

## **Documentation of statistics for Drug Abuse Treatment 2024**

## 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 2021-2024.

## 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).

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 (Section 101a of [the Service Act](#)) 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. For 2021-2024 all the municipalities are included in the statistics.

See [an overview of all reportable information by July 1, 2025](#), 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). Please note that the schema KVALHEP will be omitted by July 1, 2025.

Reporting of admissions, services, and discharges became voluntary as of January 1, 2024, and ceased to be possible as of January 1, 2025.

### 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 whether or not an 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.

**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. It is here, that the municipality reports what kind of treatment, the citizen receives (social treatment, medicinal treatment, round-the-clock treatment, etc).

**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 an ended contact course.

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

**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](#).

**Section 101 of the Social Service Act:** Section 101 of [the Social Service Act](#) describes the municipality's 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 municipality's 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 municipality's 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.

## 2.5 Statistical unit

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

## **2.6 Statistical population**

Drug abuse treatment delivered by municipalities and treatment centers for citizens in Denmark, according to Section 101 of [the Service Act](#), Section 142 of [the Health Act](#) and Section 33 of the [Children's 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. [Micro-data for researchers and ministries](#) include 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.

## **2.12 Frequency of dissemination**

Yearly.

## 2.13 Legal acts and other agreements

Reporting of people in social drug use treatment by Section 101 of [the Service Act](#) and Section 33 of the [Children's Act](#) is compulsory due to:

- Chapter 6 in [Bekendtgørelse om dataindberetninger på socialområdet](#)
- § 82 in [lov om retssikkerhed og administration på det sociale område](#)

[The Children's Act](#) (Barnets Lov) is came into force by Jan 1, 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). Before all social substance abuse treatments must be reported according to § 101.

Reporting of people in medicinal drug use treatment according to § 142 i [the Health Act](#) er lovpligtig jf.:

- § 19 in [lov om autorisation af sundhedspersoner og om sundhedsfaglig virksomhed](#)
- § 195 in [the Health Act](#)
- [Bekendtgørelse nr. 1789 af 16. december 2015 om kommunernes indberetning til Sundhedsdatastyrelsen om lægesamtaler i forbindelse med stofmisbrugsbehandling, lægelig stofmisbrugsbehandling og frit valg i forbindelse med lægelig stofmisbrugsbehandling](#)
- [Bekendtgørelse nr. 1700 af 21. december 2010 om indberetning af lægelig stofmisbrugsbehandling og indsats mod hepatitis C blandt stofmisbrugere](#)
- [Bekendtgørelse nr. 1678 af 16. december 2016 om lægers indberetning om ordination af afhængighedsskabende lægemidler som led i stofmisbrugsbehandling](#)

## 2.14 Cost and burden

The municipalities and the drug addiction treatment centers are obliged to report to Statistics Denmark in accordance to the laws in "Legal acts and other agreements"

From 2024, it is 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.

From July 1, 2025 a number of questions are dropped from the questionnaire. Read more in the [requirement specification](#).

From September 1, 2024 the regions have reported drug abuse treatment data on a limited scale from their [new treatment option] <https://www.regioner.dk/sundhed/psykiatri-og-social/integreret-behandling-for-mennesker-med-psykisk-lidelse-og-samtidig-rusmiddelproblematik/>) via LPR. The data will be a part of next years publication in 2026.

## 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](mailto:smdb@dst.dk).

### **3 Statistical processing**

Data for these statistics are continuously collected municipalities directly to SMDB or automatically through system-to-system solutions via the municipality's administrative IT-system.

Data are validated extensively by asking the responsible municipality to check their reported data online for validation and approval. Hereafter, we initiate validation processes that e.g. remove persons with invalid social security numbers or who have ended their treatment because they died.

#### **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 are obliged to report data on social drug addiction treatment to Statistics Denmark on an ongoing basis, however no later than 15 days after the end of the month, cf. [databekendtgørelsen](#).

Municipalities are obliged to report data on medicinal drug addiction treatment to Statistics Denmark on an ongoing basis, however no later than 1 month after initiation of treatment, cf. [Bekendtgørelse nr. 1789 af 16/12/2015](#).

#### **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 continuously monitors whether we receive data on time and whether the data appears accurate. If Statistics Denmark finds that no cases have been reported or fewer cases than expected, we contact the municipality to clarify whether we have registered the correct contact person and whether the municipality needs advice and guidance on reporting. This could also be due to IT problems, which Statistics Denmark will try to resolve, often in collaboration with the municipality's IT systems. Statistics Denmark has started monitoring data earlier than before, known as early validation. With early validation, we monitor data at the beginning of a reporting year, as opposed to waiting until after the end of the reporting year to review the data.

Statistics Denmark communicate deadlines for when municipalities must submit, validate, and approve their data through an annual cycle via Statistics Denmark's [information page](#) and through emails to relevant contact persons. For the 2024 submissions, the approval deadline was February 28, giving municipalities two months to review their submissions for the 2024 reporting year and correct any errors and deficiencies before approval. After the end of the reporting year, Statistics Denmark engage with reporters to validate and approve the data. In validating the 2024 data, Statistics Denmark introduced a new process where municipalities log in to the SMDB web and validate their submissions based on [8 questions](#). Previously, Statistics Denmark sent validation reports in Excel. The purpose is to enhance data security and make validation easier for both reporters and Statistics Denmark. Municipalities approve data in writing after addressing the 8 questions and confirming that the data overall accurately reflects the substance abuse treatment provided by the municipality throughout the year. If not all 8 questions can be answered affirmatively, the municipality has agreed with Statistics Denmark on when they can improve their data quality for each question. If there has been a significant increase or decrease (over 20 percent) or other unusual developments, and the municipality still wishes to approve the data, Statistics Denmark will request an explanation for documentation purposes.

### 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), 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 in [SMDBV003](#), 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 in the register SMDB\_VBGF but not in SMDB\_VBGH. 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.

## 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 2021-2024 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.

#### **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 has not always been possible in SMDB. Therefore, many treatment centers earlier registered their own doctor as the treating physician (authorization code) when treating according to §142 of the Health Act, even though it was 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.

## **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 months 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 2015-2024. 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 statistics across borders, 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 [EUDA](#), 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, the register SMDB\_IBIB has been closed.

### 7.1 Comparability - geographical

For European comparable statistics in the field of substance abuse, please refer to the [EUDA](#) (European Union Drugs Agency), 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 2021-2024, making it possible to compare these four 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.

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. On September 1, 2024, the new regional treatment centers opened, aimed at the treatment of citizens with both a substance use disorder and a psychiatric diagnosis. Data from these regional dual diagnosis services are not included in this publication but are expected to be part of the 2026 publication. This may impact the comparability over time. According to current plans, only individuals receiving psychiatric treatment but registered with a substance use diagnosis will be included during the period from September 2025 to July 1, 2025.

Three major rounds of data reporting simplification have been carried out while Statistics Denmark has been responsible for the database:

- July 1, 2019: The entire ASI form was discontinued, and several questions were removed from the Admission, Services, and KvalHep forms.
- January 1, 2024: From this date, the Admission, Services, and Discharge forms became optional to report, and as of January 1, 2025, they were no longer be possible to report. Therefore, submissions of these forms after January 1, 2024, will be incomplete and underestimated. For that reason, the SMDB\_IBIB dataset will no longer be published as micro-data.
- July 1, 2025: The entire KvalHep form will be discontinued, and a number of background variables (name, gender, citizenship, ethnic origin, education, and housing situation) will be removed or simplified.

Before the publication of 2023 data, an error occurred that resulted in an overrepresentation in the variable 'Other' across all years (2015–2023). This error has now been corrected.

After the publication of 2023 data, Statistics Denmark became aware of an error in a municipal IT system that caused the incorrect registration of no cases exceeding the treatment guarantee in some or all years from 2020 to 2023 for the municipalities of Greve, Lolland, Kerteminde, Langeland, Nordfyns, Nyborg, Odense, and Svendborg. This error has now been corrected.

Ahead of the 2024 publication, the Copenhagen municipality informed Statistics Denmark that they had mistakenly registered 2,419 enrolments by the drug type 'Other (medical) treatment provided under §142 of the Health Act' instead of 'Drug-free treatment provided under §101 of the Social Services Act (or §33 of the Children's Act)'. This error has now been corrected.

### **Limitations in comparability between municipalities**

Statistics Denmark maintains ongoing dialogue with municipalities regarding correct data reporting. In the validation of 2024 data, we have taken [a more systematic approach](#) and have identified key challenges related to proper reporting practices in municipalities. Statistics Denmark is also working on an overview identifying which municipalities experienced issues in specific areas during the 2024 validation process.

The most significant and pressing challenge is that many municipalities are still unaware that children and adolescents under the age of 18 in substance abuse treatment must be reported to the SMDB. This issue is compounded by the fact that the responsibility for reporting individuals above and below the age of 18 is often split between two separate departments within the municipality (typically the substance abuse department and the children/family department). With the introduction of [The Child Act](#) on January 1, 2024, children and young people receiving social substance abuse treatment were given their own legal provision (§ 33), which clearly states that they must be reported. This has led to increased awareness among many municipalities. Furthermore, Statistics Denmark believes that most municipalities previously unaware of this obligation have now been informed as part of the 2024 data validation process. Trends in the data should be interpreted in light of this. The number of children and adolescents in substance abuse treatment is currently underestimated, but an increase is expected in the coming years due to improved reporting practices.

Statistics Denmark has also become aware that some municipalities register children and adolescents under 18 receiving substance abuse treatment under § 52 of the Social Services Act. These cases are included in a different dataset published by Statistics Denmark. The municipalities have been informed that this is incorrect.

During the validation of 2024 data, additional issues related to municipalities' IT systems were identified. In one IT system, it was found that users did not intuitively realize that multiple enrolments could be created in the same treatment course. However, this is possible, and both Statistics Denmark and the IT provider have provided guidance to users on how to do this. In another system, it was discovered that it was not possible to register requests without corresponding treatment initiations. This has since been corrected, retroactively for several years. Many municipalities have not been, and in some cases still are not, aware that all requests must be registered—even those not resulting in actual treatment (i.e. initiation). Statistics Denmark believes an increasing number of municipalities are becoming aware of this requirement and are reporting all requests moving forward. However, a few municipalities have indicated they only have the resources to report requests that result in treatment (initiation). In these cases, the number of requests and initiations will be identical, and the request data cannot be used to assess the gap between demand and actual treatment provision.

Statistics Denmark has also learned that some municipalities are unaware that multiple enrolments can be registered within the same treatment course. When a change in treatment provider occurs, some municipalities have ended the entire treatment course and registered a new one. This leads to an overestimation of the number of requests, initiations, and ended treatment courses. However, Statistics Denmark assesses that the vast majority of municipalities are aware of the correct practice regarding registering multiple enrolments.

In a few municipalities, only § 142 is reported when a citizen receives treatment under both § 142 (of the Health Act) and § 101 (of the Social Services Act). This reporting practice results in an underestimation of the number of individuals in § 101 treatment.

Some municipalities forget to report treatment courses that are not provided at their own municipal treatment center.

There are also municipalities that are unaware that the treatment initiation date should be the date treatment actually begins. Many instead register the assessment date. This affects the interpretation of whether treatment guarantee timelines are met. In one municipality, it was discovered that the request date and the initiation date were identical for all active cases. This presents a misleading picture of compliance with the treatment guarantee. Statistics Denmark is in dialogue with the municipality to correct these dates.

### **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 (see section "Forretningsregler" in [the requirement specification](#)). In some tables, different definitions make the number of persons differ marginally. E.g. a person who has moved from one municipality to another can be counted more than once in [SMDBV002](#) but not [\[SMDBV003\]](#)(<https://www.Statbank.dk/SMDBV003>).

## 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 Calendar can be accessed on our English website: [Release Calendar](#).

### 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

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 before January 1, 2025 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. Please note that the schema KVALHEP will be omitted by July 1, 2025.

## 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, requests, initiations, ended treatment courses, contact procedures and treatment courses. Furthermore, observations that could be used to infer the removed observations are also removed.

## 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](mailto: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](mailto:BBN@dst.dk).