The treatment demand indicator in Europe

A common monitoring tool across 30 countries and its value for treatment systems planning

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and the network of TDI European experts

Structured Session: “Needs-based planning for substance use treatment systems: The new generation of principles, methods and models

LX Addiction Conference - 23 October 2019 15.00-16.30
Historical context

Drug problem

- Illicit drug use epidemic (heroin)
- Peak in mid-80s-90s in western EU, then Eastern
- Developments of negative health/social consequences
- HIV epidemic
- Diversification of the drug market and users

Treatment

- Specialised services
- Expansion
- Diversification (objectives and providers)
- Research advancements
- Individualised treatment
- Systemic approach based on needs assessment

The implementation of the drug treatment monitoring systems

**Needs**
- How many people need treatment?
- What substances and how are used?
- What drug related consequences?

**Clinical**
- What do we need to treat people?
- What to do with the collected data?
- How to report on activities/efforts?

**Treatment planners**
- What should be done?
- How much resources are needed?
- What need to be changed?

**Policy makers**
- Does treatment work?
- Is it worth investing?
- What is the public health impact?
- International comparison

Assessing treatment gap in Europe

- Drug related problems
- Prevalence in the population
- Treatment demand

- Treatment utilization
- Treatment provision
- Treatment availability

Treatment needs: Treatment gap: Treatment capacity
Treatment Demand Indicator

- One of the 5 EMCDDA key epidemiological indicators

- Offer professionals and researchers with a common European methodology for collecting and reporting core treatment data

- Provide information on people entering treatment specialized drug services in Europe

- Has the purpose to gain insight into characteristics, risk behaviors, drug use patterns of people with drug problems – should reflect as much as possible community

- Provide indirect information on treatment availability, offer, provision

Source: TDI Protocol ver. 3.0 - www.emcdda.europa.eu/themes/key-indicators/tdi
The TDI Protocol

- 4 sections and 2 annexes
- Guidelines: 24 items and definitions
- Methodological issues
- Available in 13 languages

Source: TDI Protocol ver. 3.0 - www.emcdda.europa.eu/themes/key-indicators/tdi
How does TDI work?

Information Needs

Referral, Client Details, Initial Assessment
Clinical Management, Full Assessment
[prescriptions, interventions]
Outcomes

Local Organisational Units
Local Health Authorities

Health Depts
EMCDDA
UNODC

Source: TDI Protocol ver. 3.0
People entering drug treatment in EU-29 in 2017 or most recent available

Key TDI figures

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<table>
<thead>
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<tbody>
<tr>
<td>Countries reporting data</td>
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<tr>
<td>Treatment entrants</td>
<td>467864</td>
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<tr>
<td>First time treatment entrants</td>
<td>178242</td>
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<tr>
<td>Units reporting data*</td>
<td>6775</td>
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</table>

Patients * 100 000 population * data coverage

Source: 2019 Statistical Bulletin - SE no data - * no data on units from DK, TK
Socio-demographic profile

Gender: 4:1
Mean age: 34
Age at first use: 21
Age at first treatment entry: 29
Primary education: 28% (100% gen pop)
Unemployment: 43% (11% in gen pop)
Referred by court/police: 16%
Unstable accommod.: 12 (1% Gen pop)

Source: 2018 Statistical Bulletin. CZ, DK, NL, SP: data 2015; SE not included as data not comparable
Primary drug: main reason to enter treatment

All treatment entrants (%)

- Cannabis: 35.4%
- Cocaine: 15.1%
- Amphetamines: 6.2%
- Opioids: 11.3%
- Other: 11.3%
- Total: 100%

First time treatment entrants (%)

- Cannabis: 45.7%
- Cocaine: 18.4%
- Amphetamines: 17.4%
- Opioids: 11.8%
- Other: 6.7%
- Total: 100%

Notes: data on continuous treatment refer to 10 countries and for amphetamines include all stimulants other than cocaine.
Countries by most frequently reported primary drug for which people enter drug treatment (2017)

- **Opioids**
  - 4% HU – 93% EE

- **Cannabis**
  - 1% EE – 63% HU

- **Amphetamines**
  - <1% IT – 50% CZ

- **Cocaine**
  - <1 FI, EE, LV – 39% ES

Source: 2018 EMCDDA FONTE data
From TDI ver. 3.0

“Secondary drugs:
Drugs used in addition to primary drug; they cause problems for the client and/or change the nature of the problem as assessed by the client and the therapist.”

“Polydrug use problem:
Complementary and additional to information on primary drug. It refers to when two or more drugs are involved in the drug problem to the client, at the same time and it is very difficult to assess which was the primary drug that caused the treatment entry.”

Source: TDI Protocol ver. 3.0 – 2018 FONTE data
Trends in first treatment entrants by drug

Cannabis

Heroin

Cocaine

Injection

Source: EMCDDA (2019), European Drug Report
Ageing population

Treatment entrants with opioids as primary drug: shifts in the age structure over time (left) and mean age by country (right)

Source: EMCDDA (2017), 2017 European Drug Report
Synthetic Opioids

Treatment entrants citing opioids as primary drug: by type of opioid (left) and percentage reporting opioids other than heroin (right)

19 countries with more than 10% of opioids clients reporting opioids other than heroin

Source: EMCDDA (2019), European Drug Report, Luxembourg
Profile of women entering drug treatment in 28 EU + Norway in 2016

PROFILE OF WOMEN ENTERING TREATMENT

Entered treatment

102,000

- Opioids (40%)
- Cannabis (26%)
- Stimulants (11%)
- Cocaine (10%)
- Other (14%)

Age at entering treatment

Living with whom

- Partner 37%
- Detention / Institutions / Other 9%
- Friends 7%
- Alone 24%
- Family of origin 23%
- Alone 24%
- Family of origin 23%
- Detention / Institutions / Other 9%
- Friends 7%
- Partner 37%

Living with children

27%

Source: 2018 EMCDDA – FONTE data
Limitations

- Not full representativeness, limitations in data coverage
- Cautious in trends interpretation
- Double counting
- Only illicit substances as per EMCDDA mandate
- Entries: not people in treatment and not demands!
### Data quality of the TDI Indicator: n. countries

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<td>Changes in trends</td>
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**Source:** 2012 Data Quality Assessment of the 5 Key Epidemiological Indicators
To conclude…

- TDI is one of the largest drug-related data set in Europe

- It is used in different analysis and publications

- TDI help to determine the treatment gap (needs VS capacity)

- Next steps: module on continuous treatments, on-going developments in the area of treatment interventions, best practices, outcome

- **Success over the last 20 years thank to the collaborative effort between the EMCDDA and the network of national TDI experts**
Thank you!

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