



**Statistics from the
National Alcohol Treatment Monitoring System
(NATMS)
1st April 2009 – 31st March 2010**

3rd February 2011

Executive Summary

- There were 111,381 clients in contact with structured treatment aged 18 and over who cited alcohol as their primary problematic substance in 2009/10. This is an increase of 11,283 (11%) from 100,098 clients in the previous year.
- There were a further 31,733 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 2009/10 was 41 and 65% of clients in treatment were male.
- Most clients were White British (97,089 or 88%), while other ethnic groups each accounted for no more than two percent of clients.
- Where reported (71,779 or 99% of clients starting treatment in 2009/10), 26,662 (37%) were self referrals and 15,166 (21%) were referrals from GP's. Onward referrals from other substance misuse services together accounted for 8,474 clients (12%).
- More than three quarters (54,242 or 79%) of all clients waited less than three weeks to commence treatment.
- The most common intervention type received was 'structured psychosocial' with 45% of clients receiving this treatment modality in their latest journey (equating to 50,379 interventions delivered).
- Where reported (63,458 or 87% of clients starting treatment in 2009/10), one in twenty five clients (2,416 or 4%) had No Fixed Abode on presenting for treatment; a further 10% of clients (6,510) had other housing problems.
- Of the 63,632 clients exiting treatment in 2009/10; 30,533 (48%) were no longer dependent on alcohol (had completed treatment successfully); a further 4,640 (7%) were transferred for further treatment within the community, while 475(1%) were transferred into appropriate treatment while in custody.

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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.

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. The first full year of data analysis occurred in 2008/09, this document provides analysis on the second full years worth of data: 2009/10.

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/core-data-set.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/>

Drug Strategy (2010)

<http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010?view=Binary>

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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1.2 Comparability of data to previous report

In 2009/10 the NDTMS discharge codes and their definitions were revised. This was done to enable greater accuracy of measurement, and to improve the consistency of the way in which clinical services code discharges. Changes include:

- A tightening of the way in which 'treatment completed' is recorded. Revised codes and definitions now distinguish between clients that are entirely drug free at the time of discharge, and those that are abstinent from the problem drug for which they sought treatment.
- New codes to distinguish between clients that are 'referred on' into treatment within either a community or prison setting.

Because of this issue, the ability to directly compare data to previous years is affected.

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.
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 of the first appointment offered. 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/core-data-set.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:

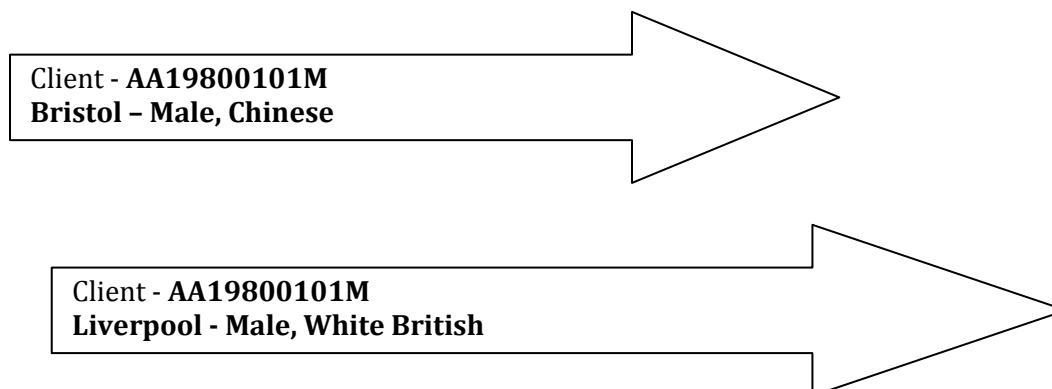
- a missing agency code
- a modality recorded as Tier 1 or Tier 2
- a missing date of birth
- an age under 9 or over 75 years at triage
- anything other than alcohol recorded as the primary drug
- an illogical chronological sequence of referral date, triage date and discharge date

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 2009) 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 NATMS 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 111,381 clients whose cited primary problem was alcohol.

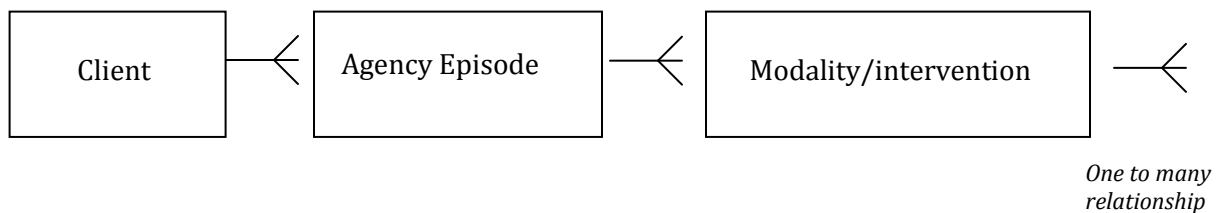
There were a further 31,733 clients aged 18 and over who cited alcohol misuse as an adjunctive problem to a range of other primary problematic substances. It is expected that these clients will have received treatment for their alcohol misuse alongside treatment for these other problematic substances. These clients are reported in the NDTMS annual statistical release, for further information please see:

<http://www.nta.nhs.uk/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 2009/10, NATMS reported 111,381 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.

There were an additional 31,733 clients aged 18 and over who cited alcohol misuse as an adjunctive problem to a range of other primary problematic substances.

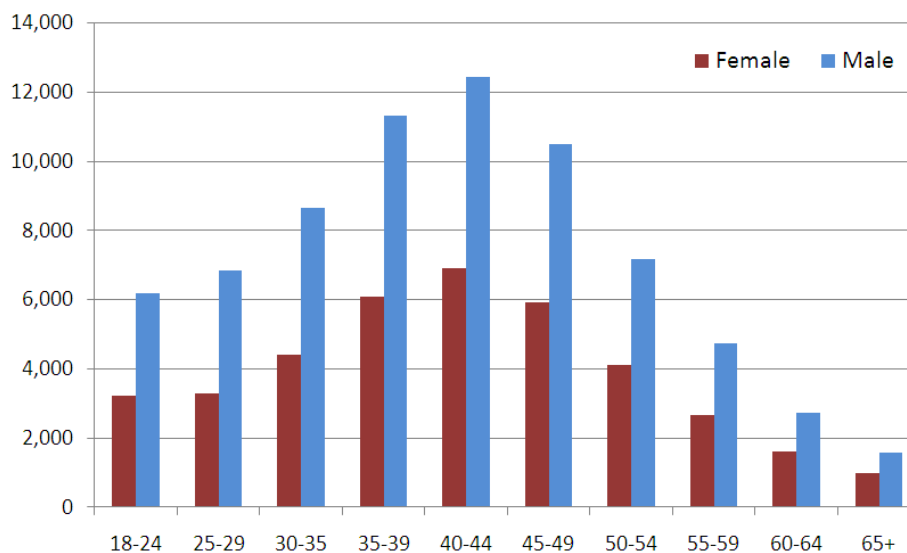
4.1 Age and gender of all clients

The age and gender of clients at their first point of contact with treatment in the 2009/10 financial year is reported in Table 4.1.1 and Figure 4.1.1. Most (65%) treated persons were male. The average (median) age of clients in treatment in 2009/10 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 72% of women.

Table 4.1.1 Age and Gender: 2009/10

Age	Female		Male		Persons	
	n	%	n	%	n	%
18-24	3,212	8%	6,170	9%	9,382	8%
25-29	3,294	8%	6,853	9%	10,147	9%
30-35	4,417	11%	8,651	12%	13,068	12%
35-39	6,078	16%	11,332	16%	17,410	16%
40-44	6,900	18%	12,441	17%	19,341	17%
45-49	5,922	15%	10,502	15%	16,424	15%
50-54	4,106	10%	7,184	10%	11,290	10%
55-59	2,667	7%	4,748	7%	7,415	7%
60-64	1,616	4%	2,722	4%	4,338	4%
65+	975	2%	1,591	2%	2,566	2%
Total Clients	39,187		72,194		111,381	

Figure 4.1.1 Age and Gender: 2009/10



4.2 Ethnicity

Table 4.2.1 shows clients' ethnicity. Most (92%) were White; the majority of these were White British. No other ethnic group accounted for more than two percent of clients each.

Table 4.2.1: Ethnicity: 2009/10

Ethnicity	n	%
White British	97,089	88%
White Irish	2,231	2%
Other White	2,284	2%
White and Black Caribbean	646	1%
White and Black African	188	0%
White and Asian	261	0%
Other Mixed	351	0%
Indian	1151	1%
Pakistani	294	0%
Bangladeshi	112	0%
Other Asian	587	1%
Caribbean	646	1%
African	538	0%
Other Black	614	1%
Chinese	25	0%
Other	534	0%
Not Stated	1,639	1%
Unknown	840	1%
Total	110,030	100%
Inconsistent/Missing	1,351	
Total inc Inconsistent/Missing	111,381	

4.3 Source of referral into treatment, new journeys 2009/10

Table 4.3.1 shows a breakdown of new presentations by source of referral. Information about source of referral was provided for 71,779 (99%) new presentations to treatment in 2009/10. Of these, self-referrals (37%) were most common. The second most common source of referrals was from GPs (21%). Referrals from the criminal justice system (consisting of: Arrest referral/DIP, CARAT/Prison, DRR or Probation) made up 10% of all referrals; most of these were from the Probation Service. Referrals from substance misuse services (which reflect movement between agencies) amounted to 12% of the total; 5% were from statutory services while non-statutory substance misuse services accounted for 7%.

Table 4.3.1: Source of referral into treatment, new journeys 2009/10

Referral Source	n	%
A&E (Accident & Emergency)	734	1%
Arrest referral / DIP	1,890	3%
CARAT / Prison	202	0%
Community Alcohol Team	1250	2%
Community care assessment	392	1%
Connexions	43	0%
DRR	162	0%
Substance misuse service non-statutory	5,214	7%
Substance misuse service statutory	3,260	5%
Education Service	19	0%
Employment service	107	0%
GP	15,166	21%
LAC (Looked After Children)	23	0%
Other	8,665	12%
Probation	4,889	7%
Psychiatry	1,818	3%
Self	26,662	37%
Social services	1,283	2%
Total	71,779	100%
Inconsistent/Missing	862	
Total inc Inconsistent/Missing	72,641	

4.4 Accommodation status of new treatment journeys 2009/10

Accommodation status at presentation was reported for 63,458 (87%) clients. Of these, 2,416 (4%) reported an urgent housing problem (where they have no fixed abode), while a further 6,510 (10%) 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 53,758 (85%) reported no housing problem.

Table 4.4.1: Accommodation status of new treatment journeys 2009/10

Accommodation Status	n	%
Urgent Problem	2,416	4%
Housing Problem	6,510	10%
No Problem	53,758	85%
Other	774	1%
Total	63,458	100%
Inconsistent/Missing	9,183	
Total inc Inconsistent/Missing	72,641	

Of the 2,416 people presenting to treatment with an urgent housing problem, 81% (1,963) were men. Men were much more likely to have a housing problem, either urgent or not, than women (16% of new presentations with a known accommodation status compared to 11%). Clients aged under 30 (17%) were nearly twice as likely as those over 50 (9%) to have a housing problem, with 15% of clients aged between 30 and 50 reporting a problem.

4.5 Waiting times, first and subsequent interventions 2009/10

The table below shows a breakdown of waiting times under and over 3 weeks by first and subsequent intervention. Of 68,610 first interventions beginning in 2009/10, 54,242 (79%) began within 3 weeks of referral. There were 24,229 subsequent interventions beginning in 2009/10, of which 20,046 (83%) began within 3 weeks of referral.

Table 4.5.1: Waiting times, first and subsequent interventions 2009/10

Intervention	Under 3 Weeks	%	Over 3 Weeks	%	Total
First Intervention	54,242	79%	14,368	21%	68,610
Subsequent Intervention	20,046	83%	4,183	17%	24,229

4.6 Treatment pathways and interventions provided 2009/10

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 2009/10, reported by the combination of intervention types received. The largest group (32%) is for 'Structured Psychosocial Intervention Only'. This is followed by interventions recorded under 'Other Structured Treatment (OST) Only' (27%); 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' (5%).

Table 4.6.1: Treatment pathways of clients in treatment 2009/10

Pathway	n	%
Structured Psychosocial Intervention Only	35,093	32%
Other Structured Treatment (OST) Only	30,549	27%
Prescribing Only	4,694	4%
Structured Day Programme (SDP) Only	3,603	3%
Inpatient Treatment (IP) Only	2,219	2%
Residential Rehabilitation (RR) Only	1,270	1%
Prescribing and Psychosocial	2,169	2%
Psychosocial and SDP	1,270	1%
Psychosocial and RR	287	0%
OST and Psychosocial	5,685	5%
OST and Prescribing	1,781	2%
OST and RR	376	0%
IP and OST	2,006	2%
SDP and OST	1,421	1%
IP and Psychosocial	1,191	1%
All Other Combinations (inc IP and/or RR)	5,306	5%
All Other Combinations	2,366	2%
No Intervention Commenced	10,095	9%
Total	111,381	100%

To be included in the above table, a start date for an intervention must be present. The 9% 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%). 45% of clients accessed structured psychosocial interventions and 42% received interventions recorded under 'Other Structured Treatment' in the year. 10% 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 2009/10

Intervention	n
Inpatient Treatment	9,978
Residential Rehabilitation	4,325
Community Prescribing	11,691
Structured Psychosocial Intervention	50,379
Structured Day Programme	9,944
Other Structured Treatment	46,838

4.7 Treatment exits and successful completions

Table 4.7.1 shows the treatment exit reasons for clients exiting treatment in 2009/10. There were 63,632 clients aged 18 and over who were discharged from treatment during the year and were not in treatment on 31st March 2010. Of these, 30,533 (48%) 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 4,640 (7%) were transferred for further treatment within the community, while 475 (1%) were transferred into appropriate treatment while in custody.

Table 4.7.1: Treatment exit reasons for individuals 2009/10

Treatment Exit Reason	n	%
Treatment Completed – Free of Dependency	13,821	22%
Treatment Completed - Free of Dependency (no alcohol use)	16,712	26%
Successful Completion Subtotal	30,533	48%
Transferred – not in custody	4,640	7%
Transferred – in custody	475	1%
Referred On	1,152	2%
Treatment Withdrawn/Breach of Contract	1,256	2%
Dropped Out/Left	21,012	33%
Moved Away	115	0%
Prison	509	1%
Died	632	1%
Other	227	0%
Not Known	50	0%
Treatment declined by client	2,876	5%
No Appropriate Treatment	155	0%
Total (Individuals Discharged)	63,632	

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: 2009/10*

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	314	453	689	852	994	869	604	390	201	133
	Male	488	770	1178	1749	1972	1747	1266	773	430	252
North East	Female	292	291	314	413	444	403	300	215	107	54
	Male	627	636	701	795	806	686	504	276	167	67
South East	Female	378	362	533	706	835	690	442	268	200	125
	Male	764	720	930	1315	1471	1166	733	519	345	184
Eastern	Female	279	312	431	670	728	569	405	258	155	110
	Male	535	647	825	1074	1180	923	655	462	296	164
West Midlands	Female	391	312	406	533	661	547	365	240	163	97
	Male	803	775	813	1131	1185	1064	624	448	228	158
South West	Female	344	368	438	591	766	656	437	323	196	100
	Male	631	702	955	1137	1228	1066	802	538	315	214
East Midlands	Female	162	175	222	342	421	373	255	167	105	57
	Male	378	435	531	722	780	643	424	303	179	97
Yorkshire and Humberside	Female	377	367	508	683	692	656	483	281	162	99
	Male	754	865	1056	1276	1352	1116	761	508	250	156
North West	Female	674	646	862	1270	1348	1153	807	520	326	199
	Male	1182	1292	1652	2115	2450	2071	1406	914	509	296
National Total	Female	3212	3294	4417	6078	6900	5922	4106	2667	1616	975
	Male	6170	6853	8651	11332	12441	10502	7184	4748	2722	1591

*Regional and national figures are derived by summing figures for their constituent PCT's. Thus, in the above table, movement of clients between PCT's and/or regions results in multiple counting of individuals. The national total is greater than the sum of all regions as it also includes 179 individuals with a missing region code.

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 63% and 66% for males and 34% and 37% for females of all ages. There were, however, moderate differences in the age breakdown. Whilst the distributions are broadly similar across most regions, 35% of those in treatment in the North East were under 35 in comparison to 24% 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

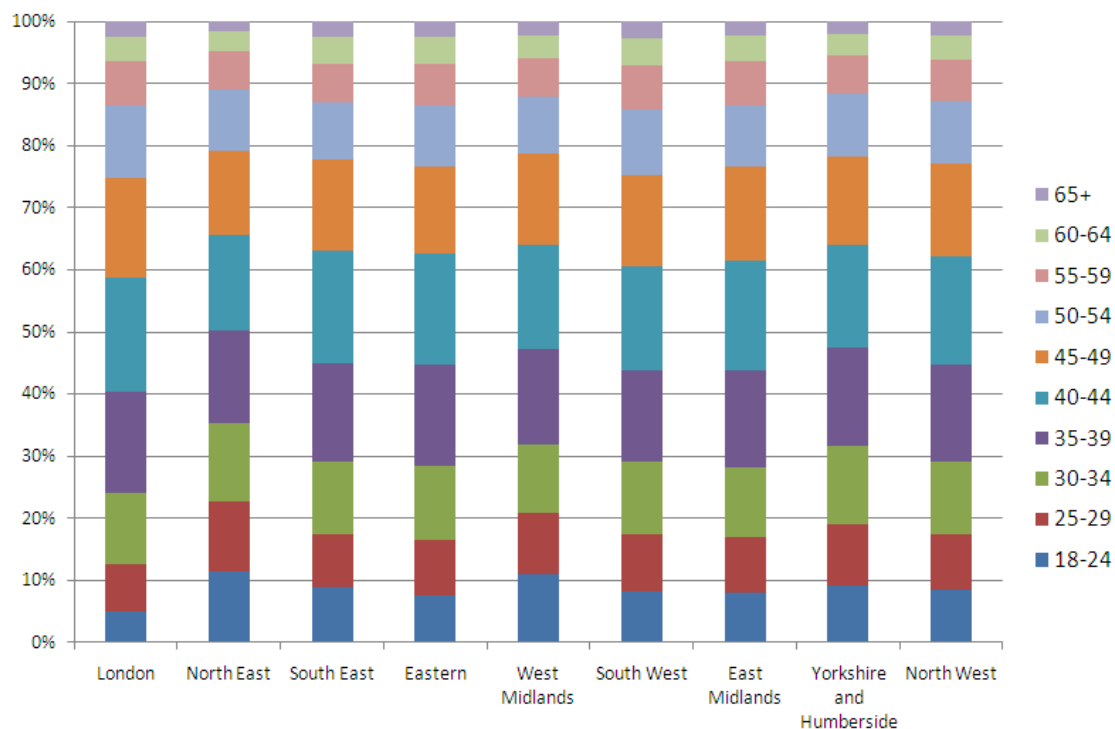


Table 5.1.2 shows the distribution of clients' ethnic group, by region. In most regions, more than 90% of clients were White. However, in London, Black, Asian and Mixed-race clients accounted for 18% of the total regional population. Yorkshire and Humberside had a greater proportion (5%) of clients who either declined to answer or whose ethnicity was unknown. For purposes of comparison, a broad ethnicity breakdown from the 2001 census is also provided.

Table 5.1.2: Clients' ethnicity by region of residence: 2009/10*

Clients in treatment, 2009/10	LO	NE	SE	EA	WM	SW	EM	YH	NW
White (%)	78%	99%	94%	95%	92%	97%	94%	92%	95%
Mixed (%)	4%	0%	1%	1%	1%	1%	1%	1%	1%
Asian/Asian British (%)	7%	0%	1%	1%	3%	0%	2%	1%	1%
Black/Black British (%)	7%	0%	1%	1%	1%	1%	1%	0%	1%
Chinese/Other (%)	2%	0%	0%	0%	0%	0%	0%	0%	0%
Not stated/Unknown (%)	2%	0%	3%	2%	2%	1%	1%	5%	2%
White (n)	12,488	7,854	11,725	10,085	9,849	11,367	6,324	11,173	20,573
Mixed (n)	587	31	134	90	145	84	68	122	182
Asian/Asian British (n)	1,064	27	169	95	347	35	143	130	134
Black/Black British (n)	1,194	8	86	90	119	61	68	54	117
Chinese/Other (n)	320	8	49	22	25	38	20	43	34
Not stated/Unknown (n)	290	24	343	183	230	163	80	634	527

General population (2001 census)	LO	NE	SE	EA	WM	SW	EM	YH	NW
White (%)	72%	98%	95%	94%	89%	98%	95%	94%	95%
Mixed (%)	2%	0%	1%	1%	1%	1%	1%	1%	1%
Asian/Asian British (%)	12%	1%	2%	4%	7%	1%	2%	4%	3%
Black/Black British (%)	11%	0%	1%	1%	2%	0%	1%	1%	1%
Other (%)	3%	0%	1%	1%	1%	1%	1%	1%	1%

* Data excludes 1,347 missing or inconsistent records, and 179 records with a missing region code. Figures may not sum to 100% due to rounding.

As shown in Table 5.1.3, for all regions except East Midlands, self-referral was the most common referral source, accounting for between 31% and 57% of episodes. In the East Midlands region, self referrals accounted for 22% of episodes with GP referrals (25%) accounting for the highest proportion.

London had the lowest proportion of referrals from the Probation Service (3%) while Yorkshire & Humberside and the South East had the highest (10%). The proportion of referrals that were from statutory drug services varied from 3% in the West Midlands, East Midlands and Yorkshire and Humber to 9% in London.

Table 5.1.3: Referral source for episodes reported during 2009/10, by region of clients' residence

Referral Source	LO	NE	SE	EA	WM	SW	EM	YH	NW
Drug service statutory	9%	5%	4%	4%	3%	4%	3%	3%	4%
Drug service non-statutory	7%	8%	8%	2%	2%	11%	18%	6%	7%
GP	20%	20%	21%	14%	21%	22%	25%	29%	20%
Self	33%	31%	39%	57%	41%	36%	22%	32%	37%
Arrest referral / DIP	1%	4%	1%	0%	10%	4%	3%	2%	1%
DRR	0%	0%	1%	0%	0%	0%	0%	0%	0%
Probation	3%	8%	10%	8%	5%	5%	8%	10%	7%
A&E (Accident & Emergency)	2%	1%	1%	1%	0%	1%	1%	0%	2%
Psychiatry	2%	2%	3%	3%	2%	3%	3%	2%	2%
Community care assessment	2%	0%	0%	0%	0%	1%	0%	0%	0%
CARAT / Prison	0%	1%	0%	0%	0%	1%	0%	0%	0%
Employment service	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other	14%	16%	8%	7%	10%	12%	14%	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	2%	3%	2%	1%	3%	1%	1%	1%	2%
LAC (Looked After Children)	0%	0%	0%	0%	0%	0%	0%	0%	0%
Community Alcohol Team	5%	1%	1%	1%	2%	0%	1%	1%	2%

6. Comparisons with 2008/09 data

This section compares the 2009/10 findings with those from the first year of formal data collection (2008/09). Although comparisons are made between these two years, any emerging trends cannot be confirmed based on only the first two years of data.

6.1 Age and gender

Table 6.1.1 shows client's age and gender distribution among new presentations to treatment in 2008/09 and 2009/10. The number of new journeys has increased by 7% from 67,912 in 2008/09 to 72,641 in 2009/10. There is little variation in the age and gender make up between the last two years. 65% of new presentations were male in 2008/09 compared to 66% in 2009/10. For both male and female clients, the age group with the largest proportion of new presentations was 40-44 year olds for both years.

Table 6.1.1 Age and Gender for all new treatment journeys: 2008/09 and 2009/10

	Age	Female		Male		Persons	
		n	%	n	%	n	%
2008/09	18-24	2,006	9%	4,164	9%	6,170	9%
	25-29	2,093	9%	4,386	10%	6,479	10%
	30-34	2,789	12%	5,451	12%	8,240	12%
	35-39	3,805	16%	7,140	16%	10,945	16%
	40-44	4,026	17%	7,624	17%	11,650	17%
	45-49	3,473	15%	6,241	14%	9,714	14%
	50-54	2,367	10%	4,177	9%	6,544	10%
	55-59	1,489	6%	2,790	6%	4,279	6%
	60-64	940	4%	1,597	4%	2,537	4%
	65+	496	2%	858	2%	1,354	2%
	Total Clients	23,484	100%	44,428	100%	67,912	100%
2009/10	18-24	2,077	8%	4,251	9%	6,328	9%
	25-29	2,184	9%	4,901	10%	7,085	10%
	30-34	2,891	12%	5,863	12%	8,754	12%
	35-39	3,874	16%	7,623	16%	11,497	16%
	40-44	4,397	18%	8,126	17%	12,523	17%
	45-49	3,685	15%	6,935	14%	10,620	15%
	50-54	2,472	10%	4,511	9%	6,983	10%
	55-59	1,637	7%	2,939	6%	4,576	6%
	60-64	965	4%	1,726	4%	2,691	4%
	65+	607	2%	977	2%	1,584	2%
	Total Clients	24,789	100%	47,852	100%	72,641	100%

6.2 Waiting times

Table 6.2.1 shows that for first interventions the percentage of waiting times under 3 weeks has increased slightly from 78% in 2008/09 to 79% in 2009/10. A larger increase from 79% to 83% occurred for subsequent interventions.

Table 6.2.1 Waiting times first and subsequent interventions: 2008/09 and 2009/10

	Intervention	Under 3 Weeks	%	Over 3 Weeks	%	Total
2008/09	First Intervention	49,546	78%	14,293	22%	63,839
	Subsequent Intervention	16,677	79%	4,317	21%	20,994
2009/10	First Intervention	54,242	79%	14,368	21%	68,610
	Subsequent Intervention	20,046	83%	4,183	17%	24,229

6.3 Interventions received

Table 6.3.1 shows the increase in the number of interventions received by clients as part of their treatment journey between 2008/09 and 2009/10. A higher percentage of clients received structured psychosocial interventions in 2009/10 (45%) than in 2008/09 (39%) and there was a decrease in those receiving interventions recorded under 'Other Structured Treatment' from 46% in 2008/09 to 42% in 2009/10.

Table 6.3.1 Interventions received: 2008/09 and 2009/10

Intervention	2008/09		2009/10	
	n	%	n	%
Inpatient Treatment	8,720	9%	9,978	9%
Residential Rehabilitation	3,950	4%	4,325	4%
Community Prescribing	8,852	9%	11,691	10%
Structured Psychosocial Intervention	39,416	39%	50,379	45%
Structured Day Programme	8,883	9%	9,944	9%
Other Structured Treatment	45,720	46%	46,838	42%

* Percentages are calculated based on the total number of clients in treatment in the year. A person may receive more than one intervention in their latest journey and will be counted in each applicable category, therefore percentages sum to more than 100.

6.4 Treatment exit reasons

Treatment exit reasons for 2008/09 and 2009/10 are shown in table 6.4.1. In 2009/10 a new discharge coding system was introduced (see further explanation on page 5). As a result of these coding changes and the introduction of new categories, it is not possible to directly compare 2009/10 data to that from 2008/09.

Table 6.4.1 Treatment Exit Reasons: 2008/09 and 2009/10

Treatment Exit Reason	2008/09		2009/10	
	n	%	n	%
Treatment Completed – Free of Dependency	19,830	37%	13,821	22%
Treatment Completed - Free of Dependency (no alcohol use)	6,440	12%	16,712	26%
Successful Completion Subtotal	26,270	50%	30,533	48%
Transferred – not in custody	-	-	4,640	7%
Transferred – in custody	-	-	475	1%
Referred On (Old code)	3,884	7%	1,152	2%
Treatment Withdrawn/Breach of Contract	1,003	2%	1,256	2%
Dropped Out/Left	15,609	29%	21,012	33%
Moved Away	775	1%	115	0%
Prison	521	1%	509	1%
Died	495	1%	632	1%
Other	999	2%	227	0%
Not Known	213	0%	50	0%
Treatment declined by client	2,630	5%	2,876	5%
No Appropriate Treatment	615	1%	155	0%
Total (Individuals Discharged)	53,014		63,632	