European Monitoring Centre
for Drugs and Drug Addiction

# TDI TREATMENT PREVALENCE

# FINAL GUIDELINES

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## Aknowledgments

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# Introduction

The objective of the Treatment demand indicator is to collect information in a harmonised and comparable way across all Member States on the number and profile of people entering drug treatment (clients) during each calendar year. Although the name of the Indicator is the 'Treatment demand indicator', the indicator collects information on people entering treatment. The TDI is widely recognised as the instrument for collecting and reporting data on people entering treatment for their drug use in and outside Europe, as an indirect indicator of the unobserved level and characteristics of people that are potentially in need to demand drug treatment (EMCDDA, 2012). In this sense the TDI indicator complement the problem Drug Use Indicator (PDU) in monitoring extent and, in particular, patterns of problem drug use in Europe.

Beside the users who start a drug treatment for their drug use, there is a large group of people who stay in treatment for a long period due to the chronic or long term nature of their addiction.

In the last 10-15 years, opioid substitution treatment has expanded in most EU countries and the treatment population in these countries includes a growing proportion of clients who entered treatment for heroin problems and have remained in opioid substitution treatment (OST) for a long period of time. Therefore, in many countries, there is a considerable number of clients in continuous, long-term substitution treatment, who do not re-enter treatment again. Cocaine, amphetamine or cannabis clients are less affected by this situation, but some of them can also be in other forms of long-term treatment. For that reason, it has become necessary to estimate the number of those people in continuous or long term treatment to assess the number and basic characteristics of this group of clients.

Long term treatment clients, as well as clients in treatment at the start of the year (who have started earlier), are not captured by the Treatment Demand Indicator, as this tool only collects data on people entering drug treatment, excluding those who remain in treatment from one year to the next.

In order to provide a better picture of the total treated population in centres reporting to the TDI system, including the people who are in treatment (not entering), it is necessary to implement a project which complements the TDI by collecting information on those in treatment at the start of the year.

A project called "TDI Treatment Prevalence" was initiated in 2006 and is now completed with the publication of the current guidelines.

# History of the TDI Treatment prevalence Project

In the 2004 Treatment Demand Indicator expert meeting, a discussion on the need to collect data on the total treated population in centres reporting to the TDI system took place and some TDI experts expressed the need to report data not only on clients entering treatment (incident cases), but also on clients in treatment at the start of the year. Those data would provide information on the total treated population and on the general impact of drug treatment on the drug problem. This would also allow having an overview on the size and characteristics of the total treated population and on the treatment capacity of drug specialised treatment centres in the European countries (see Meeting minutes: http://www.emcdda.europa.eu/?nnodeid=1420).

The discussion continued in the meeting of the EMCDDA Scientific Committee in 2005, where it was suggested to extend the EMCDDA TDI data collection to the prevalent cases. In the same year a working group of TDI experts with nine volunteer countries met to discuss the feasibility of data collection on TDI treatment prevalence. The outcomes of the working group were presented during the 2005 TDI expert meeting (http://www.emcdda.europa.eu/?nnodeid=1420).

A pilot data collection was carried out in the 9 volunteer countries in 2006. The first results of the pilot data collection, presented during the TDI expert meeting in September 2006, clearly showed that a

large part of the treated clients was not included in the TDI data collection. In 2007 a feasibility assessment was conducted with all the National Focal Points to verify the possibility of collecting data on the total treated population ([1]). According to the answers to the survey, most countries (23) declared that they were able to provide data on TDI drug treatment prevalence, as it was considered a relevant issue in the area of drug monitoring and drug treatment planning. Of the 23 countries who agreed to introduce the data collection on treatment prevalence as part of the EMCDDA data collection tasks, 15 were already collecting TDI treatment prevalence data and 8 were in the position to introduce it in the near future. Only 5 countries stated that they would have not been able to introduce a data collection on TDI treatment prevalence. For 3 of them the reasons were related to difficulties in implementing the data collection in their monitoring system and for 2 countries the main reason was the scarce relevance attributed to the TDI treatment prevalence project in their national programmes.

A second pilot data collection was carried out in 2008 with 14 volunteer countries ([2]). The results confirmed the picture described in 2006: a large number of clients are continuing treatment from one year to the next; those clients have a social and drug use patterns profile substantially different from that of the clients entering drug treatment, particularly concerning age, substance of use and social conditions. Among those who are continuing in treatment from one year to the next there were more clients reported as older opioids users, unemployed and with marginal social conditions.

After the 2008 data collection, the project slowed down because of the launch of the TDI revision process and the implementation of a complementary project aiming to estimate the number of the total treated population, particularly those in opioid substitution treatment.

With the last developments in the area of treatment monitoring and, especially, the adoption of the EMCDDA treatment monitoring strategy, the project was re-launched and prepared for the implementation. The Treatment Monitoring Strategy foresees a framework for monitoring drug treatment in Europe which includes several components, including the TDI, the Treatment system 'maps', providing an overview of the treatment system, a methodological toolkit for estimating the number of people in drug treatment and a facility survey to determine characteristics of facilities but also to complement and cross-validate information on clients collected through other sources. At European level, the proposal aims to make offer and utilisation of drug treatment more transparent and to enhance more recent EMCDDA work areas, especially the estimation of overall treatment coverage and treatment quality and best practice information (EMCDDA, 2012).

The current guidelines aim to harmonise the data collection on TDI Treatment Prevalence in the centres reporting to the TDI system and to define a minimum data set common to all European countries concerning the data collection on the total treated population.

# Purpose and rationale of the TDI Treatment Prevalence

The project of TDI Prevalence is conceived as a data collection supplementary to the TDI data collection, as it also includes data on people in treatment at the start of the year. In addition to the data on people entering (or re-entering) drug treatment, which are included in the Treatment Demand Indicator, the data on TDI Treatment Prevalence will also include the clients that have been in treatment during the year, but that have not generated a TDI treatment entry, because they are in "continuous" treatment since previous year(s). For that reason the project is called: **TDI Treatment Prevalence.**

The information on TDI Treatment Prevalence has three purposes:

1) to help improving the picture of the population with drug problems, even when they are considered as stabilised in treatment. These clients may not be considered as problem drug users, as they are stabilised in treatment; data on those clients However it is still important to estimate the number, the current situation and basic characteristics of those drug users stabilised in drug treatment;

([1]) See Minutes of the Heads of NFPs meeting, May 2007 (REITOX Extranet)
([2]) See Minutes of the Heads of NFPs meeting, November 2007 (REITOX Extranet)

2) to help estimating the “total number of people in contact with treatment services”. In some countries data on TDI Treatment Prevalence can be a good approximation of the total number of treated clients, whereas in other countries it will be a relevant component to be complemented by other methods. The estimate of the total number of people in contact with treatment services will be used to estimate the “treatment coverage”, as extent of people in need for treatment who are reached by the treatment services

3) to have information on treatment capacity and activity, which can be complemented by other tools and indicators. The information on the total number of people in treatment, even if only covering some part of the treatment system, will provide better information on the size of specialised drug treatment and the activity carried out and not related to treatment entries.

In some countries, it will be possible to obtain the information on TDI Treatment Prevalence without additional data collection. This is the case of countries where an electronic system with a central database is in place, allowing to determine the situation of all clients as being “in treatment/not in treatment” at each moment. In other countries it can be feasible to conduct a periodical data collection on all clients in treatment at a given moment of the year.

Data collection on TDI Treatment Prevalence will be built on the existing TDI data reporting. This methodological approach is only motivated by practical reasons: the TDI monitoring system is well developed and implemented in most countries and it is harmonised at European level; therefore the data collection and reporting should be based on the TDI system. This implies that the TDI Treatment Prevalence should report data on the same treatment units covered in the TDI data collection and it is the priority criterion when a choice has to be made in the definition of the case (client) to be reported.

The TDI Treatment Prevalence should therefore report data on clients entering treatment and on clients in treatment at the start of the year: the total number of cases reported in the TDI Treatment Prevalence should be the sum of those two groups – those reported in the TDI + clients who are in treatment at the start of the year; no clients should be reported twice. The priority should be given to the TDI case definition for case reporting: i.e. a case who is in treatment at the start of the year and re-enter treatment after a treatment’s end or after six months of treatment interruption should be recorded as client entering treatment (TDI case) and not as client in continuous treatment (see more details in the case definition, treatment status and graphic).

It is finally important to consider that the clients who are still in treatment at the start of the year can be in treatment since a short time or long time and in data analysis it would be important to distinguish between the two groups, as often they present different profiles both in terms of patterns of drug use (e.g. cannabis clients VS heroin clients) and social characteristics (e.g. younger and older clients).

# Guidelines for data collection on TDI Treatment Prevalence

## 1) Definitions

### 1.1) Drug Treatment Prevalence

**Drug Treatment Prevalence indicates the prevalence of all clients who are in drug treatment during a reporting year (1 January to 31 December) in a country.**

Purpose
The TDI Treatment Prevalence project aims to provide the number of the treated population, who is reported within the TDI system, their basic characteristics and patterns of drug use. The clients are drug users treated in specialised drug treatment centres in a country during the entire year. Beside the clients who enter drug treatment during a year, a large part of the treated population remains in treatment from one year to the next.

Inclusion criteria
The TDI Treatment Prevalence project includes all clients who enter and stay in drug treatment during a year.

Exclusion criteria
Drug clients who have undergone drug treatment during the year, prior the reporting year (until the 31st of December of the preceding year) and do not re-enter treatment during the reporting year.

Methodological considerations
The methods for collecting TDI Treatment Prevalence data may differ according to the organisation of the country. Possible methods to be used are: routine data collection based on a register of clients recorded in a database during the reporting year or census capturing the situation of the clients (or a sample of clients) in one given day/week, which is then extrapolated on the basis of flow information to a year, estimates based on a sample of treatment providers.
The countries may opt for one of the two methods, according to their organisation and resources. It is important to indicate the chosen method and describe it in detail the methodological section for data collection and reporting. In order to select the client to be included see the graphic in section 4.

### 1.2) Case definition

**A case is a client who is in treatment at a treatment centre during the calendar year: 1 January to 31 December for problems created by his/her drug use. He can start a drug treatment episode or continues a treatment episode from previous year(s) ([3]).**
Clients should be counted just once and rules for control of double counting applied according to explanations presented in the TDI Protocol ver. 3.0 (EMCDDA, 2012).

Purpose
To identify in a reliable way people with drug problems who are in treatment and describe their general profile and drug use patterns, with the purpose to use the information for assessing the size of the total population in drug treatment, the profile of those who are in long time treatment and have some indication on treatment capacity in Europe.

Inclusion criteria
1. Clients who enter treatment during the reporting year, as defined by the TDI Protocol ver. 3.0.
2. Clients in treatment on the 1st of January of the reporting year who started their treatment in the previous year or earlier, and do not have an end of treatment as defined in section 1.5 followed by a new treatment episode within the reporting year, i.e. they do not qualify as a treatment entrant as defined by the TDI Protocol ver. 3.0.

([3]) A graphical presentation is provided in Section 5 — Case definition — Graphical description

Exclusion criteria
1. Drug clients who are not in treatment during a year; or clients who have concluded a drug treatment during the year prior the reporting year (until the 31st of December of the preceding year) and do not re-enter treatment during the reporting year..

Methodological considerations
See 1.1 – Drug Treatment prevalence
The TDI Treatment Prevalence project is a supplement of the TDI data collection.
A graphical presentation is provided in Section 4 — Case definition — Graphical description

## 1.3) Drug Treatment

**Drug treatment is defined as an activity (activities) that directly targets people who have problems with their drug use and aims at achieving defined aims with regard to the alleviation and/or elimination of these problems, provided by experienced or accredited professionals, in the framework of recognised medical, psychological or social assistance practice**. This activity often takes place at specialised facilities for drug users, but may also take place in general services offering medical/psychological help to people with drug problems (see also 'Treatment Centre').

Purpose
This definition is rather broad, to include a wide range of different users with problems related to their drug use. It has to be recalled that the purpose of the TDI is primarily epidemiological, aiming to collect information on people with significant drug problems.

Inclusion criteria:
- interventions whose primary goal is detoxification
- interventions whose primary goal is abstinence
- substitution treatment
- specialised/structured longer term drug programmes
- interventions aimed at reducing drug-related harm if they are organised in the framework of planned programmes
- psychotherapy/counselling
- structured treatment with a strong social component
- medically assisted treatment
- non-medical interventions inserted in planned programmes
- specific treatment in custodial settings towards drug users

Exclusion criteria:
- sporadic interventions not included in a planned programme
- contacts in which drug use is not the main reason for seeking help
- contacts with general services involving requests for social assistance only
- contacts only by telephone or letter
- contact with the family or other persons who are not the drug users him/herself only
- imprisonment per se
- treatment by internet only
- services providing needles exchange only

Methodological considerations
The data should be as complete as possible; that means that all available data on persons with drug problems entering drug treatment as defined above — inclusion criteria — should be reported

## 1.4) Start of treatment

**Start of treatment is considered as the earliest formalised face-to-face contact(s) between the client and the centre. During this (these) contact(s) it should be possible to identify the client (avoidance of double counting) and to assess the client's characteristics and needs related to drug problem (EMCDDA, 2012).**

Purpose
The data reported in the first contacts between the treatment centre and the client aim to obtain recent information on the social profile of the drug client and of his/her patterns of drug use in the period prior to treatment.

Inclusion criteria

- A client who has face-to-face contacts with the treatment centre at an initial stage of treatment (usually between one and three contacts).

Exclusion criteria

- Contacts happening in a late stage of treatment (usually after the third or more contacts between the treatment centres and the client).
- Contacts other than face-to-face contacts (telephone, internet, etc.).

Methodological considerations

Recording procedures differ between countries. This variable should ensure a certain harmonisation in the recording procedure across the countries and should guarantee that the basic data on the client can be recorded. The number of contacts with the client which allows the countries (treatment centre, etc.) to report the data into the TDI protocol should be specified in the methodological information.
See also Graphical description of case definition in Annex 5.1

## 1.5) End of treatment

**Treatment is considered ended either when there is a formal conclusion (agreed or not) or when the client stops attending the treatment centre or dies.**
The reasons for the end of treatment may be related to dropping out of treatment, death, an explicit decision to abandon the treatment by the client or a termination of the treatment programme established by the centre (EMCDDA, 2012).

Purpose

The TDI protocol focuses on the 'treatment entry' and does not aim to collect data on treatment end. Data collection on treatment end is necessary for two operational reasons:

1) treatment end is directly linked to the TDI case definition and the decision of when a subsequent treatment should be recorded. The assessment on whether a previous treatment is finished is done at the moment of each treatment entry.
2) treatment end enables the identification of clients who are still in treatment from one year to the next or have concluded a treatment for any reason.

   For that reason the information on the end of treatment does not aim to measure the treatment outcome, but only to assess whether a person is still to be reported as a treatment client or not.

Inclusion criteria:

Treatment is considered ended when:

- a professional has discharged the client
- a client has explicitly decided to conclude the treatment
- a centre/professional decides to terminate the treatment for reasons not related to the conclusion of the treatment, but for other reasons, such as not complying with treatment, breaking regulations, etc.
- the client dies
- the client has no contact with the treatment centre. It is recommended to consider a treatment finished after **six months** of no contact between the client and the treatment centre; however, countries vary greatly in the definition of the end of treatment. If countries have a different period for considering a client out of treatment (drop-out), the treatment can be considered ended according to the national rules. Countries should indicate the time for the end of treatment in the methodological specifications.

Exclusion criteria

Treatment is not considered concluded when:

- a client moves in the treatment system from one centre to another centre because he/she is referred in the framework of the same treatment episode (sometimes called 'shared care')
- a client finishes one treatment activity and starts a new treatment activity as part of the same treatment episode
- a client who has contact with the treatment centre within a period of six months ( or according to the period defined in the national rules as treatment drop-out).

Methodological considerations:

The countries should state in the methodological information what the period for considering a client dropped out of treatment is. The rule of six months should be followed as much as possible.

## 1.6) Treatment episode

**A treatment episode is defined as the 'period of service between the beginning of treatment for a drug (…) problem and the termination of services for the prescribed treatment plan'**
Drug treatment is a complex process, and often different therapeutic activities/procedures have to be delivered in parallel or consecutively, sometimes for a long period of time (e.g. counselling, psychotherapy, substitution treatment, other pharmacological treatments, outpatient or inpatient detoxification, longer term residential care...). 'A client may attend one or more modalities/interventions (or types) of treatment during the same episode of treatment. A client may also have more than one episode in a year' (Manchester University, 2010) (SAMHSA, 2009). .

Purpose
To determine when a client is undergoing the same treatment process and therefore to determine whether a client needs or does not need to be notified for the purpose of the TDI Treatment Prevalence.

Inclusion criteria
1. All the activities/procedures delivered to a client to address the drug problem that caused the treatment entry, as far as they are done in an organised/planned way. These activities may be delivered over a long period of time, and in the same premises or in different premises. They can follow an initial established plan or may be modified according to client's needs and evolution.
2. If the process of treatment is formally finished or the client drops out of treatment ([4]), and subsequently the client is admitted again to treatment a new treatment episode admission is notified.
3. A process of treatment that continues on the 1st of January of the reporting year, having started in the previous year or earlier, and not having an end as defined in section 1.5 followed by a new treatment episode within the reporting year..

Exclusion criteria
1. A single activity in the framework of set of planned/organised chain of interventions is not considered as a treatment episode.

Methodological considerations
See Section 4 — Case definition — Graphical description

## 1.7) Treatment status

**With the purpose of collecting data, clients are identified according to their treatment status and are divided in 3 groups.**

**Those groups are of clients:**

1. **never previously treated entrants, starting drug treatment for the first time in their life during the reporting year (TDI ver 3.0)**
2. **previously treated entrants, starting a new drug treatment episode during the reporting year (TDI ver 3.0)**
3. **clients in continuous treatment, being in treatment on the 1st of January of the reporting year and having started the drug treatment episode in the previous year(s)**

The three groups are mutually exclusive.

To the three groups a category of not known/missing cases should be added.

The first two groups are based on the definitions of the TDI ver 3.0.

The third group refers to clients who are continuing treatment from previous years.

Purpose
The information has two purposes: to complement the TDI with information on clients in continuous treatment and to distinguish the clients who start a treatment from those who are in continuous treatment

([4]) See definition of end of treatment.

Inclusion criteria
See 1.2 - Case definition:

Exclusion criteria
See 1.2 Case definition :

Methodological considerations

Two particular scenarios should be specified to help the choices in data reporting (see also 1.2 Case definitions and 1.5 End of treatment):

1 - Scenario –previously treated entrants
When a client is in treatment at the start of the year and re-enter treatment after a treatment end or after six months of treatment interruption, she/he should be recorded as client entering treatment (TDI case), and not as client in continuous treatment. Priority should be given to the TDI case definition.. The client will be reported as client in the group 2 - previously treated entrant, starting a new drug treatment episode during the reporting year (TDI ver. 3.0)

2 – Scenario – clients in continuous treatment
A client who results in treatment at the 1st of January and does not have a formal end of treatment, but has no contacts with the treatment centre for less than 6 months (or according to the national rules for end of treatment) should be considered as still in treatment and therefore reported as client in continuous treatment. She/he should be reported as client of the 3 group: clients in continuous treatment, being in treatment on the 1st of January and having started the drug treatment episode in the previous year or years.

## 1.8) Treatment centre type

**The TDI Treatment Prevalence data collection will be carried out in the same treatment centres that are covered in the routine TDI data collection:**

- **Outpatient treatment centres/programmes**
- **Inpatient treatment centres/programmes**
- **Treatment units in prison/programmes**
- **General Practitioners**
- **Low Threshold Agencies/programmes**
- **Other types of treatment centres/programmes (please specify which type of centres/programmes)**

According to the TDI Protocol ver 3.0 a drug treatment centre/programme is any facility that provides drug treatment, as defined above, to people with drug problems. Treatment centres can be specialised centres, focusing on the treatment of drug users, or included in bigger centres targeting different client groups (e.g. mental health patients, alcohol users, etc.). They can also be based within centres that are medical or non-medical, governmental or non-governmental, public or private (EMCDDA, 2012). As for the routine TDI data collection, data should be reported for 5 types of treatment centre.
As explained in detail in the methodological considerations below, it is important to underline that for the previous TDI protocol version 2.0 detailed data were reported by type of treatment centre. In the current version of the protocol the data will be reported in one template
The type of treatment centre will not be the focus of data reporting. In the reporting forms there will be few tables where the breakdown by type of treatment centre should be reported.

Purpose
To identify the broad range of facilities where a client is entering drug treatment, regardless of the type of interventions received. As the purpose of the indicator is identification of clients with drug problems, the type of facility is not a determinant factor.

Centres to be included
The following types of treatment centres are defined in the TDI:

- Outpatient treatment centres/programmes
- Inpatient treatment centres/programmes
- Treatment units in prison/programmes
- General Practitioners
- Low Threshold Agencies/programmes
- Other types of treatment centres/programmes (please specify which type of centres/programmes)

Definitions of the types of treatment centre:
(a) Outpatient treatment centres are defined as treatment facilities where the clients are treated during the day (and do not stay overnight). They include public or private centres/clinics which may open in the evening but where the opening time excludes the night.
(b) Inpatient treatment centres are defined as centres where the clients may stay overnight. They include therapeutic communities, private clinics, units in a hospital and centres that offer residential facilities. Clients should be reported as clients entering inpatient treatment centres when the first contacts between the client and the centre are happening in the inpatient centres and the TDI data are registered in those treatment facilities.
(c) Treatment units in prison are defined as those services that deliver specific services to prisoners because of their drug problem. They can include:

- units specialised in drug treatment with a dedicated physical space inside the prison
- professionals (external or internal to the prison) who provide a package of interventions aiming to treat or reduce drug related problems of drug users in prison.

(d) General Practitioners are medical practitioners who treat acute and chronic illnesses and provides preventive care and health education for all ages and both sexes. They may treat drug users for their drug problems, in some cases in liaison with outpatient or inpatient drug services, and some of them may have a specific training on the treatment of drug users.
(e) Low Threshold agencies are centres/programmes aiming to prevent and reduce health-related harm associated with drug dependence, in particular the incidence of blood-borne viral infections and overdoses, and to encourage active drug users to contact health and social services. .

(f) Other types of treatment facilities are all treatment centres that provide drug treatment as defined above. In the case of the use of the category 'other types of treatment facilities', the type of treatment facility that is reporting data should be described and specified in the methodological specifications.

Centres/programmes to be excluded:

- Any other type of treatment facilities, when they are not involved in drug treatment as defined above (definition of treatment)
- Centres/programmes for information dissemination only
- Centres/programmes only concerned with needle/syringe exchange only
- Sporadic interventions towards drug users in prison are not included (e.g. information, needle provision and exchange only, etc.) as defined in the exclusion criteria for drug treatment
- Hospital emergency rooms
- General social care facilities, not targeting drug use.

Methodological considerations
Data will be reported to the EMCDDA with a focus on the clients themselves, their characteristics and their patterns of drug use, particularly the primary drug. The treatment centre/programmes, that previously were the basic stratification of the reporting, will only be one of the reported variables. The focus on the clients is related to several reasons:

- the purpose of the indicator is epidemiological and focuses on the number and characteristics of clients entering drug treatment as an indirect indicator of problem drug use in the community as a whole.
- 10 years of European data collection show that 80 % of clients reported to EMCDDA enter treatment in outpatient centres, while the other types of centres (excluding prison) are usually not the point of entry, but are used in subsequent phases of the treatment programme.
- in a number of countries, general practitioners, low threshold services and other types of treatment source either do not play a substantial role in the provision of drug treatment as defined in the protocol (though they can provide very valuable help to drug users), or it is not possible to collect data from these sources. Consequently, data is available from only a few countries, making it difficult to analyse them at European level.
- only few specific analyses are useful by type of treatment centre. It is difficult to make detailed comparison by type of treatment centres due to national differences in treatment organisation.

# *2) Item list*

**The items to be collected by the TDI Treatment Prevalence are divided in two groups: "mandatory items" and "voluntary items".**

The list of items is divided in "mandatory items" and "voluntary items". The "mandatory items" are compulsory for every country and the "voluntary items" are only collected by the countries that are willing to report on all variables as they are included in the TDI data collection.

The full list of items corresponds to the item list of the TDI ver.3.0. Definitions and methodological specifications are only described for the mandatory items. For the remaining items, reference should be made to the guidelines of the Protocol TDI ver. 3.0, except for the reference time of data collection, which only concerns some items (see below).

## 2.1) Mandatory items

### 1. Treatment centre type

1. outpatient treatment centres/programmes
2. inpatient treatment centres/programmes
3. treatment units in prison/programmes
4. general practitioners/programmes
5. low threshold agencies/programmes
6. other (please specify which type of treatment centre/programme)

99. not known

Methodological specifications

The six types of treatment centres presented above are the most common types for which clients are identified and data reported; they are also the most common points of entry into the treatment system.

Treatment units in prison represent an important entry point for many drug users who would not appear in treatment otherwise. In addition, the issue of drug and prison currently represents a high priority issue in the European political agenda and deserves specific attention.

For the definition of treatment and the classification of treatment centres that are not included in the three groups presented above, please see the section on definition of drug treatment and treatment centre.

It is recalled that in the data reporting form, the breakdown by type of treatment centre will not be central and only a few breakdowns will be reported by type of treatment centre.

### 2. Year of starting treatment

**/_____/**

Methodological specifications

The starting date of treatment is essential for creating trend analyses over time and for separating time periods (treatment episodes) for reporting. This enables a dynamic analysis of the treatment data.

The month of treatment should not be reported to the EMCDDA, but must be recorded at national and treatment centre level in order to avoid the risk of counting the same person twice in the same reporting period.

## 3. Treatment status

1. client never previously treated (entrant)
2. client previously treated (entrant)
3. client in continuous treatment

99. not known

Methodological specifications

See 1.2 Case definition and 1.7 Treatment Status

Double counting should be avoided within the same country as much as possible according to the possibilities of each country.

## 4. Sex

1. male
2. female

99. not known

Methodological specifications

Basic epidemiological information.

## 5. Age (years)

Age: /___/___/

99. not known

Methodological specifications

Basic epidemiological information.

*Reference period: the age is the age at the first treatment contact with the treatment centre during the current year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to calculate the age.*

## 6. Primary drug

**1. Opioids (total)**

11 heroin

12 methadone misused

13 buprenorphine misused

14 fentanyl illicit/misused

15 other opioids (please specify)

**2. Cocaine (total)**

21 powder cocaine HCl

22 crack cocaine

23 others (please specify)

**3. Stimulants other than cocaine (total)**

31 amphetamines

32 methamphetamines

33 MDMA and derivatives

34 synthetic cathinones

35 other stimulants (please specify)

**4. Hypnotics and sedatives (total)**

41 barbiturates misused

42 benzodiazepines misused

43 GHB/GBL

44 other hypnotics and sedatives misused (please specify)

**5. Hallucinogens (total)**

51 LSD

52 ketamine

53 other hallucinogens (please specify)

**6. Volatile inhalants**

**7. Cannabis (total)**

**8. Other substances (total) (please specify which substance)**

**99. Not known**



Methodological specifications

Primary drug is the drug that causes the most problems for the client, as defined according to the client's request and (or) the professional's assessment.

This item should always be filled in, regardless whether a client is subsequently considered to have a polydrug use problem (that will be an additional information).

Some new drugs are included in the Protocol. They are substances that have appeared in recent years in the drug market, and for which a non-trivial number of people has entered treatment for problems associated with their use. The classification does not follow a scientific classification of the substances according to their chemical principles or psychoactive effects (e.g. cocaine and other stimulants are separated), route of administration, or other scientific categorisations. Rather, a pragmatic classification is adopted, in order to help professionals working at drug treatment centres to record the data.

The substances included are only those which create problems to the client according to the client's request and the professional's assessment. The grouping of drugs is not only done on the basis of pharmaceutical criteria but also considering to the actual experience of drug professionals.

Other opioids include all the opioids not included in the previous categories (e.g. Polish heroin). The insertion of fentanyl among primary drugs includes both the substance produced in the illicit market and the medicinal product used outside the medical practice. Any specification on the primary substance should be included in the methodological comments.

The following substances are excluded from the primary drug:

- Tobacco
- Alcohol (included among the secondary drugs)
- Drugs used for medical purposes under a medical prescription.

*Reference period: it refers to the 30 days before entering treatment, with the exception of clients who have been in withdrawal treatment, were drug-free or were in detention prior treatment intake. In those cases the reference period refers to the 30 days before withdrawal treatment, drug free, detention.*

## 7. Duration in treatment

1. Less than 6 months
2. from 6 months to 12 months
3. from >1 year to 3 years
4. from >3 to 5 years
5. more than 5 years

99. not known

Methodological specifications

The duration in the current treatment should only be reported for the clients who are in continuous treatment from a previous year and it is calculated from the start of the last treatment episode (see paragraph 1.6 for the definition of treatment episode). The objective of this item is to have an insight on the length of treatment and on the profile of those in long term treatment.

*Reference period: the time in treatment should be calculated starting from the start of the last treatment episode.*

## 8. Opioid substitution treatment (OST)

1. never been in OST
2. ever been in OST, but not currently
3. currently in OST

99. not known

Methodological specifications

OST is commonly referred to as 'substitution treatment'. A substitution treatment is defined as 'the administration of thoroughly evaluated opioid agonists; this is done by experienced or accredited professionals, in the framework of recognised medical practice, for achieving defined treatment aims'. This treatment is often provided in combination with psychosocial assistance. This variable will help to better determine the level of accessibility of substitution treatment and provide information about lifetime opioid substitution treatments among those entering treatment for another problematic substance use.

*Reference period: currently in OST should refer to the last episode*

## 2.2) Voluntary items

The voluntary items are listed and only methodological specifications differing from those indicated in the TDI Protocol ver.3.0 are indicated. For the remaining specifications it is necessary to refer to the TDI ver. 3.0

### 9. Source of referral

### 10. Living status (with whom)

*Reference period: it refers to the first treatment contact with the treatment centre during the year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to record this information.*

### 11. Drug clients with children

*Reference period: it refers to the first treatment contact with the treatment centre during the year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to record this information*

### 12. Living status (where)

*Reference period: it refers to the first treatment contact with the treatment centre during the year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to record this information*

### 13. Labour status

*Reference period: it refers to the first treatment contact with the treatment centre during the year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to record this information*

### 14. Highest educational level completed

*Reference period: it refers to the first treatment contact with the treatment centre during the year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to record this information*

### 15. Usual route of administration of primary drug

### 17. Frequency of use of primary drug

### 18. Age at first use of primary drug (in years)

### 19. Secondary drugs ([5])

### 20. Polydrug use problem existing

### 21. Age at first opioid substitution treatment (OST) (in years)

### 22. Ever injected or currently injecting any drug

### 23. Age at first injection (in years)

### 24. HIV testing

*Reference period: it refers to the first treatment contact with the treatment centre during the year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to record this information*

### 25. HCV testing

*Reference period: it refers to the first treatment contact with the treatment centre during the year. If the date of the first treatment contact is not recorded then the date of the 1st of January should be considered to record this information*

### 26. Needle/syringe sharing

([5]) Same criteria regarding the origin of the substance (illicit production or diversion) as with the primary drug.

## *4) Graphic on case definition: inclusion and exclusion criteria*

The **Graphic** describes all the possible cases of drug clients who should be/should not be registered in order to collect data on TDI Treatment Prevalence. The examples below illustrate the different cases in one or more treatment centres. All clients who are treated during the "current reporting year" should be registered. Cases to be included and excluded from the data reporting to the EMCDDA and NOT necessarily from data collection at national or local level.

To be included:
To be excluded:

| Client | Treatment episode/ Activity | Treat-ment centre | Preceding year | Current reporting year | Following year | Specifications | To be reported to the EMCDDA |
|---|---|---|---|---|---|---|---|
| A | A1 | 1 |  | | | Client A is in continuous treatment, starting in the previous year, continuing throughout the current year and into the following year | **X** |
| B | B1 | 1 |  | | | Client B is in continuous treatment, starting in previous year, continuing throughout the current year, into the following year. A second treatment occurs during the current year in the same treatment centre. Since the second treatment is not recorded in the TDI the first –B1- should be recorded in the TDI Treatment prevalence<br>(Note; often B2 will be a treatment activity –e.g. short term counselling- complementary to the treatment B1 –e.g. long term OST- carried out in a planned way for the same drug problem that originated the treatment entry) | **X** |
| B | B2 | 1 | |  | | | |
| C | C1 | 1 |  | | | Client C is in continuous treatment, starting in the previous year, continuing throughout the current year and into the following year. Three further treatments occur during the current year, in the same and two different treatment centres. Since the second treatment is not recorded in the TDI the first –C1- should be recorded in the TDI treatment prevalence | **X** |
| C | C2 | 1 | |  | | | |
| C | C3 | 2 | |  | | | |
| C | C4 | 3 | |  | | | |
| D | D1 | 1 |  | | | Client D is in treatment from the previous year, has no treatments starting during the current year, has a treatment starting in the following year, in the same or a different treatment centre. It should be recorded as client in continuous treatment and therefore included in the TDI Tr. Prevalence | **X** |
| D | D2 | Any | | |  | | |

| Client | Treatment episode/ Activity | Treat-ment centre | Preceding year | Current year | Following year | Specifications | To be reported to the EMCDDA |
|---|---|---|---|---|---|---|---|
| E | E1 | 1 | |  | | Client E enters treatment for the first time ever during the current year. The treatment is reported for the current year as a first ever treatment. | **X** |
| F | F1 | 1 | |  | | Client F starts treatment for the first time ever during the current year. The treatment continues into the following year. The treatment is recorded in the current year as a first ever treatment. | **X** |
| G | G1 | 2 | |  | | Client G enters treatment for the first time ever during the current year, has subsequent treatments during the current year, within the same and different treatment centres. Only G1, the first treatment in the current year, is reported as a first ever treatment. | **X** |
| G | G2 | 2 | |  | | | |
| G | G3 | 3 | |  | | | |
| H | H1 | 1 |  | | | Client H has a treatment in the previous year that is terminated with an end of treatment. A new treatment commences during the current year, in the same or a different treatment centre, and extends to the following year. The treatment in the current year is reported as previously treated. | |
| H | H2 | Any | |  | | | **X** |
| I | I1 | 2 |  | | | Client I has a treatment in the previous year that is terminated with a formal end of treatment. A new treatment commences in the current year in the same treatment centre. A second treatment commences in the current year in a different treatment centre. Treatment I2 is reported on the basis that it is the first treatment during the year. Treatment I2 is reported as previously treated. | |
| I | I2 | 2 | |  | | | **X** |
| I | I3 | 3 | |  | | | |

| Client | Treatment episode | Treatment centre | Preceding year | Current year | Following year | Specifications | |
|---|---|---|---|---|---|---|---|
| J | J1 | 1 | ◆ - - - - - ◆ | | | Client J entered treatment in the previous year and that treatment continued into the current year. Subsequently, a further treatment episode was commenced during the current year in the same treatment centre. Provided a formal end of treatment concluded the first treatment the treatment entered during the current year is reported as previously treated. | |
| J | J2 | 1 | | ◆ ——— ◆ | | | **X** |
| K | K1 | 1 | ◆ - - - - - ◆ | | | Client K entered treatment in the previous year and that treatment continued into the current year. Subsequently, a further treatment was entered during the current year in the same treatment centre. Provided 6 months without contact passed between the first and the second treatment, the treatment entered during the current year is reported as previously treated or as per national protocols rules. | |
| K | K2 | 1 | | ◆ ——— ◆ | | | **X** |
| L | L1 | 1 | ◆ - - - - - ◆ | | | Client L entered treatment in the previous year and that treatment continued into the current year. Subsequently, a further treatment was entered during the current year in a different treatment centre. Provided a formal end of treatment concluded the first treatment the treatment entered during the current year is reported as previously treated. | |
| L | L2 | 2 | | ◆ ——— ◆ | | | **X** |
| M | M1 | 1 | ◆ - - - - - ◆ | | | Client M entered treatment in the previous year and that treatment continued into the current year. Subsequently, a further treatment was entered during the current year in a different treatment centre. Provided 6 months without contact passed between the first and the second treatment, the treatment entered during the current year is reported as previously treated. | |
| M | M2 | 2 | | ◆ ——— ◆ | | | **X** |

| Client | Treatment episode | Treatment centre | Preceding year | Current year | Following year | Specifications | |
|---|---|---|---|---|---|---|---|
| N | N1 | 1 | ◆▪▪▪▪◆ | | | Client N starts a treatment in the previous year, interrupts during six months and starts a new episode in the same treatment centre in the previous year and continues during the current year. He/she is a client in continuous treatment | |
| N | N2 | 1 | ◆——— | ———◆ | | | **X** |
| O | O1 | 1 | ◆▪▪▪▪◆ | | | Client O starts a treatment in the previous year, interrupts during six months and starts a new episode in a different treatment centre in the previous year and continues during the current year. He/she is a client in continuous treatment | |
| O | O2 | 2 | | ◆——— | ———◆ | | **X** |

# References

EMCDDA (2012), *Treatment demand indicator (TDI) STandard Protocol 3.0* (available at: http://www.emcdda.europa.eu).

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