

# Experience with EFSQ

## A short example from Hungary

EMCDDA , TDI expert meeting

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# Aim of my communication

This is not a scientific presentation, just a short communication answering:

- Why did you decide to do the facility survey?
- How did you do it?
- Was it easy and will you do it again?
- One main outcome of the facility survey in terms of data findings'

# Why did you decide to do the facility survey?

- Combination of Health and Social Care Systems / Health and Social Funds
- Complex treatment system – different service providers eg. Organisation type, financing, location etc.
- Legal background, minimum standards/requirements, set of various intervention types
- Mixture of addiction care and psychiatry
- Biggest service providers report to TDI – geographic coverage goes for small service providers
- Alcohol, drug use, mental problems
- Coding ‘game’ vs TDI > no real Health Fund data
- NGOs doing QCT are not part of the Health Care but report in the TDI
- Register of service providers/interventions and reporting coverage

# Why did you decide to do the facility survey?

## Positive outcomes

- More details on service providers/service provision, not only turnout figures but
  - >> content of treatment intervention (eg. TC approaches)
  - >> financing and operating mechanisms
  - >> organisational status / role in the treatment chain
  - >> more details on coverage (in- exclusion criteria, geography)
  
- We also asked programmes and clientele
  - >> waiting list, fee to pay
  - >> clients needs / responses (eg. DRID screening – treatment)
  - >> trends among clients by primary drug, age

## How did you do it?

- Online survey tool (questionpro.com)
- Asking the Head of the unit
- Attached in .pdf to let them prepare in advance
- Could be saved and continued
  
- First wave: 30 (of the cc.70; 74% of clients) biggest TDI reporters
- Second wave: 15 (all) therapeutic communities

# Was it easy and will you do it again?

- Not easy, not that difficult
- Conceptual / Theoretical challenges
  - Getting more details of the known service providers or trying to include the unknown service providers?
  - Level of details for different service types
- Practical challenges:
  - Questionnaire adjustment to that treatment type and testing the tool – conceptualisation
  - What is the small(est) unit to ask, how to define
  - Promoting and facilitating the completion
  - Interpretation of the complex results

# Was it easy and will you do it again?

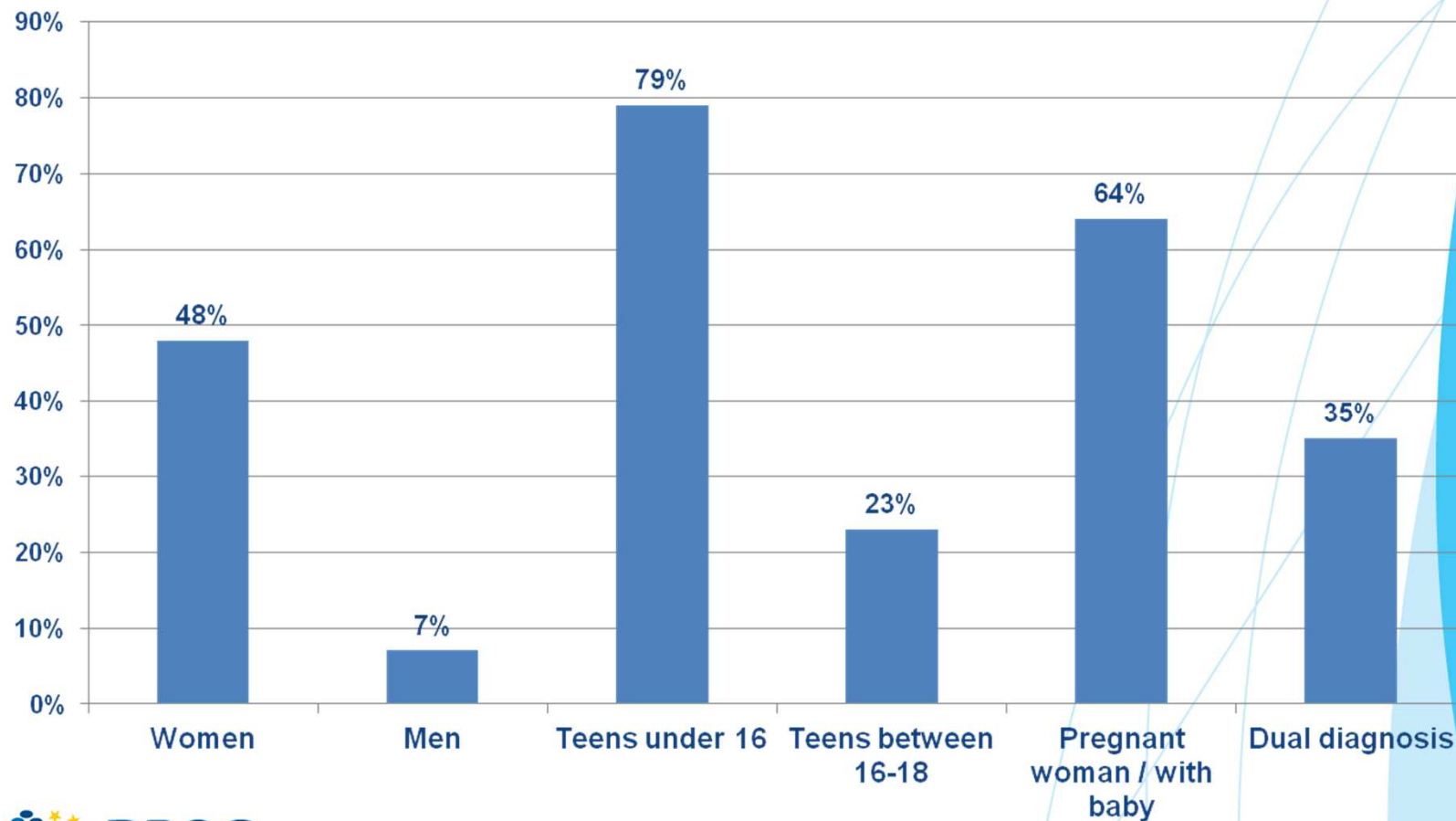
- No future plan at the moment
- Wave 3: Needle/syringe programmes
- Wave x: Generalised inpatient/outpatient psychiatry units (proportion of drug users vs. alcohol users), acute psychosis?
- Wave x: Intensive care/emergency toxicology units –
- Wave x: Inpatient chronic general rehabilitation?
- Wave x: HIV/Hepatology clinics / antiviral

X means too ambitious

Level of details are very important to set well!

# One main outcome of the facility survey in terms of data findings

Chart 1. Exclusion for drug user groups applied for the proportion of total 'number of beds' in therapeutic communities





# Thank you for your attention!

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