



Monitoring demand for drug treatment in Europe: the treatment demand indicator

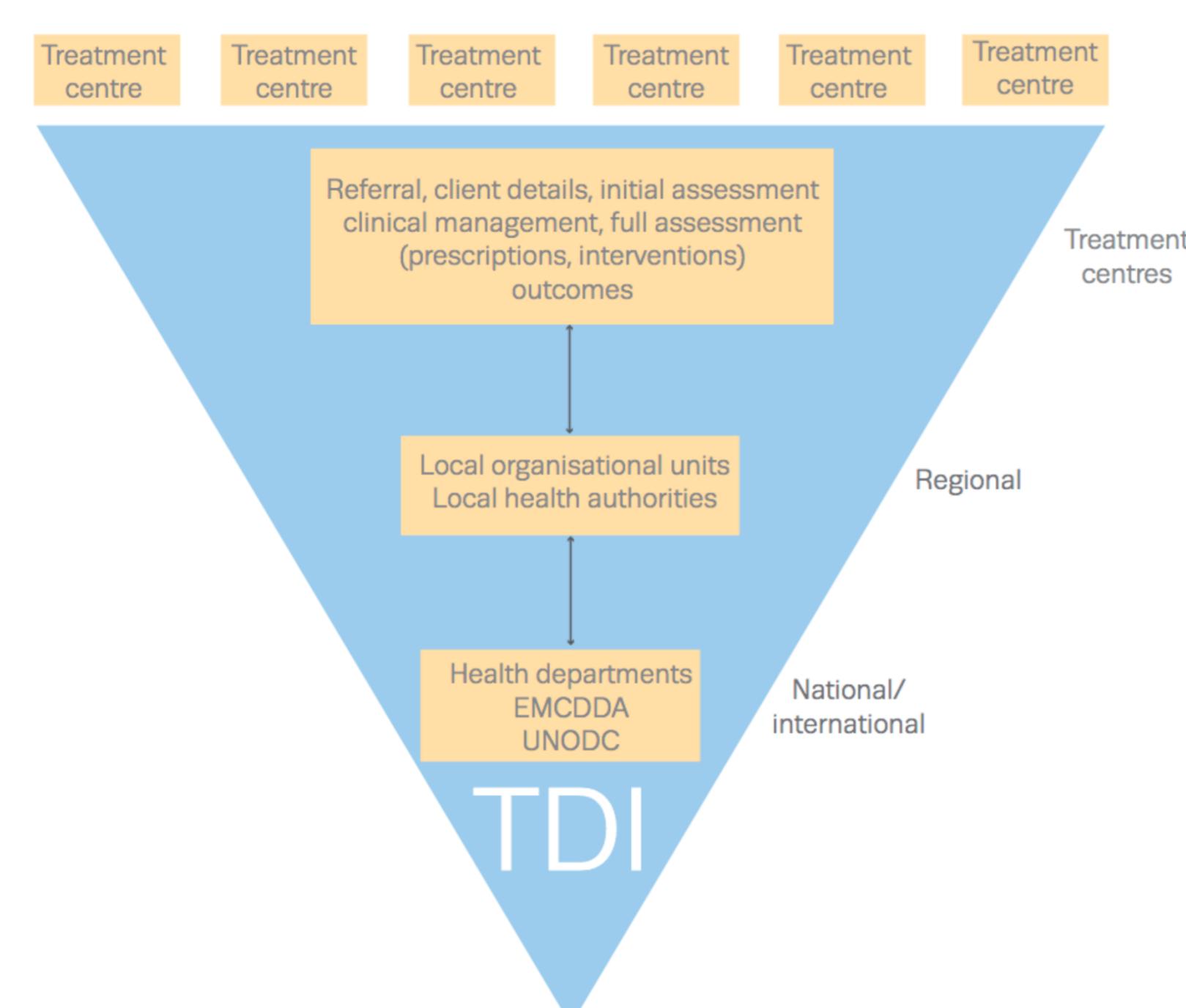
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Introduction

- The treatment demand indicator (TDI) is one of the EMCDDA's five key epidemiological indicators, which report on domains that address key aspects of the prevalence and consequences of drug use.
- First implemented by the EMCDDA in 2001, the TDI provides a methodology for collecting comparable and reliable data on the number of people entering specialised drug treatment in Europe and their demographic characteristics and patterns of illicit drug use.

FIGURE 1. The treatment demand monitoring system:
from treatment centres to the international level

Information needs



Source: EMCDDA (2012) TDI Protocol ver. 3.0

Objective

The TDI's primary purpose is:

- to gain insight into socio-demographic profile and illicit drug use patterns of those entering drug treatment.

The TDI is also used to estimate:

- trends in high risk drug use;
- treatment availability and provision;
- minimum need for treatment resources and treatment organisation;
- and it is used to support planning and evaluation of services for drug users.

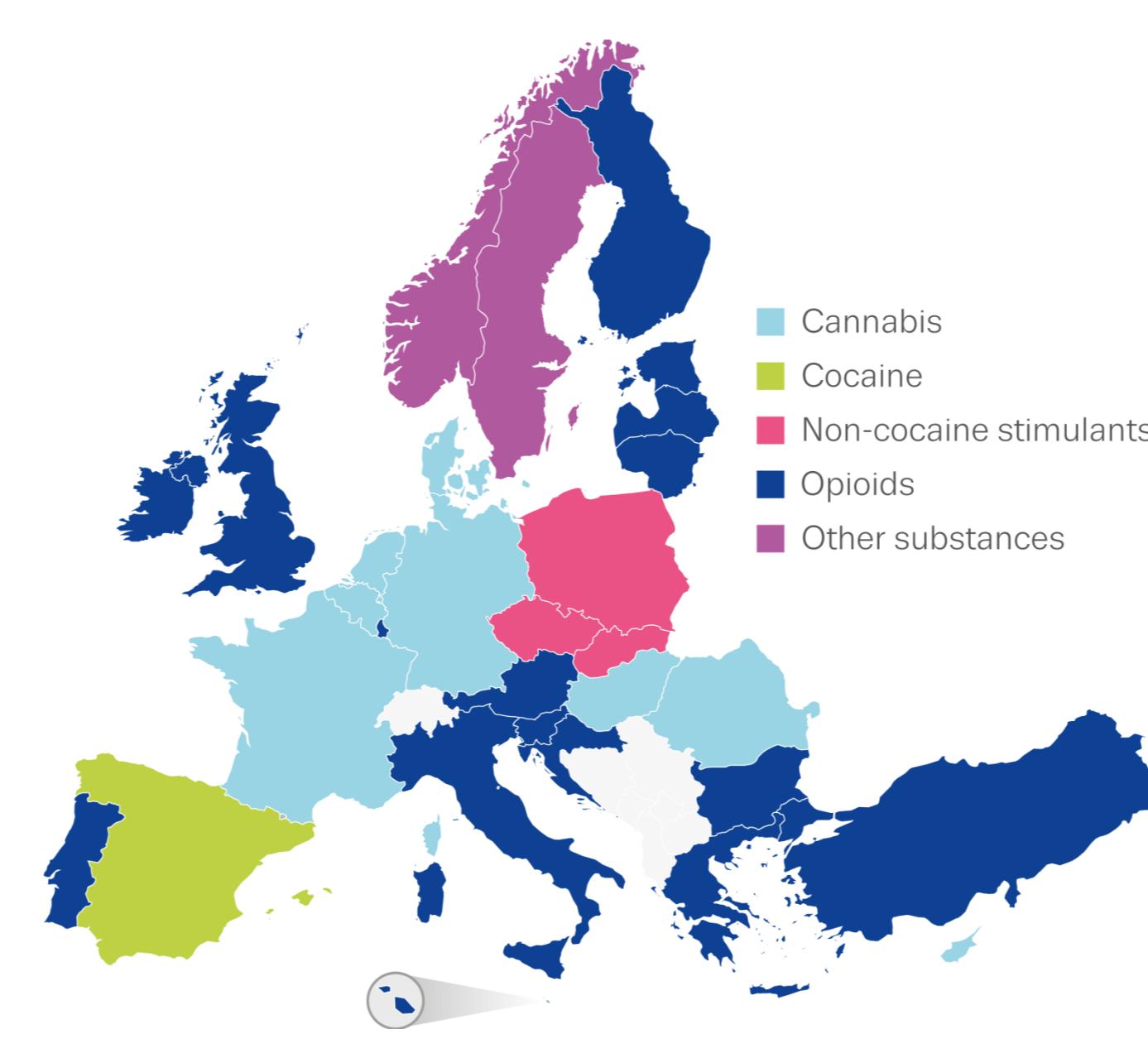
Methods

- The TDI Protocol ver. 3.0 includes 24 items to be collected by all EU countries in the same way.
- The 24 items cover three main information areas: socio-demographics, patterns of drug use, use of services.
- A network of national experts from 30 countries (EU-28, Norway and Turkey) plays an essential role in the implementation of the indicator at European and national level.
- Data quality standards are assured at European level, using five evaluation criteria: data availability, harmonisation at EU level, timeliness, coverage and consistency.

Results

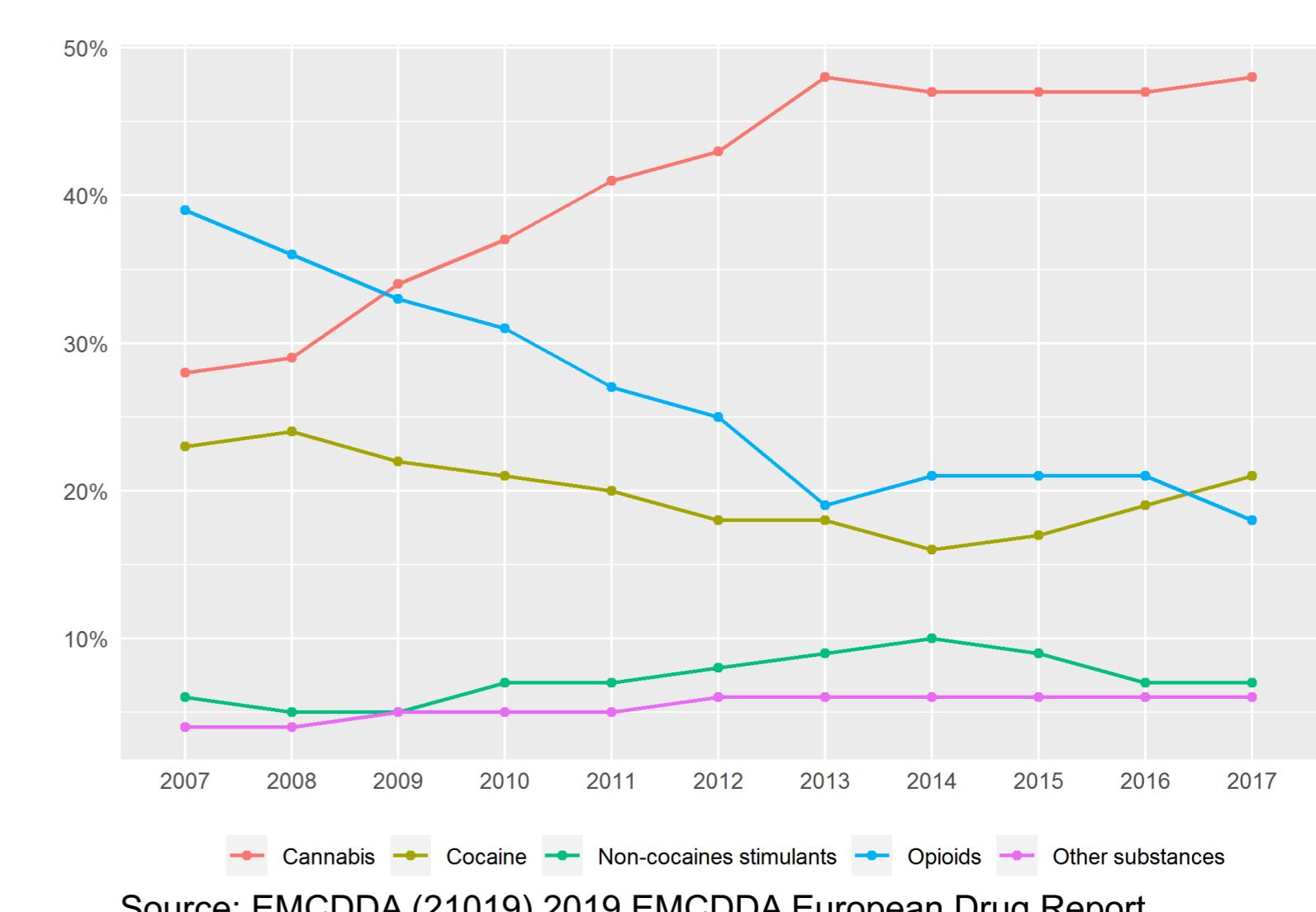
- In 2017 TDI data were collected in about 6 800 specialised drug treatment centres across the 30 countries.
- Most clients are men (80 %) in their thirties (mean age: 33); one third are unemployed (35 %); one third have only attained primary education or less (33 %); nearly 10 % are living in unstable accommodation or are homeless.
- After opioids (171 000), cannabis (155 000) and cocaine (73 000) are the most commonly reported primary drugs (the drug causing the individual the most problems) by those entering specialised treatment.
- Regional differences can be seen in the most commonly reported primary drug (Figure 2).

FIGURE 2 - Most frequent primary drug for which people enter treatment, by country in 2017



Source: 2018 EMCDDA Statistical Bulletin

FIGURE 3. Trends by primary drug among first-time entrants (2007-17) (%)



Source: EMCDDA (2019) 2019 EMCDDA European Drug Report
Trends over time in treatment entries can be identified (Figure 3), but they should be interpreted with caution (see limitations).

- Decrease in share of treatment entrants citing opioids, mainly heroin as primary drug since 2007.
 - Increase in share of treatment entrants citing cannabis.
 - Increase in treatment entrants citing cocaine since 2014, after a period of decrease.
- Furthermore based on last available data ⁽¹⁾:
- Drug injection has declined in the last ten years.
 - The number of clients using opioids other than heroin has increased.
 - Trends vary country.

Limitations

- Data limitations should be considered when making comparisons between countries, especially regarding trends.
- Country differences concern data coverage, national definitions, double-counting controls, treatment systems and monitoring systems.
- Changes over time of the national monitoring systems may influence trends.

Conclusions

- The TDI is a key tool for developing a reliable understanding of the drug situation in Europe and providing useful information to policymakers and drug professionals.
- In the future the TDI should aim to increase its analytical capacity by combining its information with data from other areas (drug interventions, market, other epidemiological indicators).