



Public Health
England



Department
of Health

Adult Drug Statistics from the National Drug Treatment Monitoring System (NDTMS)

1 April 2013 to 31 March 2014



About Public Health England

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Executive summary

- Of the 193,198 clients aged 18 and over in treatment contact during 2013-14, 181,420 were in treatment for 12 weeks or more or completed treatment free of dependency before 12 weeks (94%)
- 29,150 (45%) of clients exiting treatment in 2013-14 completed treatment, defined as having overcome their dependency; a further 7,949 (12%) were transferred for further treatment within the community, while 7,025 (11%) were transferred into structured treatment while in custody
- Of those opiate only clients with a six month review in 2013-14, 48% achieved abstinence from illicit opiates and a further 24% were classified as reliably improved. A further 3% had deteriorated
- 60% of crack only clients with a six month review in 2013-14 achieved abstinence from crack cocaine and a further 7% were classified as reliably improved. 2% had deteriorated
- Clients' median age at their first point of contact in their latest treatment journey in 2013-14 was 36 and 74% of clients in treatment were male
- Most clients were white British (83%), the next most common ethnicity was 'white - other' (4%). No other ethnic groups accounted for more than 2% of clients
- Most clients in contact with treatment were using opiates (79%). Cannabis was the primary drug for 9% of clients and powder cocaine for 5% of clients
- The most common routes into treatment for clients starting treatment in 2013-14 were self-referrals (44%) and referrals from the criminal justice system (27%). Onward referrals from other drug services together accounted for 11%
- 85% of the clients starting new treatment journeys in 2013-14 were either in treatment for 12 weeks or more or completed treatment free of dependency before 12 weeks
- Nearly all clients waited less than three weeks to commence treatment (98%)
- Of the clients starting treatment (and where reported) just over half (57%) reported having never injected with 17% currently injecting at time of presentation
- Where reported, 10% of clients starting new journeys had no fixed abode on presenting for treatment, and a further 14% of clients had other housing problems

1. Background and policy context

The statistics in this report present information collected through the National Drug Treatment Monitoring System on clients that are receiving specialist interventions for drug dependence. Specialist treatment is one strand of the government's drug strategy, which sets out to address a wide range of health, social and criminal justice harms associated with drug misuse.

Specialist treatment is one of a range of interventions that are provided to individuals with substance misuse problems. Other interventions include harm reduction, needle exchange, outreach work and non-structured recovery support interventions during their time in specialist treatment and following it to help reduce the chances of relapse. A diagram to illustrate a typical user journey through the treatment system can be found in Appendix A.

Drug treatment services are now well established in communities across the country and have over the past decade or so made ever-improving progress at getting drug users into treatment and helping them to recover from their problems.

Misuse and dependence can cause huge distress to individuals, families and the communities they live in. Well-evidenced and effective interventions improve the lives of individuals and their families, particularly children; it reduces the spread of blood borne viruses among the wider population and reduces crime and its impact.

These statistics are used by government to monitor the national availability and effectiveness of drug treatment. They are reported by local treatment providers on a monthly basis and this data is regularly fed back to providers and local service commissioners in the form of reports, diagnostic toolkits and Joint Strategic Needs Assessment documents to assist them to monitor their local response to the need for drug treatment, improve the outcomes of clients in treatment and to assist in service planning and assuring cost effectiveness and value for money.

Information on the total numbers of clients in drug treatment in each local authority in England, the numbers accessing each year and the numbers leaving treatment can be found here at www.ndtms.net/

While these statistics provide information on the numbers of people accessing treatment for drug dependency they do not give an indication on the levels of need for drug treatment or the prevalence of drug use in England. There are two studies that provide information around this, these are:

Estimates of opiate, crack and injecting in England – which reports estimates at a national and local authority level and can be found here at www.nta.nhs.uk/facts-prevalence.aspx

The Crime Survey for England and Wales reports the prevalence of use of all drugs at a national level and can be found here at www.crimesurvey.co.uk/index.html

Information on the history of the data collection of specialist drug treatment can be found in chapter seven of this report and chapter eight provides an explanation of the abbreviations that have been used throughout the report.

More detail on the methodologies used to compile these statistics and the processes that are in place to ensure data quality can be found here at www.ndtms.net/resources/secure/Quality%20and%20Methodology%20NDTMS%202013-14.docx

If an error is identified in any of the information that has been included in this report then the processes described in the PHE revisions and correction policy will be adhered to. The policy can be found here at www.gov.uk/government/organisations/public-health-england/about/statistics

PHE has also produced an accompanying publication that provides commentary on the statistics included in this report – www.gov.uk/government/organisations/public-health-england

2. Characteristics of clients

During 2013-14 NDTMS reported 193,198 clients aged 18 to 75ⁱ in contact with structured treatment.

2.1 Age and gender of all clients

The age and gender of clients at their first point of contact with the treatment system in the 2013-14 financial year is reported in table 2.1.1 and figure 2.1.1. The majority of clients in treatment were male (74%) and this represents a higher percentage than that observed in the general population where males of the same age account for 49.5% (ONS 2014). Prevalence data on patterns of drug use show a similar distribution with the majority of those using opiates and crack cocaine being male (78%). The median age (the middle number in an ascending list of all ages) of clients in treatment in 2013-14 was 36 years. This is a few years younger than the projected median age for the entire population, which is 40 (ONS 2011).

Individuals are most likely to start using drugs in their late teens and early twenties and, on average, seek treatment within eight years of initiation of their use. This may be reflected in the prominence of clients aged between 30 and 40.

Many clients will have started using heroin in the epidemics of the 1980s and 1990s and will now be over 40 years of age, having been using heroin for a significant long period of time. This is reflected in the increasing proportion of treatment clients accounted for by the over 40s.

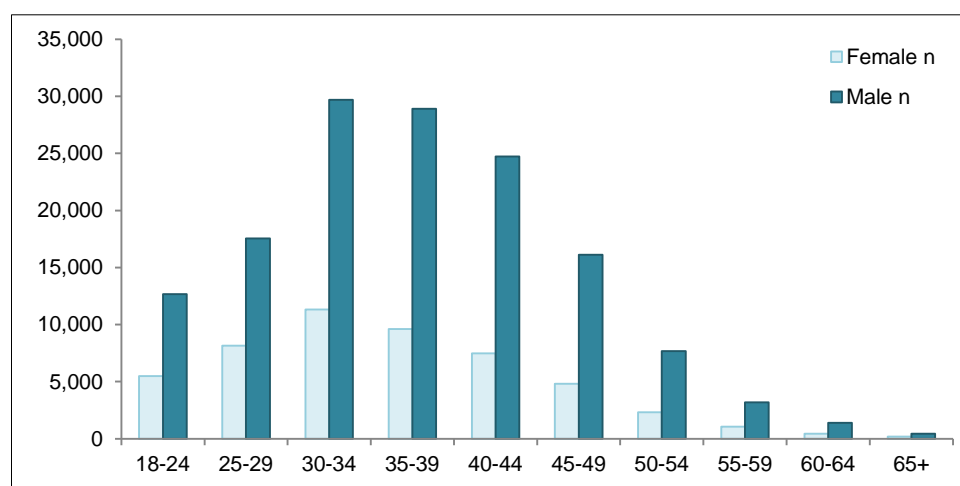
Nationally, women had a younger average (median) age than men (35, compared to 36 for men). 58% of men in treatment were aged 35 or over, compared to 51% of women. While 27% of women in treatment were aged under 30, the corresponding figure was 21% for men.

These proportions may reflect a higher prevalence of opiate use being amongst men compared to other substances, and a higher average of opiate users in treatment compared to other drugs.

Table 2.1.1 Age and gender of all clients in treatment 2013-14

Age	Female		Male		Persons	
	n	%	n	%	n	%
18-24	5,476	11%	12,676	9%	18,152	9%
25-29	8,145	16%	17,548	12%	25,693	13%
30-34	11,331	22%	29,685	21%	41,016	21%
35-39	9,621	19%	28,910	20%	38,531	20%
40-44	7,466	15%	24,720	17%	32,186	17%
45-49	4,817	9%	16,126	11%	20,943	11%
50-54	2,309	5%	7,669	5%	9,978	5%
55-59	1,059	2%	3,179	2%	4,238	2%
60-64	441	1%	1,386	1%	1,827	1%
65+	189	0%	445	0%	634	0%
Total clients	50,854	100%	142,344	100%	193,198	100%

Figure 2.1.1 Age and gender distribution of all clients in contact with treatment 2013-14



2.2 Ethnicity of all clients

Table 2.2.1 shows clients' ethnicity. Where reported, most clients (83%) were white British compared to 80% of the English population, 4% were other white compared to 5% of the English population and 1% white Irish compared to 1% of the English population¹. No other ethnic groups accounted for more than 2% of the total cohort.

Table 2.2.1 Ethnicity of all clients in treatment 2013-14

Ethnicity	n	%
White British	158,777	83%
Other white	7,530	4%
Caribbean	2,631	1%
Not stated	2,582	1%
White & black Caribbean	2,477	1%
Pakistani	2,292	1%
White Irish	2,245	1%
Indian	2,125	1%
Other	1,958	1%
Other Asian	1,937	1%
Other black	1,922	1%
Bangladeshi	1,405	1%
Other Mixed	1,262	1%
African	1,186	1%
White & Asian	716	0%
White & black African	501	0%
Unknown	341	0%
Chinese	87	0%
Total	191,974	100%
Inconsistent/missing	1,224	
Total	193,198	

¹ For ethnicity data please see: 2011 Census: KS201EW Ethnic group, local authorities in England and Wales

2.3 Primary drug use

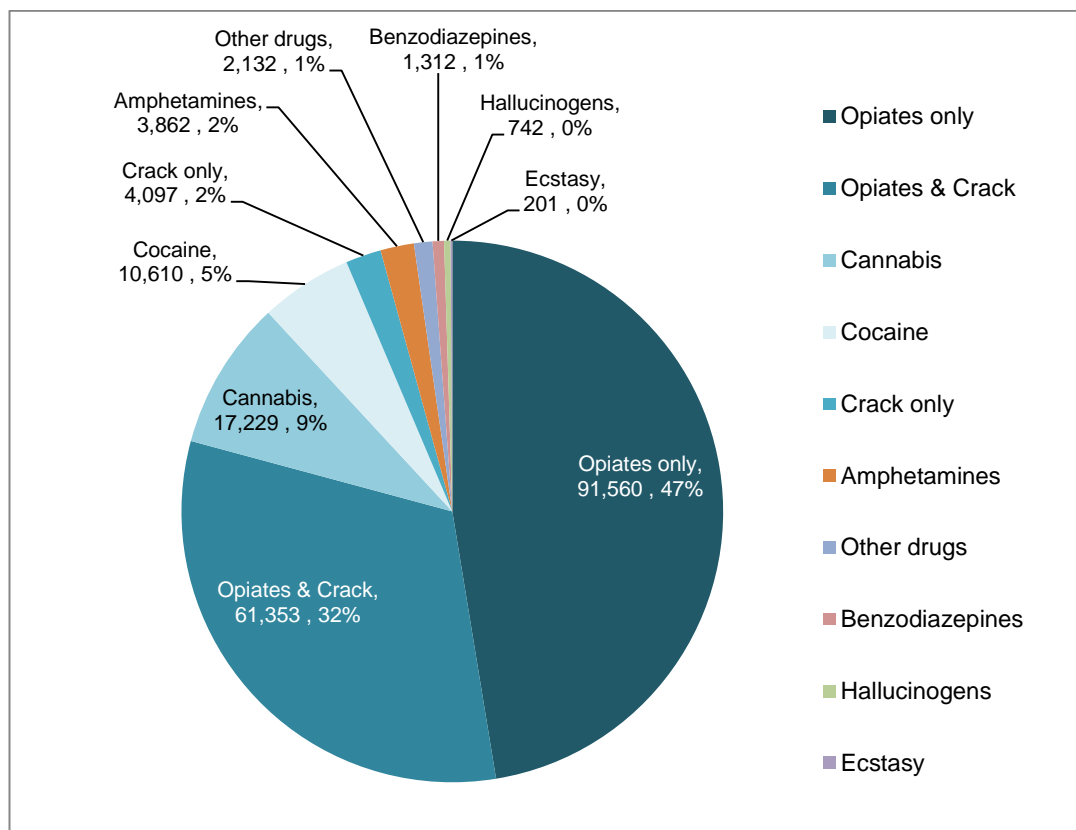
Table 2.3.1 shows the distribution of primary drug use (the substance that brought the client into treatment at the point of triage/initial assessment) of clients aged 18 to 75 treated in 2013-14. To define primary drug, use of opiates and/or crack cocaine are identified across a treatment journey and are given priority status. If a person is not using opiates and/or crack cocaine they are reported by their earliest reported main drug presented for treatment (for further detail see [Quality and Methodology Information](#)).

Seventy nine percent of clients were opiate users, of which more than a third reported crack cocaine use. The majority of remaining drug users were in treatment for problems with powder cocaine (5%), cannabis (9%) or crack cocaine (2%), the latter excluding those also citing opiates. Opiate only users in treatment had a median age of 38, while primary powder cocaine users had a much lower median age of 30 and those in treatment for cannabis use had a median age of 26. Adults in treatment for benzodiazepines had a slightly lower median age (37) than opiate only users.

Table 2.3.1 Primary drug use of all clients in treatment 2013-14

Main drug	n	%
Opiates only	91,560	47%
Opiates & crack	61,353	32%
Cannabis	17,229	9%
Cocaine	10,610	5%
Crack only	4,097	2%
Amphetamines	3,862	2%
Benzodiazepines	1,312	1%
Other drugs	921	0%
Prescription drugs	886	0%
Hallucinogens	742	0%
Ecstasy	201	0%
NPS	144	0%
Solvents	100	0%
Misuse free	26	0%
Major tranquillisers	25	0%
Anti-depressants	21	0%
Barbiturates	7	0%
Poly use	2	0%
Total	193,098	100%
Not known	100	
Total	193,198	

Figure 2.3.1 Primary drug use of all clients in treatment 2013-14



2.4 Source of referral into treatment (new presentations)

Table 2.4.1 shows a breakdown of new presentations to treatment by source of referral (i.e. the routes by which people accessed treatment). Information about source of referral was provided for 70,090 (99%) of all new presentations to treatment in 2013-14. Of all recorded referral sources, self-referrals were the most common, accounting for 44% of all recorded referrals. The second most common source of referrals came from the criminal justice system (27%). This was made up of direct referrals through arrest referral/CJIT (11%), or via other channels such as prison, including counselling, assessment, referral, advice and through-care services (CARATS, 9%), drug rehabilitation requirements (DRR, 2%) and the probation service (5%). Referrals from statutory drug services amounted to 4% of the total, while non-statutory drug services accounted for a further 6%. GP referrals made up 7% of referrals.

Table 2.4.1 Source of referral into treatment, new presentations to treatment in 2013-14

Referral source	n	%
Self	30,831	44%
Arrest referral/CJIT	7,649	11%
CARAT/prison	6,604	9%
Other	6,170	9%
GP	4,662	7%
Drug service non-statutory	4,321	6%
Probation	3,403	5%
Drug service statutory	3,117	4%
DRR	1,116	2%
Social services	849	1%
Psychiatry	807	1%
Syringe exchange	223	0%
Accident and emergency	119	0%
Community Care assessment	84	0%
Employment service	77	0%
Education service	37	0%
Connexions	21	0%
Total	70,090	100%
Missing	840	
Total	70,930	

2.5 Age and primary substance (new presentations)

Table 2.5.1 shows a breakdown of persons entering drug treatment in 2013-14 by age group and primary substance. Opiates and/or crack users are identified first and then other clients entering treatment are assigned according to their recorded primary drug. The proportion of opiate users was much lower in the 18-24 group (27%) than any of the older age groups (between 54% and 74%). Forty three per cent of cannabis users, 24% of cocaine users and 24% of other drug users were aged 18-24.

Table 2.5.1 Age and primary substance of new presentations to treatment in 2013-14

	18-24		25-29		30-34		35-39		40+		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Opiates only	1,882	16%	3,710	29%	5,975	39%	5,252	42%	8,211	43%	25,030	35%
Opiates/crack	1,260	11%	3,026	24%	4,629	30%	3,918	32%	5,590	30%	18,423	26%
Crack only	296	3%	442	4%	534	3%	414	3%	862	5%	2,548	4%
Cocaine	1,881	16%	2,074	16%	1,691	11%	1,016	8%	1,120	6%	7,782	11%
Cannabis	5,039	43%	2,407	19%	1,573	10%	1,085	9%	1,717	9%	11,821	17%
Other	1,294	11%	924	7%	979	6%	734	6%	1,383	7%	5,314	7%
Misuse free	2	0%	1	0%	2	0%	1	0%	6	0%	12	0%
Total	11,654		12,584		15,383		12,420		18,889		70,930	

2.6 Injecting behaviour (new presentations)

Injecting status at presentation for treatment was recorded for 69,779 clients (98%) who entered treatment in 2013-14. Of these, 11,990 (17%) were currently injecting. A further 17,548 clients (25%) had previously injected but were not doing so at the time of presenting for treatment. Fifty seven per cent (39,886) of clients had never injected. Sharing of injecting equipment is the single biggest factor in blood-borne virus transmission among

people who use and inject drugs. It also elevates mortality risk and those who inject have a more complex profile, and are typically harder to treat. By far the majority of injecting drugs users in treatment inject heroin, with a small minority of the population also injecting Methamphetamine and Mephedrone.

Table 2.6.1 Injecting status of new presentations to treatment in 2013-14

Injecting status	n	%
Never Injected	39,886	57%
Previously Injected	17,548	25%
Currently Injecting	11,990	17%
Declined to answer	355	1%
Total	69,779	100%
Missing/inconsistent	1,151	
Total	70,930	

2.7 Housing situation (new presentations)

The housing situation at presentation to treatment was reported for 69,460 of clients (98%) who entered treatment in 2013-14. Of these, 6,695 (10%) reported an urgent housing problem (where they have no fixed abode), while a further 9,724 (14%) reported a housing problem (such as staying with friends or family as a short term guest or residing at a short-term hostel). A further 51,739 (74%) reported no housing problem.

Table 2.7.1 Housing situation of new presentations to treatment in 2013-14

Housing situation	n	%
No problem	51,739	74%
Housing problem	9,724	14%
Urgent problem	6,695	10%
Other	1,302	2%
Total	69,460	100%
Not Stated/Missing	1,257	
Inconsistent	213	
Total	70,930	

The proportion of individuals with an urgent housing problem (10%) or other housing problem (14%) cannot be directly compared with figures for individuals starting treatment with acute housing problems (17%) reported in table 4.2.2 as definitions used for these two methods for reporting housing issues are not the same.

3. Access to services

3.1 Waiting times: for first and subsequent treatment interventions

The table below shows a breakdown of waiting times under and over three weeks by first and subsequent intervention. Of 69,979 first interventions beginning in 2013-14, 68,585 (98%) began within three weeks of referral. There were 51,919 subsequent interventions (ie, where a client who is already receiving a modality is referred to start another type of treatment) beginning in 2013-14, of which 50,078 (98%) began within three weeks of referral. Overall the average (mean) wait to commence treatment (first interventions only), was three days.

Table 3.1.1 Waiting times, first and subsequent interventions in 2013-14

Intervention	Under three weeks (n)	%	Over three weeks (n)	%	Total
First intervention	68,585	98%	1,394	2%	69,979
Second intervention	50,708	98%	1,211	2%	51,919

3.2 Treatment interventions

As part of a treatment journey, a client may receive more than one intervention (i.e. more than one type of treatment) while being treated at a provider and may attend more than one provider for subsequent interventions.

Before 1 November 2012 there were six structured treatment intervention types. However from 1 November 2012 the way in which interventions were recorded on NDTMS was changed to include three high-level intervention types: psychosocial, pharmacological and recovery support, an intervention setting and a series of sub-interventions.

Table 3.2.1 shows the number of clients who received each intervention in their latest treatment journey for clients receiving interventions that commenced on or before 31 October 2012. Clients are counted once for each intervention type they received.

Table 3.2.1 Interventions received by clients in treatment 2013-14, old interventions

Intervention	n
Inpatient detoxification	3,977
Prescribing (including key working)	0
Structured psychosocial intervention	5
Structured day programme	11,201
Residential rehabilitation	979
Structured intervention	30,888

Table 3.2.2 provides information on interventions commenced after the changes to the core dataset on 1 November 2012 (see section 7.2 for more detail on this change). It shows the number of clients who received interventions starting on or after 1 November 2012 based on the new intervention codes and intervention setting. If a clients' intervention features in table 3.2.2, and can be directly mapped between tables, it is not featured in table 3.2.1 above to avoid double counting.

Table 3.2.2 Interventions received by clients in treatment 2013-14, new interventions

Setting	Intervention type		Total number of individuals*
	Psychosocial	Prescribing	
Community	158,293	132,070	176,820
Inpatient unit	3,218	4,279	4,461
Primary care	18,236	33,918	35,458
Residential	2,839	1,021	2,956
Recovery house	237	61	269
Missing	8,353	20,466	22,761
Total number of individuals*	173,638	147,841	189,720

* This is the total number of individuals receiving each intervention type and not a summation of the psychosocial and prescribing columns.

Data from tables 3.2.1 and 3.2.2 can be summed where overlap in definition exists to arrive at the total number of individuals receiving each intervention in 2013-14. No overlap exists for structured day programmes or other structured interventions thus the total number of clients can only be reported up to the 31st October 2012.

Data for these interventions is therefore not comparable to previous years. The totals for prescribing and psychosocial interventions will appear higher than previous years as they can now be recorded instead of just the setting where they were taking place such as residential or within a structured day programme. It is likely that these interventions were occurring within these settings but it was not previously possible to record this.

A count of total individuals in interventions / settings where it is possible to sum the overlap between tables 3.2.1 and 3.2.2 can be found in table 3.2.3 below.

Table 3.2.3 Total individuals in interventions/ settings (overlap between 3.2.1 and 3.2.2)

Intervention	Total number of individuals
Psychosocial	173,643
Prescribing	147,841
Setting	Total number of individuals
Inpatient Unit	8,438
Residential	3,935

Table 3.2.4 gives a breakdown of clients receiving prescribing by the length of time that they have been receiving this intervention. 38,358 (26%) had been receiving prescribing for five or more years, while 54,795 (37%) had been receiving prescribing for less than 12 months.

Table 3.2.4 Length of time in prescribing for clients in continuous prescribing treatment 2013-14

	n	%
Less than 12 months	54,795	37%
1-2 years	21,504	15%
2-3 years	13,072	9%
3-4 years	10,951	7%
4-5 years	9,161	6%
5+ years	38,358	26%
Total	147,841	100%

3.3 Engagement

Of all clients 18 and over in contact with treatment services during 2013-14 (193,198), 181,420 (94%) were either retained for more than 12 weeks, or if leaving treatment before 12 weeks, were free of dependency. The remaining clients will have left treatment before 12 weeks in an unplanned way. Of the 70,930 clients starting new treatment journeys during 2013-14, 60,208 (85%) were either retained for more than 12 weeks, or if leaving treatment before 12 weeks, were free of dependency.

4. Treatment and recovery outcomes

4.1 Treatment exits and successful completions

Table 4.1.1 shows the reasons for clients exiting treatment in 2013-14. There were 64,272 clients aged 18 to 75 who left treatment during the year and were not in treatment on 31 March 2014. Of these, 29,150 (45%) were discharged as 'treatment completed'. This is determined by clinical judgement that the client no longer has a need for structured treatment, having achieved all the care plan goals and having overcome dependent use of the drugs that brought them into treatment. Full definitions of all the treatment exit reasons below can be found in the NDTMS business definitions: www.nta.nhs.uk/uploads/aduldrugtreatmentbusinessdefinitionv11.03.pdf

On average (mean), clients who completed treatment did so after 535 days (just less than 18 months). A further 7,949 were transferred for further treatment within the community, while 7,025 were transferred into appropriate treatment while in custody.

Table 4.1.1 Treatment exit reasons for individuals not retained in treatment on 31 March 2014

Treatment exit reason	n	%
Treatment completed free of dependency (no drug use)	20,832	32%
Treatment completed free of dependency	8,318	13%
Treatment completed subtotal	29,150	45%
Transferred – not in custody	7,949	12%
Transferred – in custody	7,025	11%
Referred on (old coding)	1	0%
Dropped out/left	16,178	25%
Prison	827	1%
Other	0	0%
Treatment declined	1,218	2%
Treatment withdrawn	594	1%
Moved away	0	0%
Died	1,330	2%
Not known	0	0%
No appropriate treatment	0	0%
Total	64,272	100%

4.2 Treatment Outcomes Profile (TOP)

Introduction

The Treatment Outcomes Profile (TOP) is a clinical tool that enables clinicians and drug workers to keep track of the progress of individuals through their treatment journeys. It measures drug use and gives an early indication about clients' progress in overcoming problems with work, education or housing through a set of 20 questions. Comparisons of TOP responses given at the start of treatment and at six month review are presented in this report.

This report includes an analysis of all TOP review data received in 2013-14 that complies with the TOP reporting protocols and for which there is also corresponding treatment start TOP information. The reporting protocols stipulate that an individual can have a review TOP completed between 29 and 182 days following their initial assessment. In principle, there were 96,229 individuals who could have had a TOP review during 2013-14 according to this protocol. However, in practice, 66,656 (69%) of these had both received a review and had corresponding TOP data at treatment start (because the data set used for this report was taken before many of those starting treatment toward the end of the period would have received their six month review, this does not represent the full level of review compliance.) Of the clients with both start and review data, 52,515 had reviews which took place in 2013-14 and are therefore included in the analysis here.

Methods

The TOP instrument uses a measure of the number of days in the last 28 on which an individual used drugs to quantify change. The analysis of the data here uses a mechanism for categorisation of degree of change known as the reliable change index (RCI). This is a statistical approach that classifies individuals into one of four categories: abstinent, improved, unchanged and deteriorated. This is based on the application of the methodology advanced by Jacobson and Truax (1991)ⁱⁱ and verified for use in the substance misuse field by Marsden et al (2011).ⁱⁱⁱ

Key findings

Table 4.2.1 shows changes in drug use between start and review for each client's primary presenting substance by drug group (see [Quality and Methodology Information](#) for the methodology used to assign drug groups) for clients who reported using their primary drug on at least one day in the 28 before starting treatment. For clients in the opiates and crack group, change has been reported for both of these substances.

Key findings from the data are that mean days of illicit opiate use fell by 15.0 days in the opiate-only group, compared with 11.8 days in the opiates and crack group. The opiates-only drug group achieved greater abstinence rates from illicit opiates than the opiates and crack drug group (48% compared to 36%). Slight differences exist between those classified as reliably improved, with the opiates-only group having 24% improved and the opiates and crack group having 26% classified as such. Three per cent of the opiates-only group reliably deteriorated compared with five per cent of the opiates and crack drug group.

The mean days of crack use fell by 7.3 days in the crack-only drug group and 7.2 days in the opiates and crack group. A greater percentage of the crack-only drug group were abstinent from crack at six months compared with the opiates and crack drug group (60% and 49%), while the crack-only group had a lower proportion classified as reliably improved.

For primary cocaine powder clients, 76% were classified as abstinent or improved at review. 62% of primary amphetamine clients were abstinent or improved and 55% of cannabis clients were abstinent or improved.

Being abstinent or 'improved' at the six-month review is associated with eventual successful completion from treatment. People treated for powder cocaine and cannabis typically have better outcomes than those people that use opiates. They are likely to have fewer associated social problems, draw on greater personal resources, and receive more social support, and as a result their prospects of overcoming addiction are usually better than opiate users.

Table 4.2.1 Change in use of primary cited substance and adjunctive alcohol use for clients with a six month review TOP in the year who reported using at start TOP

Drug group	START OF TREATMENT		AT SIX MONTH REVIEW				
	Reviewed clients using at start	Average days of use at start	Abstinent	Improved	Unchanged	Deteriorated	Average days of use at review
	n	mean	%	%	%	%	mean
Opiates use							
<i>Opiates only</i>	13,054	21.36	48%	24%	26%	3%	6.32
<i>Opiates and crack</i>	10,717	19.84	36%	26%	33%	5%	8.01
Crack use							
<i>Crack only</i>	1,170	11.05	60%	7%	30%	2%	3.80
<i>Opiates and crack</i>	9,550	12.56	49%	13%	33%	5%	5.34
Cocaine use							
<i>Cocaine</i>	4,132	9.73	65%	11%	23%	1%	2.22
Amphetamine use							
<i>Amphetamines</i>	884	15.71	51%	11%	37%	2%	6.16
Cannabis use							
<i>Cannabis</i>	7,314	22.12	36%	20%	42%	3%	11.29
Alcohol (adj) use							
<i>Alcohol</i>	10,648	15.06	32%	13%	48%	7%	9.81

Table 4.2.2 shows the treatment outcomes for employment, education and housing. At the start of treatment, 19% of clients were employed and were engaged in work for an average of 18 days out of the 28 days preceding the start of treatment. At the six-month review, 23% of clients were employed while the average number of days worked in the 28 prior to review was, again, 18.

In terms of accessing education, 3% of clients were enrolled in a course at the start of treatment, spending on average ten days studying in the month preceding treatment. At the six month review, the percentage of the cohort in education had increased to 4%, while the average number of days a client studied for was ten in the preceding 28 days.

An acute housing problem (ie, no fixed abode) was recorded for 17% of clients at the start of treatment and this fell to 12% at review. Eight per cent of clients reported a housing risk (ie, risk of eviction) at the start of treatment and 5% reported this problem at review. Overall, 19% of clients reported either an acute housing problem or had a housing risk at the start of treatment. This was reported by 12% of clients by review.

Table 4.2.2 Change in employment, education and housing status at review

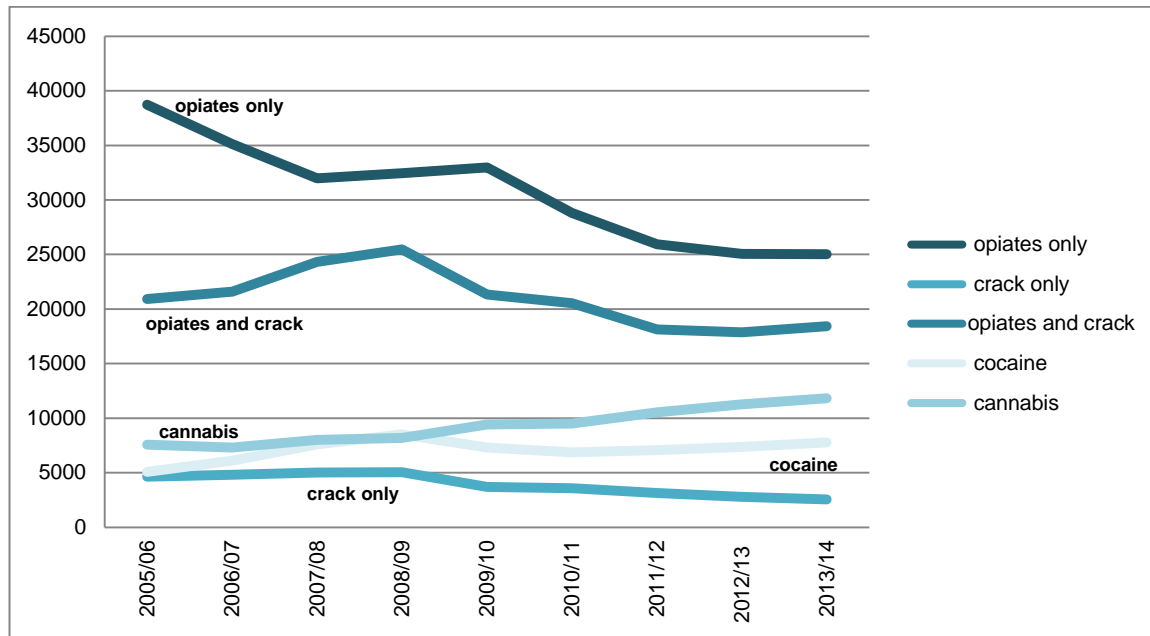
Employment	n	Employed %	Mean days
Baseline work	50,997	19%	18
Review work		23%	18
Education	n	In education %	Mean days
Baseline education	50,758	3%	10
Review education		4%	10
Housing issues	n	Baseline %	Review %
Acute housing problem	51,041	17%	12%
Housing risk	50,681	8%	5%
Any housing problem	50,635	19%	12%

5. Trends over time

5.1 Trends in age group and primary drug group

Figure 5.1.1 shows trends in substances among new presentations from 2005-06 to 2013-14. The number of newly presenting opiates users (total 'opiates only' and 'opiates and crack') has fallen from 59,642 in 2005-06 to 43,453; considered as a proportion of newly presenting adults this represents a decline from 72% in 2005-06 to 61% in 2013-14.

Figure 5.1.1 Number of new treatment presentation by substance (2005-06 to 2013-14)

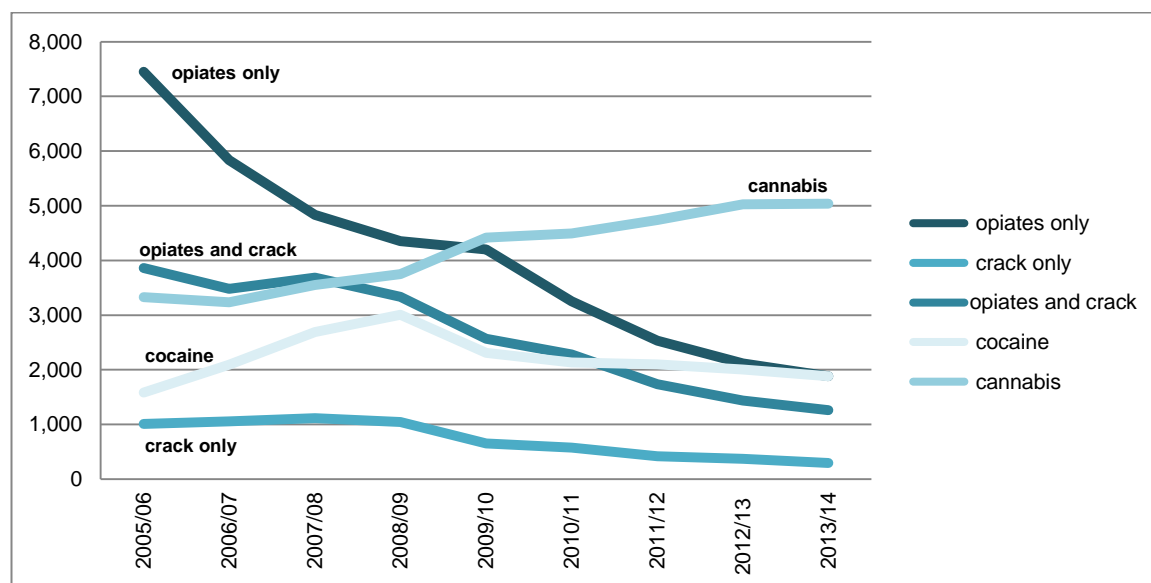


The fall in the number of newly presenting opiates users is largely as a result of the decrease in the number of newly presenting opiates users aged 18-24 (Figure 5.1.2), from 11,309 in 2005-06 to 3,142 in 2013-14. Among newly presenting clients in this age group, the proportion who were opiates users dropped from 61% in 2005-06 to 27% in 2013-14.

This fall in younger opiate users presenting for treatment mirrors the trends seen in the estimated prevalence of opiate and crack use amongst the under 25s, where the estimated (midpoint) number has fallen from 72,838 (2004-05) to 32,628 (2011-12)

The number of under 25s who present using cannabis has increased from 3,328 in 2005-06 to 5,039 in 2013-14 – correspondingly, the proportion of new presentations aged 18-24 who use cannabis has increased from 18% to 43% since 2005-06. Newly presenting clients aged 18-24 using cocaine dropped slightly to 1,881 continuing a downward trend from 3,005 in 2008-09.

Figure 5.1.2 Presenting substances of under 25s (2005-06 to 2013-14)



The proportion of new clients over 40 increased slightly to 27%, continuing a trend going back to 2005-06 when this age group represented 15% of all those newly presenting to treatment.

Table 5.1.1 Trends in age group and primary drug group among new presentations to treatment

Year	Drug group	18-24		25-29		30-34		35-39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
2005-06	Opiates only	7,449	40	10,036	50	9,173	50	6,238	46	5,821	46	38,717	47
	Opiates/crack	3,860	21	5,384	27	4,949	27	3,766	28	2,966	23	20,925	25
	Crack only	1,011	5	1,015	5	946	5	815	6	859	7	4,646	6
	Cocaine	1,586	9	1,193	6	1,029	6	718	5	562	4	5,088	6
	Cannabis	3,328	18	1,367	7	1,104	6	878	7	902	7	7,579	9
	Other/unknown	1,163	6	918	5	1,046	6	950	7	1,306	10	5,383	6
	Misuse free	103	1	72	0	82	0	78	1	262	2	597	1
	Total	18,500	100	19,985	100	18,329	100	13,443	100	12,678	100	82,935	100
2006-07	Opiates only	5,837	35	8,963	48	8,182	47	5,952	45	6,174	44	35,108	44
	Opiates/crack	3,481	21	5,219	28	5,161	30	4,059	31	3,667	26	21,587	27
	Crack only	1,059	6	999	5	947	5	758	6	1,038	7	4,801	6
	Cocaine	2,096	12	1,385	7	1,107	6	801	6	712	5	6,101	8
	Cannabis	3,233	19	1,244	7	978	6	834	6	1,012	7	7,301	9
	Other/unknown	1,013	6	823	4	778	5	785	6	1,112	8	4,511	6
	Misuse free	149	1	133	1	127	1	119	1	285	2	813	1
	Total	16,868	100	18,766	100	17,280	100	13,308	100	14,000	100	80,222	100
2007-08	Opiates only	4,833	28	7,779	41	7,488	43	5,686	41	6,207	41	31,993	39
	Opiates/crack	3,684	22	6,064	32	5,561	32	4,605	34	4,411	29	24,325	30
	Crack only	1,115	7	1,064	6	971	6	769	6	1,092	7	5,011	6
	Cocaine	2,691	16	1,834	10	1,301	7	927	7	834	6	7,587	9
	Cannabis	3,549	21	1,429	7	1,097	6	868	6	1,078	7	8,021	10
	Other/unknown	1,159	7	955	5	883	5	831	6	1,273	9	5,101	6
	Misuse free	68	0	53	0	57	0	50	0	69	0	297	0
	Total	17,099	100	19,178	100	17,358	100	13,736	100	14,964	100	82,335	100

2008-09	Opiates only	4,355	26	7,632	40	7,570	43	6,011	42	6,890	41	32,458	38
	Opiates/crack	3,335	20	6,151	32	5,943	34	4,938	34	5,093	31	25,460	30
	Crack only	1,046	6	1,103	6	886	5	807	6	1,203	7	5,045	6
	Cocaine	3,005	18	2,106	11	1,438	8	987	7	986	6	8,522	10
	Cannabis	3,749	23	1,481	8	1,028	6	817	6	1,112	7	8,187	10
	Other/unknown	975	6	777	4	815	5	767	5	1,236	7	4,570	5
	Misuse free	58	0	49	0	41	0	35	0	95	1	278	0
	Total	16,523	100	19,299	100	17,721	100	14,362	100	16,615	100	84,520	100
2009-10	Opiates only	4,203	28	7,184	42	7,694	46	6,224	46	7,684	46	32,989	42
	Opiates/crack	2,568	17	4,832	28	5,120	31	4,170	31	4,651	28	21,341	27
	Crack only	656	4	706	4	640	4	634	5	1,050	6	3,686	5
	Cocaine	2,313	15	1,868	11	1,295	8	843	6	985	6	7,304	9
	Cannabis	4,417	29	1,670	10	1,157	7	867	6	1,302	8	9,413	12
	Other/unknown	1,056	7	732	4	728	4	710	5	1,173	7	4,399	6
	Misuse free	27	0	18	0	18	0	24	0	36	0	123	0
	Total	15,240	100	17,010	100	16,652	100	13,472	100	16,881	100	79,255	100
2010-11	Opiates only	3,253	23	5,639	38	6,906	43	5,740	44	7,259	45	28,797	39
	Opiates/crack	2,279	16	4,307	29	5,133	32	4,215	33	4,615	28	20,549	28
	Crack only	576	4	694	5	677	4	564	4	1,076	7	3,587	5
	Cocaine	2,132	15	1,724	12	1,264	8	831	6	923	6	6,874	9
	Cannabis	4,493	32	1,754	12	1,166	7	847	7	1,248	8	9,508	13
	Other/unknown	1,269	9	812	5	761	4	700	5	1,115	7	4,657	6
	Misuse free	7	0	11	0	15	0	8	0	15	0	56	0
	Total	14,009	100	14,941	100	15,922	100	12,905	100	16,251	100	74,028	100
2011-12	Opiates only	2,534	20	4,891	36	6,300	42	5,169	43	7,053	44	25,947	37
	Opiates/crack	1,734	14	3,576	26	4,601	31	3,734	31	4,474	28	18,119	26
	Crack only	422	3	535	4	636	4	543	5	1,008	6	3,144	5
	Cocaine	2,101	17	1,815	13	1,302	9	880	7	961	6	7,059	10
	Cannabis	4,741	37	1,994	15	1,375	9	952	8	1,482	9	10,544	15
	Other/unknown	1,115	9	825	6	784	5	666	6	1,203	7	4,593	7
	Misuse free	8	0	5	0	6	0	3	0	6	0	28	0
	Total	12,655	100	13,641	100	15,004	100	11,947	100	16,187	100	69,434	100
2012-13	Opiates only	2,082	17	4,341	34	6,162	41	5,092	43	7,388	43	25,065	36
	Opiates/crack	1,454	12	3,159	25	4,533	30	3,828	32	4,907	29	17,881	26
	Crack only	371	3	480	4	559	4	445	4	938	5	2,793	4
	Cocaine	1,993	16	1,868	15	1,592	10	883	7	1,036	6	7,372	11
	Cannabis	4,997	41	2,158	17	1,507	10	997	8	1,621	9	11,280	16
	Other	1,275	10	847	7	825	5	643	5	1,252	7	4,842	7
	Misuse free	2	0	0	0	2	0	4	0	6	0	14	0
	Total	12,174	100	12,853	100	15,180	100	11,892	100	17,148	100	69,247	100
2013-14	Opiates only	1,882	16	3,710	29	5,975	39	5,252	42	8,211	43	25,030	35
	Opiates/crack	1,260	11	3,026	24	4,629	30	3,918	32	5,590	30	18,423	26
	Crack only	296	3	442	4	534	3	414	3	862	5	2,548	4
	Cocaine	1,881	16	2,074	16	1,691	11	1,016	8	1,120	6	7,782	11
	Cannabis	5,039	43	2,407	19	1,573	10	1,085	9	1,717	9	11,821	17
	Other	1,294	11	924	7	979	6	734	6	1,383	7	5,314	7
	Misuse free	2	0	1	0	2	0	1	0	6	0	12	0
	Total	11,654	100	12,584	100	15,383	100	12,420	100	18,889	100	70,930	100

Table 5.1.2 shows trends in age group and drug group among the entire treatment population from 2005-06 to 2013-14. This shows that for five years the number of adults being treated for opiates use increased from 139,544 in 2005-06 to 167,200 in 2009-10, but has dropped over the last three years to 152,913 in 2013-14, although the proportion of opiate users in treatment has remained relatively steady, around 80%.

This relatively steady picture is maintained across the age groups apart from the 18-24 group, where the number of opiates users fell from 22,581 in 2005-06 to 6,272 in 2013-14 (a drop from 69% of those in treatment in this age group in 2005-06 to 35% in 2013-14). Over the nine-year period, the number of clients aged 18-24 in treatment has fallen from 32,948 to 18,152, while the number of clients aged 40 or over has increased from 32,406 to 69,806. This means that in 2013-14 9% of the adult treatment population were aged 18-24 and 36% were aged 40 or over, compared to 19% aged 18-24 and 18% aged 40 or over in 2005-06.

Table 5.1.2 Trends in age group and primary drug group among entire treatment population

Year	Drug group	18-24		25-29		30-34		35-39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
2005-06	Opiates only	15,408	47	22,990	57	22,725	57	17,031	56	19,099	59	97,253	55
	Opiates/crack	7,173	22	10,380	26	10,276	26	7,874	26	6,588	20	42,291	24
	Crack only	1,546	5	1,549	4	1,599	4	1,346	4	1,397	4	7,437	4
	Cocaine	2,072	6	1,691	4	1,489	4	1,053	3	849	3	7,154	4
	Cannabis	4,735	14	1,910	5	1,654	4	1,325	4	1,481	5	11,105	6
	Other/unknown	1,844	6	1,624	4	1,866	5	1,729	6	2,583	8	9,646	5
	Misuse free	170	1	125	0	131	0	148	0	409	1	983	1
	Total	32,948	100	40,269	100	39,740	100	30,506	100	32,406	100	175,869	100
2006-07	Opiates only	13,397	41	23,434	54	23,847	55	18,601	53	22,370	56	101,649	52
	Opiates/crack	7,480	23	12,271	28	12,443	29	10,186	29	9,221	23	51,601	27
	Crack only	1,702	5	1,728	4	1,745	4	1,462	4	1,865	5	8,502	4
	Cocaine	2,883	9	2,105	5	1,696	4	1,274	4	1,155	3	9,113	5
	Cannabis	5,501	17	2,093	5	1,760	4	1,488	4	1,815	5	12,657	7
	Other/unknown	1,845	6	1,612	4	1,689	4	1,717	5	2,851	7	9,714	5
	Misuse free	173	1	136	0	139	0	140	0	349	1	937	0
	Total	32,981	100	43,379	100	43,319	100	34,868	100	39,626	100	194,173	100
2007-08	Opiates only	10,848	35	21,966	50	23,170	53	19,054	52	24,634	55	99,672	50
	Opiates/crack	7,481	24	14,009	32	13,995	32	11,921	32	11,910	27	59,316	30
	Crack only	1,679	5	1,730	4	1,612	4	1,406	4	1,981	4	8,408	4
	Cocaine	3,631	12	2,575	6	1,921	4	1,424	4	1,294	3	10,845	5
	Cannabis	5,717	18	2,199	5	1,730	4	1,431	4	1,928	4	13,005	6
	Other/unknown	1,765	6	1,527	3	1,510	3	1,500	4	2,632	6	8,934	4
	Misuse free	118	0	87	0	105	0	104	0	211	0	625	0
	Total	31,239	100	44,093	100	44,043	100	36,840	100	44,590	100	200,805	100
2008-09	Opiates only	9,317	31	20,839	47	23,262	51	20,203	51	27,454	54	101,075	48
	Opiates/crack	7,160	24	15,078	34	15,389	34	13,687	34	14,867	29	66,181	31
	Crack only	1,584	5	1,728	4	1,546	3	1,398	4	2,161	4	8,417	4
	Cocaine	4,187	14	2,989	7	2,128	5	1,546	4	1,551	3	12,401	6
	Cannabis	6,205	21	2,321	5	1,672	4	1,390	3	1,937	4	13,525	6
	Other/unknown	1,640	5	1,468	3	1,449	3	1,501	4	2,634	5	8,692	4
	Misuse free	117	0	85	0	72	0	67	0	183	0	524	0
	Total	30,210	100	44,508	100	45,518	100	39,792	100	50,787	100	210,815	100

2009-10	Opiates only	8,407	31	19,324	48	23,632	53	21,017	53	30,218	55	102,598	50
	Opiates/crack	5,890	22	13,466	33	15,258	34	13,590	34	16,398	30	64,602	31
	Crack only	1,104	4	1,244	3	1,149	3	1,133	3	1,930	4	6,560	3
	Cocaine	3,397	13	2,705	7	1,912	4	1,344	3	1,555	3	10,913	5
	Cannabis	6,665	25	2,505	6	1,733	4	1,321	3	2,085	4	14,309	7
	Other/unknown	1,548	6	1,200	3	1,242	3	1,270	3	2,386	4	7,646	4
	Misuse free	60	0	41	0	38	0	44	0	78	0	261	0
	Total	27,071	100	40,485	100	44,964	100	39,719	100	54,650	100	206,889	100
2010-11	Opiates only	7,021	29	16,517	46	22,958	51	21,419	53	32,518	55	100,433	49
	Opiates/crack	5,027	20	12,180	34	15,781	35	14,385	35	18,415	31	65,788	32
	Crack only	889	4	1,069	3	1,122	3	964	2	1,874	3	5,918	3
	Cocaine	2,941	12	2,439	7	1,822	4	1,229	3	1,460	2	9,891	5
	Cannabis	6,852	28	2,556	7	1,751	4	1,323	3	2,065	4	14,547	7
	Other/unknown	1,803	7	1,228	3	1,248	3	1,228	3	2,246	4	7,753	4
	Misuse free	36	0	20	0	25	0	23	0	39	0	143	0
	Total	24,569	100	36,009	100	44,707	100	40,571	100	58,617	100	204,473	100
2011-12	Opiates only	5,425	25	13,800	44	21,872	51	21,107	53	34,139	55	96,343	49
	Opiates/crack	3,903	18	10,228	33	15,273	35	13,903	35	19,892	32	63,199	32
	Crack only	657	3	864	3	1,008	2	878	2	1,722	3	5,129	3
	Cocaine	2,788	13	2,400	8	1,792	4	1,240	3	1,420	2	9,640	5
	Cannabis	6,884	32	2,758	9	1,948	5	1,387	3	2,217	4	15,194	8
	Other/unknown	1,615	8	1,232	4	1,243	3	1,163	3	2,289	4	7,542	4
	Misuse free	18	0	7	0	15	0	7	0	16	0	63	0
	Total	21,290	100	31,289	100	43,151	100	39,685	100	61,695	100	197,110	100
2012-13	Opiates only	4,359	22	11,782	42	20,938	50	20,314	53	36,041	55	93,434	48
	Opiates & Crack	3,101	16	8,643	31	14,825	35	13,675	35	21,376	33	61,620	32
	Crack only	535	3	727	3	890	2	753	2	1,604	2	4,509	2
	Cocaine	2,643	14	2,482	9	2,098	5	1,267	3	1,519	2	10,009	5
	Cannabis	7,178	37	3,074	11	2,135	5	1,471	4	2,463	4	16,321	8
	Other/unknown	1,723	9	1,230	4	1,291	3	1,079	3	2,322	4	7,645	4
	Misuse Free	8	0	3	0	7	0	5	0	14	0	37	0
	Total	19,547	100	27,941	100	42,184	100	38,564	100	65,339	100	193,575	100
2013-14	Opiates only	3,716	20	9,981	39	19,679	48	19,988	52	38,196	55	91,560	47
	Opiates & Crack	2,556	14	7,579	29	14,316	35	13,661	35	23,241	33	61,353	32
	Crack only	436	2	645	3	825	2	678	2	1,513	2	4,097	2
	Cocaine	2,460	14	2,732	11	2,346	6	1,409	4	1,663	2	10,610	5
	Cannabis	7,174	40	3,401	13	2,366	6	1,600	4	2,688	4	17,229	9
	Other/unknown	1,808	10	1,353	5	1,481	4	1,191	3	2,490	4	8,323	4
	Misuse Free	2	0	2	0	3	0	4	0	15	0	26	0
	Total	18,152	100	25,693	100	41,016	100	38,531	100	69,806	100	193,198	100

5.2 Trends in club drug use

Figure 5.2.1 reports the number of clients aged 18 or over presenting to treatment in each of the years 2005-06 to 2013-14, where the person reported using one or more club drug(s). For the report 'Club drugs: emerging trends and risks' ([www.nta.nhs.uk/uploads/clubdrugsreport2012\[0\].pdf](http://www.nta.nhs.uk/uploads/clubdrugsreport2012[0].pdf)), a 'club drug user' was defined as a person citing any of the following substances, either as a primary or adjunctive drug: GHB/GBL, ketamine, ecstasy, methamphetamine or mephedrone. This report extends the analysis carried out for that report, which covered 2005-06 through to 2011-12, using data from 2012-13 and 2013-14.

The number of clients presenting to treatment for a club drug in 2013-14 has changed very little from 2012-13. However, the number of clients presenting to treatment for a club drug increased from 2,675 in 2011-12 to 3,543 in 2013-14. This was an increase from 4% of those presenting to treatment in 2011-12 to 5% in 2013-14. Increases in numbers presenting to treatment were observed for all five substances: the most significant was an 82% increase in mephedrone presentations, from 900 in 2011-12 to 1,641 in 2013-14. Numbers presenting to treatment citing methamphetamine increased by 107% from 116 in 2011-12 to 240 in 2013-14, but still make up just 0.3% of all presentations to treatment.

Figure 5.2.1 Trends in numbers presenting to treatment citing club drug use

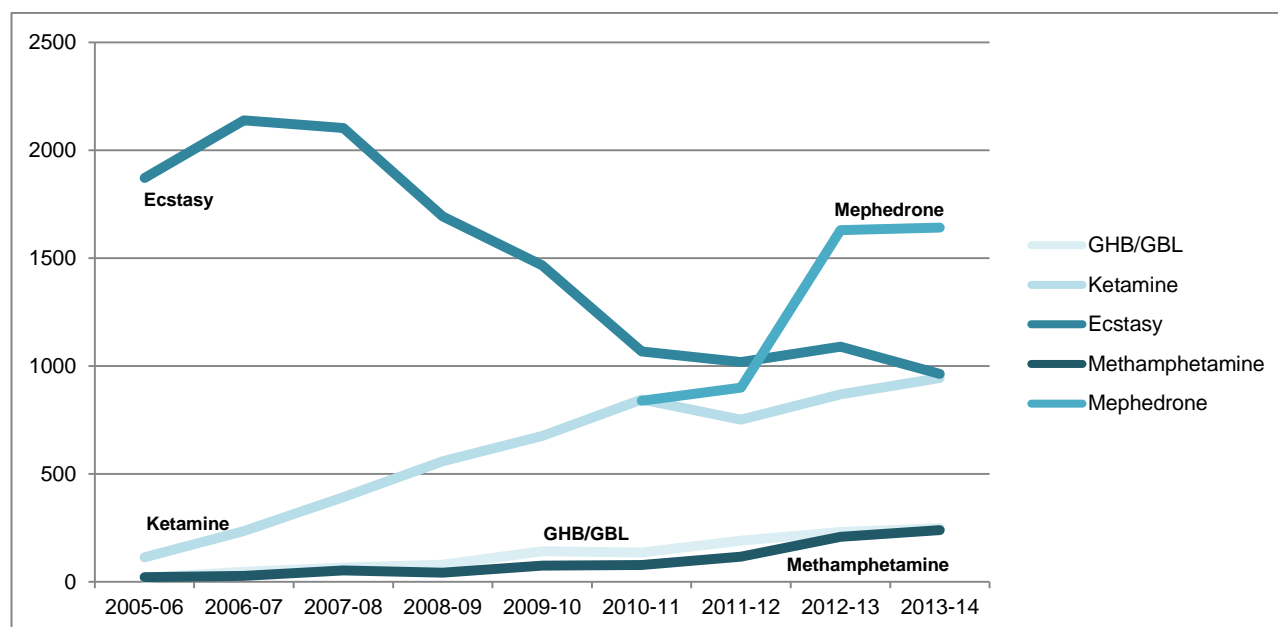


Table 5.2.1 Trends in numbers presenting to treatment citing club drug use

Substance	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
GHB/GBL	18	46	66	80	142	135	190	231	249
Ketamine	114	235	392	558	675	845	751	868	944
Ecstasy	1,872	2,138	2,102	1,694	1,467	1,067	1,018	1,089	964
Methamphetamine	22	27	52	42	75	78	116	208	240
Mephedrone*	-	-	-	-	-	839	900	1,630	1,641
Any club drug cited	1,991	2,371	2,503	2,246	2,280	2,692	2,675	3,536	3,543
Percentage of all new presentations citing a club drug	2%	3%	3%	3%	3%	4%	4%	5%	5%

*A code for mephedrone was added to the NDTMS core data set in 2010-11. Any clients reporting mephedrone prior to this are counted in the 'Any club drug cited' total but no separate total is given for mephedrone.

5.3 Trends in treatment exit reasons

Table 5.3.1 reports treatment exit reasons for clients in the years 2005-06 to 2013-14. In 2009 a new discharge coding system was introduced which clarified the coding of referrals within the treatment system, and tightened the way 'treatment completed' was recorded. For further details see [Quality and Methodology Information](#). These changes mean it is not possible to directly compare treatment exit data for some codes from 2009-10 onwards with previous years.

Table 5.3.1 Trends in treatment exit reasons

Treatment exit reason	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Completed free of dependency (no drug use)	3,953	4,862	6,347	9,148	15,568	19,759	21,810	21,138	20,832
Completed free of dependency	7,255	8,855	11,927	15,822	8,112	8,210	8,045	7,887	8,318
Total completed free of dependency	11,208	13,717	18,274	24,970	23,680	27,969	29,855	29,025	29,150
% Completed free of dependency	21	25	31	41	38	43	47	47	45
Transferred – not in custody	-	-	-	-	9,352	9,403	8,524	8,019	7,949
% Transferred – not in custody	-	-	-	-	15	14	14	13	12
Transferred – in custody	-	-	-	-	5,266	6,874	7,123	6,602	7,025
% Transferred – in custody	-	-	-	-	8	11	11	11	11
Referred on (old code)	5,700	7,625	10,351	9,204	1,079	253	1	0	1
% Referred on (old code)	11	14	18	15	2	0	0	0	0
Incomplete (including not known)	37,156	33,093	29,878	27,210	23,308	20,495	17,517	18,253	20,147
% Incomplete (including not known)	69	61	51	44	37	32	28	29	31
Total	54,064	54,435	58,503	61,384	62,685	64,994	63,020	61,899	64,272

5.4 Trends in numbers in treatment and numbers retained for at least 12 weeks or completing treatment earlier

Table 5.4.1 shows the change in this measure between 2005-06 and 2013-14.

The proportion of clients 18 and over who had been in treatment for at least 12 weeks or completed treatment free of dependency has remained at 94% since 2011-12 and there has been a general upward trend from 82% in 2005-06. This follows the focus in 2006/07 to improve the rates of early drop out from treatment, since when sustained gains that have been seen.

Table 5.4.1 Trends in numbers and numbers retained for at least 12 weeks or completing treatment earlier

Year	Number in contact with treatment services	Number retained for at least 12 weeks or completing treatment earlier	% retained/completing of all in contact
2005-06	175,869	145,051	82%
2006-07	194,173	163,886	84%
2007-08	200,805	182,775	91%
2008-09	210,815	194,572	92%
2009-10	206,889	192,367	93%
2010-11	204,473	191,129	93%
2011-12	197,110	185,428	94%
2012-13	193,575	181,994	94%
2013-14	193,198	181,420	94%

5.5 Trends in waiting times for first intervention

Table 5.5.1 shows trends in waiting times for a client's first intervention, between 2006-07 and 2013-14. This shows an increase in the proportion of clients waiting less than three weeks, from 87% in 2006-07 to 98% in 2013-14.

Table 5.5.1 Trends in waiting times for first intervention

Year	Under three weeks	%	Over three weeks	%
2006-07	62,375	87%	9,143	13%
2007-08	71,678	91%	7,108	9%
2008-09	76,168	93%	5,660	7%
2009-10	73,059	94%	4,315	6%
2010-11	69,699	96%	2,906	4%
2011-12	66,358	97%	1,860	3%
2012-13	66,888	98%	1,519	2%
2013-14	68,585	98%	1,394	2%

6. A nine-year treatment population analysis

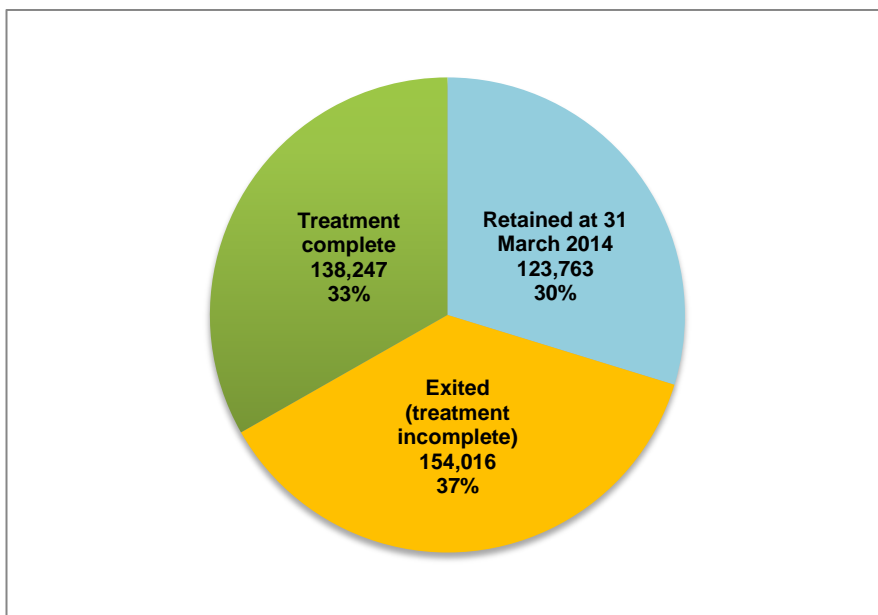
This section presents an analysis of treatment histories for individuals across nine years of treatment data, starting from 2005-06 (the furthest back NDTMS data is considered to be sufficiently robust for comparison with subsequent years). Please see [Quality and Methodology Information](#) for information on the methodological implications of this analysis compared with analysis elsewhere in the report where each year's figures are calculated independently.

Table 6.1.1 reports all adults that have been in contact with treatment on or after 1 April 2005. The table is split into three sections:

- the first section reports the number of individuals that start treatment in any given year after 1 April 2005, and who are in treatment on 31 March 2014
- the second section reports all clients who were in contact with treatment in any given year after 1 April 2005 and reports the number of these from each year who were not in treatment on 31 March 2014, and whose records indicated that treatment was incomplete at the time of discharge (treatment incomplete)
- the third section looks at all clients who were in contact with the treatment system on or after 1 April 2005 and who are no longer in contact with the treatment system, due to completing their treatment and being discharged in a planned way (treatment complete)

Over the nine years, 416,026 unique individuals have been recorded in treatment of whom, 123,763 (30%) were retained in treatment on 31 March 2014. Thirty seven per cent (154,016) had exited (treatment incomplete) while a further 138,247 (33%) had completed treatment and not since returned.

Figure 6.1.1 Last status of all clients in treatment since 2005-06



Of the 123,763 clients that were retained in treatment on the 31 March 2014, just over a third (36%) were on their first attempt at treatment and had been in continuously since their initial commencement. Just under a quarter (23%) were on their second treatment journey and 41% had had three or more attempts at treatment.

Figure 6.1.2 Number of previous treatment journeys for those retained in treatment 31 March 2014

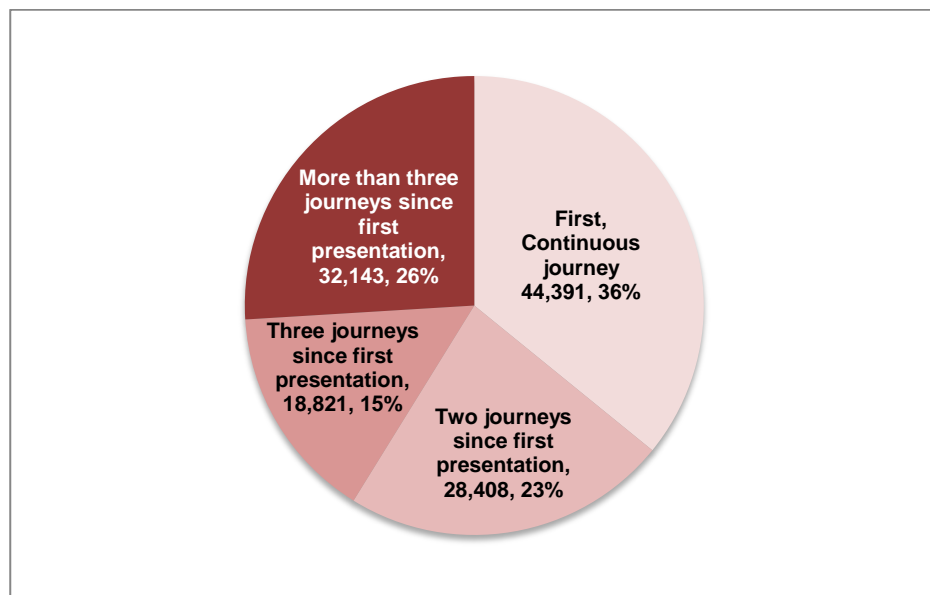


Table 6.1.1 Nine-year treatment population first presentation and treatment contact status at 31 March 2014

Category	Year of first presentation										Total
	Before 2005-06	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	
Clients retained in treatment on 31/03/2014											
Continuous journey	14,189	3,295	2,428	2,161	2,112	1,881	1,886	1,964	3,078	11,397	44,391
Two journeys since first presentation	9,301	4,188	2,908	2,526	2,206	1,979	1,742	1,565	1,385	608	28,408
Three journeys since first presentation	6,389	3,894	2,385	1,895	1,523	1,174	785	498	236	42	18,821
More than three journeys since first presentation	11,667	9,430	4,786	2,751	1,832	975	464	190	46	2	32,143
Retained at 31 March 2014	41,546	20,807	12,507	9,333	7,673	6,009	4,877	4,217	4,745	12,049	123,763

Category	Year of first presentation										Total
	Before 2005-06	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	
No longer in contact having exited, treatment incomplete											
Exited (treatment incomplete) in 05-06	6,700	9,348	0	0	0	0	0	0	0	0	16,048
Exited (treatment incomplete) in 06-07	2,871	4,989	8,142	0	0	0	0	0	0	0	16,002
Exited (treatment incomplete) in 07-08	2,503	2,144	4,354	7,530	0	0	0	0	0	0	16,531
Exited (treatment incomplete) in 08-09	1,885	1,443	1,571	3,894	6,772	0	0	0	0	0	15,565
Exited (treatment incomplete) in 09-10	1,877	1,472	1,279	1,545	3,570	5,679	0	0	0	0	15,422
Exited (treatment incomplete) in 10-11	1,750	1,471	1,168	1,191	1,315	3,192	5,000	0	0	0	15,087
Exited (treatment incomplete) in 11-12	1,913	1,505	1,115	962	1,007	1,028	2,589	4,465	0	0	14,584
Exited (treatment incomplete) in 12-13	2,441	1,880	1,353	1,198	1,163	1,025	1,072	2,568	4,611	0	17,311
Exited (treatment incomplete) in 13-14	4,365	3,669	2,528	1,979	1,735	1,478	1,277	1,351	3,497	5,587	27,466
Exited (treatment incomplete)	26,305	27,921	21,510	18,299	15,562	12,402	9,938	8,384	8,108	5,587	154,016
No longer in contact having exited, treatment complete											
Treatment complete in 2005-06	3,044	2,727	0	0	0	0	0	0	0	0	5,771
Treatment complete in 2006-07	1,636	2,836	3,335	0	0	0	0	0	0	0	7,807
Treatment complete in 2007-08	1,446	1,332	3,397	4,154	0	0	0	0	0	0	10,329
Treatment complete in 2008-09	1,532	1,318	1,482	4,825	5,433	0	0	0	0	0	14,590
Treatment complete in 2009-10	1,365	1,078	978	1,356	4,339	5,410	0	0	0	0	14,526

Category	Year of first presentation										Total
	Before 2005-06	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	
Treatment complete in 2010-11	1,651	1,324	1,106	1,239	1,570	4,782	6,133	0	0	0	17,805
Treatment complete in 2011-12	2,172	1,580	1,268	1,173	1,263	1,614	4,698	6,282	0	0	20,050
Treatment complete in 2012-13	2,361	1,708	1,207	1,190	1,149	1,127	1,480	4,847	6,455	0	21,524
Treatment complete in 2013-14	2,946	1,956	1,443	1,395	1,300	1,178	1,259	1,581	5,364	7,423	25,845
Treatment complete	18,153	15,859	14,216	15,332	15,054	14,111	13,570	12,710	11,819	7,423	138,247
Total clients in treatment since 1 April 2005	86,004	64,587	48,233	42,964	38,289	32,522	28,385	25,311	24,672	25,059	416,026

Table 6.1.2 reports on new presentations to treatment since 1 April 2005 and gives a breakdown of clients' treatment status at 31 March 2014 by drug group and by age at first presentation. Between drug groups, those presenting with both opiates and crack cocaine were most likely to be retained with 39,970 (43%) in this category, while cocaine powder users were most likely to have completed treatment with 23,852 (55%) having done so without subsequently returning. Among the age groups, those aged 60 and over were most likely to no longer be in contact with treatment and to have completed their last contact with 1,127 (49%) in that category.

Table 6.1.2 Treatment contact status at 31 March 2014 by drug and age group for clients commencing treatment since 2005-06

	Retained at 31 March 2014		Exited (treatment incomplete) prior to 31 March 2014		Treatment complete prior to 31 March 2014		Total clients starting treatment since 1 April 2005	
	n	%	n	%	n	%	n	%
Drug group								
Opiates only	31,950	36%	32,229	36%	24,138	27%	88,317	100%
Crack only	1,340	7%	9,932	49%	9,033	44%	20,305	100%
Opiates and crack	39,970	43%	33,753	37%	18,548	20%	92,271	100%
Cocaine	2,584	6%	16,729	39%	23,852	55%	43,165	100%
Cannabis	4,180	7%	23,375	40%	31,111	53%	58,666	100%
Others	2,191	8%	11,649	43%	13,452	49%	27,292	100%
Age group								
18-24	16,581	19%	34,774	41%	33,901	40%	85,256	100%
25-39	49,591	28%	68,724	38%	61,690	34%	180,005	100%
40-59	15,651	25%	23,406	37%	23,418	37%	62,475	100%
60+	394	17%	765	33%	1,127	49%	2,286	100%
Total	82,217	25%	127,669	39%	120,136	36%	330,022	100%

7. History

This report presents information relating to drug treatment in England. The statistics are derived from data that has been collected through the National Drug Treatment Monitoring System (NDTMS). NDTMS collects activity data from drug and alcohol treatment services so that:

- the progress of individuals entering treatment may be monitored and their outcomes and recovery assessed
- trends and shifts in patterns of drug use and addiction can be monitored, to inform future planning locally and nationally
- service users' journeys from addiction to recovery can be tracked
- the impact of drug treatment as a component of the wider public health service may be measured
- they can demonstrate their accountability to their service users, local commissioners and communities
- costs can be benchmarked against data from comparable areas to show how efficiently they use resources and how they are delivering value for money

Drug treatment activity has been collected nationally for nearly 25 years and has been routinely collected through NDTMS since April 2004. NDTMS is currently managed by PHE.

NDTMS has been reorganised over the years, bringing the definition of drug treatment recorded by the system further into line with 'Models of care for treatment of adult drug users' (see www.nta.nhs.uk/publications/documents/nta_modelsofcare_update_2006_moc3.pdf).

Since 2003-04 data collection has been consistently collected by treatment services, submitting a core data set of their clients' information as a database extract. The dataset and data collection methods have also changed. Code sets for the core data set can be found in NDTMS reference data document (see www.nta.nhs.uk/areas/ndtms/core_data_set_page.aspx).

NDTMS figures for England are collated by The National Drug Evidence Centre (NDEC) with those for Scotland, Wales and Northern Ireland, into a UK return for use by the European Monitoring Centre for Drugs and Drug Addiction (see www.emcdda.europa.eu/html.cfm/index190EN.html), and for the United Nations.

This statistical release covers England only. Information on drug treatment in Wales, Scotland and Northern Ireland is also available:

www.wales.gov.uk/keypubstatisticsforwales/topicindex/topics.htm#public (Wales)

www.scotland.gov.uk/Publications/2005/12/e1295233/link (Scotland)

www.dhsspsni.gov.uk/index/stats_research/stats-pubs.htm (Northern Ireland)

NDEC is part of the Centre for Epidemiology, which is one of six centres in the Institute of Population Health, University of Manchester.

While comparisons to alcohol treatment statistics from other countries can be made, care needs to be taken as the data is unlikely to be directly comparable due to differences in the definitions and methodologies that are used in collecting the data and in subsequently in reporting it.

7.1 Relevant web links and contact details

Monthly web-based NDTMS analyses
www.ndtms.net/

National Drug Evidence Centre (NDEC)
www.medicine.manchester.ac.uk/healthmethodology/research/ndec/

Public Health England
www.gov.uk/government/organisations/public-health-england

General enquiries

For media enquiries, please call 0203 6820574 or email phe-pressoffice@phe.gov.uk
For technical enquiries, please email EvidenceApplicationteam@phe.gov.uk

Policy

Drug policy team, PHE
EvidenceApplicationteam@phe.gov.uk

Data and Statistics

Jonathan Knight – head of evidence application team, PHE
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Jonathan Alderson – senior information analyst, PHE
Jonathan.Alderson@phe.gov.uk

Patrick Horgan – senior information analyst, PHE
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Andrew Jones – research fellow, National Drug Evidence Centre
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7.2 Comparability of data to previous reports

Since 1 November 2012, PHE made substantial changes to the core dataset with regards to the coding of intervention type. Prior to this, intervention codes were restricted to the six broad categories: inpatient, residential rehabilitation, prescribing, psychosocial, structured day programme and other structured treatment. These categories did not allow the distinction to be easily made between the setting where the interventions were being delivered and the interventions themselves.

Following consultations with clinicians, treatment providers and other key stakeholders a new method of recording interventions types and setting separately was introduced alongside the ability for providers to record the non-structured recovery support interventions that they were delivering. These changes will enable a better understanding of the different interventions being provided nationally and in local areas which will in turn benefit commissioning and service planning as well as influencing national policy setting.

As part of the changes in the coding of intervention type, from 1 November 2012 all registered treatment providers are registered with a setting type. There are six settings; community, inpatient, residential, recovery house, prison and primary care which have now been incorporated to PHEs regular reporting. Clients in a prison setting are not reported on in this document. Definitions of these settings can be found in section 2.2 and the implementation guide can be found here (www.nta.nhs.uk/uploads/guidetoimplementingcdsjv2.0.pdf). Intervention types have been split in to three high-level categories; pharmacological interventions, psychosocial interventions and recovery support interventions. Recovery support interventions are not reported on in the present report. Due to these implemented changes, most reporting of interventions in this report is limited to those occurring on or before 31st

October 2012. Therefore, the validity of comparing data to previous years, particularly in tables 5.2.1, 5.2.2, 5.2.3, 6.1.2. and 6.1.3, is limited.

One result of the change in the method of recording types of intervention is that many clients had new modalities opened (and old modalities closed) within the year to align with the new methodology, despite being in continuous treatment. Within standard analyses these 'replacement' modalities would appear falsely as subsequent interventions with associated waits. For this reason, subsequent waits in this report (table 5.1.1) are only shown prior to 1 November 2012.

7.3 Drug treatment collection and reporting timeline

1989-March 2001 Regional Drug Misuse Database (RDMD) – statistics reported in six monthly bulletins by the Department of Health from 1993 to 2001.

www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4015620

April 2001-March 2004 National Drug Treatment Monitoring System (NDTMS) – statistics reported annually by the Department of Health

April 2004-March 2013 National Drug Treatment Monitoring System (NDTMS) – managed by the National Treatment Agency (NTA) reporting statistics annually up to March 2012.

April 2013 to date National Drug Treatment Monitoring System (NDTMS) – managed by Public Health England (PHE) reporting statistics annually from April 2012.

7.4 Other sources of statistics about drugs

7.4.1 Prevalence of drug use

An annual estimate of the prevalence of drug use is undertaken through the Crime Survey for England and Wales (CSEW, formerly the British Crime Survey (BCS)). This section of the survey has been in place since 1996, annually since 2001, and has tracked the prevalence of the use of different drugs over this time.

<https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2012-to-2013-csew>

A second method for estimating the prevalence of crack cocaine and heroin use is produced for each local authority area in England by Glasgow University. Estimates are available for 2006-07, 2008-09, 2009-10 and 2010-11. The estimates are produced through a mixture of capture-recapture and Multiple Indicator Methodology (MIM), and rely on NDTMS data being matched against and/or analysed alongside Probation and Home Office data sets. The data and further information are available here:

<http://www.nta.nhs.uk/facts-prevalence.aspx>

7.4.2 Young people

Information is also available relating to the prevalence of drug use among secondary school pupils aged 11 to 15 from the Smoking, Drinking and Drug Use Survey among young people in England. This is a survey carried out for the NHS Information Centre by the National Centre for Social Research and the National Foundation for Educational Research. The survey annually interviews school pupils, and has been in place since 2001. The data and further information are available here:

catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng-2012/smok-drin-drug-youn-peop-eng-2012-repo.pdf

The NDTMS collects data on drug and alcohol treatment for young people, and produces official statistics bulletins, which can be found here:

www.nta.nhs.uk/statistics.aspx

It should be noted that young people's treatment figures are not comparable with statistics relating to adult drug treatment. This is because access to treatment for young people requires a 'lower severity of drug use and associated problems'^{iv}.

7.4.3 Criminal justice statistics

The Ministry of Justice produce a quarterly statistics bulletin that provides details of individuals in custody and under the supervision of the probation service. These can be found here:

www.justice.gov.uk/publications/statistics-and-data/prisons-and-probation/oms-quarterly.htm

Statistics are also produced by the Ministry of Justice relating to aspects of sentencing, including trends in custody, sentences, fines and other disposals. These can be found here:

data.gov.uk/dataset/sentencing_statistics_england_and_wales

7.4.4 International comparisons

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) publish an annual report that describes and compares aspects of drug use and drug policy within European states, as well as providing detailed comparative statistics. This can be found here:

www.emcdda.europa.eu/publications/annual-report/2012

The centre also produces a treatment demand indicator (TDI), which is a collection of comparative statistics relating to individuals seeking treatment. This can be found here:

www.emcdda.europa.eu/stats12#display:/stats12/tditab7a

While comparisons to alcohol treatment statistics from other countries can be made, care needs to be taken as the data is unlikely to be directly comparable due to differences in the definitions and methodologies that are used in collecting the data and in subsequently in reporting it.

7.4.5 Drug-related deaths

The Office for National Statistics publish an annual summary of all deaths related to drug poisoning (involving both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales. This can be found here:

www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/2012/stb---deaths-related-to-drug-poisoning-2012.html

8. Abbreviations and definitions

8.1 Abbreviations

CARAT	Counselling, assessment, referral, advice and throughcare
CJIT	Criminal Justice Intervention Team
CJS	Criminal justice system
CQC	Care Quality Commission
DP	Drug partnership
DIP	Drug interventions programme
DRR	Drug rehabilitation requirement (formerly DTTO)
NDEC	National Drug Evidence Centre (University of Manchester)
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency for Substance Misuse
PCT	Primary care trust
PHE	Public Health England
RDMD	Regional drug misuse database
YP	Young people

8.2 Definitions

Agency/provider	A provider of services for the treatment of alcohol misuse. They may be statutory (ie, NHS) or non-statutory (ie, third sector, charitable).
Agency/provider code	A unique identifier for the treatment provider (agency) assigned by the regional NDTMS centres – for example L0001.
Adjunctive drug use	Substances additional to the primary drug used by the client, NDTMS collects secondary and tertiary substances.
Attributor	A concatenation of a client's initials, date of birth and gender. This is used to isolate records that relate to individual clients.
Client	A drug user presenting for treatment at a structured treatment service. Records relating to individual clients are isolated and linked based on the attributor and drug partnership of residence.
Community setting	A structured drug and alcohol treatment setting where residence is not a condition of engagement with the service. This will include treatment within community drug and alcohol teams and day programmes (including rehabilitation programmes where residence in a specified location is not a condition of entry).
Discharge date	This is usually the planned discharge date in a client's treatment plan, where one has been agreed. However, if a client's discharge was unplanned, then the date of last face-to-face contact with the provider (agency) is used.
Drug partnership	Partnerships responsible for delivering the drug strategy at a local level (also known as drug and alcohol action team, or DAAT).

Episode	A period of contact with a treatment provider (agency): from referral to discharge.
Episode of treatment	A set of interventions with a specific care plan. A client may attend one or more interventions (or types) of treatment during the same episode of treatment. A client may also have more than one episode in a year. A client is considered to have been in contact during the year, and hence included in these results, if any part of an episode occurs within the year. Where several episodes were collected for an individual, attributes such as ethnicity, primary substance etc. are based on the first valid data available for that individual.
In contact	Clients are counted as being in contact with treatment services if their date of presentation (as indicated by triage), intervention start, intervention end or discharge indicates that they have been in contact with a provider during the year.
Inpatient setting	An in-patient unit provides assessment, stabilisation and/or assisted withdrawal with 24-hour cover from a multidisciplinary clinical team who have had specialist training in managing addictive behaviours. In addition, the clinical lead in such a service comes from a consultant in addiction psychiatry or another substance misuse medical specialist. The multi-disciplinary team may include psychologists, nurses, occupational therapists, pharmacists and social workers. Inpatient units are for those alcohol or drug users whose needs require supervision in a controlled medical environment.
Intervention	A type of treatment, eg, structured counselling, community prescribing etc.
First/subsequent intervention	'First intervention' refers to the first intervention that occurs in a treatment journey. 'Subsequent intervention' refers to interventions, within a treatment journey, that occur after the first intervention.
Opiate	A group of drugs including heroin, methadone and buprenorphine
Presenting for treatment	The first face-to-face contact between a client and a treatment provider.
Primary care setting	Structured substance misuse treatment is provided in a primary care setting by a general practitioner, often with a special interest in addiction treatment.
Primary care trust	A PCT was a type of NHS trust, part of the NHS in England. PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers.
Primary drug	The substance that brought the client into treatment at the point of triage/initial assessment.
Recovery house setting	A recovery house is a residential living environment, in which integrated peer-support and/or integrated recovery support interventions are provided for residents who were previously, or are currently, engaged in treatment to overcome their drug and alcohol dependence. The residences can also be referred to as dry-houses, third-stage accommodation or quasi-residential.
Referral date	The date the client was referred to the provider for this episode of treatment.
Residential rehab setting	A structured drug and alcohol treatment setting where residence is a condition of receiving the intervention. A residential programme may also deliver an assisted withdrawal programme.
Structured drug treatment	Structured drug treatment follows assessment and is delivered according to a care plan, with clear goals, which are regularly reviewed with the client. It may comprise a number of concurrent or sequential treatment interventions.

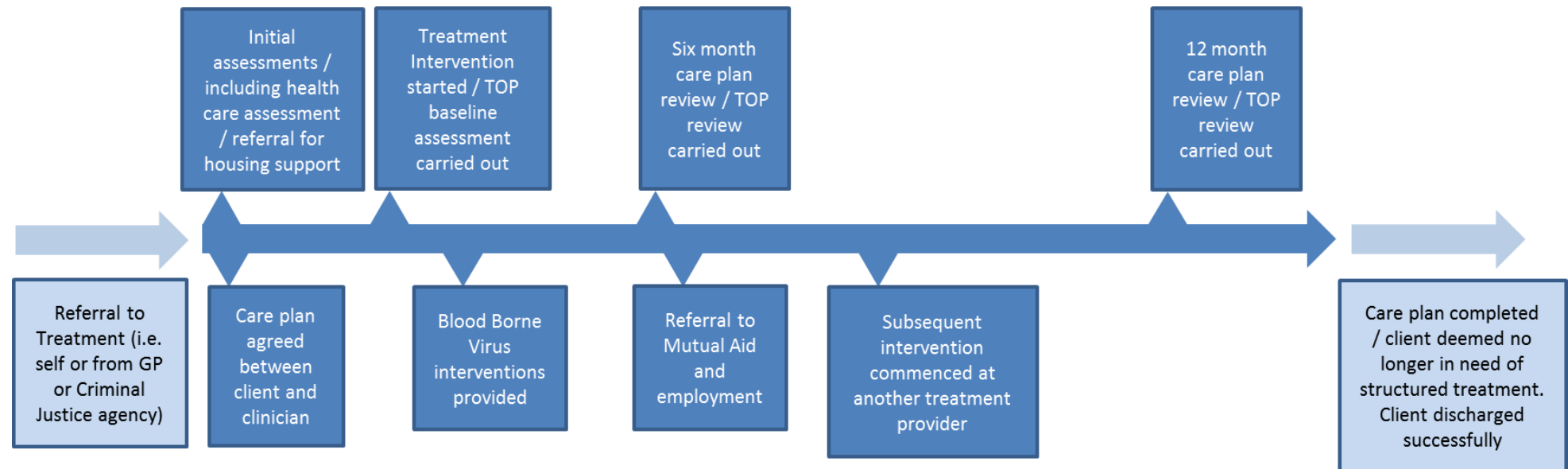
Treatment journey	A set of concurrent or serial treatment episodes linked together to describe a period of treatment based on the clients' attributors and DAAT of residence. This can be within one provider or across a number of different providers.
Triage	An initial clinical risk assessment performed by a treatment provider. A triage includes a brief assessment of the problem as well as an assessment of the client's readiness to engage with treatment, in order to inform a care plan.
Triage date	The date that the client made a first face-to-face presentation to a treatment provider. This could be the date of triage/initial assessment though this may not always be the case.
Waiting times	The period from the date a person is referred for a specific treatment intervention and the date of the first appointment offered. Referral for a specific treatment intervention typically occurs within the treatment provider, at or following assessment.

Please note: full operational definitions can be found in the NDTMS core data set documents on www.nta.nhs.uk/core-data-set.aspx.

Appendix A

Diagram to show flow through treatment

This diagram illustrates a typical user journey through the treatment system. It is provided to give an indication of a possible treatment pathway and the interventions received. All pathways will vary depending on the substances used and the clinical requirements of the client, their general health needs and any other relevant issues they may have that will impact on the clinical care provided.



References

ⁱ For age methodology please refer to the Quality and Methodology information document here:

www.ndtms.net/resources/secure/Quality%20and%20Methodology%20NDTMS%202013-14.docx

ⁱⁱ Jacobson N. S., Truax P. Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology* 1991; 59: 12–19.

ⁱⁱⁱ Marsden, J., Eastwood, B., Wright, C., Bradbury, C., Knight, J., Hammond, P. How best to measure change in evaluations of treatment for substance use disorder. *Addiction* 2011; 106(2): 294-302

^{iv} Drug Misuse and Dependence - UK Guidelines on Clinical Management, p85, London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive.