



European Monitoring Centre  
for Drugs and Drug Addiction

## **EMCDDA Meeting on the Key Indicator TDI Expert Meeting (TDI)**

**20-21 September 2017 - Lisbon**

**Compilation of National updates**

**Recent developments concerning the Key Indicator in the Member States,  
Norway and Turkey**

## **Recent developments in TDI/Treatment monitoring - Austria**

### **1. Brief overall situation on TDI/Treatment data**

#### **a. TDI clients/units**

All treatment entrants: 10.695 / 158 units

Never previously treated: 1.914

TDI prevalence: 18.780

Numbers are stable

**b.** Overall trend by main drug for entering treatment: less heroin more cannabis

**c.** Profile and patterns of drug use of TDI clients: still 84% with primary drug opiates (40-50% injecting)

**d.** Changes in treatment system: no major changes

### **2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**

**a.** Gender differences in age of treatment entrance (never previously treated) in TDI and substitution register

**b.** Gender differences in age of first use

### **3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**

**a.** Next year we will focus on the substitution register – especially on patients who started their treatment in the early 90ies

### **4. Emerging concerns/debates on TDI/Treatment monitoring**

**a.** none

### **5. Suggestion of issues for discussion in 2018 expert meetings**

**a.** Comparability of TDI data across the countries

## Recent developments in TDI/Treatment monitoring - Belgium

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

In 2016 there was a stable registration coverage in comparison with 2015 that makes trends interpretation much easier. It's the first time since the new registration system in 2011 that we have such a comparable registration between years. The number of clients entering treatment is stable with 11263.

#### b. Overall trend by main drug for entering treatment

We see a decrease in number of patients treated for opiates and stimulants but an increase for cocaine patients. Cannabis is relatively stable

#### c. Profile and patterns of drug use of TDI clients

The ageing of the treated population is obvious for patients entering treatment for opiates and for stimulants other than cocaine. A decrease in the proportion of injecting as main route of administration is also visible for opiates, cocaine and stimulants users

#### d. Changes in treatment system

No remarkable changes in the treatment system

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

a. A national TDI report has been produced for the first time based on data 2015. It will be done annually in December of the next year.

b. An analysis to compare patients registered with their National identification number and patients registered anonymously has been conducted in order to estimate the bias in the linkage study TDI-Health insurance databases

c. 2 publications have been submitted based on the linkage study (TDI-IMA) in order to present the protocol and to test a first analysis of data based on gabapentin use among substance users in treatment.

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

a. Estimation of problematic users (most important = POU) using capture-recapture

b. Quality of TDI data based on linkage study with health insurance databases

c. EFSQ

### 4. Emerging concerns/debates on TDI/Treatment monitoring

a. New TDI registration IT system from 2018

b. Extend TDI registration among other treatment providers : prison, GPs

c. Debate on the share of TDI data between institutional partners or external partners. Is TDI data valuable for smaller scale studies (at level of a city?).

d. How to study/analyse treatment pathways as we have several treatment episodes from the same patient.

e. How to implement treatment prevalence? Based on TDI database or with other tools?

### 5. Suggestion of issues for discussion in 2018 expert meetings

a. How other countries deal with the share of data? Is the data analysed by only one partner, do you share data, to you have an eye on data interpretation.

b. Has there already been analysis based on client pathways based on TDI? How to analyse such data?

## Recent developments in TDI/Treatment monitoring - *Bulgaria*

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

In 2016 The National Monitoring System for Treatment Demand covered over 1700 clients seeking treatment in over 60 units in 30 settlements of the Republic of Bulgaria.

There is a trend of decrease of the number of registered clients and covered units in the system in the last 3 years.

#### b. Overall trend by main drug for entering treatment

A trend has been observed towards decrease of share of heroin, hypnotics and sedatives and increase of share of stimulants (most amphetamines in 2016) and cannabis distribution as a primary drug among the persons seeking treatment registered in the system.

#### c. Profile and patterns of drug use of TDI clients

47.5% of those seeking treatment have declared that they had started using the primary drug at the age up to 19 inclusive, and 6.5% – up to age of 14 inclusive.

59.1% of the persons seeking treatment mainly injected the primary drug, 13.2% ate or drank it, 12.8% smoked it, 10.1 sniffed it, and 2.9% inhaled it. Regarding the secondary and secondary II drug the common pattern of use is mostly eating or drinking it, as well as smoking.

Over 32% of the persons had injected it in the last 30 days before seeking the treatment and another 7.0% in the last 12 months, but not in the last 30 days. The mean age at first injection of primary drug is 20.4.

#### d. Changes in treatment system

No changes in treatment system

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

#### a. How TDI data can be used for development of a policy regarding an optimal response to drugs problem

## Recent developments in TDI/Treatment monitoring - Croatia

1. **Brief overall situation on TDI/Treatment data:** *The situation in Croatia did not change significantly in relation to the previous period.*

The current national drug strategy and the related action plan places an emphasis on the enhancement of treatment quality, which should meet the needs of its clients. Drug-related treatment in Croatia is mainly the responsibility of the Ministry of Health, while certain types of treatment (such as programmes for young drug users, rehabilitation and re-socialisation of drug users) are the responsibility of the Ministry of Social Policy and Youth. Treatment services carried out under the authority of the state are funded by the Ministry of Health, the counties and the Croatian Institute for Health Insurance. Therapeutic communities and some associations are funded by the Office for Combating Drug Abuse of the Government of the Republic of Croatia, the Ministry of Social Policy and Youth, the Ministry of Health, the counties and other donors. The central element of the Croatian drug treatment system is the provision of care through outpatient treatment facilities, although hospital-based inpatient treatment and therapeutic communities are also available. Outpatient treatment is organised through a network of services for mental health promotion and dependence prevention at county institutes of public health. These services include individual and group psychotherapy, prescription of and continuation of opioid substitution treatment (OST) and other pharmacological treatments, testing, and counselling on a wide range of issues. In terms of modalities, medication-based treatment is the most common. Outpatient drug treatment is also provided by some associations that work on low-threshold principles, general practitioners, in particular on the continuation of OST, and some outpatient units in general hospitals. Inpatient treatment is provided by hospitals and covers detoxification, adjustment of pharmacotherapy, drugfree programmes and individual and group psychosocial treatment. Therapeutic communities offer long-term rehabilitation options. Psychosocial treatment, focused on the enhancement of interpersonal relationships and life situations of clients, can be provided as part of a drug-free treatment approach, and this frequently complements OST and other treatment forms.

### a. TDI clients/units: number and trends

In 2016, a total of 7.106 clients entered treatment within the healthcare system, which indicates a decline in the number of people seeking drug treatment in Croatia. The data from therapeutic communities also confirm a decline in treatment requests in recent years. The majority of those who entered treatment in 2016 were treated in outpatient settings. In terms of the primary drug, opioids, mainly heroin, remain the most common primary problem drug among all treatment clients. Most opioid-using clients are treated with OST. Data indicate that there were increasing numbers of OST clients up to 2015, followed by a slight reduction in 2016.

### b. Overall trend by main drug for entering treatment

In 2016, there were 7,106 persons treated less than in the previous year (7,533 persons). Of the total treated in 2016, 5,953 were taking opiates (83.8%). Due to the taking and / or dependence on other psychoactive substances, 1,153 persons (16.2%) were treated. The proportion of opiates and non-opiates is very similar to the previous years.

Of all whom cannabinoids were the first addictive substance in the past, in 2016, 83.3% had opiates, 12.7% cannabinoids, 2% stimulants and 1.5% cocaine.

### c. Profile and patterns of drug use of TDI clients

Something more than 10% of the treated persons came for treatment for the first time because of taking or depending on psychoactive drugs. Among opiate drinkers, only about 3% were newborn persons.

### d. Changes in treatment system

After training the staff working in the prison system, we intend to include their information about people who are being treated there.

2. **Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**
3. **Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**
4. **Emerging concerns/debates on TDI/Treatment monitoring**

My suggestion: You might want to analyze the data of each country and see in which segments are best and which the worst. This way other countries could see how to improve the situation in their own country. This would other countries use the examples of others to solve their problems and improve the situation in their country. This could improve the overall situation in this part of our work.

## Recent developments in TDI/Treatment monitoring - Cyprus

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

The treatment system in Cyprus during 2015 consisted of four inpatient units, 16 specialized drug treatment outpatient centers, one low –threshold drop-in centre, a public programme in prison and a NGO that offer self-help support groups to drug users. Substitution was offered by two (2) main specialized drug treatment services units.

The outpatient facilities present an upward trend with relatively small fluctuations over the years, following year-on-year increases between 2011 and 2015 while the situation for inpatient facilities is relatively stable since 2007.

As regards the number of clients in treatment, 798 drug users started treatment in 2015. Even though in the previous years the data showed an upward trend which was mainly attributed to the police referrals, in 2015 the upward trend did not continue.

#### b. Overall trend by main drug for entering treatment

The majority of clients were cannabis users (59%), while opioids was the second most reported drug category (26%), followed by cocaine (10%). What is noted is the continuing increase in the proportion and numbers of clients reporting cannabis as their primary drug and the downward trend in the number of heroin users entering treatment (due to the police referrals of first time drug offenders to treatment).

As regards heroin, the downward trend in the number of heroin users entering treatment is reflected in the lower number of new treatments seeking help for heroin use during the last years.

#### c. Profile and patterns of drug use of TDI clients

8 out of 10 clients were male while the mean age of clients in treatment during 2015 was 29 years old. The largest increase throughout the years was in the numbers of those aged 15 to 19 years old, which is attributed to police practices of referring young drug offenders to treatment. As to the patterns of drug use, during the last three years daily use of the primary drug decreased which is mainly attributed to the growing numbers of occasional cannabis users referred to treatment by the police.

Similar to frequency of use, no further change since last year is observed to the overall mean duration of use of the primary drug, which dropped to 8 years during the last five years (2011-2015) – due to the decrease in heroin users, who have longer drug careers. Finally, there is a notable decrease of intravenous use of heroin which is consistent with the general tendency of people to move away from heroin use.

#### d. Changes in treatment system

In terms of responses, during 2015 there was an expansion of harm reduction services such as further establishment of OST in public hospital and in the prison. Additionally, at the end of 2015 the treatment programme in prison was implemented. Furthermore, patients using other opiates such as oxycodone are referred to detox or are transitioned into suboxone.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

- a. Investigation of problem drug use, especially of other opioids (and of Oxycodone use, in particular)
- b. Methamphetamine use by young people
- c. Cocaine/ crack use

### 4. Emerging concerns/debates on TDI/Treatment monitoring

- a. Other opioids use (mainly Oxycodone)
- b. Methamphetamine use

### 5. Suggestion of issues for discussion in 2018 expert meetings

- a. Misuse of other opioids

## Recent developments in TDI/Treatment monitoring - *Czech Republic*

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

In 2016, 7198 patients were treated, out of them 2128 FTD. Substances: 1917 (27 %) for alcohol, 188 (3 %) tobacco, 198 (3 %) gamblers, illegal drugs 4895 (68 %), FTD 1254 (26 %) - opioids (2534; 35 %), stimulants (1478; 21 %) mainly methamphetamine (1404; 20 %); and cannabis (723; 10 %). 143 units are reporting into TDI register.

#### b. Overall trend by main drug for entering treatment

The main drug is alcohol, apart from legal substances the drug mostly reported were opioids (35%) and methamphetamine (20%).

#### c. Profile and patterns of drug use of TDI clients

31% of females, average age and the injecting patten of use was 29,5 (65,1%) in methamphetamine users and 36,6 (67,7%) in opioids users.

Two thirds of residential programs clients are males. Children and minors are in residential treatment present in less than 10 %.

#### d. Changes in treatment system

Recently, the new outpatient facilities were established – Addictological outpatient centres. Till 1.7.2016, 13 centres were established, approx. 20 till August 2017. The centre is led by addictologist (paramedic profession) and as medical facilities, in total there were 43 contracts with health insurance companies.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

a. Substitution treatment is still not sufficient; moreover not all units that prescribe buprenorphine are reporting data to national register. In 2016 were treated 2266 patients (2248 in 2015). The estimation of patients on substitution is approx. 4000 patients (according to the estimation on dose and sale of the product).

b. In 2016, in total were registered in TDI register: 7198 cases, out of then 2128 FTD. Substances: 1917 (27 %) for alcohol, 188 (3 %) tobacco, 198 (3 %) gamblers, illegal drugs 4895 (68 %), FTD 1254 (26 %) - opioids (2534; 35 %), stimulants (1478; 21 %) mainly methamphetamine (1404; 20 %); and cannabis (723; 10 %). Among FTD cases, the highest proportion is in stimulants use, i.e. methamphetamine (599; 28 %), cannabisy (360; 17 %) and opioids (207; 10 %).

c. Injecting is, especially among opioids and methamphetamine users (65 % resp. 68 %). The majority of methamphetamine users used the drug by injection in last month (60 %), opioids users 49 % of all injectors. Among FTD injecting was reported in 55 % of methamphetamine and 60 % of opioids users, out of them 75% meth users and 59% users injected in last 30 days.

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

a. Availability of substitution treatment

### 4. Emerging concerns/debates on TDI/Treatment monitoring

a. To increase the TDI reporting

### 5. Suggestion of issues for discussion in 2018 expert meetings

a. This probably would be clearer after the meeting in September.



## **Recent developments in TDI/Treatment monitoring - Estonia**

### **1. Brief overall situation on TDI/Treatment data**

- a.** In 2016 there were 7 OST outpatient service providers, in 9 different places (there were no changes compared to the 2015). Inpatient services provided by two treatment centres (one for adults and the other for children). In 2016 1248 clients received OST. Substitution treatment with methadone is available in all (4) prisons in Estonia.
- b.** Most (90% or more every year) of the clients entering treatment were opioid users (mainly fentanyl). It's mainly because we have only OST in Estonia, not any other specific treatments for other substances.
- c.** Most of the patients starting treatment were males (78%), opioid users (90%), 61% consumed drugs daily, 21% never shared used syringes.
- d.** The treatment systems haven't been changed last years.

### **2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**

- a.** As Drug Addiction Treatment Database (DATD) is not personalized in Estonia and is not providing sufficient information, we are collecting treatment data (2016 data) directly from OST treatment centers for TDI prevalence exercise. Hopefully we are finishing data collection by the end of the year, so we can start data analyzing at the end of 2017 or beginning of 2018.

### **3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**

- a.** As far the DATD is not personalized, we are planning to collect TDI data directly from treatment centers next years also.

### **4. Emerging concerns/debates on TDI/Treatment monitoring**

- a.** DATD personalizing is still in progress. Unfortunately it's not possible to say when we are starting personalized data collection. Changes in regulations are still drafted, not adopted. Afterwards, when the regulations are adopted, there were needs for DATD IT developments.

### **5. Suggestion of issues for discussion in 2018 expert meetings**

- a.** How to make good data analyzes if you don't have personalized data? Some examples..

## Recent developments in TDI/Treatment monitoring - Finland

### 6. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

The Finnish Drug Treatment Information System is voluntary for participating units, and it does not provide a representative sample of treatment units and clients in Finland. Also units which take part in the data collection may change annually.

In the past few years the number of clients has increased. There is no register on drug treatment service providers so we cannot produce a reliable assessment on the coverage of the TDI. Therefore it is difficult to assess whether the increase is reflecting a real increase in the number of clients. One explanation is that the increase is a result of increase in reporting as big treatment providers have started to collect and submit data to the Drug Treatment Information System in recent years.

#### b. Overall trend by main drug for entering treatment

Buprenorphine has been the main problem drug in 2000s among treatment clients but the trend is levelling off. This trend is a result of several developments, for example the increase of opioid problem drug users since late 1990s and the increased availability of opioid substitution treatment. However, other indicators show that the amphetamine use (incl. high-risk use) is more common in Finland than opioid use. It can be that treatment demand among amphetamine users is not as high as among opioid users. Also it is possible that more resources are targeted at treatment services for opioid users than for amphetamine users.

#### c. Profile and patterns of drug use of TDI clients

The mean age of clients in treatment has increased slowly in 2000s. Injecting is common among Finnish drug clients: 76% of all clients report injecting of any drug in lifetime. The proportion of female clients has increased from 26% to 33% in 2000s.

#### d. Changes in treatment system

There is an ongoing health, social services and regional government reform in Finland. The health, social services and regional government reform will establish the new counties and reform the structure, services and funding of health and social services as well as transfer new duties to the counties. The reform is due to come into force on 1 January 2020. This may open new possibilities for TDI data collection.

### 7. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

No new data since 2016 Fonte data and workbooks; will be ready in October.

### 8. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

- a. To produce reliable TDI trend data
- b. Mortality studies?
- c. Polydrug use

### 9. Emerging concerns/debates on TDI/Treatment monitoring

- a. The low coverage of TDI

## Recent developments in TDI/Treatment monitoring - France

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

The number of units reporting TDI data decreased between 2015 and 2016 (from 267 to 251). 32 units who reported in 2015 did not report in 2016 and 16 units who reported in 2016 had not reported in 2015. Furthermore, the 16 additional 2016 units were mainly former alcohol centers with low TDI client numbers, while the 32 missing units (relatively to 2015) were for a large part illicit drug centers with higher number of TDI clients. For this reason and because of the overall smaller number of units reporting data in 2016, the number of clients included in TDI decreased from 62 213 in 2015 to 56 482 in 2016. In any case, this evolution does not reflect a real change in the total number of CSAPA's TDI clients between these two years.

#### b. Overall trend by main drug for entering treatment

The proportion of cannabis users entering treatment has increased from 45 % to 62 % between 2010 and 2016 while the proportion of opiates users entrants went down from 43 % to 26 %. The percentage of cocaine users entrants has remained rather stable, fluctuating between 6 % and 7 %. Other drugs represent only small percentage of the entrants and did not show noticeable variation.

#### c. Profile and patterns of drug use of TDI clients

From the French perspective it seems meaningful to consider two different groups of TDI clients which have quite different profile and pattern of drug use : cannabis users from one side, other drugs users, mainly opiates and cocaine users, which are most of the time poly drug users, from the other side.

All data refer to all 2016 entrants (nevers and previously treated, unknown status).

Among cannabis users (N=26 719), two third (among known status) are treated for the first time in their life (but status unknown for 36%). Their mean age is 25,3, with 30 % under 20 and approximately 26 % 30 years old or more. Mean age at first use is 15,6. The proportion of women is 13,5 %, a much lower percentage than for most of the other drugs. 40 % are referred by court/probation/police (with a proportion much higher for men than for women), near 37 % are self-referred and 11 % referred by other health, medical or social service. Due to the high proportion of very young people among them, half of cannabis users live with their parents while 17 % live alone and 20 % with partners/children. 87% have a stable accommodation. 63% consume cannabis daily (69% among previously treated).

Among other drugs users (N=19 668), a quarter are treated for the first time in their life (status unknown for 23 %). Their mean age is 36,1 , with less than 3 % under 20 and approximately 73 % 30 years old or more (a third 40 or more). Mean age at first use is 22,6. The proportion of women is 23,1 %. Less than 10 % are referred by court/probation/police, near 59 % are self-referred and approximately the same 10 % referred by GP's, other drug treatment center or other health, medical or social service. 20% of other drug users live with their parents while 31 % live alone and 33 % with partners/children. 77% have a stable accommodation. The proportion of daily users is 63 % among heroin users but reaches 85% for buprenorphine misusers and benzodiazepine misusers. Proportion of daily users are smaller for Mdma users (24%) and cocaine users (37%).

Heroin is mostly sniffed (63 %) and injected by 17 %. Higher proportion of injectors in the month can be found among Buprenorphine misusers (25 %) and other opiates users, mostly morphine sulfates, (29 %). Around 10 % of cocaine powder users inject monthly. Three opiates users out of four (among treated before clients) have been in OST before. The corresponding proportions are 40% for cocaine users

#### d. Changes in treatment system

There were no changes in the treatment system in 2016. Government policy is still highly focused in France on young cannabis users treatment and on the promotion of the young consumers treatment units.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

a. At the request of three regional health agencies, treatment data on all clients (starting a treatment episode in the year or already in treatment) were used in 2016 to set regional profile reports.

b. An OFDT informational letter (Tendances) on gender differences among drug users also included analysis based on treatment data.

## Recent developments in TDI/Treatment monitoring - Germany

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

In 2015, a total of n = 1,125 treatment units reported TDI data of n = 72,102 treatment entries, with outpatient treatment centres being the largest segment (n = 858 units and n = 58,271 treatment entries). These numbers have constantly increased over the last years (in 2008: n = 720 outpatient treatment units reporting TDI data on n = 28,493 treatment entries), reflecting increasing data coverage of about 74% of outpatient and 64% of inpatient treatment units in 2015. Data is based on treatment episodes, not persons.

#### b. Overall trend by main drug for entering treatment

While the three most prevalent main drugs have been the same over the years, patterns have changed somewhat in outpatient treatment centres. Cannabis is now the drug being reported as main drug most often (2015 outpatient: n = 34,108; 2008 outpatient: n = 9,546), taking the place of opioids from the year 2014 on (2015 outpatient: n = 24,022; 2008 outpatient: n = 13,890). Stimulants (other than cocaine) showed as the third most prevalent main drug throughout the years (2015 outpatient: n = 11,344; 2008 outpatient: n = 2,284). Accordingly, in inpatient treatment opioids and cannabis are (and have been) the most prevalent main drugs, although representing low case numbers. This is because the largest group consists of patients with alcohol related problems which are not subject to TDI data.

#### c. Profile and patterns of drug use of TDI clients

In 2015, like in the past years, males constitute the majority of treatment entrants (2015 total: 78.7%); a rate which is even more evident for main drug cannabis (84.3%). Mean age at entering treatment is about 31 years (2015 total) with, amongst others, higher ages among opioid patients (2015 total: 38 years), and younger aged patients with main drug cannabis (2015 total: 25 years). In total, about 91% of the patients did not use their main drug 30 days prior to treatment entry. Solely for cannabis this rate was substantially lower (about 65%) with 15% reporting daily use within this time frame.

#### d. Changes in treatment system

Experts' opinions point to a broad differentiation of treatment offers for different target groups (e.g. pathological gamblers) and stages of disorder or treatment (e.g. prevention measures, transition management/case management, aftercare offers). This has been addressed by the revision of the National Core Data Set (KDS 3.0) making it possible to capture coming changes in specific treatment offer utilization more exactly and timely.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

a. Short report 1/2016 focused on referral from and to outpatient and inpatient treatment facilities. Aim was to describe the development of interface management from 2007 to 2014. In outpatient services, self-referral is most prevalent with a steady increase over the years. In inpatient treatment facilities, not surprisingly, most referrals come from outpatient services.

b. Short report (2/2016) focused on the development of occupational status before and after the treatment episode. It remained stable for most patients and there were no obvious patterns associated with getting back into work.

c. Short report 1/2017 examined methodological issues with regard to TDI 3.0 implementation in Germany (KDS 3.0) and new definitions of type of treatment centre (low-threshold facilities are included in outpatient treatment centres from 2017 on). Sensitivity analyses conducted on previous years showed that trends data will be comparable (alone given the low number of low-threshold cases).

**3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**

- a. In light of the current refugee movements, migration is going to be a topic of high interest, politically speaking and from an addiction care perspective. Important questions refer not only to treatment demand and treatment needs, but also more basic to which extent migrants are affected by substance use disorders and which drug use patterns they show.
- b. With the implementation of KDS 3.0, amongst others, poly-drug use can be captured better and will be subject to specific analyses. The results can be contrasted against epidemiological indicators.

**4. Emerging concerns/debates on TDI/Treatment monitoring**

- a. Characterisations of patient groups utilising different treatment offers are an upcoming issue. After KDS 3.0 data aggregation it will be possible to not only grasp the whole of patients/cases and treatment entrants by type of treatment centre. Data will also be aggregated by main treatment measure (such as counselling, rehabilitation, psychosocial counselling complementary to OST). This allows for detecting groups of patients that are *and* are not reached and to more specifically tailor treatment offers to facilitate access to treatment.
- b. In 2016, a new law to improve participation of disabled persons came into effect in Germany (Bundesteilhabegesetz, in English Federal Participation Act). Hence, increased efforts on behalf of the addiction care systems are to be expected. The German addiction care monitoring system will strive to map developments regarding treatment entrant's characteristics and changes in treatment system such as treatment offers or case management issues.

**5. Suggestion of issues for discussion in 2018 expert meetings**

- a. *Ageing drug users and their treatment demand:* The demographic change in the developed countries of the Western World leads to an increase of the relative portion of the aged population. Thus the proportion of aged people with substance related problems will rise. Especially the ageing of the baby-boom cohort will confront the treatment system with new challenges. Although in this group alcohol use disorders might be more prevalent than other substance use disorders, case numbers and their development over time can inform the current and upcoming need for specialized treatment offers within the addiction care system.

## Recent developments in TDI/Treatment monitoring - Greece

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

2015: About 4300 people demanded and about 4100 entered drug-related treatment in Greece in 2015. Among entries, 77% entered drug-free (higher compared to 2014) and 19% OST settings (lower compared to 2014). Two in every 5 entries (39%) were first/new treatments. TREND: In 2015, the annual number of entries continued its decreasing trend which had started after 2012. Decreases were sharper in OST owing to saturation of treatment slots in the Attica region. In the post-2012 period, decreases concern equally past and new treatments.

#### b. Overall trend by main drug for entering treatment

2015: Heroin/opioids was the main substance of abuse most commonly reported (70%, 53% among new treatments) in 2015, followed by cannabis (19%, 34% among new treatments), cocaine (7%) and other substances (4%). TREND: The ongoing decreasing trend in the number of entries reporting heroin/opioids (main substance), which has been observed since 2011 continued in 2015, including among the new treatments. The previously increasing trend in the number of entries for cannabis was halted in 2015. The number of entries for methamphetamine problems increased from 5 cases in 2010 to 52 in 2015.

#### c. Profile and patterns of drug use of TDI clients

Heroin/opioids dominate (70%, 53% among new treatments), with a decreasing trend in the recent years. 71% report use of multiple substances (about 75% among the heroin/opioid and cocaine users), with the increasing trend halted in 2015. 53% use the main substance daily (59% among the heroin/opioid users), with a decreasing trend in the recent years. 55% of the heroin/opioid entries snort the substance (increasing trend), 32% inject it (decreasing trend). Injection (as main mode of administration) is less popular among the new treatments. 63% report lifetime and 25% current injection, while 55% reported ever and 5% current sharing of syringes. Injection and sharing are significantly more prevalent among the heroin/opioid users and the past treatments. 86% of the treatment entries as males, 9% are non-Greeks and 59% unemployed.

#### d. Changes in treatment system

The main developments in the availability of treatment services were the establishment of one dual diagnosis treatment unit for drug addicts with psychiatric comorbidity as well as the operation of one outpatient treatment programme offering psychosocial intervention in Athens. In addition, in 2017 measures were taken by the Greek Organisation against Drugs (OKANA) to resolve the problem of the long waiting list for receiving OST in the region of Attica.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

Nothing to report

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

### 4. Emerging concerns/debates on TDI/Treatment monitoring

Need to assess validity and reliability in TDI measurement. Prepared to discuss with the EMCDDA the possibility (subject to funding) to write up a protocol and run a small cross-national project that validates measurement.

## Recent developments in TDI/Treatment monitoring - Hungary

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

There were some decrease concerning the number of clients entering treatment and the number of reporting units that are presumably due to the institutional changes affecting the operation of the TDI data collection.

#### b. Overall trend by main drug for entering treatment

Based on TDI data on all clients entering treatment in 2016 cannabis use is the most typical problem linked to treatment demand, especially among those starting treatment as an alternative to criminal procedure. One of the noticeable trends is the increase of 'other substances' from 2010 onwards considering the primary drug of treatment entrants. This phenomenon is obviously linked to the spreading of NPS. On the basis of the estimates of the outpatient and inpatient treatment units participating in the Hungarian National Focal Point 2015 treatment facility survey (Péterfi 2015), 26% of their clients treated for a drug problem demanded treatment because of synthetic cannabinoids and 21% because of a designer stimulant in 2014 (for details see the 2016 National Report, Chapter T4.1). A decrease in treatment demands linked to opioids can be seen starting from 2009. The spread of NPS and the reduction in the use of heroin can also be observed in the seizure data. Treatment demand associated with amphetamine use remained relatively stable between 2010-2016.

#### c. Profile and patterns of drug use of TDI clients

#### d. Changes in treatment system:

No structural changes. 4 new drug treatment facilities started its operation in the past 2 years targeting children and adolescent: 3 of them are therapeutic communities.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

a. A brief comparison of cannabis and synthetic cannabinoid user clients (based on TDI data) to be included in our new Treatment workbook revealed that clients treated primarily with problems associated with synthetic cannabinoid use are characterised with a more problematic pattern of use and with worse social conditions (living status, labour conditions, education) than cannabis users.

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

a. Methadone misuse seemed to be a minor problem based on self-reported treatment data and needle and syringe programmes' data, but project "Breaking the Drug Cycles" detected an unexpectedly high prevalence of methadone in used and discarded injecting paraphernalia in 2015 and 2016.

b. The continued monitoring of designer stimulant (mostly synthetic cathinone) and synthetic cannabinoid use is necessary.

### 4. Emerging concerns/debates on TDI/Treatment monitoring

a. In spite of our efforts put into the development of a new data collection system the development of our new TDI data collection software and portal coordinated by the National Centre for Addictions failed. Our current system still uses TDI 2.0 that is a challenge when reporting data into Fonte templates and when trying to capture NPS users in TDI data. Due to the current institutional changes the Hungarian National Focal Point have undergone this year it is not foreseeable when will we have the necessary resources and capacity to develop and implement a new system

b. Due to the above mentioned institutional changes the operation of the national TDI and OST data collections is not ensured at the moment.

### 5. Suggestion of issues for discussion in 2018 expert meetings

a. Synthetic cannabinoid users in treatment and outside of treatment – met and unmet treatment needs.

## Recent developments in TDI/Treatment monitoring - *Italy*

### 10. Brief overall situation on TDI/Treatment data

In 2016, the number of units detected is 628 with a total number of TDI all clients equal to 48586. The number of new clients is 21606 (44.5% of all clients).

From 2012 to 2016: the number of units recorded has increased slightly (about 8%); the number of all clients increased until 2014 (n = 35546 in 2012; n = 51955 in 2014) and then stabilized about 48000. The number of new clients has a regular growing trend between 2012 and 2016 (+38%).

These trends are also due to the best coverage and quality in the years of the national information system on drug addiction (SIND).

The percentage distribution of clients by primary substance show an increasing trend for both all clients and new clients for cocaine and cannabis.

For opioids, the trend is decreasing since 2014 in both all clients and new clients: in 2016, 48.5% of all clients use opioids compared with 53.1 in 2012; in new clients 33.3% use opioids compared to 38.1 in 2012.

In 2016 the mean age at entering current treatment is 28.2; main route of administration in 47.2% of cases is "smoked / inhaled" and 36.9 use the substance daily.

19.2% used at least once in life time the substance by injection.

In Italy there were no changes in treatment system in recent years.

### 11. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

### 12. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

The SIND has been started since 2012 and until today the activities has been targeted to increase the quality and coverage of information detected to fill TDI indicator too.

For the future we will program to use TDI information for epidemiological studies and strategy policy.

### 13. Emerging concerns/debates on TDI/Treatment monitoring

We are updating the contents of SIND in order to also collect all the information required by the TDI 3.0 protocol.

The following new variables are being introduced:

- *Age at first injection*
- *Polydrug use*
- *Needle/syringe sharing*
- *Opioid Substitution Treatment*
- *Age at first opioid substitution treatment*

For the following variables, the values have been added to the SIND system or changed to match the TDI 3.0 protocol:

- *Living status (with whom)*
- *Living status (where)*
- *Drug clients with children*
- *Ever injected or currently injecting any drug*
- *Classification of substances*
- *Frequency of use of primary drug*



## Recent developments in TDI/Treatment monitoring - Latvia

### 1. Brief overall situation on TDI/Treatment data

- a. Total there were 879 patients who have entered treatment in 2016 (in 2015 – 751, in 2014 - 830). From them 463 were never previously treated (in 2015 – 391, in 2014 – 417). From all patients who entered treatment 175 were women and 704 were men. Mean age for all patients at entering treatment were 31.3, median – 31.0.
- b. Trend by main drug for entering treatment is the same as it was years before – the main drugs are cannabis, opioids and stimulants. For the first time treated patients the main drugs are cannabis (n=158), heroin (n=106), amphetamine (n=88) and benzodiazepines (n=33). The number for benzodiazepines as main drug has increased because in 2016 some activities regarding to quality have been made (registered those cases and patients who were missed in Register before).

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

- a. For PDU calculation TDI treatment data used. Total in our country are 11 836 PDU (or 9.3 per 1000 15-64 years old), 6231 POU (or 4.9 per 1000 population) and 2229 PAU (or 1.8 per 1000).

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

- a. For PDU calculation in our country (treatment multiplier method used for calculation);
- b. For mortality cohort study – narcological registry (tdi) data will be used for this study;
- c. In PREDA system (in narcological register) there is also information collected for those patients who have ended their treatment episode - about their treatment outcome (treatment outcome evaluation card). And at the end of this year it is planned to make some evaluation about those patients' treatment results.

## **Recent developments in TDI/Treatment monitoring - *Lithuania***

### **1. Brief overall situation on TDI/Treatment data**

Our analyses have not been performed yet, the data will be available as soon as possible

- a. TDI clients/units: number and trends
- b. Overall trend by main drug for entering treatment
- c. Profile and patterns of drug use of TDI clients
- d. Changes in treatment system

### **2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**

Our analyses have not been performed yet, the data will be available as soon as possible

### **3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**

### **4. Emerging concerns/debates on TDI/Treatment monitoring**

- a. This year our TDI monitoring system will start to be incorporated into the national e-health system. Also implementation of the TDI protocol version 3.0 are foreseen.

### **5. Suggestion of issues for discussion in 2018 expert meetings**

## Recent developments in TDI/Treatment monitoring - Luxembourg

### 1. Brief overall situation on TDI/Treatment data

- a. TDI clients:** 265 Total demands reported in 13 units  
150 (57%) in 6 outpatient units  
55 (21%) in 5 inpatient units  
43 (16%) in 2 prison  
17 (6%) in 1 low threshold agencies

A majority (55%) of clients have been in treatment before (total of 145 clients)  
25% of clients are entering treatment for the first time (total of 65 clients)  
20% (55) clients have an unknown status  
81% (215) clients are male vs. 19% (50) female clients

### b. Overall trend by main drug for entering treatment

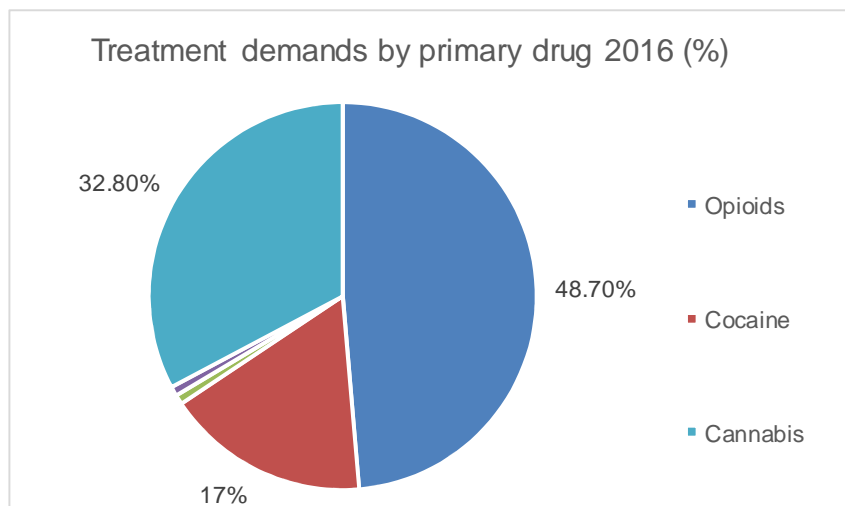
Primary drug for treatment demanders in Luxembourg are opioids.

In 2016, nearly half of all treatment demanders (48.7%) have been treated for heroin or methadone misuse.

Cannabis is the second most problematic drug reported by treatment facilities.

32.8% of all demanders enter treatment for concerns around their cannabis consumption.

Cocaine as primary drug has been mentioned by 17% of all treatment demanders.



### c. Profile and patterns of drug use of TDI clients

Opioids misuse remain the most cited problematic drug.

45% prefer injecting as route of administration and 29% inhale or smoke opioids.

46% of all clients mention Inhaling/smoking as their preferred Route of administration (mainly cannabis users).

Mean age of clients entering treatment in 2016 is 33 years (youngest client 13, oldest 61).

Mean age at first use of primary drug is 18 (youngest 9, oldest 45)

Mean age of men entering treatment is 33.45 (youngest: 13, oldest: 61) and 31.06 for women (youngest: 13 and oldest: 58).

### d. Changes in treatment system

The general HAT concept was approved and an agreement was reached with a specialised agency in terms of future management of the programmes. The location of the HAT programme is the same as for the Methadone programme, namely the JDH facility. The first clients integrated the HAT programme since the beginning of 2017.

## Recent developments in TDI/Treatment monitoring - *Malta*

1. **Brief overall situation on TDI/Treatment data**
  - a. **TDI clients/units: number and trends**  
1,822 - average clients are constant
  - b. **Overall trend by main drug for entering treatment**  
heroin (71%) is the main drug for all entrants followed by cocaine (14%) – same as in previous years
  - c. **Profile and patterns of drug use of TDI clients**  
male 82%, 72% daily users, 42% injecting
  - d. **Changes in treatment system**  
none
2. **Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**
  - a. none
3. **Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**
  - a. Connection between primary and secondary drugs
  - b. Ageing heroin users
4. **Emerging concerns/debates on TDI/Treatment monitoring**
  - a. Heroin is still the main issue

## **Recent developments in TDI/Treatment monitoring - Netherlands**

### **1. Brief overall situation on TDI/Treatment data**

Due to the General Data Protection Regulation (GDPR), LADIS doesn't seem to be compliant with this regulation and therefore the institutes stopped delivering the TDI data to LADIS.

We do have some data from 2016, but were told by the Ministry of Health not to share this data to 3rd parties, EMCDDA included until it is clear how the legal basis should be arranged.

The Ministry of Health is conducting an investigation on implementation of new legislation. This legislation will not be effective before March 2019 and at this moment it is unclear whether data can be delivered as soon as the legislative process will be deployed.

### **2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**

a. In cooperation with Carlos Nord a.o: Analysis of treatment participation in opioid substitution therapy in four European regions

b. In cooperation with Tom Freeman a.o: Associations between cannabis potency and new admissions to drug treatment: A sixteen-year study in the Netherlands

### **3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**

Due to the restrictions mentioned before no analysis is planned for the next year.

### **4. Emerging concerns/debates on TDI/Treatment monitoring**

a. See point 1.

### **5. Suggestion of issues for discussion in 2018 expert meetings**

a. We will come back to this later

## Recent developments in TDI/Treatment monitoring - Norway

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

The yearly increase in the number of patients has been slowing down recently. From 2015 to 2016 there was a 1 percent increase whereas from 2010 to 2011 there was a 5 percent increase.

#### b. Overall trend by main drug for entering treatment

There has been an increase in the number of patients with opioids and cannabis as the main diagnosis for entering treatment. The numbers seeking treatment for other drugs have been stable. The number of patients who are diagnosed with polydrug use has been declining.

#### c. Profile and patterns of drug use of TDI clients

We don't have any information on this.

#### d. Changes in treatment system

No recent changes.

## Recent developments in TDI/Treatment monitoring - Poland

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

In 2016, there were 6658 individuals who reported to drug treatment, including 3064 first-time patients. The patients were predominantly male (5507) compared with 1134 females. Among first-timers, there were 2487 men and 568 women. In 2016, under the Treatment Demand Indicator system, the Polish Focal Point received information on individuals who reported to treatment due to the use of narcotic drugs or psychotropic substances from the total of 146 units. The data came from 71 outpatient clinics (including 57 addiction counselling centres, 3 mental health counselling centres, 6 day-care centres and 5 substitution treatment programmes) and 75 inpatient clinics (including 56 residential treatment centres, 8 psychiatric wards and 11 detoxification wards).

#### b. Overall trend by main drug for entering treatment

Primary drugs i.e. most problematic substances due to which users reported to treatment in 2016 (all patients) included the following: stimulants (amphetamines, metamphetamines, MDMA, synthetic cathinons) (36%), cannabis (30%) and opioids (17%). As for the primary drugs among first-time drug patients in 2016 the percentages are as follows: stimulants (38%), cannabis (38%) and "other substances" (11%). The "other substances" category included new psychoactive substances (e.g. "Mocarz", "ABC" or "Koko"), synthetic cathinones (e.g. mephedrone), synthetic cannabinoids, inhalants and OTC drugs (e.g. pseudoephedrine- or codeine-based drugs). In 2016, injecting drugs in the last 30 days prior to the measurement stood at 10,3%.

#### c. Profile and patterns of drug use of TDI clients

In terms of the employment status of drug patients in 2016, the unemployed constituted the largest group (34%), followed by regularly employed (20,4%) school and university students (17,5%) and occasionally employed (16%). The vast majority of the patients held secondary (49%) or primary education (41,5%).

#### d. Changes in treatment system:

No changes

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

*No data available*

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

### 4. Emerging concerns/debates on TDI/Treatment monitoring

a. TDI is not prepared for monitoring most of the group NPS because most of them are reported in groups "others".

### 5. Suggestion of issues for discussion in 2018 expert meetings

a. It would be worth adding category "Synthetic cannabinoids", "Synthetic opioids" as well as "Other NPS".

## Recent developments in TDI/Treatment monitoring - Portugal

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

General trend: stability of all data. In 2016, same number of units reporting as in 2015. In what concerns new clients, a small decrease is detected (2015=3.389; 2016= 3.294,  $\Delta$ = -2,8%). Disaggregating this figures, we find that this variation is the result of different situations, in what concerns Never Previously Treated Clients (NPT) (2015=2.024; 2016= 2.090,  $\Delta$ =+3,2%) and Previously Treated Clients (PT) (2015= 1.365; 2016= 1.204,  $\Delta$ = - 11,8%)

#### b. Overall trend by main drug for entering treatment

Concerning trends by main drug for entering treatment, also a stability on the patterns is observed: for the total group opioids and namely heroin remain as the primary drug for entering treatment; although two different situations are observed in the subgroup of NPT (main drug: cannabis) and in the PT group (main drug: heroin).

#### c. Profile and patterns of drug use of TDI clients

No changes on the most prevalent drugs in the overall group of Treatment Entrants (1°:Heroin;2°Cannabis;3°Cocaine), as well as in the NPT (1° Cannabis; 2°Heroin;3°Cocaine) and PT subgroups (1°:Heroin;2°Cannabis;3°Cocaine).

#### d. Changes in treatment system

In 2016, no significant changes occurred in the treatment system.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

a. Taking into account the 2015 figures, in 2016 there was a 3,2% increase in the total number of clients in treatment (2015= 26.993; 2016=27.874). In view of the slight decrease in the number of Treatment Entrants in 2016, this effect will be probably due to a higher retention of clients in treatment

b. OST: a decrease on the number of clients occurred from 2015 to 2016 ( $\Delta$ =- 3,8%). Disaggregating this figure by type of programme, it is observed that although affecting both programmes (methadone and buprenorphine), the decrease is mainly due to the number of clients in buprenorphine programme.

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

a. The joint analysis of TDI + TDI Preval data is crucial for a global view of treatment delivery in the EU

b. Registry of NPS use /abuse/addiction will eventually need further developments in what concerns TDI variables and tables

c. Advancing from descriptive statistics to more in depth analysis of drug and drug related phenomena

### 4. Emerging concerns/debates on TDI/Treatment monitoring

a. At national level: extending TDI coverage to private units (TC's and Detox units) that are a part of the national network of treatment

b. At national level: increasing the quality of data – Not Know; Missing

c. Integrating TDI data with other epidemiological data with relevant information regarding drug and drug related problems

### 5. Suggestion of issues for discussion in 2018 expert meetings

a. Mentioned in 3.a) : joint analysis of TDI + TDI Preval data

b. Mentioned in 3.b): Improvement of NPS use/abuse/addiction registry in TDI

c. Mentioned in 4.c): integrating TDI data with other epidemiological data sources.



## Recent developments in TDI/Treatment monitoring - Slovakia

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

3,253/619 moderate increase in the number of reported treatment demanded cases

#### b. Overall trend by main drug for entering treatment

Trend of the treatment demand was on slight increase. ATS (methamphetamine) were main drugs, same, as it was in the previous years.

#### c. Profile and patterns of drug use of TDI clients

No significant changes. Male patients were prevailing. Divided into two age subgroups: younger, mostly cannabis and methamphetamine users, in their twenties and older, mostly opioid and polysubstance users in their mid-thirties. Current non-injecting drug use behaviour is dominant way of drug consumption. Other, social patterns were the same as it was in the previous year.

#### d. Changes in treatment system:

none

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

Increase in the number of TDI clients was partially due to better data collection - reporting, and probably less due to higher treatment demand, itself.

Provisional data based on multi-indicator analysis is signalling stable situation in drug related deaths and drug related infectious diseases incidence and occurrence.

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

- On our national level, the processes of data collection in prisons should be analyzed to be fully comparable and harmonized with the out of prison collected information.
- Analysis of aging European drug using population on the changing trends of DRD /increase of indirect premature deaths?/ and on the changes in drug related criminal offences /decrease?/
- How low socioeconomic status has influence on TDI (access to treatment) in different European countries.

### 4. Emerging concerns/debates on TDI/Treatment monitoring

a. Need for reassessment and might be (re)harmonization of TDI data collection among different countries.

b. The impact of austerity measures and financial constraints on data quality collection.

### 5. Suggestion of issues for discussion in 2018 expert meetings

How TDI is reflecting the real needs of drug using population and the society in different countries.

## **Recent developments in TDI/Treatment monitoring - Slovenia**

### **1. Brief overall situation on TDI/Treatment data**

#### **a. TDI clients/units: number and trends**

The number of TDI clients is decreasing over the years in Outpatient treatment centres and in Inpatient treatment centre. In 2016 there are 47 individuals who entered treatment programmes for the first time and 221 individuals who entered treatment programmes again. The number of units reporting the data are different each year. In 2015 and 2016 were 15 units reporting the data. All units which must report the data are 19. This are Centres for the Prevention and treatment of Drug Addiction, mostly General practitioners.

#### **b. Overall trend by main drug for entering treatment**

The main drugs for entering treatment for the first time are opioids, cannabis and cocaine. Over the years, we have observed that among people entering the program for the first time, cocaine and cannabis are increasing, but opioids are decreasing as the main drug. Among individuals entering the treatment program for the first time, the proportion of people seeking opioid assistance increased (2015 – 42,1%, 2016 - 55.3%). In 2015 9,1% of individuals reported cocaine as the key issue that made them enter for the first time in the program, but in 2016 increased this proportion of people to 14,9%. On the other hand the proportion of individuals who enter the treatment for the first time reported cannabis decreased (2015 – 38,6%, 2016 – 14,9%).

#### **c. Profile and patterns of drug use of TDI clients**

In the 2016 was 50 females and 219 males. The mean age at entering current treatment was for males 36 years and for females 33 years. 44% of TDI clients in 2016 injected the primary drug, 23% smoked/inhaled and 16% sniffed the primary drug. 29% of TDI clients never injected any drugs and 70% ever injected any drugs.

#### **d. Changes in treatment system**

Following the supervision of the Commission for the Control of Centres for the Prevention and Treatment of Drug Addiction, the working conditions, the staffing of the centres improved, and new work methods were introduced in individual centres. The Commission also used data derived from the TDI.

### **2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**

- a. TDI data are used to calculate the number of high-risk opioid users in Slovenia.
- b. With the help of TDI data, we analysed the entry into the treatment program of addiction due to the use of cannabinoids.
- c. The TDI questionnaire is used to report infection diseases and sexual habits of drug users.
- d. TDI data is used for a mortality cohort study.

### **3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**

- a. We often use TDI data in demonstrating the use of drugs among the population in reports by decision makers, where in this way, with concrete trends, we can demonstrate the development of the use of individual drugs in the population and the trends of development and treatment needs.
- b. The Treatment centres often ask for TDI data, because they need the data to present their programs and for advocate the funding of programs.
- c. TDI data are an important source of information in responding to numerous inquiries by journalists.
- d. TDI data are very useful in analyzing the national strategy and action programs in the field of drugs.
- e. TDI data are very useful and indispensable when evaluating the programs.

**4. Emerging concerns/debates on TDI/Treatment monitoring**

- a. Unfortunately, we do not cover all forms of treatment with this indicator. NGOs have said that they could not meet this type of questionnaire.
- b. We also notice that in the treatment programs they do not complete the questionnaire for each patient entering the program, so the data collected with the TDI do not reflect the complete picture in this area.
- c. If all treatment programs report the data, it would be easier to use data to calculate the number of high-risk drug users.
- d. The fact that the questionnaire is online, makes it much easier for us to work and also raises the quality of the data.

**5. Suggestion of issues for discussion in 2018 expert meetings**

- a. The TDI is an important indicator for monitoring of the drug phenomenon in each country and at the EU level.
- b. If we could put in the questionnaire the ICD – International Classification of Diseases, we could better monitor the morbidity of drug users and better plan measures.
- c. It would be interesting if we could exchange databases between NFPs in order to make comparative studies. Slovenia is ready to agree on the EMCDDA level to do such comparative studies with several countries.

## Recent developments in TDI/Treatment monitoring - Spain

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

Number of treatment demands for illegal drug abuse/addiction in 2015 reached 47308, showing a decrease of 3.4% when compared to 48.926 in 2014.

No significant changes have been identified. Main data can be outlined as following:

- Cocaine is still first ranked drug causing treatment demands.
- 54.9% of the total number of treatment demands is qualifying for first-time in lifetime admissions (for a specific psychoactive substance).
- Cannabis is still second-ranked drug among total treatment demands and first-ranked drug among first-time treatment demands. However increasing trend has shown some stemming in 2015.
- Number of heroin-related treatment demands has been showing a sustained declining trend in recent years, having been outnumbered by cannabis-related treatment demands since 2012. However, a slight increase of heroin treatment demands (mostly first-time entrants) has been detected. A reporting-related influence has to be ruled out though.

#### b. Overall trend by main drug for entering treatment

Cocaine: stable, (slight decrease for total number of admissions, slight increase for first-time admissions)

Cannabis: stable/ slight decrease, (slight decrease for total number of admissions, slight decrease for first-time admissions)

Heroin: stable (stabilization for total number of admissions, slight increase for first-time admissions in which a “better reporting” bias is likely to be an influence).

#### c. Profile and patterns of drug use of TDI clients

- 83.9% of those admitted to treatment were male. For all substances, males outnumbered females, although, proportion of females was higher for hypnotosedatives group than for the rest of groups.
- Mean age was of 34.3 y.o and similar to previous years (total number of treatment demands). However, variations are registered when breaking down by substance (41.3 y.o for heroin, 41.9 for hypnotosedatives, 36 y.o. for cocaine and 26.7 y.o for cannabis).
- Among those admitted for the first time, mean age was of 31.2 y.o, showing different trends when breaking down by substance (mean age increasing trend for those entering treatment for cocaine and a stabilization in those being admitted for the first time for heroin).
- Education level and employment rate are still having much to do with the type of psychoactive substance for which clients demand treatment. Most of those admitted to treatment are living in family houses (87.2%), 8.2% in prisons or detention facilities for minors and 2.1% are belonging to “precarious lodging/homeless”. Living in prisons/detention facilities or being homeless/having a precarious lodging was much more likely among those admitted to treatment for heroin (22.9%) than among those admitted for cannabis (8.3%) or cocaine (9.2%).
- In overall, more than half (53%) of those admitted to drug treatment in 2015 entered the system on their own initiative or being encouraged to do so by their friends or relatives. 26.8% were referred by professionals of the public National Health System.
- Almost 40% of those admitted in 2015 had used drugs recently (last 30 d) other than the main drug for which they had been admitted. Most frequently reported secondary drugs were cocaine and cannabis among those admitted for heroin and alcohol and cannabis among those admitted for cocaine.

#### d. Changes in treatment system

No major changes in treatment system have been reported by drug treatment providers.

**2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**

- a. Regular analysis required to fill the corresponding workbooks.
- b. Specific analysis to inform and complement presentations for KI Expert meetings (Hypnosedatives, Polyproblematic Drug Use).
- c. Specific analysis to contribute to BERTARD EU Project (Better Treatment for Ageing Drug Users Data collection)
- d. Specific analysis to get a deeper insight on opioids different than heroin in TDI as a tool to raise awareness of the importance of opioids-related data collection among our data providers in the Autonomous Communities.

**3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**

- a. Analysis focusing on cannabis TDI data, with other routine monitoring (emergencies, problematic cannabis use, cannabis related harm, etc.) to support policies/regulations.
- b. Analysis focusing on heroin TDI data, with other routine monitoring and other relevant data from external/non KI sources to assess changes of trends/patterns/clients profiles

**4. Emerging concerns/debates on TDI/Treatment monitoring**

- a. TDI protocol may not be able to identify certain changes in consumption patterns that are very relevant (change of route of administration). Therefore, TDI info has to be complemented with additional info coming from other sources which is frequently hard to retrieve from data providers, especially in decentralized countries.
- b. Longer latency periods between first drug use and treatment demand for majority of psychoactive substances.
- c. TDI data on infectious disease are still really hard to collect.
- d. Difficulties to integrate TDI data within the rest of “treatment” data and with other relevant data (social reintegration, etc.).
- e. Interpreting changes in TDI as a success or a failure when planning/supporting policies.

**5. Suggestion of issues for discussion in 2018 expert meetings**

- a. What TDI data might be missing. Ways to make up for that.
- b. What TDI data has let us see and we had not noticed before.

## Recent developments in TDI/Treatment monitoring - Sweden

### 1. Brief overall situation on TDI/Treatment data

Please see 2016 Treatment WB as we do not have the analysis for 2017 done yet.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

- a. Unfortunately all 2017 data has not been made available to us at the NFP yet so we do not have anything new to add to the information already given in the 2016 WBs/source data.
- b. A PDU estimation is underway at the NFP and that will use the patient registry, one of the three sources used for the TDI-reporting.

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

- a. Treatment data will most likely be useful when the action plan on drug related deaths is implemented/followed up.

### 4. Emerging concerns/debates on TDI/Treatment monitoring

- a. We are working on how to improve the mode of reporting were we currently have three data sources that do not combine due to methodological differences. We will contact the reporting agencies and together discuss the treatment situation to get a national situation summary.

## Recent developments in TDI/Treatment monitoring - *United Kingdom*

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

In 2016, there were about 120K individuals recorded as starting treatment across the UK (TDI definition), of which about 30K were prison TDI cases. The bulk of clients treated outside of prison were treated in specialist outpatient centres with few TDI cases starting in a GP setting. Only about 1% were inpatient cases, however, as the normal practice is for clients to attend outpatient services before residential services, most treatment starts at residential providers do not get recorded in TDI. Between 4K and 5K service users a year access inpatient services in England and Wales.

#### b. Overall trend by main drug for entering treatment

2015 was the first year for which English prisons have been included in TDI reporting, so trends are looked at excluding prisons. Since 2008/09 there has been a steady decline in the number of new treatment presentations in the community across the UK, from a peak of almost 140K clients to around 100K in 2016. Between 2003/04 and 2016, the percentage of new presentations citing cannabis more than doubled, while the proportion citing heroin and other opioids decreased from over 70% to just over half of all presentations.

#### c. Profile and patterns of drug use of TDI clients

Of the approximately 245K individuals recorded as being in drug treatment in England and Wales in 2016, around 140K were in continuous treatment at the start of the year, and 105K presented to treatment during the year (i.e. TDI cases). More than 80% of clients in continuous treatment in England and Wales (n=112,000) cited opioids as their primary substance. Of those presenting to treatment in 2016 approximately half reported primary use of opioids, and one-quarter reported cannabis as their primary substance. In England, around 15,000 people aged under 18 years old were in contact with drug misuse services in 2015/16, with almost 90% of these clients citing cannabis as their primary substance.

#### d. Changes in treatment system

There have been no changes in the treatment system since the last workbook.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

a. Treatment data has been used to estimate prevalence of children living with problem opiate users and the number of problem opiate users living with children. This was done by applying parental information recorded on those in treatment to prevalence estimates. The estimates can be found here <http://www.nta.nhs.uk/uploads/ljmu-opiate-and-children-estimates.pdf>

b. Treatment data was used to estimate the size and characteristics of treatment population to the end of 2020 with four specifications: the projected number in treatment (main models, herein); breakdown by age; breakdown by duration of use (using career, herein, and opiate population only); breakdown by previous treatment (opiate population only). The results and methodology can be found here: <http://www.nta.nhs.uk/uploads/tech-annex-to-ch6-evidence-review-drug-treatment-outcomes-final%5B0%5D.pdf>

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

a. Very few people in treatment cite fentanyl as problematic in the UK. It is thought that most people who take it do so unwittingly (thinking it is heroin). However, there is some evidence that localised demand for fentanyl may have emerged recently and we will be monitoring treatment presentations.

b. Ageing heroin users in treatment as in the general population is a concern. Characteristics of treatment entrants, including age are continuously monitored.

**4. Emerging concerns/debates on TDI/Treatment monitoring**

a. None

**5. Suggestion of issues for discussion in 2018 expert meetings**

a. The UK is interested in what outcomes monitoring information is available in other countries both in terms of in treatment outcomes (e.g. reduction in drug use) and completion rates.



## Recent developments in TDI/Treatment monitoring - *Macedonia*

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

According to the available data, there are 20 000 to 30 000 drug users in the Republic of Macedonia.

#### b. Overall trend by main drug for entering treatment

#### c. Profile and patterns of drug use of TDI clients

According to the available data, there are 6 000 to 8 000 heroin addicts with serious health and social problems who are classified as problem drug users. There are 3600 (3200 - 4000) injecting drug users in the city of Skopje, capital of Macedonia.

#### d. Changes in treatment system

The treatment of drug addicts is available within the national health care network. The treatment system includes: outpatient (daily hospital) treatment, hospital treatment, detoxification, and substitution treatment. The majority of drug users who are treated are on outpatient treatment, with substitution treatment, psychosocial interventions, individual or group counseling and social and psychotherapy offered.

The Healthcare Programme for People with Addictions provided funds for methadone treatment for 1300 users. In 2016, in 1382 patients were treated in institutions with methadone substitution therapy (Psychiatric Hospitals Skopje, Demir Hisar and Negorci, University Clinic of Toxicology – Skopje) and drug abuse treatment units within the hospitals in Tetovo, Kumanovo, Strumica, Stip, Gevgelija, Ohrid, Bitola, Veles, Kavadarci, Public General Hospital 8th September Skopje and Prison Idrizovo - Skopje.

In private health care institutions, the number of treated patients is around 150 for methadone substitution therapy and these patients are self-financed, ie they are not part of the Healthcare Programme for people with addictions.

In 2016 the University Clinic of Toxicology, Skopje treated 240 people for opioid addiction with buprenorphin, funded by the Ministry of Health.

Approximately 30 people were treated with buprenorphine in private health facilities; these patients were self-funded, and were not part of the Healthcare Programme for people with addictions.

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

TDI related studies / researches were done on various target groups in Macedonia and were funded by the Global Fund. As the activities of the Global Fund in Macedonia were finished, there was no funding to go on with these studies. A major challenge will be to provide funding for new research.

### 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators

The Institute of Public Health of the Republic of Macedonia, according to the previous law on health records and the law on healthcare, was the competent institution in the Republic of Macedonia responsible for collecting data on a certain types of diseases, including on drug addiction. With the recent amendments to the law on health records this competence was undertaken from the Institute of Public Health of the Republic of Macedonia when the Ministry of the Health introduced electronic application called "My term" (database of the Ministry of Health) which includes all health related activities of the insured persons in the Republic of Macedonia. The law on health records states that this activity should be done in cooperation with the Institute of Public Health, however, the recent changes diminished the role of the Institute of Public Health. Although the electronic database "My term" contains a large number of data, the data are not yet analyzed and evaluated. The National Focal Point works on regaining the role of the Public Health Institute at least in the drug dependence segment, as part of the changes to the health care law in progress. In doing so, to modernize the data that is being entered because the existing ones do not correspond to the EU. The aim is to establish a register of addicts by the IPH.

**4. Emerging concerns/debates on TDI/Treatment monitoring**

If the proposed amendments to the health care law are adopted and TDI is included as a standard questionnaire, it will certainly require additional support from the EMCDDA and the European Commission through the Focal Point in the Republic of Macedonia.

**5. Suggestion of issues for discussion in 2018 expert meetings**

Validation of the TDI/ Treatment related data

## Recent developments in TDI/Treatment monitoring - Serbia

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends

Data regarding treated drug addicts are gathered on the basis of TDI Protocol 3.0 (EMCDDA). For now, TDI program has been implemented only in 26 methadon centers and all the gather data mostly are regarding opiat addicts.

Data regarding treated drug addicts in 2013 are gathered from all 16 methadon centres, where the number of treated opiat addicts was 363, from which 151 (41,6% ) were treated for the first time from opiat addiction. In 2014 data have been collected from 19 methadone centers, where 494 addicts have been treated, from which 137(27.7%) of addicts has been treated for the first time.

#### b. Overall trend by main drug for entering treatment

Treatment entrants	2013	2014	2015 (if available)
Total	363	494	
Primary drug			
➤ Cannabis	4	11	
➤ Opioids	347	446	
➤ Cocaine	5	5	
➤ Amphetamines	2	1	
➤ Ecstasy	-	-	
➤ Unknown	3	29	
Gender			
➤ Males	324	419	
➤ Female	39	75	
➤ Unknown	-	-	

#### c. Profile and patterns of drug use of TDI clients

Treatment entrants	2013	2014	2015 (if available)
Average Age at first use	20	21	
Average Age at entering treatment	32	33	
Injecting drug use	172	220	

#### d. Changes in treatment system

There are no significant changes in the treatment system

### 2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis

Through whole period of survailance of persons treated from the abuse of psihoactive substances on treatment there was a significant number in man population compared to women pomulation. In 2013, there have been 324 men (89,3%) and 39 (10,7) women whom have been treated. In 2014 on the treatment there have been 84,8% men and a 15,2% women.

The largest number of treated male addicts was in the age group of 30-34 years, but there was a high procentage in the group between 35-39 year. There is a large procentage of women, as well as men, in the group of 30-34 years, however, women who come for the treatment almost the exact procentage is in the group of women in the group between 24-29 years.

From the total number of treated opiat users in 2013, 59,8% has at least once in their life use intravenous, while in 2014 intravenous use of opiats was reported among 63,3%. Intravenous users are exposed to the risk of diseases which are transmitted through blood. Based on the data which have been gathered from the questioned treated opiat addicts in 2013 (whom have used at least one in their life opiats intravenously), most of them have been mostly infected by hepatitis C 42,5%, and the number of HIV pozitiv pozitiv were around 1,2%. In 2014 number of persons infected by hepatitis C was 41,5%, and HIV positive people were 1,8% who were intravenous opiates users.

- 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**
  - a. It is necessary to provide risk assessment of infectious diseases, especially hepatitis C.
  - b. It is also necessary to make an assessment of the risk factors for children from drug addicts families
- 4. Emerging concerns/debates on TDI/Treatment monitoring**
  - a. How to extend monitoring to other forms of treatment, not just opiate addicts
- 5. Suggestion of issues for discussion in 2018 expert meetings**
  - a. To include as many treatment centers as possible in TDI evidence

## Recent developments in TDI/Treatment monitoring - Tajikistan

### 1. Brief overall situation on TDI/Treatment data

#### a. TDI clients/units: number and trends:

The system of narcological registration in Tajikistan includes dispensary registration and preventive control of drug users.

There are 5 groups of dispensary records in the narcological profile:

1. Patients with a diagnosis of drug addiction;
2. Patients with a diagnosis of toxicomania;
3. Patients with a diagnosis of preventive registration for drug addiction;
4. Patients with a diagnosis of preventive registration for toxicomania;
5. Self – reversibility.

The diagnosis of drug addiction, toxicomania, psychosis is exhibited and removed by doctor narcologists in the commission of at least 3 people through the MAC (medical advisory commission).

The mechanism of dispensary observation of patients is conducted in cases of voluntary recourse to medical care and after forensic and narcological examinations with the conclusion of commissions on the compulsory use of treatment in places of deprivation of liberty.

During dispensary supervision, patients receive qualified medical care aimed at removing the symptoms of withdrawal. After the patient has been diagnosed with drug addiction, the period for dispensary follow-up is established within 5 years, with the condition that the patient should visit a narcologist: 1) the first year on a monthly basis; 2) The second year once in two months; 3) The third year once a quarter; 4) The fourth and fifth year in six months once and at the discretion of a doctor of the narcologist. During the first year of a doctor's visit, clinical examinations are carried out with urine monitoring for drugs, in case of relapse the patient remains in the first group ("1").

In the case of a monthly visit to the doctor - narcology, clinical examination, absence of urinary monitoring of drugs in urine, active at home, positive characteristics from the place of work, a narcologist writes a stage epicrisis for transfer to the next group of dispensary records "2)". After 5 years of dispensary registration on the basis of the above described the patient is removed from the dispensary account by the commission of the MAC.

Employees of law enforcement agencies deliver drug testers to drug treatment facilities who are suspected of using any drug (driving in a drunken state, staying at work, an administrative violation, a stash). After conducting a medical examination for drug abuse, in cases of confinement: the state of intoxication caused by the use of a narcotic substance, with positive urine monitoring for drugs, subjects are put on "preventive accounting" for a period of 1 year with the condition of a monthly active visit to a narcologist.

In the case of a monthly visit patient to a doctor - expert in narcology, clinical examination, absence of urine monitoring of urinary drugs in the urine, active at home, positive characteristics from the place of work, a doctor - narcologist after 1 year, the patient is removed from preventive registration through the MAC. If prevention registered patient within one year violates the sobriety regime (re-delivered to a medical examination with positive results on the drugs), then the patient through the MAC commission is transferred to the group of dispensary records and observed for up to 5 years.

Removal of a patient from a dispensary account is carried out in the following cases;

1. Persistent remission (abstinence from taking drugs for more than 5 years);
2. Death;
3. Conclusion in places of imprisonment for long periods;
4. Departure outside the republic;

In recent years, in general, the number of drug addicts registered in the narcological clinics of the Republic of Tajikistan is declining. So, as of January 1, 2017, the number of drug addict patients who consist on dispensary register was 7067 people (in country). The number of women with drug addiction in the total number of drug addicts in the country amounted to 175, or 0.5% of the total number. First of all, the low percentage of drug addiction among women was due to the national mentality. For instance, in 2015 officially were registered 7313 drug addicts in the country, this figure was reduced to 7067 by 2016, and this is due to the medical and preventive measures, which are in this direction. Drug

addiction widespread especially in the cities, because "death" traders choose "victims" in the places, where lives the maximum number of people with more developed social and economic status.

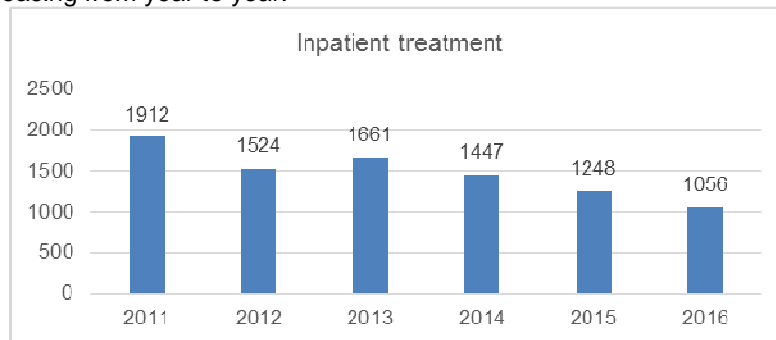
If you look at the statistics, the largest number of people with drug addicts is registered in Dushanbe. But when compared population of the capital with other regions, in some regions the number of drug addicts in per capita is higher than in the capital. For example, according to the number of registered drug addicts per capita in the republic the GornoBadakhshan Autonomous Region is leading - 807 people. In Dushanbe this figure amounted to 2654, in Khatlon region - 1385, in Sughd region - 1147, Direct Ruled Districts (DRD) - 1 074.

A number of factors contribute to the spread of drug addiction. Foremost among them is availability of drugs. Other factors are the curiosity of youth, imitation of someone, low social status, or vice versa - high social status, but the poor is the most vulnerable group. If you take by age, among the drug addicts persons aged 35 to 59 years prevailed - 4,740 people. The number of drug addicts aged 18 to 34 years is 2,241 people. 86 people are drug addicts aged over 60 years.

The estimated number of drug addicts in the country in 2009 is 23,200 people, with a possible range of 20 000 – 30 000, according to the evaluation of the AIDS Project Management Group (APMG).

**b. Overall trend by main drug for entering treatment:**

In 2016, based on the RCCN 1056 people had received inpatient treatment for drug addicts, and in 2015 - 1248 people. In general, the number of drug addicts being referred to the RCCN for "detox" treatment is decreasing from year to year.



In recent years, studies on the prevalence of drug use among the entire population of Tajikistan were not carried out, but according to the RCCN, the cannabinoid group (In Tajikistan by slang they are called: "nasha", "chars", "bangdona") is the most frequently used narcotic substance, heroin in the second place and opium in the third. The main type of heroin use is injection, so out from 7067 people on the list, 4486 are PWID, account for 63%.

**c. Profile and patterns of drug use of TDI clients.**

According to objective data the most commonly used narcotic substance among the general population in Tajikistan is the cannabinoid group (In Tajikistan by slang they are called: nasha, chars, bangdona), then heroin and the third is opium, but heroin users are in first place on the basis of dispensary accounting, opium in second place, at the third polydrug use, then cannabis. In the Republic of Tajikistan, the classical picture of the formation of drug addicts people starts from cannabinoids, then the transition to the use of opium, or heroin, by inhalation or intranasal route, then the transition to the injection method. All these data have not been studied in recent times and need to be evaluated in the research.

**d. Number of clients in OST?**

"Detox" treatment (detoxification, symptomatic, restorative) is provided in the Republic of Tajikistan. Since 2010, a program of opioid substitution therapy has been introduced based on public medical institutions and the number of OST sites currently is 12 (11 civil sector, 1 in prison sector).

**2. Recent focused analysis conducted based on TDI/Treatment data, including multi-indicator analysis**

- a. In recent years, a multi-indicator study has not been conducted.
- b. Annual data are analyzed as routine work.

- 3. Policy/epidemiological Issues that will need future analysis using TDI – alone or with other indicators**
  - a. Evaluation of the opioid substitution therapy program;
  - b. Determine the most common type of drug used and the pattern of drug dependence;
  - c. A study to determine the estimated number of drug addicts in the country.