

Coverage assessment of data collected in the framework of the EMCDDA Treatment Demand Indicator. Final report.

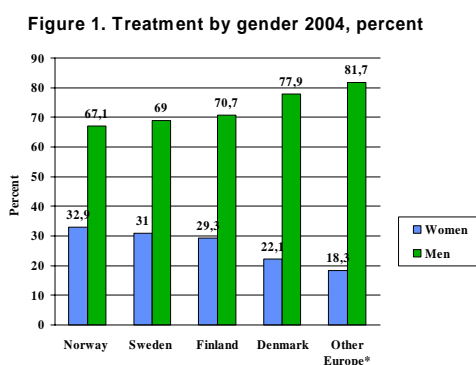
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Introduction

The EMCDDA, through its Treatment Demand Indicator (TDI), yearly collects data about drug treatment in its member states, according to a standard set in the *Treatment Demand Indicator Standard protocol 2.0* (EMCDDA & Council of Europe Pompidou Group, edited by Simon & Pfeiffer, 2000). Treatment data are to be collected from outpatient services, inpatient services, low threshold services, treatment offered by general practitioners (GPs), and treatment units in prison, as well as from other services not specified by the other categories.

Results from TDI data analyses show that there are both common features and substantial differences among the countries, probably due to national differences in the characteristics of the drug problem, differences in the treatment systems, and differences in the reporting systems and their data quality (Iversen & al. 2006). As shown in figure 1, there are among the Nordic countries surprisingly large differences in the proportions of women to men.



*Other Europe: Range male percent 67 (Hungary) to 87 (Italy, Cyprus), mean 82.9

N = 11,287 / 4,389 / 1,195 / 4,087 / 356,827

The Bergen Clinics Foundation, EI, 2006

Figure 2. Comparison of some 2004 TDI data

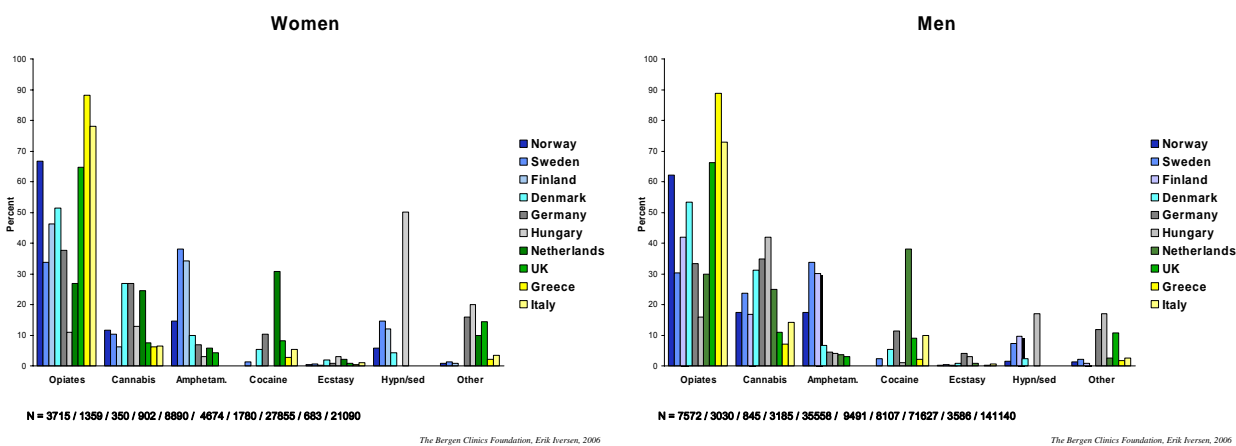
Country	Pop ₂₀₀₃	N. of clients	% male	% injection
Norway	4,6	11,287	67.1	46.0 (estimation)
Sweden	8,9	4,389	69.0	41.0
Finland	5,2	1,195	70.1	57.4
Denmark	5,4	4,087	77.9	12.9
Czech Republic	10,2	8,845	69.1	67.3
Germany	82,5	44,448	80.0	20.0
Greece	11,0	4,269	84.0	44.4
Italy	57,3	162,230 (0.28% of pop.)	87.0	67.0
Cyprus	0,7	450	87.0	52.4
Lithuania	3,5	5,011	82.0	91.9
Luxembourg	0,4	389 (0.097% of pop.)	70.0	62.0
Hungary	10,1	14,165	67.0	12.0
Malta	0,4	667	84.8	?
Netherlands	16,2	9,887	82.0	3.2
Austria	8,1	6,995	71.0	100
Slovenia	2,0	1,130	78.1	61.1
Slovakia	5,4	2,315	79.2	45.2
UK	59,3	99,482	72.0	40.2
Bulgaria	7,8	2,037	81.0	75.9
Romania	21,2	1,502	69.0	62.0

Figure 2 shows substantial differences in some of the TDI variables for 2004, as the proportions of the populations that came into treatment compared with the countries' populations for 2003, and the proportions of the treated that had been injection users. Austria, for instance, reported 100% injection, while The Netherlands reported only 3.2%. The data also showed great variation among countries concerning primary drug, as shown in figure 3. For instance, Hungary has a very high proportion of treated clients reporting hypnotics/sedatives as primary substance, while The Netherlands report a very high proportion for cocaine. Some of these differences are bound to be due to differences concerning which treatment types and/or client groups the national systems cover.

To interpret such differences it is necessary to have a good overview of the coverage issues within each country. Knowledge of coverage means to know the numbers and types of treatment facilities included in and excluded from the data collection, as well as the numbers and profiles of clients

included in and excluded from the data collection. Knowing the coverage of data within a treatment monitoring system, implies having knowledge of the total number of the various treatment services within the area monitored, what client profiles these have, what their capacities are for the different client groups, and the numbers of clients actually treated.

Figure 3. TDI: Primary substance in treatment 2004, differences among some countries



The project "Coverage assessment of data collected in the framework of the EMCDDA Treatment Demand Indicator" was contracted from the EMCDDA to The Bergen Clinics Foundation in late May 2007. Its purposes were:

1. To assess the existing EMCDDA information on data coverage concerning the Treatment Demand Indicator for the year 2005.
2. To assess more in depth the level of coverage and the extent to which the treatment demand data represented the actual national situation in a restricted number of countries. This was supposed to be done through examination of existing information as well as developing and deploying an ad hoc instrument to supplement the existing knowledge. In accordance with the conclusions of the Working Group meeting on coverage at the EMCDDA on February 5th 2007, this in depth assessment should have a special focus on outpatient and inpatient treatment centres.
3. To write a final report which should include a description of the 2005 data coverage assessment from the first and second tasks, and recommendations to consider/improve the coverage issues in light of the data description.

Activities

As the executive officer for the contractor, senior psychologist specialist Erik Iversen attended the EMCDDA offices at 65 Av. Almirante Reis from Monday 18 to Friday 22 June. During this time relevant data from the EMCDDA data archives were collected and gone through, in collaboration with

EMCDDA staff, and meetings and interviews were held with the following representatives of the EMCDDA: Linda Montanari, Katerina Christaki, Dagmar Hedrich, Martin Janiga, Alessandro Pirona.

The main foci of the inspections of data sources were Standard table 34, Standard table 03, Standard table 24 and Structured questionnaire 27, in addition to National reports, with the purpose of getting an overview over the extent and reliability of the data concerning TDI's coverage of treatment centres, treatment units, and treated clients in the different countries. Copies of tables, questionnaires and raw data were made for later use by the contractor.

The first drafts of a set of two questionnaires to obtain more detailed knowledge of the coverage situation in the 8 countries participating in the Working Group on Coverage, were completed, and distributed to the experts of these countries (Tim Pfeiffer, Germany; Tamás Koós, Hungary; Sharon Arpa, Malta; Erik Iversen, Norway; Janusz Sieroslawski, Poland; José Padua, Portugal; Roger Holmberg, Sweden; and Etienne Maffli, Switzerland), with a request for comments. Results from this round were integrated in the final version of the two questionnaire forms. They were then distributed to the eight participating countries, with a response deadline of September 10. The two forms (see attachments 1 and 2) are (1) for the national experts to sum up the per date knowledge of treatment centres, treatment units, and their capacities, as of 2005, broken over several types of treatment and some special target client groups, and (2), if necessary, for treatment centres or units themselves to fill in this information.

The aim of this survey was to find out if it is feasible in these eight countries to obtain this information, to try to get an updated and more detailed picture of coverage issues in the countries, as well as to find out how it's done in countries where it is possible, and why not in countries where it is not possible. Answers from the countries were returned between late August and late December. Since then, interviews were performed by telephone with each of the countries' national experts, for the purposes of clarification of questionnaire entries, and for background information.

Finally, results from the project were presented at the meeting of the Working Group for TDI data Quality, held at EMCDDA offices in Lisbon February 4th 2008. During this meeting it was decided to establish a system to evaluate the data quality which will include the assessment of coverage, where countries will be asked if they have a method to assess the data coverage, and if so to describe this; or, alternatively, whether they have a system for estimation of coverage, and if so, to describe this.

Results

Data existing at the EMCDDA

The data sources already existing at the EMCDDA, that was of special use for the project, were Standard Tables (ST) 34, 03 and 24, the national experts' qualitative assessment ratings of coverage, Structured Questionnaire 27, and National Reports. Of these ST 34 was the most useful, because it directly asks for coverage percentages both for centres and for clients, and gives a lot of detailed other data.

In 2005 25 countries out of 29 (27 EU member states and 2 candidate countries) reported data on people entering treatment for drug use. Of the 25 countries, 24 reported data on outpatient treatment centres and 16 on inpatient centres. Few countries reported data on other types of treatment centres: Four countries reported on treatment units in prison, three on low threshold agencies, two on GPs, and two on other types of treatment centres not included in the previous categories. Data were collected for 4935 centres, varying from 5 in Malta to 889 in Germany (Montanari & al., 2007).

Experts' assessments

Prior to the TDI expert meeting in 2005, the national experts from 27 countries gave qualitative assessment ratings of the coverage of the monitoring systems in their country, for each of the five types of centres. Ratings from Belgium, Norway, Poland and Switzerland were let out from the table 1, because these countries did not report TDI data for 2005. For outpatient and inpatient centres the majority assessed coverage as being "good" or "sufficient", while for the other three types of centre or unit the majority gives assessment of none or "poor" coverage. It is not known where lines are drawn, by different experts, between the assessment categories "poor" to "sufficient" to "good". Nor can we know if coverage estimates are uniform within different types of outpatient centres, within different types of inpatient centres, or between outpatient and inpatient centres, within each country.

Table 1. Experts' qualitative assessments of national coverage* of the different centre types, 2005. N=23.

	No	Poor	Sufficient	Good
Outpatient	0	1	7	15
Inpatient	2	3	9	9
GPs	17	2	2	0
Low Threshold	11	4	2	6
Units in Prison	9	7	4	3

*assessments can be made by experts whose country do not provide data for one or more types

In the following we will focus on the eight countries participating in the current coverage project.

Standard Table 34

Table 2 gives a summary of the information on coverage concerning outpatient and inpatient centres given by the 8 participating countries through ST34.

Country	N of units* covered	N of units* in country	% of units* covered	% of clients covered
Germany outp.	749	934	80	not known
Germany inp.	140	not known	not known	not known
Hungary inp.	125	125	100	100
Malta all centres	5	5	100	100
Norway	no data	no data	no data	no data
Poland	no data	no data	no data	no data
Portugal outp.	77	77	100	100
Sweden outp.	84	400	21	22
Sweden inp.	95	330	29	29
Switzerl.	no data	no data	no data	no data

* "Unit" is in this table most often reported as a treatment centre, but by some countries as a treatment unit

Three of the eight countries had in 2005 data both for outpatient and inpatient centres, Germany, Sweden and Malta. Of these, Malta do not distinguish between these types of treatment, but they report a coverage rate of 100 percent. Sweden reported coverage rates of 21-22% (outpatient) and 29% (inpatient). Germany reported coverage of 80% of outpatient centres, but did not know their coverage rate for outpatient clients or for inpatient data. Hungary reported 100% coverage for inpatient centres, but did not report for outpatient treatment. Portugal reported 100% coverage for outpatient centres, but had no data for inpatient treatment. Norway, Poland and Switzerland did not report for 2005 (although Poland had a report for January to June 2000, and a ST03 report for 2004).

Standard Table 24

The ST24 for the reporting year 2005 were divided into two parts, one for medically assisted treatment, and one for drug-free treatment. The form also distinguished between specialised treatment units and generic treatment units for both outpatient and inpatient drug-free treatment. The table asks for number of *units*, number of *slots*, and number of *clients* for each treatment category unit existing in the country (a full description is given in Hedrich, 2007). As Hedrich (2007) sums up, a number of problems with terms and definitions, in the light of differences in treatment systems and their monitoring systems both between and within European countries, made the usefulness of the form subject to revision. This concerns definitions of treatment types, of the terms "centres" and

"units", of capacity measures (especially for outpatient units), and handling of likely overlap between treatment categories in the same or different units.

Structured Questionnaire 27 and National Reports

Both SQ27 and the national reports are means to obtain descriptions of the ways the treatment sector for problematic drug use are structured, funded, owned, and functioning in the European countries. For necessary background understanding these are extremely important tools, because of the vast differences between systems of drug treatment and it's monitoring in European countries. Without these descriptions, the designing of common indicators, or the interpretations of results from such, will be impossible. However, because of this descriptive nature, these sources are very important for understanding coverage data, but not in themselves of direct help in calculating coverage.

Questionnaire data collected as part of the Coverage project

The questionnaires developed within the Coverage project (see attachments 1 (main form) and 2 (help form)) defined "unit", "centre", "drug treatment" and "capacity" as follows:

A treatment unit is a physically detached or separate setting with one or more specific treatment activities. A *treatment centre* or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

Treatment capacity shall be recorded as number of beds for inpatient units.

Treatment capacity shall be recorded as number of full time position equivalents for treatment personnel for outpatient units (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

The questionnaires were intended to make possible an assessment of total numbers of treatment units and their capacities within a) *outpatient treatment* and b) *inpatient treatment*, in 2005. Within each of the two treatment forms, it was first asked for number of centres, number of units, and their summed capacity. It was then asked for number of units and their capacity for each of the following treatment types:

- Detoxification/withdrawal treatment
- Substitution maintenance treatment
- Psychosocial interventions treatment

and targeted client groups:

- One gender only (and number of units for each gender)
- One specified age group only (and which age groups)
- One illegal drug type only (and which drug type(s))

Because of overlap, if summed, these units and their capacities would exceed the total numbers.

The questionnaire also asked for numbers of low threshold agencies, units in prison, and GPs.

Tables 3 and 4 show the results summed up for outpatient and inpatient centres and units in the eight countries. Not unexpectedly, the countries with the smallest population tend to have the most detailed data. Especially the two smallest countries (Malta and Norway) have quite detailed answers.

Country	Total			Detox/withdraw		Substitution		Psychosocial		Gender		Age		S
	Ctr	Unt	Cpc	Unt	Cpc	Unt	Cpc	Unt	Cpc	Unt	Cpc	Unt	Cpc	
Germany	934	na	3673	58	na	na	na	na	na	na	na	na	na	na
Hungary	na	329	245*	0	0	8	10	329	235*	0	0	39	78	0
Malta	3	7	29	2	4	1	3	3	28	0	0	1	2	0
Norway	92	na	510	0	0	11	110	81	400	0	0	13	56	11
Poland	89	na	na	na	na	12	na	89	na	0	0	na	na	na
Portugal	11	94	na	84	na	88	na	94	na	1	8	0	0	0
Sweden	na	450	na	na	na	70	na	450	na	na	na	na	na	na
Switzerl.	na	202	596	50	na	na	na	202	596	0	0	0	0	28

Ctr=Centre; Unt=Unit; Cpc= Capacity (number of staff positions in full time equivalents); S=Treatment for one specific substance

** Medical doctors only*

Country	Total			Detox/withdraw		Substitution		Psychosocial		Gender		Age		S
	Ctr	Unt	Cpc	Unt	Cpc	Unt	Cpc	Unt	Cpc	Unt	Cpc	Unt	Cpc	
Germany	384	na	13978	244	5142	na	na	na	na	na	na	na	na	na
Hungary	na	124	5049	3	100	0	0	124	2259	na	na	?	270	0
Malta	5	8	146	3	25	2	4	7	117	4	52	0	0	0
Norway	91	na	2314	19	215	0	0	91	2314	13	180	26	324	0
Poland	115	na	3589	23	288	0	0	92	3301	0	0	na	na	na
Portugal	39	73	2036	11	111	0	0	73	2036	12	334	2	61	0
Sweden	na	300	4500	25	na	na	na	275	na	na	na	na	na	na
Switzerl.	na	65	na	32	na	na	na	65	na	8	na	0	0	0

Ctr=Centre; Unt=Unit; Cpc= Capacity (number of beds); S=Treatment for one specific substance

The distinction between "centres" and "units" has only been possible to report from Malta and Portugal. Germany, Norway and Poland reported only on centre level, while Hungary, Sweden and Switzerland reported only on unit level.

Concerning units with special types of treatment, most countries can give the number of centres or units. For specially targeted client groups, this is more uncertain. Several countries report zero such units and other report "n.a.". When "n.a." is reported, it is uncertain whether this means "not available" or "not applicable". This needs to be more clearly defined. When "0" is reported, this is interpreted as there being no such units in the country (as in "not applicable"), but because "0" is an uncertain number (some units can actually be there without the system knowing about them), confidence in this would imply that the national registers are comprehensive and continuously updated.

It is also clear, not unexpectedly, that capacity is far easier to report for inpatient treatment than for outpatient treatment. The definition of outpatient capacity is linked to the number of treatment staff positions, a statistic which is not included in many systems. There are also other considerations when trying to estimate capacity from staff "full time equivalents" (FTE), like differences of average productivity per FTE for different countries and different professions, and differences in session methods, like individual sessions and group sessions.

Summary of coverage data and interviews

Germany

Germany reported by ST34 for 2005 a coverage of 80% of outpatient centres, which was confirmed by the project questionnaire. The coverage for inpatient centres was given as unknown by ST34. However, the project survey and the interview revealed a coverage estimation of about 40% for inpatient centres. Concerning low threshold agencies, it was estimated "at least" 45 shelters, 400 cafés/meeting points, 26 consumption rooms, and 200 vending machines, with no TDI coverage. There were no data for units in prison, except that there are services provided by external outpatient centres. About 2670 GPs was estimated to provide substitution treatment, but not covered by TDI data.

Germany is currently setting up a register for all outpatient and inpatient centres in the country. It is expected that the first version of this can yield data from April 2008.

Hungary

Hungary had according to ST34 in 2005 coverage of 100% of inpatient centres, but had no data for outpatient centres or units. The project survey reported coverage of 100% for outpatient treatment, and above 75% for inpatient treatment. The Hungarian expert says that TDI reporting now is mandatory for outpatient and inpatient units in Hungary, but that compliance with this still is not full among the inpatient units. The FTEs given for Hungary's outpatient units concerns only medical doctors, the number would be much higher if other professions were included.

Hungary reported 44 low threshold agencies (2004), one unit in prison, and no data concerning GPs. None of these areas were covered for the TDI.

Malta

Malta reported in ST34 for 2005 100% coverage of outpatient and inpatient treatment, without separating the two forms. This is done in the project survey, where also capacity is reported for all units and types of treatment/groups of clients. Malta has no central registering system, so all data have been collected using the help form for collecting data from treatment centres (attachment 2).

Malta had one unit in prison, which is covered in the TDI. Malta had three low threshold agencies, and any GP could provide substitution treatment, but these services were not covered by TDI data.

Norway

Norway has yet not been reporting data to the TDI. The reason for this is the interaction between the structure of the treatment sector and the type of data collected by the national monitoring system. Because almost all centres have a majority of clients with primary alcohol problems, and the monitoring system collects aggregated data from the centres, both filtering out primary alcoholics and controlling for double counting have been impossible. Filtering on unit or centre level has not been an option till now, because of fear for upsetting a voluntary system with too heavy demands on the workload within the centres. During 2008 a mandatory national reporting system operating with person-identifiable data will come into operation, and, as the national form is 100% TDI compatible, data delivery from Norway should be possible from the 2009 data collection. There is, however, a possibility that some of the social variables (highest education, main income source) will be missing from this report.

Norway had a comprehensive register of treatment centres containing data on treatment types, client target groups, capacity and number of all staff and their formal professional competence. This register has been reduced the last two years. It is a goal to get it back to the comprehensive state.

Low threshold agencies are yet not covered by the national monitoring system. Concerning units in prison there are none, all services are provided by municipal health care, or substitution treatment by the auspices of the regional MAT centres. GPs are not allowed to provide substitution treatment unless under the auspices of the regional centres. All MAT clients are through this included in the national monitoring system.

The Norwegian national monitoring system now covers 100% of MAT units' capacity, 90% of inpatient units' capacity, and about 40% of outpatient units' capacity. Participation in the national register will, as mentioned above, be mandatory from mid 2008.

Poland

Poland reported no data for the TDI for 2005, but had a ST03, which referred to 2004, summing age distribution data for 235 inpatient units with coverage of 100%. The project survey showed 89 specialised outpatient centres (along with 1029 general psychiatric and 408 alcohol dependency centres). None of these were covered by TDI reporting. Concerning inpatient treatment, there were 115 addiction treatment centres (along with 554 general psychiatric centres and 104 alcohol dependency centres). Both centre numbers and their capacity are identifiable in the Polish monitoring of inpatient

treatment, and all units are by now (2008) included in the national monitoring system extracting data for the TDI.

There was in 2005 no low threshold agencies or GPs providing treatment for illegal drug use. There were 15 units in prison, which were not covered by TDI data collection.

Portugal

Portugal reported 100% coverage for outpatient centres on ST34 for 2005. Inpatient centres were not covered. The project survey showed a good overview over number of centres and units within both outpatient and inpatient centre, while capacity was reported for inpatient but not for outpatient units. The Portuguese monitoring system is based on several data bases, and work is being done to make a master data base out of these. The system will still focus on the public outpatient services, which assigns almost all referrals to inpatient treatment in the predominantly private inpatient centres, which are yet not included in the national monitoring systems.

In Portugal 31 low threshold agencies, 11 units in prison, and the GPs (who all theoretically can provide substitution treatment) are not covered by TDI data.

Sweden

Sweden reported coverage of 21% of outpatient centres and 22% of outpatient clients, and 29% of both inpatient centres and clients by ST34 for 2005. The survey questionnaire was only partially answered, because the Swedish monitoring system is based on a biannual survey. Capacity measures for outpatient treatment are not part of the system.

In Sweden low threshold agencies are not covered by the monitoring system. Units in prison are covered. There is no substitution treatment given by GPs.

Switzerland

Switzerland was not a member of the EMCDDA in 2005, and was hence not providing data for the TDI. The project survey showed 202 outpatient units, with a personnel capacity of 596. Out of these 23 units were providing heroin prescription treatment. Coverage by the TDI compatible national monitoring system is 100% for the heroin prescription units, but only between 20 and 30 percent for the other outpatient units. Of the 65 inpatient units between 80% and 90% are presently covered. Capacity is unknown for inpatient units.

About 300 low threshold agencies are not covered. Neither maintenance/substitution treatment in prisons nor MAT provided by "a large number" of GPs are covered.

Summary and conclusions

The task of calculating, or estimating, rates of coverage of TDI data for the different countries is a hard challenge. The ST34 and ST03 contain a table for reporting coverage, and from the results of this project's survey, with a few exceptions, the coverage estimations seem to be fairly accurate, for the forms of treatment reported. Where data are missing, or coverage of reported data is unknown, this usually is due to national monitoring systems either not monitoring some of the forms of treatment, and/or not having a comprehensive register for all drug treatment centres and units in the country.

This problem also affects the efforts made for assessing each nation's capacity (or availability) for different drug treatment types by the ST24. Reliable coverage assessment needs reliable registrations of the different drug treatment types occurring in each country, registrations which should incorporate number of treatment centres, number and types of treatment units within centres, the capacities of these units, and the numbers of clients treated by them. This kind of registration is now lacking in most of the countries participating in this project, and it is unlikely that the situation is much different in the other member countries.

The distinction between treatment "centre" and "unit" is of importance. In many places, centres will provide both outpatient and inpatient treatment. When reports are made on centre level, it may be a problem to distinguish the two treatment forms, as was the case in the ST34 from Malta. If reports are made on unit level, this problem will be reduced. However, it will probably still not be totally eliminated, because both outpatient and inpatient treatment may be provided by the same personnel in the same unit. To achieve 100% correct registrations, in such instances the two treatment forms would have to be registered separately as if there was two units, and the personnel time equivalents (see next paragraph) would have to be assigned to each by activity indicators or estimations.

A particular problem is the difficulty of assessing outpatient treatment capacity. Outpatient units have no fixed number of "slots", like the number of beds in an inpatient unit. Capacity in an outpatient unit is firstly a consequence of the number of full time equivalent staff giving treatment. But, the types of professions giving treatment, types of treatment modalities (like individual vs. group treatment), and efficiency norms, also will have impact on an outpatient unit's capacity.

Concerning low threshold agencies (or services), general practitioners, and units in prison, the reporting within TDI has been consistently low. Concerning GPs, this may be due to different legalities within different countries concerning GPs' rights to administer substitution treatment, and it may have to do with the large number of GPs in all countries. It may be that, where GPs are not under the auspices of a

central or specific controlling agency, monitoring of GPs' drug treatment becomes too vast a task. Concerning low threshold agencies, lack of coverage may be due to several factors, from what is actually meant by "low threshold", to the numbers and organisational affiliation of such agencies, to requirements and feasibility of client registration within such agencies. If low threshold agencies are to be part of the TDI, it should be considered if narrower definitions can be a help in specifying just which kinds of services should be included. Concerning units in prisons, actual drug treatment units within prisons should be possible to monitor, and perhaps this is so for the countries that report these to the TDI. However, treatment services within prisons seem to be designed quite differently in different countries, from prison-based units to general GPs, municipal health services or specialised substitution agencies delivering treatment services within or outside the prisons. Here it may also be of help for monitoring systems to have very clear definitions of what shall constitute a "unit in prison".

The present knowledge of the TDI coverage of outpatient and inpatient treatment differs between countries, and is relatively fragmented within many countries. Some countries have 100% coverage of both treatment forms, some have high coverage for one form and low or no coverage for the other, and some countries have low or no coverage for both. Unless a monitoring system covers 100% of the monitored activity, estimation of the covered part's representativity for all treatment presupposes knowledge of the types of activities and their volume in the parts not covered. This is now seldom the case in the European countries, but some countries have, or have started to design, systems to assess not covered volume. Without better knowledge of the coverage of the different countries treatment data, comparisons between countries, and comparisons over time, become troublesome, even where the collected data are of excellent quality in all other respects. The work going on concerning collection of prevalence data, and assessment of treatment availability, may be of help in the future estimations of coverage. Most relevant data should be ideally collected within the frames of the TDI itself.

Concerning coverage of low threshold agencies, general practitioners, and units in prison, very few countries can deliver data with certain or good coverage. In some countries, some of these treatment forms do not exist, which defines the situation clearly. For many countries, however, the problems of monitoring pertain to vast numbers of "outlets", to lack of clarity of definitions, or to individual registrations within the services not being made. Because such difficulties seem to be present for a majority of the countries, it may be the best strategy to advise that efforts to improve the situation concerning these areas should be concentrated on developing very clear definitions of what is actually meant by "low threshold agencies" or "services", by "units in prison", and by what type of "treatment offered by GPs", and under which controlling conditions such activities should be apart of an EU-wide monitoring system.

Summary of recommendations

- Further development of more precise definitions, concerning
 - types of treatment (outpatient, inpatient, detox, withdrawal, substitution, psychosocial, drug free,..)
 - place/organisation of treatment (centre, clinic, department, unit, ward,...)
 - treatment capacity (outpatient, inpatient,...)
 - treatment personnel, staff, professions,...)
 - low threshold agencies, low threshold services
 - "unit" in prison
 - which GP activities under which control conditions (should be monitored)
 - differentiate clearly between table entries "not available", not applicable", and "0".

- Include coverage assessment in more detail in the data quality assurance system for the TDI. An example of how coverage data can be used to estimate total treatment numbers for a country, using Norwegian data, is found in Appendix 1.
- Concentrate resources nationally and within the EMCDDA to develop good systems for monitoring outpatient and inpatient treatment.
- Encourage countries to develop systems for monitoring treatment facilities and treatment capacities.
- Encourage countries to design systems with obligatory reporting from out- and inpatient drug treatment agencies (centres / units) including capacity data reporting as well as existing TDI data.

References

Hedrich, D. (2007) *ST on treatment availability (ST24) - Assessment Report*. Lisbon: EMCDDA.

Iversen, E, Skutle, A., Montanari, L., Holmberg, R., Eriksen, M. T, Kuussaari, K., Gren, B., Dahlberg, M. & Segraeus, V. (2006) *National documentation systems for the treatment of substance problems: primary substance and gender in four Nordic countries and Europe*. Paper presented at the 32th Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Maastricht, The Netherlands, May 29-June 2.

Montanari, L., Iversen, E., Skutle, A. & Maffli, E. (2007) *The drug treatment clients in Europe: Influence of the level of data coverage for trends and profile interpretation*. Paper presented at the 33rd symposium of the Kettil Bruun Society, Budapest, Hungary, June 4-8.

EMCDDA and Council of Europe Pomidou Group (Simon, R. & Pfeiffer, T., Eds.) (2000) *Treatment Demand Indicator, Standard protocol 2.0*. Lisbon: EMCDDA.

Appendix 1.

Example of coverage table - Norway 2005									
Based on reports from centres - total reported admissions N=20,030									
	Centres existing			Centres covered					Estimated total admissions
	Number	Capacity	Pct of Capacity	Number	Percent	Capacity	Pct of Capacity	Number of admissions	
Outpatient	92	510	100	29	32	204	40	5,010	12,530
Inpatient	91	2314	100	59	65	2106	91	12,010	13,200
Low threshold	37	942	100	23	62	800	85	3,010	3,540

Estimated total number of client admissions = 29,270

The table first lists the numbers and capacities for existing centres in Norway within the three relevant treatment areas outpatient, inpatient, and low threshold. Low threshold agencies in Norway mean housing/shelter operations that provide a degree of care, but without any structured professional therapeutic activities targeting addiction problems. The capacity figures constitute 100 percent within each treatment area.

The table then lists the numbers, percent of total numbers, capacities, percent of total capacities, and number of admissions for the centres actually providing TDI data in Norway.

Based on the percent of total capacity and the number of admissions covered, the total number of admissions in the country can be estimated for each treatment area, and summed to a national total.

(Example outpatient treatment centres: The 29 centres covered had a capacity of 204, which is 40% of the total capacity of 510 full time position equivalents. If the number of admissions into these centres, 5010, also constitute 40% of the total for covered and not covered centres, the total number of admissions can be estimated to be $5010/40*100=12530$).

Attachment 1
National summary form

Survey on treatment units (1a, 1b) in drug treatment (2) in Germany, Hungary, Malta, Norway, Poland, Portugal, Sweden and Switzerland in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment

Number of treatment units (1a) in the country providing outpatient drug treatment

Summed treatment capacity (4b) of these units

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment

Summed treatment capacity (4b) of these units allocated to this type of treatment

Number of treatment units in the country providing outpatient substitution maintenance treatment

Summed treatment capacity (4b) of these units allocated to this type of treatment

Number of treatment units in the country providing outpatient psychosocial interventions treatment

Summed treatment capacity (4b) of these units allocated to this type of treatment

Number of treatment units in the country providing outpatient treatment for one gender (sex) only

Number of units for males females Summed treatment capacity (4b) of these units

Number of treatment units in the country providing outpatient treatment for one specified age group only

Which age groups? Summed treatment capacity (4b) of these units

Number of treatment units in the country providing outpatient treatment for one illegal drug type only

Which drug types? Summed treatment capacity (4b) of these units

Survey on treatment units (1a, 1b) in drug treatment (2) in Germany, Hungary, Malta, Norway, Poland, Portugal, Sweden and Switzerland in year 2005 (3) continued. Part 2.

Inpatient units 2005

Number of treatment centres (1b) in the country providing inpatient drug treatment

Number of treatment units (1a) in the country providing inpatient drug treatment

Summed treatment capacity (4a) of these units

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Number of treatment units in the country providing inpatient detoxification/withdrawal treatment

Summed treatment capacity (4a) of these units allocated to this type of treatment

Number of treatment units in the country providing inpatient substitution maintenance treatment

Summed treatment capacity (4a) of these units allocated to this type of treatment

Number of treatment units in the country providing inpatient psychosocial interventions treatment

Summed treatment capacity (4a) of these units allocated to this type of treatment

Number of treatment units in the country providing inpatient treatment for one gender (sex) only

Number of units for males females Summed treatment capacity (4a) of these units

Number of treatment units in the country providing inpatient treatment for one specified age group only

Which age groups? Summed treatment capacity (4a) of these units

Number of treatment units in the country providing inpatient treatment for one illegal drug type only

Which drug types? Summed treatment capacity (4a) of these units

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.
 (1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Survey on treatment units (1) in drug treatment (2) in Germany, Hungary, Malta, Norway, Poland, Portugal, Sweden and Switzerland in year 2005 (3). Part 3.

Other forms of drug treatment 2005

Low threshold agencies

Were there in 2005 agencies in your country providing low threshold services (5) to illegal drug users Yes No

If yes: How many agencies

(5) By low threshold services is meant services like counselling, care, housing, needle exchange programs, that were accessible directly to the client without being referred from another authority or agency (e.g. MDs), and where there were a form of contact between client and service provider beyond mere distribution of clean syringes, and where the number of contacts were registered.

Units in prisons

Were there in 2005 treatment units within prisons in your country providing drug treatment Yes No

If yes: How many units

Were there in 2005 other drug treatment services provided to persons serving prison sentences:

Prisoners sent to inpatient units outside prison Yes No

Prisoners receiving treatment by state, regional or municipal treatment services inside prison Yes No

Prisoners receiving treatment by private or non-governmental organisation treatment services inside prison

Yes No

General practicing MDs

Were there in 2005 general practicing medical doctors (GPs) in your country providing substitution treatment

Yes No

If yes, can such treatment be provided by any general practicing medical doctor, or only by specially appointed ones?

By any GP Only by specially appointed ones

Do you know, or can you estimate, the number of GPs providing substitution treatment

Attachment 2
Treatment centre form

Survey on treatment units (1a, 1b) in drug treatment (2) in Germany, Hungary, Malta, Norway, Poland, Portugal, Sweden and Switzerland in year 2005 (3).

Treatment centre (1b) form 2005

How many units (1a, 1b) providing drug treatment did the centre comprise in all in the year 2005

How many of the units above did provide the following forms of drug treatment (units providing more than one treatment type should be counted for each type, and their capacity (4a, 4b) should be distributed between the types):

Inpatient detoxification/withdrawal treatment Summed treatment capacity (4a) of these units

Inpatient substitution maintenance treatment Summed treatment capacity (4a) of these units

Inpatient psychosocial intervention treatment Summed treatment capacity (4a) of these units

Outpatient detoxification/withdrawal treatment Summed treatment capacity (4b) of these units

Outpatient substitution maintenance treatment Summed treatment capacity (4b) of these units

Outpatient psychosocial intervention treatment Summed treatment capacity (4b) of these units

How many of these units did provide drug treatment specified for the following:

One gender (sex) only inpatient outpatient number of units for: males females

Summed treatment capacity (4a and/or 4b) of these units inpatient outpatient

One age group only inpatient outpatient Which age groups?

Summed treatment capacity (4a and/or 4b) of these units inpatient outpatient

One illegal drug type only inpatient outpatient Which drug types?.....

Summed treatment capacity (4a and/or 4b) of these units inpatient outpatient

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Attachment 3**National data**

Survey on treatment units (1a, 1b) in drug treatment (2) in Germany in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment: **934** (2004 estimate, covering specialised outpatient centres, not including hospitals, psychiatric clinics, low-threshold units etc.)

Number of treatment units (1a) in the country providing outpatient drug treatment: **not available**

Summed treatment capacity (4b) of these units **3,673 FTE** (2004 estimate, low-threshold not included)

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment: **45; additionally: 34 day-clinics (13 for drug clients)**

Summed treatment capacity (4b) of these units allocated to this type of treatment: **not available**

Number of treatment units in the country providing outpatient substitution maintenance treatment: **not available**

Summed treatment capacity (4b) of these units allocated to this type of treatment: **not available**

Number of treatment units in the country providing outpatient psychosocial interventions treatment: **only number of centres available** (see above)

Summed treatment capacity (4b) of these units allocated to this type of treatment: **not available**

Number of treatment units in the country providing outpatient treatment for one gender (sex) only: **not available** (minimum: 14 with specific gender offers)

Number of units for males females Summed treatment capacity (4b) of these units: **not available**

Number of treatment units in the country providing outpatient treatment for one specified age group only: **not available**

Which age groups? Summed treatment capacity (4b) of these units: **not available**

Number of treatment units in the country providing outpatient treatment for one illegal drug type only: **not available** (usually outpatient treatment centres address different drugs; if specialised: mostly alcohol)

Which drug types? Summed treatment capacity (4b) of these units: **not available**

Survey on treatment units (1a, 1b) in drug treatment (2) in Germany in year 2005 (3) continued. Part 2.

Inpatient units 2005

Number of treatment centres (1b) in the country providing inpatient drug treatment: **384** (2004 estimate; incl. alcohol and n=70 day-clinics – specialised inpatient centres for drug clients: n=160 + 28 day clinics)

Number of treatment units (1a) in the country providing inpatient drug treatment: **no distinction possible between units and centres**

Summed treatment capacity (4a) of these units: **13,978 slots + 826 slots (day clinics)** (2004 estimate, incl. alcohol – 5,260 slots + 311 slots [day clinics] specialised for drug clients)

Number of treatment units in the country providing inpatient detoxification/withdrawal treatment: **at least 244 specialised wards** (2004 estimate; including alcohol; n=141 specialised in drug clients)

Summed treatment capacity (4a) of these units allocated to this type of treatment: **5,142 slots** (2004 estimate; minimum; incl. alcohol – 2,078 slots specialised in drug clients)

Number of treatment units in the country providing inpatient substitution maintenance treatment: **not available**

Summed treatment capacity (4a) of these units allocated to this type of treatment: **not available**

Number of treatment units in the country providing inpatient psychosocial interventions treatment: **not available (at least those mentioned before)**

Summed treatment capacity (4a) of these units allocated to this type of treatment: **see above**

Number of treatment units in the country providing inpatient treatment for one gender (sex) only: **not available**

Number of units for males females Summed treatment capacity (4a) of these units: **not available**

Number of treatment units in the country providing inpatient treatment for one specified age group only: **not available**

Which age groups? Summed treatment capacity (4a) of these units: **not available**

Number of treatment units in the country providing inpatient treatment for one illegal drug type only: **not available**

Which drug types? Summed treatment capacity (4a) of these units: **not available**

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Survey on treatment units (1) in drug treatment (2) in Germany in year 2005 (3). Part 3.

Other forms of drug treatment 2005

Low threshold agencies

Were there in 2005 agencies in your country providing low threshold services (5) to illegal drug users **Yes** No

If yes: How many agencies: **not available; minimum estimate (2004): at least 45 shelter, 403 cafes/meeting points and 26 consumption rooms – no systematic information about needle exchange, estimate: ~200 vending machines**

(5) By low threshold services is meant services like counselling, care, housing, needle exchange programs, that were accessible directly to the client without being referred from another authority or agency (e.g. MDs), and where there were a form of contact between client and service provider beyond mere distribution of clean syringes, and where the number of contacts were registered.

Units in prisons

Were there in 2005 treatment units within prisons in your country providing drug treatment **Yes (mostly provided by external outpatient centres)**

If yes: How many units: **not available**

Were there in 2005 other drug treatment services provided to persons serving prison sentences:

Prisoners sent to inpatient units outside prison: **not available**

Prisoners receiving treatment by state, regional or municipal treatment services inside prison **not available**

Prisoners receiving treatment by private or non-governmental organisation treatment services inside prison: **if treatment is provided in prison this is the usual way**

General practicing MDs

Were there in 2005 general practicing medical doctors (GPs) in your country providing substitution treatment

Yes No

If yes, can such treatment be provided by any general practicing medical doctor, or only by specially appointed ones?

By any GP **Only by specially appointed ones** (*special qualification needed*)

Do you know, or can you estimate, the number of GPs providing substitution treatment: **2,670** (2005 data); >5,000 would be allowed to provide substitution treatment

Survey on treatment units (1a, 1b) in drug treatment (2) in Hungary in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment **n.a**
*Treatment modalities included: **Psychiatric dispensaries, addiction care dispensaries and child psychiatry dispensary**

} If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Number of treatment units (1a) in the country providing outpatient drug treatment **329**

Summed treatment capacity (4b) of these units **245 FTE**

* **Only specialist capacities are calculated, other capacities (non-medical specialist professionals e.g. social workers not)**

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment **none**

Summed treatment capacity (4b) of these units allocated to this type of treatment **none**

Number of treatment units in the country providing outpatient substitution maintenance treatment **8**

Summed treatment capacity (4b) of these units allocated to this type of treatment **10 FTE**

* **only specialist FTE (non-medical assistants are not included) and internal capacities allocated to this type of activity are estimated (since most units provide psychosocial interventions also)**

Number of treatment units in the country providing outpatient psychosocial interventions treatment **329**

Summed treatment capacity (4b) of these units allocated to this type of treatment **235 FTE**

Number of treatment units in the country providing outpatient treatment for one gender (sex) only **none**

Number of units for males females Summed treatment capacity (4b) of these units **none**

Number of treatment units in the country providing outpatient treatment for one specified age group only **39**

Which age groups? **12-18 years**..... Summed treatment capacity (4b) of these units **78 FTE**

Number of treatment units in the country providing outpatient treatment for one illegal drug type only **none**

Which drug types? -..... Summed treatment capacity (4b) of these units **none**

Survey on treatment units (1a, 1b) in drug treatment (2) in Hungary in year 2005 (3) continued. Part 2.

Inpatient units 2005

Number of treatment centres (1b) in the country providing inpatient drug treatment **n.a.**

Number of treatment units (1a) in the country providing inpatient drug treatment **119**

Summed treatment capacity (4a) of these units **5049 beds**

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Number of treatment units in the country providing inpatient detoxification/withdrawal treatment **3**

Summed treatment capacity (4a) of these units allocated to this type of treatment **cca 100* beds**

***not exclusively dedicated to detoxification**

Number of treatment units in the country providing inpatient substitution maintenance treatment **none**

Summed treatment capacity (4a) of these units allocated to this type of treatment **0**

Number of treatment units in the country providing inpatient psychosocial interventions treatment **124**

Summed treatment capacity (4a) of these units allocated to this type of treatment **2259 beds***

*** psychotherapy, addiction care, crisis intervention, child and youth care**

Number of treatment units in the country providing inpatient treatment for one gender (sex) only **n.a.**

Number of units for males females Summed treatment capacity (4a) of these units **n.a.**

*** Inpatient units separate male and female beds by units, however bed-capacities are not allocated according to genders**

Number of treatment units in the country providing inpatient treatment for one specified age group only **Yes**

Which age groups? **12-18 years** Summed treatment capacity (4a) of these units **270 beds**

Number of treatment units in the country providing inpatient treatment for one illegal drug type only **none**

Which drug types? Summed treatment capacity (4a) of these units **none**

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Survey on treatment units (1) in drug treatment (2) in Hungary year 2005 (3). Part 3.

Other forms of drug treatment 2005

Low threshold agencies

Were there in 2005 agencies in your country providing low threshold services (5) to illegal drug users Yes No

If yes: How many agencies 44 (2004 data)

(5) By low threshold services is meant services like counselling, care, housing, needle exchange programs, that were accessible directly to the client without being referred from another authority or agency (e.g. MDs), and where there were a form of contact between client and service provider beyond mere distribution of clean syringes, and where the number of contacts were registered.

Units in prisons

Were there in 2005 treatment units within prisons in your country providing drug treatment Yes No

If yes: How many units 1

Were there in 2005 other drug treatment services provided to persons serving prison sentences:

Prisoners sent to inpatient units outside prison Yes No

Prisoners receiving treatment by state, regional or municipal treatment services inside prison Yes No

Prisoners receiving treatment by private or non-governmental organisation treatment services inside prison
 Yes No

General practicing MDs

Were there in 2005 general practicing medical doctors (GPs) in your country providing substitution treatment
 Yes No

If yes, can such treatment be provided by any general practicing medical doctor, or only by specially appointed ones?

By any GP Only by specially appointed ones

Do you know, or can you estimate, the number of GPs providing substitution treatment none

Survey on treatment units (1a, 1b) in drug treatment (2) in Malta in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment **3** } If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Number of treatment units (1a) in the country providing outpatient drug treatment **7**

Summed treatment capacity (4b) of these units **2875%**

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment **2**

Summed treatment capacity (4b) of these units allocated to this type of treatment **400**

Number of treatment units in the country providing outpatient substitution maintenance treatment **1**

treatment capacity (4b) of these units allocated to this type of treatment **300**

Number of treatment units in the country providing outpatient psychosocial interventions treatment **3**

Summed treatment capacity (4b) of these units allocated to this type of treatment **2775**

Number of treatment units in the country providing outpatient treatment for one gender (sex) only **0**

Number of units for **0** males **0** females Summed treatment capacity (4b) of these units **0**

Number of treatment units in the country providing outpatient treatment for one specified age group only **1**

Which age groups? **13-19**..... Summed treatment capacity (4b) of these units **200%**

Number of treatment units in the country providing outpatient treatment for one illegal drug type only **0**

Which drug types? **Not applicable**..... Summed treatment capacity (4b) of these units **0**

**Survey on treatment units (1a, 1b) in drug treatment (2) in Malta in year 2005 (3) continued.
Part 2.**

Inpatient units 2005

Number of treatment centres (1b) in the country providing inpatient drug treatment	5	}	If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.	
Number of treatment units (1a) in the country providing inpatient drug treatment	8			
Summed treatment capacity (4a) of these units	146			
Number of treatment units in the country providing inpatient detoxification/withdrawal treatment			3	
Summed treatment capacity (4a) of these units allocated to this type of treatment			25	
Number of treatment units in the country providing inpatient substitution maintenance treatment			2	
Summed treatment capacity (4a) of these units allocated to this type of treatment			4	
Number of treatment units in the country providing inpatient psychosocial interventions treatment			7	
Summed treatment capacity (4a) of these units allocated to this type of treatment			117	
Number of treatment units in the country providing inpatient treatment for one gender (sex) only			4	
Number of units for	4	0	Summed treatment capacity (4a) of these units	52
	males	females		
Number of treatment units in the country providing inpatient treatment for one specified age group only				0
Which age groups? Not applicable			Summed treatment capacity (4a) of these units	0
Number of treatment units in the country providing inpatient treatment for one illegal drug type only				0
Which drug types? Not applicable			Summed treatment capacity (4a) of these units	0

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.
 (1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Survey on treatment units (1) in drug treatment (2) in Malta in year 2005 (3). Part 3.

Other forms of drug treatment 2005

Low threshold agencies

Were there in 2005 agencies in your country providing low threshold services (5) to illegal drug users Yes No

If yes: How many agencies **3**

(5) By low threshold services is meant services like counselling, care, housing, needle exchange programs, that were accessible directly to the client without being referred from another authority or agency (e.g. MDs), and where there were a form of contact between client and service provider beyond mere distribution of clean syringes, and where the number of contacts were registered.

Units in prisons

Were there in 2005 treatment units within prisons in your country providing drug treatment Yes No

If yes: How many units **1**

Were there in 2005 other drug treatment services provided to persons serving prison sentences:

Prisoners sent to inpatient units outside prison Yes No

Prisoners receiving treatment by state, regional or municipal treatment services inside prison Yes No

Prisoners receiving treatment by private or non-governmental organisation treatment services inside prison

Yes No

General practicing MDs

Were there in 2005 general practicing medical doctors (GPs) in your country providing substitution treatment

Yes* No

*dhc's – non-methadone substitution

If yes, can such treatment be provided by any general practicing medical doctor, or only by specially appointed ones?

By any GP Only by specially appointed ones

Do you know, or can you estimate, the number of GPs providing substitution treatment
the number of doctors providing dhcs is unknown

Survey on treatment units (1a, 1b) in drug treatment (2) in Norway, in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment **92**

Number of treatment units (1a) in the country providing outpatient drug treatment n.appl.

Summed treatment capacity (4b) of these units **510**

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment **0**

Summed treatment capacity (4b) of these units allocated to this type of treatment **0**

Number of treatment units in the country providing outpatient substitution maintenance treatment **11**

Summed treatment capacity (4b) of these units allocated to this type of treatment **110**

Number of treatment units in the country providing outpatient psychosocial interventions treatment **81**

Summed treatment capacity (4b) of these units allocated to this type of treatment **400**

Number of treatment units in the country providing outpatient treatment for one gender (sex) only **0**

Number of units for males females Summed treatment capacity (4b) of these units **0**

Number of treatment units in the country providing outpatient treatment for one specified age group only **13**

Which age groups?18-35 years..... Summed treatment capacity (4b) of these units **56**

Number of treatment units in the country providing outpatient treatment for one illegal drug type only **11**

Which drug types? heroin addiction With Methadone/Buprenorp. Summed treatment capacity (4b) of these units **110**

Survey on treatment units (1a, 1b) in drug treatment (2) in Norway, in year 2005 (3) continued. Part 2.

Inpatient units 2005

Number of treatment centres (1b) in the country providing inpatient drug treatment	91	} If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.
Number of treatment units (1a) in the country providing inpatient drug treatment	n.appl.	
Summed treatment capacity (4a) of these units	2314	
Number of treatment units in the country providing inpatient detoxification/withdrawal treatment	19	
Summed treatment capacity (4a) of these units allocated to this type of treatment	215	
Number of treatment units in the country providing inpatient substitution maintenance treatment	0	
Summed treatment capacity (4a) of these units allocated to this type of treatment	0	
Number of treatment units in the country providing inpatient psychosocial interventions treatment	91	
Summed treatment capacity (4a) of these units allocated to this type of treatment	2314	
Number of treatment units in the country providing inpatient treatment for one gender (sex) only	13	
Number of units for 5 males 8 females	Summed treatment capacity (4a) of these units	180
Number of treatment units in the country providing inpatient treatment for one specified age group only	26	
Which age groups? 18-40 years.....	Summed treatment capacity (4a) of these units	324
Number of treatment units in the country providing inpatient treatment for one illegal drug type only	0	
Which drug types?	Summed treatment capacity (4a) of these units	0

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.
 (1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Survey on treatment units (1) in drug treatment (2) in Norway in year 2005 (3). Part 3.

Other forms of drug treatment 2005

Low threshold agencies

Were there in 2005 agencies in your country providing low threshold services (5) to illegal drug users Yes No

If yes: How many agencies **53**

(5) By low threshold services is meant services like counselling, care, housing, needle exchange programs, that were accessible directly to the client without being referred from another authority or agency (e.g. MDs), and where there were a form of contact between client and service provider beyond mere distribution of clean syringes, and where the number of contacts were registered.

Units in prisons

Were there in 2005 treatment units within prisons in your country providing drug treatment Yes No

If yes: How many units

Were there in 2005 other drug treatment services provided to persons serving prison sentences:

Prisoners sent to inpatient units outside prison Yes No

Prisoners receiving treatment by state, regional or municipal treatment services inside prison Yes No

Prisoners receiving treatment by private or non-governmental organisation treatment services inside prison
 Yes No

General practicing MDs

Were there in 2005 general practicing medical doctors (GPs) in your country providing substitution treatment
 Yes No

If yes, can such treatment be provided by any general practicing medical doctor, or only by specially appointed ones?

By any GP Only by specially appointed ones

Do you know, or can you estimate, the number of GPs providing substitution treatment

Survey on treatment units (1a, 1b) in drug treatment (2) in Poland in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment

Number of treatment units (1a) in the country providing outpatient drug treatment

89 specialized drug treatment centres but drug treatment is offered also by 1029 general psychiatric out-patient clinics and 408 out-patient clinics for alcohol dependent people

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Summed treatment capacity (4b) of these units

No data – the treatment staff is contracted on the very differentiated basis (permanent job contract, temporary job contract, other types of contract) and also the number of working hours can vary inside the same type of contract, hence it is rather impossible to calculate the full time position equivalent

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment

No data available, but we can estimate that only a few of out-patient clinics offer detoxification service – we have strong tradition of detox in inpatient clinics.

Summed treatment capacity (4b) of these units allocated to this type of treatment

No data available

Number of treatment units in the country providing outpatient substitution maintenance treatment

12 units

Summed treatment capacity (4b) of these units allocated to this type of treatment

No data available

Number of treatment units in the country providing outpatient psychosocial interventions treatment

89 specialized drug treatment centres but drug treatment is offered also by 1029 general psychiatric out-patient clinics and 408 out-patient clinics for alcohol dependent people

Summed treatment capacity (4b) of these units allocated to this type of treatment

No data available

Number of treatment units in the country providing outpatient treatment for one gender (sex) only

There are no gender specific drug treatment facilities in Poland

Number of units for males females Summed treatment capacity (4b) of these units

Number of treatment units in the country providing outpatient treatment for one specified age group only
There are out-patient clinics for underage patients, but the number is not available yet.

Which age groups? Summed treatment capacity (4b) of these units

Number of treatment units in the country providing outpatient treatment for one illegal drug type only
We have 89 specialized drug treatment centres, but some of them deal with other type health problems also (alcohol, obesity, nicotine and so on)

Which drug types? ...always all types of drugs .. Summed treatment capacity (4b) of these units

**Survey on treatment units (1a, 1b) in drug treatment (2) in Poland in year 2005 (3) continued.
Part 2.**

Inpatient units 2005

Number of treatment centres (1b) in the country providing inpatient drug treatment

Number of treatment units (1a) in the country providing inpatient drug treatment

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

90 specialized drug treatment centres but drug treatment is offered also by 25 addiction treatment centres, 554 general psychiatric in-patient clinics and 104 in-patient clinics for alcohol dependent people

Summed treatment capacity (4a) of these units

specialized drug treatment centres - 2774

addiction treatment centres - 815

general psychiatric in-patient clinics - 24623

in-patient clinics for alcohol dependent people - 3347

Number of treatment units in the country providing inpatient detoxification/withdrawal treatment

23 in specialized drug detox units

Summed treatment capacity (4a) of these units allocated to this type of treatment

288 in specialized drug detox units

Number of treatment units in the country providing inpatient substitution maintenance treatment

There are no such units in Poland

Summed treatment capacity (4a) of these units allocated to this type of treatment

There are no such units in Poland

Number of treatment units in the country providing inpatient psychosocial interventions treatment

67 specialized drug treatment centres but drug treatment

25 addiction treatment centres,

Summed treatment capacity (4a) of these units allocated to this type of treatment

specialized drug treatment centres - 2486

addiction treatment centres - 815

Number of treatment units in the country providing inpatient treatment for one gender (sex) only

There are no gender specific drug treatment facilities in Poland

Number of units for males females Summed treatment capacity (4a) of these units

Number of treatment units in the country providing inpatient treatment for one specified age group only

There are in-patient clinics for underage patients, but the number is not available yet.

Which age groups? Summed treatment capacity (4a) of these units

Number of treatment units in the country providing inpatient treatment for one illegal drug type only

We have 90 specialized drug treatment centres, but some of them deal also with alcohol problem also

Which drug types? ...always all types of drugs .. Summed treatment capacity (4a) of these units

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Survey on treatment units (1) in drug treatment (2) in Poland in year 2005 (3). Part 3.

Other forms of drug treatment 2005

Low threshold agencies

Were there in 2005 agencies in your country providing low threshold services (5) to illegal drug users Yes No

If yes: How many agencies No data available

(5) By low threshold services is meant services like counselling, care, housing, needle exchange programs, that were accessible directly to the client without being referred from another authority or agency (e.g. MDs), and where there were a form of contact between client and service provider beyond mere distribution of clean syringes, and where the number of contacts were registered.

Units in prisons

Were there in 2005 treatment units within prisons in your country providing drug treatment Yes No

If yes: How many units

Were there in 2005 other drug treatment services provided to persons serving prison sentences:

Prisoners sent to inpatient units outside prison Yes No

Prisoners receiving treatment by state, regional or municipal treatment services inside prison Yes No

Prisoners receiving treatment by private or non-governmental organisation treatment services inside prison

Yes No

General practicing MDs

Were there in 2005 general practicing medical doctors (GPs) in your country providing substitution treatment

Yes No

If yes, can such treatment be provided by any general practicing medical doctor, or only by specially appointed ones?

By any GP Only by specially appointed ones

Do you know, or can you estimate, the number of GPs providing substitution treatment

Survey on treatment units (1a, 1b) in drug treatment (2) in Portugal in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment 11
 Number of treatment units (1a) in the country providing outpatient drug treatment 94
 Summed treatment capacity (4b) of these units

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment 84
 Summed treatment capacity (4b) of these units allocated to this type of treatment ?

Number of treatment units in the country providing outpatient substitution maintenance treatment 88
 Summed treatment capacity (4b) of these units allocated to this type of treatment ?

Number of treatment units in the country providing outpatient psychosocial interventions treatment 94
 Summed treatment capacity (4b) of these units allocated to this type of treatment ?

Number of treatment units in the country providing outpatient treatment for one gender (sex) only 1

Number of units for males 1 females Summed treatment capacity (4b) of these units 8

Number of treatment units in the country providing outpatient treatment for one specified age group only no

Which age groups? Summed treatment capacity (4b) of these units

Number of treatment units in the country providing outpatient treatment for one illegal drug type only no

Which drug types? Summed treatment capacity (4b) of these units

Survey on treatment units (1a, 1b) in drug treatment (2) in Portugal in year 2005 (3) continued. Part 2.

Inpatient units 2005

- Number of treatment centres (1b) in the country providing inpatient drug treatment 39
- Number of treatment units (1a) in the country providing inpatient drug treatment 73
- Summed treatment capacity (4a) of these units 2036
- Number of treatment units in the country providing inpatient detoxification/withdrawal treatment 11
- Summed treatment capacity (4a) of these units allocated to this type of treatment 111
- Number of treatment units in the country providing inpatient substitution maintenance treatment 0
- Summed treatment capacity (4a) of these units allocated to this type of treatment
- Number of treatment units in the country providing inpatient psychosocial interventions treatment 73
- Summed treatment capacity (4a) of these units allocated to this type of treatment
- Number of treatment units in the country providing inpatient treatment for one gender (sex) only 12
- Number of units for 9 males 3 females Summed treatment capacity (4a) of these units 334
- Number of treatment units in the country providing inpatient treatment for one specified age group only 2
- Which age groups? ...15-25..... Summed treatment capacity (4a) of these units 61
- Number of treatment units in the country providing inpatient treatment for one illegal drug type only 0
- Which drug types? Summed treatment capacity (4a) of these units

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.
(1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Statistics of coverage from Sweden

The Swedish treatment system for substance misusers (alcohol and other drugs) consists of about 450 outpatient units (for which the number of staff is not known), about 300 inpatient units with about 4500 beds, and 20 prison units (for which the number of staff also is not known). All units, except for about 25 inpatient hospital departments, provide psychosocial treatment. Substitution maintenance treatment is, as a rule, given in combination with psychosocial services in the 70 units that are licensed to use methadone or buprenorphine.

We cannot answer most of the items in your questionnaire. We have, as I have informed earlier, another (and in my opinion better) way of monitoring our treatment system bi-annually - the "IKB-survey". We conducted the survey in the spring of 2007, and it has not been feasible to send out another questionnaire so soon afterwards.

Statistics

		SLV-AVD INOM PSYK KLIN/ SEKTORSO RG:ANTAL PLATSER	INACK-HEM/ HALVÄGSHU S:ANTAL PLATSER	UTREDNING-/ MOTIVATIONS HEM:ANTAL PLATSER	BEHANDLING SHEM:ANTAL PLATSER	FAMILJEH EM:ANTAL PLATSER	
N	Valid	17	18	37	35	154	7
	Missing	558	557	538	540	421	568
Mean		13,41	9,72	15,81	12,43	18,81	25,43
Sum		228	175	585	435	2896	178

Survey on treatment units (1a, 1b) in drug treatment (2) in Switzerland in year 2005 (3). Part 1.

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.

(1b) A treatment centre or institution can have one unit, or several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Drug treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the numbers of units and their treatment capacity (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Outpatient units 2005

Number of treatment centres (1b) in the country providing outpatient drug treatment

Number of treatment units (1a) in the country providing outpatient drug treatment

25 units provided only outpatient drug treatment, **72** units provided both drug treatment and treatment for other addictive problems, and **82** other outpatient facilities provided only marginally drug treatment beside other servicing, not only addiction care. Further **23** units provide heroin prescription programs. This is a total of **202** units.

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

Summed treatment capacity (4b) of these units

The capacity in term of full time jobs is estimated as following:

178 (units providing only outpatient drug treatment); **418** (units providing both drug treatment and treatment for other addictive problems). Capacity is not known exactly in the units providing only marginally drug treatment. Also the capacity of those units providing heroin prescription is not known

Number of treatment units in the country providing outpatient detoxification/withdrawal treatment

All in all, about **50** outpatient units provide detoxification, at least as an offer.

Summed treatment capacity (4b) of these units allocated to this type of treatment

Information not available

Number of treatment units in the country providing outpatient substitution maintenance treatment

Information not available. Only a few provide exclusively maintenance treatment. Methadone is generally provided by GPs

Summed treatment capacity (4b) of these units allocated to this type of treatment

Information not available

Number of treatment units in the country providing outpatient psychosocial interventions treatment

It can be assumed, that almost all outpatient units provide psychosocial intervention (around 200)

Summed treatment capacity (4b) of these units allocated to this type of treatment

178 (units providing only outpatient drug treatment); **418** (units providing both drug treatment and treatment for other addictive problems). Capacity is not known exactly in the units providing only marginally drug treatment.

Number of treatment units in the country providing outpatient treatment for one gender (sex) only

None in the outpatient sector

Number of units for males females Summed treatment capacity (4b) of these units
zero

Number of treatment units in the country providing outpatient treatment for one specified age group only
None

Which age groups? Summed treatment capacity (4b) of these units
N.A.

Number of treatment units in the country providing outpatient treatment for one illegal drug type only
Only the few centres for maintenance programs and the 23 units providing heroin prescription

Which drug types? Summed treatment capacity (4b) of these units
Opiates. Estimated to 25-30 units

Survey on treatment units (1a, 1b) in drug treatment (2) in Switzerland in year 2005 (3) continued. Part 2.

Inpatient units 2005

Number of treatment centres (1b) in the country providing inpatient drug treatment

Number of treatment units (1a) in the country providing inpatient drug treatment

65 units

Summed treatment capacity (4a) of these units

Information not available

Number of treatment units in the country providing inpatient detoxification/withdrawal treatment

32 units

Summed treatment capacity (4a) of these units allocated to this type of treatment

Information not available

Number of treatment units in the country providing inpatient substitution maintenance treatment

Information not available, but it can be assumed that many of them accept substituted patients

Summed treatment capacity (4a) of these units allocated to this type of treatment

Information not available

Number of treatment units in the country providing inpatient psychosocial interventions treatment

Most of them, exact number not known

Summed treatment capacity (4a) of these units allocated to this type of treatment

Not known

Number of treatment units in the country providing inpatient treatment for one gender (sex) only

Number of units for males females Summed treatment capacity (4a) of these units

About 3 for males and 5 for females; capacity not known.

Number of treatment units in the country providing inpatient treatment for one specified age group only

Probably none

Which age groups? Summed treatment capacity (4a) of these units

Number of treatment units in the country providing inpatient treatment for one illegal drug type only

Probably none

Which drug types? Summed treatment capacity (4a) of these units

(1a) A treatment unit is a physically detached or separate setting with one or more specific treatment activities.
 (1b) A treatment centre or institution can have several units, providing similar or different types of treatment (e.g. inpatient, outpatient) or profiles of treatment (e.g. women's unit, unit for cocaine users). Treatment units treating exclusively problems with legal substances, gambling or eating disorders shall not be included in this survey.

(2) Treatment is the use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use.

If there in your country is no distinction between centres and units (meaning that no centres have more than one unit), answer only the question for units.

(3) This survey is performed with the intention to give an overview over the situation in each of the countries concerning the number of units and their treatment capacity (4) (4) for treating problems of illegal drug use in the year 2005.

(4a) Treatment capacity shall be recorded as *number of beds for inpatient units*.

(4b) Treatment capacity shall be recorded as *number of full time position equivalents for treatment personnel* (e.g. 5.2 full time equivalents represent summed treatment staff positions equalling 520%).

Survey on treatment units (1) in drug treatment (2) in Switzerland in year 2005 (3). Part 3.

Other forms of drug treatment 2005

Low threshold agencies

Were there in 2005 agencies in your country providing low threshold services (5) to illegal drug users Yes No

If yes: How many agencies about 300

(5) By low threshold services is meant services like counselling, care, housing, needle exchange programs, that were accessible directly to the client without being referred from another authority or agency (e.g. MDs), and where there were a form of contact between client and service provider beyond mere distribution of clean syringes, and where the number of contacts were registered.

Units in prisons

Were there in 2005 treatment units within prisons in your country providing drug treatment Yes No

Maintenance is possible, but probably no specific treatment unit

If yes: How many units

Were there in 2005 other drug treatment services provided to persons serving prison sentences:

Prisoners sent to inpatient units outside prison Yes No

Prisoners receiving treatment by state, regional or municipal treatment services inside prison Yes No

Prisoners receiving treatment by private or non-governmental organisation treatment services inside prison

Yes No

substitution organised by the medical services of the prison

General practicing MDs

Were there in 2005 general practicing medical doctors (GPs) in your country providing substitution treatment

Yes No Yes

If yes, can such treatment be provided by any general practicing medical doctor, or only by specially appointed ones?

By any GP Only by specially appointed ones

by any GP, but the substitution has to be allowed by official agencies

Do you know, or can you estimate, the number of GPs providing substitution treatment

A large number