STATISTICS DENMARK

**Documentation of statistics for
Drug Abuse Treatment 2020**

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. It is expected in the years to come that the time series will be expanded to cover a longer period back to 2013.

2 Statistical presentation

Drug abuse treatment 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 sex and age groups and by municipalities.

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.

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 created when the citizen contacts and is registered by the municipality (BehandlingAnmodningDato).

Treatment course: A treatment course takes place from when the treatment has been initiated by the authorities and lasts until end date of the treatment.

The number of courses that the citizen has been through is summarised by counting the number of reports where IvaerksatBehandlingDato is in the submitted year or other chosen period of time.

Ongoing treatments have no end date (BehandlingAfsluttetDato).

Finished treatments are summarised by counting reports where BehandlingAfsluttetDato is submitted in the given year or other chosen period.

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.

The treatment guarantee is calculated by subtracting the amount of days between the variables

IvaerksatBehandlingDato and BehandlingAnmodningDato. This variable is called "antaldage_garanti". Thus, if the amount of days in "antaldage_garanti" is higher than 14, the treatment guarantee has not been met.

Overholdt behandlingsgaranti: When the citizen's treatment began within the first 14 days after the request for treatment. Ikke overholdt behandlingsgarantien: When more than 14 days have passed between the date of the request and the initiation.

All procedures - when the guarantee of treatment was not met - are included, no matter the reason for the delay. The reason can be submitted with one of the following categories: • 'Lack of available spot', • 'Circumstances of the authorities' or center's personnel', • 'The client was prevented from showing up', • 'The client was absent', • 'Free choice" (only if age >= 18 years)', • 'Statement of consent' (only if age < 18 years) or • 'Other'.

Citizen in treatment for substance abuse: The number of people in treatment in a given period of time (normally in a given year). The concept is based on the date of initiation for the treatment. The concept covers all persons with a legitimate date of initiation before or in the course of the period that is registered AND where the end date is in the given period or later. The concept is summarised as unique individuals - see the extended description under the concept 'personal summary'.

The tables in StatBank Denmark smdbv002 and smdbv003 uses information about the persons in treatment from aggregated contact processes, i.e. there can be initiations that are not counted if the citizen has been through several treatment processes that have been aggregated into fewer contact processes.

Admission: The number of treatment admissions. The start date of the admission is in the given year or other chosen period (IndskrivningDato). An admission is reported by the treatment centre and 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').

Process of registration: A process of registration is begun with a start date for the offer of treatment and ends with an end date for the offer of treatment. If there are several start dates for the offer of treatment, e.g. if the citizen's treatment involves several providers, at least one of the start dates of offer of treatment must collide with the date for initiated treatment. In case of several end dates for the offer of treatment, e.g. if the citizen's treatment involves several providers, at least one of the end dates of the offer of treatment must collide with the date of ended treatment.

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

Contact procedure: **Contact procedure**

A contact procedure begins when a person has requested the authorities (the municipality) to provide treatment. The contact procedure can after initial dialogue be made to consist of a treatment plan but it's not always the case.

An ongoing contact procedure is a procedure that has not yet been concluded. A finished contact procedure has a treatment end date. If the treatment has not ended yet then BehandlingAfsluttetdato will appear with the date value 31129999.

Personal summary: When calculating the number of persons in either processes or persons with activity in the period, Statistics Denmark limits the data, so a person only counts once in the given period. Statistics Denmark chooses the newest incident for the person.

When incidents are summarised, a person is counted several times, e.g. if the incidents happen in several different municipalities or if the relevant characteristics merit letting him or her count

several times.

Enrolment in treatment centre: The municipality reports which type of treatment is provided to the citizen and by whom. It includes a start date and an end date.

Discharge: The number of exits from treatments centres, where the date of the discharge is in the given year or in another chosen period (UdskrivningDato). Discharge is reported by the treatment centre and does not necessarily correspond to the end of treatment that the authorities report, since other entries into other treatment plans can occur later.

2.5 Statistical unit

Incidents, persons and treatments (longitudinal data).

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

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) with reference to § 82 og § 84 in 'Lov om retssikkerhed og administration på det sociale område'.

2.14 Cost and burden

These statistics are based on administrative data reported to The Drug Abuse Database (SMDB). There is thus no direct response burden, in relation to the compilation of these statistics.

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) [https://www.dst.dk/da/Indberet/oplysningssider/stofmisbrugsdatabasen]. 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 2020 has proceeded according to plan, however with special attention to the reports from approx. 8 municipalities with specific system-to-system reporting solutions. 85 of 98 municipalities have approved data for 2020. Additionally, some municipalities have approved earlier years' data due to thorough data review. The same extensive quality work as in previous years has been carried out. Furthermore, in the autumn of 2020, new checklists were sent out to a larger number of treatment centers. The purpose was to sharpen their awareness of the accuracy and errors of the data with the hope that the treatment centers' corrections would reduce the number of errors and deficiencies presented to the municipalities in their checklists issued in early 2021.

The data collection in 2019 has been affected by data reorganization as of July 1st 2019 as well as the transition to user management on the Drug Abuse Database (SMDB) via NemLog-in. The changes have meant that some municipalities with reporting via system-to-system have had problems reporting data to the Drug Abuse Database (SMDB). For some municipalities, data has come through to Statistics Denmark so late that the validation work has been very short-lived, but still as a priority task for the municipalities, so that the quality of the reports is assessed at the level

of 2018. In connection with these technical changes in 2019, it has not been possible for the suppliers of IT systems to the municipalities to make changes to their systems and submit the municipalities' data to the Drug Abuse Database (SMDB). For this reason, insufficient data have been reported from Copenhagen, Vordingborg, Sønderborg, Aarhus, Morsø and Frederikshavn. These municipalities have approved specially calculated key figures, but not individual data for further use. Likewise, for the same reason, Ringsted and Horsens have approved specially calculated key figures, but have also approved that the individual data submitted may be used for analysis as well be used for analyzes. However, one should be aware that data is not fully comprehensive for the entire year 2019. The municipalities of Kalundborg, Slagelse and Albertslund are not included in the statistics either, as the system-to-system reporting did not take place adequately and could not be corrected by the supplier in time. In 2019, three municipalities have merged some enrollments due to organizational factors and other handling in their supplier system. COVID-19 has not affected the collection or validation of data.

The quality control in 2018 has been particularly intense, since Statistics Denmark evaluated the development in the data of the municipalities via its validation. Based on this, Statistics Denmark asked the municipalities to correct any mistakes and errors before the given municipality approves data. Many municipalities have corrected said mistakes and errors. Firstly, the figures for 2018 are of higher quality, but at the same time this year's quality improvement in the municipalities has led to improvement of data back in time. For those municipalities that approved their figures in 2017, by looking at these municipalities alone, additional 3.5 percent requests a year.

Quality control has been improved year by year, so when the process started in 2016, we thought that there was an improvement. Then, when looking in to the quality control of 2017, we could see, that it could be even better and finally it also turns out that the latest improvement in quality affects the figures back in time. Particularly in the quality control of the 2016 reports, there was extensive clean-up work in the municipalities. A work that has required extra efforts from the municipalities and treatment facilities, but also a quality improvement that can now be seen in the statistics.

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

These statistics only include data for municipalities that have been approved by the individual municipality for the year in question. Data for other municipalities are available in the underlying micro-data of 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. 2020 includes 85 municipalities that have approved their reported data. 2019 includes 90 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. Furthermore, only persons with a valid CPR number are included in the statistics.

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 6 moths after the end of the reference period. 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.

6.1 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.

6.2 Punctuality

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

7 Comparability

These statistics have been compiled since 2015 and is comparable from 2015 and onwards. There are no common European guidelines for **social** drug abuse treatments. For European comparable statistics in the field of drug 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.

7.1 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 the latest year (2019) 85 municipalities (80 municipalities for 2017-2019).

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 [subject](). 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]().

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 Anette Nymand Rasmussen, tel.: + 45 3917 3548, e-mail: alu@dst.dk.

9.1 Contact organisation

Statistics Denmark

9.2 Contact organisation unit

Welfare and Health, Social Statistics

9.3 Contact name

Anette Nymand Rasmussen

9.4 Contact person function

Responsible for the statistics

9.5 Contact mail address

Sejrøgade 11, 2100 Copenhagen

9.6 Contact email address

alu@dst.dk

9.7 Contact phone number

+45 3917 3548

9.8 Contact fax number