Standard table 24
Access to treatment v.02/2008

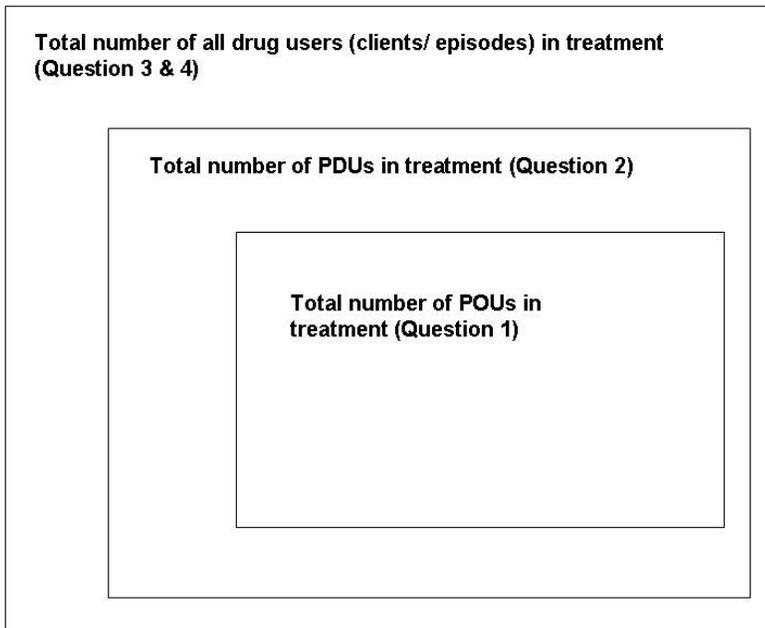# 1. Methodological information

1.1. – Introduction

Justification

The current EU Drugs Action Plan 2005 – 2008 (specifically objective 11) calls on Member States to ensure the availability of drug treatment and to provide access to a range of diversified services and facilities, corresponding to the demand for 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 Centre 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.

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┌─────────────────────────────────────────────────────────────────┐
│  Total number of all drug users (clients/ episodes) in treatment  │
│  (Question 3 & 4)                                                  │
│   ┌───────────────────────────────────────────────────────────┐   │
│   │  Total number of PDUs in treatment (Question 2)            │   │
│   │   ┌───────────────────────────────────────────────┐        │   │
│   │   │                                               │        │   │
│   │   │   Total number of POUs in                     │        │   │
│   │   │   treatment (Question 1)                      │        │   │
│   │   │                                               │        │   │
│   │   │                                               │        │   │
│   │   │                                               │        │   │
│   │   └───────────────────────────────────────────────┘        │   │
│   │                                                            │   │
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1.2. - Notes on how to fill in Standard Table 24:

Question 3

Describe, if possible, from which treatment centre type / treatment settings the data come (or which settings the estimates cover) by specifying if they include treatments provided at outpatient treatment centres, inpatient treatment centres, at low-threshold agencies, by GPs, or in prison. Add other settings, as adequate.

Provide the case definition of 'individual client' or 'treatment episode' as used in questions 3.1., 3.2. and 3.3.

If you participate in the TDI pilot project on treatment prevalence/ continuous treatment: Integrate in your total number or estimate (in questions 3.1., 3.2. and 3.3.) the data on TDI treatment prevalence/ continuous treatment and explain how you integrated it.

The methodological section of questions 3.1., 3.2. and 3.3. should include:
- Case definition
- Methods used to produce the total number of clients in treatment (including TDI prevalence project data if available)
- Breakdown by treatment type/setting
- Year of data
- Sources of the data
- Limitations of the data
- Missing data and reasons for missing data

For question 3.3 (All clients in drug treatment), provide information on all clients that have been treated for a

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drug problem in your country. This number should be greater than the number of PDUs and POUs, since certain drugs (e.g. cannabis, ecstasy, etc) are not included in the PDU definition. Please list under point 3.3.4. which drugs your clients number or estimate covers.

Question 4

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.

Question 5

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.

General comment:
• Non available data (or no information) should be entered as 'n.a.', while when a requested option does not apply to your country, please enter 'n.app.'.

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.

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2. Identification

2.1. - Standard table 24: Access to treatment

2.1.1 - Country: *

2.1.2 - Year of data: *

2.1.3 - Name of the person submitting this report: *

2.1.4 - E-mail address:

2.1.5 - Institutional affiliation:

2.1.6 - Other experts involved in providing information for this report:

* Mandatory fields

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'.

<div style="border:1px solid">

3.1.1 - Please provide the total number of POUs (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:

Total number of individual clients:
Is this an estimate?   Yes ☐ No ☐

Total number of treatment episodes:
Is this an estimate?   Yes ☐ No ☐

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<div style="border:1px solid">

3.1.2 - Methodology, case definition, data sources, year of data and comments [POUs]:

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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).

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3.2.1 - Please provide the total number of PDUs (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:

Total number of individual clients:
Is this an estimate?   Yes ☐ No ☐

Total number of treatment episodes:
Is this an estimate?   Yes ☐ No ☐

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<div style="border:1px solid">

3.2.2 - Methodology, case definition, data sources, year of data and comments [PDUs]:

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(empty table)

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 (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:

Total number of individual clients:
Is this an estimate?   Yes☐ No☐

Total number of treatment episodes:
Is this an estimate?   Yes☐ No☐

3.3.2 - Describe which client groups are included/excluded (e.g. problem cannabis users, etc.):

3.3.3 - Methodology, case definition, data sources, year of data and comments [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. - Which *statistical data* are available in your country on *detoxification* treatment?

3.5.1 - Statistical data on detoxification treatment:

3.6. - General comments to Question 3

3.6.1 - General comments:

4. Information on substitution/maintenance client registries

4.1. - If applicable, please provide the following information regarding existing registries[3] 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("http://eldd.emcdda.europa.eu/html.cfm/index41823EN.html") when providing the following information:

Reference to the different registries reported below is requested in other questions of this questionnaire. Please use in later questions the abbreviations A, B and/or C when referring to the registries A, B or C reported below.

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:

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

4.1.6 - Periodical publication(s) of datasets from registry C:

4.2. - Please describe data-flow between TDI and substitution registries.

4.2.1 - Describe data flow between registry A and TDI:

4.2.2 - Describe data flow between registry B and TDI:

4.2.3 - Describe data flow between registry C and TDI:

4.3. - General comments to Question 4

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4.3.1 - General comments:
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5. Data on substitution/maintenance treatment provision

5.1. - Total number of clients in opioid substitution treatment:

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5.1.1 - Please report how many individual clients received opioid substitution treatment in your country.
Please indicate whether the reported number of individual clients is an estimate (E) or whether it is based on
one of the registries (A, B or C) reported in question 4. 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.

Total number:
Based on registry:    A ☐    B ☐    C ☐    Estimated ☐
Year of data:
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5.1.2 - Methodological comments:
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5.2. - Number of clients in opioid substitution treatment by substitution drug:

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, B or C) 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.

Substance	Total number of individual clients	Based on registry or estimated
Methadone		A ☐ B ☐ C ☐ Estimated ☐
Buprenorphine		A ☐ B ☐ C ☐ Estimated ☐

Buprenorphine-Naloxone[4]	A ☐	B ☐	C ☐	Estimated ☐
Slow-release morphine	A ☐	B ☐	C ☐	Estimated ☐
Diamorphine	A ☐	B ☐	C ☐	Estimated ☐
Other 1	A ☐	B ☐	C ☐	Estimated ☐
Other 2	A ☐	B ☐	C ☐	Estimated ☐

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

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

Other 1:

Other 2:

5.2.3 - Methodological comments:

5.3. - Proportion of opioid substitution treatment by substitution drug:

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

Substance	Percentage (%)
Methadone	
Buprenorphine	
Buprenorphine-Naloxone	
Slow-release morphine	
Diamorphine	
Other 1	
Other 2	
Total (%)	

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

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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?

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


Percent:
Based on registry:      A ☐    B ☐    C ☐    Estimated ☐
Year of data:
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5.4.2 - Methodological comments [>12 months]:




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

5.5.1 - Proportion of all opioid substitution treatment in your country provided by:

| General practitioners	Percentage (%)	Year of data
Specialised GPs[5]		
Other GPs[6]		

[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).

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5.5.2 - Methodological comments:




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5.6. - General comments to Question 5

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5.6.1 - General comments:
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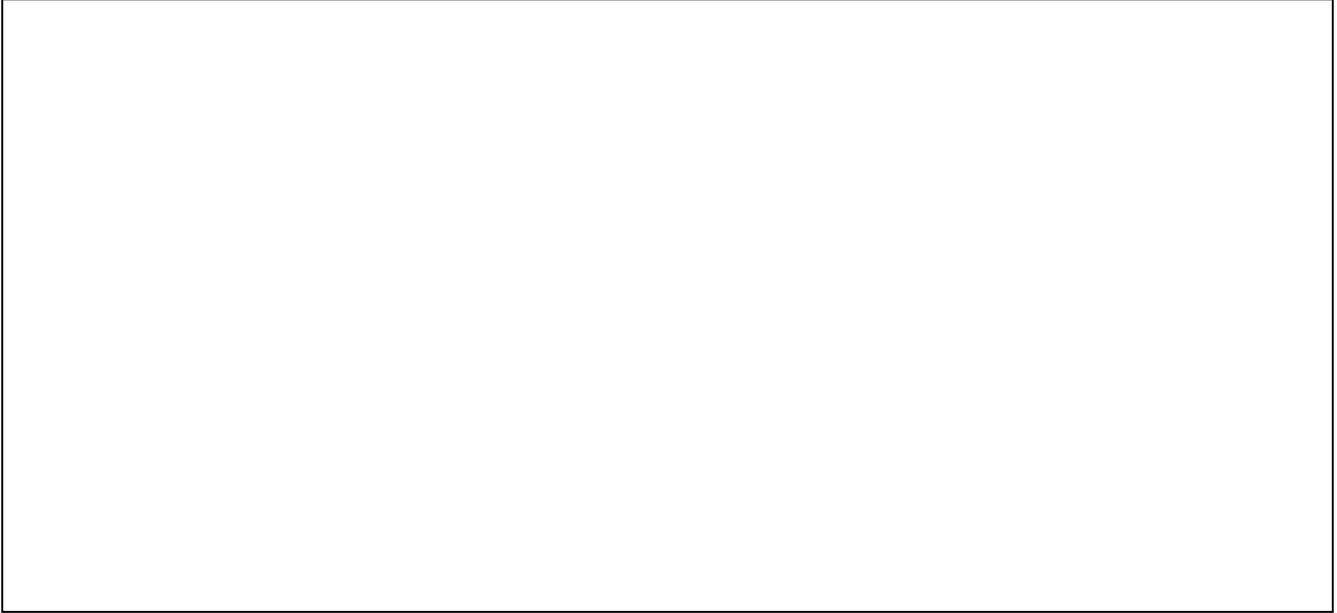
Thank you for providing this information!