Department of Health

NHS

National Treatment Agency for Substance Misuse

Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2007 - 31 March 2008

September 2008

national STATISTICS

The University of Manchester

MANCHESTER 1824

National Drug Evidence Centre

Executive Summary

- Of the **202,666** individuals in treatment contact in England during 2007/08, 193,440 (95%) received at least one Tier 3 or Tier 4 treatment modality as part of their treatment episode.

- A total of **301,796** episodes of treatment were recorded for these clients and **379,048** treatment modalities/interventions were recorded as having been provided.

- Clients' median age (on 30th September 2007, the midpoint of the year) was 32 years and 72% were male. Regions exhibited variation with respect to the proportion of clients aged less than 25 years (from 16% to 27% of clients).

- Most (88%) clients were White. Other ethnic groups each accounted for fewer than three percent of clients.

- Most clients (65%) used heroin, usually as their primary drug (61% of clients).

- Primary cannabis use was common, particularly among clients aged less than 18 years at triage (78% of this group were primary cannabis users, compared to only seven percent of over eighteens).

- Adjunctive use of crack cocaine was common. Primary use was unusual, except in London where primary crack users accounted for 15% of clients.

- The most common routes into treatment were via self (34%), criminal justice (23%), or drug service (18%) referral,

- Half (54%) of the episodes that were completed during the year ended in a successful discharge from treatment. For clients aged 20 years or more in the reporting year, the rate of successful discharge increased gradually and consistently with age.

- Over three quarters (78%) of the treatment journeys that commenced during the year lasted twelve weeks or more.

- Half (52%) of clients reported that they had injected a drug during their lifetime and 25% reported current injecting.

- Specialist (36%) and GP (15%) prescribing accounted for over one-half (51%) of modalities received

- For most types of modality, clients waited less than three weeks for treatment to start in 90% or more of cases.

- The proportion of those treated accounted for by under 25 year olds dropped steadily from 32% in 2000/01 to 25% in 2007/08.

- The proportion of those under 18 years old using heroin as their primary substance fell from 20% in 2003/04 to 5% in 2007/08.

Contents

1. Background

The National Drug Treatment Monitoring System (NDTMS) records information about people receiving Tier 3 or 4 treatment for drug misuse in England (i.e. structured community-based services, or residential and inpatient services), in order to monitor and assist the management of progress towards the Government's targets for participation in drug treatment programmes (see www.drugs.gov.uk/drug-strategy).

The 1998-2008 drug strategy aimed to reduce the harm that drugs cause to society (including communities, individuals and their families) via four principal objectives:

- Young people – to prevent today's young people from becoming tomorrow's problematic drug users
- Reducing supply – to reduce the supply of illegal drugs
- Communities – to reduce drug-related crime and its impact on communities
- Treatment - to provide treatment and support in order to reduce the number of drug-related deaths and minimise harm.

Each of these objectives was linked to a Public Service Agreement (PSA) target. The overarching aim was to reduce the harms caused by illegal drugs to individuals, their families and the wider community by:

- reducing drug use among young people and preventing them from becoming the problematic drug users of tomorrow
- having a sustained impact on the supply of Class A drugs to the UK and availability within communities
- targeting drug misusing offenders via the Criminal Justice System to engage them in treatment and reduce drug-related crime
- providing treatment for people with drug problems to help them live healthy and crime free lives.

The new 2008-2018 drug strategy aims to restrict the supply of illegal drugs and reduce the demand for them. It focuses on protecting families and strengthening communities.

http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/

The four strands of work within the strategy are:

- protecting communities through tackling drug supply, drug-related crime and anti-social behaviour
- preventing harm to children, young people and families affected by drug misuse
- delivering new approaches to drug treatment and social re-integration
- public information campaigns, communications and community engagement

Delivery of the strategy is underpinned by a series of three-year action plans, which run concurrently with the spending review cycles. These action plans will aim to:

- cut harm caused to young people by substance misuse
- cut the number of families devastated by drug use
- increase the number of drug users making a positive contribution to society
- expand and improve drug treatment services

Previously (1990–2001), information on new presentations to drug services, or presentations after a break in contact of six months or more, was collected by Regional Drug Misuse Databases (DMDs) (Donmall 1999). These were reported in the Department of Health's statistical bulletins for six month periods, starting with the six months ending March 1993 and continuing to the six months ending March 2001.
Following a strategic review of the structure and operation of the information systems (Donmall, Hickman, Glavas, 2000), NDTMS was introduced on 1 April 2001, replacing the RDMDs in England. The NDTMS aims to collect data on all clients in contact with services providing structured treatment, although it is known that a small number of, predominantly Tier 4 services, do not participate. Responsibility for managing the NDTMS was transferred from the Department of Health to the NTA on 1 April 2003.

The NTA have reorganised the NDTMS, bringing the definition of drug treatment recorded by the system further into line with Models of care for drug misusers. It has also rearranged the operational structure in line with Government Office organisation. In most regions, operation of the NDTMS resides with Public Health Observatories.

The dataset and data collection methods have also changed. Between 2001 and 2003, client contact forms were completed on a client's first presentation, and review forms for all clients were completed at year-end. The data collection method was changed for 2003/04 data, being replaced by a system whereby treatment services submit a core data set of their client information, either as a database extract or spreadsheet. Code sets for the core data set can be found in the NDTMS reference data document.

During 2004/05, the NDTMS implemented a monthly data collection process, which became fully operational in 2005/06. The core data collected since 2004/05 have also been amended.

The NDTMS figures for England are collated by NDEC with those for Scotland, Wales and Northern Ireland, into a UK return for use by the European Monitoring Centre for Drugs and Drug Addiction, and for the United Nations.

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

The National Drug Evidence Centre (NDEC) is part of the Health Methodology Research Group in the School of Medicine, University of Manchester.

1.1 Relevant web links:

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

NDEC:
http://www.medicine.manchester.ac.uk/ndec

NTA:
http://www.nta.nhs.uk/

2. Abbreviations and definitions

• Abbreviations

CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CJS	Criminal Justice System
DP	Drug Partnership
DIP	Drug Interventions Programme
DRR	Drug Rehabilitation Requirement (formerly DTTO)
NDEC	National Drug Evidence Centre, University of Manchester
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency for Substance Misuse
PCT	Primary Care Trust
PSA	Public Sector Agreement
RDMD	Regional Drug Misuse Databases
YP	Young Persons

• Definitions

Agency	A provider of services for the treatment of drug misuse. The agency may be statutory (i.e. NHS) or non-statutory
Agency code	A unique identifier for the treatment provider (agency) code assigned by the regional NDTMS
Adjunctive drug use	Substances additional to the primary drug used by the client
Attributor	A concatenation of a client's initials, date of birth and gender. This is used to isolate records that relate to individual clients.
Client	A drug user presenting for treatment at a Tier 3 or 4 service. Records relating to individual clients are isolated and linked on the basis of the attributor. This minimises the extent of multiple counting within the datasets.
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.
Episode	A period of contact with a treatment provider, from triage 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.
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.
Modality/intervention	A type of treatment, e.g. structured counselling, specialist prescribing etc.
Opiate	A group of drugs including heroin, methadone and buprenorphine.
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. The Department includes within the agreement, details of how targets will be achieved and how performance against these targets will be measured.
Presenting for treatment	The first face-to face contact between a client and a treatment provider. Clients are counted as having presented for treatment within a specified period if their date of triage falls within that period.
Primary drug	The substance that brought the client into treatment at the point of triage/ initial assessment
Referral date	The date the client was referred to the agency for this episode of treatment

Region	Regional Government Office
Structured drug treatment	Structured drug treatment follows assessment and is delivered according to a care plan, with clear goals, which are regularly reviewed with the client. It may comprise a number of concurrent or sequential treatment interventions.
Tiers of treatment	Models of care, forming a four-tier framework for drug treatment: Tier 1 - Non-substance misuse specific services requiring interface with drug and alcohol treatment services Tier 2 – Open access drug and alcohol treatment services Tier 3 – Structured community-based drug treatment services Tier 4 – Residential and inpatient services for drug and alcohol misusers.
Treatment Journey	A set of concurrent or serial treatment episodes linked together to describe a spell of treatment whilst an individual is resident in a particular DAT. 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

NDTMS Data are gathered from treatment providers by regional NDTMS centres, provided to NTA, and then forwarded to NDEC for data analysis, processing and verification. The results of these analyses are then supplied to NTA for publication.

NDEC exclude from analyses those records that have:

- 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
- nicotine or alcohol recorded as the primary drug
- an illogical chronological sequence of referral date, triage date and discharge date
- a Drug Partnership of residence outside England.

Please note that Regional analyses are based on the Drug Partnership area where a client resides, regardless of whether the client was treated within that area or Region. Thus Regional figures indicate activity for their resident population. This marks a change in methodology since the 2003/04 report which, due to the considerable quantity of records that lacked details of Drug Partnership area of residence that year, based Regional analyses on Drug Partnership area of treatment. Data quality has since improved and Drug Partnership of residence data are provided for the vast majority (98% or more) of clients, Drug Partnership of treatment being substituted as a proxy only when Drug Partnership of residence is not provided.

The methodology used to calculate the age of clients was changed from the 2004/05 report onward, and is calculated at two time points – the date of the client's most recent triage, and the date corresponding to the mid-point of the reporting year (i.e. 30th September 2004). Figures describing age use both of these definitions, as appropriate, and are labelled according to the definition used.

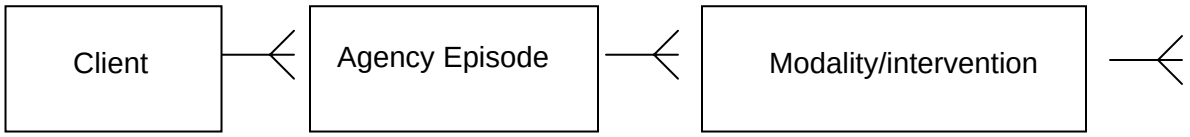
The percentages given in tables are rounded to the nearest per cent. Totals may not add up to 100 due to rounding. Values less than five have been suppressed and associated figures have been rounded to the nearest five in order to prevent deductive disclosure of personal information.

3.1 Data model

The data model used by NDTMS 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.

- Depending on context, analyses are reported in this document at either the client, episode, or modality/intervention level.



One to many relationship

3.2 Methodological notes

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

Where multiple modalities exist within an episode, they are reported on the basis of the earliest modality records for the episode; that is, those modality records with a common modality start date that is closest to the triage date. The only exceptions to this are discharge date and discharge reason, both of which are taken from the modality record with the latest discharge date. The episode level dataset has one record for each of a client's treatment episodes.

Clients are reported on the basis of their latest episode within the episode dataset defined above. The client level dataset has one record for each client, a client being represented by a unique combination of initials, date of birth, and gender. Please note that, for the sake of consistency with reports for earlier periods, Regional tables are derived by summing the number of individual clients resident in the constituent Partnership areas.

Inconsistent data items found in combining lines of modality data to form the episode and client-level data are treated as missing and are excluded from the analysis. Tables in this report indicate the number of missing and/or inconsistent records as appropriate.

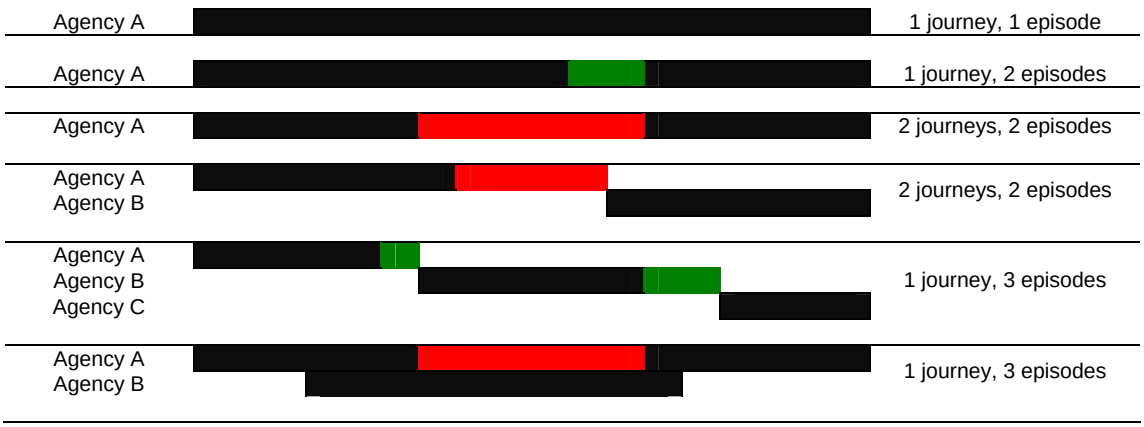
Treatment journeys. The concept of the treatment journey is described in Models of care for treatment of adult drug misusers: Update 2006. In essence, the operational definition of a journey is that episodes are considered as linked elements of an ongoing treatment journey if they are concurrent, or if 21 days or less elapses between discharge from one episode and starting the next. If a period of more than 21 days elapses after discharge from a treatment episode, then the next episode is considered to be 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.



4. Key Findings

During 2007/08 NDTMS reported

- 202,666 unique clients, receiving
- 301,796 episodes of treatment, comprising
- 379,048 modalities/interventions.

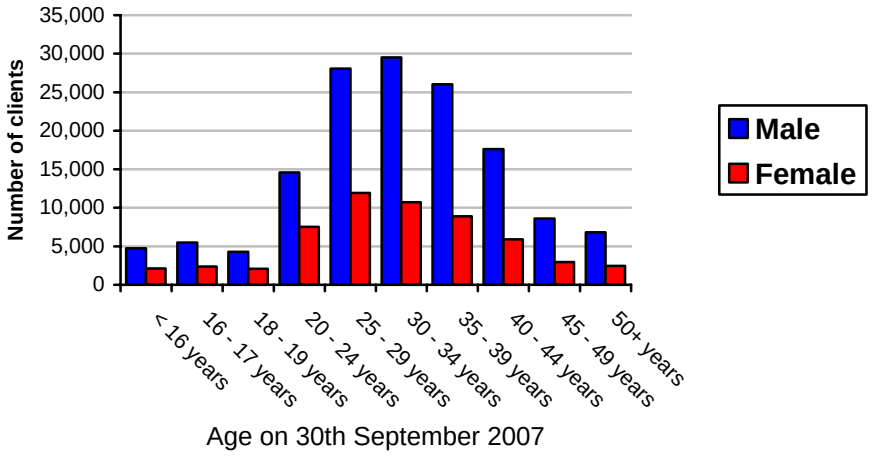
4.1 Age and gender

The age and gender of clients at mid-year (30th September 2007) is shown in Table 4.1.1 and Figure 4.1.1. Most (72%) treated persons were male. The average (median) age of clients was 32 years. The majority of clients (53%) were between the ages of 20 and 35 years, whilst 7% of clients were under 18 years old.

Table 4.1.1: Age and Gender : 2007/08

Age group on 30th September 2007	Male		Female		Persons	
	n	%	n	%	n	%
< 16 years	4,739	3	2,101	4	6,840	3
16 - 17 years	5,506	4	2,351	4	7,857	4
18 - 19 years	4,295	3	2,082	4	6,377	3
20 - 24 years	14,610	10	7,540	13	22,150	11
25 - 29 years	28,049	19	11,924	21	39,973	20
30 - 34 years	29,511	20	10,728	19	40,239	20
35 - 39 years	26,022	18	8,896	16	34,918	17
40 - 44 years	17,611	12	5,890	10	23,501	12
45 - 49 years	8,587	6	2,968	5	11,555	6
50+ years	6,800	5	2,456	4	9,256	5
Total (clients)	145,730	100	56,936	100	202,666	100

Figure 4.1.1 Age and Gender: 2007/08



4.2 Ethnicity

Table 4.2.1 shows clients' ethnicity. Most (88%) were White, the majority of these being White British. No other ethnic group accounted for more than three percent of clients.

Table 4.2.1: Ethnicity: 2007/08

Ethnicity	n	%
White British	165,980	84
White Irish	2,299	1
Other White	5,422	3
White & Black Caribbean	2,664	1
White & Black African	559	0
White & Asian	671	0
Other Mixed	1,458	1
Indian	1,925	1
Pakistani	2,201	1
Bangladeshi	1,249	1
Other Asian	1,861	1
Caribbean	3,611	2
African	1,417	1
Other Black	2,315	1
Chinese	121	0
Other	2,135	1
Not stated	2,349	1
Total (clients)	198,237	100
Missing/inconsistent data	4,429	
Total including missing/inconsistent data	202,666	

4.3 Primary & adjunctive drug use

Table 4.3.1 shows the distribution of primary drug (see definitions) use of clients treated in 2007/08. The data are shown for those aged less than 18 years at triage, those aged 18 years or over, and for all persons receiving treatment. Most (78%) of those aged under 18 years used cannabis as their primary drug, other drug types each accounting for less than 10% of clients, with heroin accounting for five percent. In contrast, most (66%) over eighteens used heroin as their primary drug, with only seven percent reporting primary cannabis use.

Table 4.3.1: Primary drug of misuse by age at triage: 2007/08

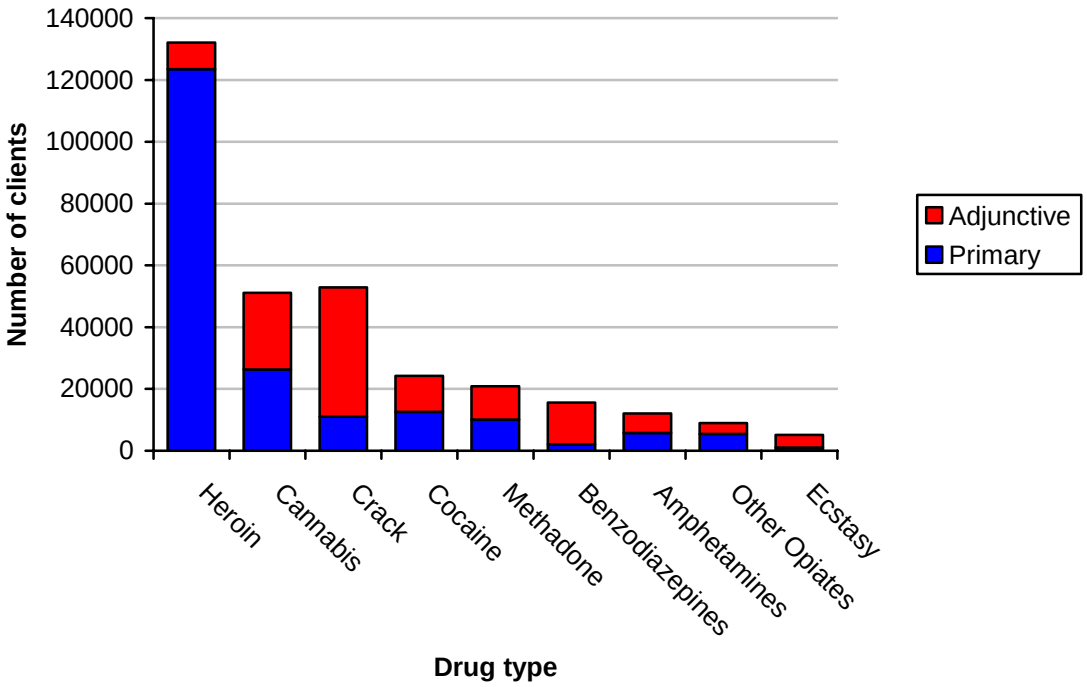
Drug	Aged less than 18 years at triage		Aged 18 years or over at triage		All persons		
	n	%	n	%	n	%	Median age at triage
Heroin	773	5	122,749	66	123,522	61	31
Methadone	15	0	10,097	5	10,112	5	34
Other Opiates	43	0	5,404	3	5,447	3	34
Benzodiazepines	59	0	2,029	1	2,088	1	36
Amphetamines	383	2	5,320	3	5,703	3	32
Cocaine	861	5	11,752	6	12,613	6	27
Crack	168	1	10,826	6	10,994	5	32
Hallucinogens	58	0	344	0	402	0	24
Ecstasy	490	3	569	0	1,059	1	18
Cannabis	12,865	78	13,422	7	26,287	13	18
Solvents	321	2	178	0	499	0	15
Barbiturates	<5	0	<39	0	39	0	35
Major tranquilisers	<5	0	<39	0	39	0	36
Anti-depressants	<5	0	<171	0	171	0	37
Other drugs	65	0	1,631	1	1,696	0	41
Poly use; no details	65	0	153	0	218	0	29
Drug Free at triage	273	2	745	0	1,018	1	28
Total (clients)	16,450*	100	185,460*	100	201,907	100	
Missing/inconsistent data	34		725		759		
Total including missing/inconsistent data	16,485*		186,185*		202,666		

* Totals rounded to nearest 5 as indicated

A total of 123,749 primary heroin users were reported to have received treatment during the year, accounting for 61% of treated persons. In total, 139,081 primary opiate users were reported, accounting for 69% of treated persons for whom drug use details were available. Primary cannabis use was reported by 26,287 (13%) treated persons, of whom 49% were aged under 18 years (note that under eighteens accounted for only eight percent of the treated population as a whole). As a group, primary cannabis users had an average (median) age of 18 years, compared to 31 years for heroin users. Use of other drugs as a primary substance was less common: five percent of treated persons were primary methadone users, six percent cocaine users, and five percent crack users. Other drugs each accounted for less than five percent of treated persons.

Note that Table 4.3.1 does not show adjunctive drug use (see definitions) by clients. NDTMS gathers details of each client's primary drug and details of up to two additional drugs that they may also use. Figure 4.3.1 shows the number of clients using a selection of drugs, either as a primary or adjunctive drug. As shown, the vast majority of heroin users used this drug as their primary substance. In contrast, most crack users used crack as a secondary drug.

Figure 4.3.1: Primary and adjunctive use of selected drugs: number of clients using each drug: NDTMS 2007/08



4.4 Injecting behaviour

Injecting status at presentation for treatment was recorded for 173,559 clients (86%). Of these, 42,844 (25%) were currently injecting. A further 46,649 clients (27%) had previously injected but were not doing so at the time of presenting for treatment. The remaining 84,066 (48%) clients had never injected.

Of clients who were primary heroin users, 35% were current injectors. Of primary methadone users, 49% had only previously injected. Most primary users of cannabis (95%), solvents (93%), ecstasy (93%) and cocaine (92%) had never injected.

4.5 Source of referral into treatment

Information about source of referral was provided for 296,389 episodes. Self-referrals (34%) were most common, followed by GP referrals (11%) and referrals from other statutory drug services (10%), the latter reflecting movement between agencies within the treatment system. Non-statutory drug services accounted for a further eight percent of referrals. The criminal justice system (CJS) accounted for 23% of referrals in total. The Drug Interventions Programme or Arrest Referral comprised the most common CJS source, accounting for ten percent of episodes, with the probation service accounting for a further six percent. Other sources each accounted individually for fewer than five percent of referrals.

Table 4.5.1: Referral source for episodes reported during 2007/08

Referral source	n	%
Self	99,726	34
GP	32,274	11
Drug Service Statutory	30,509	10
Arrest Referral/DIP	29,741	10
Drug Service Non-statutory	24,472	8
Probation	18,996	6
DRR	9,258	3
CARAT/Prison	7,077	2
Youth Offending Team	6,179	2
Psychiatry	3,731	1
Social Services	2,882	1
Education Service	2,699	1
Community Care Assessment	1,837	1
Accident and Emergency	939	0
Employment Service	859	0
Syringe Exchange	800	0
Connexions	704	0
Looked after Children	339	0
Other	23,367	8
Total (episodes)	**296,389**	**100**
Missing/inconsistent data	5,407	
Total including missing/inconsistent data	301,796	

4.6 Modalities/interventions provided

Table 4.6.1a: Number of individual clients who received specific treatment modalities during 2007/08

Modality	n	%
Specialist prescribing	99,963	50
Other structured intervention	49,212	25
Structured psychosocial intervention	48,780	25
GP prescribing	47,036	24
Structured day programme	20,537	10
YP[1] Psychosocial intervention	12,931	7
Inpatient treatment	6,742	3
YP[1] Harm reduction services	5,629	3
Residential rehabilitation**	4,306	2
YP[1] Criminal Justice interventions	3,064	2
YP[1] Work with parents and carers	710	0
Other YP[1] specific intervention	943	0
Total (clients)*	198,254	100
Missing modality data	4,412	
Total including missing data	202,666	

*clients may receive more than one modality
**there is currently an issue with tier 4 residential services reporting to NDTMS and therefore the 4,306 reported here will be an under estimate of activity
[1]Young Person's

Table 4.6.1b: Number of treatment modalities provided during 2007/08

Modality	n	%
Specialist prescribing	131,110	36
Other structured intervention	59,033	16
Structured psychosocial intervention	58,630	16
GP prescribing	55,482	15
Structured day programme	24,308	7
YP[1] Psychosocial intervention	14,058	4
Inpatient treatment	7,957	2
YP[1] Harm reduction services	6,009	2
Residential rehabilitation	5,350	1
YP[1] Criminal Justice interventions	3,242	1
YP[1] Specialist pharmacological interventions	821	0
Other YP[1] specific intervention	995	0
Total (modalities)	366,995	100
Missing modality data	12,053	
Total including missing data	379,048	

[1]Young Person's

A total of 366,995 records included information about the type of treatment modality provided. Table 4.6.1b describes the number of separate occasions on which each modality type was provided. Together, specialist (36%) and GP (16%) prescribing accounted for over one-half (52%) of the occasions on which the intervention type was reported. Psychosocial interventions accounted for 16% of the treatment interventions provided to clients during 2007/08. Other, unspecified, structured interventions

accounted for 16% and structured day programmes for seven percent. Other types of intervention each accounted for less than five percent.

Table 4.6.2 describes the waiting times associated with treatment modalities available to those clients over the age of 18 at triage, for both first and subsequent interventions. That is, interventions at the start of a treatment journey and subsequent interventions during a treatment journey. Typically, clients waited less than three weeks for treatment to start in 90% or more of cases, with the exceptions of residential rehabilitation and inpatient detoxification – both tier four modalities. Around 30% of occurrences of these modality types had waiting times of greater than three weeks.

Table 4.6.2: Waiting times for treatment modalities provided during 2007/08

	First Intervention			
	Waiting time less than or equal to 3 weeks		Waiting time greater than 3 weeks	
Modality	n	%	n	%
Inpatient detoxification	1,017	78	295	22
Specialist prescribing	24,591	90	2,600	10
GP prescribing	8,042	93	651	7
Structured counselling	14,252	91	1,494	9
Structured day care	4,939	92	444	8
Residential rehabilitation	680	77	202	23
Other structured intervention	19,183	93	1,480	7
Total	**72,704**	**91**	**7,166**	**9**

	Subsequent Interventions			
	Waiting time less than or equal to 3 weeks		Waiting time greater than 3 weeks	
Modality	N	%	n	%
Inpatient detoxification	2,987	75	999	25
Specialist prescribing	16,685	92	1,376	8
GP prescribing	7,404	92	664	8
Structured counselling	8,910	88	1,235	12
Structured day care	6,423	92	568	8
Residential rehabilitation	1,403	74	486	26
Other structured intervention	9,714	93	760	7
Total	**53,526**	**90**	**6,088**	**10**

Table 4.6.2 (Cont): Waiting times for treatment modalities provided during 2007/08				
Modality	**All Interventions**			
	Waiting time less than or equal to 3 weeks		Waiting time greater than 3 weeks	
	n	%	n	%
Inpatient detoxification	4,004	76	1,294	24
Specialist prescribing	41,276	91	3,976	9
GP prescribing	15,446	92	1,315	8
Structured counselling	23,162	89	2,729	11
Structured day care	11,362	92	1,012	8
Residential rehabilitation	2,083	75	688	25
Other structured intervention	28,897	93	2,240	7
Total	**126,230**	**90**	**13,254**	**10**

5. Discharge and Retention

5.1 Treatment discharge and successful completion

There were 69,642 clients who were discharged from treatment during the year and were not in treatment on 31st March 2008. Of these, 35,441 (51%) were discharged successfully, defined as being referred on, completing treatment or completing treatment drug free.

Table 5.1.1a: Discharge reason for individuals not retained in treatment on 31st March 2008

Discharge Reason	n	%
Treatment completed	17,306	25
Referred on	10,811	16
Treatment completed drug free	7,324	11
Successful completion subtotal	**35,441**	**51**
Dropped out / left	19,591	28
Prison	4,240	6
Other	2,817	4
Treatment declined by client	2,169	3
Treatment withdrawn / breach of contract	2,078	3
Moved away	1,605	2
Died	784	1
Not known	520	1
No appropriate treatment available	367	1
Total (individuals discharged)	**69,612**	**100**
Missing/inconsistent data	30	
Total including missing/inconsistent data	69,642	

[1] i.e. where agency staff indicated that they did not know the reason for discharge

Of the 301,796 treatment episodes that were current for at least part of 2007/08, there were 128,939 that related to individuals not retained at year end. The reason for discharge was provided for 128,836 of these episodes. Table 5.1.1b describes the number of episodes according to the reason for discharge. Fifty-four percent of episodes resulted in a successful discharge, defined as being referred on, completing treatment, or completing treatment drug free.

The most common reason for successful episode discharge was an onward referral (24%), a similar proportion of episodes resulted in treatment completion (21%), and nine percent of episodes ended because the client had completed treatment and was drug free.

Note: The term 'drug free' here relates to treatment context; 'referral on' is usually a successful outcome in which a client is referred on for a form of treatment considered appropriate at that point in their care.

The most common reason for ceasing treatment was drop-out; 26% of episodes terminated for this reason. Seven percent of episodes ended because the client was imprisoned. Other reasons each accounted for less than five percent of episodes. One percent of episodes ended because the client died.

Table 5.1.1b: Discharge reason for episodes completed during 2007/08

Discharge Reason	n	%
Referred on	31,050	24
Treatment completed	26,768	21
Treatment completed drug free	11,185	9
Successful completion subtotal	**69,003**	**54**
Dropped out/left	33,257	26
Prison	8,457	7
Treatment withdrawn/breach of contract	4,577	4
Other	4,493	3
Moved away	3,339	3
Treatment declined by client	3,272	3
Not known[1]	936	1
Died	934	1
No appropriate treatment available	568	0
Total (episodes discharged)	**128,836**	**100**
Missing/inconsistent data	103	
Total including missing/inconsistent data	128,939	

[1] i.e. where agency staff indicated that they did not know the reason for discharge

5.2 Retention in treatment

The number of clients aged 18 years or over who started a treatment journey during the year was 82,381 (see Section 3.1 for an operational definition of a treatment journey). Of these, 64,440 (78%) were retained in treatment for at least twelve weeks at their last treatment journey. Table 5.2.1 describes the breakdown of the retention figures, by related discharge reason. Please note that for consistency with other national reporting, these figures are derived by summing the figures for Partnership areas.

Table 5.2.1: Retention and discharge reason figures for treatment journeys starting during 2007/08

Discharge Reason	Retention Status							
	In treatment >12 weeks		Not retained, started modality		Not retained, did not start modality		**Total**	
	n	%	n	%	n	%	n	%
Not discharged	42,777	66	0	0	0	0	42,777	52
Planned discharge	8,314	13	3,566	24	137	5	12,017	15
Referred on	3,706	6	2,867	19	451	15	7,024	9
Prison	1,641	3	1,200	8	198	7	3,039	4
Other	8,002	12	7,284	49	2,238	74	17,524	21
Total	**64,440**	**100**	**14,917**	**100**	**3,024**	**100**	**82,381**	**100**

Of the 82,381 clients who started a new treatment journey during the year, 3,024 (4%) did not start an intervention, 14,238 (17%) had an unplanned discharge from treatment before 12 weeks had elapsed, 3,566 (4%) had a planned discharge from treatment before 12 weeks had elapsed and 64,440 (78%) were retained in treatment for at least 12 weeks.

The number of individuals who successfully completed their last episode during the year was 35,441 (17%). Of the remainder, 79,619 (39%) were retained in at least one treatment episode for the entire year, 75,283 (37%) were retained in treatment for at least twelve weeks for at least one episode and 12,323 (6%) were not retained in treatment for at least twelve weeks for at least one episode. Please note that these figures have been calculated on the basis of treatment episodes, hence they are not comparable with figures elsewhere in this report that are based upon the concept of treatment journeys. To ensure historical comparability with previous published treatment statistics, the 'last' episode is defined here as the episode with the latest triage date during the year that was ongoing on 31st March.

5.3 Factors associated with retention and successful discharge

Successful discharge from a treatment episode might be associated with a variety of factors pertaining to the client, their route into treatment, the type of agency that they attend and the type of treatment that they receive. Table 5.3.1 shows the number and proportion of treatment episodes that were discharged successfully according to clients' ethnic group.

Table 5.3.1 Successful discharge by ethnicity for completed episodes reported to NDTMS 2007/08

Ethnicity	Successfully discharged	
	n	%[1]
White British	56,940	54
White Irish	749	50
Other White	1,668	50
White & Black Caribbean	1,028	51
White & Black African	203	49
White & Asian	223	51
Other Mixed	523	52
Indian	671	50
Pakistani	747	51
Bangladeshi	510	50
Other Asian	543	50
Caribbean	1,336	48
African	530	50
Other Black	907	50
Chinese	51	67
Other	698	54
Not stated	657	51
Total	67,984	**54**
Missing/inconsistent data	1,019	
Total including missing/inconsistent data	69,003	

[1]Proportion of episodes discharged with known discharge reason for which the discharge reason was 'Referred on', 'Treatment completed', or 'Treatment completed, drug free', by ethnicity

It should be noted that some ethnic groups are represented by very small numbers, hence between-group differences should be treated with caution. For example, only 51 episodes completed during 2007/08 involved Chinese clients. There is, therefore, a much higher degree of uncertainty surrounding the percentage of these that were discharged successfully (67%) than for ethnic groups represented by larger numbers.

Figure 5.3.1 shows the proportion of episodes successfully discharged according to the type of modality that was provided. Specific Interventions for Young People exhibited the highest successful discharge rate (63%), followed by In-patient treatment (62%). Successful discharge rates for other types of intervention were between 49% and 57%.

Figure 5.3.1: Percentage of episodes successfully discharged by type of modality provided: 2007/08

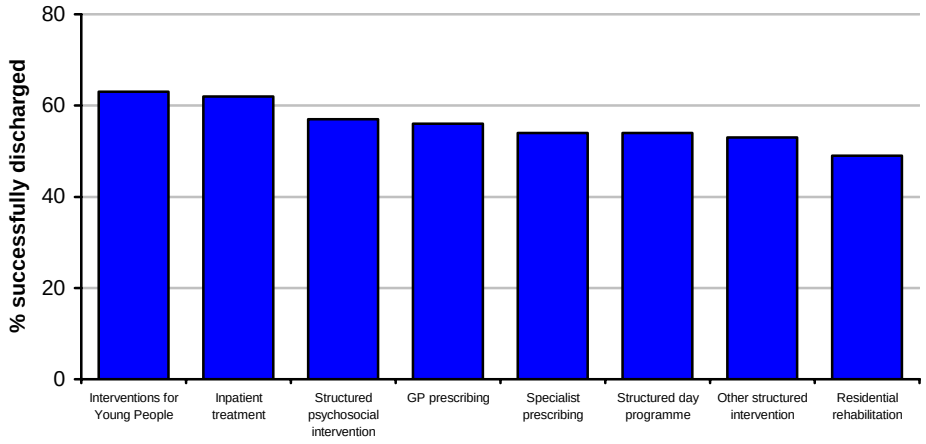


Figure 5.3.2 shows successful discharge rates according to the source of referral into treatment. Successful discharge rates were highest for episodes involving a referral from Young Peoples' Services (Education Service, Pupil Referral Unit, Connexions, Social Services and Looked After Children), and for referrals within the treatment system (from statutory drug services or GPs). The lowest successful discharge rates were observed following criminal justice referral.

Figure 5.3.2: Percentage of episodes successfully discharged by source of referral: 2007/08

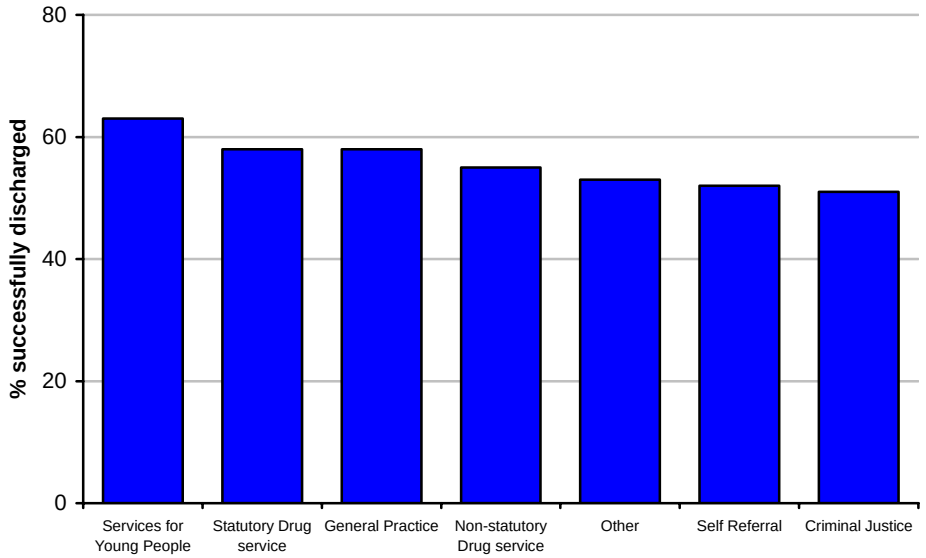


Figure 5.3.3: Percentage of episodes successfully discharged by primary drug: 2007/08

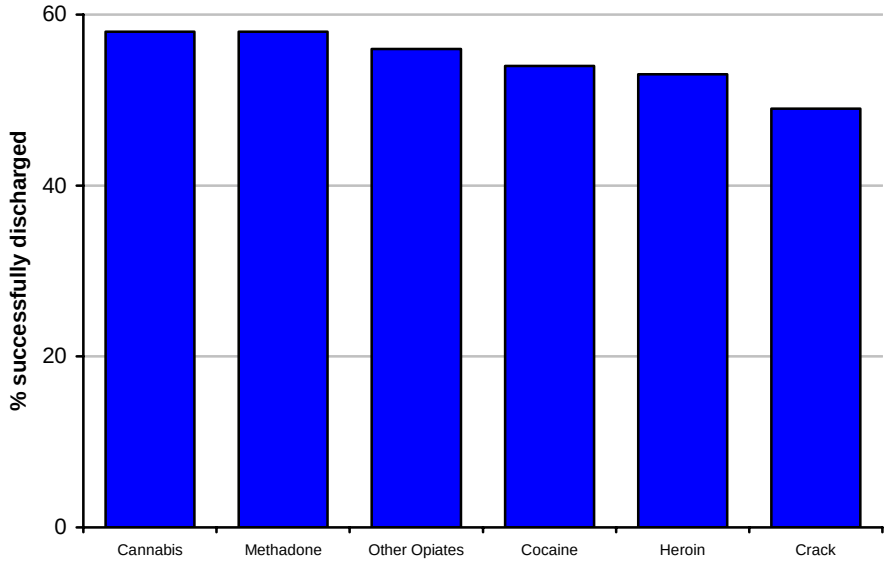
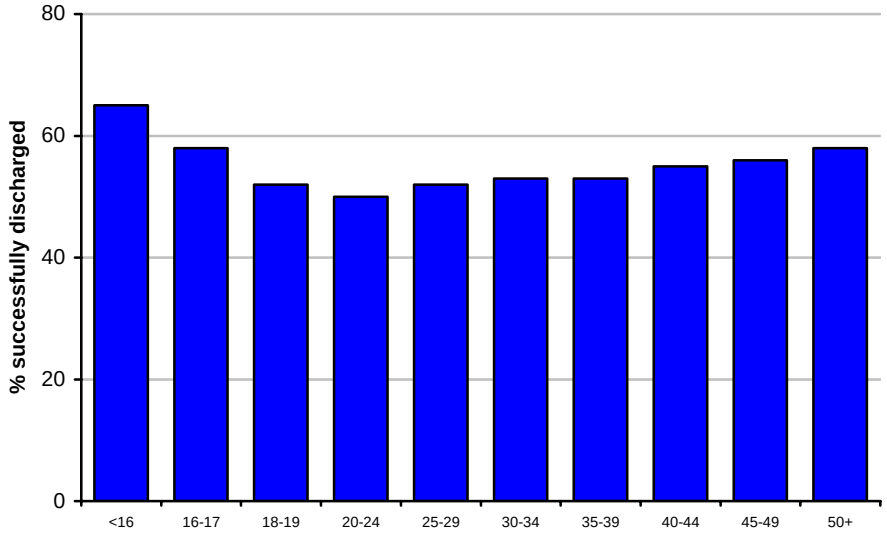


Figure 5.3.3 shows successful discharge rates according to the primary drug used by clients at the start of each completed episode. Rates were highest for primary methadone or cannabis users, and lowest for primary crack users. The higher rate for cannabis users may be due to the types of intervention provided to this group, which may be shorter in duration and may have different criteria for 'completion'.

Figure 5.3.4 shows successful discharge rates by age group. Rates were highest for the youngest age groups. For those aged 20 years or more, rates of successful discharge gradually and consistently increased with age.

Figure 5.3.4: Percentage of episodes successfully discharged by age group (age on 30.09.2007): 2007/08



Note that there appeared to be associations between successful discharge and being aged less than 20 years, referral from young persons' services, provision of young peoples' treatment interventions and primary cannabis use (which was more common among young clients). These four factors are interrelated and it is possible that the observed association with discharge success may be a result of the types of intervention offered to young people (see above).

Figure 5.3.5: Percentage of episodes successfully discharged by Region of residence: 2007/08

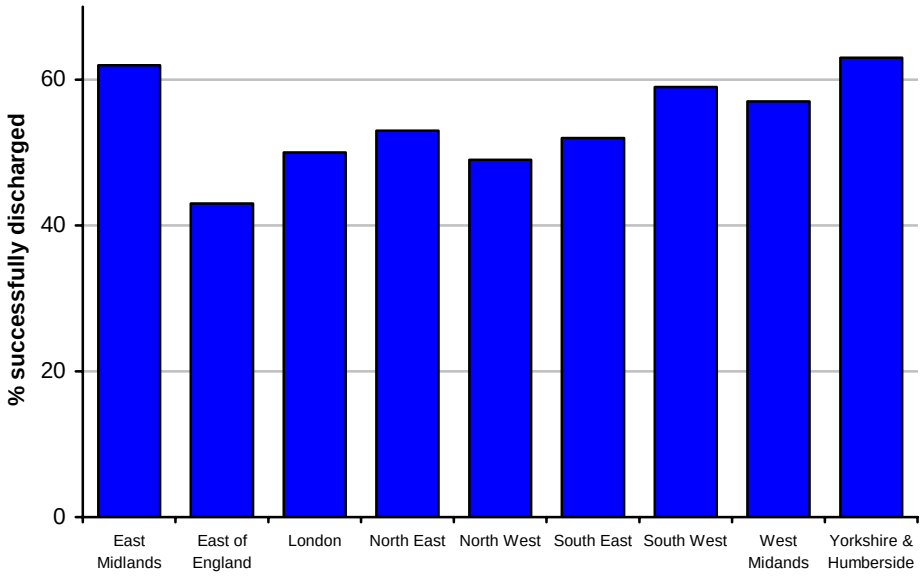


Figure 5.3.6: Treatment retention by age at mid-year - percentage of treatment journeys: 2007/08

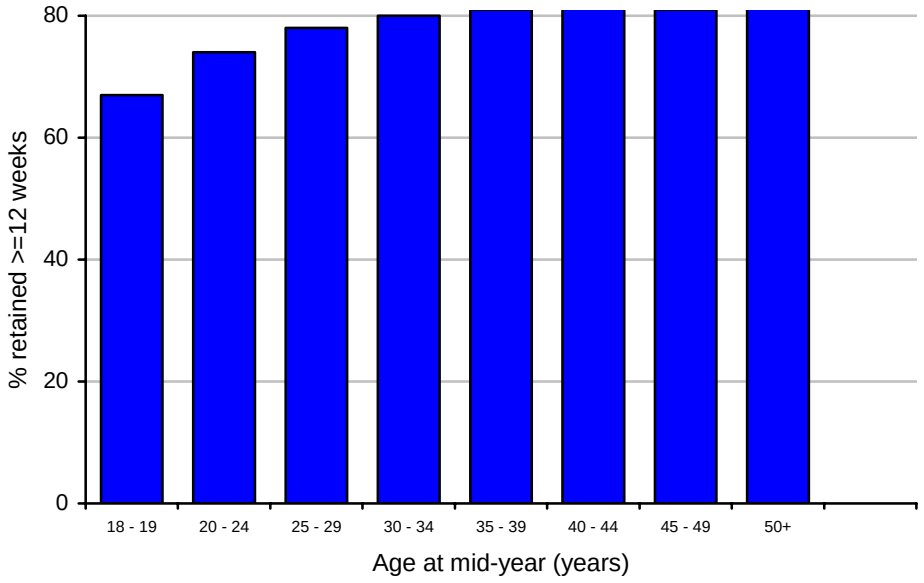


Figure 5.3.5 shows successful discharge rates according to the Region in which clients lived. Rates varied from 43% to 63%, depending on area of residence.

Figure 5.3.6 shows the percentage of clients who were retained in a treatment journey lasting twelve weeks or longer according to clients' age at mid-year. A smaller proportion of younger clients were retained for more than 12 weeks, although it should be noted that interventions for young people are often designed to be brief.

Table 5.3.2 shows the number and percentage of treatment journeys, starting during 2007/08, that lasted 12 weeks or more according to the client's ethnic group. As noted above (Table 5.3.1) some ethnic groups are represented in only a very small number of treatment journeys, hence between-group differences should be treated with caution. However, for all ethnic groups, treatment retention rates fell within a fairly narrow range, between 73% and 80%.

Table 5.3.2: Retention by ethnicity for clients starting treatment journeys during 2007/08

Ethnicity	Retained	
	n[1]	%[2]
White British	51508	78
White Irish	702	76
Other White	2040	79
White & Black Caribbean	1047	79
White & Black African	205	75
White & Asian	226	80
Other Mixed	435	76
Indian	773	78
Pakistani	812	79
Bangladeshi	488	73
Other Asian	704	79
Caribbean	1419	77
African	506	73
Other Black	821	75
Chinese	32	78
Other	696	76
Not stated	649	77
Total	**63,063**	**78**
Missing/inconsistent data	1,377	
Total including missing/inconsistent data	64,440	

1 – Number of persons starting a treatment journey, that lasted 12 weeks or more, during the year

2 - Percentage of treatment journeys that started during 2007/08 that lasted for 12 weeks or more, by ethnicity

Figure 5.3.7 shows the percentage of clients that were retained in a treatment journey lasting twelve weeks or longer according to clients' Region of residence. Between 76% and 83% of clients were retained in a treatment journey for twelve weeks or longer, depending on area of residence.

Figure 5.3.7: Treatment retention by region of residence – percentage of treatment journeys: 2007/08

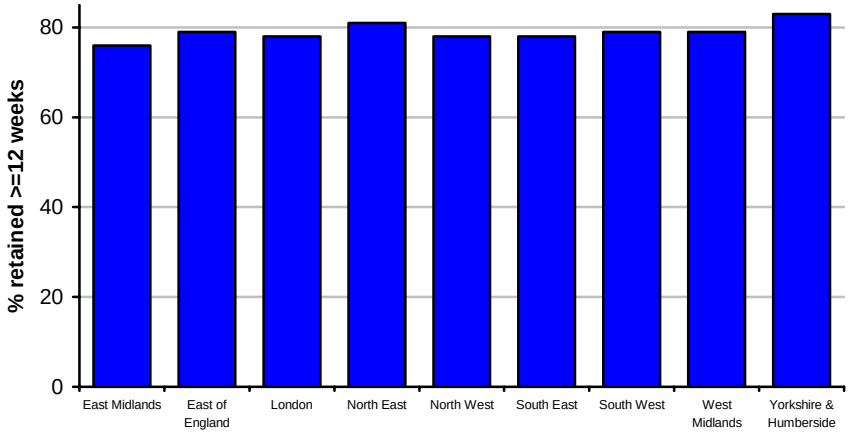


Figure 5.3.8 shows the percentage of episodes that formed the start of a journey that lasted twelve weeks or more according to the source of referral. A smaller percentage (61%) of episodes referred by young peoples' services resulted in a treatment journey of twelve weeks or more. As noted previously, this may be expected.

Figure 5.3.8: Treatment retention by referral source – percentage of episodes at the start of a treatment journey: 2007/08

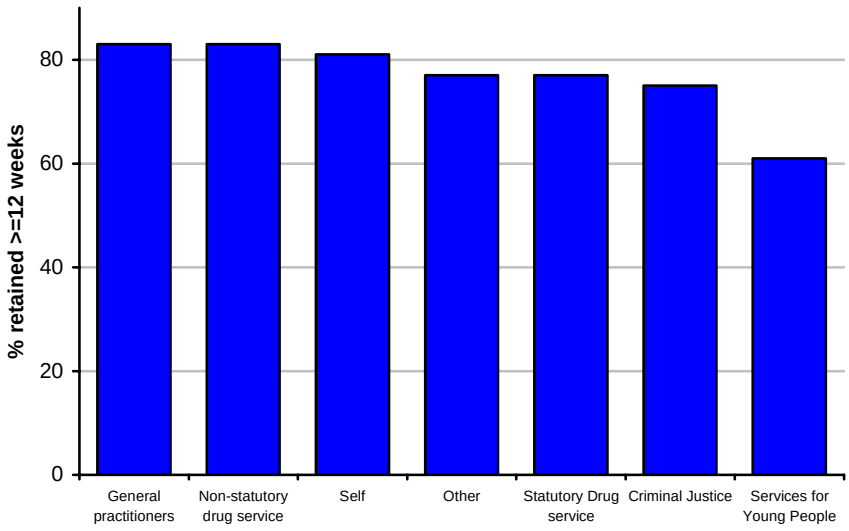
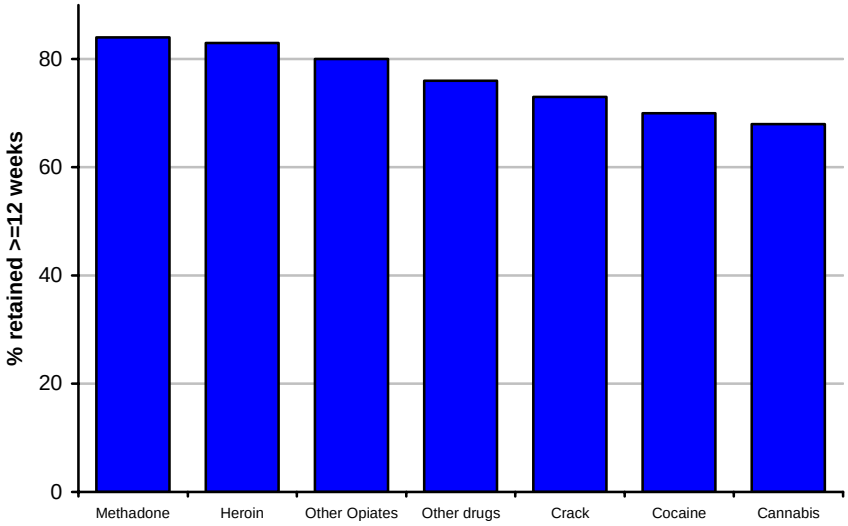


Figure 5.3.9 shows the percentage of episodes that formed the start of a journey that lasted twelve weeks or more according to the primary drug that the client was using at

the time. There is an apparent tendency for opiate users (methadone, heroin, & other opiates) to be more likely than users of other drug types to be retained in treatment journeys lasting twelve weeks or longer (80-84%).

Figure 5.3.9: Treatment retention by primary drug – percentage of episodes at the start of a treatment journey: 2007/08



6. Regional Variations

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

Table 6.1.1 NDTMS 2007/08: Clients' gender and age-group (on 30.9.2007) by Region of residence: 2007/08[1]

	NE	NW	YH	EM	WM	EA	LO	SE	SW	England
< 16 years (%)	4	4	2	3	3	3	3	4	3	3
16-17 years (%)	4	4	2	4	4	4	4	5	4	4
18-19 years (%)	3	3	2	3	3	4	3	4	3	3
20-24 years (%)	16	8	10	14	14	12	9	12	11	11
25-29 years (%)	27	14	25	25	25	19	16	19	20	20
30-34 years (%)	21	20	25	21	21	20	16	19	21	20
35-39 years (%)	14	22	18	15	15	17	17	16	17	17
40-44 years (%)	7	15	9	8	8	11	15	11	12	12
45-49 years (%)	3	6	4	4	4	6	8	6	6	6
50+ years (%)	2	4	3	3	3	5	8	5	4	4
Male (%)	74	72	72	73	74	70	72	72	71	72
Female (%)	26	28	28	27	26	30	28	28	29	28
Male (n)	10,528	29,058	19,457	11,526	17,270	10,968	27,230	15,939	14,828	156,804
Female (n)	3,715	11,365	7,688	4,195	5,932	4,660	10,396	6,229	6,085	60,265
Total (n)	14,243	40,423	27,145	15,721	23,202	15,628	37,626	22,168	20,913	217,069
M:F Ratio	2.83	2.56	2.53	2.75	2.91	2.35	2.62	2.56	2.44	2.60

[1]Regional figures derived by summing figures for their constituent Partnership Areas. England figures derived by summing the Regional figures. Thus, in the above table, movement of clients between Partnership Areas results in multiple counting of individuals.

Table 6.1.1 shows clients' age (on 30.09.2007) and gender distribution according to their Region of residence. Regions were very similar with respect to clients' gender distribution, between 70% and 74% being male. Most Regions follow a broadly similar pattern with respect to age distribution, but there were differences with respect to the modal age of clients that suggest an older client population in the North West and in London and younger populations in the North East, East Midlands and West Midlands. This is demonstrated in Figure 6.1.1, which shows the percentage of clients aged less than 25 years, by Region. Less than 20% of clients in the North West, London or Yorkshire & The Humber were aged 25 years or under (on 30.09.2007), compared to 27% in the North East, 24% in the West Midlands and 24% in the East Midlands. Nationally (England), 21% of clients were aged less than 25 years. The age distribution within drug user populations is likely to reflect past trends in prevalence, such that younger populations reflect a recent increase in use and older populations reflect an established and, possibly, waning population (Millar et al, 2006).

Figure 6.1.1: NDTMS 2007/08: Percentage of clients aged less than 25 years on 30.09.2007, by Region

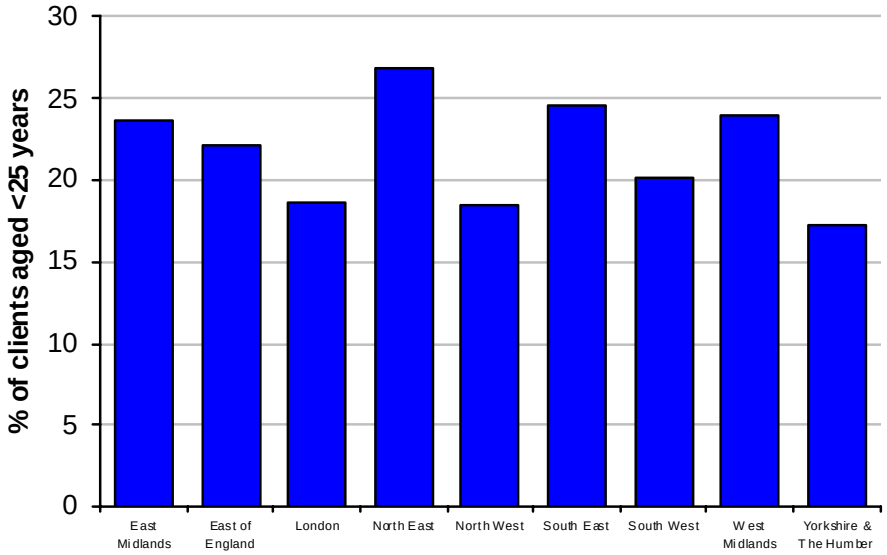


Table 6.1.2 shows the distribution of clients' ethnic group, by Region. Whilst in most Regions more than 90% of clients were White, in the West Midlands, and more markedly in London, Black and Asian clients accounted or a larger proportion of the total. Please note that this table does not account for Regional variation in the ethnic composition of the wider population.

Table 6.1.2 NDTMS 2007/08: Clients' ethnicity by Region of residence: 2007/08

	NE	NW	YH	EM	WM	EA	LO	SE	SW
White (%)	98	95	92	90	85	91	67	91	94
Mixed (%)	1	1	2	2	4	2	6	2	2
Asian/Asian British (%)	1	2	3	2	7	2	9	2	1
Black/Black British (%)	0	1	1	2	3	2	14	1	2
Chinese (%)	0	0	0	0	0	0	0	0	0
Other (%)	0	1	1	1	1	1	3	1	0
Not stated (%)	0	0	2	2	0	2	1	2	1
White (n)	13,805	38,054	24,082	14,056	19,187	13,756	24,821	18,986	19,388
Mixed (n)	103	524	431	373	891	370	2,152	423	434
Asian/Asian British (n)	116	621	875	344	1,523	374	3,212	471	127
Black/Black British (n)	30	364	250	333	750	262	5,209	295	321
Chinese (n)	<5	24	7	<5	<5	6	71	10	<5
Other (n)	46	218	196	99	155	128	1,221	170	61
Not stated (n)	52	154	429	375	78	233	440	502	254

* Rounded to nearest 5

Table 6.1.3 shows the percentage of clients using each drug as their primary drug, by Region of residence. Heroin users accounted for the majority of clients in all Regions except London, where primary crack users accounted for a very much larger proportion (15%) of clients than in other areas. Outside London, primary crack users accounted for between two percent and six percent of clients. Primary methadone users accounted for between three percent and seven percent of clients, primary cannabis users for between eight percent and 17%, and primary cocaine users for between two percent and nine percent.

Table 6.1.3: NDTMS 2007/08: Percentage of clients using each drug as their primary drug by Region of residence: 2007/08

	% of resident clients								
Primary Drug	NE	NW	YH	EM	WM	EA	LO	SE	SW
Heroin	61	64	74	69	70	55	46	61	65
Methadone	4	6	5	4	4	5	7	4	3
Other Opiates	5	2	3	4	2	2	3	3	2
Benzodiazepines	2	1	1	0	0	1	1	1	1
Amphetamines	4	3	3	4	2	3	1	3	4
Cocaine	6	7	2	3	4	9	9	7	5
Crack	3	3	2	2	3	5	15	4	6
Hallucinogens	0	0	0	0	0	0	0	0	0
Ecstasy	1	1	0	1	0	1	0	0	1
Cannabis	12	12	8	11	12	17	15	15	12
Solvents	0	0	0	0	0	0	0	0	0
Barbiturates	0	0	0	0	0	0	0	0	0
Tranquilisers	0	0	0	0	0	0	0	0	0
Antidepressants	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	1	1	0	0
Poly use; no details	0	0	0	0	0	0	0	0	0
Drug Free at triage	0	0	0	0	0	1	0	0	0

As shown in Table 6.1.4, for most Regions self-referral was the most common referral source, accounting for between 25% and 46% of episodes, followed by statutory drug service referral, which accounted for between 8% and 14% of episodes or DIP (6% to 13%). However, self referral accounted for a smaller proportion of episodes for South West (25%) residents and a larger proportion for East of England (46%) and South East (39%) residents.

Table 6.1.4: Referral source for episodes reported during 2007/08, by Region of clients' residence

	% of episodes for resident clients								
Referral Source	**NE**	**NW**	**YH**	**EM**	**WM**	**EA**	**LO**	**SE**	**SW**
Self	34	36	27	31	30	46	36	39	25
GP	8	9	13	9	10	8	8	8	22
Other	7	7	7	8	5	6	5	6	7
Drug Service Statutory	11	12	13	8	14	9	11	8	9
Drug Service Non-stat	5	8	9	15	7	5	8	9	10
Arrest Referral / DIP	12	9	13	10	11	7	12	9	6
Probation	7	6	6	7	10	7	4	7	7
DRR	4	2	3	1	2	3	2	3	2
CARAT / Prison	4	3	4	4	5	2	2	3	2
Youth Offending Team	3	2	1	3	2	2	2	3	2
CJS sub-total	30	22	27	25	29	20	23	24	19
Social Services	1	1	0	1	1	1	1	1	1
Psychiatry	1	1	1	1	1	1	2	1	2
Education Service	1	1	1	1	1	1	1	1	1
Looked After Children	0	0	0	0	0	0	0	0	0
Syringe Exchange	0	1	0	0	0	0	0	1	0
Community Care Assessment	0	0	0	0	0	0	1	0	2
Connexions	0	0	0	0	0	0	0	0	2
Employment Service	0	0	0	0	0	0	1	0	0
A & E	0	0	0	0	0	0	1	0	0
Pupil Referral Unit	0	0	0	0	0	0	0	0	0

Table 6.1.5 shows the number of clients treated according to their Region of residence, unadjusted population rates (numbers per 1,000 population in the same age range in the local population, based on 2006 population estimates) and rate ratios. The latter are calculated by dividing the rate for the Region by the rate for England, thus they help to highlight where Regions differ from the England rate. Please note that the age range covered here (10-74 years) is slightly different to that covered in Table 6.1.1, hence the differences between the Regional and England totals for these tables.

The data suggest that there are differences between Regions with respect to age-specific population rates for treated clients. The North West, for example, exhibited rates for 35-39 year olds that were nearly twice the England 'average', as did the North East for 20-29 year olds. In London, the rate for those aged 45-49 years was double that for England, and the rate for those aged 50-74 years was almost three times higher than 'average'. In the East of England and the South East, rates were below the England 'average' in all age groups.

Table 6.1.5: Number of clients treated; unadjusted population rate (per 1,000 persons) for treated clients; & rate ratio for treated clients, by Region of residence: 2007/08

		Area								
Age Group		**NE**	**NW**	**YH**	**EM**	**WM**	**EA**	**LO**	**SE**	**SW**
10-14	Number of clients	272	843	348	208	273	180	582	386	249
15-19		1,308	3,408	1,554	1,375	2,020	1,413	3,095	2,423	1,754
20-24		2,256	3,193	2,778	2,138	3,273	1,875	3,317	2,626	2,197
25-29		3,806	5,730	6,819	3,938	5,849	3,024	5,963	4,222	4,147
30-34		3,024	8,173	6,807	3,350	4,811	3,062	6,093	4,113	4,441
35-39		1,927	8,912	4,767	2,370	3,467	2,593	6,531	3,552	3,562
40-44		964	6,114	2,314	1,265	1,940	1,767	5,821	2,475	2,450
45-49		389	2,512	1,022	645	871	945	3,188	1,255	1,233
50-74		296	1,532	735	431	698	767	3,034	1,116	880
All 10-74		**14,242**	**40,417**	**27,144**	**15,720**	**23,202**	**15,626**	**37,624**	**22,168**	**20,913**
10-14	Unadjusted population rate	1.77	1.97	1.10	0.78	0.81	0.51	1.40	0.75	0.81
15-19		7.53	7.17	4.36	4.61	5.48	3.92	7.06	4.45	5.18
20-24		12.01	6.60	6.99	7.03	9.04	5.51	6.02	5.17	6.79
25-29		24.41	13.68	20.34	15.05	17.78	8.87	8.20	8.48	14.24
30-34		21.34	20.27	22.31	12.91	15.16	8.71	8.31	8.04	15.41
35-39		10.90	17.96	12.79	7.28	8.82	6.15	9.72	5.78	9.96
40-44		4.95	11.66	5.97	3.69	4.80	4.00	9.46	3.75	6.29
45-49		2.09	5.22	2.86	2.09	2.38	2.39	6.38	2.12	3.47
50-74		0.42	0.83	0.54	0.36	0.48	0.50	2.00	0.50	0.59
All 10-74		**6.84**	**7.28**	**6.47**	**4.41**	**5.37**	**3.44**	**6.10**	**3.33**	**5.05**
10-14	Rate Ratio	1.64	1.83	1.01	0.72	0.75	0.48	1.30	0.69	0.75
15-19		1.38	1.31	0.80	0.84	1.00	0.72	1.29	0.81	0.95
20-24		1.76	0.96	1.02	1.03	1.32	0.81	0.88	0.76	0.99
25-29		1.88	1.06	1.57	1.16	1.37	0.68	0.63	0.65	1.10
30-34		1.61	1.53	1.68	0.97	1.14	0.66	0.63	0.61	1.16
35-39		1.11	1.83	1.30	0.74	0.90	0.63	0.99	0.59	1.01
40-44		0.78	1.84	0.94	0.58	0.76	0.63	1.49	0.59	0.99
45-49		0.61	1.53	0.84	0.61	0.70	0.70	1.87	0.62	1.02
50-74		0.58	1.17	0.76	0.50	0.68	0.70	2.80	0.71	0.83
All 10-74		**1.30**	**1.38**	**1.23**	**0.84**	**1.02**	**0.65**	**1.16**	**0.63**	**0.96**

[1]Regional figures derived by summing figures for their constituent Partnership Areas. England figures derived by summing the Regional figures; hence movement of clients between Partnership Areas results in multiple counting of individuals

7. Trends

7.1 Trend in the number of individuals in contact with drug treatment services

During 2007/08 NDTMS recorded information about 202,666 individuals (excluding multiple counts between Partnership areas) who were in contact with structured treatment services. Progress towards the 2005/06-2007/08 PSA target of doubling the numbers in drug treatment has been measured from a baseline estimate of the number of individuals in contact with treatment services in 1998/99, using trends in the RDMD and NDTMS data. Although the method of measuring the number of persons in treatment has changed, the year-on-year trends using the different systems and counting methodologies provide an indicator of the overall change in the numbers treated. The trend data are shown in Table 7.1.1 and Figure 7.1.1.

Figure 7.1.1: Trend in the percentage increase from baseline in the estimated number of individuals in contact with drug treatment services from 1998/99 to 2007/08

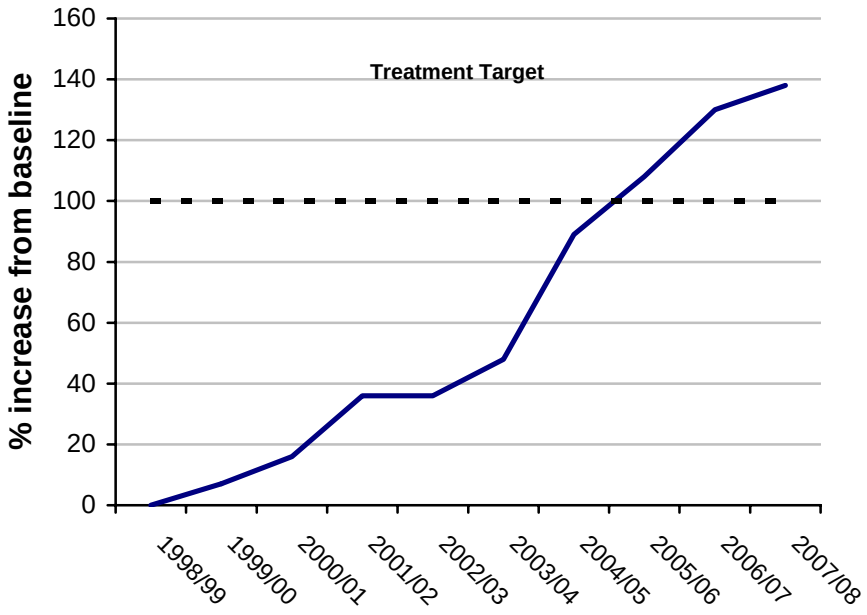


Table 7.1.1: Trend in the number of individuals in contact with drug treatment services between 1998/99 and 2007/08

Year	Measured or *estimated* figure	% Increase from previous year	% Increase from 1998/99 baseline
1998/99[1]	*85,000*	-	-
1999/00[1]	*91,000*	7	7
2000/01[1]	*99,000*	9	16
2001/02[1]	*116,000*	17	36
2002/03[1]	*115,500*	0	36
2003/04	125,545	9	48
2004/05	160,453	28	89
2005/06	177,055	10	108
2006/07	195,464	10	130
2007/08	202,666	4	138

[1]See Appendix 2 "Notes on Numbers in Treatment Series"

7.2. Trend in age at triage and gender distribution

Again, data collection methods have changed over this period, so it is difficult to reach firm conclusions regarding trends. However, there may have been a gradual decline in the proportion of clients aged less than 25 years and a small increase in the proportion who were female (Table 7.2.1).

Table 7.2.1: Trend in clients' age (at triage) and gender between 2000/01 and 2007/08

	2000/01[1]	2002/03[2]	2003/04[3]	2004/05[3]	2005/06[3]	2006/07	2007/08
	%	%	%	%	%	%	%
Age							
Under 25	32	35	29	27	27	26	25
Over 25	68	65	71	73	73	74	75
Gender							
Male	74	N/A	72	71	71	72	72
Female	26	N/A	28	29	29	28	28

1 – All clients, source: NDTMS census 2000/01, 2 – Clients presenting during year, source: Statistical release December 2003,
3 – All clients

7.3 Trend in primary drug used

Table 7.3.1 (a & b) shows the percentage of clients recorded as using each primary drug for the years 2001/02 to 2007/08 split by those aged less that 18 years and those aged 18 or more. Data collection methods have changed considerably during this period, so it is difficult to make precise year-on-year comparisons, particularly for the period prior to 2003/04. Insofar as heroin users have continued to make up the vast majority of those receiving treatment, the pattern appears rather stable. However, there are some indications that the diversity of drug use has change somewhat; for example, the proportion using cannabis as a primary drug may have increased, perhaps reflecting increasing service provision for young users (Table 4.3.1 gives a breakdown of the primary drug of misuse for clients aged under 18 years and 18 years and over at triage).

Table 7.3.1a: Trend in primary drug used by clients aged 18 years or over between 2003/04 and 2007/08

Drug	2003/04[1] %	2004/05[2] %	2005/06[1] %	2006/07 %	2007/08 %
Heroin	70	67	66	66	66
Methadone	5	6	7	6	5
Other Opiates	3	3	3	3	3
Benzodiazepines	1	1	1	1	1
Amphetamines	3	3	3	3	3
Cocaine	4	4	5	6	6
Crack	6	6	6	6	6
Hallucinogens	0	0	0	0	0
Ecstasy	1	0	0	0	0
Cannabis	6	7	7	7	7
Solvents	0	0	0	0	0
Barbiturates	-	0	0	0	0
Anti-depressants	-	0	0	0	0
Other drugs	1	1	1	1	1
Total	**100**	**100**	**100**	**100**	**100**

1 All clients aged 18 years or over

2 All clients aged 18 years or over excluding those treated in the North West region

Table 7.3.1b: Trend in primary drug used by clients aged under 18 years between 2003/04 and 2007/08

Drug	2003/04[1] %	2004/05[2] %	2005/06[3] %	2006/07 %	2007/08 %
Heroin	20	14	8	6	5
Methadone	0	0	0	0	0
Other Opiates	0	0	0	0	0
Benzodiazepines	0	0	0	0	0
Amphetamines	4	3	3	2	2
Cocaine	3	3	4	5	5
Crack	2	2	2	1	1
Hallucinogens	0	0	0	0	0
Ecstasy	5	4	3	3	3
Cannabis	61	68	75	75	80
Solvents	3	2	2	2	2
Barbiturates	-	0	0	0	0
Anti-depressants	-	0	0	0	0
Other drugs	1	2	2	4	1
Total	**100**	**100**	**100**	**100**	**100**

1 All clients aged 11-17 years at triage

2 All clients under 18 years at triage excluding those treated in the North West region

3 All clients under 18 years

Table 7.3.2 shows trends in the number of individuals using opiates and/or crack as part of their drug using repertoire and, for the remainder of clients, the number using each drug as their primary drug type. For example, in 2007/08 primary or adjunctive opiate use was reported for 101,021 clients and, of the clients not involved in primary or adjunctive opiate use, 11,630 were primary cocaine users.

Table 7.3.2: Trend in drugs used by clients

Drug	2005/06	2006/07	2007/08
Primary / adjunctive Opiates only	96,396	102,451	101,021
Primary / adjunctive - Crack only	7,598	8,509	8,496
Primary / adjunctive – Opiates and crack	32,234	37,906	44,360
Not using crack or opiates:			
Primary - cocaine	7,602	9,828	11,630
Primary - other stimulants	5,535	6,207	5,997
Primary – Cannabis	20,207	23,566	25,143
Primary – Benzodiazepines	1,666	1,736	1,608
Primary - Other drugs	1,387	1,726	2,024

Table 7.3.3 shows the trend in numbers of Problem Drug Users (opiate and /or crack users) in contact with treatment services. To facilitate comparison with nationally available estimates of the prevalence of problem drug use, these figures are based on the sum of Partnership figures, hence they include an element of multiple counting due to clients' movement between Partnership areas.

Table 7.3.3: Trend in the number of Problem Drug Users (opiate and/or crack users) in contact with treatment services

	2005/06	2006/07	2007/08
Number	147,328	161,791	166,691

7.4 Trends in referral source

Table 7.4.1 shows the distribution of referral source for each year. Again, note that the system of data collection has changed considerably during this period. However, there is a reasonably clear trend towards clients entering treatment via increasing varied referral routes, with a consequent fall in the proportion entering via the traditional self-referral or GP referral routes. The proportion of Criminal Justice System referrals and referrals from other drug services appear to have increased. The trend towards increasing referrals from 'other' routes, in part, reflects an increase in referrals of young people.

Table 7.4.1: Trends in source of referral into treatment between 2001/02 and 2007/08 (episodes)

Referral Source	2001/02[1] %	2003/04[2] %	2004/05[2] %	2005/06[2] %	2006/07 %	2007/08 %
Statutory Drug service	6	9	8	9	10	10
Non-statutory Drug service	2	4	4	5	7	8
General Practice	18	17	15	13	11	11
Self Referral	47	43	41	37	34	34
Criminal Justice	19	17	19	22	24	23
Accident and Emergency	0	1	1	0	0	0
Syringe Exchange	0	0	0	0	0	0
Psychiatry	2	2	2	2	1	1
Community Care Assessment	0	0	1	1	1	1
Other	6	7	11	11	11	12
Total (episodes)	**100**	**100**	**100**	**100**	**100**	**100**

1 Clients presenting for treatment, 2 All clients

7.5 Trends in treatment completion

Table 7.5.1 shows the trend in the distribution of discharge reasons for those leaving treatment each year. Again, the method of data collection has changed during this period**.** However, there appears to have been an upward trend in the proportion of treatment episodes resulting in successful treatment completion, a reduction in premature treatment drop-out, and a reduction in the proportion of episodes where the

reason for finishing treatment was not known. The increase in the proportion of episodes that ceased because the client was imprisoned is, perhaps, due to changing levels and patterns of Criminal Justice referral.

Table 7.5.1: Trends in reasons for discharge on episode completion between 2001/02 and 2007/08

Discharge Reason	2001/02 %	2002/03 %	2003/04 %	2004/05 %	2005/06 %	2006/07 %	2007/08 %
Dropped out/left	53	59	42	43	39	33	26
Successful Completion	26	29	29	30	36	44	54
Treatment withdrawn/breach of contract	4	2	6	6	6	4	4
Prison	3	2	4	5	6	7	7
Other	2	1	6	8	5	5	4
Moved away	3	2	4	3	3	3	3
Not known	7	4	8	3	2	2	1
No appropriate treatment available	1	0	2	1	1	1	0
Died	1	0	1	1	1	1	1
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Table 7.5.2 (a & b) shows the trend in the reasons for successful discharge, by individual and episode counts, respectively. In 2007/08 there were 69,642 individuals who were discharged during the year and who did not have an episode ongoing on 31st March. Of these, 35,441 were defined as having a successful discharge at their last treatment episode: 7,324 were reported to have completed treatment drug free, 17,306 to have completed treatment and 10,811 to have been referred on.

Table 7.5.2a: Trends in reasons for discharge of individuals between 2004/05 and 2007/08

	2004/05		2005/06		2006/07		2007/08	
	n	%	n	%	n	%	n	%
Treatment completed drug free	3,632	7	4,559	7	5,829	9	7,324	11
Treatment completed	7,656	14	10,662	17	13,022	20	17,306	25
Referred on	4,516	8	6,348	10	8,662	13	10,811	16
Dropped out / left	23,955	44	26,136	41	23,646	36	19,591	28
Prison	2,441	5	3,486	6	4,069	6	4,240	6
Treatment declined by client	-	-	190	0	792	1	2,169	3
Treatment withdrawn / breach of contract	2,947	5	2,766	4	2,357	4	2,078	3
Moved away	1,448	3	1,521	2	1,772	3	1,605	2
Died	602	1	514	1	633	1	784	1
Inappropriate referral	-	-	759	1	646	1	367	1
No appropriate treatment available	695	1	3,863	6	2,816	4	2,373	3
Other	4,383	8	2,376	4	1,556	2	520	1
Total	***53,936***	100	***63,237***	100	***66,066***	100	***69,612***	***100***
Missing/Inconsistent Data	1,624		297		57		30	
Total discharged	**55,560**		**63,534**		**66,123**		**69,642**	

Table 7.5.2b: Trend in reasons for successful discharge of episodes between 2004/05 and 2007/08

	2004/05		2005/06		2006/07		2007/08	
	n	%	n	%	n	%	n	%
Treatment completed drug free	5,759	21	7,021	17	9,036	17	11,185	16
Treatment completed	12,012	43	16,705	41	20,329	41	26,768	39
Referred on	10,386	37	16,853	42	22,821	42	31,050	45
Total	**28,157**		**40,579**		**52,186**		**69,003**	

Appendix 1. Variable incompleteness and inconsistency

For the treatment year 2007/08 modality records have been analysed for completeness and consistency of selected variables. However, older modality records from episodes of treatment that have continued into 2007/08 are unlikely to have been updated retrospectively since 2006/07. Thus, attention here has been paid only to the 174,252 (46%) 'new' modality records for clients triaged during 2007/08.

Please note the following analysis is based on all modality records that fall within an episode or that relate to an individual client triaged during 2007/08. However, in constructing the source data for the main reporting purposes, only a subset of the modality records pertaining to each client or episode has been used (see Methodology section 3.1).

A1.1 Variable Incompleteness

An NDTMS record is defined as incomplete in respect of a particular data field when no legitimate recorded value is provided for that field. There are several NDTMS fields that may go unrecorded for legitimate reasons. The following fields are, therefore, not analysed here for completeness: secondary drug, tertiary drug, modality end date, discharge reason and discharge date. Similarly, modality start date and modality type may legitimately not be recorded if a client, although triaged, was not assigned a modality or did not start the treatment modality that they were assigned. Although, postal sector of residence, PCT and Drug Partnership area of residence may also go unrecorded for legitimate reasons, these variables are analysed for completeness, as they are of particular interest in geographic analyses.

Figure A1.1.1 NDTMS Data Variable Incompleteness: Percentage of new modality level records with a missing value

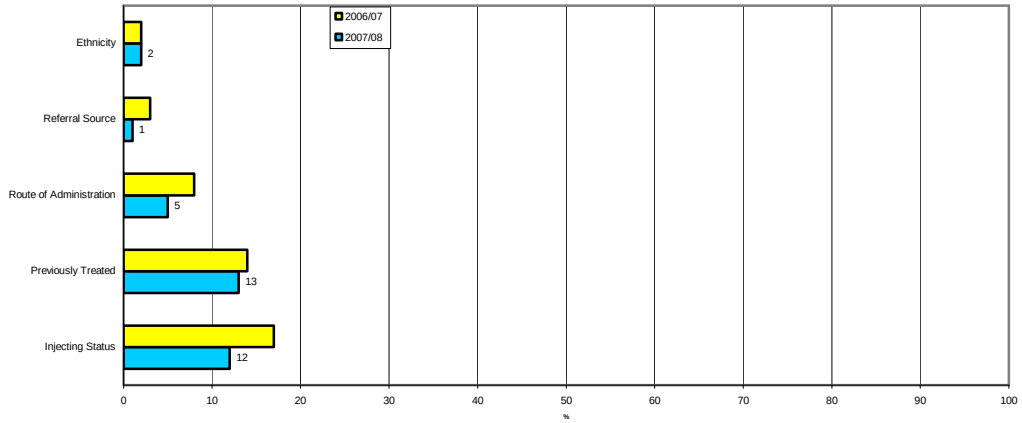


Figure A1.1.1 shows, for selected variables of interest, the percentage of new modality records (those with a triage date during 2007/08) for which a legitimate value was not recorded. The corresponding values for 2006/07 are shown for comparison. As in 2006/07, of the variables of interest, 'injecting status' and 'previously treated' were the most incomplete variables, each having been unrecorded in over 10% of new modality records. Referral source and ethnicity were again the least incomplete, having been recorded in all but 1-2% of new modality records.

Table A1.1.1 shows, for the two most incomplete variables, the percentage of new modality level records for which a legitimate value was not recorded in the NDTMS data for 2007/08, by Region of treatment. For example, 20% of new modality records from the South East Region included no valid details of client injecting status and 19% of new modality records from each of the South East and the North East Regions failed to record properly whether or not a client had been previously treated.

Table A1.1.1 NDTMS Data Variable Incompleteness 2006/07: Percentage of new modality level records with a missing value, by Region of treatment

Region of treatment	% of new modality records with missing value	
	Injecting status	Previously treated
North East	10	19
North West	9	10
Yorkshire & The Humber	13	15
East Midlands	10	7
West Midlands	6	7
East of England	14	11
London	15	17
South East	20	19
South West	10	13

A1.2 Variable Inconsistency

New modality records with a valid recorded value for a given variable were examined for each treatment episode and for each individual client to determine the extent of inconsistencies between the values assigned to the variable, values that should not change during the course of a treatment episode or for a client.

Table A1.2.1 NDTMS 2007/08: Inconsistencies in new modality level records

Variable	Number of clients/episodes with inconsistent data[1]		% of examined clients/episodes with inconsistent data
Ethnicity	2557	*clients*	2.4
Referral source	65	*episodes*	<0.1
Main drug	34	*episodes*	<0.1
Injecting status	16	*episodes*	<0.1
Previously treated	28	*episodes*	<0.1

[1]for which two or more different values were recorded for the same field amongst the modality records for the client/episode

A client-level variable or episode-level variable in the NDTMS data is defined to be inconsistent if it has two or more non-identical legitimate values amongst all the modality records for a client or for an episode.

Inconsistency of a client-level variable, such as ethnicity, is measured by the valid percentage of all clients who have two or more non-identical legitimate values for that variable amongst the respective modality records. Similarly, inconsistency of an episode-level variable, such as main drug or referral source, is measured by the valid percentage of all episodes which have two or more non-identical legitimate values for that variable amongst the respective modality records.

Table A1.2.1 summarises the level of inconsistency for several key variables amongst new modality records. Thus, for example, there were 2,557 clients, triaged during 2007/08, for each of whom at least two different values for ethnicity were reported and 65 episodes of treatment for each of which at least two different referral sources were reported.

Compared with 2006/07 there has been an improvement in the completeness and consistency of new modality recorded during 2007/8.

Appendix 2. Notes on numbers in treatment series

1998/99 – Originally published as 100,000, based on a reduction from the original 2000/01 estimate (118,500). Now estimated as 85,000, based on a reduction from a revised estimate (102,100) of the 2000/01 census figure and with a reduction (1/1.03 – based on an analysis of 2003/04 data) for regional overlap[1].

1999/00 – Originally published as 109,000, based on based on a reduction from the original 2000/01 estimate (118,500). Calculated as a reduction from the revised 2000/01 estimate, as per the revised baseline estimate, the estimated figure is 91,000 (87,500 – 94,500).

2000/01 – Originally published as 118,500, based on treatment census. Taking into account problems with the original methodology, this has been revised to 102,100 (see "Re-examining the baseline for the number of persons in drug misuse treatment during 1998/99") and can be further adjusted (1/1.03 – based on an analysis of 2003/04 data) to allow for regional overlap not accounted for in the revised figure, which gives an estimate of 99,000.

2001/02 – The Department of Health originally published a provisional figure of 128,200, based on the first year of NDTMS. If the published figure is adjusted to take account of regional overlap (1/1.03 – based on an analysis of 2003/04 data), a higher level of reporting by GPs (further 1/1.014 – based on a comparison of 2002/03 with 2003/04 data[2]) and inclusion of Tier Two agencies (further 1/1.056 – based on a comparison of 2002/03 with 203/04 data[2]), the resulting estimate is 116,000.

2002/03 - The Department of Health originally published a provisional figure of 140,900. This was based on a variety of methodological assumptions about the NDTMS data for 2002/03 which are known to have resulted in an inflated figure. The Bridging Exercise[2] concluded that, in order to produce comparable figures, it would be necessary to inflate the figures for the subsequent year from 125,913 to 153,806. If the 2002/03 figures are reduced by an equivalent proportion, the resulting estimate is 115,500.

[1] Re-examining the baseline for the number of persons in drug misuse treatment during 1998/99 (National Drug Evidence Centre, University of Manchester 2005)

[2] Bridging exercise comparing drug misuse treatment data 2002/03 and 2003/04 (National Drug Evidence Centre, University of Manchester 2005)

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