**Documentation of statistics for
Drug Abuse Treatment 2021**

1 Introduction

The purpose of these statistics is to describe the activities in the municipalities regarding drug abuse treatment. These statistics are used to display the volume of treatment types and to monitor the observance of the guaranteed waiting time for treatment, which is 14 days. These statistics are comparable since 2015. The quality of data has been significantly improved in 2017 and 2019.

2 Statistical presentation

The statistics are a yearly measurement of drug abuse treatments activities initiated by the municipalities stated in incidents, courses and persons. These statistics are grouped by municipalities, sex and age groups.

2.1 Data description

These statistics contain information about incidents (requests, initiations and completions) in social drug abuse treatment. Information on the courses of contact (from request to completed treatment) and courses of treatment (from initiation to completed treatment) are also part of these statistics. These statistics contain status (drug free, reduced or stabilised drug use and other) when the treatment is completed as well.

These statistics are compiled for municipalities, but only municipalities that have approved their data on social drug abuse treatment are included. The statistics do not include treatment of alcohol abuse, privately funded or anonymous drug treatment.

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

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.

Treatment guarantee: All citizens has the legal right to receive an offer of treatment of substance abuse within the first 14 days after he or she requested treatment.

Initiation: After an assessment of the citizen's needs based on a screening, the municipality initiates the treatment.

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.

Admission: An admission means that the treatment centre has started treatment of the citizen. The date of admission does not necessarily correspond to the initiation reported by the municipality. In the ongoing quality control an effort is made to improve this correspondence (see 'Data validation').

Discharge: A discharge means that the treatment centre has stopped treatment of the citizen. Discharge is reported by the treatment centre and does not necessarily correspond to the end of treatment that the municipalities report, since other entries into other treatment plans can occur later.

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.

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

2.5 Statistical unit
- Incidents (request, initiation, end of treatment)
- Persons in treatment during the year
- Status of ended treatment (per cent)

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.

2.7 Reference area

Denmark.

2.8 Time coverage

These statistics cover the time period from 2015 and onwards.

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.

2.11 Reference period

Calendar year.

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 (BEK nr 2090 af 11/12/2020) chapter 5 and with reference to § 82 og § 84 in 'Lov om retssikkerhed og administration på det sociale område'.

2.14 Cost and burden

No respondent burden has been calculated for the statistics as it is based on administrative registers.

2.15 Comment

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

3 Statistical processing

Data for these statistics are continuously collected municipalities and drug treatment centers. Data are validated extensively by presenting the collected data to the responsible municipality for validation and approval. Hereafter, we initiate processes that e.g. remove persons with invalid social security numbers or who have finished their treatment because they died. In order to compile and sort the treatments, we aggregate two or more requests regarding the same person, if there are ten or fewer days between the end of the first treatment and the beginning of the next treatment.

3.1 Source data

Data is collected from the municipalities' IT systems that administer the citizen's cases or from the municipalities and treatment centers reports directly into the Drug Abuse Database (SMDB).

3.2 Frequency of data collection

Data are collected continuously. Some municipalities update their contributions to the Drug Abuse Database (SMDB) daily while others less frequently depending on which IT-provider handles their data.

3.3 Data collection

Direct reporting and system-to-system reporting to the Drug Abuse Database (SMDB).

The Drug Abuse Database (SMDB) is a total reporting solution for three different registers: 1. The VBGS-register (previously known as the Danish Registration and information system (DanRis)) in the Ministry of Social Affairs and Senior Citizens includes a part for the authorities and the treatment centers. The part for the authorities constitute the underlying data in these statistics. 2. The register about drug abusers in treatment (SIB) in The Danish Health Data Authority 3. Quality in the drug abuse treatment and prevention of hepatitis C (KvalHep) in The Danish Health Data Authority

Printable tables and links that can be used in order to log into the web-reporting solution to SMDB can be accessed at the statistics' information page. Reports to The Drug Abuse Database (SMDB) do not appear until the local authorities (the municipality) who register the requests for treatment that the citizens make, have filed them. When the municipality has judged the citizen's needs, it will make a treatment plan to the citizen based on a screening (ASI) of the citizen. In relation to this, the municipality will provide a plan on how the citizen might be treated. The plan registers the citizen. The plan includes those services that are deemed relevant to the citizen's treatment. When the treatment of the citizen has concluded, the plan will terminate the services and thereafter discharge the citizen. The municipality inserts a date that shows when the treatment will end. If the citizen needs to move on to another treatment plan, the municipality will make another treatment plan. If this is the last treatment plan that will be provided to the citizen, the municipality terminates the treatment.

3.4 Data validation

Data is extracted from the database and sent to the municipalities in order to figure out if the data correspond to the reality that they are supposed to depict. The municipalities have evaluated the following data types: requests, initiations, enrollments, ongoing contact procedures and ongoing treatments.

In addition, in the validation process there has been a special focus on the validity of the number of persons in treatment, that is, checking the number of treatments in the municipality with regard to completed treatments. Special attention has also been given to whether there is a correlation between reports by authorities and actual enrollments in treatment. For detailed checks, the municipalities have received personal information for persons in the individual key figures for the year.

The data collection in 2021 has proceeded according to plan. 88 out of the 98 municipalities have approved data for 2021. Additionally, some municipalities have approved earlier years' data due to thorough data review. 9 out of the 10 municipalities which did not reach approval had challenges whit there system-to-system reporting solutions.

3.5 Data compilation

After reporting data in the Drug Abuse Database (SMDB), an event is calculated on an event only on the event dates. Based on previous year's many treatments for the same citizen with very short time between the individual treatments, aggregation of treatments occurs for combined contact sessions. Requests are collected if there is less than or equal to 10 days from the end date to the new start date. In addition, the request must be within the same municipality. Enrollments are aggregated if there is less than or equal to 30 days from the end date to the new start date of a new course. Enrollment ID must also be the same.

Implementations are not aggregated in the data processing. If data from the aggregated datasets is used with contact lapses, there will be insufficient implementations for those treatments where multiple requests have been combined for a single contact session. Using the combined contact sessions, there will be fewer contact, processing and treatments than if you count the original events. The municipalities validate the initial incidents. Only the approved municipalities are included in the published figures.

It is only possible to report persons with a valid CPR number. Anonymous persons in drug abuse treatment are not reported and foreigners who have not yet received a Danish CPR number, can not be reported in the Drug Abuse Database (SMDB). In order for this practice to apply in the published figures, non-validated CPR numbers are removed before publication of the statistics. In previous years it has been possible to report invalid CPR numbers, this is not possible anymore. The distribution of invalid CPR numbers therefore shows a higher number in previous years, these are removed.

3.6 Adjustment

Not relevant for these statistics.

4 Relevance

The statistics are relevant for citizens, authorities at municipal and state level and organizations, as the basis for knowledge about activities with social drug abuse treatment, a knowledge that can be used to assess any new initiatives in the Drug Abuse Treatment. The statistical data are also used in other areas within Statistics Denmark, e.g. volume indicators for a part of the national account constant prices compilation.

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 accuracy of these statistics is under improvement. Full coverage is not yet reached. Sources of uncertainty can rely on varying registration practices among respondents. Due to data quality assurance revisions are to be expected. Also an increasing coverage will influence revisions in previous years.

5.1 Overall accuracy

There will probably be a lesser degree of underreporting, but there are no known sources of systematic uncertainty. In addition, not all municipalities are equally aware of the quality of the data included, as they may have agreed that other treatment centers or municipalities report on their behalf. Data on foreigners without valid CPR number are not included. Some young people under the age of 18 are registered under other paragraphs in the Social Service Act even though they receive drug abuse treatment.

5.2 Sampling error

Not relevant for these statistics.

5.3 Non-sampling error

In the drug abuse statistics from Statistics Denmark, only the approved municipalities are included. Therefore, the statistics do not cover drug abuse treatment throughout the country. Furthermore, only persons with a valid CPR number are included in the statistics.

2021 includes 88 municipalities that have approved their reported data.

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 overall accuracy of the statistics is improving. There is not full coverage for all municipalities and there may be some uncertainty due to varying registration practices. All 98 municipalities have received a validation report with key figures from the Drug Abuse Database (SMDB). The validation report is accompanied by a statement of reporting lack, where it can be stated that the municipality has reported a connection of the citizen to a specific treatment offer, but no report has been received from the treatment offer. Similarly, we check for lack the opposite way, where it is the municipality that is missing to report their part of the citizen's course.

In subsequent dialogue, a number of municipalities have received additional information. The municipalities themselves assess the quality and approve the reported data. However, Statistics Denmark has stated a maximum number of errors and deficiencies that may be in the municipality's data for the year before the municipality is asked to approve their reports. There may be few municipalities that in the individual years are allowed to approve their key figures despite the fact that they have not fallen below the defined margin of error. When this happens, it is by assessing the municipality's efforts and that many errors and deficiencies have been corrected, but that Statistics Denmark in the dialogue with the municipality must state that the remaining lack or errors can not be resolved before the publication of the statistics. The reason may be different.

The completed validation with the municipalities improves the quality for the year before every year, but often lack or errors that go further back in time are also corrected. The statistics are therefore revised back in time by the annual publication.

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 2015-2021. 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. Health professional drug abuse treatment is collected in the Drug Abuse Database for the registers SIB (Drug Abusers in Treatment) and KVALHEP (Quality Assurance of Drug Abuse Treatment and Prevention of Hepatitis C). The National Board of Health publishes the "Drug situation in Denmark" annually, with data from SIB.

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 comparable from 2015 and onwards. Since in the statistics there are municipalities that have not approved their data, this means that if one is to assess the development over a number of years, one should only look at municipalities that are included with an approval in all years. There are for: 2020 includes 91 municipalities that have approved their reported data. 2019 includes 91 municipalities that have approved their reported data. 2018 includes 96 municipalities that have approved their reported data. 2017 includes 95 municipalities that have approved their reported data. 2016 includes 91 municipalities that have approved their reported data. 2015 includes 90 municipalities that have approved their reported data.

7.3 Coherence - cross domain

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

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.

8.2 Release calendar access

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

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.

8.4 News release

These statistics are published yearly in a Danish press release.

8.5 Publications

Not relevant for these statistics.

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

Not relevant for these statistics.

8.9 Confidentiality - policy

[Data Confidentiality Policy](#) at Statistics Denmark.

8.10 Confidentiality - data treatment

Discretion is applied to all municipalities with less than 10 completed treatments in table SMDBV005. This discretion rule is applied for the numbers of completed treatments, while the information in per cent may be displayed.

8.11 Documentation on methodology

There are no official manuals or guidelines at the current time. Please contact the statistical unit for further elaboration of applied methodology.

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 Welfare and Health. The person responsible is Else-Marie Rasmussen, tlf. 39 17 33 62, e-mail: emr@dst.dk

9.1 Contact organisation

Statistics Denmark

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