

**Documentation of statistics for  
Drug Abuse Treatment 2019**

## 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 to extend the time series to cover a longer period back to 2013 in the years to come.

## 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 two age groups and by geography.

### 2.1 Data description

These statistics contain information about implementations, requests and enrollment in social drug abuse treatment. Information on the progress (from request to completed treatment) and treatment (from initiation to completed treatment) are also part of these statistics. In addition, status regarding completion is determined upon completion of a treatment. These statistics are compiled for municipalities, but only municipalities that have approved data for social substance 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

**Anmodning:** Anmodning om behandling. En Anmodning er når borgeren henvender sig og bliver registreret af myndigheden, kommunen (BehandlingAnmodningDato).

**Iværksættelse:** Når kommunen har vurderet borgerens behov, på baggrund af en screening af borgeren, Iværksætter kommunen behandlingsforløbet Iværksat behandlingsforløb, angiver at personen har påbegyndt et behandlingsforløb.

**Tilbudstilknytning:** Angives af myndigheden (kommunen) ved tilknytning af det konkrete tilbud til borgeren. Omfatter en tilbudsstartdato og en tilbuds slutdato.

**Indskrivning:** Antal indskrivninger i tilbud, hvor dato for indskrivning ligger i det angivne år eller anden valgt periode (IndskrivningDato) Indskrivning indberettes af tilbud og hænger ikke nødvendigvis sammen med myndighedens iværksættelse, der er dog i kvalitetskontrollen arbejdet på at forbedre denne sammenhæng, se dokumentation 3.04 Datavalidering.

**Udskrivning:** Antal udskrivninger fra tilbud, hvor dato for udskrivning ligger i det angivne år eller anden valgt periode (UdskrivningDato) Udskrivning indberettes af tilbud og hænger ikke nødvendigvis sammen med myndighedens afslutning af behandling, da der efterfølgende kan

komme andre tilbudsindskrivninger.

**Kontaktforløb:** Et [kontaktforløb](#) starter når en person har anmodet myndigheden (kommunen) om behandling. Kontaktforløbet kan efter indledende samtaler blive iværksat til et behandlingsforløb, men det er ikke altid tilfældet.

Et igangværende kontaktforløb er et forløb, som endnu ikke er blevet afsluttet. Et afsluttet kontaktforløb har en dato for afsluttet behandling, hvis ikke behandlingen er afsluttet vil `BehandlingAfsluttetdato` være 31129999.

**Behandlingsforløb:** Et [behandlingsforløb](#) er forløbet fra behandlingen er iværksat af myndigheden og til `BehandlingAfsluttetdato`. Antal forløb opgøres ved at tælle de indberetninger, hvor `IværksatBehandlingDato` ligger i det angivne år eller anden valgt periode.

Igangværende behandlingsforløb har ingen slutdato (`BehandlingAfsluttetDato`)

Afsluttede behandlingsforløb opgøres ved at tælle de indberetninger, hvor `BehandlingAfsluttetDato` ligger i det angivne år eller anden valgt periode.

**Behandlingsgaranti:** Alle borgere har et lovfæstet retskrav på at få et tilbud om social stofmisbrugsbehandling inden for 14 dage efter, at de har anmodet om behandling.

Behandlingsgarantien beregnes som afstanden mellem `BehandlingAnmodningDato` og `IværksatBehandlingDato`. Forskellen er gemt i variabelen `antaldage_garanti`.  
`IværksatBehandlingDato - KontaktforloebstartDato as antaldage_garanti`

Overholdt behandlingsgaranti: hvor borgerens behandling er iværksat inden for 14 dage efter anmodningen. Ikke overholdt behandlingsgarantien; hvor der er mere end 14 dage mellem anmodningsdato og iværksættelsesdato.

Alle forløb, også de hvor behandlingsgarantien ikke er overholdt, indgår, uanset årsag til overskridelsen. Årsagen kan angives med en af følgende kategorier: • 'Mangel på ledig plads', • 'Personalemæssige forhold hos myndighed eller tilbud', • 'Klienten forhindret i fremmøde', • 'Klienten udeblevet', 'frit valg' (kun hvis alder  $\geq 18$  år), • 'Samtykkeerklæring' (kun hvis alder  $< 18$  år) eller • 'Andet'.

**Indskrivningsforløb:** Et [indskrivningsforløb](#) indledes ved `tilbudstartdato` og afsluttes ved `tilbudslutdato`. Hvis der er flere `tilbudstartdatoer`, fx hvis borgerens behandling berører flere leverandører, skal mindst én af `tilbudstartdatoerne` sammenfalde med dato for iværksat behandling. I tilfælde af flere `tilbudslutdatoer`, fx hvis borgerens behandling berører flere leverandører, skal mindst én af `tilbudslutdatoerne` være sammenfaldende med dato for afsluttet behandling.

**Borger i stofmisbrugsbehandling:** Antal personer i behandling i given periode (normalt i et givet år). Baseres på iværksættelsesdato (for behandling). Alle personer med gyldig iværksættelsesdato før eller i løbet af perioden man opgør OG hvor afslutningsdato er i den pågældende periode eller senere. Opgøres som unikke personer, se yderligere beskrivelse under begrebet personopgørelse.

Ved opgørelse i <http://www.Statbank.dk/smdbv002> og [smdbv003](http://www.Statbank.dk/smdbv003) anvendes oplysninger om personer i behandling fra sammenlagte kontaktforløb, dvs. der kan være iværksættelser der ikke tælles med, hvis borgeren har haft flere behandlingsforløb, der er blevet sammenlagt til færre kontaktforløb.

**Personopgørelse:** Ved opgørelse af personer i enten forløb eller personer med aktivitet i perioden, vil Danmarks Statistik afgrænse til at en person kun kan tælle én gang i den angivne periode. Danmarks Statistik vælger den nyeste hændelse for personen.

Hvis der opgøres hændelser, kan en person tælle flere gange hvis hændelserne fx sker i forskellige kommuner, eller de karakteristika man kigger på giver anledning til at personen skal tælle med flere gange.

## **2.5 Statistical unit**

Incidents, persons and treatments.

## **2.6 Statistical population**

Social drug abuse treatment delivered by municipalities and other treatment programs 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 'Serviceloven' § 101 is collected according to: 'Bekendtgørelse om dataindsamlinger på socialområdet' (BEK nr 229 af 05/03/2020) 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. 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 collected yearly from municipalities and drug treatment places. Collected data are scrutinized and via dialogue with the responsible municipality validated before publication. The validated data are then aggregated to the final statistical output.

### **3.1 Source data**

Data is collected from municipalities it systems or from the municipalities and treatment institutions reports in the substance abuse database.

### **3.2 Frequency of data collection**

Data are collected continuously.

### **3.3 Data collection**

Direct reporting and system-to-system reporting to the substance abuse database, which is a total reporting solution for four different registers.

### **3.4 Data validation**

Validation is carried out on the reported information. The municipalities have been confronted with their individual data regarding the correctness of the number of requests, initiations, enrollments, ongoing contract progress and ongoing treatments.

In addition, in the validation process there has been a special focus on 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 enrollments. For detailed checks, the municipalities have received personal information for persons in the individual key figures for the year.

The data collection in 2019 has been affected by data reorganization as of 1 July 2019 as well as the transition to user management on the Substance Abuse Database via NemLog-in. The changes have meant that some municipalities with reporting via system-to-system have had problems reporting data to the Substance Abuse Database. 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 Substance Abuse Database. 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 approved 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 as well be used for analyzes. However, one should be aware that data is not fully comprehensive for the entire year 2019. Finally, 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 been merged 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, there are many municipalities that have corrected errors and shortcomings. Firstly, there is a higher quality of the figures for 2018, 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 Substance Abuse Database, 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 Substance Abuse Database. 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**

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

### **4.2 User Satisfaction**

These statistics are new in 2017. 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 publication from Statistics Denmark, only the approved municipalities are included, it must be noted that the figure does not cover drug abuse treatment throughout the country. For 2019, 85 municipalities included that have approved their reported data or special aggregated key figures. For 2018, 91 municipalities included that have approved their reported data. For 2017-2015, 90 municipalities included that have approved their reported data. Furthermore, only persons with a valid CP number are included.

### **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 Substance Abuse Database. 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 months 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 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.

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

## **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](#).

## **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.

## **8.11 Documentation on methodology**

Not relevant for these statistics.

## **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. 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**

Personal Finances and Welfare, Social Statistics

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