SDG Goal 3	Good health and well-being
SDG Target 3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
SDG Indicator 3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
Time series	Inpatient treatment of substance use disorders

1. General information on the time series

- Date of national metadata: 7 December 2022

- National data: http://sdg-indicators.de/3-5-1/

- Definition: The time series measures the number of patients treated in hospitals and in prevention or rehabilitation facilities with ICD-10-diagnosis Fx.1 "harmful use" and Fx.2 "dependence syndrome" classified with the following ICD-10-diagnosis codes:
    1) Drugs: F11-F16, F18
    2) Alcohol and other psychoactive substances: F10, F17, F19
  ICD-10 is the International Statistical Classification of Diseases and Related Health Problems 10th Revision (German Modification).

- Disaggregation: sex; substance

2. Comparability with the UN metadata

- Date of UN metadata: September 2019

- UN metadata: https://unstats.un.org/sdgs/metadata/files/Metadata-03-05-01.pdf

- The time series is partly compliant with the UN metadata. It only covers inpatient treatment.

3. Data description

- The data on "Inpatient treatment of substance use disorders" in hospitals and in prevention or rehabilitation facilities is derived from the hospital statistics conducted by the Federal Statistical Office. Prevention or rehabilitation facilities are only included if they have more than 100 beds.

4. Access to data source

- Diagnostic data of the hospitals – GBE:
  http://www.gbe-bund.de/gbe10/i?i=702:1018E

- Prevention or rehabilitation facilities – GBE:
  http://www.gbe-bund.de/gbe10/i?i=902:1020E

5. Metadata on source data

- Quality Report – Diagnoses of hospital patients (only available in German):
  https://www.destatis.de/DE/Methoden/Qualitaet/Qualitaetsberichte/Gesundheit/diagnose-krankenhauspatienten.pdf

- Quality Report – Diagnoses of the preventive care or rehabilitation facilities (only available in German):
  https://www.destatis.de/DE/Methoden/Qualitaet/Qualitaetsberichte/Gesundheit/diagnose-vorsorge-rehaeinrichtungen.pdf

6. Timeliness and frequency

- Timeliness: t + 12 months
- Frequency: Annual

7. Calculation method

- Unit of measurement: Number
- Calculation:

$$\text{\textbf{Inpatient treatment of substance use disorders of } } i = \sum_{ik} \text{Patients treated of use disorders with allocated ICD } k_i \text{ in hospitals[number]} + \sum_{ik} \text{Patients treated of use disorders with allocated ICD } k_i \text{ in prevention rehability facilities[number]}$$

$i \in \{\text{Drugs; Alcohol and other psychoactive substances}\}$

$k_{Drugs} \in \{F11.1; F11.2; F12.1; F12.2; ...; F16.1; F16.2; F18.1; F18.2\}$

$k_{Alcohol\ and\ other\ psychoactive\ substances} \in \{F10.1; F10.2; F17.1; F17.2; F19.1; F19.2\}$

SDG Goal 3	Good health and well-being
SDG Target 3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
SDG Indicator 3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
Time series	Estimate of high risk use (based on treatment entrants) of the substances opioids, cocaine, and other stimulants in the age group 15 to under 65 years

1. General information on the time series

- Date of national metadata: 18 February 2022
- National data: http://sdg-indicators.de/3-5-1/
- Definition: Based on the treatment entrants, the time series measures the number of persons aged 15-65 years with a high risk of drug use and consequently the number of persons with a potential need for treatment for the substances opioids, cocaine, and other stimulants (including caffeine).
- Disaggregation: bound

2. Comparability with the UN metadata

- Date of UN metadata: September 2019
- UN metadata: https://unstats.un.org/sdgs/metadata/files/Metadata-03-05-01.pdf
- The time series is partly compliant with the UN metadata. Some drugs are missing which are listed in the UN metadata. The estimation covers the number of all persons with diagnosis "harmful use" or "dependence syndrome" for opioids, cocaine, and other stimulants (including caffeine).

3. Data description

- The data is based on annual estimations by the German Monitoring Centre for Drugs and Drug Addiction (DBDD). The DBDD consists of the Institute for Therapy Research (IFT Munich), the Federal Centre for Health Education (BZgA) and the German Centre for Addiction Issues (DHS). Due to some changes within the estimation method, time comparisons are not possible without restrictions. Results should only be taken as rough approximations with possible underestimation. In addition, due to the implementation of a modified data assessment tool in Germany in 2017, data from the subsequent transitional phase must be interpreted with care. For the estimation, the overall number of treated cases is first calculated on the basis of reported client numbers in outpatient and inpatient care as well as the total number of outpatient and inpatient addiction support facilities. On this basis, the total number of all users of the named substances requiring treatment is estimated with the help of a multiplier to reach the target group. The multiplier is derived from publications with estimates of problem use of illegal substances and the help-seeking behaviour in the overall population and the comparisons of availability of treatment possibilities in a region.

4. Access to data source

- Workbook Drugs (only available in German): https://www.dbdd.de/publikationen/jahresbericht-situation-illegaler-drogen-in-deutschland

5. Metadata on source data

- Workbook Drugs (only available in German): https://www.dbdd.de/publikationen/jahresbericht-situation-illegaler-drogen-in-deutschland

6. Timeliness and frequency

- Timeliness: t + 24 months
- Frequency: Annual

7. Calculation method

- Unit of measurement: Number
- Calculation:

Not available.