European Monitoring Centre
for Drugs and Drug Addiction

TDI/Treatment Expert meeting

EMCDDA, Lisbon 20-21 September 2017

Meeting report

October 2017

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Background

On 20-21 September 2017, the EMCDDA brought together international experts for the annual meeting on the Treatment Demand Indicator and Treatment monitoring information. The TDI is one of the five key epidemiological indicators on which the EMCDDA bases its analysis on epidemiological trends and developments in the EU drug situation. These indicators are also essential for any analysis of the coverage of responses or the assessment of the impact of responses and policies.

Attending the meeting were nominated experts of the 28 EU Member States, and Norway and invited speakers. Also there were delegates from the Western Balkan countries (Albania, the former Yugoslav Republic of Macedonia, Serbia), from Georgia and from Central Asia (Tajikistan).

The meeting provided a space for discussing about annual progress in the implementation of TDI/Treatment related data and for sharing analysis using the TDI data and exchanging experiences at regional, national and European level.

This document presents a selection of highlights from the presentations and discussions at the 2017 TDI expert meeting.

More information on the TDI expert meeting, presentations and updates are available from http://www.emcdda.europa.eu/meetings/2017/tdi.
including:

- Agenda and list of participants
- Compilation of the '2017 national TDI/Treatment updates'
- Experts' presentations
- Supporting material, links, references
- Further information on the key indicator (methods, sources and resources) can also be found on the EMCDDA TDI web pages (1). Most recent data are available on the Statistical Bulletin website (2)

Purpose and objectives of the meeting

The purpose of the meeting is to provide insights into the current situation and trends of treatment clients in treatment demand in Europe. It also explores cross-analysis with other indicators of drug use and harms, as well as prevention and treatment responses.

This year the expert meeting had the specific objectives to:

- Exchange and discuss about TDI implementation and treatment related data at European and national level
- Explore implications for practice and policy of ageing drug users
- Reflect on role of treatment related data in mortality – linkage cohort studies
- Investigate data quality, data reporting and assessment tools
- Discuss about possible need for revision of New Psychoactive Substances coding in TDI
- Understand trends in treatment related data: consistency between data sources and methodological issues
- Discuss about findings of the project on Opioid Substitution Treatment access and quality
- Review the implementation of the TDI prevalence Project

(1) http://www.emcdda.europa.eu/activities/tdi or http://www.emcdda.europa.eu/activities/key-indicators
(2) http://www.emcdda.europa.eu/data/stats2017

- Share experiences on how TDI/ treatment data inform responses : the new European Responses Guide
- Present on recent developments in the field of psychiatric comorbidity
- Inform about treatment referrals from the criminal justice system

Highlights of the 2017 expert meeting

This year, the expert group focused on analytical and methodological issues, including cross indicator work with the DRD indicator by using treatment registries as basis for mortality cohort studies. A special attention was given to the issue of ageing drug users in drug treatment, NPS re-coding in the TDI Protocol in order to adapt to a changing context, work on trend analysis and use of treatment information to respond to drug problems, including the issue of psychiatric comorbidity.

The main outcomes of the meeting are the following:

General points

- TDI data represent an important data source on drug issues in the European Member States countries and TDI data are increasingly used in combination with other epidemiological indicators
- Data quality has substantially improved in the last ten years, but further efforts should be done in increasing data coverage and further improve data quality

Potential methodological developments in the indicator were discussed during the meeting, including:

- Use of treatment registries as recruitment setting for mortality cohort studies
- Inclusion of some New Psychoactive Substances in TDI Protocol
- Pilot data collection with volunteer countries using case level data to be explored
- In 2018 the fourth Key Indicator Assessment exercise to be conducted
- Need to consider all underlining methodological factors in analysing trends and in comparing OST and TDI trends
- TDI Prevalence module to continue in the next years with more countries volunteering for data provision, as it provides data on a relevant part of treatment clients otherwise missing from the routine TDI data collection

Analytical findings from the TDI and Treatment discussed during the meeting:

- Opioids, mainly heroin still represent the main reasons for entering drug treatment, although heroin patients are decreasing and cannabis clients are increasing in the last years
- An ageing cohort of drug patients is in treatment: they pose challenges for the drug treatment services for their complex health and social needs related to age and long drug use history
- Comparing data on source of referrals of cannabis clients and their intensity of cannabis use show differences in treatment referrals and in treatment practices between countries; sometimes showing inconsistent patterns
- Most clients are polydrug users; further analysis should be conducted on use of multiple drugs by the same patient
- Drug treatment clients often suffer from psychiatric comorbidity: mental health and substance use disorders should be tackled at the same time
- A new report on health and social responses to drug problem has been published on 24/10/2017
- Minimum quality standards were discussed with treatment experts; the experts may represent a forum for discussing on monitoring the implementation of the standards.

Main findings from the meeting:

1. TDI implementation

- TDI has been implemented in all countries since the beginning of 2000, with substantial increase of data coverage and improvement of data quality. TDI data reporting to the EMCDDA has substantially expanded from 2000 to 2017 and TDI data are increasingly used in all EMCDDA products, for specific projects and for analysis with other indicators.

- Opioids continue to be the main reason for entering treatment with about 38% (190 996) of all the treatment entrants reporting opioids as their primary drug, followed by cannabis (31%; 154 693). Regarding first-time entrants, cannabis is the main reason for seeking treatment with about 45% (83 358) of first-time treatment entries.

- Overall, injecting has been decreasing since 2006, with less than 20% of first-time treatment entrants reporting injecting as their main route of administration in 2015.

- The TDI monitoring system needs to adapt to a changing context. Because of the recent appearance of new psychoactive substances (NPS) among users entering drug treatment, NPS groups, such as synthetic cathinones, have been added to the TDI protocol. As other relevant groups of NPS users start to enter drug treatment, a proposal to re-code NPS in the TDI Protocol was done, having in mind the need to keep the minimum possible changes.
- The proposal has the objective to keep the minimum possible changes:
    - adding to the category Cannabis a subcategory “synthetic cannabinoids”
    - change the subcategory “fentanyl” to “fentanils”, in order to include all substances under this group;
- A survey monkey including a proposal for revision of the NPS codes in the TDI will be launched in the next weeks and a final proposal will be presented at the Heads of NFPs in November.

- The TDI prevalence module provides data on a large proportion of clients who are in continuous treatment. During the workshop on TDI Prevalence, three countries presented the last national TDI Prevalence data: a large number of drug clients are in continuous treatment and present specific profiles and patterns of drug use. In 2016 seven countries provided data on TDI Prevalence. The next data collection exercise will take place in 2019 (data collected in 2018) on a voluntary basis. Nine countries (AT, CY, FI, FR, LV, NL, RO, UK) will provide data on the TDI Prevalence. Countries can provide data in FONTE before 2019.

- In the round table country experts presented the national implementation of the TDI and an overview of their last data. Most countries reported a decrease of heroin clients and an increase of cannabis clients as well as the appearance of users entering treatment for NPS and opioids other than heroin in several countries. There are still many differences between countries. Concerning the national monitoring systems, several countries are undergoing development and changes in their TDI/treatment monitoring system. Those changes are due to different reasons according to country, including administrative reform, establishment of new treatment units, reorganisation of national treatment system and other factors. Two additional countries will start collecting data on treatment units in prison, making up 15 countries' reporting data on treatment units in prison

- Implementation of TDI in IPA countries. The representatives of Albania, the former Yugoslav Republic of Macedonia and Serbia gave an overview of the implementation of the TDI in their countries. In Albania there is not yet a common drug treatment data collection system, though there is a monitoring done in the treatment facilities. In the former Yugoslav Republic of

Macedonia, there were recent amendments to the law on health records and this might impact the TDI data collection processes at national level. In Serbia, there is a national TDI database and current work aims at strengthening the data collection and increase the coverage.

2. Data Quality

- Data quality remains an important area for further development. Despite the improvement along the years, limitations in data quality exist and should be addressed

- The main data quality issues on last year data were related to: the large use of the category "others" in data reporting, sometimes without an explanation, the unclear reporting on polydrug use (in particular the table on primary*secondary*tertiary* drug) and the timeliness in providing clarification to the questions. Experts are invited to make the least possible use of the category "others" and to specify what the category includes; they are also invited to reply to clarification questions within 1-2 weeks. The EMCDDA will further investigate on the data quality on polydrug use.

- Specific work is needed on trends analysis with TDI data and combining TDI data with OST data: the discussion in the parallel workshops showed the need to consider multiple factors, including artefacts due to the reporting system. A briefing note is included as annex to the report.

- In 2018 the fourth key indicator assessment will be conducted on data reported in 2017; the process will involve the TDI experts and will be carried out in the first months of 2018

3. The analysis of TDI/Treatment data

3.1 Mortality cohorts among high risk drug users – key role of treatment data

- Mortality cohort studies should be encouraged, to cross validate national statistics on DRD, but also to inform cause specific mortality among drug users (e.g. from hepatitis or suicide) and to measure the impact of intervention (e.g. the benefice of being in treatment). Treatment settings are one of the most appropriate and feasible settings to recruit users to set up mortality cohort studies/linkage studies. These should be prioritised in all countries. Focal points who 'handle' treatment data in particular, should try and set up linkage studies with mortality registers.

3.2 Ageing high-risk drug users

- Europe is witnessing an ageing of its high-risk opioid using population with a large proportion now aged in their 40s and 50s. Between 2006 and 2015, the mean age of those entering treatment for problems related to opioid use increased by 4 years (from 33y to 37y) across Europe. During the same period, the average age of drug-induced deaths (which mainly involve opioids) increased by 5.5 years with rising numbers among the older age groups. National data presented in this session showed that these figures are likely to increase in the near future. The cumulative effects of polydrug use, non-fatal overdoses, social isolation and physical deterioration over several decades create a range of complex health and social needs with considerable implications for treatment, social support services and prevention of drug-related deaths. National data showed that addiction and healthcare services are insufficiently aware of the outcomes and needs of older drug users in the Member States. Increased access to tailored treatment and housing services are required while greater integrated responses between non-specialist health and social services, specialist addiction services and specialist geriatric care is necessary to achieve the best possible quality of life within the particular bio-psycho-social potential of this population.

3.3 Other issues

- Polydrug use is a common pattern of drug use among treatment clients: more analysis on this issue is necessary; the FONTE table on primary*secondary*tertiary drug will be further analysed and data validity will be further checked.
- TDI data is increasingly used to respond to analytical questions: the availability of individual data would be useful to that end. Five countries (BE, CZ, CY, HU, DK) are available to send case level data to the EMCDDA. A process for providing individual data to the EMCDDA will be sent separately to the interested countries.
- Cross indicator analysis increases the insight into the analysis of the drug problem; work has been carried out and is ongoing in the areas of PDU (TDI is an important input for PDU estimates using indirect methods), DRID (common work is ongoing on behavioural variables), DRD (the common session with DRD experts show that treatment data are useful for conducting mortality cohort studies), GPS (parallel work is ongoing on coding NPS substances, work has been conducted on the analysis of intensive cannabis use and cannabis clients).
- The scope and the objectives of the EMCDDA study looking into potentially emerging issue of misuse of tramadol among poly drug users were presented. Short analysis based on the treatment data reported in the treatment workbooks and through Fonte were addressed, looking also at the limitations of the TDI data (tramadol reported only as a secondary drug) and a need to additionally explore other existing data sources.

4. How treatment monitoring inform responses to drug use

- The upcoming report on “Health and Social responses to drug problems: a European Guide was presented. The guide, plus accompanying package of on-line resources, will provide a reference point for all those involved in planning or delivering health and social responses to drug problems in Europe. It will be revised every three years and complements the European Drug Report and the European Drug Market Report and will provide a platform for developing the EMCDDA work towards the goal of a healthier Europe. The guide will be launched on 24th October at the Lisbon Addictions conference. Countries experts were invited to disseminate the report to their national stakeholders.

- Psychiatric comorbidity is common among drug treatment patients, often suffering from mental health and drug addiction disorders. An instrument for the rapid diagnosis of psychiatric comorbidity has been presented. An article describing the instrument is available on the web page of the meeting. A proposal to carry out a pilot data collection on psychiatric comorbidity using a standardised instrument was presented; five countries (PL, EL, SK, RO, Serbia) expressed their interest in participating. More details on the implementation of the project will be sent to the interested countries.

The instrument is available as application at the following links:

- Dual Diagnosis Screening Interview DDSI (iOS): https://itunes.apple.com/us/app/ddsi/id1072599983?ls=1&mt=8

- DDSI (Android): https://play.google.com/store/apps/details?id=com.appnostica.ddsi

- Minimum Quality Standards
  The discussion on minimum quality standards in Europe has brought the Council to adopt some Conclusions on 16 standards. These standards address Prevention, Treatment and Harm Reduction. The workshop focused on Treatment and the participants discussed examples on how standards are evaluated in their countries suggesting options for future monitoring.

- Opioid Substitution Treatment: access, quality and prevention of diversion
  European data on OST shows that large differences exist in OST provision models, legal frameworks, access to this treatment and control mechanisms in the Member States of the diversion of OST medications. A preliminary draft compiling findings on an analysis of these data was presented with a number of points to be further investigated, such as the use of the HROU estimate as a denominator in assessing the provision of OST, waiting times as a measure of access, drawing up typologies of European models of OST provision, establish accurate definitions of OST (detoxification versus maintenance treatment) and further investigate the underlying factors explaining the observed levels of misuse and diversion of OST in the Member States. This first draft discussed at the meeting can be found on the TDI extranet.

- An analysis of data has been presented that looked at cannabis users entering treatment following referral from the criminal justice systems in the European countries. The objective was to compare the percentage of cannabis users referred by the criminal justice system with the percentage of treatment entrants who are using cannabis intensively. The preliminary results show that in some countries with a high percentage of daily cannabis users entering treatment, the proportion of users referred to treatment by the criminal justice system is low. On the other hand, in some countries with a low percentage of daily cannabis users entering treatment, the proportion of users referred to treatment by the criminal justice system is high. More analysis is needed to understand these findings, including contextual information on national legislative framework. Some countries expressed their interest in participating in this analysis. Countries interested are invited to send their interest to the EMCDDA and will be contacted separately to work on the common project.

Conclusions

The TDI is one of largest dataset on drug related problems at European level and it is increasingly used in European and national analysis, including with other epidemiological indicators. Data quality issues in TDI monitoring system remain and further efforts should be made to improve data quality and increase data utilization in the description and interpretation of the drug problems and of planning and organisation of interventions in the European countries.

For further information on the outcome of the meeting please see:

http://www.emcdda.europa.eu/meetings/2017/tdi.

ANNEX I – Briefing Note on trend analysis

As part of the TDI Expert Meeting held on the 20th and 21st September 2017, there were two sessions where trends in TDI data were discussed. The first session examined trends in new heroin clients and the second sought to understand changes in reported data, including consistency between sources. More specifically, the second session sought to explore the relationship between TDI trends and OST trends.

A. New Heroin Clients

The main reason for having this session was the apparent rise in the number of new heroin clients observed in TDI. Overall, the number of new heroin clients in the TDI data had increased since 2014, with 14 countries reporting increases between 2014 and 2015. Experts from four of these countries presented on their data.

- Italy (Natalia Magliochetti / Pietro Canuzzi)
- Latvia (Diana Vanaga)
- Lithuania (Ieva Vaitkeviciute)
- United Kingdom (Andrew Jones)

The Chairs of the session, Jelena Jankovic and Jane Mounteney opened it by listing several factors to be investigated, including whether there had been changes in reporting.

Three of the country presentations highlighted reasons why, despite the TDI data showing increases in the number of new heroin clients, it was unlikely that there was a true increase in the number of new heroin users in the country. In Italy it was thought that the increase in the TDI could be explained by the implementation of a new National Information System on Addictions (SIND), particularly as the number of units reporting to TDI had increased. Latvia also highlighted that the increase seen in TDI could be due to increases in the number of units reporting, including inpatient settings and also that changes in case definition may have contributed to the increase. Other data within Latvia, including deaths and seizures, did not point to an increase in heroin use. In the case of the United Kingdom, the apparent increase had been attributed to the inclusion of prison treatment data (which contributed around 12,000 additional clients). Only Lithuania suggested that the apparent increase couldn't be attributed to changes in reporting practices.

The discussion widened out to other countries. In The Netherlands, the increase was understood to be because of issues with the Social Security number which is used to identify unique individuals. If this had been taken into account, there would have been a decrease. In that country it was possible to 'correct' previous years in light of changes in reporting practice and it was suggested that, where possible, this may be something to explore in other countries. In France (not represented at the session) the increase was again attributed to changes in reporting practices where issues of identifying clients who had not been previously treated led to increases in 'new' clients who would previously not been classed as such.

In general, the discussion also considered the benefits of reporting TDI information such as new heroin clients as percentages instead of absolute numbers, however there was disagreement about this. It may be that if TDI data is to be used to identify trends in patterns in use of particular drugs then a more nuanced approach needs to be taken, either by going back to source data (in the case of The Netherlands) or devising some statistical approach to identify trends that would be robust and not so heavily affected by changes in reporting practice.

B. Comparing trends across TDI and OST

The second session sought to explore why trends in TDI opiate data do not consistently match trends in OST, particularly as OST is considered as the main treatment for those presenting due to opiate use. In some countries increases in TDI opiate clients are reflected in increases in OST whereas in others they do not (i.e. one increases while the other decreases). The session focussed on the situation in Greece, presented by Anastasios Fotiou where a substantive increase in the numbers in OST was not apparently reflected in increases in TDI opiate clients.

Previously in the joint TDI / DRD session we had seen a presentation from Martin White (the UK DRD expert) in which a model to predict the numbers in treatment was outlined. The model cannot be used for TDI data as only entry into treatment is considered. However, this model perhaps would hold for OST, where the numbers in a particularly year can be modelled as the number in the previous year (the stock) plus the number who entered OST in the year minus the number who exited OST. Many in the session questioned whether a model which was based on a yearly interval would be relevant to this situation. Others questioned whether mechanisms for identifying people 'exiting' OST were as robust as those identifying people entering OST.

In Greece it appears that the OST data (and thus the trend) is heavily depending on the availability of OST treatment and the substantive increase in OST clients outlined in the presentation reflected a policy decision to increase the number of treatment slots. In other words, a high demand for OST meant that an increase in capacity resulted in a direct increase in OST clients, although it was not reflected in terms of increase in treatment demands.

In Spain, where both datasets follow a similar parallel trend, the question emerged on the number of OST clients exiting that treatment on a yearly basis and how these 'exits' may be feeding the dataset of the number of 'previously treated' entrants the following year. In other words, a parallel trend for both datasets would possibly reflect a revolving door effect between OST exits and TDI entrants.

In contrast to the first session, it was harder to identify reasons why trends may differ and it is likely that there will be substantive differences across countries. Issues that may need to be examined include the typical route into OST within a country, in particular would someone need to enter 'treatment' (as defined by TDI protocols) prior to obtaining OST and how that journey would be reflected within TDI data. It was suggested that in at least one country, those who enter OST would not appear in TDI data. When examining the Greek data in greater detail, there did appear to be credible reasons for the trend data presented.

ANNEX II - Agenda

2017 Expert meeting on TDI/Treatment

Date: 20-21 September 2017

Place: conference room, Lisbon, EMCDDA

DRD/TDI expert meeting
COMMON SESSION

Agenda

Wednesday, 20 September 2017

9.30 - 11.00 Plenary Session I: Mortality cohorts among high-risk drug users - key role of treatment data
Chairs: Julian Vicente and Christophe Palle

Objective: to discuss examples of cohort studies and reflect on how, in practice, collaboration with treatment centres and use of treatment data, can contribute to assess the whole health impact of high-risk forms of drug use – to reflect on identifying data capable of supporting linkage

- Overview of the topic - Isabelle Giraudon, EMCDDA
- The performance of a national OMT program with time. Are the benefits from the program in terms of mortality reduction stable or changing during a period from 1997-2009? - Thomas Clausen, Norway
- Linkage study TDI and mortality registers: main findings, practicalities, lessons learnt, capacity building opportunities - Tim Millar, United Kingdom
- Brief tour de table - other mortality cohorts

11.00 - 11.30 Coffee break

11.30 - 13.00 Plenary Session II: Ageing high-risk drug users
Chairs: Alessandro Pirona and Catherine Crawford

Objective: The joint session is dedicated to the ageing cohorts of high risk drug users in and out of treatment and the implications for practice and policy at national and European level.

- Predicting the size and characteristics of the drug treatment population in England - Martin White, United Kingdom
- Ageing among high risk drug users in the Netherlands - Will Kuijpers and Jeroen Wisselink, The Netherlands
- Ageing among opiate users in Austria: routine data, implications, challenges - Alexander Grabenhofer-Eggerth, Austria
- Ageing among high risk drug users in Portugal - Domingos Duran, Portugal
- Treatment for opiate use and outcomes in older adults: A systematic literature review - Suzi Lyons, Ireland

In parallel:

11.30 - 13.00 Workshop with IPA - Practical implementation of TDI/Treatment related data in IPA countries
Chairs: Sandrine Sleiman and Cécile Martel
Room CDS107

Objective: to have a joint session with the experts of DRD and TDI on current monitoring situation in the countries

- Presentation of the EMCDDA IPA 6 cooperation project
- Overview of the situation for what regards drug-related deaths data collection: strengths and challenges at national level (tour de table)
- Overview of the situation for what regards drug-related treatment data collection: strengths and challenges at national level (tour de table)

13.00 - 14.30 Lunch break

TDI/Treatment expert meeting
Agenda

14.30 - 15.30 Plenary Session III: Update on last developments in treatment related data and links with other epidemiological indicators
Chairs: Linda Montanari and Anastasios Fotiou

Objective: to provide an update on TDI/treatment related data implementation, to discuss recent findings, and provide an overview of last developments of key epidemiological indicators

- Introduction: update on TDI implementation and on-going activities - Linda Montanari, EMCDDA
- Overview of last treatment related data - Bruno Guarita, EMCDDA
- Update on other treatment related activities (EFSQ, e-health, OST project) - Alessandro Pirona, EMCDDA
- Workbooks feedback - Alessandro Pirona, EMCDDA
- Overview on update from other key epidemiological indicators, highlight of possible complementarity with TDI (Joao Matias - GPS, Isabelle Giraudon - DRD and DRID, Thomas Seyler - PDU)
- Update on the project on misuse of tramadol - Klaudia Palczak, EMCDDA

15.30 - 16.00 Coffee break

16.00 - 18.00 Plenary Session IV: Data quality and data reporting
Chairs: Sandrine Sleiman and Ioanna Yiasemi

Objective: to discuss main data quality issues in TDI data and need for revising NPS codes in TDI. To present national developments in TDI in round table

- Round table with update from the countries: **10 countries** (2 minutes each)
- NPS coding: how to adapt monitoring to a changing context - Ana Gallegos, EMCDDA
- Main data quality issues - Bruno Guarita, EMCDDA
- Round table with update from the countries: **10 countries** (2 minutes each)

18.00 Cocktail

Thursday, 21 September 2017

9.00 - 9.30 Plenary Session V: introduction to workshops (Conference centre)
Chair: Bruno Guarita and Claudia Ranneries

Objective: to present national developments in TDI in round table and introduce parallel workshops

- Round table with update from the countries: **10 countries** (2 minutes each)
- Introduction to workshops

9.30 - 11.00 Parallel Sessions I

Objective: to discuss in small groups about practical implementation of TDI/Treatment related data

1. Interpreting trends: discussing trends of new heroin clients
   Room CDS107
   Chairs: Jelena Jankovic and Jane Mounteney
   Presentations: Andrew Jones (United Kingdom), Diana Vanaga (Latvia), Ieva Vaitkeviciute (Lithuania), Natalia Magliochetti (Italy)
   Discussant: Gordon Hay

2. Opioid substitution treatment in Europe: access, quality and prevention of diversion
   Room CDS106
   Chairs: Alessandro Pirona and Barbara Braun
   Participating countries: France, Germany, Ireland, Czech Republic, Austria, Poland, Finland

3. Discussing the monitoring of Minimum Quality Standards
   Room CDS012
   Chair: Marica Ferri and Lubomír Okruhlica

11.00 - 11.15 Coffee break

11.15 - 12.45 Parallel Sessions II

1. Interpreting trends: understanding changes in reported data, including consistency between sources
   Room CDS106
   Chairs: Barbara Janikova and André Noor
   Case studies: Greece, Bulgaria, Romania, Sweden and Spain
   Discussant: Gordon Hay

2. TDI Prevalence: first results and next data collection
   Room CDS107
   Chairs: Alexander Grabenhofer-Eggert and Linda Montanari
   Presentations: Wil Kuijpers/Jeroen Wisselink (Netherlands), Diana Vanaga (Latvia), Ioanna Yiasemi (Cyprus)

3. Psychiatric comorbidity: assessment and diagnosis
   Room CDS012
   Chairs: Juan Mestre Pintó and Julian Vicente

12.45 - 14.30 Lunch

14.30 - 17.30 Plenary Session VI: How can treatment monitoring inform responses to drug use
Chairs: Julian Vicente and Anna Péterfi

Objective: to discuss how treatment related data can be used to identify treatment needs and service planning; to provide recent development on psychiatric comorbidity; to explore the role of criminal justice system in treatment referrals

- Psychiatric co-morbidity: possibility of a field trial of existing instrument in some treatment centres (Marta Torrens Melich)
- Feedback for the Parallel session I

16.00 - 16.30 Coffee break

- Overview of the report on Health and Social Responses to Drug Problems: a European Guide (Nicola Singleton)
- Treatment Referrals from the Criminal Justice System (Brendan Hughes)
- Feedback for the Parallel session II
- Conclusions: Linda Montanari