



Public Health  
England

Protecting and improving the nation's health

# Drug treatment in England 2013-14

November 2014

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Published November 2014

PHE publications gateway number: 2014541

# Drug treatment in England 2013-14

## The headlines

1. 193,198 people were in drug treatment during the year – this compares to 193,575 last year, effectively remaining static
2. 70,930 people started treatment – up from 69,247 last year, an increase of 2.4%
3. 29,150 people successfully completed their treatment – this compares to 29,025 last year, effectively remaining static
4. The drug treatment system continues to perform well, but emerging trends may be putting extra pressure on services
5. Services need to respond to new patterns of drug use and do all they can to reduce the risk of overdoses and other harm among drug users

## Drug use in England

The number of people in England who use illicit drugs and develop problems with their health and wellbeing, and also create difficulties for the communities they live in, is still a cause for concern.

Drug treatment services are now well established in communities across the country and have over the past decade made ever-improving progress at getting drug users into treatment and helping them to recover from their problems. But recent evidence suggests this progress may have levelled off and that making further gains in treating users may be harder to achieve.

While drug use has been on a long-term downward trend over the last decade, it has increased during the past year, as have drug-related deaths. According to the 2013-14 Crime Survey for England and Wales, the proportion of adults aged 16-59 who used any illicit drug during the past year went up from 8.1% to 8.8%. Young people's drug use also increased – 18.9% of 16 to 24-year olds said they had used illicit drugs compared to 16.2% for the previous year. Drug-related deaths rose from 1,636 to 1,957 in 2013.

Despite these latest figures, it is worth remembering that overall drug use remains lower than around ten years ago, and this is also true for the more harmful drugs such as heroin and crack. However, if the recent increase in reported drug use is sustained, it may translate to more people needing treatment for drug problems – it is not yet clear whether we are already seeing this happen.

In 2013 local authorities became responsible for commissioning drug treatment services, funding them from their public health grants, supplemented in some areas by local budgets. Public Health England (PHE) supports local authorities by providing them with real-time data, expertise,

evidence and guidance on effective performance. The data in this report has been collected by the National Drug Treatment Monitoring System (NDTMS): it gives a detailed profile of the people who entered drug treatment services in 2013-14, and shows how those services performed.

## Drug treatment in England

The number of adults in drug treatment services across England has effectively remained static, with a total of 193,198 being treated during 2013-14. This follows a noticeable decline in numbers since 2008-09 (when the figure hit a peak of 210,815).

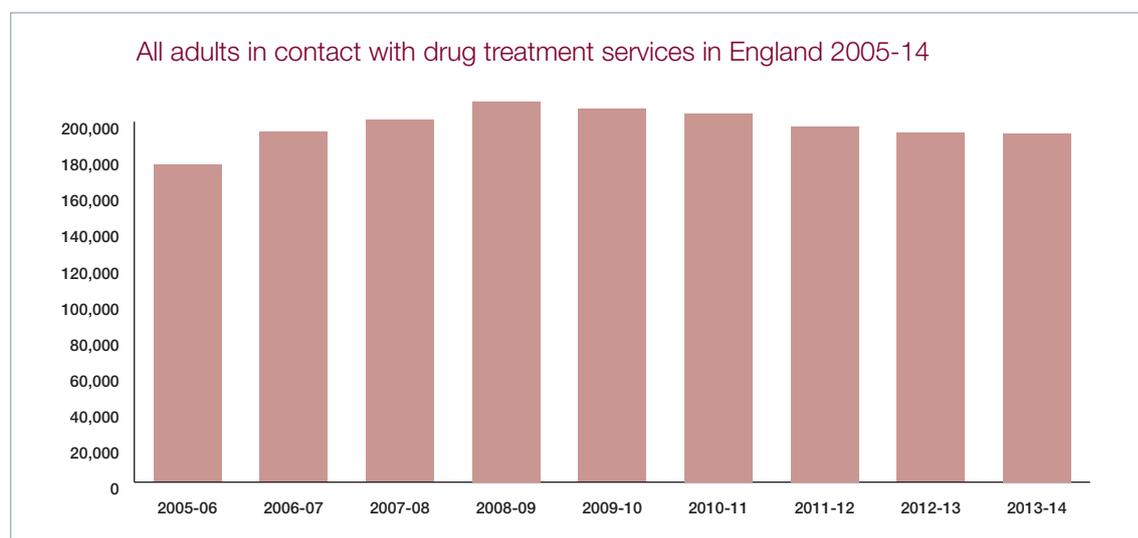
The number of adults who started treatment during the year was 70,930 (ie, this was their first time in treatment or they had relapsed into drug use and had to return). This figure is up 2.4% from 69,247 last year – the first time we have seen an increase in new starts since 2008-09 (when it hit a high of 84,520), again suggesting that after a period of declining numbers we may be seeing a new upward trend emerge.

The drugs that cause the most problems for users and their communities are heroin and crack. The new starts in 2013-14 for these two drugs combined were 46,001, a slight increase from 45,739 last year, which again may indicate that these numbers are starting to level off. Still, this needs to be seen in a wider context: the number of heroin users aged under 25 starting treatment in 2005-06 was around three times higher than it was this year.

New treatment starts for other drugs have also risen. Cannabis went up to 11,821 from 11,280 last year (an increase of 4.8%): this has been the one drug that has recorded steady and substantial increases since around 2008. Powder cocaine also went up to 7,782 from 7,372 last year (a 5.6% increase), confirming a small but relevant increasing trend since 2010. Not all drugs have seen increases in new starts: people coming into treatment for crack alone (ie, not alongside heroin) dropped slightly to 2,548 from 2,793 last year.



After a period of declining numbers we may be seeing a new upward trend emerge



The proportion of people receiving treatment in residential rehabs has seen a small decrease, from 3,974 last year to 3,935 this year.

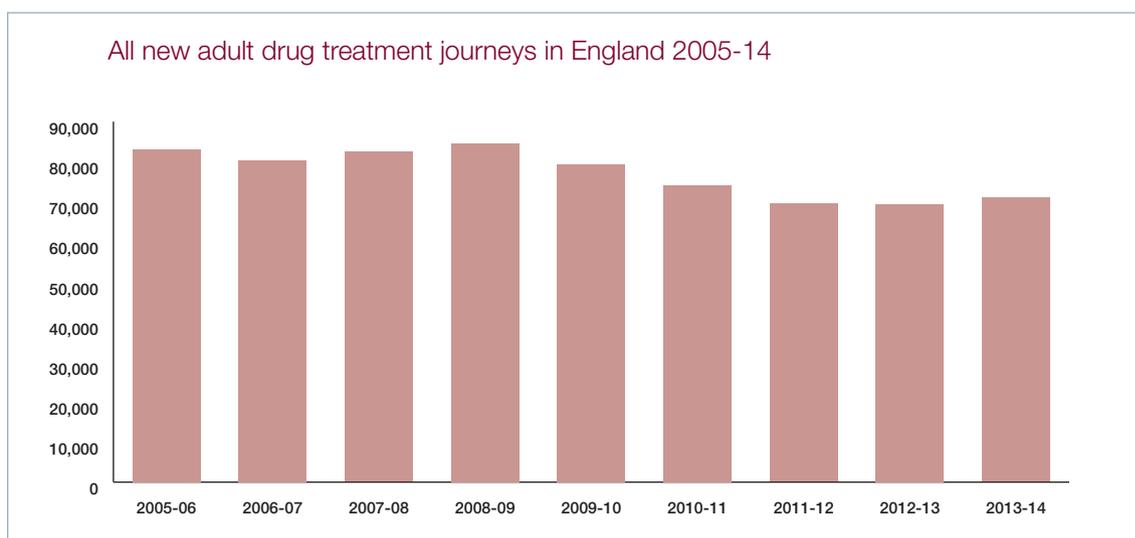
The figures also suggest that over 57% of adults in treatment during the year were either parents or had children living with them. Treatment services support these people and their families, working with social care services to reduce the risks to children and to help parents stabilise and recover.

Regardless of the drugs they use, few people have to wait long for treatment: 98% of people waited no more than three weeks from the moment of referral to their first appointment. The average waiting time to get into treatment was three days. The ethnicity data shows that 83% of the people in treatment during the year were white British, with other white the next biggest ethnic category at 4%. Gender data tells us that 74% of the people in treatment were men, while the age figures show that 23% were aged under 30 (down from 25% last year), and 36% were aged over 40 (up from 34% last year).

“As the number of new starters aged under 30 falls and the number aged over 40 rises, the treatment population overall is getting older

These last two statistics clearly illustrate a key characteristic of drug treatment in recent years – as the number of new starters aged under 30 falls and the number aged over 40 rises, the treatment population overall is getting older.

The younger users tend to start treatment for problems with cannabis (43% of new starts for 18 to 24-year olds) and tend to recover well from those problems. On the other hand, the older users aged over 40 mostly come into treatment for heroin and/or crack (78% of new starts in 2013-14) and also tend to have far more entrenched problems. This, and their often worsening health and limited social resources, means it is more difficult for these people to successfully complete their treatment – though on a positive note, for many of them simply being in treatment helps to stabilise their lives, reduces the risk of serious harm and overdose, and improves their chances of recovering.



Even so, the number of successful completions among all the people in treatment this year has remained static, with 29,150 people successfully completing compared to 29,025 last year. As a proportion of all the people in treatment during the year, successful completions accounted for 15.1% – a figure that has remained steady for the past three years.

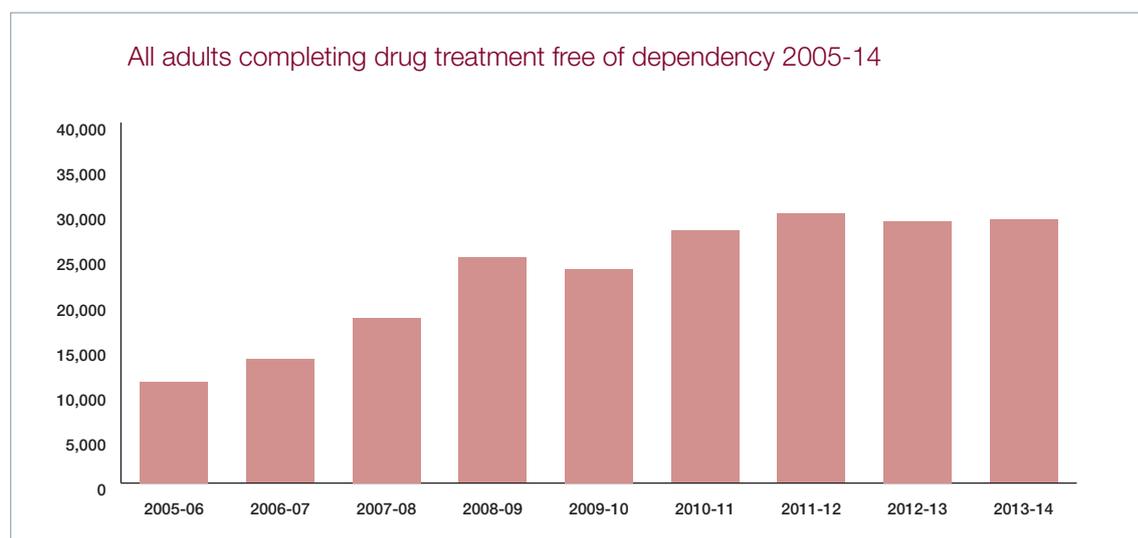
However, because it often takes people more than a year to recover from their drug problems (especially heroin) it is more instructive to take a longer view when judging the success of drug services. So when we add the latest data for 2013-14 to the figures for previous years, it shows that since 2005 around 33% of people who have come into treatment have successfully completed and not since returned.

### Behind the figures

The number of people in drug treatment in England has fallen year-on-year since 2008-09. This is because, over time, fewer people have started treatment (likely a result of lower drug use throughout society, particularly of heroin and crack) while more of those coming into treatment have left drug-free. This year the number of adults in treatment has fallen again, but by a much smaller margin than in previous years. The proportion of people leaving drug-free has held up, suggesting that rising drug use may explain the slowing decline in treatment numbers.

One group of drugs that have attracted much publicity over the year are novel psychoactive substances (NPS) – colloquially, and misleadingly, known as ‘legal highs’. These include synthetic cannabinoids, synthetic opiates, dissociative drugs, hallucinogens, and stimulants. NDTMS only began collecting full data on NPS this year and we need to wait longer before the data becomes meaningful. In the context of the treatment figures for other drugs, NPS are relatively insignificant, but we will keep a close watch on this issue. A key question at this stage is whether the small treatment numbers are because these drugs don’t cause problems that

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require widespread structured treatment or because treatment services are not relevant or accessible to NPS users – if the latter, local authorities and services must ensure that treatment is fully open and responsive to these people.

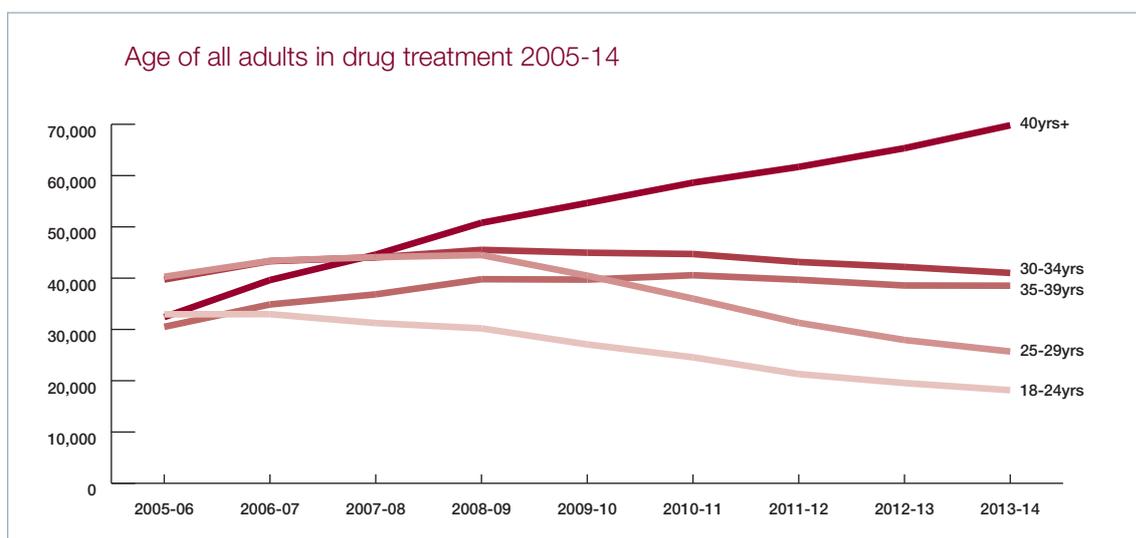
Related to this are ‘club drugs’, which include ecstasy, methamphetamine, ketamine, GHB/GBL and mephedrone. Fewer people started treatment for ecstasy this year, but all the other drugs recorded increases, with mephedrone the largest number of new starts at 1,641. Overall club drug presentations for the year have remained around the same at 3,543 from 3,536 last year.

Again, in the context of the figures for heroin, crack and cannabis, club drugs account for only a small proportion (5%) of the people in treatment and recovery rates for these users remain good. But services across England should remain vigilant and ensure their doors are open to anybody who needs help with any of these substances.

A key area of concern during the year has been drug-related deaths. The number of men who died from drug misuse during 2013 in England and Wales was 1,444, up from 1,177 in 2012 (a 23% increase). The number of women who died was 513, up from 459 (a 12% increase). Heroin and morphine remain the most common substances involved in drug-poisoning deaths – 765 in 2013, up from 579 in 2012 (a 32% increase). Tramadol, an opiate-like painkiller, has also been responsible for a sharp rise in deaths in recent years – 220 this year compared to 87 in 2009.

Any death caused by drug misuse is concerning, so this sharp increase in drug-related deaths is a significant problem. However, the figures for drug-related deaths often fluctuate from year to year, so we cannot yet say that this year’s data signals a rising trend. Regardless, via its local teams PHE is working with commissioners, A&E departments, ambulance services and coroners to find out why these deaths are happening and what else we can do to prevent them. We are also analysing the data for any demographic,

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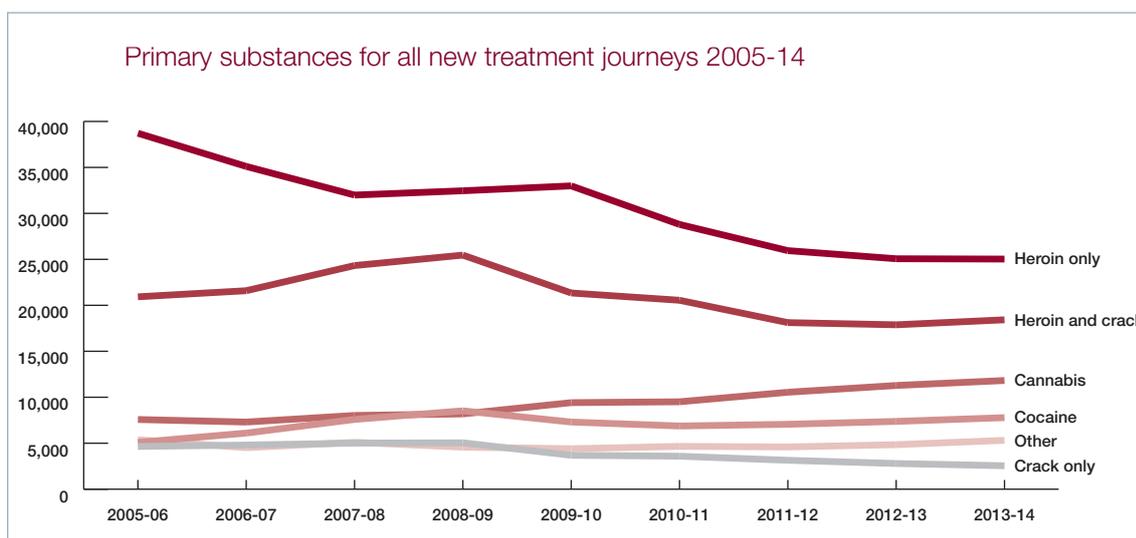
geographic or other trends that can tell us more about this issue. Part of the answer is to do more to prevent people from using drugs in the first place: the evidence tells us that the most effective way to do this is to build their health and social resources, and to reduce inequalities. But treatment services also have a vital role to play in being available to people who need help with drug problems. PHE has published separate guidelines for local treatment services on how to identify and reduce the risk of overdoses. Naloxone, a drug that can reverse the effects of heroin, should also be made more widely available to services and users.

We are also keeping a close watch on injecting drug use: blood-borne viruses such as HIV and hepatitis spread easily among drug users who share injecting equipment, including those who use image and performance-enhancing drugs. Among those injecting psychoactive drugs (such as heroin) the reported level of equipment sharing fell by a quarter between 2003 and 2008. However, it has not changed over the past five years and two-fifths of injectors (39%) said they engaged in this risky behaviour in 2013. Sharing is more common among those who began injecting in the last three years and may be increasing: nearly half (46%) of this group reported they had shared equipment in 2013.

“ This is another situation that calls for action: services need to give injecting users the advice that will keep them safe from harm

This is another situation that calls for action. Services need to give injecting users the advice that will keep them safe from harm, ensure that injecting equipment is readily available, encourage them into treatment, and then help them stop injecting as part of their wider recovery from drug use.

A final issue that needs close attention is comorbidity – when people have drug problems alongside severe mental health issues. Mental health services continue to take the lead with these people, working with treatment services. Little direct data is collected on comorbidity, but PHE is working with an expert group to improve the situation and make this data available, and to develop guidance that will help ensure these people get the support they need, when they need it.



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## Summary

Drug treatment services in England have succeeded over the past decade in helping thousands of drug users to recover from their drug problems and rebuild their lives. This has benefited not just these individuals and their families, but their communities and the whole of society – estimates say that the annual cost of drug addiction is £15.4bn in terms of its impact on health, crime and other aspects of life.

While drug use has been on a long-term downward trend over the last decade, it has increased during the past year, and the decline we have seen in treatment numbers has slowed down, as have successful completion rates. The increase in drug-related deaths is a major concern. PHE is working to understand this trend to support local authorities in their responses.

New and emerging drugs such as NPS are a concern and we will continue to monitor them, but heroin and crack use is still the biggest problem by far and many of the people who use them are getting older. While the health of this large and ageing group of drug users in treatment may be fragile, we should never write them off – they can, and do, recover, and we need to do all we can to ensure they get every chance to do so.

PHE will continue to be vigilant and will work with local authorities to ensure effective prevention and drug recovery services are available to all those who need them. Local authorities now commission these services and are in the best position to pull together the range of partners, including health, employment and housing services, that can help drug users rebuild every part of their lives.

We will support local authorities in this work by providing them with the evidence that helps them to understand the behaviour and needs of drug users in their areas, we will offer them guidance on what works best in drug treatment, and we will give them whatever practical support we can at a national and local level. In this way we hope to secure the recent gains made in drug treatment in England and to be ready for whatever emerging trends are waiting around the corner. ■