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REITOX SUB-TASK 3.2

‘Improvement of Comparability Between Established National Treatment Reporting Systems’

Development of a Core Item List for Monitoring the Treatment of Drug Misusers

Final Report

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Summary

Treatment Monitoring Systems for Baseline Information

Treatment monitoring systems are one of the information sources in the field of drug epidemiology and demand reduction, which can give valuable information on the scale and characteristics of the drugs phenomenon as well as on measures taken against these problems. These data can be collected with limited financial effort within treatment services, as information on treated persons is available and collected also for treatment needs. Information can be rather complete, as experts such as social workers and therapists fill in the relevant questionnaires. Data on treated drug users are already available in many countries of the European Union. Most of the participating treatment monitoring systems in this project have existed for more than 10 years and cover between 40 % and nearly 100 % of national specialised outpatient centres. They cover altogether about 2350 outpatient and 650 inpatient treatment facilities, and a total number of about 160,000 drug treatments per year are registered.

Within the REITOX work plan for 1996/97 sub-task 3.2 was targeted towards the improvement of comparability between established national treatment reporting systems. The Sub-Task Group decided that it was necessary, as a major first step, to define a Core Item List, which could be used in as many member countries of the European Union as possible, to collect data in treatment services in a more standardised way. The main objective of the activities of this project was therefore the development of such a list based on existing experiences in different countries and at the Pompidou group. The project should at the same time give an overview on the existing systems and protocols as well give recommendations concerning further implementation.

With this in mind, this draft of a European core data set for drug treatments can also been characterised as the beginning of a detailed reflection of ongoing processes and of the development of more comparable and consistent data on treatment demand (at a European level), as a starting point for developments within the national monitoring systems themselves.

Input and Basis of the Project

The basis of this project has been:

- The Pompidou Protocol, which has been developed by the Pompidou Epidemiology Expert Group with special reference to the Multi-City-Project.
- Existing national or semi-national treatment monitoring systems in the field of drug treatment. These are embedded in, or closely linked to the different national care systems for drug addicts; they can be described as growing organisms with their own history reflecting specific local/national conditions.
    - Belgium, different co-operating regional systems
    - DMD, running since 1989 in many UK health regions
    - EBIS, running since 1980 in Germany
    - Ireland runs a system since 1990 on the basis of the Pompidou protocol
    - LADIS, running since 1986 in the Netherlands
    - SEIT, running since 1987 in Spain

- the French ‘November Survey’ was also included in the discussion in order to facilitate the future selection of items into the French method as soon as possible. The method is based on a survey on treated drug addicts in the total health field in the month of November. This methodology is not used by any other country in Europe.

On the basis of existing questionnaires (data collection instruments) used, a core list should be developed, which should

1. be short but cover the most relevant aspects
2. include information, which would, as far as possible, already be available from the participating systems. Effort were made to avoid introducing new ‘interesting’ items, which had not already been shown to be applicable and reliable to collect.
3. form the basis for new monitoring systems to be developed in countries not yet operating a system

Activities and Steps Taken

During the first meeting in Munich in May 1996 the work of the group was discussed and a work programme passed, which defined the steps as follows:

1. **Collection of information on the relevant existing systems**
   A comprehensive and structured description of the participating systems should be given. It turned out to be necessary also to give at least a short overview on the national health system as background information.
2. **Definitions**
   Cases, inclusion criteria for services and other definitions were developed at a meeting in Madrid in September 1996.
3. **Draft Core Item List**
   A draft set of core items was derived on the basis of the discussions
4. **Test of the draft item set**
   Simple cross tabs, based on the draft items, were produced following the results of a meeting in Manchester in January 1997 and completed by the participants on the basis of actual 1996 data.
5. **Revision of the draft item set**
   On the basis of these experiences the revision of the draft item set took place and the Core Item List was finalised. Where problems of understanding or use were found, the Core Item List was revised. Comments were added.
6. **Final Report**
   On the basis of the feedback of all participants given at a meeting in Paris in April 1997 along with written contributions, a final report was prepared by the co-ordinator including descriptions of the national systems as given by the respective participants.

Results of the Project

The results of this project are

1. A description of the existing national treatment monitoring systems
2. The Core Item List for Treatment
3. Recommendations for implementation
4. Recommendations for further methodological studies

1 Drug Treatment Monitoring Systems in Europe

Several sources were used to develop the Core Item Set for Treatment. The work of the Pompidou Epidemiology Expert Group was very important in this process, as a reference and basis for discussion.

Several systems running in different countries have been represented by experts in this work group. A short overview on these systems is given in the following part of the report. The overview is based on a complete description of the systems, including some basic information on the national health and treatment system, prepared by each of the participating experts. The complete texts are to be found in the annex of this report.

1.1 The Pompidou Protocol

In 1994, based on the collaborative pilot projects in 11 European cities from 1989 to 1992 the Pompidou Group of Epidemiology Experts in Drug Problems finalised a definitive protocol for drug treatment reporting systems. This also utilised work done on behalf of different indicators within the Multi-City-Project from 1982 onwards.

Many topics and needs of treatment monitoring are covered by this first example of a European instrument. Twenty cities were using the Pompidou protocol in 1994 and the Irish national system is entirely based on this protocol. In 1995 about 30 cities, mostly situated in Central and Eastern Europe, were expected to participate. A total of 16.300 persons are included in the files.

As national data collection was not the aim of this protocol and some very practical needs of treatment centres in the different countries were not in the scope of the project, it could not transfer directly as the EMCDDA Core Item List. It was used, however, as a reference and basis for discussion. Experiences from national or semi- national systems running in different European countries were also taken into account.

1.2 Belgium

In Belgium, drug addicts by and large present for care to three types of services: institutions specialised in drug addiction, mental health centres and family doctors. The breakdown between these three types varies from one region to another.

Various monitoring systems are currently running in Belgium. Some modifications have been made to improve comparisons, but the conclusions and core items proposed by a working group have not yet been officially ratified.

The monitoring systems « CCAD », « VLIS » or « ADDIBRU » are used by specialised centres, « MEDARD » or « PSYFILE » by mental health services, but no comparable system exists for family doctors.

In 1996, an agreement developed by a working group (CCAD, VLIS, PSYFILE, MEDARD and ADDIBRU) proposed in its conclusions that a list of national core items be systematically collected by the various systems and services for monitoring purposes (see Annex).

Each of these items should be defined precisely so that the results can be added up. At this stage, codes and definitions may vary from one system to another. The

criteria for being included (what is meant by drug addict, care applicant, patient, etc.) must still be defined. This has not yet been done. Finally, this agreement was reached by representatives of these systems, but has not been officially ratified.

Brussels

In Brussels, ADDIBRU software has been modified as a result of these conclusions. These modifications took effect on 1 January 1997.

Flemish Community

In Flanders, treatment for people with illicit drug problems is offered from a variety of services. Since the beginning of the nineties (92-93) a growing number of services have been established. In addition, those services already working with illicit drug users have expanded.

Specialised residential treatment centres (Therapeutic Communities and Crisis Intervention Centres) offer inpatient treatment for a limited number of persons. Other residential treatment centres (psychiatric hospitals) traditionally focused on alcohol problems. Some of them have now expanded their focus towards illicit drugs.

In all the 85 outpatient treatment centres (centres for Mental health) in Flanders, people can get help for problems of dependence. A limited group of services (5 to 10) attract a big proportion of the persons consulting for dependence of licit and illicit products. The day-care centres are relatively new in the treatment scene (since 92-93). Mostly they work with illicit drug users.

Since 1996 nine Medico-social Relief Centres for illicit drug users were created (low threshold services). For the moment only the four centres in Flanders are operational.

General practitioners seem to engage more often in treatment of illicit drug users. It is unclear to what extent people rely on this offer of treatment.

In Flanders the monitoring system as used in this exercise only relates to the specialised residential treatment centres. These centres (eight in total) have had a registration system (VLIS-dc) since 1988. They consist of 3 Therapeutic communities and 5 crisis intervention centres. Since the end of 1996 a new project was launched by the Flemish Minister of Health Promotion to develop a registration system for all the treatment facilities dealing with licit and illicit drug users. This project is being developed by VAD.

1.3 France

Specialised structures, designed to provide care for drug addicts were implemented by a law passed on December 31, 1970. This law also guarantees free and anonymous care for those who want it, both for withdrawal in public health establishments and treatment in specialised care settings set up for drug addicts; 60% of it is run by associations, and 40% by public hospitals. This is a more specific structure, compared to monitoring patients in the psychiatric sector, or compared to treatment provided for alcoholic patients.

The following is provided:

- Specialised out-patient drug addiction treatment centres (ensure global treatment for drug addicts).
- Specialised in-patient drug addiction treatment centres (residential therapeutic centres and therapeutic communities).
- Permanently staffed host areas, therapeutic-relay apartment networks, host family networks and transitional or emergency housing, run by specialised drug addiction treatment centres with or without available housing.
- Specialised drug treatment centres operating in prisons.
- Low threshold centres for addicts (information, syringe exchange, hygiene, rest, medical-social services).

Since January 1995, all of the specialised centres have been able to initiate prescribing methadone for drug addicts on opiates, when general medicine can only intervene by relay. Treating drug addicts with Subutex, a substitute product (high doses of Buprenorphine) has been possible by general practitioners in cities since February 1996.

Above and beyond the «low threshold centres», the harm reduction prevention policy for drug addicts usually offers prevention tools such as prevention kits, syringe exchange programs, and automated syringe distribution/collection machines.

In this context the following is provided :

- Listening areas for young people or parents (providing information to the general public, offering an initial host area for young people experiencing problems, in danger of drug addiction, users, their families, and those around them).
- Emergency housing centres (Sleep-ins) for drug addicts who are in great jeopardy (ensure emergency housing at night, and offer the possibility of having consultations which provide health and social direction during the day).
- Integration workshop (mission is to help in reintegrating drug addicts both socially and professionally).
- Permanent social and legal help (provides information and legal council about civil order and or criminal problems relating to drug laws and the consequences of drug addiction).
- QIS : programme in prison (social treatment of drug users and other addictions to prepare them to leave the prison).

The French monitoring system is different from all the other participant systems. The **November survey** has been conducted each year during the month of November since 1987. Before 1987, a different survey was conducted. This survey is a **census**: every person undergoing treatment for drug addiction during November in specialised centres, hospital services, or social services is included in the survey. They could have begun their treatment before November or during November.

The regional services are in charge of gathering the data and checking the questionnaires in their region. The national analysis is conducted by the «Studies and Information systems Service» (SESI) of the Ministry of Health.

1.4 Germany

At the start of the drugs problem in Germany, around 1970, drug addicts were initially treated in already established out-patient centres designed for alcoholics. Later more and more specialised counselling centres were created for drug addicts. According to a current survey by the Federal Ministry for Health there are at present just under 1,100 **out-patient counselling centres** available. The majority of the centres have a focus towards the treatment of alcoholics or drug addicts.

For some years, considerations of health policy have also been applied to evaluate out-patient activities to care for people with drug-induced illnesses. As regards services to drug addicts, the low-threshold services and addiction-following services have been received far more positively recently, alongside the traditional approaches.

Throughout Germany, there are at present approximately 400 **residential centres** for the treatment of drug addiction. Most of these are specialised clinics and therapeutic communities, or specialised departments of psychiatric clinics.

Methadone substitution as part of treatment for drug addiction is regulated by the Ruling on the Prescription of Dangerous Drugs. The core of these guidelines is discrimination according to indications; substitution with methadone can only form part of the treatment if certain highly specific indications apply. In the case of other substances , particularly codeine and dihydrocodeine for patients in public health insurance plans, only the less specific rules of the Prescription Ruling apply; no such rules apply to private patients.

Besides the relatively small (local) systems, the main system for gathering information about treatment of drug addiction through out-patient centres is a data-collection system called **EBIS** (out-patient centre-based documentation system), which has been run by the Institute for Therapy Research since 1980.

EBIS gathers information about people who are being cared for in out-patient counselling and treatment centres because of problems with legal or illegal addictive substances. Approximately half the 1091 such centres in the Federal Republic are participating in this voluntary information system.

EBIS has been run continuously since 1980 and is financially supported by the Federal Ministry for Health. The data from EBIS reveal long-term trends and basic data relating to the drug users treated. With approximately 60 items of data per person treated, EBIS is the most comprehensive routine source of information on people with addiction problems in Germany. It covers more than 100.000 clients per year of which about 20.000 are drug addicts

At a national level, a system called **SEDOS** (in-patient centre-based documentation system, also run by the Institute for Therapy Research) is the main collector of data on the treatment of alcoholics and drug addicts in residential facilities

The SEDOS information system has been in existence since 1994. At present around 150 in-patient centres are involved in it. These are specialist clinics for drug addicts and/or alcoholics, psychiatric centres and transitional institutions such as hostels. For 1995, the second annual evaluation for SEDOS was presented, con-

taining data on 17,000 people from 106 in-patient treatment centres who were treated that year.

1.5 Ireland

The objective of drug policy in Ireland is to maintain people in, or restore people to, a drug-free lifestyle. The promotion of health is emphasised in prevention programmes provided by education and health services. While a drug-free society is the ultimate ideal, it is acknowledged that this is not an option for many drug users, at least in the initial stages of treatment. Consequently a pragmatic approach is taken and as well as the provision of a number of treatment options, the importance of the minimisation of risk behaviours is stressed in harm reduction programmes.

Drugs issues have become politically important in Ireland in recent years. The fight against drug trafficking and drug abuse was a major theme of the Irish Presidency of the European Union in the latter half of 1996, focusing on the reduction of the supply of drugs and the prevention and treatment of addiction. Tougher legislative measures were introduced to curb the supply of and the demand for drugs, including seven-day detention, restrictions in the right to silence in drug trafficking cases, the seizure of criminal assets and changes in existing bail laws. There was an increase in police numbers, extra court judges were appointed and extra prison places were provided.

The Drug Treatment Reporting System was piloted in Dublin and London in 1989 under the auspices of the Pompidou Group, Council of Europe. The Reporting System has been in operation in the Greater Dublin area since 1990. Collection of data was extended to the whole country at the beginning of 1995.

The Reporting System provides information on sauce-demographic data, problem drug use and risk behaviours.

There are approximately thirty centres throughout the country. Some of these centres make very few returns to the reporting system because the majority of their clients are treated for alcohol addiction. Most services are statutory specialised non-residential. Other services include statutory and voluntary specialised residential centres. Centres based in the general services and prisons are not as yet well represented in the system.

1.6 The Netherlands

In the Netherlands, outpatient treatment is provided by the Institutes on Outpatient Addiction Care and Treatment (IAVs). These IAVs consist of 17 former Consultation bureaux for alcohol and drugs (CAD), with about 100 branches, and 15 low threshold services. The IAVs offer a variety of treatment and care options to drug users, ranging from detoxification to substitution programmes, pharmacotherapy, counselling, other forms of psychotherapy, aftercare, social work, and rehabilitation programmes. The Netherlands have one of the most developed and sophisticated treatment system for drug addicts in Europe (***National report: the Netherlands 1996***, Utrecht, The Netherlands: Trimbos Institute).

LADIS is a nation-wide system for the collection of data on drug users in treatment. Data storage and analysis is centralised and allows a control for double counting since the registration year 1994 at a national level. Allocation of one unique code to each client enables such corrections.

LADIS started in 1986. By 1988, all former CADs were participating in the LADIS system. Apart from the former CADs, 5 low threshold services now participate in LADIS. At the moment, LADIS covers about 90% of the outpatient treatment and care. The IVV aims at full coverage in the near future.

1.7 Spain

The different patterns of drug use as well as socio-demographic and personal profiles of drug users determine a variety of interventions and centres providing care. Basically, there are three types of intervention:

- Specific programmes: outpatient treatment centres, hospital detox units, day treatment centres, residential treatment centres and opiate substitution programmes.
- Harm reduction programmes: distribution of health kits, syringe exchange, promotion of lower risk practices and behaviour, vaccination against hepatitis, tuberculosis detection and control, AIDS prevention, etc.
- Social and judicial support programmes

The Spanish State Information System on Drug Abuse (SEIT) was established in 1987. It uses three indirect indicators that reflect the health effects of drug use: treatment, emergencies and mortality. From 1987 to 1995 all three indicators referred exclusively to opiates or cocaine. In order to be more flexible and comprehensive, the system was modified in 1996 to include all psychoactive substances with dependence potential. Changes introduced in the treatment indicators took into account the protocol of the treatment demand indicator of the Pompidou Group.

In addition to the SEIT monitoring system, there is a programme of periodical surveys of patients attending drug treatment services. These studies provide a better knowledge of social and health characteristics on the drug use phenomenon, in a sample of SEIT patients.

1.8 United Kingdom

The care system for drug users in England is based on a broad range of service provision including primary health care, specialised health and social care provided by a national network of Community Drug Teams, as well as inpatient (hospital based) and residential facilities (therapeutic communities) for acute detox, or other prescribing, and rehabilitation. Low threshold services, such as syringe exchanges and outreach facilities, are now widely established and service provision within prisons is being developed. The prescribing of substitute drugs (normally oral methadone) from statutory community based drug services is widespread. These prescriptions may take the form of short term detoxification, but are commonly long term, the aim being to keep dependent drug users in touch with services. Much of the philosophy behind English drug treatment policy arose from a report issued by the ACMD in 1988 stating that

'The spread of HIV is a greater danger to individual and public health than drug misuse'.

On this basis, drug units accept the need to work with people who will continue to use drugs, concentrating on maintaining service contact and minimising individual

and public harm whilst still ultimately promoting abstinence. As many prescribing drug units are now working to capacity, General Practitioners are increasingly expected to play their role in the community based prescribing of substitute drugs.

Formerly only the Addicts Index was available to measure the number of drug users seeking treatment. This was limited to those dependent on certain opiates or cocaine who were seen by a doctor. However, a more extensive database was required to include more drugs and more agencies than the Addicts Index. The Department of Health saw the need to implement a system that would allow those who are responsible for policy and service planning to respond effectively to the changing trends in drug use, and to ensure the appropriate services are developed to meet their needs. In 1982 the ACMD recommended that local problem drug teams should be set up which would also collect information in a form capable of collation at both regional and national levels to enable a wider picture to be obtained. In 1984 the Department of Health and Social Security issued a circular (HC(84)14) which asked the NHS to review the prevalence of drug misuse locally and report back on the situation. In 1986 the Drug Misuse Database (DMD) was developed by the Drug Misuse Research Unit (DMRU) at the University of Manchester. In 1989 the Department commissioned DMRU to adapt DMD for use in other Regions. A DMD has now been established in each of the English Health Regions, as well as in Scotland, Wales and the Isle of Man. The National Network is co-ordinated by the DMRU along with the Department of Health.

The following agencies routinely report:

- General practice; NHS funded
- Community based drug service: statutory
- Community based drug service: non-statutory
- Drug Dependency Unit in-patient
- Drug Dependency Unit out-patient
- Residential rehabilitation
- Hospital drug clinics

The following agencies report in some areas

- Police surgeons
- Some hospital out-patient and in-patients.
- Day care services
- NHS Psychiatric wards
- Accident and emergency wards
- Private in-patient or out-patient facilities
- Probation offices
- Prison medical service
- Syringe Exchange Schemes

A minimum of 600 (and probably closer to 700) separate agencies are known to report to the DMD (1995 figures). This does not include General Practitioners as individual GPs are not recorded as separate agencies.

Individuals are reported to DMD when they present to a service with a ***new episode***, i.e. they present for the first time or re-present after an interval of at least six months

with a drug problem (physical, social, psychological or legal). These new episodes are reported regardless of whether any treatment is to be given. Individuals with alcohol as primary drug are not reported.

To avoid making multiple counts of individual drug users who may be known to more than one agency, DMD uses clients' initials, date of birth and gender as a unique code; hence, without comprising confidentiality, the system can provide accurate estimates of the number of individual drug users presenting to services at a local and regional level.

1.9 National Treatment Monitoring Systems in Europe – Overview

Country	The Netherlands	England	Germany	Belgium	Fra
Inhabitants	15,493,899	48,707,459 (1994)	81,500,000 (1993)	9,233,278 (1996)	
Estimated Number of Drug Addicts	25,000 – 27,000 (hard-drug addicts)	Reported drug user episodes: 47,080 (1995); Rough estimate of real total: 100,000	100,000 – 150,000 (hard-drug addicts)	10,0000 – 15,000	Rough real tot (her
Monitoring System	LADIS (The Dutch National Alcohol and Drugs Information System	DMD (Drug Misuse Database)	EBIS /SEDOS (National Monitoring System for the Out-patient / Inpatient Advisory and Treat-ment Facilities in Germany)	VAD (Flanders)	Novem (Cer
Starting time	1986	1986 (Local) 1990 (National)	EBIS: 1980 SEDOS: 1994	1988	
Participating Treatment Facilities	120 (outpatient facilities)	650 community facilities Outpatient facilities Inpatient facilities Therapeutic communities plus all General Practitioners	550 (outpatient facilities, EBIS) 120 (inpatient facilities, SEDOS)	8 specialised resi-dential treatment centres; currently a new registration project is developed including additiona 85 outpatient treat-ment centres for Mental Health plus 60 other specialised treatment centres (Flanders)	1,100 (cer hospi (serv

(continued)

Country	The Netherlands	England	Germany	Belgium	Fra
Monitoring System	LADIS	DMD	EBIS / SEDOS	VAD	Novemb
Coverage	about 90 % of the outpatient treatment and care	about 95 % of the treatment and care facilities in all eight regions in England plus Wales and Scotland	50% of the outpatient treatment 40% of the inpatient treatment	100 % of treatment facilities with a RIZIV-convention (sectoral coverage); the new registration project aim at a coverage of 100 % of all specialised treatment centres (inpatient / outpatient)	100 % of centr inc hospitals
Total Number of Treated Persons per Year	21,000 (60,000 including other substances)	25,000 (new clients per 6 month)	EBIS: 20,000 (100,000 including other substances) SEDOS: 2,500 (12,500 including other substances)	850 (specialised residential treatment centres) plus 4,250 (outpatient treatment centres) including other substances (Flanders)	specialis inpatient, The treated hospitals ce

2 Methodological Aspects

As pointed out in the 'Current situation of drug treatment monitoring in Europe' the architecture and structure of the national treatment monitoring systems is very closely linked to the different structures of the national and regional care systems for drug addicts. These circumstances account for the different developments and realisations of the national treatment monitoring systems. Nevertheless, it is of some note that despite this, there is remarkable similarity and consonance in important features between the major systems.

Because of this one of the most important tasks ***before*** the development of an common Core Item List was to clarify and understand the different definitions of the ***subjects*** of the monitoring systems and the different ***methods*** to handle the subjects within the systems. This clarifying and understanding is essential for interpreting and comparing data on drug treatment of the different countries.

With regard to the comparability of information from the drug monitoring systems, four generic and central difficulties have been found:

- the monitoring systems are using different ***case definitions***,
- ***treatment episodes*** are defined in different ways
- ***double counting*** are handled differently
- different ***types of treatment centres*** are included and excluded.

2.1 Case Definition

Generally a clear case definition can be seen as a requirement for the comparability of drug treatment monitoring data between countries and even within countries. In general the medical care system is using this clear case definition (as diagnoses based on ICD) but the social care system works on less operational definitions.

At the present at a European level there is no uniform definition of relevant cases which should be included in the drug monitoring system. Whereas in Germany and partly in Belgium cases are only included if there is an ICD diagnosis, in the UK and The Netherlands all persons in contact with a counselling centre because of their drug problems are registered on the basis of the drugs used within a certain period of time. While in practice many of those people might well 'qualify' for diagnosis concerning drug addiction, some bias may result from these different procedures.

The experience of systems which already use ICD are positive, above all concerning a greater reliability of data and the practicability of installing and updating this system. Furthermore, because of its international background, ICD seems to have an advantage over specific solutions because of a greater comparability of data to other reporting systems e.g. registers of causes of death.

On the other hand there are fundamental doubts concerning practicability of this classification in the daily use in the treatment centres. One of the most basic problems would be to convince non-medical therapists to use a system which is per-

ceived as a medical one and which might imply a ‘medicalisation’ of the drug problem.

Ad hoc solution
A general case definition on the basis of ‘personal problematic drug use’ can be a first step.

Next step
A proposal is made to start a small evaluation study in several countries in order to evaluate any differences in statistics that might result from the different procedures used. The Netherlands, UK and Germany have offered to support this type of study, which could be carried out in 1997/98. The representatives from these countries will therefore consult their colleagues and experts at home and evaluate the possible uses of ICD or other forms of registers within their system.

2.2 Definition of Treatment Episodes

A clear definition of what is meant by ‘treatment’, when it can be considered to have started and when it is completed, is fundamental to increase comparability of treatment data between countries. However, treatment, it’s beginning and end, is defined in different ways within the European drug monitoring systems. In addition, there are different procedures employed to prevent double counting. This problem is especially important in relation to the comparability of numbers of cases.

In general, within the monitoring systems treatment data are only collected if there have either been at least two contacts or contacts are directly connected with treatment. To define treatment drop-out, all systems use a maximum fixed time-period without contacts. However, these periods vary between 60 days (Germany) and six months (Netherlands, UK and others). The definition of end of treatment also varies. For example in Ireland treatment length is only registered for one year, whereas in the other monitoring systems longer treatments may be identified.

Ad hoc solution
Multipliers have been used to balance the different ways of counting persons as far as possible, using the different episode definitions.

Next step
As far as possible, one person should be counted only once per year, while first treatment demand and the total treatment demands should be calculated separately. If the same person is registered more than once in the same year, the status of the latest contact should be described.

2.3 Avoidance of Double Counting

Double counting is controlled to a certain extent within all systems, but the methods vary. A nation-wide control on the basis of uniform personal codes is done in the Netherlands, which can rule out nearly all double counts within the last year. Only cases with incorrect identifiers might then result in double counting. A limited control only at the treatment centre level is carried out in the Flemish part of Belgium, and in France and Germany. In Spain and the UK double counting can be controlled at a regional level.

Ad hoc solution
Each country should use the best procedure available., i.e. rule out double counting at the national level where possible, if not at the regional level. If even this is not possible because of legal or technical limitations double counting should be minimised at least at a local level.

Next step
Where legally and technically feasible, other countries should follow the solutions found for as near total control of double counting as possible.

Small studies could be used to estimate the amount of double counting by the different methods in different countries. The multipliers or correction terms derived from these studies can help to increase comparability of the total figures.

2.4 Definition of Different Types of Treatment Centres

A clear definition of the types of participating treatment centres is also essential to increase comparability of data between countries. At present data are collected from different types of treatment centres and thus the samples of drug users from each county will also differ. The inclusion of methadone maintenance programs for example increases the proportion of drug addicts reached and might change the characteristics of the described population as well It is also important to be clear as to whether the systems include or exclude clients with primary alcohol problems.

Ad hoc solution
To improve the current comparability of treatment data between the European countries the following three basic types of treatment centre ‘Outpatient’, ‘Inpatient’ and ‘Low-Threshold’ should be distinguished. This can be achieved for example by using different core tables (or columns within the core tables) for the different types of treatment centres.

Next step
The results of Sub-Task 6.1 should be taken into account in considering the basic typology of treatment centres for the future.

2.5 National Treatment Monitoring Systems in Europe – Central Definitions and Processes

Country	The Netherlands	England	Germany	Belgium	Fra
Monitoring System	LADIS	DMD	EBIS / SEDOS	VAD	Novemb
Total Number of Treated Persons per Year	21,000 (60,000 including other substances)	25,000(new clients per 6 month)	EBIS: 20,000 (100,000 including other substances) SEDOS: 2,500 (12,500 including other substances)	850 (specialised residential treatment centres) plus 4,250 (outpatient treatment centres) including other substances (Flanders)	specialis inpatient, The treated hospitals ce
Definition of Treatment Episode	Beginning and End of Treatment	At first presentation and if no contact for 6 months	Beginning and End of Treatment	Beginning and End of Treatment	Perso treated in

Case-Definition	All persons who get in contact with a counselling centre because of drug problems are registered	All persons who get in contact with a counselling centre because of drug problems are registered	ICD-10 Diagnosis		All perso or wh co specialise month beca pr
Procedure to Prevent Double Counting	Since 1994 a regis-tration-system has been realised (based on ID-Codes) which prevents double counting at a national level	Excluded at the regional level, less than 5% at national level	Excluded at the leve of treatment centre	Excluded at the leve of treatment centre	Excluded of treatr

3 Core Item List

3.1 The Selection of Core Items

Independent of the relevance of the items themselves, the main point of interest is the ***current*** or ***feasible*** availability of central information within the existing monitoring systems. A pragmatic approach has been adopted in which the selection of the following items has been steered by availability. The list can be further developed and extended in future. At the beginning of this development, it is necessary to be modest in order to be successful in as many countries as possible.

The starting-point of the Core Item List was the already existing European list of core items which is used in the Pompidou Multi City Project (Pompidou Protocol) and the different item lists which are used by the participating monitoring systems. Altogether more than 50 different items were discussed during the course of work of this sub-task. After discussion and selection, this has been reduced to a Core Item List of 18 items.

Items were excluded, which were not available in more than 50% of the participating systems. It was generally accepted, that the items included in the national systems had proved useful and useable, while many others during the history of the different systems had to be changed or skipped. Further interesting items, which are either not currently available in the majority of the systems or whose transmission from the national into the European system is problematic, were shifted to a 'Wish List'. These items are currently **not** part of the core items but should considered relevant for future discussions and developments. This Wish List is to be found in the annex of this report.

3.2 Data Collection from National Systems

Of course each national monitoring system records more and different information for its own administration than is reflected in the Core Item List. However, each of the systems can be more complete or more specific in details, as long as it is able to transmit the relevant information into the items of the Core Item List. Even within each item the countries can use as many categories as they want, as long as they are able to translate them into the 'European standard categories'. A reliable method of routinely extracting these core data from the monitoring systems will be necessary. The totality of items , which are only locally or nationally relevant for the organisation of the data collection (code of treatment centre, client code, etc.) are not discussed here.

One of the most important tasks within the development of the core items in this connection was the consequent testing of the definite availability of all requested information. In a recursively multi-step-process the items had to be adapted to the different systems and test experiences. To validate this process each system had to define rules of translation for the national reporting system to the European system. These rules also allowed a more fundamental interpretation of the different core information. The same process will be needed for every data source which will start to deliver data according to the EMCDDA Core Item Set on Treatment. A

definition of translation rules also describes the technical procedures of recoding and/or adding up to produce the relevant data from the national sources.

It is essential that the treatment data have to be interpreted in terms of the context in which they are collected. As already pointed out there are still fundamental differences concerning for example the handling of double counting and the different ways of defining a case. These have to be taken into account especially for the comparison of the statistical data.

3.3 The Core Item List on Treatment

On the following pages the items of the EMCDDA Core Item List on Treatment are described including definitions, categories and some information on the rationale for their inclusion.

We decided not to explain the reasons for exclusion for many other variables in order to keep the report as short and relevant as possible. However, the reasons can be summarised as follows:

- less than 50% of the participating systems were able to give the information
- no acceptable way was found to get comparable categories in the different European countries
- experiences showed limited reliability

The proposed Core Item List covers three different areas:

- **Treatment contact details**
  Information in this area is mostly needed to organise and evaluate other information. It allows selection of comparable types of centres, age cohorts or reporting periods

- **Socio-demographic information**
  Socio demographic variables are simple indicators of the social position of drug users, giving information on the extent of marginalisation and problems for integration.

- **Drug related information**
  This is the central or key information which describes treated persons by substance and patterns of use.

Treatment Contact Details

1 Treatment Centre Type

1. outpatient treatment centres
2. inpatient treatment centres
3. low threshold / drop-in / street agency
4. general practitioners
5. treatment units in prison

A clear definition of the types of treatment centres involved is seen as essential to increase comparability of treatment data between countries. At the present the data are collected from different types of treatment centres and the samples of drug users covered therefore differ accordingly. To improve the current comparability of treatment data between countries at least the three basic types of treatment centres 'Outpatient', 'Inpatient' and 'Low-Threshold' should be separated forthwith.

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2 Date of Treatment Month
3 Date of Treatment Year

The dates of treatment are seen as essential for creating trend analyses over time and to separate free time periods for reports. Even if there is no focusing on first treatments (as per Pompidou-Group) this enables a dynamic analysis of the treatment data.

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4 Ever Previously Treated

1. never
2. previously treated
0. not known

This item makes it possible to estimate the incidence of cases as well as client flow through treatment services. In the future additional information on this area could be useful, e.g. type kind and number of previous treatments.

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5 Source of Referral

1. self referred
2. family / friends
3. other drug treatment centre
4. GP
5. hospital / other medical source
6. social services
7. court / probation / police
8. other
0. not known

This item should give some information on the client's motivation for treatment as well as on the structure and co-operation of different professional drug service agencies or private initiatives. It allows for estimates of double counting, where this cannot be done at a personal level.

The 'Source of Referral' refers to the most important source for this client.

Socio-Demographic Information

6 Gender

1. male
2. female
0. not known

Basic epidemiological information

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7 Age

Basic epidemiological information

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8 Year of Birth

Basic epidemiological information, especially necessary to analyse cohort specific and historic effects in drug problems

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9a Living Status (with whom)

1. alone
2. with parents
3. alone with child
4. with partner (alone)
5. with partner and child(ren)
6. with friends
7. other
0. not known

9b Living Status (where)

1. stable accommodation
2. unstable accommodation
3. in institutions (prison, clinic)
0. not known

The ‘with whom’-aspect mainly should assess the social relations or integration of the clients.

The ‘where’-aspect additionally stresses the stability of the living situation. Because of different cultural context in the European countries e.g. concerning the different role of the family, the term has to be left more vague and general than the other items.

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10 Nationality

1. national of this country
2. national of EU-member-states
3. national of other countries

0. not known

This item is seen as relevant for both national and European figures as drug problems increase in minorities in several places. As minorities are very different in different countries (sometimes nationality differs from the majority, sometimes ethnic origin, sometimes language) only very basic categories are used here.

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11 Employment

1. regular employment
2. pupil / student
3. economically inactive (pensioners, housewives, -men / invalidity)
4. unemployed
5. other
0. not known

This item gives central information about the client's economic and social integration with great importance for the structuring of daily life. However, at present it is very difficult to standardise the different forms of employment within the different European countries, especially concerning those categories which are unusual in social statistics such as irregular, illegal or other forms of employment that are characteristic of drug addicts.

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12 Highest Educational Level Completed

1. never went to school / never completed primary school
2. primary school
3. secondary school
4. tertiary education
0. not known

Education is another important socio-economic category of data about the clients. The finding of jobs mainly depends on the educational level.

Drug-related Information

13 Primary Drug

1. Opiates (total)
- 11 heroin
- 12 methadone
- 13 other opiates

2. Cocaine (total)
- 21 cocaine
- 22 crack

3. Stimulants (total)
- 31 amphetamines
- 32 MDMA and other derivates
- other stimulants

4. Hypnotics and Sedatives (total)
- 41 barbiturates
- 42 benzodiazepines
- 43 others

5. Hallucinogens (total)
- 51 LSD
- 52 others

6. Volatile Inhalants

7. Cannabis (total)

9. Other Substances (total)

This item is of central importance. The main drug is defined as the drug which causes the

client most problems. It should be noted that there are important differences between the systems in defining this category (see chapter 3.1).

In the case of drugs of substitution (such as methadone (1) and other substances (2) these are classified as the main drug but should be differentiated in being 'administered for substitution' and 'other drug misuse' for clarification. For users of 'Speedball' heroin should be recorded as the main drug and cocaine as a secondary drug.

If the exact substance is not known (e.g. amphetamines or MDMA and derivates) the generic category (e.g. stimulants (total)) should be recorded.

Alcohol may not be recorded as the primary drug. Clients whose primary drug of misuse is alcohol should be excluded.

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14 Route of Administration (primary drug)

1. inject
2. smoke / inhale
3. eat / drink
4. sniff
5. others
0. not known

This item represents the main area of risk behaviour for drug users concerning their main drug. It is of particular importance with regard to infectious diseases (hepatitis, HIV) as well as other diseases and injuries, and the reduction of injecting behaviour is the aim of many harm reduction programmes. This is particularly important for systems that do not use ICD-diagnoses, in estimating the severity of addiction. The 'Route of Administration' refers to the route of administration of the primary drug.

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15 Frequency of Use Primary Drug

1. not used in past month / occasional
2. once per week or less
3. 2 – 6 days per week
4. daily
0. not known

This item gives further information on the consumption of the main drug and is particularly useful for systems not using ICD-diagnoses in estimating the severity of addiction. This item is also helpful in identifying the patterns of consumption of drug addicts.

'Frequency of use' refers to the last 30 days before the treatment demand. If the client is drug free or has not used his/her primary drug in the past 30 days it has to be coded as 'not used in past month / occasional'.

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16 Age at First Use of Primary Drug

This item represents additional relevant information concerning the drug use of the main drug. It is of great importance with regard to the duration of drug-use as well as to the development of understanding about the beginning of an individual's drug use.

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17 Current Secondary Drugs

1. Opiates (total)
11 heroin
12 methadone
13 other opiates

2. Cocaine (total)
21 cocaine
22 crack

3. Stimulants (total)
31 amphetamines
32 MDMA and other derivates
other stimulants

4. Hypnotics and Sedatives (total)
41 barbiturates
42 benzodiazepines
43 others

5. Hallucinogens (total)
51 LSD
52 others

6. Volatile Inhalants

7. Cannabis (total)

8. Alcohol as secondary drug (total)

9. Other Substances (total)

This item is of central importance. It should be noted that there are important differences between the systems in defining this category (see chapter 3.1). Up to four additional drugs should be described in order to get more realistic figures of multiple drug use.

Alcohol may be included as a secondary drug.

In the case of drugs of substitution (such as methadone (1) and other substances (2) these are classified as the secondary drugs but should be differentiated in being 'administered for substitution' and 'other drug misuse' for clarification. For users of 'Speedball' heroin should be recorded as the main drug and cocaine as a secondary drug.

If the exact substance is not known (e.g. amphetamines or MDMA and derivates) the generic category (e.g. stimulants (total)) should be recorded.

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18 Ever / Currently (last 30 days) injected

1. Ever injected, but not currently
2. Currently injected
3. Never injected
0. Not known

This item also represents an important area of risk assessment of drug users (see item 14). In addition to item 14 this gives a good indication of risk behaviour in identifying the injection of drugs other than the main drug. It is of particular importance with regard to the transmission of infectious diseases (hepatitis, HIV) as well as other diseases and injuries, and issues of harm reduction.

Injection for medical purposes should be excluded (diabetes etc.). 'Currently injected' refers to whether a client has injected any drug at least once in the past 30 days.

4 Availability of Information for the Core Item List

1. Treatment Centre Type							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Outpatient treatment centres	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Inpatient treatment centres	*x*	*x*	*1997/98*		*x*		*x*
Low-threshold / Drop-in / Street agency	*x*		*x*		*x*		*x*
General Practitioner	*x*				*x*		
Treament units in prison	*x*		*1997/98*	*x*	*x*	*1997*	

2. Date of Treatment Month							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Date of Treatment Month	*x*	*x*	*x*	*x*	*x*		*x*

3. Date of Treatment Year							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Date of Treatment Year	*x*	*x*	*x*	*x*	*x*		*x*

4. Ever Previously Treated							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Never	*proxy.*	*x*	*x (since '94)*	*x*	*x*	*x*	*x*
Previously treated	*proxy.*	*x*	*x*	*x*	*x*	*x*	*x*
Not known	*proxy.*	*x*	*x*	*x*	*x*	*x*	*x*

1) 'Proxy' = question not asked but information is retrievable from the system at a Regional level (not National) dependent on how long the system has been in operation.

5. Source of Referral							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Self-referred	*x*	*x*	*x*		*x*	*x**	*x*
Family / Friends	*x*	*x*	*x*		*x*	*x**	*x*
Other drug treatment centre	*x*	*x*	*x*		*x*	*x**	*x*
GP	*x*	*x*	*x*		*x*	*x**	*x*
Hospital / other medical source	*x*	*x*	*x*		*x*	*x**	*x*
Social services	*x*	*x*	*x*		*x*	*x**	*x*
Court / probation / police	*x*	*x*	*x*		*x*	*x*	*x*
other	*x*	*x*	*x*		*x*	*x*	*x*
not known	*x*	*x*	*x*		*x*	*x*	*x*

* planned for 1997

6. Gender							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Male	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Female	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Not known			*x*	*x*	*x*		

7. Age of Person at Start of Treatment							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Age	*x*	*x*	*x*	*x*	*x*	*(x)*	*x*

(age in November)

8. Year of Birth							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Date of Birth Year	*x*	*x*	*x*	*x*	*x*	*x*	*x*

9a. Living Status (With Whom)							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)***	**Ireland**	**France**	**Belgium**
Alone	*x*	*x*	*x*	*x*	*x*		*x*
With parents	*x*	*x*	*x*	*x*	*x*		
Alone with child	*x*	*x*	*x*	*x*			
With partner (alone)	*x*	*x*	*x*	*x*			*x*
With partner and childs	*x*	*x*	*x*	*x*			*x*
With friends		*x*	*x*	*x*	*x*		*x*
Other	*x*	*x*	*x*	*x*	*x*		*x*
Not known	*x*	*x*	*x*	*x*	*x*		*x*

9b. Living Status (Where)							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)***	**Ireland****	**France**	**Belgium**
Stable accomodation	*x*	*x*	*x*	*x*	*x*		
Unstable accomodation	*x*	*x*	*x*	*x*	*x*		
In institutions (prison, clinic)	*x*	*x*	*x*	*x*	*x*		

* for a sample of SEIT only

** since 1998

10. Nationality							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)***	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)****	**Ireland**	**France**	**Belgium**
National of this country	*(x)*	*x*	*x*	*(x)*	*x*		*x*
National of EU Member-States	*(x)*	*x*	*x*	*(x)*	*x*		*x*
National of other countries	*(x)*	*x*	*x*	*(x)*	*x*		*x*
Not known	*(x)*	*x*	*x*	*(x)*	*x*		*x*

* In the future

** Only place of birth

11. Employment (last 6 Month)							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Regular employment*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Pupil / Student	*x*	*x*	*x*	*x*	*x*	*x*	
Economically inactive (Pensioners / Housewifes, -men/ Invalidity)	*x*	*x*	*x*	*x*	*x*	*x*	
Unemployed	*x*	*x*	*x*	*x*	*x*	*x*	
Other	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Not known	*x*	*x*	*x*	*x*	*x*	*x*	*x*

* Full-time and part-time

12. Highest Educational Level Completed							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Never went to school/ never completed primary school		*x*	*x*	*x*	*x*		*x*
Primary school		*x*	*x*	*x*	*x*		*x*
Secondary education		*x*	*x*	*x*	*x*		*x*
Tertiary education		*x*	*x*	*x*	*x*		*x*
Not known		*x*	*x*	*x*	*x*		*x*

13. Primary Drug							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Opiates (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Heroin	*x*	*x*	*x*	*x*	*x*	*x*	***partly***
Methadone	*x*	*x*	*x*	*x*	*x*	*x*	***partly***
other Opiates	*x*	*x*	*x*	*x*	*x*	*x*	***partly***
Cocaine (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Cocaine	*x*	*x*	*x*	*x*	*x*	*x*	
Crack	*x*	*x*	*x*	*x*	*x*	*x*	
Stimulants (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Amphetamines	*x*	***proxy.***	*x*	*x*	*x*	***since 1997***	
MDMA and derivates	*x*	***proxy.***	*x*	*x*	*x*	***since 1997***	
other stimulants	*x*	***proxy.***	*x*	*x*	*x*		
Hypnotics and Sedatives (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Barbiturates	*x*		*x*	*x*	*x*	*x*	
Benzodiazepines	*x*		*x*	*x*	*x*	*x*	
Others	*x*		*x*	*x*	*x*	*x*	
Hallucinogens (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
LSD	*x*	*x*	*x*	*x*	*x*		
Others	*x*	*x*	*x*	*x*	*x*		
Volatile Inhalants (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Cannabis (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Other Substances (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*

14. Route of Administration (Primary Drug)							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Inject	*x*	*x*	*x*	*x*	*x*		
Smoke / inhale	*x*		*x*	*x*	*x*		
Eat/ drink	*x*		*x*	*x*	*x*		
Sniff	*x*		*x*	*x*	*x*		
Others	*x*		*x*	*x*			
Not known	*x*	*x*	*x*	*x*	*x*		

15. Frequency of Use (Primary Drug)							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)***	**Ireland**	**France**	**Belgium****
Not used in past month / occasional	*x*		*x*	*x*	*x*		*(x)*
Once per week or less	*x*		*x*	*x*	*x*		*(x)*
2-6 days per week			*x*	*x*	*x*		*(x)*
Daily	*x*		*x*	*x*	*x*		*(x)*
Not known	*x*		*x*	*x*	*x*		*(x)*

* for a sample of SEIT only

** partly available

16. Age at First Use of Primary Drug							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France****	**Belgium***
Age at First Use	*x*			*x*	*x*	*(x)*	*(x)*

* partly available

** only for some regions planned since 1997

17. Current Secondary Drugs							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium**
Opiates (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Heroine	*x*	*x*	*x*	*x*	*x*	*x*	***partly***
Methadone	*x*	*x*	*x*	*x*	*x*	*x*	***partly***
other Opiates	*x*	*x*	*x*	*x*	*x*	*x*	***partly***
Cocaine (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Cocaine	*x*	*x*	*x*	*x*	*x*	*x*	
Crack	*x*	*x*	*x*	*x*	*x*	*x*	
Stimulants (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Amphetamines	*x*	***proxy.***	*x*	*x*	*x*	***since 1997***	
MDMA and derivates	*x*	***proxy.***	*x*	*x*	*x*	***since 1997***	
other stimulants	*x*	***proxy.***	*x*	*x*	*x*		
Hypnotics and Sedatives (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Barbiturates	*x*		*x*	*x*	*x*	*x*	
Benzodiazepines	*x*		*x*	*x*	*x*	*x*	
Others	*x*		*x*		*x*	*x*	
Halluzinogens (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
LSD	*x*	*x*	*x*	*x*	*x*		
Others	*x*	*x*	*x*	*x*	*x*		
Volatile Inhalants (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Cannabis (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Alcohol (as secondary drug) (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Other Substances (total)	*x*	*x*	*x*	*x*	*x*	*x*	*x*

18. Ever / Currently (Last 30 Days) Injected							
EMCDDA (REITOX-TASK 3.2)	**DMD (UK)**	**EBIS (D)**	**LADIS (NL)**	**SEIT (E)**	**Ireland**	**France**	**Belgium***
Currently Injected	*x*	*x*	*x*	*x*	*x*	*x*	*(x)*
Ever Injected, but not currently	*x*	*x*	*x*	*x*	*x*	*x*	*(x)*
Never Injected	*x*	*x*	*x*	*x*	*x*	*x*	*(x)*
Not known	*x*	*x*	*x*	*x*	*x*	*x*	*(x)*

partly available

5 Recommendations and Next Steps

5.1 Formal Procedures

It is recommended that the items developed by this group should be used as a basis for an EMCDDA Core Item Set for Treatment. As this is the first area to define such standards in the framework of the EMCDDA there seems to be no pre-defined procedure for this. The recommendation would be:

1. Inform all National Focal Points and the Scientific Board based on this report on the Core Item List and ask for comments on the items included. No additional items should be discussed at this stage.
2. Include comments and help to answer questions on the basis of the feedback given. This procedure is seen as a refinement of the list, not a complete revision.
3. Based on a decision of the Management Board, the list should be formally adopted as the EMCDDA Core Treatment Item List (CTIL).
4. Even once the CTIL is adopted and established, it recognised that it will be necessary and important to review the instrument after a certain period (perhaps 5 years).

5.2 Implementation of the Core Data Set in Countries with a Already Existing System

The implementation of the data set in the national systems will need support from the EMCDDA in several ways:

There is generally a considerable willingness for the national systems to follow adequate European standards. If the Core Item List is defined as such by the EMCDDA the implementation of the list in the national systems will need some time, as well as administrative and local commitment, but will cause not too many problems at a technical level. Many items can already be provided by the systems, and some necessary changes will be introduced during normal national revisions. A clear position of the EMCDDA will be necessary, because the decisions about the national systems are typically taken by a group of experts, who may have to be convinced that changes are needed.

A formal paper from the EMCDDA concerning their interest in this treatment indicator as well as some form of contract between the EMCDDA and the national organisations running the system will be helpful for the implementation period.

One or two meetings of this work group per year could help to support the process of implementation during the next years. While, for example, in France and Germany the Focal Point is actively involved in the treatment monitoring system, in the Netherlands and the United Kingdom this is not the case. The meetings of the heads of Focal Point would not therefore include all of the relevant experts.

5.3 Implementation of the Core Data Set in Countries Starting a New System

Not all EU countries already has a running treatment monitoring system in the field of drug addiction treatment. For those who are going to start such an instrument , the Core Item List should be used as a minimum standard from which to start; this will be extremely useful as a way in to the development. More details, categories and items can be added to this list at a national level. The participating experts and the systems they come from offer their help to implement a national system in other countries.

Where the item definition still leaves some flexibility, as for example in the definition of ‘problematic drug user’, these standards or procedures should be followed as strictly as possible in the development of new systems so as to get the most promising basis for future developments and work. In this case the use of ICD10 as a basis for definition should be discussed thoroughly as this system, based on WHO work, is used in an increasing number of places and is already multi-lingual in it’s development.

5.4 Further Studies

From a large number of studies which could be carried out in this field, some seem to be more promising and helpful than others in increasing comparability between European treatment monitoring systems:

- Reliability tests could be carried out in parallel in different countries based on the core items. Inter-rater reliability and test-re-test reliability could be studied in this way.
- A proposal is made to start a small evaluation study in several countries in order to learn what differences in statistics result from the different case definitions, treatment episodes and double counting procedures. The Netherlands, UK and Germany offer support for this type of study.

6 Annex

6.1 The 'Wish List' of Relevant Additional Items

1. Treatment-related Items (Additional Information on Treatment)
Type of Treatment
Type of Health Service
2. Further Epidemiological Information
Type of Region
Code for Area of Residence
Place of Living
Route of Administration (Secondary Drugs)
Age of First Injection
Health Problems
HIV
Main Source of Income (earned income, social funds, relatives, other sources (inclusive illegal sources)
Legal Situation

6.2 Full description of the Treatment-Monitoring-System

6.2.1 Belgium

Background Information of the Treatment-Monitoring-System

1. National information

- **Number of inhabitants / population**

	1-1-95	1-1-96
Belgium	**9,206,296**	**9,233,278**
Flemish Region	5,582989	5,596,928
Brussels Region	665,909	666,206
Walloon Region	2,958,333	2,970,144
– of which German Community	58,208	58,298

- **Estimated number of drug addicts**

There are no recent official estimations from Belgium sources.
In a Dutch publication de Zwart en Mensink mentions an estimated number of 10,000 to 15,000 addicts in Belgium (de Zwart W.M. en Mensink C., Jaarboek verslaving 1995, over gebruik en zorg cijfers, Bohn Stafleu Van Loghum (The Netherlands))

- **Estimated number of treatment demands**

An integrated system for the registration of drug treatment demands does not exist in Belgium. There is no founded estimation of treatment demands.
Different systems exist within the different Communities and vary in the number and the variety of services who participate in the registration.
In Flanders, about 850 persons have been treated in specialised residential treatment centres (Therapeutic Communities and Crisis Intervention Centres) most of them (90 %) for illicit drugs.
Figures from other residential treatment centres (psychiatric hospitals) are not published.
In all the 85 outpatient treatment centres (centres for Mental Health) in Flanders for 9.3 % of the total patient group (N= 45,730) dependence of (licit and illicit) products was one of the reasons for consultation. This means a total number of 4,253 persons. The proportion of illicit drug users in this figure is unknown (source: Samenwerkingsplatform Federatie van diensten voor Geestelijke Gezondheidszorg – Verbond der Medisch-Sociale Instellingen, Registratiegegevens Centra voor Geestelijke Gezondheidszorg 1995, Gent, 1996.)

2. Description of the Flemish Care system for drug addicts

In Flanders, treatment to people with illicit drug problems is offered from a variety of services. Since the beginning of the nineties (92-93) a growing number of services have been established. Also the services already working towards illicit drug users expanded (are expanding) their offer.
Specialised residential treatment centres (Therapeutic Communities and Crisis intervention Centres) offer inpatient treatment for a limited number of persons. Other residential treatment centres (psychiatric hospitals) traditionally focused on alcohol problems. Some of them have expanded their focus towards illicit drugs.
In all the 85 outpatient treatment centres (centres for Mental health) in Flanders people can get help for problems of dependence. A limited group of services (5 to 10) attract a big proportion of the persons consulting for dependence of (licit and illicit) products. The day-care centres are relatively in the treatment scene (since 92-93). Mostly they work with illicit drug users.
Since 1996 nine Medico-social Relief Centres for illicit drug users should be created (low threshold services). For the moment only the four centres in Flanders are operational.
General practitioners seem to engage more often in treatment of illicit drug users. It is unclear to what extent people rely on this treatment offer.

3. Overview of the Monitoring System of Flanders

The Monitoring system as such used for this exercise only figures from the specialised residential treatment centres. These centres (eight in total) have a registration system (VLIS-dc) since 1988. They group 3 Therapeutic communities and 5 crisis intervention centres. Since the end of 1996 a new registration project was launched by the Flemish Minister of Health promotion to develop a registration system for all the treatment facilities dealing with licit and illicit drugs. This project is developed by VAD.

- **Number of participants**

In the actual registration 8 centres are participating. The new project tries to integrate figures from Specialised Residential Treatment Centres, Centres for Mental Health, Psychiatric Hospitals and Medico-social Relief Centres in the Flemish Community. In total this is about 150 centres.

- **Coverage of the Monitoring System**

The Vlis-dc registration covered the treatment facilities with a RIZIV-convention. This is a sectoral coverage (kind of treatment) but does not cover at all the global field of treatment centres. In the new project we aim at a coverage of all specialised treatment centres, both inpatient and outpatient.

- **Definition of Treatments / Treatment Episode**

'Treatment episode' is defined as the period a patient stays in an inpatient treatment centre for a treatment. This period starts the first day a patient is taken in treatment and ends when the person leaves with or without consent the treatment centre. When a person comes back to the centre a new treatment episode starts.

- **Handling to prevent or to control double-countings**

Within the Vlis-dc system there is only control for double counting on the level of each institution separately. A patient returning to the same treatment centre in the same year receives the same file number. There is no control for double counting on an upper-institution level.

Additional Information

In Belgium, drug addicts by and large address their applications for care to three types of services: institutions specialised in drug addiction, mental health centres and family doctors.
The breakdown between these three types varies from one region to another.
There are various monitoring systems which function in Belgium: « CCAD », « VLIS » or « ADDIBRU » are used by specialised centres, « MEDARD » or « PSYFILE » by mental health services, but no consensual system exists for family doctors.

In 1996, an agreement developed by a working group (CCAD, VLIS, PSYFILE, MEDARD and ADDIBRU) proposed in its conclusions that the following list of items be systematically collected by the various systems and services for monitoring purposes:

- identification of treatment centre (type)
- patient's number code
- date (of start) of treatment
- age
- gender
- residence (postal code)
- civil status
- main drug used (primary drug)
- main diagnosis (max. 3)
- main problem(s) (max. 3)
- first (or not-) contact with this centre
- source of referral
- current living status (with whom)
- current living status (where)
- nationality
- highest educational level
- secondary drugs (1 and 2)
- main source of income
- professional situation (employment status)

Each of these items should be defined precisely so that the results can be added up. At this stage, codes and definitions may vary from one system to another.
The criteria for being included (what is meant by drug addict, care applicant, patient, ...) must still be defined. This has not yet been done.

Finally, this agreement was reached by representatives of these systems, but has not been officially ratified.

In Brussels, ADDIBRU software has been modified as a result of these conclusions. Those modifications took effect on 1 January 1997.
Moreover, ADDIBRU registration includes, among others, two additional items from MULTICITY STUDY PROTOCOL (Pompidou Group, Council of Europe):

- currently injecting
- ever injected

The other items from MULTICITY STUDY PROTOCOL are not included.

6.2.2 France

Background Information of the Treatment-Monitoring-System

1. National information

- **Number of Inhabitants**: 58 200 000

- **Estimated Number of Drug-addicts**: 160 000 (**heroin addicts** having been treated or who will be treated in the future)

- **Estimated Number of Treatment demands**: 70 000 per year in specialised centres (outpatient, inpatient, units in prison).

2. Description of National Care System for Drug Addicts

The structures described here-below, concern the only specialised structures for drug addicts which are directly financed by the state (General Health Department, Department of Social Action) enforcing the 1970 law. There are other specialised structures, besides these, which may be financed by Departmental Councils, municipalities, private donations,...

- **Specialised Care and Harm Reduction Structures**

Specialised structures, designed to provide care for drug addicts were implemented by a law passed on December 31, 1970. This law also guarantees free and anonymous care for those who want it, both for withdrawal in public health establishments and treatment in specialised care structures set up for drug addicts. This is a specific structure, compared to monitoring patients in the psychiatric sector, or compared to treatment provided for alcoholic patients. 60% of it is run by associations, and 40% by public hospitals.
It does exist :

– Specialised outpatient drug addiction treatment centres (ensure global treatment for drug addicts).

– Specialised in-patient drug addiction treatment centres (residential therapeutic centres and therapeutic communities).

– Permanently manned host areas, therapeutic-relay apartment networks, host family networks and transitional or emergency housing, run by specialised drug addiction treatment centres with or without housing.

– Specialised drug treatment centres operating in prisons.

– Threshold centres addicts (information, syringe exchange, hygiene, rest, medical-social services).

Since January, 1995, all of specialised centres have been able to initiate prescribing methadone for drug addicts on opiates, when general medicine can only intervene by relay. Treating drug addicts with Subutex, a substitute product (high doses of buprenorphine) has been possible in cities by general practitioners since February, 1996.
Above and beyond the « low threshold centres », the harm reduction prevention policy for drug addicts usually offers prevention tools such as prevention kits, syringe exchange programs, and automated syringe distribution/recovering machines.

- **Specialised Prevention and Integration Structures**

It does exist :

– Listening areas for young people or parents (providing information to the entire public, offer an initial host area for young people experiencing problems, in danger of drug addiction, users, their families, and those around them).

– Emergency housing centres (Sleep-ins) for drug addicts who are in great jeopardy (ensure emergency housing at night, and offer the possibility of having consultations which provide health and social direction during the day).

– Integration workshop (mission is to help in reintegrating drug addicts both socially and professionally).

– Permanent social and legal (provides information and legal council about civil order and or criminal problems relating to drug laws and the consequences of drug addiction).

– QIS : programme settled in prison (social treatment of drug users and other addictions to prepare them to leave the prison).

3. Overview of the Monitoring System

The November survey is conducted each year during the month of November since 1987. Before 1987, an other survey was conducted.
This survey is a census : every people undergoing a treatment for drug addiction during November in specialised centres, hospital services, or social services is included in the survey. They could have begun the treatment before November or during November.
The regional services are in charge of gathering the data and checking the questionnaires in their region. The national analysis is conducted by the « Studies and Information systems Service » (SESI) of the Ministry of Health.

- **Short-Description of Participating Centres**

Specialised centres : outpatient / inpatient centres, treatment units in prison (planned for 1997).
Hospitals : general and psychiatric public hospitals. Patients seen in day consultations are excluded, except in psychiatric consultations or consultations specifically for drug addiction where they are included in the survey.
Social centres : inpatient centres for social rehabilitation non specialised in drug addicts treatments, clubs and teams of prevention.

- **Number of Participants (Centres)**

All specialised centres linked to the state health scheme : about 200.
And about 500 hospitals and about 400 social centres.

- **Coverage of the Monitoring-System (Regional / National)**

National coverage.

- **Definition of Treatments / Treatment-Episodes**

Inclusion criteria :

– Specialised centres : everyone undergoing (or beginning) a treatment in November is included in the survey.

– Non specialised centres (hospitals and social services) :

– everyone undergoing a drug addiction related to treatment in November (as well current as previous drug use)

– everyone for whom illicit drug use or licit substances misuse has been on a long and regular basis during the last months.

Exclusion criteria :

– alcohol addicts (alcohol as main substance used)

- **Handling to prevent or control double-countings**

In hospitals and social services there is a question to know if the patient is at the same time undergoing a treatment in a specialised centre : it is the way used to estimate the number of drug addicts treated in November. But, there is no possibility to leave double-countings at an individual level, and it is the reason why the analysis (crossed tables) is conducted without any avoiding of double-countings.

6.2.3 Germany

Background Information of the Treatment-Monitoring-System

1. National information

- **Number of inhabitants / population**
  81,500,000

- **Estimated number of drug addicts**
  100,000 – 150,000 (hard drug addicts)

- **Estimated number of treatment demands**

2. Description of the German Care system for drug addicts

At the start of the drugs problem in Germany, around 1970, drug addicts were initially treated in already established out-patient centres designed for alcoholics. Later more and more special counselling centres were created for drug addicts.

According to a current survey by the Federal Ministry for Health there are at present just under 1,100 **out-patient counselling centres** available. In contrast to the early days, described above, there are now, however, much fewer centres which specialise exclusively in counselling drug addicts. Nevertheless the majority of the centres have a certain bias towards the treatment of alcoholics or drug addicts. This has been calculated as giving a total treatment density of approximately 72,000 inhabitants per counselling centre.

The out-patient centres carry out an extremely comprehensive and diverse range of measures oriented both towards the individual person and towards more general aspects of psychosocial work to assist drug addicts. Work for the individual cases consists above all in measures to make contact with users, for example in outreach social work in the drug scene, or by practical support services such as emergency beds, contact shops, tea-shops, and the like, and through carrying out crisis interventions, diagnostic measures, and also psychosocial counselling, on an individual or group basis or including partners and family members. A whole series of centres also carries out psychotherapy oriented towards abstinence, or including methadone substitution. Finally, the standard range of therapeutic work and services includes preparing the clients for treatment at other centres, negotiating this and accompanying the clients, especially into residential detoxification.

For some years, considerations of health policy have also been applied to revalue out-patient activities to care for people with drug-induced illnesses. As regards services to drug addicts, the low-threshold services and addiction-following services have been received far more positively recently, alongside the traditional approaches. This has greatly broadened the spectrum of different aid services and is a more adequate response to the different problems and needs of addicts.

Throughout Germany, there are at present approximately 400 **residential centres** for the treatment of drug addiction. Most of these are specialised clinics and therapeutic communities, or specialised departments of psychiatric clinics, some of which have concentrated, particularly in the past few years, on carrying out withdrawal treatments. According to the findings of the SEDOS system of documenting residential centres, which was introduced in 1994, approximately 20% of the residential centres specialise in the treatment of drug addicts.

In contrast to the wider scope of the work of specialised out-patient centres the residential specialised centres concentrate almost exclusively on withdrawal treatments.

Methadone substitution as part of treatment for drug addiction is regulated by the Ruling on the Prescription of Dangerous Drugs. The core of these guidelines is discrimination according to indications; substitution with methadone can only form part of the treatment if certain highly specific indications apply. If other substances are used, particularly codeine and dihydrocodeine, for patients in public health insurance plans, only the less specific rules of the Prescription Ruling apply; for the private patients, not even these.

The basic number of **methadone-substituted** patients can be estimated to be around 35,000. The number of patients on **substitution with codeine products** is about 20,000 (1995). Nationally, about 2400 general practitioners in independent practice are authorised to give substitution treatment to patients in public health insurance plans, and about half of these do in fact give substitution. As the regulations are different for private patients there are no further details on the number of doctors who offer substitution therapy outside the group authorised for settlement under public health insurance plans. The number of doctors who use codeine or dihydrocodeine as an alternative or adjunct in substitution is quite unknown.

Besides, there are a number of out-patient substitution centres and specialised centres in Germany, particularly in the cities, for substitution therapy. However, compared with the figures for doctors in independent practice, very little substitution is carried out in specialised out-patient treatment centres or special centres.
The inadequate monitoring of methadone prescriptions and complete lack of monitoring of codeine products in Germany is particularly to be deplored.

3. Overview of the Monitoring Systems of Germany

Besides the relatively small (local) systems, the main system for gathering information about treatment of drug addiction through out-patient centres is a data-collection system called **EBIS** (out-patient centre-based documentation system), which has been run by the Institute for Therapy Research since 1980.
EBIS gathers information about people who are being cared for in out-patient counselling and treatment centres because of problems with legal or illegal addictive substances. Approximately half the 1091 centres of this type in the Federal Republic are part of this information system. Once a year tabular data is obtained from these centres on the people undergoing care, their problems, the nature of care, and some of the treatment outcomes. These data are compiled from the whole of the Federal Republic and are published in annual reports.
The EBIS-System has been run continuously since 1980 and is financially supported by the Federal Ministry for Health. The data from EBIS reveal long-term trends and basic data relating to the drug users treated. With approximately 60 items of data per person treated, EBIS is the most comprehensive routine source of information on people with addiction problems. The last year covered is 1996.
As with out-patient care, there are various systems of information available to describe the treatment of drug addicts as in-patients in specialised clinics. At national level, a system called **SEDOS** (in-patient centre-based documentation system, also run by the Institute for Therapy Research) is the main gatherer of data on the treatment of alcoholics and drug addicts in residential facilities
The SEDOS information system has been in existence since 1994. At present around 180 in-patient centres are involved in it. These are specialised clinics for drug addicts and/or alcoholics, psychiatric centres and transitional institutions such as hostels. For 1995 the second annual evaluation for SEDOS was presented, containing data on 17,000 people from 106 in-patient treatment centres who were treated that year. The last year covered is 1996.
Besides these two large treatment monitoring systems which are in use throughout Germany, a number of smaller or **regional information-gathering systems** are at present being developed. The statistical board of the German Council on Addiction Problems has ensured that the questionnaires used have been co-ordinated so that the information can, in principle, be combined.

- **Number of participants**
  550 outpatient centres (EBIS), 150 inpatient centres (SEDOS)

- **Coverage of the Monitoring System**
  45 – 50 % (EBIS and SEDOS)

- **Definition of Treatments / Treatment Episode**

'Treatment episode' is defined as the period a patient stays in an treatment centre for a treatment. This period starts the first day a patient is taken in treatment and ends when the person leaves with or without consent the treatment centre. When a person comes back to the centre a new treatment episode starts.

- **Handling to prevent or to control double-countings**

Within the EBIS / SEDOS system there is only control for double counting on the level of each institution separately. There is no control for double counting on an upper-institution level.

6.2.4 Ireland

Background Information of the Treatment-Monitoring-System

1. National (Demographic) Information

- **Number of inhabitants**

The population of Ireland (Census, 1996) is 3.6 million with just over one million people living in Dublin.

- **Estimated number of drug users**

It is difficult to give an estimate of the number of drug users as no prevalence estimates have been completed to date.

- **Estimated number of treatment demands**

The number of drug users presenting to the treatment services is estimated to be 4,000 (1995 data).

2. Description of National Care System for Drug Addicts (National Drug Policy)

The objective of drug policy in Ireland is to maintain people in, or restore people to, a drug-free lifestyle. The promotion of health is emphasised in prevention programmes provided by education and health services. While a drug-free society is the ultimate ideal, it is acknowledged that this is not an option for many drug users, at least in the initial stages of treatment. Consequently a pragmatic approach is taken and as well as the provision of a number of treatment options, the importance of the minimisation of risk behaviours is stressed in harm reduction programmes.

Drugs issues have become politically important in Ireland in recent years. The fight against drug trafficking and drug abuse was a major theme of the Irish Presidency of the European Union in the latter half of 1996, focussing on the reduction of the supply of drugs and the prevention and treatment of addiction. Tougher legislative measures were introduced to curb the supply of and the demand for drugs, including seven-day detention, restrictions in the right to silence in drug trafficking cases, the seizure of criminal assets and changes in existing bail laws. There was an increase in police numbers, extra court judges were appointed and extra prison places were provided.

3. Overview of the Monitoring System

The Drug Treatment Reporting System was piloted in Dublin and London in 1989 under the auspices of the Pompidou Group, Council of Europe. The Reporting System has been in operation in the Greater Dublin area since 1990. Collection of data was extended to the whole country at the beginning of 1995.

The Reporting System provides information on socio-demographic data, problem drug use and risk behaviours.

- **Participating Centres**

There are approximately thirty centres throughout the country. Some of these centres make very few returns to the reporting system because the majority of their clients are treated for alcohol addiction. Most services are statutory ***specialised non-residential***. Other services include statutory and voluntary ***specialised residential*** centres. Centres based in the ***general services*** and ***prisons*** are not as yet well represented in the system.

- **Coverage**

Since 1995 the monitoring system collects information from drug treatment services, statutory and voluntary, at national level. Since problematic drug use is mainly concentrated in Dublin in certain socially deprived areas, the bulk of the data returns are from Dublin. General practitioners providing treatment to drug users are not as yet well represented in the system. Treatment provided in the prisons as well as hospital inpatient data are not well covered. The data are a good reflection of the number of clients availing of drug treatment services in the community.

- **Definitions**

Case

For the purpose of the system a case is a ***person who receives treatment for his/her drug use at a treatment centre*** during the calendar year 1 January to 31 December. If a person starts treatment more than once during the same year at the same centre, then only the earliest treatment in that year is counted.

Treatment

Treatment includes non-medical as well as medical interventions. It is broadly defined and includes detoxification as well as interventions aimed at reducing drug-related harm. Treatment is any activity which is targeted directly at people who have problems with their drug use, and which aims to ameliorate the psychological, medical or social state of individuals who seek help for their drug problems. It does not include requests for social assistance only, interventions solely concerned with the physical complications of drug use, contacts by telephone or contact with family only.

Double Counting

All treatment data in the reporting system is anonymous and because confidentiality is thus assured, it is felt that this is one of the reasons for the good response rate. Whereas double counting is avoided ***within*** centres, there could be double counting ***between*** centres. There could therefore, be double counting of cases in the system as a whole although this is less likely since the introduction of the Methadone Treatment List. This list, which is very closely monitored, is a system of registration and is kept centrally at the National Drug Treatment Centre with the names of all those receiving methadone for detoxification or maintenance.

6.2.5 Spain

Background Information of the Treatment-Monitoring-System

1. National information

- **Number of inhabitants / population**
  39,395,153 (19,320,620 male; 20,074,533 female) (population census 1991)

- **Estimated number of drug addicts**
  Rough estimate: 130,000 (use of hard-drugs in the last month)

- **Estimated number of treatment demands**
  Notified number of treatment demands (1995): 42,317

2. Description of National Care System for Drug Addicts

The different patterns of drug use as well as socio-demographic and personal profiles of drug users determine a variety of interventions and centres providing care. Basically, there are three types of intervention lines:

- Specific programmes: outpatient treatment centres, hospital detox units, day treatment centres, residential treatment centres and opiates substitution programmes.

- Harm reduction programmes: distribution of health kits, syringe exchange, promotion of lower risk practices and behaviour, vaccination against hepatitis, tuberculosis detection and control, AIDS prevention, etc.

- Social and judicial support programmes

3. Overview of the Monitoring System

The Spanish State Information System on Drug Abuse (SEIT) was established in 1987. It uses three indirect indicators that reflect the health effects of drug use: treatment, emergencies and mortality. From 1987 to 1995 all three indicators referred exclusively to opiates or cocaine. In order to be more flexible and comprehensive, starting 1996 the system was modified to include all psychoactive substances able to generate dependence. Changes introduced in the treatment indicator took into account the protocol of the treatment demand indicator of the Pompidou Group.

In addition to the SEIT monitoring system, there is a plan of periodical surveys of patients attending drug treatment services. These studies provide a better knowledge of social and health characteristics of the drug use phenomenon, in a sample of SEIT patients.

- ***Participating centres***

Centres that provide ambulatory care for drug users, including prison units. Only ambulatory cases are recorded. Hospital and other types of residential treatments are excluded. Information and advice activities, syringe exchange and other low threshold programmes are also excluded.

All public and subsidised private centres report cases, other private outpatient centres that are not subsidised may form part of the system and report cases. In practice, there are two main categories of centres:

- specific centres for drug treatment
- mental health centres or other health services

- ***Number of participants (centres)***

In 1995, 421 outpatient centres notified cases.

- ***Coverage of the monitoring-system***

SEIT coverage is national, but based on regional systems (Autonomous Communities).

- ***Definition of Treatments***

Admission to Treatment for Psychoactive Substance Use: annual number of persons admitted to outpatient treatment because of abuse or dependence of psychoactive substances (defined list of substances).

- ***Handling to prevent or control double-counting***

Double counting is eliminated at the regional level: Persons admitted to treatment during the same year and the same Autonomous Community are counted only the first time they attend a centre. For this purpose, cases are identified by a personal code, made up of two letters from each of the two family names, gender, date and place of birth.

6.2.6 The Netherlands

Background Information and Description of the National Monitoring System for the outpatient addiction care and treatment in The Netherlands: The LADIS, the Dutch National Alcohol and Drug Information System, controlled by the Organisation Information System on Addiction Care and Treatment (IVV)

1. National information

In The Netherlands there are 15,493,889 inhabitants. There is an estimated number of 25,000 – 27,000 hard-drug addicts. During 1996 there were 23,025 outpatient treatment demands for drugs (Ouwehand et al., 1997, Key Figures LADIS 1996, Houten, The Netherlands: IVV.)

2. Description of National Care System for Drug Addicts

In the Netherlands, outpatient treatment is provided by the Institutes on Outpatient Addiction Care and Treatment (IAVs). These IAVs consist of 17 former CADs, with about 100 branches, and 15 low threshold services. The IAVs offer a variety of treatment and care options to drug users, ranging from detoxification to substitution programmes, pharmacotherapy, counselling, other forms of psychotherapy, aftercare, social work, and rehabilitation programmes (***National report: the Netherlands 1996***,Utrecht, The Netherlands: Trimbos Institute).

3. Overview of the Monitoring System

The LADIS started in 1986. In 1988, all former CADs participated in the LADIS. Apart from the former CADs, 5 low threshold services now participate in the LADIS. At the moment, the LADIS covers about 90% of the outpatient treatment and care. The IVV aims at full coverage in the near future.

- **Handling to prevent or control double-countings**

From the registration year 1994 the opportunity has been realised to perform corrections for double counts in the LADIS on a national level. Allocation of one unique code to each client enables such corrections.

6.2.7 United Kingdom

Background Information of the Treatment-Monitoring-System

1. National Information (England)

- **Number of inhabitants**
  England = 48,707,459 (mid 1994 estimates)

- **Estimated number of drug addicts:**
  Notified drug addicts in 1995 = 37,164
  Rough estimate of real total = 100,000

- **Estimated number of treatment demands**

  24,661 new agency episodes in 6 months (ending September 1995) consisting of

General practice; NHS funded	3,263
Community based drug service: statutory	1,538
Community based drug service: non-statutory	5,081
Drug Dependency Unit in-patient	521
Drug Dependency Unit out-patient	1,780
Residential rehabilitation	759
Other agencies	1,719

2. Description of national care system for drug addicts
The care system for drug addicts in England is predominantly based on the prescribing of substitute drugs (normally oral methadone) from statutory community based drug services. These prescriptions are commonly long term, the aim being to keep dependent drug users in touch with services. Much of the philosophy behind English drug treatment policy arose from a report issued by the ACMD in 1988 stating that

'The spread of HIV is a greater danger to individual and public health than drug misuse'.

On this basis, drug units accept the need to work with people who will continue to use drugs, concentrating on maintaining service contact and minimising individual and public harm whilst still ultimately promoting abstinence. As many prescribing drug units are now working to capacity, General Practitioners are increasingly expected to play their role in the community based prescribing of substitute drugs.

3. Historical overview (Monitoring system)
Formerly only the Addicts Index was available to measure the number of drug users seeking treatment. This was limited to those dependent on certain opiates or cocaine who were seen by a doctor. However, a more extensive database was required to include more drugs and more agencies than the Addicts Index. The Department of Health saw the need to implement a system that would allow those who are responsible for policy and service planning to respond effectively to the changing trends in drug use, and to ensure the appropriate services are developed to meet their needs. In 1982 the ACMD recommended that local problem drug teams should be set up which would also collect information in a form capable of collation at both regional and national levels to enable a wider picture to be obtained. In 1984 the Department of Health and Social Security issued a circular (HC(84)14) which asked the NHS to review the prevalence of drug misuse locally and report back on the situation. In 1986 a drug misuse database was developed by the Drug Research Unit at the University of Manchester. In 1989 the Department commissioned the unit to adapt the Database for use in other Regions.

- **Short description of participating centres**

The following agencies routinely report:

General practice; NHS funded
Community based drug service: statutory
Community based drug service: non-statutory
Drug Dependency Unit in-patient
Drug Dependency Unit out-patient
Residential rehabilitation
Hospital drug clinics

The following agencies report in some areas

Police surgeons
Some hospital out-patient and in-patients.
Day care services
NHS Psychiatric wards
Accident and emergency wards
Private in-patient or out-patient facilities
Probation offices
Prison medical service
Syringe Exchange Schemes

- **Number of participants (centres)**

A minimum of 600 (and probably closer to 700) separate agencies are known to report to the DMD (1995 figures). This does not include General Practitioners as individual GPs are not recorded as separate agencies.

- **Coverage of monitoring system (Regional National)**

All District Health Authorities in all eight regions in England plus Wales and Scotland.

- **Definition of treatments/treatment episodes**

Individuals are reported to DMD when they present to a service with a ***new episode***, i.e. they present for the first time or re-present after an interval of at least six months with a drug problem (physical, social, psychological or legal). These new episodes are reported regardless of whether any treatment is to be given. Individuals with alcohol as primary drug are not reported.

- **Handling to prevent or control double counting**

To avoid making multiple counts of individual drug users who may be known to more than one agency, DMD uses clients' initials, date of birth and gender as a unique code; hence, without comprising confidentiality, the system can provide accurate estimates of the number of individual drug users presenting to services at a local and regional level.

6.3 The National Translation Rules for the European Core Information Set

6.3.1 Belgium (Flemish Community)

	Core-Items (EMCDDA)	Monitoring-System (national language)	Monitoring-System (English)
1	**Treatment Centre Type**	**therapeutic community** **crisis intervention centre** **outpatient treatment centre**	**therapeutic community** **crisis intervention centre** **outpatient treatment centre**
2	**Date of Treatment Month**	**datum opname**	**date start of treatment** **(dd/mm/yy)**
3	**Date of Treatment Year**	**datum opname**	**date start of treatment** **(dd/mm/yy)**
4	**Ever Previously Treated**	- ambulante hulpverlening (al dan niet ambulante hulpverling gevolgd, juist voor de opname in dit centrum) - aantal residentiële behandelingen (aanta opnamen in curatieve of residentiële instellingen juis voor de opname in dit centrum)	partly constructed from two separate variables - outpatient treatment just before this treatment - number of residential treatments just before this treatment
	• Never	• geen zekere informatie	• no reliable information
	• Previously treated	• indien juist voor de behandeling andere behandeling heeft plaatsgehad kan dit ingevuld worde	• if patient have been treated just before this treatment than information is available
	• Not known	• meestal ‘not known’	• in other cases (most of the cases) not known

5	**Source of Referral**	**verwijzer echelon en verwijzer sector**	**information constructed from variables referral level and referral sector**
	• Self referred	• mantelzorg	• self referred
	• Family / Friends	• mantelzorg	• family + friends
	• Other drug treatment centre	• -	• (information not available)
	• GP	• medisch	• medical
	• Hospital / other medical source	• medisch	• medical
	• Social services	• sociaal	• social
	• Court / probation / police	• gerechtelijk / justitieel	• judicial
	• Other	• andere	• other
	• Not known	• onbekend	• not known

6	**Gender**	**geslacht**	**Gender**
	• male	• man	• male
	• female	• vrouw	• female
	• not known	•	•

7	**Age of Person at Start of Treatment**	**(opnamedatum – geboortedatum)**	**(date start of treatment – date of birth)**

8	**Year of Birth**	**geboortedatum**	**date of birth (dd/mm/yy)**

9	**Living Status**	verblijfplaats bij opname	place of living at moment of start of treatment
	• alone	• alleen (eventueel met eigen kinderen)	• alone / alone with child
	• with parents	• bij ouders	• with parents
	• alone with child	•	•
	• with partner (alone)	• samenwonend (al dan niet gehuwd)	• living with partner (alone and child)
	• with partner and child	•	•
	• with friends	• (geen info)	• (information not available)
	• other	• bij andere familie verbleef dan laatste 3 mnd in gevang verbleef dan laatste 3 maand in resid. cent. andere	• other family was than last 3 month in prison was than last 3 month in resid. cent. Other
	• not known	•	•

10	**Nationality**	**nationaliteit** (elk land heeft zijn code)	**nationality** (each country has a code. Grouping is possible according to wishes)
	• National of this country	• ✓	• ✓
	• National of EU-Member-States	• ✓	• ✓
	• National of other countries	• ✓	• ✓
	• Not known	•	•

11	**Employment**	**beroepsniveau**	**level of employment before start of treatment**
	• Regular Employment	• arbeider, kleine zelfstandige, thuiswerker onder arbeidscontract / bediende / kader / vrij beroep / bedrijfsleider	• employee, labor force, manager
	• Pupil / Student	• huismoeder / student	• housewife / student (is one category)
	• Economically inactive (Pensioners, Housewives, men / Invalidity)	• huismoeder / student	• housewife / student (is one category)
	• Unemployed	• nooit gewerkt	• never worked
	• Other	• ander	• other
	• Not known	• onbekend	• unknown

12	**Highest Educational Level Completed**	**studieniveau**	**highest educational level**
	• never went to school / never completed primary school	• niets afgemaakt	• didn’t finish anything
	• primary school	• lager onderwijs	• primary school
	• secondary school	• lager secund / hoger secundair	• lower secondary + higher secondary
	• tertiary education	• hokt / holt	• short and long term higher education
	• not known	• andere / unbekend	• unknown

13	**Primary Drug**	**voornaamste product**	
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• **opiaten**	• **opiates**
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• **cocaïne**	• **cocaine**
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• **opwekkende medicatie**	• **stimulants**
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• **dempende medicatie**	• **hypnotics and sedatives**
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **hallucinogenen**	• **hallucinogens**
	• **Volatile Inhalants**	• **snuifmiddelen**	• **volatile inhalants**
	• **Cannabis (total)**	• **cannabis**	• **cannabis**
	• **Other Substances (total)**	• **andere**	• **other**

14	**Route of Administration (primary drug)**	(geen informatie)	(no information)
	• Inject	•	•
	• Smoke / Inhale	•	•
	• Eat / Drink	•	•
	• Sniff	•	•
	• Others	•	•
	• Not known	•	•

15	**Frequency of Use Primary Drug**	frequentie	
	• Not used in past month / occasional	• niet in het laatste jaar / minder dan 1x per maand	• not in last year / less than once a month
	• Once per week or less	• 1 tot 4 maal per maand / 1x per week	• 1 to 4 times a month / once a week
	• 2 – 6 days per week	• 1 tot 6 keer per week	• 1 to 6 times a week
	• Daily	• dagelijks	• daily
	• Not known	• onbekend	• unknown
16	**Age at First Use of Primary Drug**	**leeftijd eerst gebruik voornaamste product**	**age at first use of primary drug**
17	**Current Secondary Drugs**	**tweede product**	**secondary drugs**
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• opiaten	• opiates
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• cocaïne	• cocaine
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• opwekkende medicatie	• stimulants
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ benzodiazepines ▫ Others	• dempende medicatie	• hypnotics and sedatives
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• hallucinogenen	• hallucinogens
	• **Volatile Inhalants**	• snuifmiddelen	• volatile inhalants
	• **Cannabis (total)**	• cannabis	• cannabis
	• **Alcohol as secondary drug (total)**	• alcohol	• alcohol

	• **Other Substances (total)**	• andere	• other

18	**Ever / Currently (last 30 days) injected**	(geen informatie)	(no information)
	• Ever injected, but not currently	•	•
	• Currently injected	•	•
	• Never injected	•	•
	• Not known	•	•

6.3.2 France

	Core-Items (EMCDDA)	Enquête de novembre (français)	November survey (French)
1	**Treatment Centre Type**	**Centre spécialisé Hôpital**	**Specialised centre Hospital**
2	**Date of Treatment Month**	**-**	**-**
3	**Date of Treatment Year**	**-**	**-**
4	**Ever Previously Treated**	**Premier recours au titre de la toxicomanie dans l'année**	**First treatment demand related to drug addiction in the last year**
	• Never	• oui	• yes
	• Previously treated	• non	• no
	• Not known	• ne sais pas	• not known

5	**Source of Referral**	**Origine de la prise en charge**	
	• Self referred	• le patient lui-même	• Self referred
	• Family / Friends	• la famille ou les amis	• Family / Friends
	• Other drug treatment centre	• un autre centre spécialisé	• Other drug treatment centre
	• GP	• un médecin généraliste ou spécialiste	• general or specialised practitioner
	• Hospital / other medical source	• un hôpital	• Hospital
	• Social services	• un service social	• Social services
	• Court / probation / police	• dans le cadre d'une mesure judiciaire dont l'injonction thérapeutique	• Court ordered measure among which 'court ordered therapeutic treatment'
	• Other	• autres cas	• Other
	• Not known	• Sans information	• Not known

6	**Gender**	**sexe**	**gender**
	• male	• masculin	• male
	• female	• féminin	• female
	• not known	-	-

7	**Age of Person at Start of Treatment**	-	-

8	**Year of Birth**	**Année de naissance**	**Year of birth**

9	**Living Status**	**-**	-
	• alone	**-**	**-**
	• with parents	**-**	**-**
	• alone with child	**-**	**-**
	• with partner (alone)	**-**	**-**
	• with partner and child	**-**	**-**
	• with friends	**-**	**-**
	• other	**-**	**-**
	• not known	**-**	**-**

10	**Nationality**	**Nationalité**	**Nationality**
	• National of this country	• française	• French
	• National of EU-Member-States	• étrangère de la CEE	• National of EU-Member-States
	• National of other countries	• étrangère hors de la CEE	• National of other countries
	• Not known	**-**	**-**

11	**Employment**	**Activité**	**Activity**
	• Regular Employment	• Emploi salarié stable • Emploi salarié à durée déterminée • Travailleur indépendant ou libéral	• Stable salaried employment • short-term salaried employment • (liberal) professional people
	• Pupil / Student	• Elève, étudiant, stagiaire non rémunéré	• Pupil, Student
	• Economically inactive (Pensioners, Housewives, men / Invalidity)	• Autres inactifs • Militaires du contingent	• Other inactive people • National service
	• Unemployed	• Chômeur n'ayant jamais travaillé • Chômeur ayant déjà occupé un emploi	• Unemployed (never worked) • Unemployed (ever worked
	• Other	-	-
	• Not known	• Sans information	• Not known

12	**Highest Educational Level Completed**	-	-
	• never went to school / never completed primary school	-	-
	• primary school	-	-
	• secondary school	-	-
	• tertiary education	-	-
	• not known	-	-

13	**Primary Drug**	**Produits primaires ayant motivé la demande de soins (2 max.)**	**Primary substance having motivated the treatment (2 max.)**
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	▫ héroïne ▫ morphine, opium ▫ dérivés de codéine ▫ buprénorphine en dehors d'une presciption ▫ méthadone en dehors d'une presciption	▫ heroin ▫ morphine, opium ▫ codeine derivatives ▫ non prescribed buprenorphin ▫ non prescribed methadone
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	▫ cocaïne ▫ crack	▫ cocaïne ▫ crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	▫ amphétamines ▫ ecstasy ▫	▫ amphetamines ▫ ecstasy ▫
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	▫ barbituriques ▫ benzodiazépines ▫ autres hypnotiques et tranquilisants	▫ Barbiturates ▫ Benzodiazepines ▫ Other hypnotics and sedatives
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **LSD et autres dysleptiques**	• **LSD and others**
	• **Volatile Inhalants**	• **colles et solvants**	• **Glues and solvents**
	• **Cannabis (total)**	• **cannabis**	• **cannabis**
	• **Other Substances (total)**	• **autres substances** • **antidépresseurs**	• **other substances** • **antidepressant substances**

14	**Route of Administration (primary drug)**	-	-
	• Inject	-	-
	• Smoke / Inhale	-	-
	• Eat / Drink	-	-
	• Sniff	-	-
	• Others	-	-
	• Not known	-	-

15	**Frequency of Use Primary Drug**	**-**	-
	• Not used in past month / occasional	-	-
	• Once per week or less	-	-
	• - 6 days per week	-	-
	• Daily	-	-
	• Not known	-	-
16	**Age at First Use of Primary Drug**	**-**	**-**
17	**Current Secondary Drugs[1]**	**Produits actuellement consommés (au cours du dernier mois) (3 max.)**	**Currently used substances (last month) (3 max.)**
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	▫ héroïne ▫ morphine, opium ▫ dérivés de codéine ▫ buprénorphine en dehors d'une presciption ▫ méthadone en dehors d'une presciption	▫ heroin ▫ morphine, opium ▫ codeine derivatives ▫ non prescribed buprenorphin ▫ non prescribed methadone
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	▫ cocaïne ▫ crack	▫ cocaïne ▫ crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	▫ amphétamines ▫ ecstasy ▫ **-**	▫ amphetamines ▫ ecstasy ▫ **-**
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	▫ barbituriques ▫ benzodiazépines ▫ autres hypnotiques et tranquilisants	▫ Barbiturates ▫ Benzodiazepines ▫ Other hypnotics and sedatives
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **LSD et autres dysleptiques**	• **LSD and others**
	• **Volatile Inhalants**	• **colles et solvants**	• **Glues and solvents**
	• **Cannabis (total)**	• **cannabis**	• **cannabis**
	• **Other Substances (total)**	• **autres substances** • **antidépresseurs**	• **other substances** • **antidepressant substances**

1) In practice, the first substance noted is considered as the main drug and the 2 others as the secondary drugs. It does exist in addition a question on the undergoing a Methadone, Subutex or other substitute treatment.

18	**Ever / Currently (last 30 days) injected**	**Administration intraveineuse de produit**	Intravenous administration of substances
	• Ever injected, but not currently	• oui, actuellement (durant les 30 derniers jours)	• yes, currently (last 30 days)
	• Currently injected	• oui, antérieurement (durant les 30 derniers jours)	• yes ever injected, but not currently (before the last 30 days)
	• Never injected	• non	• no
	• Not known	• information inconnue	• not known

6.3.3 Germany

	Core-Items (EMCDDA)	EBIS (national language)	EBIS (English)
1	**Treatment Centre Type**	**keine Fragestellung, definiert durch das Monitoring-System**	**Outpatient, Inpatient (no Items, defined by reporting-systems)**
2	**Date of Treatment Month**	**Betreungsbeginn, Monat**	**Begin of Treatment, Month**
3	**Date of Treatment Year**	**Betreungsbeginn, Jahr**	**Begin of Treatment, Year**
4	**Ever Previously Treated**	**Jemals zuvor suchtbezogene Hilfe beansprucht (G1)**	**Ever Previously treated because of drug-related problems (G1)**
	• Never	• Nein	• No
	• Previously treated	• Ja	• Yes
	• Not known	• (keine Eintragung)	• (No answer)

5	Source of Referral	Vermittlung durch (G18)	Referral by... (G18)
	• Self referred	• ohne Vermittlung	• no Referral
	• Family / Friends	• Angehörige / Freunde / Bekannte	• Relatives/ Friends / acquaintances
	• Other drug treatment centre	• Fachklinik **oder** Substitutionsambulanz **oder** Suchtberatungsstelle	• Specialised hospital **or** substitution-ambulance **or** drug-counselling centre
	• GP	• ärztliche, psychotherapeutische Praxis	• GP's, psychotherapeutic practice
	• Hospital / other medical source	• sonstiges Krankenhaus	• Other hospital
	• Social services	• Beratungsstelle der Straffälligenhilfe **oder** Beratungsstelle der Wohnungslosenhilfe **oder** Schuldnerberatungsstelle **oder** sonstige Fachberatungsstelle **oder** Wohlfahrtsstelle / Pfarramt / Bahnhofsmission **oder** Arbeitsamt / Sozialamt / Jugendamt	• Counselling centre for offenders **or** Counselling centre for homeless-people **or** counselling centres for debtors **or** other specialist services **or** welfare-office/ Priest's office / Charitable organisation for helping needy rail travellers **or** employment exchange / social welfare office / youth welfare department
	• Court / probation / police	• Straßenverkehrsbehörde **oder** Polizei / Zoll **oder** Staatsanwaltschaft / Gericht **oder** Jugendgerichtshilfe / Bewährungshilfe **oder** JVA (incl. Sozialdienst)	• Road traffic department **or** police / customs office **or** public prosecutor's office / court **or** juvenile courts service / probation service **or** prison (incl. social service)
	• Other	• Kategorien Nr.: 7, or 10, or 11, or 17, or 18, or 26	• Categories No.: 7, or 10, or 11, or 17, or 18, or 26
	• Not known	• (keine Eintragung)	• (no entry)

6	Gender	Geschlecht	
	• male	• männlich	• male
	• female	• weiblich	• female
	• not known	-	-

7	**Age of Person at Start of Treatment**	**Alter**	**Age**
8	**Year of Birth**	**Geburtsjahr**	**Year of Birth**
9	**Living Status (with whom)**	**Alleinlebend (G13); Wenn nicht alleinlebend, zusammen (G13a)***	**Living alone, if not – living together**
	• alone	• Alleinlebend, ja (G13)	• living alone, yes
	• with parents	• Alleinlebend, nein (G13) **und** mit Elternteil G13a)	• living alone, no **and** with parent
	• alone with child	• mit Kindern **und** mit PartnerIn	• with children **and** with partner
	• with partner (alone)	• mit PartnerIn **und** mit Kindern **und** mit Elternteil **und** mit andern Angehörigen **und** mit Freunden / Bekannten **und** mit sonstigen Personen	• with partner **and** with children **and** with parent **and** with friends/acquaintances **and** with other persons
	• with partner and child	• mit PartnerIn and mit Kindern	• with partner and children
	• with friends	• mit Freunden / Bekannten	• with friends/acquaintances
	• other	• mit sonstigen Personen	• with other persons
	• not known	• (Kein Eintrag)	• (no entry)
10	**Nationality**	**Staatsangehörigkeit**	**Nationality**
	• National of this country	• deutsch	• German
	• National of EU-Member-States	• EU-Länder	• EU-Member-States
	• National of other countries	• andere	• Other countries
	• Not known	• (kein Eintrag)	• (no entry)

11	**Employment**	**Beruflicher Status (G15), wenn Erwerbsperson, derzeit... (G15a); Einkommenssituation (G16)***	**Employment status, if employed, current situation of income**
	• Regular Employment	• mit Vollzeit-, Teilzeit-beschäftigung (G15a)	• Full-time/part-time employment
	• Pupil / Student	• Schüler / Student (G15)	• Pupil / Student
	• Economically inactive (Pensioners, Housewives, men / Invalidity)	• Hausmann /-frau (G15) **oder** Rentner / Pensionär (G15) **oder** sonstige Nichterwerbspersonen (G15)	• Houseperson **or** pensioner **or** other unemployed persons
	• Unemployed	• arbeitslos gemeldet (G15a) **oder** arbeitssuchend gemeldet (G15a)	• Registered as unemployed **or** looking for a job
	• Other	• mindestens einen Eintrag in anderen Kategorien der Items G15/G15a oder G16	• At least one valid value of other categories in G15 or G15a or G16
	• Not known	• (kein Eintrag)	• (no entry)

* Because of combination of more than one Item (EBIS) sequential Data-analysis required. Proposal: (Sequence 1. Pupil / Student, 2. Economically inactive, 3. Regular employment, 4. Casual work, 5. Unemployed)

12	**Highest Educational Level Completed**	**Höchster Schulabschluß** (G9)	**Highest Educational Level Completed**
	• never went to school / never completed primary school	• kein Schulabschluß	• Never completed school
	• primary school	• Sonderschulabschluß **oder** Hauptschulabschluß	• Completed special school **or** lower secondary school
	• secondary school	• Mittlere Reife **oder** Polytechnische Oberschule	• Completed secondary school **or** polytechnic school
	• tertiary education	• Fachhochschulreife **oder** Hochschulreife	• Completed higher professional school **or** grammar school
	• not known	• andere Kategorien **oder** (kein Eintrag)	• Other categories **or** (no entry)

13	Primary Drug	Hauptdiagnose (G22a/b)	Primary Diagnosis
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• **Opioide** ▫ Heroin ▫ Methadon ▫ Codeine oder andere opiathaltige Mittel	• **Opiates** ▫ Heroin ▫ Methadone ▫ Codeine or other opiates
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• **Kokain** ▫ Kokain ▫ Crack	• **Cocaine** ▫ Cocaine ▫ Crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• **Andere Stimulantien**	• **other Stimulants**
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• **Beruhigungsmittel oder Schlafmittel**	• **Hypnotics or Sedatives**
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **Halluzinogene** ▫ LSD ▫ Mescaline oder sonstige Halluzinogene	• **Hallucinogens** ▫ LSD ▫ Mescaline or other Hallucinogens
	• **Volatile Inhalants**	• **Flüchtige Lösungsmittel**	• **Volatile Inhalants**
	• **Cannabis (total)**	• **Haschisch oder Marihuana**	• **Hash or Marihuana**
	• **Other Substances (total)**	• **andere psychotrope Substanzen**	• **Other psychotropic substances**

14	Route of Administration (primary drug)	Hauptdiagnose (G22a/b/c/d)	Primary diagnosis (G22a/b/c/d)
	• Inject	• gegenwärtiger **or** jemaliger i.v.-Konsum*	• currently or ever injected
	• Smoke / Inhale	-	-
	• Eat / Drink	-	-
	• Sniff	-	-
	• Others	-	-
	• Not known	-	-

15	**Frequency of Use Primary Drug**	-	-
	• Not used in past month / occasional	-	-
	• Once per week or less	-	-
	• 2 – 6 days per week	-	-
	• Daily	-	-
	• Not known	-	-
16	**Age at First Use of Primary Drug**	*Alter bei Beginn der Störung (G22e)*	*Age, when drug use (main diagnosis) became problematic, not comparable with definition

17	Current Secondary Drugs	Diagnosen (G22a/b)	Diagnosis (G22a/b)
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• **Opioide** ▫ Heroin ▫ Methadon ▫ Codeine oder andere opiathaltige Mittel	• **Opiates** ▫ Heroin ▫ Methadone ▫ Codeine or other opiates
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• **Kokain** ▫ Kokain ▫ Crack	• **Cocaine** ▫ Cocaine ▫ Crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• **Andere Stimulantien**	• **other Stimulants**
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• **Beruhigungsmittel oder Schlafmittel**	• **Hypnotics or Sedatives**
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **Halluzinogene** ▫ LSD ▫ Mescaline oder sonstige Halluzinogene	• **Hallucinogens** ▫ LSD ▫ Mescaline or other Hallucinogens
	• **Volatile Inhalants**	• **Flüchtige Lösungsmittel**	• **Volatile Inhalants**
	• **Cannabis (total)**	• **Haschisch oder Marihuana**	• **Hash or Marihuana**
	• **Alcohol as secondary drug (total)**	• **Alkohol**	• **Alcohol**
	• **Other Substances (total)**	• **andere psychotrope Substanzen**	• **Other psychotropic substances**

18	Ever / Currently (last 30 days) injected	Diagnose (G22a/b/c/d)	Diagnosis (G22 a/b/c/d)
	• Ever injected, but not currently	• jemaliger i.v.-Konsum	• ever injected
	• Currently injected	• gegenwätiger i.v.-Konsum	• currently injected
	• Never injected	• weder jemaliger i.v.-Konsum noch gegenwätiger i.v.-Konsum	• neither ever nor currently injected
	• Not known	-	-

6.3.4 Ireland

	Core-Items (EMCDDA)	Monitoring-System
1	**Treatment Centre Type**	**outpatient/inpatient/low threshold/GP/prison**
2	**Date of Treatment Month**	**month of treatment contact**
3	**Date of Treatment Year**	**year of treatment contact**
4	**Ever Previously Treated**	
	• Never	• never received treatment for drug mis-use at any centre anywhere
	• Previously treated	• received treatment at some point in the past either from this centre or from any other centre
	• Not known	• not known/no answer

5	**Source of Referral**	
	• Self referred	• approach for treatment made by client him/herself
	• Family / Friends	• family/friends
	• Other drug treatment centre	• other centre
	• GP	• general practitioner
	• Hospital / other medical source	• hospital
	• Social services	• social services
	• Court / probation / police	• court/probation/police
	• Other	• referral from another source
	• Not known	• not known/no answer

6	**Gender**	
	• male	• male
	• female	• female
	• not known	• no answer

7	**Age of Person at Start of Treatment**	**age**

8	**Year of Birth**	**date of birth-day month year**

9	**Living Status**	
	• alone	• living alone
	• with parents	• with parental family
	• alone with child	• alone with child (from 1998)
	• with partner (alone)	• with partner
	• with partner and child	• -----
	• with friends	• with friends
	• other	• other
	• not known	• not known/no answer

10	**Nationality**	
	• National of this country	• Irish
	• National of EU-Member-States	• EU – member states
	• National of other countries	• other than EU
	• Not known	• not known/no answer

11	**Employment**	
	• Regular Employment	• part-time full-time gainful employment
	• Pupil / Student	• pupil/student (1998)
	• Economically inactive (Pensioners, Housewives, -men / Invalidity)	• ___
	• Unemployed	• not gainfully employed
	• Other	• other
	• Not known	• not known/no answer

12	**Highest Educational Level Completed**	**highest educational level reached**
	• never went to school / never completed primary school	• never went to school/never completed primary school (will get this from age left school)
	• primary school	• primary school completed (from age left school)
	• secondary school	• secondary completed (from age left school)
	• tertiary education	• reached third level
	• not known	• not known/no answer

13	**Primary Drug**	
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• **opiates (total)** ▫heroin ▫methadone ▫other opiates
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• **cocaine (total)** ▫cocaine ▫crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **Hallucinogens (total)** ▫ LSD ▫ Others
	• **Volatile Inhalants**	• **Volatile Inhalants**
	• **Cannabis (total)**	• **Cannabis (total)**
	• **Other Substances (total)**	• **Other Substances (total)**

14	**Route of Administration (primary drug)**	
	• Inject	• Inject/skin pop
	• Smoke / Inhale	• Smoke
	• Eat / Drink	• Eat / Drink
	• Sniff	• Sniff
	• Others	• Others
	• Not known	• Not known/no answer

15	**Frequency of Use Primary Drug**	
	• Not used in past month / occasional	• Not used in past month
	• Once per week or less	• Once per week or less
	• 2 – 6 days per week	• 2 – 6 days per week
	• Daily	• Daily
	• Not known	• Not known/no answer

16	**Age at First Use of Primary Drug**	**Age at First Use of Primary Drug**

17	**Current Secondary Drugs**	
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• **Cocaine (total)** ▫ Cocaine ▫ Crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **Hallucinogens (total)** ▫ LSD ▫ Others
	• **Volatile Inhalants**	• **Volatile Inhalants**
	• **Cannabis (total)**	• **Cannabis (total)**
	• **Alcohol as secondary drug (total)**	• **Alcohol as secondary drug (total)**
	• **Other Substances (total)**	• **Other Substances (total)**

18	**Ever / Currently (last 30 days) injected**	
	• Ever injected, but not currently	• Ever injected at any time in the past
	• Currently injected	• Currently injecting (past month)
	• Never injected	• ever injected – no
	• Not known	• Not known/no answer

6.3.5 Spain

	Core-Items (EMCDDA)	Monitoring-System (national language)	Monitoring-System (English)
1	**Treatment Centre Type**	**Centro de tratamiento (V 3)** (sólo centros ambulatorios)	**Treatment Centre (V 3)** (outpatient centres only)
2	**Date of Treatment Month**	**Fecha de admisión a tratamiento (mes) (V 2)**	**Date of admission for treatment (month) (V 2)**
3	**Date of Treatment Year**	**Fecha de admisión a tratamiento (año) (V 2)**	**Date of admission for treatment (year) (V 2)**
4	**Ever Previously Treated**	**Realización previa de algún tratamiento por la droga principal (V 12)**	**Ever previously treated because of the primary drug (V 12)**
	• Never	• No (2)	• No
	• Previously treated	• Sí (1)	• Yes
	• Not known	• Desconocido (9)	• Not known

5	**Source of Referral**	**--**	
	• Self referred	•	•
	• Family / Friends	•	•
	• Other drug treatment centre	•	•
	• GP	•	•
	• Hospital / other medical source	•	•
	• Social services	•	•
	• Court / probation / police	•	•
	• Other	•	•
	• Not known	•	•

6	**Gender**	**Sexo (V 5)**	**Gender (V 5)**
	• male	• Hombre (1)	• Male
	• female	• Mujer (2)	• Female
	• not known	• Desconocido (9)	• Not known

7	**Age of Person at Start of Treatment**	**Fecha de nacimiento (V 6)** (edad calculada)	**Birth date (V6)** (age calculated)

8	**Year of Birth**	**Fecha de nacimiento (año) (V6)**	**Birth date (year) (V6)**

9	**Living Status**	**--**	
	• alone	•	•
	• with parents	•	•
	• alone with child	•	•
	• with partner (alone)	•	•
	• with partner and child	•	•
	• with friends	•	•
	• other	•	•
	• not known	•	•

10	**Nationality**	No registrada. Aproximación: **Lugar de nacimiento (V 7)**	Not available. Proxy: **Place of birth (V7)**
	• National of this country	• Nacido en España	• Born in Spain
	• National of EU-Member-States	• Nacido en un país de la UE	• Born in an EU-Member State
	• National of other countries	• Nacido en otro país	• Born in other country
	• Not known	• Desconocido	• Not known

11	**Employment**	**Situación laboral principal en el momento de la admisión a tratamiento (V 17)**	**Main employment situation when starting treatment (V 17)**
	• Regular Employment	• Contrato laboral indefinido / temporal (2,3)	• Work contract permanent / temporary
	• Pupil / Student	• Estudiante / opositor (8)	• Student / preparing for exams
	• Economically inactive (Pensioners, Housewives, men / Invalidity)	• Incapacitado permanente / pensionista / labores del hogar exclusivamente (7,9)	• Permanent invalidity / pensioner / house work exclusively
	• Unemployed	• Parado no habiendo trabajado antes / parado habiendo trabajado antes (5,6)	• Unemployed never worked / unemployed worked previously
	• Other	• Servicio militar o prestación social sustitutoria / trabajo sin sueldo para la familia / otra situación (1,4,10)	• Compulsory military service or social service / unpaid family work / other
	• Not known	• Desconocido (99)	• Not known

12	**Highest Educational Level Completed**	**Máximo nivel de estudios completado (V 18)**	**Highest Educational Level Completed (V 18)**
	• never went to school / never completed primary school	• No sabe leer ni escribir / no aprobó estudios primarios (1,2)	• Unable to read or write / never completed primary studies
	• primary school	• Estudios primarios (3,4)	• Primary studies
	• secondary school	• Estudios secundarios / formación profesional de grado medio (5,6)	• Secondary studies / inter-mediate level professional training
	• tertiary education	• Estudios universitarios / otros estudios superiores (7,8,9)	• University studies / other tertiary studies
	• not known	• Desconocido (99)	• Not known

13	Primary Drug	Droga principal por la que es admitido a tratamiento (V 10)	Primary Drug for treatment admission (V 10)
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• **Opiáceos (1000)** ▫ Heroína ▫ Lista detallada de opiáceos naturales y sintéticos ▫ Otros opiáceos	• **Opiates** ▫ Heroin ▫ Detailed list of natural and synthetic opiates ▫ Other Opiates
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• **Cocaína (2100-2188)** ▫ Cocaína (presentaciones detalladas) ▫ Base libre de cocaína	• **Cocaine** ▫ Cocaine (detailed forms) ▫ Crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• **Estimulantes (2200-2988)** ▫ Anfetaminas ▫ MDMA y otros derivados de la feniletilenamina ▫ Lista detallada ▫ Otros estimulantes	• **Stimulants** ▫ Amphetamines ▫ MDMA and other derivates ▫ Detailed list ▫ Other stimulants
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• **Hipnóticos y sedantes (3000)** ▫ Barbitúricos ▫ Benzodiazepinas ▫ Otros	• **Hypnotics and Sedatives** ▫ Barbiturates ▫ Benzodiazepines ▫ Detailed list ▫ Others
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **Alucinógenos (4000)** ▫ LSD ▫ Lista detallada ▫ Otros	• **Hallucinogens** ▫ LSD ▫ Detailed list ▫ Others
	• **Volatile Inhalants**	• **Sustancias volátiles (5000)** ▫ Lista detallada ▫ Otros	• **Volatile substances** ▫ Detailed list ▫ Others
	• **Cannabis (total)**	• **Cannabis (6000)**	• **Cannabis**
	• **Other Substances (total)**	• **Otras sustancias psicoactivas (8000)**	• **Other psychoactive substances**

14	**Route of Administration (primary drug)**	**Vía más frecuente de administración de la droga principal en los últimos 30 días antes de ser admitido a tratamiento (V 13)**	**Most frequent route of administration of primary drug during the last 30 days before treatment admission (V 13)**
	• Inject	• Inyectada (5)	• Inject
	• Smoke / Inhale	• Fumada / inhalada (2,3)	• Smoke / Inhale
	• Eat / Drink	• Oral (1)	• Oral
	• Sniff	• Esnifada en polvo (4)	• Sniff powder
	• Others	• Otras (6)	• Others
	• Not known	• Desconocida (9)	• Not known

15	**Frequency of Use Primary Drug**	**--**	
	• Not used in past month / occasional	•	•
	• Once per week or less	•	•
	• 2 – 6 days per week	•	•
	• Daily	•	•
	• Not known	•	•

16	**Age at First Use of Primary Drug**	**Año de inicio del consumo de la droga principal** (edad calculada posteroirmente) **(V 11)**	**Year of first use of primary drug** (age calculated afterwards) **(V 11)**

17	**Current Secondary Drugs**	**Otras drogas (máximo 4) consumidas en los últimos 30 días antes de ser admitido a tratamiento (V 14)**	**Other drugs (maximum 4) consumed during the last 30 days before treatment admission (V 14)**
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• **Opiáceos (1000)** ▫ Heroína ▫ Lista detallada de opiáceos naturales y sintéticos ▫ Otros opiáceos	• **Opiates** ▫ Heroin ▫ Detailed list of natural and synthetic opiates ▫ Other Opiates
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• **Cocaína (2100-2188)** ▫ Cocaína (presentaciones detalladas) ▫ Base libre de cocaína	• **Cocaine** ▫ Cocaine (detailed forms) ▫ Crack
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• **Estimulantes (2200-2988)** ▫ Anfetaminas ▫ MDMA y otros derivados de la feniletilenamina ▫ Lista detallada ▫ Otros estimulantes	• **Stimulants** ▫ Amphetamines ▫ MDMA and other derivates ▫ Detailed list ▫ Other stimulants
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• **Hipnóticos y sedantes (3000)** ▫ Barbitúricos ▫ Benzodiazepinas ▫ Otros	• **Hypnotics and Sedatives** ▫ Barbiturates ▫ Benzodiazepines ▫ Detailed list ▫ Others
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• **Alucinógenos (4000)** ▫ LSD ▫ Lista detallada ▫ Otros	• **Hallucinogens** ▫ LSD ▫ Detailed list ▫ Others
	• **Volatile Inhalants**	• **Sustancias volátiles (5000)** ▫ Lista detallada ▫ Otros	• **Volatile substances** ▫ Detailed list ▫ Others
	• **Cannabis (total)**	• **Cannabis (6000)**	• **Cannabis**
	• **Alcohol as secondary drug (total)**	• **Alcohol (7000)**	• **Alcohol**
	• **Other Substances (total)**	• **Otras sustancias psicoactivas (8000)**	• **Other psychoactive substances**

18	**Ever / Currently (last 30 days) injected**	**Tiempo transcurrido desde que se inyectó por última vez cualquier sustancia psicoactiva (V 15)**	**Time span since last injection of any psychoactive substance (V 15)**
	• Ever injected, but not currently	• Más de 30 días (3,4,5,6,7,8)	• More than 30 days
	• Currently injected	• Menos de una semana / menos de un mes (1,2)	• Less than 1 week / 1 month
	• Never injected	• Nunca se ha inyectado (9)	• Never injected
	• Not known	• Desconocido (99)	• Not known

6.3.6 The Netherlands

(Only Items which require a translation are itemised in the ‘English-column)

	Core-Items (EMCDDA)	Monitoring-System (national language)	Monitoring-System (English)
1	**Treatment Centre Type**	**Soort instelling**	
2	**Date of Treatment Month**	**Maand van hulpverlening**	
3	**Date of Treatment Year**	**Jaar van hulpverlening**	
4	**Ever Previously Treated**	**Ooit eerder hulp ontvangen**	
	• Never	• nee	•
	• Previously treated	• ja	•
	• Not known	• onbekend	•

5	**Source of Referral**	**Aanmelding via**	**Entered by**
	• Self referred	• cliënt zelf	•
	• Family / Friends	• directe omgeving	•
	• Other drug treatment centre	• verslavingszorg	•
	• GP	• algemene gezondheidszorg	• Health Care
	• Hospital / other medical source	• algemene gezondheidszorg	• Health Care
	• Social services	• gemeenschaps-voorzieningen	•
	• Court / probation / police	• justitie	• Justice
	• Other	• anderszins	•
	• Not known	• onbekend	•

6	**Gender**	**Geslacht**	
	• male	• man	•
	• female	• vrouw	•
	• not known	• onbekend	•

7	**Age of Person at Start of Treatment**	**Leeftijd tijdens start hulpverlening**	

8	**Year of Birth**	**Geboortejaar**	

9	Living Status	Leefsituatie	Living condition
	• alone	• alleenstaand	• single
	• with parents	• met ouder(s)	• with parent(s)
	• alone with child	• met kind(eren)	• with child(ren)
	• with partner (alone)	• met partner	• with partner
	• with partner and child	• met partner en kind(eren)	• with partner and child(ren)
	• with friends	• met ander(en)	• with other(s)
	• other	• met ander(en)	• with other(s)
	• not known	• onbekend	•

10	Nationality	Nationaliteit	
	• National of this country	• Nederlands	•
	• National of EU-Member-States	• land van de EU	•
	• National of other countries	• land buiten de EU	•
	• Not known	• onbekend	•

11	Employment	Bron van inkomsten	Source of income
	• Regular Employment	• regulier werk	• wages or independent
	• Pupil / Student	• studiefinanciering	• scholarships
	• Economically inactive (Pensioners, Housewives, - men / Invalidity)	• AOW/pensioen • geen eigen inkomen uitkering	• pensions/no income • social benefits
	• Unemployed	• AOW/pensioen • geen eigen inkomen uitkering	• pensions/no income • social benefits
	• Other	• anders	•
	• Not known	• onbekend	•

12	Highest Educational Level Completed	Opleidingsniveau afgerond	Finished education
	• never went to school / never completed primary school	• geen	• none
	• primary school	• lager onderwijs	• lower
	• secondary school	• voortgezet onderwijs	•
	• tertiary education	• tertiair onderwijs	•
	• not known	• onbekend	•

13	Primary Drug	Primaire problematiek	Primary problem
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• Opiaten (totaal) ▫ heroïne ▫ methadon ▫ overige opiaten	• ▫ ▫ ▫
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• Cocaine (totaal) ▫ cocaine ▫ crack	• ▫ ▫
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• Stimulerende middelen (totaal) ▫ amfetaminen ▫ ecstasy ▫ overige stimulerende middelen	• ▫ ▫ **ecstasy** ▫
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• Medicijnen (totaal) ▫ barbituraten ▫ benzodiazepinen ▫ overige medicijnen	• ▫ ▫ ▫
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• Hallucinaten (totaal) ▫ LSD ▫ overige hallucinaten	• ▫ ▫
	• **Volatile Inhalants**	• **Vluchtige middelen**	• **Volatile substances**
	• **Cannabis (total)**	• **Cannabis (totaal)**	•
	• **Other Substances (total)**	• **Overige middelen (totaal)**	•

14	Route of Administration (primary drug)	Wijze van gebruik	Methods of drug use
	• Inject	• spuiten	• intravenous
	• Smoke / Inhale	• roken	• smoking
	• Eat / Drink	• slikken/drinken	• swallowing/drinking
	• Sniff	• snuiven	• snorting
	• Others	• anders	• other
	• Not known	• onbekend	•

15	**Frequency of Use Primary Drug**	**Frequentie gebruik**	
	• Not used in past month / occasional	• niet meer van toepassing/onregelmatig	•
	• Once per week or less	• wekelijks	•
	• 2 – 6 days per week	• meer malen per weerk	•
	• Daily	• dagelijks	•
	• Not known	• onbekend	•
16	**Age at First Use of Primary Drug**		
17	**Current Secondary Drugs**	Primaire problematiek	
	• **Opiates (total)** ▫ Heroin ▫ Methadone ▫ other Opiates	• Opiaten (totaal) ▫ **heroine** ▫ **cocaine** ▫ **overige opiatem**	• ▫ ▫ ▫
	• **Cocaine (total)** ▫ Cocaine ▫ Crack	• Cocaine (totaal) ▫ **cocaine** ▫ **crack**	• ▫ ▫
	• **Stimulants (total)** ▫ Amphetamines ▫ MDMA and other derivates ▫ other stimulants	• Stimulerende middelen ▫ **amfetaminen** ▫ **ecstasy** ▫	• ▫ ▫ **ecstasy** ▫
	• **Hypnotics and Sedatives (total)** ▫ Barbiturates ▫ Benzodiazepines ▫ Others	• Medicijnen (totaal) ▫ **barbituraten** ▫ **benzodiazepinen** ▫ **overige medicijnen**	• ▫ ▫ ▫
	• **Hallucinogens (total)** ▫ LSD ▫ Others	• Hallucinaten (totaal) ▫ **LSD** ▫ **overige hallucinaten**	• ▫ ▫
	• **Volatile Inhalants**	• **Vluchtige middelen**	• **Volatile substances**
	• **Cannabis (total)**	• **Cannabis (totaal)**	•
	• **Alcohol as secondary drug (total)**	•	•
	• **Other Substances (total)**	• **Overige middelen (totaal)**	•

18	**Ever / Currently (last 30 days) injected**	**Spuiten**	
	• Ever injected, but not currently	• ooit gespoten	•
	• Currently injected	• spuit nog	•
	• Never injected	• nooit gespoten	•
	• Not known	• onbekend	•

6.3.7 United Kingdom

	Core Items (EMCDDA)	UK Monitoring System (DMD)
1	**Treatment centre type**	**Agency type** General practice: Private General practice: NHS funded Police Surgeon Community based drug service: statutory Community based drug service: non-statutory Hospital in-patient treatment: statutory Hospital in-patient treatment: private Hospital in-patient treatment: non-statutory Hospital out-patient treatment: statutory Hospital out-patient treatment: private Drug Dependency Unit in-patient Drug Dependency Unit out-patient Residential rehabilitation: statutory Residential rehabilitation: private Residential rehabilitation: non-statutory Day care service: statutory Day care service: private Day care service: non-statutory NHS Psychiatric in-patient NHS Psychiatric out-patient Hospital drug clinic: statutory Hospital drug clinic: private Accident and emergency wards Private in-patient facility Private out-patient facility Nursing services Needle/syringe exchange service Outreach work (detached) Police station Young offenders institution Probation Prison medical service Social Services Other
2	**Date of treatment month**	**Date of contact**
3	**Date of treatment year**	**Date of contact**
4	Ever previously treated never previously treated not known	* Not collected * (proxy)1 (proxy)1

Core Items (EMCDDA)	UK Monitoring System (DMD)
5 Source of referral	**Referral from**
• self referred	• self
• family/friends	• family / friend
• other drug treatment centre	• Regional Drug Service(Doctor, nurse specialist, psychologist, Social worker, Probation officer, other)
	• Community Drug Team/Project (CPN/Nurse, Social worker, Probation officer, Counsellor/drug worker, psychologist, health promotion/education officer, health visitor, doctor, volunteer, other)
	• Other Drug Agency (statutory drug agency, non-statutory/voluntary drug agency, therapeutic community)
• GP	• GP
• hospital/other medical source	• Accident & emergency
	• psychiatric department
	• hospital out-patient
	• maternity/ante-natal clinic
	• other hospital department
	• psychologist
	• CPN
	• health visitor
	• other nurse
	• health centre
	• alcohol treatment unit,
• social services	• social services
• court/probation/police	• court
	• probation
	• police
• other	• solicitor
	• prison officer
	• employer
	• job centre
	• school
	• community health council
	• other
• not known	• Not known

	Core Items (EMCDDA)	UK Monitoring System (DMD)
6	**Gender** • male • female • Not known	**male/female** • male • female
7	**Age of person at start of treatment**	**Age at date of contact** (from date seen and date of birth)
8	**Year of birth**	**date of birth**
9	**Living status** • alone • with parents • alone with child • with partner (alone) • with partner and child • with friends • other • Not known	**Living with** • alone • with parents • ***(children recorded elsewhere)*** • with partner • ***(children recorded elsewhere)*** **** Not collected **** • with drug user(s) • with non-drug user(s) • with partner • with parent and partner • with parent(s)/drug user(s) • with partner/drug user(s) • with parent(s)/non-drug user(s) • with partner(s)/drug user(s) • with other family member /non-drug user(s) • with other family member /drug user(s) • with strangers/non-drug user(s) • with strangers/drug user(s) • Not known
10	**Nationality** • national of this country • national of EU member states • national of other countries • Not known	**** Not collected ****
11	**Employment** • regular employment • pupil / student • Economically inactive • unemployed • other • Not known	**Employment status** • employed • student • retired • housewife • in prison • unemployed • invalidity • prostitute • not known

	Core Items (EMCDDA)	UK Monitoring System (DMD)
12	**Highest education level completed** • never went to school/ never completed primary school • primary school • secondary school • tertiary education • Not known	**** Not collected ****
13	**Primary drug** • opiates (total) • heroin • methadone • other opiates	**Main drug** • Opiates unspecified • Heroin unspecified (inject) • Heroin illicit (smoke) • Heroin diamorphine • Methadone unspecified • Methadone mixt(dtf) • Methadone linctus • Methadone 5mg tabs • Methadone 10mg tabs • Methadone suppositories • Methadone (Physeptone) amps • Morphine • Opium • Dihydrocodeine (DF118) • Dextromoromide (Palfium) • Dipianone (Diconal) • Pethidine • Hydromorphone • Oxymorphone • Hydrocodone • Oxycodone • Levorphanol • Phenazocine • Piritramide • Codeine tabs • Dextropropoxyphene (Distalgesic) • Pentazocine (Fortral) • Buprenorphine (Temgesic) • Codeine unspecified • Opiate containing compounds • Nalbuphine • Alphaprodine • Anileridine • Ethoheptazine • Fentanyl • Phenoperidine • Opiate mixture unspecified

Core Items (EMCDDA)	UK Monitoring System (DMD)
• other opiates (continued)	• Codeine linctus • Gees linctus • Collis-brown • Phensedyl • Actifed • Kaolin+morphine • Other opiates
• cocaine (total)	•
• cocaine	• cocaine unspecified • cocaine hydrochloride powder
• crack	• cocaine smokeable • cocaine hydrochloride smokeable • cocaine hydrochloride aerosol
• stimulants (total)	• Stimulants unspecified
• amphetamines	• Amphetamines unspecified • Amphetamine (illicit) • Amphetamine (pharmaceutical) • Methadrine • Dexadrine • Dexamphetamine syrup • dexamphetamine smokeable • Methamphetamine amps • Drinamyl
• MDMA and derivatives	• MDMA • MDA
• other stimulants	• Appetite suppressants unspecified • Diethylproprion (Tenuate, dospan etc) • Phenmetrazine (Preludin) • Fenfluoramine (Ponderax) • Mazindol (Teronac) • Phenteramine (Duromine etc) • Methylphenidate (Ritalin) • Pemoline • Prolintane • Fencamfamin (Reactivan) • Caffeine(pro-plus) • Other stimulants unspecified
• Hypnotics and sedatives	• Sedatives unspecified
• barbiturates	• Barbiturates unspecified • Amylobarb (Tuinal) • Pentobarb (Nembutal) • Quinalbarb (Seconal) • Phenobarb (Luminal) • Butobarb (Soneryl) • Heptabarb (Medomin) • Cyclobarb (Phanodorm) • Hexobarb (Evidorm) • Barbitone unbranded • Methylphenobarbitone

Core Items (EMCDDA)	UK Monitoring System (DMD)
• benzodiazepines	• Benzos unspecified • Diazepam (Valium) • Chlordiaz (Librium) • Nitrazepam (Mogadon) • Lorazepam (Ativan) • Clobezam (Fris) • Chlorazepate (tranx) • Ketazolam (anxon) • Medazepam (Nobrium) • Oxazepam (Serenid) • Flurazepam (Dalmane) • Temazepam • Triazolam (Halcion) • Lormetazepam (Noctamid) • Prazepam (Centrax) • Bromazepam (Lexotan) • Flunitrazepam • Chlormezanone (Trancopal) • Loprazolam • Alprazolam
• others	• Anti-histamines unspecified • Hydroxyzine • Cyclizine (Valloid) • Promethazine • Non-barb, non-benzo, hypnotic sedative unspecified • Methaqualone (Mandrax) • Chlormethiazole (Heminevrin) • Meprobamate etc • Zopiclone • Propranolol(Inderal) • Chloral derivatives • Glutethimide • Mephenesin • Methylpentylynol (Oblivon d) • Methylprylone (Noludar) • Oxyprenolol hydrochloride (Trasicor) • Other sedatives
• hallucinogens (total) • LSD • others	• Hallucinogens unspecified • LSD • Mescaline • Psilocybin mushrooms • Phencyclidine(PCP) • Ketamine
• Volatile inhalants	• Solvents unspecified • Glue • Butane gas • Amyl nitrate • Acetone • Aerosols • Cleaning fluids

	Core Items (EMCDDA)	UK Monitoring System (DMD)
	• Cannabis (total)	• Cannabis unspecified • Cannabis (herbal) • Cannabis (resin) • Cannabis oil
	• Other substances (total)	• Tobacco unspecified • Cigarettes • Alcohol unspecified • Beer or cider • Wines • Spirits • Alcohol mixt • Other drugs unspecified • Minor analgesics • major tranx unspecified • Chlorpromazine (Largactil) • anti-depressants • Anti-diarrhoea, anti-emetic • Naltrexone • Antabuse • Clonidine • Steroids
14	**Route of administration (primary drug)**	**Route of administration (main drug)**
	• inject	• inject
	• smoke/inhale	• smoke/inhale
	• eat /drink	• oral
	• sniff	• sniff/snort
	• others	• smoke and inject • sniff and smoke • inject and snort • oral and inject • inhale (solvents) • oral and smoke • oral and sniff/snort • per rectum
	• Not known	• Not known
15	**Frequency of use of primary drug**	**Frequency (main drug)**
		• monthly
	• not used in past month / occasional	• occasional
	• once per week or less	• weekly/weekends/recreational
	• 2 – 6 days per week	**** Not collected ****
	• daily	• daily
	• Not known	• Not known
16	**Age of first use of primary drug**	**Age of first use (main drug)**

	Core Items (EMCDDA)	UK Monitoring System (DMD)
17	**Current secondary drugs**	**Drug 2, drug 3, drug 4, drug 5/alcohol**
	• opiates (total)	• Opiates unspecified
	• heroin	• Heroin unspecified (inject) • Heroin illicit (smoke) • Heroin diamorphine
	• methadone	• Methadone unspecified • Methadone mixt(dtf) • Methadone linctus • Methadone 5mg tabs • Methadone 10mg tabs • Methadone suppositories • Methadone (Physeptone) amps
	• other opiates	• Morphine • Opium • Dihydrocodeine (DF118) • Dextromoromide (Palfium) • Dipianone (Diconal) • Pethidine • Hydromorphone • Oxymorphone • Hydrocodone • Oxycodone • Levorphanol • Phenazocine • Piritramide • Codeine tabs • Dextropropoxyphene (Distalgesic) • Pentazocine (Fortral) • Buprenorphine (Temgesic) • Codeine unspecified • Opiate containing compounds • Nalbuphine • Alphaprodine • Anileridine • Ethoheptazine • Fentanyl • Phenoperidine • Opiate mixture unspecified

Core Items (EMCDDA)	UK Monitoring System (DMD)
• other opiates (continued)	• Codeine linctus • Gees linctus • Collis-brown • Phensedyl • Actifed • Kaolin+morphine • Other opiates
• cocaine (total)	•
• cocaine	• cocaine unspecified • cocaine hydrochloride powder
• crack	• cocaine smokeable • cocaine hydrochloride smokeable • cocaine hydrochloride aerosol
• stimulants (total)	• Stimulants unspecified
• amphetamines	• Amphetamines unspecified • Amphetamine (illicit) • Amphetamine (pharmaceutical) • Methadrine • Dexadrine • Dexamphetamine syrup • dexamphetamine smokeable • Methamphetamine amps • Drinamyl
• MDMA and derivatives	• MDMA • MDA
• other stimulants	• Appetite suppressants unspecified • Diethylproprion (Tenuate, dospan etc0 • Phenmetrazine (Preludin) • Fenfluoramine (Ponderax) • Mazindol (Teronac) • Phenteramine (Duromine etc) • Methylphenidate (Ritalin) • Pemoline • Prolintane • Fencamfamin (Reactivan) • Caffeine(pro-plus) • Other stimulants unpecified
• Hypnotics and sedatives	• Sedatives unspecified
• barbiturates	• Barbiturates unspecified • Amylobarb (Tuinal) • Pentobarb (Nembutal) • Quinalbarb (Seconal) • Phenobarb (Luminal) • Butobarb (Soneryl) • Heptabarb (Medomin) • Cyclobarb (Phanodorm) • Hexobarb (Evidorm) • Barbitone unbranded • Methylphenobarbitone

Core Items (EMCDDA)	UK Monitoring System (DMD)
• benzodiazepines	• Benzos unspecified • Diazepam (Valium) • Chlordiaz (Librium) • Nitrazepam (Mogadon) • Lorazepam (Ativan) • Clobezam (Fris) • Chlorazepate (tranx) • Ketazolam (anxon) • Medazepam (Nobrium) • Oxazepam (Serenid) • Flurazepam (Dalmane) • Temazepam • Triazolam (Halcion) • Lormetazepam (Noctamid) • Prazepam (Centrax) • Bromazepam (Lexotan) • Flunitrazepam • Chlormezanone (Trancopal) • Loprazolam • Alprazolam
• others	• Anti-histamines unspecified • Hydroxyzine • Cyclizine (Valloid) • Promethazine • Non-barb,non-benzo,hypotic sedative unspecified • Methaqualone (Mandrax) • Chlormethiazole (Heminevrin) • Meprobamate etc • Zopiclone • Propranolol(Inderal) • Chloral derivatives • Glutethimide • Mephenesin • Methylpentylynol (Oblivon d) • Methylprylone (Noludar) • Oxyprenolol hydrochloride (Trasicor) • Other sedatives
• hallucinogens (total)	• Hallucinogens unspecified
• LSD	• LSD
• others	• Mescaline • Psilocybin mushrooms • Phencyclidine(PCP) • Ketamine
• Volatile inhalants	• Solvents unspecified • Glue • Butane gas • Amyl nitrate • Acetone • Aerosols • Cleaning fluids

	Core Items (EMCDDA)	UK Monitoring System (DMD)
	• Cannabis (total) • Other substances (total)	• Cannabis unspecified • Cannabis (herbal) • Cannabis (resin) • Cannabis oil • Tobacco unspecified • Cigarettes • Alcohol unspecified • Beer or cider • Wines • Spirits • Alcohol mixt • Other drugs unspecified • Minor analgesics • major tranquilisers unspecified • Chlorpromazine (Largactil) • anti-depressants • Anti-diarrhoea, anti-emetic • Naltrexone • Antabuse • Clonidine • Steroids
18	**Ever / currently (last 30 days) injected** • ever but not currently • currently injected • never injected • Not known	**Ever / currently (past 4 weeks) injected** • ever injected • injected past 4 weeks • • Not known

Notes:

1) 'Proxy' = question not asked but information is retrievable from the system at a Regional level (not National) dependent on how long the system has been in operation.

6.4 The Work Programme

REITOX Programme 1996-97
Action 3.2

'Improvement of comparability between established national treatment reporting systems'

Work plan

Roland Simon

Participants:

Belgium
France
Germany
Ireland
Spain
The Netherlands
United Kingdom

Input

The following sources are the basis for discussion and further development :

- Pompidou protocol and core tables
- national and semi-national treatment monitoring systems
    - EBIS/SEDOS
    - LADIS
    - SEIT
    - DMIS

The following should be taken into account as far as possible:

- Pompidou manual on population surveys
- WHO: ICD10 definitions and manual
- Result of REITOX workshop 1994

Aim

The development of a European list of common core items and core tables from the drug treatment monitoring systems field. Other fields (e.g. surveys) should be taken into account, as far as appropriate.

Procedure

Phase 0: Preparation

Definition of participants
Search for additional relevant input (systems, standards) at the national level

Phase 1: Definition of Common Core Items

Aims:
extraction of common core list
definition of 'translation rules' from the national sources to the common core items
inventory of critical differences

Steps:
1. Discussion of general working plan and outline
2. Draft version of core list, translation rules and differences
3. First version produced by the co-ordinator after the 1.Meeting

Phase 2: Definition of Core Tables

Aims:
Definition of standard tables based on common core list defined in phase, which can be filled in by each country

Steps:
1. Discussion at the basis of Pompidou core tables
2. Check the availability of these data in the different countries
3. First draft version produced by the co-ordinator after the 1.Meeting

Phase 3: Test of Core Variables and Tables

Aims
Evaluation of usability of core items and tables
test translation rules
find solutions for problems

Steps
1. Agreements on missing data etc.
2. Try to fill in Core Tables with data of 1995, if not available of 1994
3. Each member formulate problems found
4. Each member formulates options for solution

Phase 4: Reformulation of Core items and Tables

Aims:
Evaluation and discussion of results. Shaping and refinement of core items and core tables used.
Steps:
1. Collection and pre-evaluation of national papers
2. Discussion of critical elements
3. Reformulation of core items, rules and inventory of critical differences (draft)
3. Finalised by co-ordinator

Phase 5: Schedule for Transition

Aim:
Definition of steps, which have to be taken in every country in order to fulfil the requirements of the core items and the core tables.

Steps
1. Each country have to do this for themselves
2. The resulting papers are just put together and the layout is worked over

Time Schedule

	What	Where	When
Phase 0	Preparation	Focal points	till then
Phase 1	Definition of common core items	Meeting 1: Munich	15-16.4.96 or (13.+14.5)
Phase 2	Definition or Core Tables	Meeting 2: Paris ?	13.-14.5.96 or (20.-21.6.)
Phase 3	Test or Core Items and Core Tables	at home	till next meeting
Phase 4	Reformulation of core items and tables	Meeting 3: Madrid ?	30.10.96
Phase 5	Schedule for Transition	Meeting 4:Manchester ?	15.02.97