



Standard table 24 Access to treatment

1. - Methodological information

1.1. - Introduction

Justification

The current 2009 – 2012 EU Drugs Action Plan (specifically objective 7) calls on Member States to improve the availability, accessibility and quality of drug treatment.

The tasks of the EMCDDA comprise the monitoring of the state of the drugs problem and of the responses applied to drug related problems, including drug treatment, and to support the exchange of best practice between Member States. The EMCDDA is furthermore charged with the development of tools and instruments to facilitate the Member States' and the Commission's monitoring and evaluation of their respective drugs policies.

Objectives

This standard table on access to treatment is aimed at collecting quantitative data on the number of people reached by drug treatment in Member States, and more specifically the number of clients receiving substitution/maintenance treatment. It complements data on the characteristics of people accessing drug treatment in Europe, collected through monitoring systems, based on the EMCDDA Treatment Demand Indicator. Furthermore, the present standard table aims to map sources of information on drug substitution/maintenance treatment, and to describe the relationship between substitution registries and the national TDI-based treatment monitoring systems.

1.2. - Instructions on how to fill in Standard Table 24:Section 3 on total treatment provision

This section collects data on the **total number of clients in drug treatment (incl. those who are and those who enter the treatment)** during a 12 month period (or at a single point in time). The total number of clients in treatment is requested for 3 target populations, ordered by size:

All clients treated for illicit drug-related problems > Problem Drug Users > Problem Opioid Users

Graphical representation of target populations in treatment for questions 3.1., 3.2. and 3.3.

For each of these populations you should provide the total number of individual clients who, at the beginning of the reference year, remained in treatment from the previous 12-month period/year (continuous treatment) and those who entered treatment during the year. Alternatively / or In addition, please report the total number of treatment episodes registered during this year.

Each question comprises a methodological comment box which ought to include the following information in the following order

- Year of data
- Case definition
- Double counting control
- Methods used to produce the total number of clients in treatment (including TDI prevalence project data if available)
- Breakdown by treatment setting (outpatient, inpatient, low-threshold agencies, GPs, prison, other)
- Sources of the data
- Data coverage
- Limitations of the data
- Missing data and reasons for missing data

If total number of clients/episodes can only be estimated, please indicate this and describe the methodology

you used in the comments box, giving the range of data, if applicable, and providing other relevant information about the estimation.

If you participate in the TDI project on treatment prevalence/ continuous treatment, please mention this in the methodological section and explain how the TDI data is used to produce the total number of each target population (questions 3.1., 3.2. and 3.3.). **Section 4 on substitution/maintenance client registries**

Question 4.1 refers to the substitution/maintenance treatment registries that might exist in your country, for example for the purpose of effectively controlling double-prescriptions. While in most countries there will only be one such registry, we have foreseen answer options for up to three different registries (A-B-C). Wherever you refer to registry data in subsequent questions in part C, please use the respective letter(s) for the concerned registry(ies) according to those listed in Question 4.1.

Question 4.2 refers to the relationship between any such registries and TDI-based treatment monitoring systems. If a substitution/maintenance treatment registry exists in your country, please describe if data collected through monitoring systems are systematically fed into the substitution registry and by whom (or if this process is vice versa), if the systems are both part of a larger system, or if the two systems are completely independent from each other. **Section 5 on substitution/maintenance treatment provision**

For questions 5.1., 5.2. and 5.4, when the reported number (or percentage) of clients in substitution treatment is **not** based on registry data (and is therefore assumed to be an estimate), please enter 'E' as source of data.

The data should only refer to clients in maintenance treatment. Clients receiving pharmacological management of opioid withdrawal (detoxification) should be excluded. If this is not possible, mention it in the methodological section.

General comment

Answer options for the questions throughout the questionnaire:

- if Yes please enter **Y**
- if No please enter **N**
- if no information is available, please enter **N.i.**
- if it is not applicable in your country, please – **N.a.** In this case specify why it is not applicable for comparability about countries in the methodological comment box.

1.3. - Definitions:

Treatment: same as in the TDI protocol: "Drug treatment is defined as any activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, medical or social state of those who seek help for their drug problem".

To determine the number of **treatment episodes** per year, a system must exist that registers treatment entry and discharge of the same person. Identification of the client as individual case is however not required and if the same client is treated more than once in the same center in a year, or in more than one treatment centre at the same time, each of his/her treatments would be counted as an 'episode' in that specific year.

Detoxification: Medically-assisted detoxification is a medically supervised intervention to resolve withdrawal symptoms. Medically-assisted detoxification involves prescription of decreasing doses of drugs with cross-tolerance and cross-dependence to the substance(s) taken by the patient. The detoxification drugs are prescribed over short periods of time (usually less than one month) for treatment of withdrawal symptoms. The dose is calculated to relieve the withdrawal syndrome without inducing intoxication, and is gradually tapered off as the patient recovers. Usually it is combined with some psychosocial interventions for continued care. Detoxification could be provided as inpatient as well as a community-based outpatient programme.

Drug substitution treatment / maintenance therapy: Treatment of drug dependence by prescription of a substitute drug (agonists and antagonists) for which cross-dependence and cross-tolerance exists, with the goal to reduce or eliminate the use of a particular substance, especially if it is illegal, or to reduce harm from a particular method of administration, the attendant dangers for health (e.g. from needle sharing), and the social consequences. (Demand Reduction – A Glossary of terms, UNDCP, no year). Substitute drugs used in substitution/maintenance therapy are prescribed in relatively stable doses over a long period of time (usually more than three months), which allows stabilization of brain functions and prevention of craving and withdrawal. Usually it is combined with some psychosocial interventions for continued care.

Generalist medical practitioners (GPs): Generalist medical practitioners diagnose, treat and prevent illness, disease, injury, and other physical and mental impairments in humans through application of the principles and procedures of modern medicine. They do not limit their practice to certain disease categories or methods of treatment, and may assume responsibility for the provision of continuing and comprehensive medical care to, and the maintenance of general health of, individuals, families and communities (International Standard Classification of Occupations – ISCO 2009).

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2. – Identification

2.1. - Standard Table 24: Access to treatment

2.1.1 - EMCDDA data collection year:

2.1.2 - Country:

2.1.3 - Year of data:

2.1.4 - Name of the person submitting this report:

2.1.5 - E-mail address

2.1.6 - Institutional affiliation

2.1.7 - Other experts involved in providing information for this report

3. - Data on total treatment provision

3.1. - Total number of *Problem Opioid Users*¹ in treatment:

¹ POU = Problem opioid use, defined as 'long duration/regular use or injecting of opioids'.

3.1.1 - Please provide the total number of POUs (or the estimated range of the number of individual clients and/or treatment episodes) who have received treatment for their problem opioid use. Please indicate also if the reported number of POUs (individual clients and/or treatment episodes) who have received treatment is an estimate:

Answer options:

- if Yes please enter **Y**
- if No please enter **N**
- if no information is available, please enter **N.i.**
- if it is not applicable in your country, please enter – **N.a.** In this case specify why it is not applicable for comparability about countries in the methodological comment box.

Total number of individual clients	Is this an estimate? (Y/N)	Total number of treatment episodes	Is this an estimate? (Y/N)

3.1.2 - Methodological comments (please refer to point 1.2. on how to fill in the methods section) [POUs]

3.2. - Total number of *Problem Drug Users*² in treatment:

² PDU = Problem drug use, defined as 'injecting drug use or long duration or regular use of opiates, cocaine and/or amphetamines' (for further details, see EMCDDA PDU definition).

3.2.1 - Please provide the total number of PDUs (or the estimated range of the number of individual clients and/or treatment episodes) who have received treatment for their drug problem. Please indicate also if the reported number of PDUs (individual clients and/or treatment episodes) who have received treatment is an estimate.

Answer options:

- if Yes please enter **Y**
- if No please enter **N**
- if no information is available, please enter **N.i.**
- if it is not applicable in your country, please enter – **N.a.** In this case specify why it is not applicable for comparability about countries in the methodological comment box.

Total number of individual clients	Is this an estimate? (Y/N)	Total number of treatment episodes	Is this an estimate? (Y/N)

3.2.2 - Methodological comments (please refer to point 1.2. on how to fill in the methods)[PDUs]

3.3. - Total number of *clients* in treatment for illicit drug use:

3.3.1 - Please provide the total number of clients who have received treatment for their illicit drug use (or the estimated range of the number of individual clients and/or treatment episodes). Please indicate also if the reported number of clients who have received treatment (individual clients and/or treatment episodes) is an estimate.

Answer options:

- if Yes please enter **Y**
- if No please enter **N**
- if no information is available, please enter **N.i.**
- if it is not applicable in your country, please enter – **N.a.** In this case specify why it is not applicable for comparability about countries in the methodological comment box.

Total number of individual clients	Is this an estimate? (Y/N)	Total number of treatment episodes	Is this an estimate? (Y/N)

3.3.2 - List which client groups by problem drug use (e.g. problem cannabis users) are known to be included and excluded from the reported total number (please refer to the TDI protocol for the list of relevant illicit substances)

3.3.3 - Methodological comments (please refer to point 1.2. on how to fill in the methods)[all clients]

3.4. - Which information/research is available about the relationship between 'treatment episodes' and 'individual clients' in different settings.

3.4.1 - Research findings

3.5. – Detoxification episodes / number of clients receiving detoxification treatment

3.5.1 - Please provide the total number or treatment episodes of clients who have received detoxification for their illicit drug use during the year.

3.5.2 Methodological comments:

3.6. - General comments to Section 3

3.6.1 - General comments [Q3

4. - Information on substitution/maintenance client registries

Question 4.1 only needs to be answered if there were changes since ST 24/2008.

4.1. - If applicable, please provide the following information regarding existing registries³ for opioid substitution/maintenance clients in your country:- the name of the registry;

- the institution where it is based;
- main purpose of the registry;
- list the variables stored in the registry (client characteristics, prescribing doctor, dispensing modalities, dosages, etc);
- criteria for entering data;
- criteria for deleting entries;
- reference to any periodical publications of datasets.

³ The term 'registry' is used here in a general sense to describe a client information system.

Please check also if the ELDD overview of legal and regulatory framework for substitution treatment is up to date when providing the information.

Reference to the different registries reported below will be made in other questions of this questionnaire. Please use in later questions the abbreviations A or B when referring to different registries

4.1.1 - Registry A (name, institution, main purpose, list of variables, criteria for entering and taking out client information)

4.1.2 - Periodical publication(s) of datasets from registry A

4.1.3 - Registry B (name, institution, main purpose, list of variables, criteria for entering and taking out client information)

4.1.4 - Periodical publication(s) of datasets from registry B

Question 4.2 needs to be answered regardless if there were changes since ST 24/2008.

4.2. - Please indicate the type of relationship between TDI and substitution registries.

4.2.1 - Describe the relationships between registry A and TDI by ticking the appropriate statements:

- TDI and Registry A are completely independent
- Registry A is part of TDI database
- Registry A regularly delivers data to TDI database
- TDI database regularly delivers data to registry A
- Both are integrated in a wider system of data collection
- There is no dataflow between registry A and TDI
- No information

4.2.2 - Describe the relationships between registry B and TDI by ticking the appropriate statements.

- TDI and Registry B are completely independent
- Registry B is part of TDI database
- Registry B regularly delivers data to TDI database
- TDI database regularly delivers data to registry B
- Both are integrated in a wider system of data collection
- There is no dataflow between registry B and TDI
- No information

4.2.3 – Describe relationship between registry A and registry B by ticking the appropriate statements

- Registries A and B are completely independent
- Registry A is part of Registry B
- Registry B is part of Registry A
- Registry A regularly delivers data to registry B
- Registry B regularly delivers data to registry A
- Both are integrated in a wider system of data collection on substitution
- There is no dataflow between registry A and B
- No information

4.3. - General comments to Section 4

4.3.1 - General comments [B]

5. - Data on substitution/maintenance treatment provision

5.1. - Total number of clients in opioid substitution treatment (historical trend):

5.1.1 - Please report how many **individual clients** received opioid substitution treatment in your country.

Answer options:

if no information is available, please enter **N.i.**

if it is not applicable in your country (because for example OST was still not available in your country), please enter – **N.a.**

Information on historical trends of OST clients reported in the previous years to the EMCDDA can be found in Table HSR-3 of the Statistical Bulletin 2010.

	19 93	19 94	19 95	19 96	19 97	19 98	19 99	20 00	20 01	20 02	20 03	20 04	20 05	20 06	20 07	20 08	20 09	20 10
Methadone clients (only community settings)																		
All OST clients (only community settings)																		
Clients receiving OST in prison settings																		

5.1.2 - Methodological comments [OST]. Please indicate (if necessary for each row above) if the reported number represents the number of clients in treatment **on a given day** or **during the specific reporting year**.

5.2. - Number of clients in opioid substitution treatment by substitution drug (of the last available year):

5.2.1 - Please report the **number of individual clients** in substitution treatment for the different substitution drugs. Please indicate whether the reported number of individual clients is an **estimate (E)** or whether it is based on one of the **registries (A or B)** reported in section B. In case the substitution registry in your country is not client-based, please provide available data and the type of event/information the data refers to in the methodological section.

Answer options:

if no information is available, please enter **N.i.**

if it is not applicable in your country, please enter – **N.a.**

	Total number of individual clients in:	Based on registry data = A or B This is an estimate = E
Methadone		
Buprenorphine		
Buprenorphine-Naloxone ⁴		
Slow-release morphine		
Diacetylmorphine		
Other 1		
Other 2		

5.2.2 - Please name the substitution drugs reported under Other 1 and Other 2 in the question above:

	Name
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	Name
Other 1	
Other 2	

5.2.3 - Methodological comments [clients by OSD]. Please specify the **year of data** of the information provided.

5.3. - Proportion of opioid substitution treatment by substitution drug (of the last available year):

5.3.1 - What is the **share** between different substitution drugs of the overall substitution provision in your country? (should add up to 100%).

Answer options:

- if no information is available, please enter **N.i.**
- if it is not applicable in your country, please enter – **N.a.**

	Percentage (%)
Methadone	
Buprenorphine	
Buprenorphine-Naloxone ⁴	
Slow-release morphine	
Diacetylmorphine	
Other 1	
Other 2	
Total (%)	

⁴ A form of buprenorphine that includes the opioid antagonist naloxone (buprenorphine: naloxone 4:1) in a combined sublingual tablet.

5.3.2 - Please name the substitution drugs reported under Other 1 and Other 2 in the question above:

	Name
Other 1	
Other 2	

5.4. - What is the share of long-term substitution clients (more than 12 months receiving treatment) among the total population of opioid users in substitution treatment?

5.4.1 - Long-term substitution clients (>12 months).

Answer options:

- if no information is available, please enter **N.i.**
- if it is not applicable in your country, please enter – **N.a.**

Percent	Based on registry data = A, B or C This is an estimate = E	Year of data

5.4.2 - Methodological comments [>12 months]

5.5. - Which share of overall substitution treatment in your country is provided by GPs?

5.5.1 - Please provide the percentage of clients in substitution treatment who receive their treatment either by specialised office-based GPs or non-specialised office-based GPs. In case a distinction between the two cannot be made, please enter the percentage under 'All GPs'.

Answer options:

- if no information is available, please enter **N.i.**

if it is not applicable in your country, please enter – **N.a.**

	Percent	Year of data
Specialised GPs ⁵		
Other GPs ⁶		
All GPs (specialised and non-specialised)		

⁵ Specialised GPs refers to specifically trained or accredited office-based medical doctors in the practice of substitution treatment. These specialist office-based GPs practice outside specialist treatment centres (including "shared care" arrangements).

⁶ Other GPs refers to office-based medical doctors without any specialization (training or accreditation) in the practice of substitution treatment. These office-based GPs practice outside specialist treatment centres (including "shared care" arrangements).

5.5.2 - Methodological comments [GPs]

5.6. - General comments to Section 5

5.6.1 - General comments [C]

Thank you for providing this information!