STATISTICS DENMARK

Documentation of statistics for Drug Abuse Treatment 2023

Statistics Denmark
Sankt Kjelds Plads 11
DK 2100 København Ø

STATISTICS DENMARK

1 Introduction

The purpose of the statistics is to shed light on drug abuse treatment in Denmark provided by municipalities to citizens under Section 101 of the Social Services Act, Section 142 of the Health Act, and Section 33 of the Child Act. The statistics are used, among other things, to account for the number of citizens in drug abuse treatment, the number and types of drug abuse treatments, and to monitor adherence to the 14-day treatment guarantee from request to initiation of treatment. The statistics have been published since 2015 and are comparable throughout the period, but significant improvements in data quality have been made continuously. In this release, all municipalities have approved their reports for 2021-2023.

2 Statistical presentation

These statistics are a annual measurement of the municipalities' drug abuse treatments activities initiated by the municipalities calculated in terms of number of activities (request, initiation, ended treatment courses), courses and persons. These statistics are grouped by municipalities, sex and age groups.

2.1 Data description

The statistics contain information on social drug abuse treatment, including information on the contact process (from request to ended treatment course) and treatment process (from initiation to ended treatment course). In addition, the completion status (drug free, reduced/stabilised drug abuse and other) is calculated at the end of treatment.

Drug addiction treatment does not include alcohol addiction treatment. Privately paid treatment is not included in this calculation, just as people in anonymous substance abuse treatment are not included either. These statistics are compiled for municipalities, but only municipalities that have approved their data on social drug abuse treatment are included.

See an overview of all reportable information, which is also available on the statistics information page under "Vejledninger".

See a visual overview of what must be reported by the municipality and a visual overview of what must be reported by the drug abuse treatment center (both in Danish).

2.2 Classification system

These statistics are grouped by municipalities.

2.3 Sector coverage

Not relevant for these statistics.

2.4 Statistical concepts and definitions

Section 101 of the Social Service Act: Section 101 of the Social Service Act describes the municipality's obligation obligation to offer social drug treatment, along with a 14-day treatment guarantee. The social substance abuse treatment, also called drug-free treatment, can include, for example, individual counseling sessions or group therapy.

Section 33 of the Children's Act: Section 33 of the Children's Act describes the municipals obligation to offer social treatment to children and young people under the age of 18 years with a substance abuse problem, along with a 14-day treatment guarantee. The social substance abuse treatment, also called drug-free treatment, can include, for example, individual counseling sessions or group therapy

Section 142 of the Health Act: Section 142 of the Health Act describes the municipals obligation to offer medical treatment and the treatment guarantee of 14 days. Medical drug addiction treatment, also called medical substance abuse treatment and substitution treatment, is a treatment where opioid-dependent citizens receive a replacement medication aimed at treating or reducing harm related to the citizen's addiction.

Request for treatment: A request for treatment is when a citizen contacts the municipality or treatment centre and ask for drug abuse treatment. A request does not necessarily mean that treatment will be started. This depends on weather or not a initiation is made.

Initiation: When the municipality has assessed the citizen's needs based on a screening of the citizen, the municipality initiates the treatment process if it deems it relevant for the citizen to receive drug abuse treatment. The initiation is the point at which the assessment is complete, and the citizen begins receiving drug abuse treatment.

Treatment guarantee: All citizens have a legal right to receive an offer of social drug addiction treatment within 14 days after they have requested treatment, and this is referred to as a treatment guarantee cf. Section 101 of the Service Act, Section 142 of the Health Act and section 33 of the Children's Act. See the section "Legal Acts and Other Agreements".

Enrolment in treatment centre: The municipality reports which type of treatment is provided to the citizen and by whom. It is possible to report multiple enrolments after a single request for treatment (treatment courses) - both chronologically, in parallel or staggered from each other. The citizen can only recieve one treatment substitution treatment (i.e., treatment under § 142 of the Health Act) at a time, but can have multiple treatment assignments involving social treatment simultaneously.

When reporting enrollment in treatment centre, the municipality specifies the day the treatment is supposed to start, and this date will be identical to the initiation date. The municipality resports an end date when the treatment at the treatment centre is over. If, during the same treatment course, the citizen has to move on to another treatment center, receive a new type of treatment or a different intensity of treatment (e.g. from ambulant to 24-hour treatment), the municipality must report these changes. If it is the last treatment center in the citizen's treatment course, the municipality will end the citizen's treatment.

Ended treatment courses: An ended treatment course means that the municipality has ended the treatment course.

Contact procedure: A contact procedure is the period between request and ended treatment courses. A contact procedure does not always result in a treatment course, if the treatment is not initiated, but there is only a request and a ended contact course.

Treatment course: A treatment course is the period between initiation and ended treatment courses.

Admission: An admission means that the treatment centre has started treatment of the citizen. The first date of admission could correspond to the initiation reported by the municipality. Admissions are not included in the statistics in the Statistics Bank. As of January 1, 2024, it is no longer mandatory for treatment centers to report admissions, which is why admissions from 2024 and beyond are completely excluded from microdata for researchers and others.

Services: With the enrolment, the municipality must attach the services that the citizen recive at the

center, e.g. individual talks, group courses, ect. Only social services are included. Medical services are not included here but are instead listed under the treatment enrollment as a type of treatment. Services are not included in the statistics in the Statistics Bank. As of January 1, 2024, it is no longer mandatory for treatment offers to report services, which is why services related to 2024 and beyond are completely excluded from microdata for researchers and others.

Discharge: A discharge means that the treatment centre has stopped treatment of the citizen. As of January 1, 2024, it is no longer mandatory for treatment centers to report discharges, which is why discharges from 2024 and beyond are completely excluded from microdata for researchers and others.

2.5 Statistical unit

- Incidents (request, initiation, end of treatment) in treatment courses
- Persons in treatment during the year
- Status of ended treatment (per cent)
- Compliance with treatment guarantee

2.6 Statistical population

Social drug abuse treatment delivered by municipalities and treatment centers for citizens in Denmark, according to § 101 in the Social Service Act, Section 33 of the Children's Act and Section 142 of the Health Act

2.7 Reference area

Denmark excluding Greenland and the Faroe Islands.

2.8 Time coverage

These statistics cover the time period from 2015 and onwards. Microdata for researchers includes contact courses with start dates going back to the 1980s.

2.9 Base period

Not relevant for these statistics.

2.10 Unit of measure

Number of incidents, number of treatments and number of persons in treatment, including percent and compliance with treatment guarantee.

2.11 Reference period

Calendar year.

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2.12 Frequency of dissemination

Yearly.

2.13 Legal acts and other agreements

Lov om Danmarks Statistik § 6

Data for social drug abuse treatment due to The Social Service Act (Serviceloven) § 101 is collected according to Bekendtgørelse om dataindberetninger på socialområdet, chapter 5. The act in force is always available via the statistics' information page under the section "Databekendtgørelse".

Per 01.01.2024, a remediation of the statistics came into effect, which means that reporting from drug addiction treatment centers is now voluntary. Per 01.01.2025 these forms will be fully phased out, as they will no longer be supported in SMDB.

The Children's Act (Barnets Lov) is also came into force per 01.01.2024, which means that the municipalities must report social substance abuse treatment for children and young people under the age of 18 according to a new paragraph (§ 33), contrary to today, where all social substance abuse treatments must be reported according to § 101.

See the hearing on changes of the bekendtgørelse om dataindberetninger på socialområdet, where the changes in connection with the Children's Act appear in chapter 5 and the remediation appears in appendix 4.

Bekendtgørelse om dataindberetninger på socialområdet, and the reporting requirements therein, are based on § 82 and § 84 Lov om retssikkerhed og administration på det sociale område.

2.14 Cost and burden

The municipalities and the drug addiction treatment centers are obliged to report to Statistics Denmark, cf. Lov om Danmarks Statistik and Bekendtgørelse om dataindberetninger på socialområdet (see the section "Legal acts and other agreements"). From 2024, it it only the municipal authorities that have the obligation to report cf. the section "Legal acts and other agreements", which is why the reporting burden is expected to be significantly reduced from this date.

2.15 Comment

Further information can be found at the Subject page for these statistics, or by contacting Statistics Denmark directly at smdb@dst.dk.

3 Statistical processing

Data for these statistics are continuously collected municipalities and drug treatment centers directly to SMDB or automatically through system-to-system solutions via the municipality's administrative IT-system. Data are validated extensively by presenting the collected data to the responsible municipality for validation and approval. Hereafter, we initiate validation processes that e.g. remove persons with invalid social security numbers or who have finished their treatment because they died.

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3.1 Source data

Reports from the municipalities and drug abuse treatment centers. From January 1, 2024, it is only mandatory to report for drug abuse offers that have authorization to report on behalf of a municipality.

3.2 Frequency of data collection

Municipalities and drug addiction treatment centers are obliged to report data on drug addiction treatment to Statistics Denmark on an ongoing basis, however no later than 15 days after the end of the month, cf. databekendtgørelsen. However, data is not always reported continuously. Therefore, Statistics Denmark sets a deadline for when municipalities and drug addiction treatment centers at latest must have reported, validated and approved their data. This deadline is communicated through a annual wheel via our information page and via email to all our contact persons.

3.3 Data collection

Direct reporting or system-to-system reporting via administrative IT-system to SMDB.

3.4 Data validation

As part of the data validation process, Statistics Denmark monitor whether or not we receive data during the year from municipalities and drug abuse treatment centers. In addition to missing data, there may be errors in the data reported by the municipalities and drug addiction treatment centers.

Statistics Denmark therefore attempt to ratify the data in dialogue with the municipalities and drug addiction treatment providers before the municipalities can finally approve the data when they estimate that the data is a realistic reflection of the drug addiction treatment that has been given throughout the year.

This is done more tangibly by sending validation reports to the municipalities at the beginning of the year, as well as continuously after dialogue and error corrections, where it e.g. it appears how many requests, initiatives, registrations for centers and citizens in treatment they have reported to Statistics Denmark for the four previous years. Here it is emphasized whether there has been an increase or a decrease in the reference year compared to the previous year. If there has been a large increase or decrease (over 20 per cent) and the municipality wishes to approve the data, Statistics Denmark will ask for an explanation of this. In addition, the validation report shows how many errors the municipality has. As a general rule, Statistics Denmark accepts a maximum margin of error of 20 per cent.

The municipalities are encouraged not only to correct errors for the year being validated, but all years, unless they are close to the deadline. In continuation of this, it can be added that Statistics Denmark is working to ensure that more municipalities approve their data backwards in time, so that it becomes possible to compare national totals across several years, and there are several municipalities that approve their data backwards in time.

Statistics Denmark is working on a solution where reporters log on to the database and are presented with an overview and errors on the front page instead of us sending validation lists in Excel. The purpose is to strengthen data security and make validation easier for reporters and Statistics Denmark.

3.5 Data compilation

After reporting data in SMDB, an age is calculated for the citizen at the time of the incident. The age appearing in the statistics bank is the citizen's age at the end of the census year, not when the citizen started treatment.

Only the municipalities that approve their data are included in the published figures.

It is only possible to report persons with a valid social security number. Anonymous persons in drug abuse treatment are not reported, and likewise foreigners who have not yet received a Danish social security number cannot be reported to SMDB. Due to the fact that this practice is also applicable in the published figures, invalid social security numbers are removed from the database before publication of the statistics. In previous years it has been possible to report invalid social security numbers, but this is no longer possible.

Previous analyzes of data from SMDB have shown that a large proportion of the active contact procedure in the database should have been ended. Since the data validation in 2016, there has been a focus on this. In addition, in connection with a municipality's system change (i.e. change from one administrative IT system to another or to manual reporting, see the "source data" section), a review of active cases takes place, so that the erroneously open cases are closed before the transition to the new system.

When calculating persons in either a course or persons with activity during the period, Statistics Denmark will limit that a person can only be counted once in the specified period. Statistics Denmark selects the most recent event for the person. Persons in active treatment may, however, be counted several times if they change municipality during a reference year.

3.6 Adjustment

When there are less than 10 days between two contact or treatment courses for the same citizen for the same municipality, the two courses are merged. This is done to account for municipalities that change IT-system.

Statistics Denmark has noted that the courses were not completely merged before, but this problem is now solved by and large. However, they are still not completely merged if there are multiple affiliations, but it is not considered a considerable problem.

Statistics Denmark encourages municipalities to switch systems according to a new model where system change correction is not necessary. Most system changes after 2022 have been made with the new model. The new model provides more accurate data. See the system change guide på vores oplysningsside on our information page.

4 Relevance

The statistics are relevant to anyone with an interest in the field of drug abuse, including researchers, municipalities, drug abuse treatment providers, regions, ministries, as well as interest organizations. The statistics provide concrete knowledge about publicly referred and paid drug abuse treatment in Denmark and contribute more generally to an understanding of the drug abuse field. The data foundation is used for research purposes and internationally within the EU framework, but also in policy contexts by, for example, the Ministry of Social Affairs and the Ministry of Health and Interior to formulate new policies in the field of drug abuse.

4.1 User Needs

These statistics meet the need for a description of the activity in the drug abuse treatment.

4.2 User Satisfaction

User satisfaction surveys have not yet been conducted.

4.3 Data completeness rate

Not relevant for these statistics.

5 Accuracy and reliability

The overall precision of the statistics is under continuous improvement. In 2021, 2022 and 2023 full coverage has been achieved for all municipalities (i.e. all 98 municipalities have approved their data).

There may generally be some uncertainty due to varying registration practices in municipalities and in drug abuse treatment centers. Audits are expected in connection with quality work. Furthermore, a higher coverage will also bring audits back in time.

5.1 Overall accuracy

There is likely to be a minor degree of under-reporting, but there are no sources of systematic uncertainty.

5.2 Sampling error

Not relevant for these statistics.

5.3 Non-sampling error

In the drug abuse treatment statistics from Statistics Denmark, only the approved municipalities are included. In 2021, 2022 and 2023, the statistics will thus cover the entire country.

Registration of substitution treatment with your own doctor is not possible in SMDB. Therefore, many treatment centers register their own doctor as the treating physician (authorization code) when treating according to §142 of the Health Act, even though it is actually another doctor who is treating the citizen.

5.4 Quality management

Statistics Denmark follows the recommendations on organisation and management of quality given in the Code of Practice for European Statistics (CoP) and the implementation guidelines given in the Quality Assurance Framework of the European Statistical System (QAF). A Working Group on Quality and a central quality assurance function have been established to continuously carry through control of products and processes.

5.5 Quality assurance

Statistics Denmark follows the principles in the Code of Practice for European Statistics (CoP) and uses the Quality Assurance Framework of the European Statistical System (QAF) for the implementation of the principles. This involves continuous decentralized and central control of products and processes based on documentation following international standards. The central quality assurance function reports to the Working Group on Quality. Reports include suggestions for improvement that are assessed, decided and subsequently implemented.

5.6 Quality assessment

The quality of the statistics is increasing every year, as work is continuously being done to find new ways to ensure the quality of data and to communicate better and more effectively with municipalities and drug abuse treatment centers.

5.7 Data revision - policy

Statistics Denmark revises published figures in accordance with the Revision Policy for Statistics Denmark. The common procedures and principles of the Revision Policy are for some statistics supplemented by a specific revision practice.

5.8 Data revision practice

Revisions for previous years are implemented when compiling results for a new year. Respondents can make corrections to already reported data or additions of new information daily. These changes will be included in the next publication. Each publication will make an estimate of the size of the revisions on the main figures distributed by municipalities. Relatively few revisions are expected for years that are more than a couple years back in time.

6 Timeliness and punctuality

These statistics are normally published six moths after the end of the reference period.

6.1 Timeliness and time lag - final results

The average production time will be six months. No preliminary figures are published. When these statistics are published with a new year, the previous years will be revised to the extent that the reporting municipalities has revised their data.

The publication of 2020 and 2019 have both been published 9 months after the reference period. The publication of 2020 was delayed because of problems with system delivery. Publication of 2019 were based on data reorganization and the transition to NemLog.-in published 9 months after the reference period. This was according to the planned release calendar for 2019 The first publication in 2017 was made 11 months after the end of the reference period. Publications are released on time, as stated in the release calendar.

6.2 Punctuality

These statistics are published without delay, with reference to the announced time of publication in the release calendar.

7 Comparability

The statistics are compiled in the current, comparable form for 2015-2022. There are no European guidelines for statistics on social drug abuse treatment. There are European comparable statistics where data for Denmark are provided by the Danish Health and Medicines Authority.

When comparing these statistiscs across boaders, it should be taken into account that differences in registration practices and structural differences between countries may affect comparability. In the international context, the Health Data Agency and the Health Authority are responsible for reporting to EMCDDA, so inquiries about international comparability can advantageously be directed to them.

When comparing over time, it should be noted that there are differences in registration practices among municipalities, and certain questions may be interpreted differently depending on the case worker completing the forms. Furthermore, changes in reporting requirements over time and the transfer of substance abuse treatment to different authorities may affect comparability. As of January 1, 2024, the Enrollment, Services, and Discharge forms became voluntary to report, and as of January 1, 2025, they will no longer be possible to report. Therefore, reports of these forms after January 1, 2024, will be incomplete and underestimated.

7.1 Comparability - geographical

For European comparable statistics in the field of substance abuse, please refer to the EMCDDA (European Monitoring Center for Drugs and Drug Addiction), where the Danish Health and Medicines Authority participates and contributes data for Denmark.

7.2 Comparability over time

These statistics are calculated and comparable for the period 2015 onwards. Since there are municipalities in the statistics that have not approved their data, this means that analysis of the development over the time series should only be done for the municipalities included in all years. All 98 municipalities are included for 2021-2023, making it possible to compare these three years. For 2020 and 2019, 97 municipalities are included, for 2017, 96 municipalities are included, for 2016, 91 municipalities are included, and for 2015, 90 municipalities are included.

The statistics are foundationally comparable to previous statistics from the Danish Authority of Social Services and Housing's data banks for the Drug Abuse Database, which was closed down in 2017 in connection with task transfer from the Danish Authority of Social Services and Housing to Statistics Denmark. Due to an intensified course of contact with the municipalities from 2017 onwards, the coverage in the present statistics will probably be higher than in the previous statistics. The data base for these statistics contains data back to 1996, however, comparability seems difficult. In the Structural Reform from January 2007, when municipalities were merged, the responsibility for drug abuse treatment passed from the then counties to the municipalities. Around 2012, it was decided to coordinate reports on drug abuse in the Drug Abuse Database (SMDB).

The data basis for this statistics contains data dating back to 1996, but comparisons over time should be made with caution due to extensive structural changes along the way.

In the period from 11 April to 21 May 2023, Statistics Denmark experienced technical issues which resulted in the municipalities' figures not being updated daily as usual. Therefore, municipalities that have approved during this period will be registered with a fictitious approval date of 21 May 2023. Statistics Denmark has reviewed data for the affected municipalities and can ascertain that it has only had a very small impact on the municipalities involved.

Several municipalities have not been and are not aware that all requests must be registered, even if they are not initiated. It is Statistics Denmark's opinion that more and more municipalities are becoming aware of this and will report all requests in the future. However, there are some municipalities that assess that they only have resources to register requests that are initiated. For these municipalities, the number of requests and initiations will be the same (or very close).

Several municipalities have not been and are not aware that the initiation date should be the date the treatment starts. Many instead register the date the citizen is assessed. This has consequences regarding the interpretation of the treatment guarantee.

Statistics Denmark has also become aware that many municipalities have not been aware that children and young people receiving drug abuse treatment must also be reported under § 101 i Serviceloven. Therefore, the number of children and young people under the age of 18 in the statistics has probably been underestimated, and a slight increase is expected in 2022 onwards, since several municipalities have become aware that children and young people under the age of 18 must be reported in this statistics. Statistics Denmark expect a further increase with the adoption of the Children's Act (Barnets Lov) (§ 33), which emphasizes the municipality's obligation to report drug abuse treatment for children and young people under the age of 18.

Statistics Denmark has also become aware that a few municipalities only report § 142 when they are dealing with a citizen who receives both drug addiction treatment under § 142 and § 101. This registration practice will result in an underestimation of the number of citizens in § 101 treatment.

7.3 Coherence - cross domain

There is no direct connection with other statistics from Statistics Denmark.

Statistics users who are generally interested in drug abuse treatment for both drug abuse and alcohol can be referred to the National Alcohol Treatment Register (NAB) at the The Danish Health Data Authority.

Municipalities' services under Serviceloven are calculated across social statistics, i.a. adults (disability), vulnerable children and young people and drug abuse by Statistics Denmark. The sources for these statistics are often based on the municipalities' administrative IT-systems.

7.4 Coherence - internal

Data is consistent through a number of rules that ensure this. Consistency in the dataset is also ensured. In some tables tables, different definitions makes the number of persons differ marginally. E.g. a person who have moved from one municipality to another can be counted more than once.

8 Accessibility and clarity

These statistics are published yearly in a Danish press release, at the same time as the tables are updated in the StatBank. In the StatBank, these statistics can be found under the subject Drug abuse treatment. For further information, go to the subject page.

8.1 Release calendar

The publication date appears in the release calendar. The date is confirmed in the weeks before.

8.3 User access

Statistics are always published at 8:00 a.m. at the day announced in the release calendar. No one outside of Statistics Denmark can access the statistics before they are published.

8.2 Release calendar access

The Release Calender can be accessed on our English website: Release Calender.

8.4 News release

These statistics are published yearly in a Danish press release.

8.5 Publications

Not relevant for these statistics.

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8.6 On-line database

The statistics are published in the StatBank under the subject Drug abuse treatment.

- SMDBV001
- SMDBV002
- SMDBV003
- SMDBV004
- SMDBV005

8.7 Micro-data access

Researchers and other analysts from authorized research institutions, can be granted access to the underlying micro-data by contacting Research Services.

8.8 Other

SMDB supplies data to three registers: - VBGS: "Waiting times regarding treatment guarantee for drug addicts", which is owned by the Ministry of Social Affairs, Housing and the Senior Citizens. The VBGS register includes an municipality part (Waiting times regarding treatment guarantee for drug addicts) and an treatment treatment center part (admissions). Before 1 July 2019, the treatment center part was an independent register called the Danish Registration and Information System (DanRis) at the Center for Alcohol and Drug Research. The municipality part of the VBGS register builds the data foundation for these statistics.

- SIB: ”Substance addicts in treatment”, which is owned by the The Danish Health Data Authority.
- KVALHEP: "Quality in medical treatment and Hepatitis C", which is owned by the Danish Health Authority.

8.9 Confidentiality - policy

Data Confidentiality Policy at Statistics Denmark.

8.10 Confidentiality - data treatment

There are no data displayed in the statistics bank when there are fewer than 3 observations in a cell, when the unit is persons.

8.11 Documentation on methodology

The current statistics are prepared based on the Code of Practice, which together constitutes a code of conduct for statistical production. The statistics are based on the associated Quality Assurance Framework (QAF), particularly focusing on principles of quality assurance, well-founded methods, data confidentiality, and impartiality. The content of the Code of Practice and QAF can be found on Quality in Official Statistics. Additionally, information about the creation of the statistics can be found on the information page, and the SMDB team can always be contacted for further clarification on methodology via smdb@dst.dk.

8.12 Quality documentation

Results from the quality evaluation of products and selected processes are available in detail for each statistics and in summary reports for the Working Group on Quality.

9 Contact

The administrative placement of these statistics is in the division of Personal Finances and Welfare, Social Statistics. The contact person is Benedikte Beckman Nygaard, tel.: + 45 2119 1053 and e-mail: BBN@dst.dk.