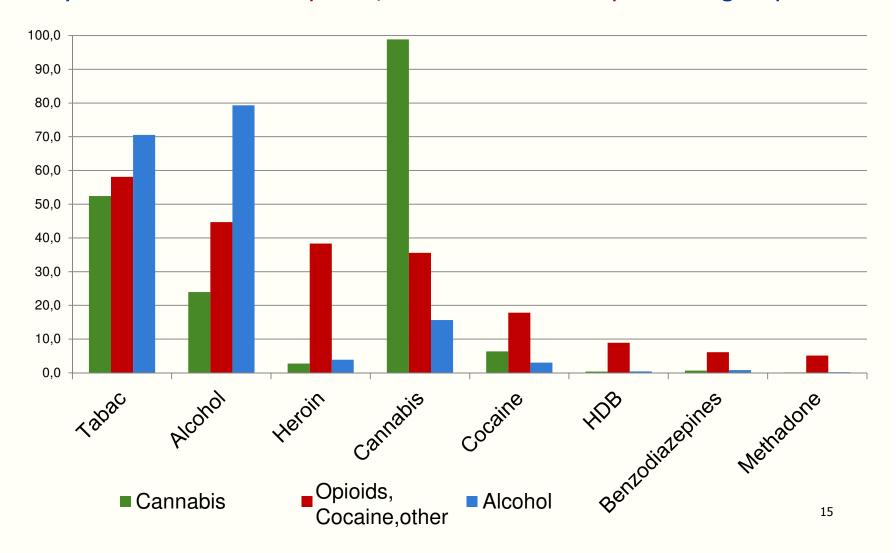
■ Very different source of referral by group:





2. Differences between groups: Products used

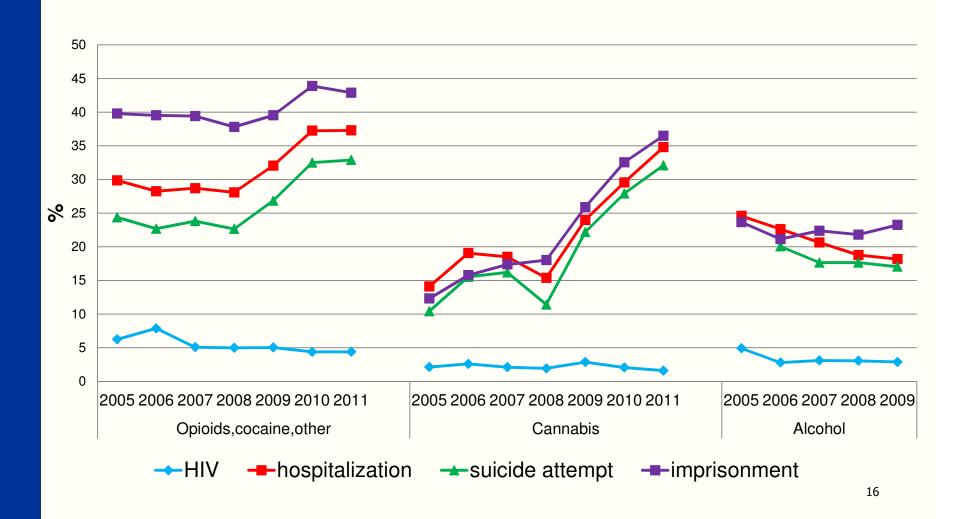
Poly consommation in opioids, cocaine and other products group:





2. Differences between groups: Other Characteristics

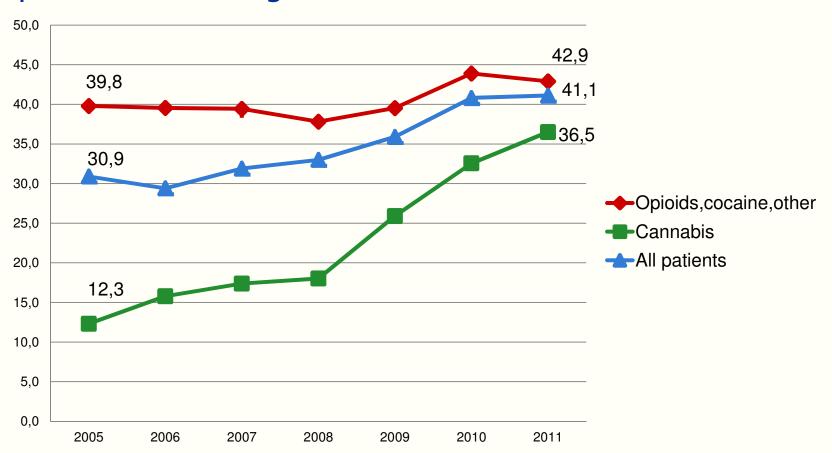
Different slope for each group:





2. Differences between groups: Example: inprisonment

 Underestimating the problem of rapid increase of imprisonment among cannabis users:





3. Conclusion:

Why to use group classification?

- With simple distinction of only 2 (3) groups it is possible to obtain:
 - homogeneous population with similar:
 - socio-demographic profile
 - use habits
 - products consumed ...
 - coherent et comparable results
 - minimize overestimating or underestimating of some observed results (example: imprisonment)



Merci de votre attention!

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