TDI expert meeting September 2012

Parallell sesion 3: *Methodological issues and clients' profile* *(Room PAL102)*

Chair and reporter: Erik Iversen

The use of national identifier in Belgium (Antoine & van Bussel)
The use of TDI data for clinical and monitoring purposes in Sweden (Bert Gren)
Linking TDI and DRD registry in Latvia (Marcis Trapencieris)

Discussant: Vlastimil Nečas

Clients' profile by groups in France (Tanja Bastianic)
Epidemiological characteristics of treatment clients: from drug of first use to primary drug in Italy (Genetti & al.)

Discussant: Ernestas Jasaitis

The three first papers had a communality of topics centering on

- system description,
- person identifiers,
- possibilities with unique person identifiers
  - such as coupling data from different registers
- problem of controlling for double counting

The two last papers had a communality of topics centering on gains by analyzing data by groups:

- clearer description of groups
- better comparison of differences between groups
- better identification of real trends, and
- minimizing over- and underestimations

Jerome Antoine & Johan van Bussel:

Advantages and perspectives :

- Avoid double counting $\Rightarrow$ source of trustable numbers
- Longitudinal analysis $\Rightarrow$ evaluation of client's pathway
- Linkage with other databases (death certificates, infectious diseases, health insurance registers,...) $\Rightarrow$ cost effective information
- Useful & accurate tool to provide correct & cost effective policy recommendations

Bert Gren:

TDI will be the common denominator for the new Swedish quality register in health care.

More treatment units are no longer specialized, but work with different forms of dependence disorders.

Swedish law will still prevent effective control for double counting.

TDI integrated in a new documentation system for young persons (DOK-YP).

DOK-YP is briefly described.

Marcis Trapencieris:

Conclusions:

Substance use during pregnancy often not known to prenatal care.

No treatment received by women using substances during pregnancy.

Unadjusted RR for dying during first 12 months for children born to women using alcohol and/or drugs **5.5 times higher** as compared with women with no substance use.

Tania Bastianic:

Conclusions: Why use group classifications?

Simple discrimination between different groups helps

- clearer description of each group
- comparing groups according to differences
- discriminate different trends between groups
- minimizing overestimations and underestimations

Bruno Genetti & al.

Conclusions:

Most clients being treated for heroin use began using that drug at an earlier age than that at which clients undergoing treatment for cocaine or cannabis began using; they have also been in treatment longer than other clients.

The age of first use for heroin or cocaine becomes greater the later the time period when first use occurred. This variation is less noticeable where cannabis is concerned.

Over time there has been an evolution in the method of use for heroin, shifting from injecting toward inhalation.

There has also been an evolution in first drug use: before the 1990s, the drug of first use was generally the same primary drug for which clients were being treated. However, after 2000, first drug use has tended to be with cannabis.