European Monitoring Centre
for Drugs and Drug Addiction

HIGHLIGHTS

Recent trends in treatment demand and treatment provision in Europe

Preliminary summary and highlights

EMCDDA Meeting on the Key Indicator

Treatment Demand (TDI)

8-9 June 2016 - Lisbon

Meeting organised back to back with the
Drug-related Infectious Diseases Indicator (DRID) annual expert meeting

For more information see: Link: http://emcdda.europa.eu/meetings/2016/tdi

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Introduction: purpose and objectives

The purpose of the EMCDDA 2016 TDI/treatment expert meeting was to facilitate the exchange among European experts on the latest developments on the monitoring of drug treatment demand and provision. The meeting had the objectives to discuss with national experts the current achievements and areas for improvement, and also provide a space for sharing experiences and discuss technical and implementation issues related to the collection and analysis of treatment-related data. The focus of the 2016 two-day meeting was on the results from the second year of implementation of the TDI protocol version 3.0 and of the EMCDDA treatment monitoring strategy. Around these two topics, more specific discussions took place on recent trends and new threats observed through treatment-related data, new methodological developments in terms of drug treatment monitoring, as well as further exploration of the treatment population beyond treatment entrants in the EU and in the neighbouring countries. The discussion also integrated other areas relevant to drug treatment monitoring, such as dual diagnosis among treatment patients, treatment outcomes and cost as well as understanding the balance between access to opioid substitution treatment and prevention of diversion of these medications. The overall purpose of this year's meeting was to reinforce and improve the information collected through existing monitoring tools in the drug treatment area. Beyond this short summary, the main outcome of the meeting will be a more detailed meeting report, which compiles the discussions and the main issues raised during the meeting. It will be disseminated among our national experts, the wider Reitox network and all stakeholders interested in recent trends in treatment demand and treatment provision in Europe.

1. Implementation and data quality

1.1. TDI implementation

- The TDI (Treatment Demand Indicator) is one of the 5 EMCDDA key epidemiological indicators (KIs) and is an important tool to provide information on the profile of drug clients, drug treatment and trends over time in drug treatment demand and provision in the European countries.

- TDI is well implemented in most European countries and extensively used for several purposes and products at the EMCDDA and at national level, including cross-analysis with other data sets.

- Recent developments are ongoing in several countries, including the setting up of new databases, an increase of data coverage and linkage with other health information systems, which may provide very powerful information for future analysis and for treatment planning.

- TDI/treatment-related information is also being implemented at international level, with training activities in IPA and ENP beneficiaries/countries and on-going collaboration iwith international partners such as WHO and UNODC.

- The Fonte templates for providing data to the EMCDDA on TDI and ST24 have been slightly revised in order to increase the consistency between the two data sources and improve the background methodological information in the data sets, which allow a better contextualisation and therefore understanding of the data.

1.2. Treatment monitoring strategy

- The treatment monitoring strategy provides the methodological framework for data collection on treatment clients, availability and access to treatment through a system-based approach of treatment in European countries. The objective of the strategy is to identify and implement the different monitoring elements that contribute to the understanding of key treatment areas in terms of clients and provision, as well as inform current policy information needs on this topic.

- A clear need to have an overview on how the treatment systems are defined in the different countries was identified. Mapping of national treatment systems in terms of providers and clients reached by combining different data sources is key. This includes for example established treatment monitoring instruments (e.g. TDI, registries, etc.) and ad hoc studies (e.g. treatment facility surveys).

- Examples of the implementation of the strategy, including all or some of its components, were presented by Finland, Greece, the Czech Republic and Hungary, highlighting the benefits, but also the challenges, of the various approaches. These included for example, definitional aspects, coverage of current monitoring instruments and cost-efficiency concerns.

- Mapping of treatment systems and the implementation of facility surveys in five countries from the IPA (Instrument for Pre-accession Assistance (IPA) ([1]) project beneficiaries (Albania, Bosnia and Herzegovina, former Yugoslav Republic of Macedonia, Iceland, Kosovo ([2]), Montenegro, Serbia, Turkey) was presented in a dedicated workshop. These five countries described their national treatment systems according to the EMCDDA template as a starting point for the implementation of facility surveys to determine the client population and treatment provision. During the second half of the year, the EMCDDA will organise training for these countries in the Western Balkan region on the implementation of facility surveys.

1.3. Data quality

- Continuous efforts have been made and should further be invested to improve the quality of TDI and treatment-related data, including an increase of data coverage and attention to data validity and reliability.

- The provision of contextual and methodological information is crucial in order to have a better understanding of the collected data, to produce a meaningful data analysis and provide valid interpretation of patterns of drug use and trends. To this end the TDI/ST24 templates have been slightly modified in order to provide more precise information on the national context.

- A report with a detailed description of each national monitoring system has been in published. The information included in the report are taken form the methodological information uploaded in FONTE, the workbooks and previous National Reports. National experts and focal points provided detailed feedback on the report. The report is available at: http://www.emcdda.europa.eu/activities/tdi ('TDI methodological information on 30 European countries').

- Recommendations on filling in information on Fonte were discussed with the experts. They include the need to report in detail the information in the methodological section when reporting TDI data. Furthermore the category 'other' in each variable should only be used when it is not possible to make use of other categories. Should this be used, the content of the information will need to be explained. This is particularly important for the indication of drugs, where it should be specified what other types of substances are included in this category.
  A tutorial for uploading data automatically from Excel or other databases to Fonte (XML file) was disseminated through the TDI web restricted area right after the meeting.

- The template for KI assessment was distributed among the TDI experts for information and eventual feedback through the TDI web restricted area right after the meeting. Feedback on the template will be useful to start preparation of the 2018 KI assessment exercise (on 2016 data).

- Ideas for further development of the TDI and treatment-related data were explored, such as the inclusion of items on the health status of the client (e.g. on psychiatric comorbidity), on treatment journey, end and outcome of treatment. These possible developments should be further explored and discussed.

([1]) http://www.emcdda.europa.eu/about/partners/cc
([2]) This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence. It applies to all mentions of Kosovo in this document and its annexes.

- The current level of implementation of the indicator should be maintained and consolidated. Any further developments should be built on these achievements.

1.4. Treatment workbooks

- The introduction of the treatment workbooks in 2015 reporting has increased the available knowledge on contextual information on drug treatment systems in the European countries.

- Some improvements should be introduced in the second wave of treatment workbooks (2016), including a better interpretation of data and a glossary of terms.

1.5. Treatment prevalence (TDI prevalence module and other tools)

- The collection of data on treatment prevalence helps to expand our understanding about treatment population, and beyond the epidemiological perspective builds on our knowledge about treatment provision, access, outcomes, quality and performance, which can be further linked to treatment funding as a motivator for agencies to participate in data collection.

- Three EU Member States: UK (England), Greece and Austria presented examples of their experiences with measuring treatment population. Some challenges, such as double counting, especially if the reporting is aggregated at the agency level, recording of discharge data, and how to handle data on primary substance of use for those who are in long-term treatment programmes (such as OST) were discussed.

- The TDI prevalence project was presented. According to the implementation plan endorsed by the NFPs in November 2013, the first data collection on TDI prevalence will start in September 2016 on a voluntary basis.

- The guidelines for data collection and the Fonte template on TDI prevalence are available in the TDI web restricted area. The Fonte template for data reporting is also available in Fonte.

- The data collection will focus on eight mandatory items. It will be carried out on a voluntary level and it will repeated periodically every three years. The next data collection will be in 2018.

- Based on the experience of the first data collection, necessary changes will be made to the current TDI prevalence guidelines and data collection template.

2. Trends and patterns of drug use

2.1. New trends and new threats among patients entering drug treatment

- The primary purpose of the TDI is to provide information on the most problematic forms of drug use through information on those entering treatment. Examples of using TDI to track trends and describe the profile of clients were presented during the meeting by some countries.

- Based on the latest TDI data, overall new psychoactive substances (NPS) use among clients entering treatment in the European countries represents on average only around 1 % of clients, but in some countries signs of increase are reported.

- Information on NPS use and related problems is starting to appear in the TDI data, as some time is spent between first use of drugs, first development of problems and first demand for treatment. To better capture this new phenomenon, and as TDI cannot be changed every time a new substance appears on the market, the category 'others' in the variable on primary drug should be properly filled in and explained in the comments box.

- In Hungary and Latvia an increase of the number of clients entering treatment for primary use of NPS, especially synthetic cannabinoids, was reported in 2014.

- In Cyprus the clients entering treatment for methamphetamine and oxycodone use are reported to belong to two different users groups —older women and younger males, respectively. The recent increase of drug treatment clients with misuse of oxycodone in Cyprus seemed to relate to a change in the guidelines for providing substitution treatment, with the largest clinic in the country providing substitution treatment having switched its prescriptions practices from oxycodone prescription to suboxone prescription, causing an increase of oxycodone misuse.

- In Ireland an analysis of TDI data on people entering drug treatment in prison from 2008 to 2014, showed that 6 % of all treatment episodes are prison data; the most frequent primary drugs for drug clients in prison are opiates, alcohol, cocaine and cannabis, but most clients use more than one drug. Women in drug treatment in Irish prisons are under-represented compared to those entering treatment in the community, whilst 'travellers' (an Irish ethnic group) and early school leavers are over represented in prison. These two last findings have important implications for prevention and treatment organisation, especially concerning accessibility.

2.2. A comparative analysis of opioid substitution treatment (OST)

- In a follow-up from a session organised during the '20 years of monitoring' meeting, a group of countries interested in carrying out a comparative analysis of OST provision assessed the relevance and availability of a set of data to document access, quality and prevention of diversion of these medications.
- The objective of the workshop was the production of a structured EMCDDA 'reference document', containing datasets and narratives on OST in terms of access, quality and prevention of diversion in some European countries, which will form the basis of a paper to be submitted to a peer-reviewed journal in 2017.

- The six initially contributing countries are: the Czech Republic, Germany, France, Austria, Poland and Finland but a limited number of additional interested countries may join.

- The agreed timetable includes the following: 'grid' of items/topics to be re-assessed by EMCDDA by the end of July; experts provide additional feedback to the grid by the end of August; the countries together with the EMCDDA will provide the requested information by the end of October; the EMCDDA works on the compilation of the submissions during November and, if funds are available, a meeting will take place in December to discuss content and plan the writing of the paper (all countries will be co-author).

3. Developmental areas

3.1. Joint DRID/TDI session

(Please also see: DRID key indicator http://www.emcdda.europa.eu/activities/drid)

- The discussion on behavioural variables collected both in TDI 3.0 and DRID indicators built on a session organised during the expert meeting on 20 years of monitoring in 2015. Through either or both the 'DRID' or the TDI data collection schemes, most countries collect and report behavioural data and synergy should be found to better use evidence on testing coverage and on risk related to injection. From DRID sources, 10 countries report on sharing data, eight on HIV testing and seven on HCV testing. From TDI, 21 countries report on sharing data, 19 on HIV testing and 18 on HCV testing.

- There are some methodological limitations (e.g. selection of positive cases in DRID different from TDI; different samples for the two indicators, which may represent an added value but also may limit the comparability of the data). This being said, the joint analysis of TDI /DRID variables showed its potential, through presentation and discussion of national data from Latvia, Croatia and Germany,

- Further potentialities should be explored, trying to emphasize and make more efficient use of the data collected in the two indicators.

- To do so, the exchange between TDI and DRID experts at national level should be facilitated, through the setting up national working groups with experts from the two indicators.

3.2. Psychiatric comorbidity

- The main outcomes of the 2015 EMCDDA *Insights* publication on psychiatric comorbidity were presented.

- Recommendations for treatment professionals dealing with dual diagnosis patients are twofold: first, it is fundamental to accept the patients and not to refuse them and second, it is important to make efforts to address the two disorders (substance use and mental health) simultaneously.

- It was also suggested to consider the inclusion of some limited information on psychiatric comorbidity both in the TDI and in the treatment workbooks, as in the current workbook structure there is no specific place to report information on psychiatric comorbidity. For the TDI, a possible development could be to include one or two items on psychiatric comorbidity to be periodically reported (not monitored every year).

- An instrument to assess the occurrence of comorbid mental disorders among substance users was presented and its functionalities demonstrated in a practical session. The instrument is called DDSI (Dual Diagnosis Screening Instrument) and it is available as an application for those experts interested. It is described in the following article (Mestre-Pintó, J. I., Domingo-Salvany, A., Martín-Santos, R. and Torrens, M. (2014), 'Dual diagnosis screening interview to identify psychiatric comorbidity in substance users: development and validation of a brief instrument', *European Addiction Research* 20(1), pp. 41–48).

3.3. Treatment outcomes and cost of treatment

- Results of a specific analysis on treatment outcomes of patients with primary GHB use were presented. The relapse rates were two to five times higher in GHB-dependent patients as compared with other addictions. These results highlighted the urgency of developing effective relapse prevention interventions in GHB addiction.

- The results of an EMCDDA systematic review of long-term observational studies on measures used for assessing opioid dependence treatment were presented. They showed the need to develop further consensus on a set of core outcome measures to assess the successful treatment of opioid users.

- The cost of treatment is an increasingly important part of the analytical work on drug treatment. When measuring cost of treatment, appropriate estimation methods should be chosen, even though uncertainties should be always considered.

4. Further information and resources

DRID/TDI 2016 joint meeting steering group: Linda Montanari, Isabelle Giraudon, Dagmar Hedrich, Bruno Guarita, Eleni Kalamara, Alessandro Pirona, Julian Vicente and Roland Simon. Secretarial and administrative support: Sofia Cabral, Sónia Vicente.

TDI key indicator http://www.emcdda.europa.eu/activities/tdi
DRID key indicator http://www.emcdda.europa.eu/activities/drid
Previous TDI meeting (September 2015) http://www.emcdda.europa.eu/activities/expert-meetings/2015/key-indicators-20-years