



Public Health
England

Drug treatment in England 2012-13

November 2013

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Drug treatment in England 2012-13

The key statistics for 2012-13

193,575 people were in drug treatment during the year

69,247 people started treatment

29,025 people successfully completed their treatment

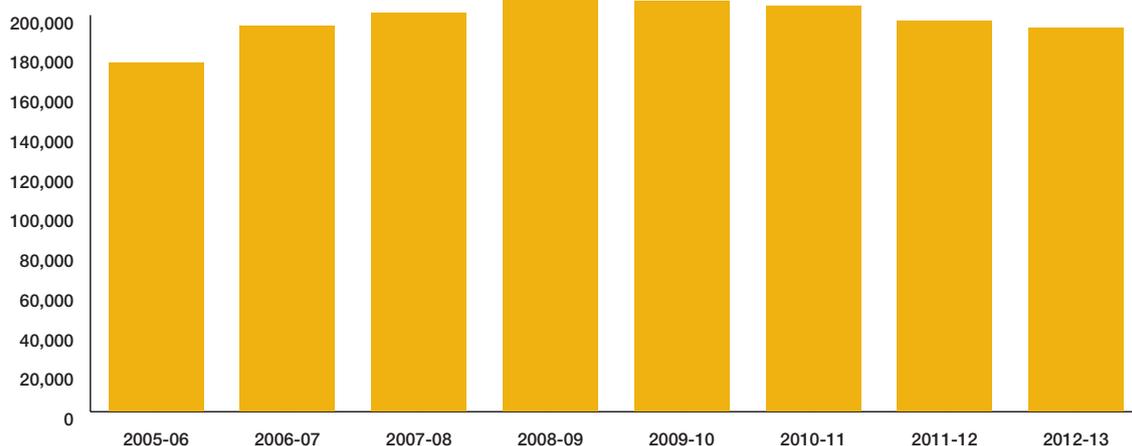
1. The background to the data

Illicit drug use in England is falling, according to the Crime Survey for England and Wales. Last year, an estimated 8.2% of adults aged 16 to 59 had used a drug during the previous 12 months compared to 8.9% in 2011-12, down from the peak of around 12% in 2004. The decline among young people aged 16 to 24 is even bigger: drug use among this age group was as high as 32% at the end of the 1990s but had fallen to around 16% this year.

So the proportion of the population using illicit drugs is shrinking. Furthermore, most of these people begin using drugs when they are young and, depending on their personal circumstances, either reduce their use or stop entirely as they get older. Only a much smaller number will ever go on to develop a problem. The drugs most likely to cause difficulties are heroin and crack cocaine, which are also linked to economic deprivation, crime and poor health. Drug dependency rarely exists in isolation from other problems.

On 1 April 2013, national leadership for preventing and treating drug misuse transferred from the National Treatment Agency for Substance Misuse (NTA) to Public Health England (PHE). Local authorities are now responsible for commissioning substance misuse services to meet the needs of their communities, funded from

1. All adults in contact with drug treatment services in England 2005-13



their public health grant. PHE supports them with information and intelligence, expertise, evidence of what works, and by benchmarking effective performance.

The data in this report, collected by the National Drug Treatment Monitoring System (NDTMS), shows how specialist drug treatment services in England performed during 2012-13.

2. What the data reveals

The overall number of people treated by drug services across England during 2012-13 was 193,575 (fig.1). This is down from 197,110 in 2011-12 (a 2% decrease) and continues the trend in falling numbers in treatment that began in 2009-10. However, this year's fall in numbers is not as pronounced as last year's.

The number of people who started a new treatment journey during the year (that is, it was their first time in treatment or they relapsed into drug use and needed to return to treatment) was 69,247 – 187 down on the figure for 2011-12 (fig.2).

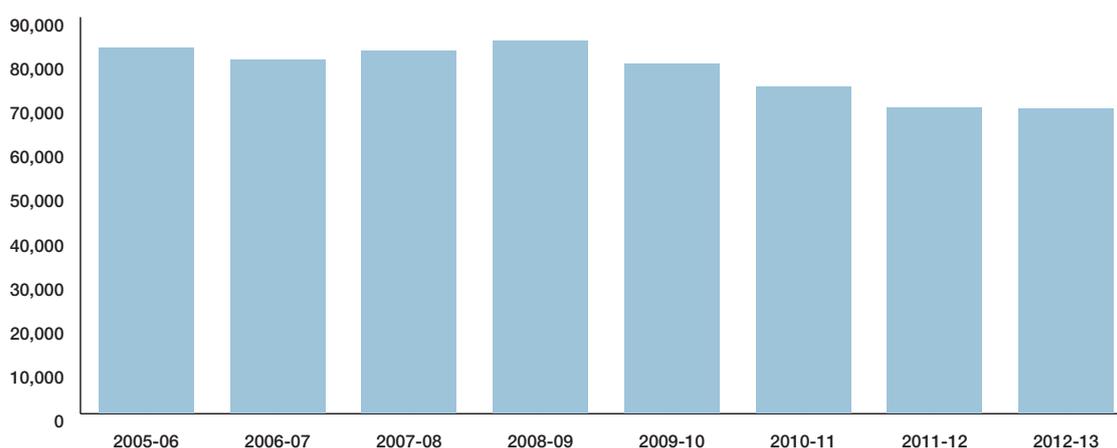
New treatment journeys for heroin and crack, the drugs that cause the most problems, also

fell again, from 47,210 in 2011-12 to 45,739 this year (fig.3). But once again, this year's fall is not quite as marked as in previous years. In contrast, the number of new journeys for cannabis continued to rise, from 10,544 last year to 11,280 this year, while there was also a small increase in the number of cocaine cases, from 7,059 in 2011-12 to 7,372.

It is worth noting that in 2005-06 there were almost three times the number of heroin users starting treatment for the very first time compared to all other users (47,811 against 16,778). We now have a complete reversal of the situation, as the number of non-heroin users entirely new to treatment outstrips newly starting heroin users by two to one (16,220 against 8,318 – fig.4). Waiting times have improved a little on last year, with 98% waiting under three weeks from the moment of referral to their first appointment. The average waiting time to get into treatment was five days.

The data also shows that 83% of the people in treatment during the year were white British (other white is the next biggest ethnic category at 4%), 73% were men, 25% were aged under 30, and 34% were aged over 40.

2. All new adult drug treatment journeys in England 2005-13



Another trend to emerge in recent years is that the people new or returning to treatment are getting older, and this continued during 2012-13 – in other words, the number of new starters aged under 30 fell again, while the number of new starters aged over 40 went up again. This means the treatment population is gradually ageing, which is becoming one of the key features of drug treatment in England (fig.5).

The proportion of people in treatment going into residential rehabs has remained static. The actual number fell slightly, from 4,026 last year to 3,974 this year, though this is in line with the reduced treatment population.

New psychoactive substances (NPS, sometimes referred to as legal highs) and certain ‘club’ drugs continue to cause concern, as the number of people seeking treatment for them has increased significantly. For example, mephedrone rose from 900 new cases last year to 1,630 this year, while methamphetamine has gone from 116 to 208.

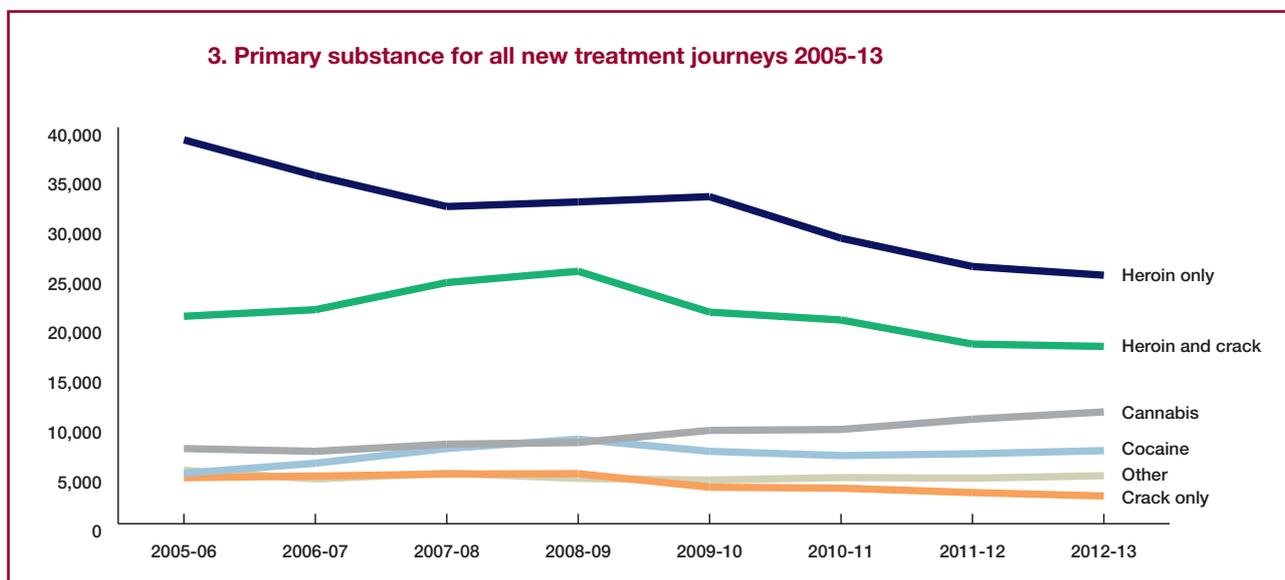
Adding to the concern, 10% of those who started treatment solely for an NPS or club drug this year were injecting (mostly

methamphetamine users) – double the proportion last year. Even so, the overall numbers coming into treatment for these drugs remain relatively small in the context of the entire treatment population (just 5% of new journeys this year) and recovery rates for these users remain good.

Successful completions as a whole have levelled off following an increasing trend since 2006. The previous upwards trajectory has been checked slightly as the number fell from 29,855 last year to 29,025 this year (fig.6).

However, when we also take into account the reduced number of people actually in treatment, we see that successful completions as a percentage of the total in treatment remains at around 15% for the year. But because it often takes people more than a year to recover from their drug problems we need to take a longer view when judging the success of drug services.

So when we add the latest data for 2012-13 to the figures for previous years, we can see that since 2005 around 31% of people who have come into treatment have successfully completed it and not since returned.



3. Behind the figures

The total number of people in drug treatment in England hit a peak of 210,815 in 2008-09 but has been falling since. The explanation for this is that fewer people have been starting new treatment journeys over the past few years while at the same time increasing numbers have been successfully completing their treatment and not returning.

Several factors have caused this. One is that the primary focus for drug treatment services has shifted in recent years from ensuring that all those who need treatment get it quickly to helping those in the system to recover and leave. This has meant that more people have exited treatment in recent years.

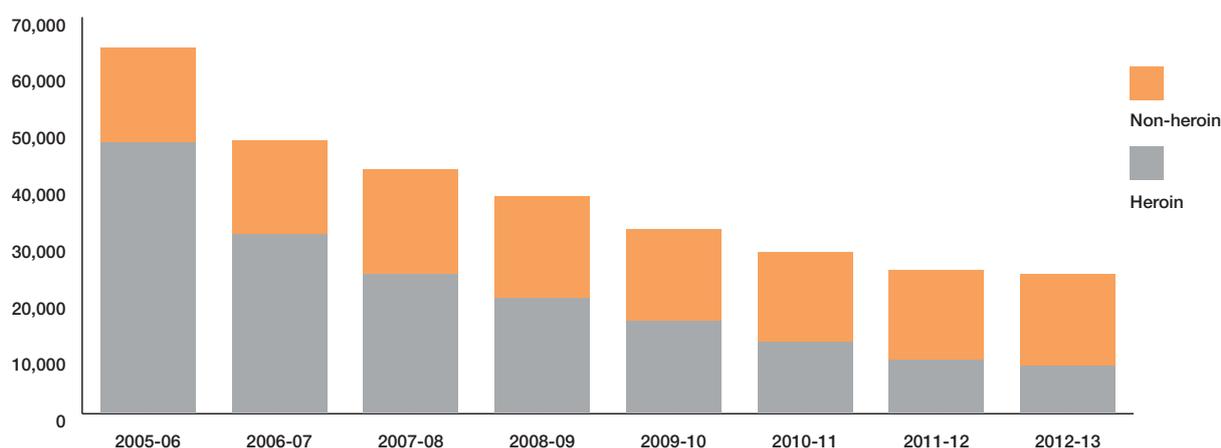
The decline in heroin and crack use has also had a big impact. Drug treatment services in England developed to respond to the many people who started using these drugs in 1980s and 1990s, and have been very successful at getting them into services, stabilising them, and helping them to recover. But in the years that services have been engaging and treating this original population, heroin and crack have fallen out of favour among young people, so we have

been seeing far fewer new cases. The result is that the pool of heroin and crack users is gradually getting smaller.

Around 25% of people in treatment for heroin problems have been receiving substitute prescribing (methadone in most cases) for five years or more. This is a reflection of the entrenched nature of heroin addiction, the benefits many get from being on a prescription, and of an ageing population who are finding it difficult to overcome dependence and are experiencing wider health problems. It is getting harder to help this group, and this has begun to show in the successful completion figures. This older, less healthy population with its persistent problems present a significant challenge for treatment services in the years ahead.

Younger people today are much more likely to enter drug treatment for problems with cannabis, even though figures show overall cannabis use among the general population is down. This may be because treatment services have in recent years become much more aware of, and open to, people who are running into trouble with the drug. It is also possible that despite the fact that fewer

4. Heroin users and non-heroin users starting treatment for the first time 2005-13



young people are using cannabis, those who do are using stronger strains and using more often.

Despite the decline in overall drug use, traditional substances such as heroin and cannabis still account for the great bulk of the cases seen by treatment services in England. There are fears that new substances will emerge to take their place, and while it is true that other drugs have surfaced (such as mephedrone) their impact has not been anywhere near the scale of the heroin epidemics of the 1980s and 1990s. Still, the threat of new substances and new patterns of use is a concern, and the fast pace of change makes it difficult to predict trends or to develop knowledge about the harm these drugs might cause. There is also the problem of addiction to prescription and over-the-counter medicines, which specialist treatment has an important part to play in tackling.

4. What needs to happen now?

Drug treatment services in England continue to do well. They are getting the right people into treatment and they are helping many thousands of people to recover. But they

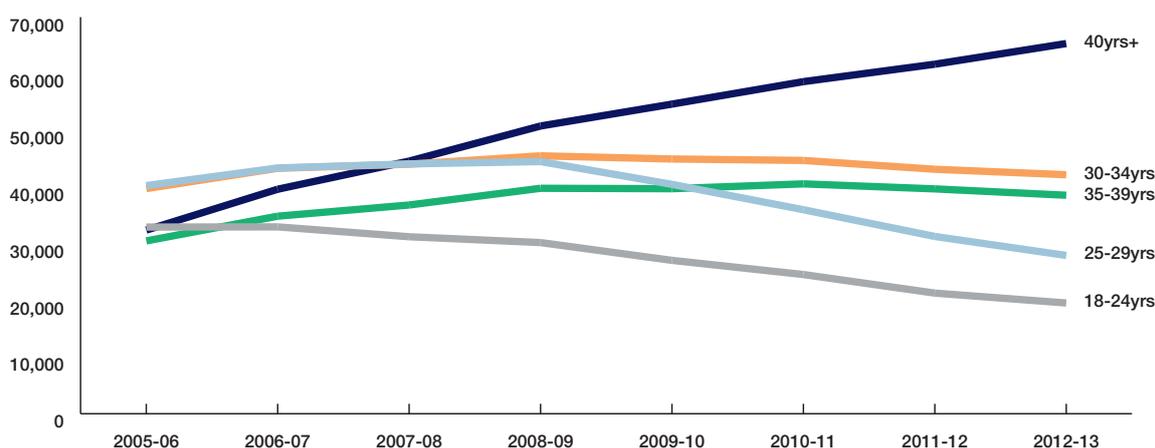
now face a series of significant challenges that are becoming more apparent and urgent.

The key issue is that a substantial number of people have been with treatment services a long time and are finding it difficult to move on. Local services, backed by the national support system, need to continue and in some cases intensify their efforts to help these people make a sustained recovery from dependence.

This is not an easy task. Many are older, have entrenched problems and failing health. So as well as supporting them in their recovery from drug dependency, services need to address their health problems and help them to stay safe – treatment is a source of stability for many and can give some structure to their lives.

Furthermore, while services need to meet the demands of this large and complicated group, they also need to remain watchful and respond effectively to the needs of the wider treatment population, such as those who need help with new substances and prescription or over-the-counter medicines.

5. Age of all adults in drug treatment 2005-13



Local authorities are now responsible for delivering drug treatment in their areas, for ensuring an appropriate response to identified need, and for continuing to drive recovery in their communities. However, treatment cannot do it all, so it also involves supporting people who often lack personal resources into lasting recovery by helping them to find work, decent accommodation, and positive social networks such as mutual aid groups. Local authorities are well placed to link together this network of support by working with a range of partners, including voluntary and community sector organisations and the NHS.

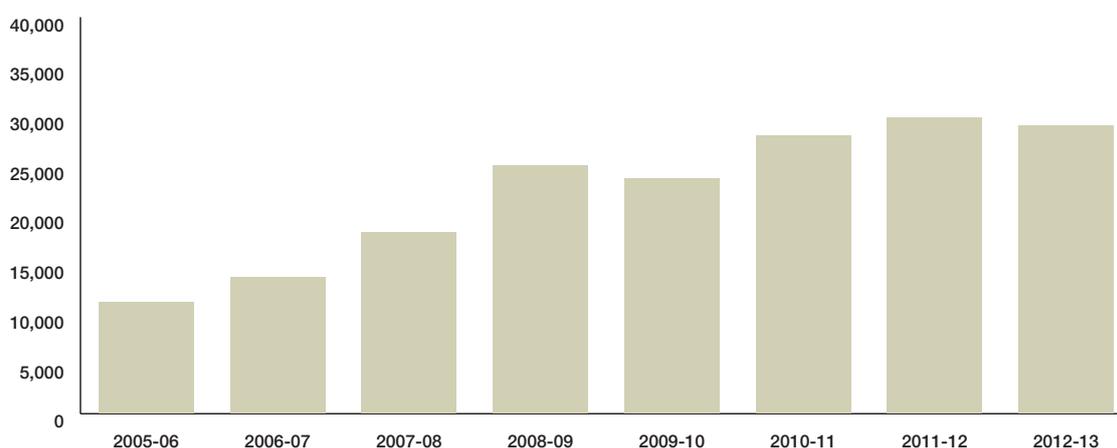
Some local areas are doing better than others when it comes to helping drug users recover. The challenge here is to find ways to identify and share the successful practices and experiences of these services with others, so they can learn from them and use them to improve their own performance.

Here at PHE, we will continue to promote improvements by supporting local authorities with evidence that helps them to understand the needs of drug users in their areas. We will carry on offering them information,

practical support at a national and local level, and evidence-based guidance on what works best.

In all, the nature of these challenges means that drug treatment services must continue to evolve and adapt. The treatment population is shrinking but is also in many ways getting tougher to treat, so while services must continue to meet these people's immediate needs, they must make the best of those treatment methods that are known to work and also find new ways to help drug users overcome their long-term problems. They need to offer a range of responses and be ready to help all who need it, whether their problems are with heroin, cannabis, mephedrone or a prescription medicine.

6. Number of all adults completing drug treatment free of dependency 2005-13



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