



**Statistics from the
National Alcohol Treatment Monitoring System
(NATMS)
1st April 2008 – 31st March 2009**

25th March 2010

Executive Summary

- There were 100,098 clients in contact with structured treatment aged 18 and over who cited alcohol as their primary problematic substance.
- There were a further 29,936 clients aged 18 and over who cited alcohol misuse as an adjunctive problem to a range of other primary problematic substances.
- Clients' median age at their first point of contact with treatment in 2008/09 was 41 and 64% of clients in treatment were male.
- Most clients were White British (87%), while other ethnic groups each accounted for no more than two percent of clients.
- The most common routes into treatment for clients starting in 2008/09 were self-referrals (38%) and referrals from GPs (22%). Onward referrals from other substance misuse services together accounted for 12%.
- More than three quarters of all clients waited less than three weeks to commence treatment (78%).
- Where reported (82%), one in twenty five clients (4%) had No Fixed Abode on presenting for treatment; a further 11% of clients had other housing problems.
- 26,270 (50%) of clients exiting treatment in 2008/09 were no longer dependent on alcohol; a further 3,884 (7%) were referred on for further interventions outside of community-structured treatment.

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1. Background

The National Drug Treatment Monitoring System (NDTMS) records information about people receiving Tier 3 or 4 treatment for drug and alcohol misuse in England (i.e. structured community-based services, or residential and inpatient services). There is effectively full compliance with provision of data from community services and doing so is normally included as a contractual or SLA requirement by treatment commissioners. Provision of data from community care funded residential rehabilitation units, however, is less complete (50-70%).

NDTMS was introduced on 1 April 2001; however, formal collection of structured alcohol treatment data was not incorporated into NDTMS until 1st April 2008. From this date, the Department of Health commissioned the National Treatment Agency (NTA) to collect and analyse alcohol treatment data on its behalf. This subset of the NDTMS Data Set consists of 28 data items and is known as the National Alcohol Treatment Monitoring System (NATMS) Data Set. NATMS forms a key part of The Department's Alcohol Improvement Programme and contributes, in part, to the delivery of the Government's PSA Delivery Agreement 25 (see http://www.hm-treasury.gov.uk/d/pbr_csr07_psa25.pdf).

Whilst alcohol treatment data was collected by NDTMS prior to 1st April 2008, this was on an informal basis and was not of sufficient quality or coverage to provide meaningful national analysis. This document, therefore, provides the results of the first opportunity to analyse a full year of alcohol treatment data.

The collection of data on structured treatment for alcohol misuse, as recommended in 'Models of Care for Alcohol Misusers' (MoCAM) (2006), enables national, regional and local-level reporting on alcohol treatment to support the National Alcohol Strategy. Data reporting aids policy formulation and supports the development of efficient commissioning systems at a local level. Policy is formulated by the Department of Health.

Data is collected via a system whereby treatment services submit a core data set of their clients' information. Code sets for the core data set can be found in the NDTMS reference data document (see http://www.nta.nhs.uk/areas/ndtms/core_data_set_page.aspx).

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

<http://wales.gov.uk/topics/statistics/theme/health/substance-misuse/?lang=en> (Wales)

<http://www.alcoholinformation.isdscotland.org> (Scotland)

http://www.dhsspsni.gov.uk/index/stats_research/public_health/statistics_and_research-drugs_alcohol-2.htm (Northern Ireland)

1.1 Relevant web links and contact details:

Monthly web-based NATMS analyses:

<http://www.ndtms.net/alcohol.aspx>

Alcohol Learning Centre

<http://www.alcohollearningcentre.org.uk/>

Alcohol Harm Reduction Strategy for England (2004)

<http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/caboffice%20alcoholhar.pdf>

Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_075218

Models of Care for Alcohol Misusers (MoCAM) (2006)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136806

Alcohol Needs Assessment Research Project (ANARP) (2005)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4122239.pdf

National Treatment Agency:

<http://www.nta.nhs.uk/>

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2. Abbreviations and definitions

2.1 Abbreviations

AIP	Alcohol Improvement Programme
CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CJS	Criminal Justice System
DIP	Drug Interventions Programme
DRR	Drug Rehabilitation Requirement (formerly DTTO)
MoCAM	Models of Care for Alcohol Misusers (see web links)
NATMS	National Alcohol Treatment Monitoring System
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
PSA	Public Sector Agreement

2.2 Definitions

Agency	A provider of services for the treatment of alcohol misuse. The agency may be statutory (i.e. NHS) or non-statutory (i.e. third sector, charitable).
Agency code	A unique identifier for the treatment provider (agency) assigned by the regional NDTMS centres - for example L0001.
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	An alcohol user presenting for treatment at a Tier 3 or 4 service. Records relating to individual clients are isolated and linked based on the attributor and PCT of residence.
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 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, from referral to discharge.

Episode of treatment	A set of interventions with a specific care plan. A client may attend one or more modalities/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 drug 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), modality start, modality end or discharge indicates that they have been in contact with an agency during the year.
Modality/intervention	A type of treatment, e.g. 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.
Presenting for treatment	The first face-to-face contact between a client and a treatment provider.
Primary drug	The substance that brought the client into treatment at the point of triage/ initial assessment. All clients contained in sections 4 and 5 of this report have alcohol recorded as their primary drug.
Public Service Agreement	Every government department produces a Public Service Agreement (PSA), setting out the department's aims and objectives for the forthcoming three years, in line with the spending review cycle. The Department includes within the agreement, details of how targets will be achieved and how performance against these targets will be measured.
Referral date	The date the client was referred to the agency for this episode of treatment.
Region	Regional Government Office.
Structured treatment	Structured 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.
Tiers of treatment	MoCAM outlined a four-tier framework for treatment: Tier 1 Alcohol-related information and advice, screening, simple brief interventions and referral

Tier 2 Open access, non-care-planned, alcohol-specific interventions
Tier 3 Community-based, structured, care-planned alcohol treatment
Tier 4 Alcohol specialist inpatient treatment and residential rehabilitation

Treatment journey	A set of concurrent or serial treatment episodes linked together to describe a period of treatment based on the clients' attributors and PCT 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 service. 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 modality and the date they start that modality. Referral for a specific treatment modality typically occurs within the treatment agency, at or following assessment.

Please note: Full operational definitions can be found in the NDTMS Core Data Set documents on http://www.nta.nhs.uk/areas/NDTMS/core_data_set_page.aspx

3. Methodology

NATMS data are gathered from treatment providers by regional NDTMS centres and provided to the NTA for data analysis, processing and verification. Analysis is further verified by The National Drug Evidence Centre (NDEC) at the University of Manchester. These analyses are then published by the NTA and NDEC on behalf of The Department of Health.

Those records that have the following are excluded from these analyses:

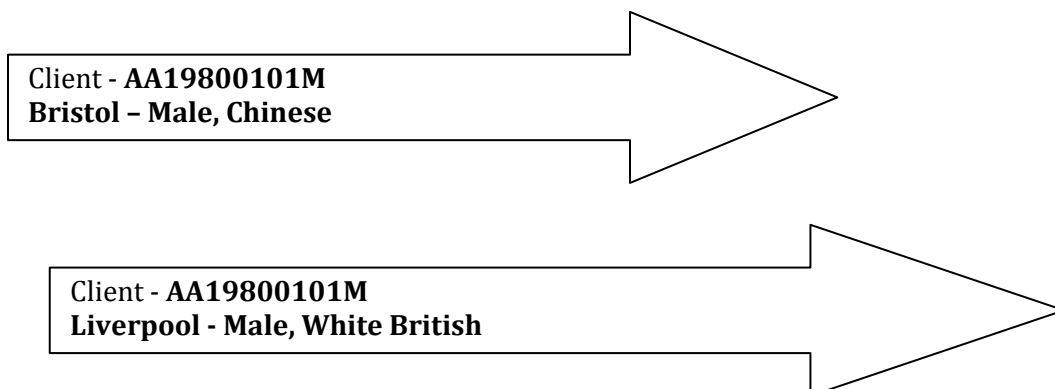
- a missing agency code
- a modality recorded as Tier 1 or Tier 2
- a missing date of birth
- an age under 9 or over 75 years at triage
- anything other than alcohol recorded as the primary drug
- an illogical chronological sequence of referral date, triage date and discharge date

Age - The methodology used to calculate the age of clients is based on the client's age at the start of the financial year (1st April 2008) if they were already in contact with treatment at that point, otherwise their age at triage in the year is used.

Rounding - The percentages given in tables are rounded to the nearest whole per cent. Totals may not add up to 100 due to rounding. Values less than five have been suppressed and associated figures have been rounded to the nearest five in order to prevent deductive disclosure of personal information.

Individuals and Attributors - All totals in this report are the summation of the PCT totals. An explanation of the methodology is outlined below.

The NATMS collects limited attributable information on clients in structured treatment; these are First initial, Surname initial, Date of Birth and Gender. In using only this information to identify individuals, it is not always possible to determine if records that share identical attributors refer to the same person or if they refer to more than one. In this scenario, clients with identical attributors could be counted as one person, for example



a client with the attributor AA19800101M starts treatment whilst resident in Liverpool PCT while a client with the same attributor is already in treatment whilst resident in Bristol PCT. Using only attributors to identify individual clients, these two would be reported as one individual, with the latest episode of the two providing the information. This, effectively, arbitrarily chooses one set of profile information and ignores the other. This has the effect of under-estimating the number of clients in treatment.

Therefore, where there are two instances of the same attributor resident in two different PCTs, they are reported as two individuals. This corrects for having to decide arbitrarily which set of client and episode information to choose and allows accurate reporting of the progress and outcome of each individual treatment journey. This is the method used in this report.

In the rare case that a client receives treatment whilst resident in different PCTs, this has the effect of slightly over-estimating the number of individuals in treatment. However, where there are two clients with the same attributor in the same PCT, this method considers them one individual. Their multiple episodes are then utilised to construct the treatment journey as defined below.

If a client has more than one treatment journey in the reporting period, the most recent is always used for reporting purposes.

Reporting Substances - The NDTMS collects up to three substances recorded as problematic for the client by the clinician at the point of triage. Sections 4 and 5 of this report contain further details on 100,098 clients whose cited primary problem was alcohol.

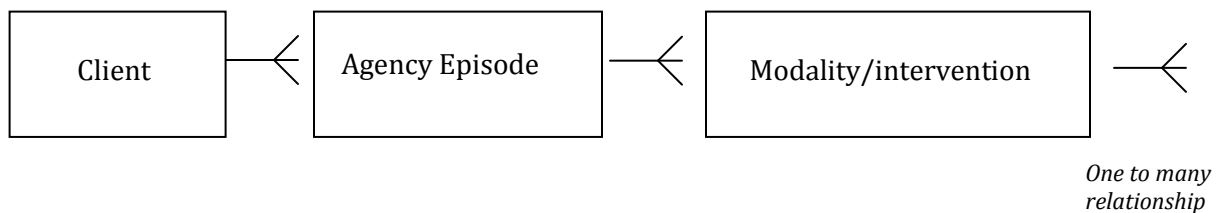
There were a further 29,936 clients aged 18 and over who cited alcohol misuse as an adjunctive problem to a range of other primary problematic substances. It is expected that these clients will have received treatment for their alcohol misuse alongside treatment for these other problematic substances. These clients are reported in the NDTMS annual statistical release, for further information please see:

http://www.nta.nhs.uk/areas/facts_and_figures/national_statistics.aspx

3.1 Data model

The data model used by NATMS is shown below.

- Each client may receive one or more episodes of care at one or more treatment agencies.
- During each agency episode, the treatment agency may provide the client with one or more treatment modalities or interventions.




3.2 Methodological notes


Episodes are identified by unique combinations of attributor, PCT of residence, agency attended and date of triage.


Clients are reported based on their latest treatment journey within the year. Any information pertinent to their status at treatment start is taken from the first episode within the treatment journey e.g. referral source. Other data is taken across all the episodes in the treatment journey to ensure that all information, as treatment progresses, is captured.

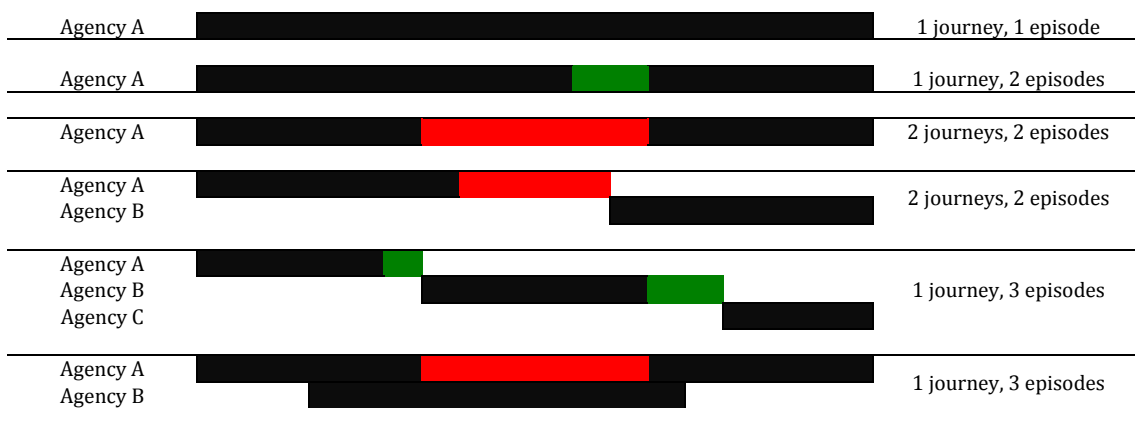
Treatment journeys. The concept of the treatment journey was first described in [Models of care for treatment of adult drug misusers: Update 2006](#) and later referred to in [MoCAM](#). Effectively, a treatment journey is a series of linked episodes of care. Episodes are considered linked elements of a continuous treatment journey if they are concurrent, or if the period between discharge from one episode and the start of the next is 21 days or less. If a period of more than 21 days elapses after discharge from a treatment episode, then the next episode is considered the start of a new treatment journey.

The following diagram shows how episodes of care, occurring at three treatment agencies, are clustered into treatment 'journeys'.

Black lines  indicate continuous episodes of care between the date a person starts the first modality and the date they are discharged from the agency.

Green lines  indicate periods of < 21 days between discharge and starting a treatment modality in another episode.

Red lines  indicate periods of > 21 days between discharge and starting a treatment modality in another episode.



Treatment Exits. Having now employed the treatment journey methodology for each client in contact with treatment it is possible to report when the client has exited structured treatment completely. This is determined when every episode in a treatment journey has a discharge date recorded, the latest discharge date in the sequence is used to denote the date of treatment exit and the latest discharge reason is used to report why the treatment journey ended.

4. Key Findings

During 2008/09, NATMS reported 100,098 clients aged 18 and over in contact with structured treatment who cited alcohol as their primary problematic substance. This section provides further detail on these clients.

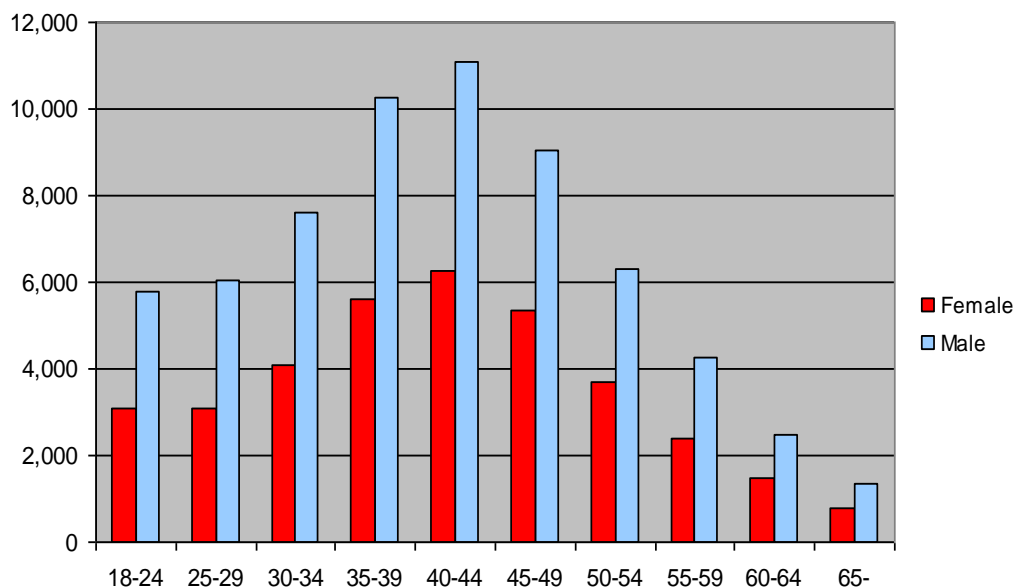
4.1 Age and gender of all clients

The age and gender of clients at their first point of contact with treatment in the 2008/09 financial year is reported in Table 4.1.1 and Figure 4.1.1. Most (64%) treated persons were male. The average (median) age of clients in treatment in 2008/09 was 41 years. There was no difference in average (median) age between men and women. 70% of men in treatment were aged 35 or over with a similar 71% of women.

Table 4.1.1 Age and Gender: 2008/09

Age	Female		Male		Persons	
	n	%	n	%	n	%
18-24	3,107	9 %	5,803	9 %	8,910	9 %
25-29	3,076	9 %	6,044	9 %	9,120	9 %
30-34	4,105	11 %	7,610	12 %	11,715	12 %
35-39	5,610	16 %	10,262	16 %	15,872	16 %
40-44	6,242	17 %	11,108	17 %	17,350	17 %
45-49	5,340	15 %	9,060	14 %	14,400	14 %
50-54	3,694	10 %	6,318	10 %	10,012	10 %
55-59	2,371	7 %	4,241	7 %	6,612	7 %
60-64	1,480	4 %	2,493	4 %	3,973	4 %
65+	793	2 %	1,341	2 %	2,134	2 %
Total Clients	35,818	36%	64,280	64%	100,098	

Figure 4.1.1 Age and Gender: 2008/09



4.2 Ethnicity

Table 4.2.1 shows clients' ethnicity. Most (91%) were White; the majority of these were White British. No other ethnic group accounted for more than two percent of clients.

Table 4.2.1: Ethnicity: 2008/09

Ethnicity	n	%
White British	86,927	87 %
White Irish	1,911	2 %
Other White	1,974	2 %
White and Black Caribbean	532	1 %
White and Black African	149	0 %
White and Asian	198	0 %
Other Mixed	301	0 %
Indian	925	1 %
Pakistani	219	0 %
Bangladeshi	80	0 %
Other Asian	484	0 %
Caribbean	511	1 %
African	444	0 %
Other Black	559	1 %
Chinese	19	0 %
Other	563	1 %
Not Stated	1,684	2 %
Unknown	2,618	3 %
Total Clients	100,098	

4.3 Source of referral into treatment, new journeys 2008/09

Table 4.3.1 shows a breakdown of new presentations by source of referral. Information about source of referral was provided for 67,020 (99%) new presentations to treatment in 2008/09. Of these, self-referrals (38%) were most common. The second most common source of referrals was from GPs (22%). Referrals from the criminal justice system (consisting of: Arrest referral/DIP, CARAT/Prison, DRR or Probation) made up 8% of all referrals; most of these were from the Probation Service. Referrals from statutory substance misuse services (which reflect movement between agencies) amounted to 5% of the total, while non-statutory substance misuse services accounted for a further 7%.

Table 4.3.1: Source of referral into treatment, new journeys 2008/09

Referral Source	n	%
A&E (Accident & Emergency)	751	1 %
Arrest referral / DIP	1,551	2 %
CARAT / Prison	165	0 %
Community Alcohol Team	438	1 %
Community care assessment	549	1 %
Connexions	51	0 %
DRR	149	0 %
Substance misuse service non-statutory	4,421	7 %
Substance misuse service statutory	3,662	5 %
Education Service	46	0 %
Employment service	81	0 %
GP	15,078	22 %
LAC (Looked After Children)	19	0 %
Other	7,696	11 %
Probation	3,793	6 %
Psychiatry	1,800	3 %
Self	25,524	38 %
Social services	1,246	2 %
Total	67,020*	

* Total excludes those with a missing or inconsistent referral source (892).

4.4 Accommodation status of new treatment journeys 2008/09

Accommodation status at presentation was reported for 55,897 (82%) clients. Of these, 2,378 (4%) reported an urgent housing problem (where they have no fixed abode), while a further 6,092 (11%) 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 46,656 (83%) reported no housing problem.

Table 4.4.1: Accommodation status of new treatment journeys 2008/09

Accommodation Status	n	%
Urgent Problem	2,378	4 %
Housing Problem	6,092	11 %
No Problem	46,656	83 %
Other	771	1 %
Total	55,897	100 %
Not Stated/Missing	12,015	
Total inc. missing	67,912	

Of the 2,378 people presenting to treatment with an urgent housing problem, 81% (1,929) were men. Men were much more likely to have a housing problem, either urgent or not, than women (18% of new presentations with a known accommodation status compared to 11%). Clients aged under 30 (20%) were more than twice as likely as those over 50 (9%) to have a housing problem, with 16% of clients aged between 30 and 50 reporting a problem.

4.5 Waiting times, first and subsequent interventions 2008/09

The table below shows a breakdown of waiting times under and over 3 weeks by first and subsequent intervention. Of 63,839 first interventions beginning in 2008/09, 49,546 (78%) began within 3 weeks of referral. There were 20,994 subsequent interventions beginning in 2008/09, of which 16,677 (79%) began within 3 weeks of referral.

Table 4.5.1: Waiting times, first and subsequent interventions 2008/09

Intervention	Under 3 Weeks	%	Over 3 Weeks	%
First Intervention	49,546	78 %	14,293	22 %
Subsequent Intervention	16,677	79 %	4,317	21 %

4.6 Treatment pathways and interventions provided 2008/09

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

As there are six structured treatment interventions, there are potentially hundreds of combinations or pathways and only the most common are reported here with the smaller numbers being grouped under 'All Other Combinations'. Therefore, Table 4.6.1 will not fully report the total number of interventions received by clients; this is demonstrated in Table 4.6.2.

Table 4.6.1 shows the treatment pathways for all clients in 2008/09, reported by the combination of intervention types received. The largest group (31%) received interventions recorded under 'Other Structured Treatment (OST)' only; this category can include key working, care management and brief packages of counselling. The most common combination of multiple intervention types is OST and Psychosocial (6%).

Table 4.6.1: Treatment pathways of clients in treatment 2008/09

Pathway	n	%
Structured Psychosocial Intervention Only	26,321	26 %
Other Structured Treatment (OST) Only	30,608	31 %
Prescribing Only	4,031	4 %
Structured Day Programme (SDP) Only	3,612	4 %
Inpatient Treatment (IP) Only	2,272	2 %
Residential Rehabilitation (RR) Only	1,360	1 %
Prescribing and Psychosocial	1,252	1 %
Psychosocial and SDP	1,098	1 %
Psychosocial and RR	244	0 %
OST and Psychosocial	6,074	6 %
OST and Prescribing	1,536	2 %
OST and RR	385	0 %
IP and RR	1,317	1 %
All Other Combinations	3,092	3 %
No Intervention Commenced	11,121	11 %
Other IP	5,131	5 %
Other RR	644	1 %
Total	100,098	

To be included in the above table, a start date for an intervention must be present. The 11% under 'No Intervention Commenced' are generally, but not exclusively, either missing such a date or were initially assessed but exited treatment (see section 4.7 below) before starting an intervention.

Table 4.6.2 shows the number of clients who received each intervention / modality in their latest treatment journey (note that a person may of course have received more than one intervention in their latest journey and will be counted in each applicable category; percentages, therefore, sum to more than 100%). Almost half of clients (46%) received interventions recorded under 'Other Structured Treatment' in the year with 39% accessing psychosocial interventions, 9% received community prescribing and 9% accessed structured day programmes. For tier 4 interventions, 9% accessed inpatient treatment and 4% accessed residential rehabilitation.

As stated earlier, the numbers for residential rehabilitation will be an under report as not all residential services make NATMS returns and some of the ones that do are only partial.

Table 4.6.2: Interventions received by clients in treatment 2008/09

Intervention	n
Inpatient Treatment	8,720
Residential Rehabilitation	3,950
Community Prescribing	8,852
Structured Psychosocial Intervention	39,416
Structured Day Programme	8,883
Other Structured Treatment	45,720

4.7 Treatment exits and successful completions

Table 4.7.1 shows the treatment exit reasons for clients exiting treatment in 2008/09. There were 53,014 clients aged 18 and over who were discharged from treatment during the year and were not in treatment on 31st March 2009. Of these, 26,270 (50%) were discharged successfully. This is defined as completing treatment and not requiring any further structured alcohol intervention. In some cases, there may be evidence of alcohol use but this is not judged by the client's clinician to be problematic or to require treatment. A further 3,884 (7%) were referred on to providers outside of structured treatment.

Table 4.7.1: Treatment exit reasons for individuals 2008/09

Treatment Exit Reason	n	%
Treatment Completed - Occasional User	19,830	37 %
Treatment Completed - Alcohol Free	6,440	12 %
<i>Successful Completion Subtotal</i>	26,270	50 %
Referred On	3,884	7 %
Treatment Withdrawn/Breach of Contract	1,003	2 %
Dropped Out/Left	15,609	29 %
Moved Away	775	1 %
Prison	521	1 %
Died	495	1 %
Other	999	2 %
Not Known	213	0 %
Treatment declined by client	2,630	5 %
No Appropriate Treatment	615	1 %
Total (Individuals Discharged)	53,014	

5. Regional Variations

This section considers regional variation with respect to some key data categories. To highlight differences, readers may wish to contrast regional level proportions with those for England as a whole.

Table 5.1.1: Clients' gender and age-group by region of residence: 2008/09¹

Region	Gender	Age Group									
		18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
London	Female	355	456	588	744	852	756	523	301	178	98
	Male	419	694	1,054	1,505	1,708	1,449	1,014	695	369	199
North East	Female	280	254	307	380	408	375	267	192	100	46
	Male	554	553	613	721	725	632	450	277	147	71
South East	Female	371	349	526	679	779	670	438	253	195	102
	Male	724	676	888	1,239	1,355	1,036	731	485	313	168
Eastern	Female	287	302	467	649	647	542	369	223	145	92
	Male	513	577	695	1,007	1,055	830	626	418	287	122
West Midlands	Female	283	229	282	396	462	370	253	182	130	59
	Male	636	534	612	835	854	714	465	310	174	109
South West	Female	394	366	459	632	782	622	434	290	191	96
	Male	761	730	887	1,123	1,271	1,008	722	509	298	206
East Midlands	Female	166	186	215	307	391	343	245	182	82	57
	Male	378	368	491	659	689	559	369	277	150	81
Yorkshire and Humberside	Female	330	383	470	645	703	628	427	258	154	75
	Male	675	818	907	1,233	1,197	993	656	469	274	118
North West	Female	641	551	791	1,178	1,218	1,034	738	490	305	168
	Male	1,143	1,094	1,463	1,940	2,254	1,839	1,285	801	481	267
National Total	Female	3,107	3,076	4,105	5,610	6,242	5,340	3,694	2,371	1,480	793
	Male	5,803	6,044	7,610	10,262	11,108	9,060	6,318	4,241	2,493	1,341

¹Regional and national figures are derived by summing figures for their constituent Partnership Areas. Thus, in the above table, movement of clients between Partnership Areas and/or regions results in multiple counting of individuals.

Table 5.1.1 shows clients' age and gender distribution according to their region of residence. Regions were very similar with respect to clients' gender distribution: all were between 62% and 66% for males and 34% and 38% for females. There were, however, moderate differences in the age breakdown. Whilst the distributions are broadly similar across most regions, 22% of those in treatment in the North East were under 30 in comparison with 14% in London.

Figure 5.1.1 shows the proportion in each age group for all clients in each region; this also shows that London has a generally older treatment population compared with the North East.

Figure 5.1.1: Percentage of clients in each age group in each region

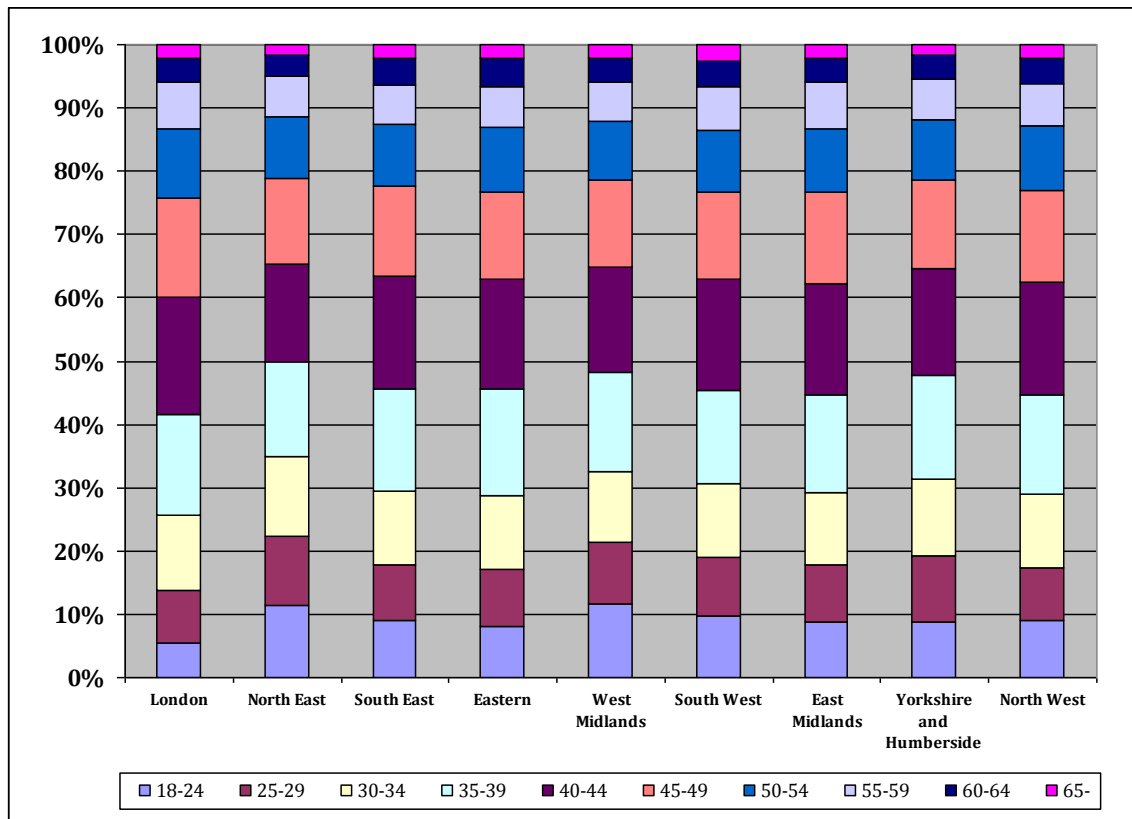


Table 5.1.2 shows the distribution of clients' ethnic group, by region. In most regions, more than 90% of clients were White. However, in London, Black, Asian and Mixed-race clients accounted for 17% of the total regional population. Yorkshire and Humberside had a greater proportion of clients either who either declined to answer or whose ethnicity was not recorded. Please note that this table does not account for regional variation in the ethnic composition of the wider population.

Table 5.1.2: Clients' ethnicity by region of residence: 2008/09

Ethnicity	LO	NE	SE	EA	WM	SW	EM	YH	NW
White (%)	78 %	96 %	91 %	94 %	91 %	96 %	91 %	88 %	94 %
Mixed (%)	3 %	0 %	1 %	1 %	1 %	1 %	1 %	1 %	1 %
Asian/Asian British (%)	6 %	0 %	1 %	1 %	3 %	0 %	2 %	1 %	0 %
Black/Black British (%)	8 %	0 %	1 %	1 %	1 %	1 %	1 %	0 %	1 %
Other (%)	2 %	0 %	0 %	0 %	0 %	1 %	0 %	0 %	0 %
Not Stated (%)	3 %	2 %	6 %	4 %	3 %	2 %	5 %	10 %	4 %
White (n)	10,888	7,093	10,874	9,215	7,217	11,316	5,663	10,017	18,529
Mixed (n)	456	33	112	77	110	82	50	102	158
Asian/Asian British (n)	869	29	143	101	200	33	122	119	92
Black/Black British (n)	1,050	8	60	77	58	64	48	46	103
Other (n)	274	15	45	39	29	94	18	37	31
Not Stated (n)	419	174	744	345	275	191	293	1,092	769

As shown in Table 5.1.3, for all regions self-referral was the most common referral source, accounting for between 29% and 59% of episodes. London had the lowest proportion of referrals from the Probation Service (3%) while Yorkshire & Humberside had the highest (9%). The proportion of referrals that were from statutory drug services (and therefore indicate transfers between agencies) varied widely, from 2% in the East Midlands to 10% in London.

Table 5.1.3: Referral source for episodes reported during 2008/09, by region of clients' residence

Referral Source	LO	NE	SE	EA	WM	SW	EM	YH	NW
Drug service statutory	10 %	8 %	4 %	6 %	5 %	5 %	2 %	4 %	4 %
Drug service non-statutory	7 %	5 %	11 %	2 %	2 %	10 %	12 %	5 %	6 %
GP	20 %	21 %	21 %	14 %	21 %	26 %	27 %	30 %	24 %
Self	35 %	29 %	38 %	59 %	46 %	35 %	32 %	33 %	37 %
Arrest referral / DIP	1 %	5 %	2 %	1 %	6 %	3 %	3 %	2 %	1 %
DRR	0 %	0 %	1 %	0 %	0 %	0 %	0 %	0 %	0 %
Probation	3 %	7 %	7 %	6 %	4 %	7 %	5 %	9 %	5 %
A&E (Accident & Emergency)	1 %	3 %	1 %	1 %	1 %	1 %	1 %	0 %	1 %
Psychiatry	3 %	3 %	4 %	2 %	2 %	3 %	4 %	3 %	2 %
Community care assessment	3 %	0 %	1 %	1 %	0 %	1 %	0 %	0 %	1 %
CARAT / Prison	0 %	1 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Employment service	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Other	12 %	16 %	8 %	6 %	10 %	9 %	13 %	11 %	15 %
Education Service	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Connexions	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Social services	3 %	3 %	2 %	1 %	3 %	1 %	1 %	2 %	2 %
LAC (Looked After Children)	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Community Alcohol Team	2 %	0 %	0 %	0 %	1 %	0 %	0 %	0 %	1 %