



European Monitoring Centre
for Drugs and Drug Addiction

TDI implementation: state of progress and data quality

Linda Montanari and Bruno Guarita

EMCDDA TDI Key indicator expert meeting –8-9 June 2016

TDI/Treatment activities – where they fit

- Contribution to the EMCDDA 2017-19 strategy and 2016 - 2017 work programmes:
 - Contribution to European Reports (EDR, EDMR, *EDRR*) and EU Action Plan
 - Increasing analysis using the indicator
 - Further methodological improvements and data quality control
 - Cross indicator analysis (treatment provision, DRID, PDU)
 - Increase data coverage
 - Integration within the treatment systems approach and treatment monitoring strategy
- Contribute to national reporting and drug treatment activities

Outputs of the TDI/Treatment work

- Annual update: trends and developments
- Statistical bulletin
- European drug market report
- TDI web pages
- *'Insights' on Psychiatric Comorbidity*

Statistical Bulletin 2016

Data and statistics

Treatment demand > Current situation > Type treatment > All entrants

Permanent link to this table: www.emcdda.europa.eu/data/stats/2016/display/table/TDI-0002

Download as Excel file (.xlsx)

Search:

Country	Year of treatment	Outpatient	Inpatient	Low threshold	General Practitioners	Prison	Other	Not known/missing	Total
Austria	2014	3310	751						
Belgium	2014	4550	4412	1740	0	0	0	0	
Bulgaria	2014	1157	599	0	0	405	0	0	
Croatia	2014	7246	595			1			
Cyprus	2014	918	140				11		
Czech Republic	2014	2478	2423	5207			0	0	

EMCDDA home page

European Drug Report 2016

What are the latest trends in drug supply to Europe? What drugs are causing the most harm and concern today? What are the most recent developments in drug prevention, treatment and policy? These and other questions will be explored on 31 May in our annual overview of the European drug situation. #EDR2016

Launch details
Date: 31 May 2016
Time: 10:00 (Brussels)
European Time (GMT+01:00)
11:00 Central European Time (Wien)
Conference Centre
Praga Europa 4, Celná 40
Barrák, 128 00, Praha 2, Czechia

Package Download report Press material Audiovisual National launches

Treatment demand key epidemiological indicator

Key documents Data Meetings Studies

Treatment demand indicator (TDI)

The treatment demand indicator (TDI) is one of five key epidemiological indicators which contribute to the overall EMCDDA aim of providing objective, reliable and comparable information at a European level concerning drugs, drug addiction and their consequences (EU action plan on drugs 2000-04). This information is intended to provide the Community and Member States with, 'a better understanding of the drugs problem and the development of an optimal response to it through a measurable and sustainable improvement in the knowledge base and knowledge infrastructure' (EU drugs strategy, 2005-12).
[Read more >](#)

Key methodological documents

TDI Protocol ver 3.0 - Treatment demand indicator standard protocol 3.0 (including technical annex)
This protocol is the most detailed description available of the methodology used by the key indicator and is principally aimed at professionals in the field.

Overview of the TDI key indicator (8 pages, PDF)
This document provides an overview of the treatment demand indicator. It is written in an easy to understand manner and is intended for a wider readership.

TDI statistical methods and definitions
Part of the EMCDDA Statistical bulletin, this text provides a summary of the methods and definitions used in TDI and is primarily intended to assist in the interpretation of data.

INSIGHTS EN

Comorbidity of substance use and mental disorders in Europe

3

TDI/Treatment progresses since last year

- Second year of TDI 3.0 implementation
- New Treatment 'Workbooks' - annual national reporting
- 3rd Kis assessment 2015 (previous 2009; 2012)
- Further integration in the treatment monitoring strategy
- TDI Prevalence Module (September 2016)
- Cannabis trends analysis (upcoming)
- ***TDI Methods and Definitions (just uploaded on line)*** empepa.europa.eu

Treatment demand indicator (TDI)

The treatment demand indicator (TDI) is one of five key epidemiological indicators which contribute to the overall EMCDDA aim of providing objective, reliable and comparable information at a European level concerning drugs, drug addiction and their consequences (EU action plan on drugs 2000–04). This information is intended to provide the Community and Member States with, 'a better understanding of the drugs problem and the development of an optimal response to it through a measurable and sustainable improvement in the knowledge base and knowledge infrastructure' (EU drugs strategy, 2005–12).

[Read more »](#)

[Key documents](#)

[Data](#)

[Meetings](#)

[Studies](#)

Key methodological documents

TDI Protocol ver 3.0 - Treatment demand indicator standard protocol 3.0 (including technical annex)

This protocol is the most detailed description available of the methodology used by the key indicator and is principally aimed at professionals in the field.

Overview of the TDI key indicator (8 pages, PDF)

This document provides an overview of the treatment demand indicator. It is written in an easy to understand manner and is intended for a wider readership.

TDI statistical methods and definitions

Part of the EMCDDA Statistical bulletin, this text provides a summary of the methods and definitions used in TDI and is primarily intended to assist in the interpretation of data.

TDI Methodological information on 30 European countries

Methods and definitions of TDI data reported to the EMCDDA in 2014

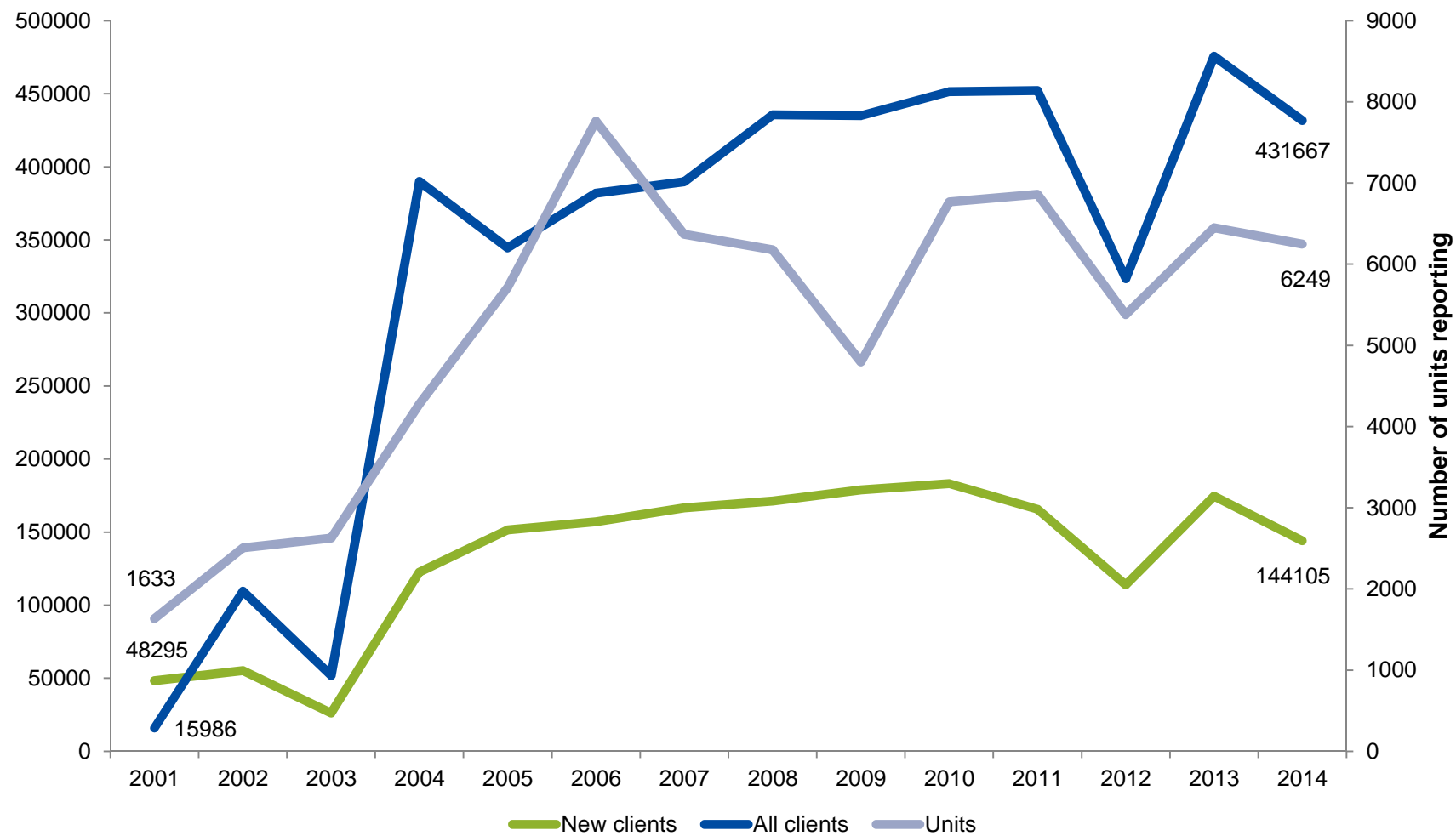
pa.eu



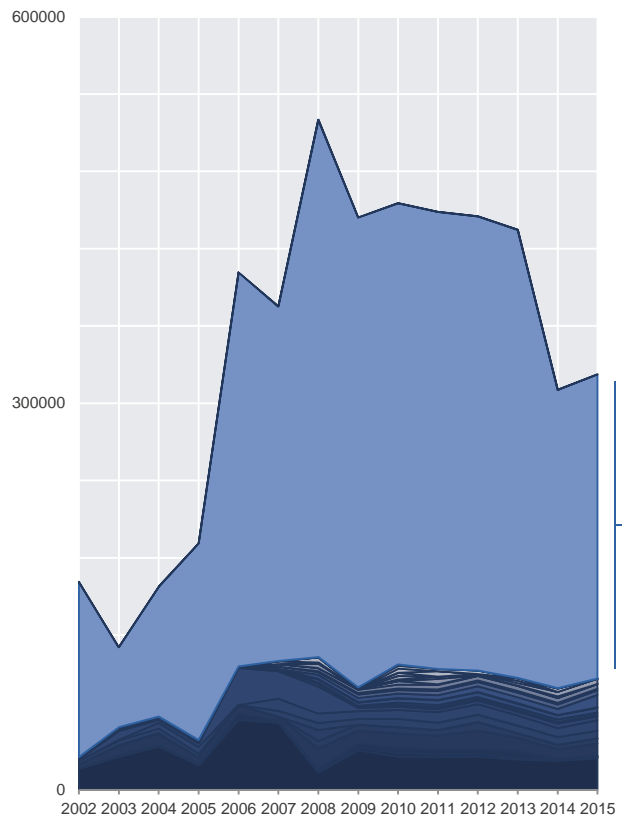
International collaboration

- PG- MedNET
 - TDI training in Egypt
 - Project on OST Guidelines
 - **TDI protocol in Arabic**
- IPA/ENP
 - Training in Israel
 - TDI in IPA countries
- Future RTX Academies with EU and third countries within the framework of technical assistance

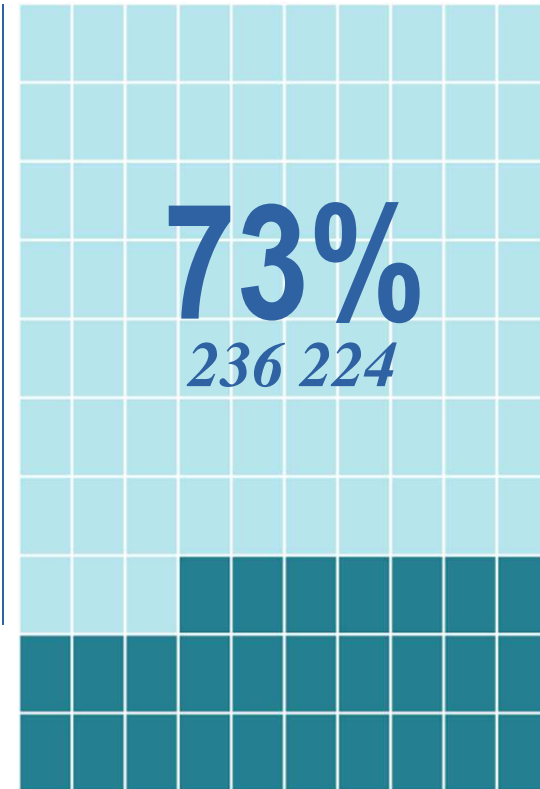
Number of clients (all and new) and units reported from 2001 to 2014 in Europe



2015th TDI submissions

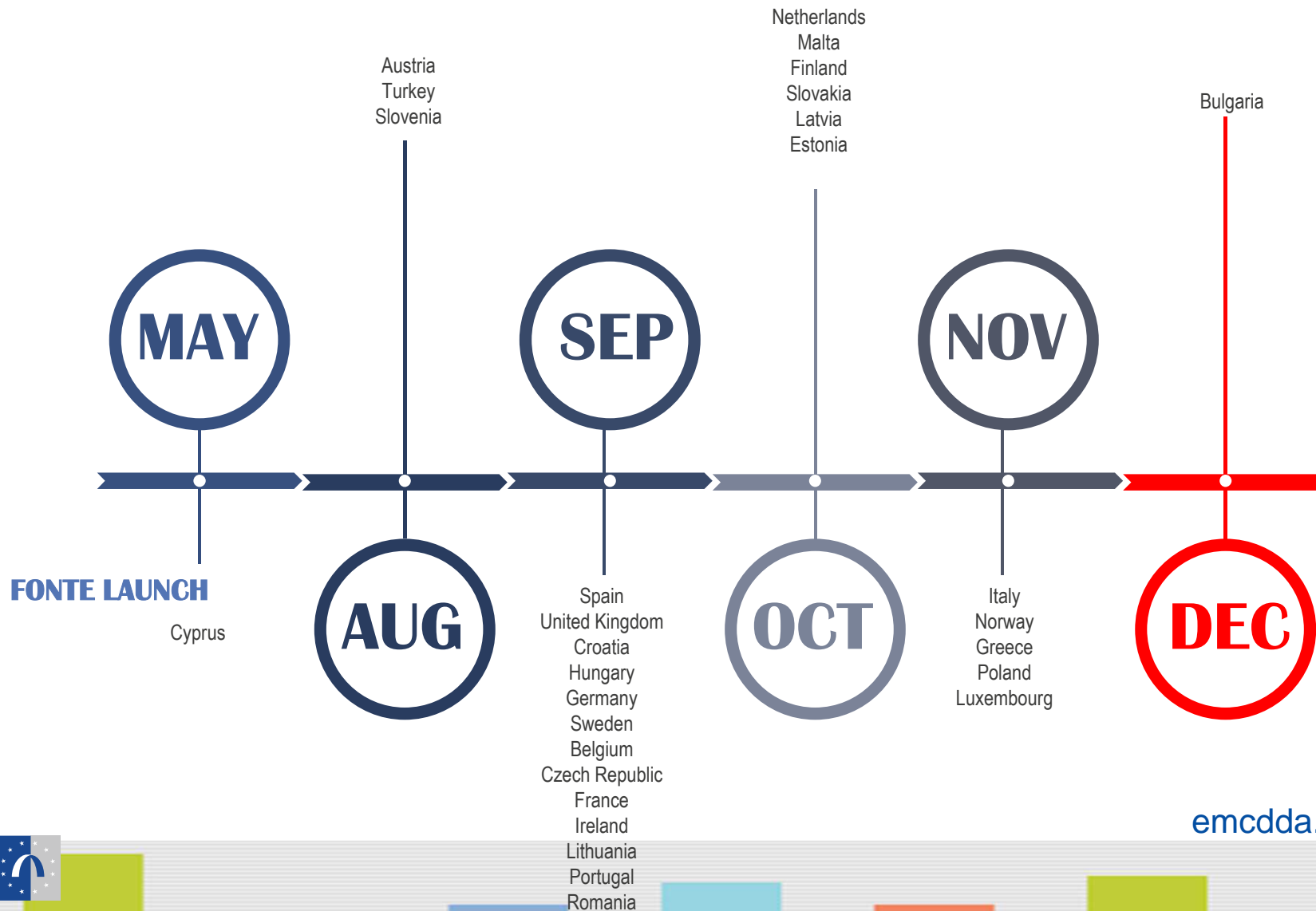


Treatment Demand



2015 collection year

2015th TDI submissions

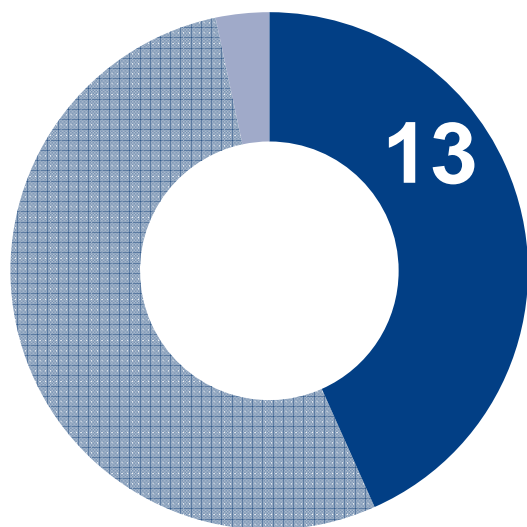


2015th TDI submissions - TDI Fonte template

24 sections

71 tables / matrixes

36 methodological questions



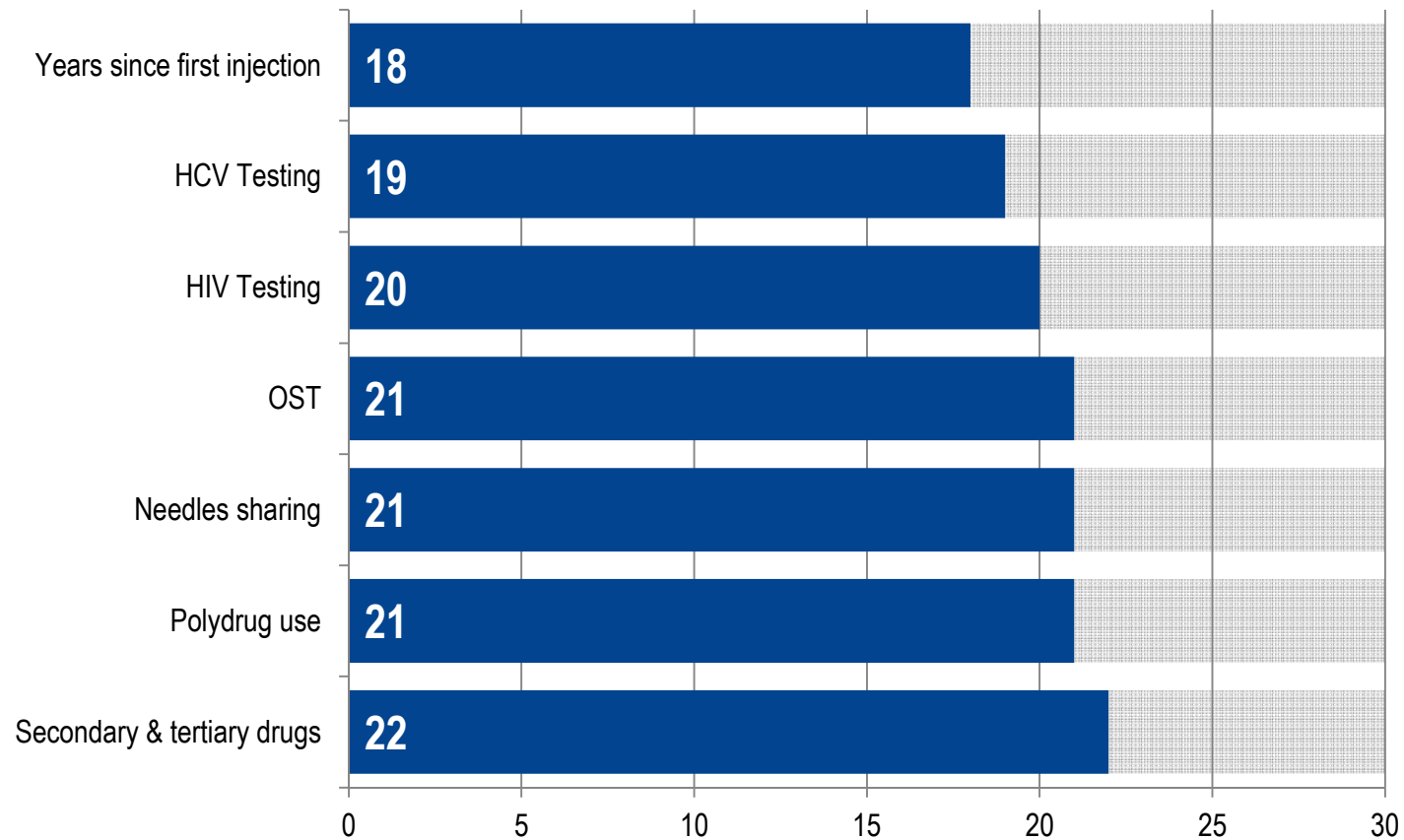
13 reported data for all the 24 sections

26 countries reported at least 1 variable included in the new TDI 3.0

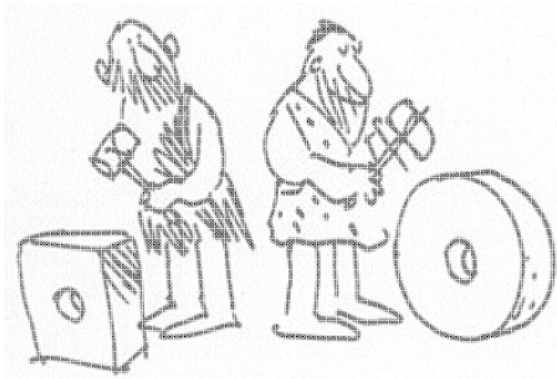
- ✓ OST | HIV and HCV testing | Polydrug use | Secondary & tertiary drug | Age at first injection



2015th TDI submissions - TDI Fonte template



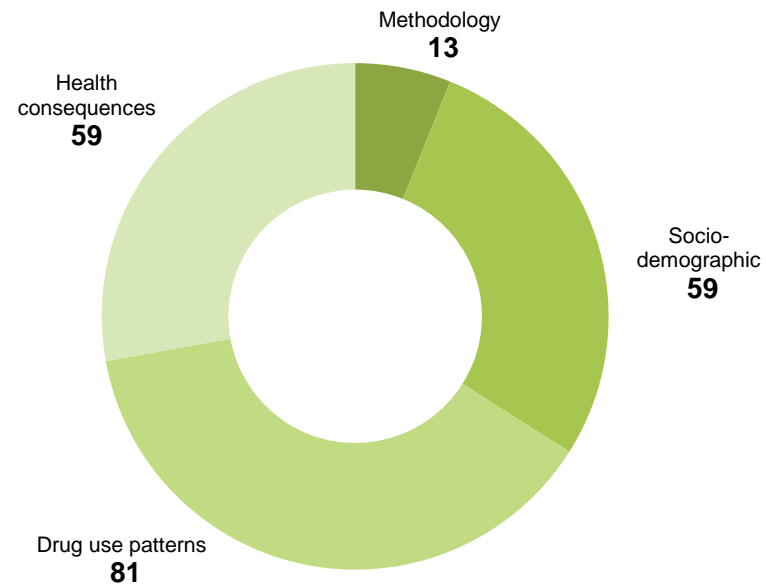
Quality of the data reported



45 requests

All reports required clarification

212 questions



Substances included under “other”

Drugs included under “other” should be identified under section 9 of the TDI template

9.1.1 - Primary drug by type of treatment centre – All treatment entrants (Never previously treated + Previously treated + Not known/Missing)

	Outpatient treatment centres	Inpatient treatment centres	Treatment units in prison	General practitioners	Low threshold agencies	Other ¹	Not known / missing	Total
1. Opioids (Total)	401	660						1061
1.1 heroin	278	490						768
1.2 methadone misused	12	44						56
1.3 buprenorphine misused	2	6						8
1.4 fentanyl illicit / misused	7	6						13
1.5 other opioids (1)	102	114						216
2. Cocaine (Total)	62	36						98
2.1 powder cocaine (HCL)	55	36						91
2.2 crack cocaine	6	0						6
2.3 other (1)	1	0						1
3. Stimulants other than cocaine (Total)	1272	1363						2635
3.1 amphetamines	857	949						1806
3.2 methamphetamines	123	90						213
3.3 MDMA and derivatives	3	8						11
3.4 synthetic cathinones	187	134						321
3.5 other stimulants (1)	102	182						284

Example:

128 – Oxycodone
58 – Tramadol
15 – Morphine

150 – Khat
58 – NPS
15 – unspecified

9.1.4 - Methodological comments and data interpretation for Primary drug by type of treatment centre

Category “heroin” includes heroin (brown and rarely appearing white). Category “other opioids” include so called “Polish kompot” (heroin gained from the poppy straws), still often used at the drug scene, and other opioids (morphine but also medicines with tramadol hydrochloride, DXM, codeine, oxycodone etc.). Categories “other stimulants”, “other hypnotics and sedatives” and “other substances” include mostly new psychoactive substances and OTC drugs with pseudoephedrine, codeine and DXM. Magic mushrooms was included to category “other hallucinogens”. Additionally category “cannabis” consist of fusion of categories marihuana, skunk (genetically modified marihuana) and hashish which are separate categories in Polish TDI. The alcohol is excluded from analysis.



Open issues...(1)

- How to extend TDI to types of treatment centres other than outpatient and inpatient, such as GPs, Prison, LTA,?
- How to maintain the current level of implementation?
- How to increase data quality: attention to coverage, case definition, “others” and missing...?
- Need to revise quality criteria for KI assessment?

Open issues...(2)

- How to guarantee trends interpretation when changes in the treatment monitoring system occur?
- How to combine TDI internal consistency with cross indicators analysis (e.g. DRID?)
- How to capture and report on new trends, new patterns of drug use, new drugs with an established instrument?
- Is there a need for implementation guidelines?



From last year 20 years of monitoring

Short-term challenge:

- TDI Prevalence implementation

Medium-term challenges:

- Better understanding of the TDI 3.0 data
- Explore further linkages to other KIs and beyond

Long-term issues:

- Expanding the scope beyond illicit drugs?
 - Alcohol, gambling, co-morbidity?
 - Client-level data to EMCDDA?

Rapporteur: Martta Forsell

emcdda.europa.eu

