



*National Treatment Agency  
for Substance Misuse*



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**Statistics from the  
National Drug Treatment Monitoring System  
(NDTMS)  
1 April 2008 - 31 March 2009**

Revised February 17 2010

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## Executive Summary

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- Of the 210,815 clients aged 18 and over in treatment contact in 2008/09, 194,572 were in treatment for 12 weeks or more or exited treatment free of dependency before 12 weeks (92%).
  
- Of the 176,551 opiate and / or crack cocaine using clients (all ages) in treatment contact in 2008/09, 165,873 were in treatment for 12 weeks or more or exited treatment free of dependency before 12 weeks (94%).
  
- Clients' median age at their first point of contact in their latest treatment journey in 2008/09 was 33 and 73% of clients in treatment were male.
  
- Most clients were White British (82%), while other ethnic groups each accounted for no more than three percent of clients.
  
- Most clients in contact with treatment were using opiates and / or crack cocaine (83%). Powder cocaine and cannabis were used as a primary drug by 6% (each) of other clients.
  
- The most common routes into treatment for clients starting treatment in 2008/09 were self-referrals (40%) and referrals from the criminal justice system (27%). Onward referrals from other drug services together accounted for 15%.
  
- 83% of the clients starting new treatment journeys in 2008/09 were in treatment for 12 weeks or more or exited treatment free of dependency before 12 weeks.
  
- Nearly all clients waited less than three weeks to commence treatment (93%).

- Of the clients starting treatment (and where reported) just under half (49%) reported having ever injected with 23% currently injecting at time of presentation.
  
- Where reported, one in ten clients (10%) had No Fixed Abode on presenting for treatment, a further (16%) of clients had other housing problems.
  
- 24,970 (41%) of clients exiting treatment in 2008/09 were no longer dependent on the substances that brought them into treatment; a further 9,204 (15%) were referred on for further interventions outside of community-structured treatment.
  
- The number of under 25s presenting to treatment for the most problematic substances of opiates or crack cocaine has fallen significantly since 2005/06, 12,320 (68%) to 8,736 (53%) in 2008/09.

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# 1. Background

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**This report revises data published on 8<sup>th</sup> October 2009 and now includes data from Bristol Partnership which was not available at that time.**

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). v

Data is collected in order to monitor and assist the management of progress towards the Government's PSA target of increasing the number of opiate and crack clients in effective treatment (see [http://www.hm-treasury.gov.uk/d/pbr\\_csr07\\_psa25.pdf](http://www.hm-treasury.gov.uk/d/pbr_csr07_psa25.pdf)), as well as to assure delivery of the new drug strategy and its aims of the improvement of treatment outcomes and reintegration.

The new 2008-2018 drug strategy focuses on reintegration and protecting families and strengthening communities (see <http://drugs.homeoffice.gov.uk/drug-strategy/overview/>)

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. 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 users (see [http://www.nta.nhs.uk/areas/models\\_of\\_care/default.aspx](http://www.nta.nhs.uk/areas/models_of_care/default.aspx)). 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 (see <http://www.apho.org.uk/>).

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, replaced by a system whereby treatment services submit a core data set of their clients' information either as a database extract or spreadsheet. Code sets for the core data set can be found in the NDTMS reference data document (see [http://www.nta.nhs.uk/areas/ndtms/core\\_data\\_set\\_page.aspx](http://www.nta.nhs.uk/areas/ndtms/core_data_set_page.aspx)).

The NDTMS figures for England are collated by The National Drug Evidence Centre (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 (see <http://www.emcdda.europa.eu/html.cfm/index190EN.html>), and for the United Nations.

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

<http://www.wales.gov.uk/keypubstatisticsforwales/topicindex/topics.htm#public> (Wales)

<http://www.scotland.gov.uk/Publications/2003/12/18662/30651> (Scotland)

[http://www.dhsspsni.gov.uk/index/stats\\_research/stats-pubs.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs.htm) (Northern Ireland)

NDEC is part of the Health Methodology Research Group in the School of Medicine, University of Manchester.

### **1.1 Relevant web links:**

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Monthly web-based NDTMS analyses:

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

NDEC:

<http://www.medicine.manchester.ac.uk/healthmethodology/research/ndec/>

NTA:

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

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## 2. Abbreviations and definitions

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### 2.1 Abbreviations

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CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CJS	Criminal Justice System
CQC	Care Quality Commission
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
PDU	Problem Drug User (of opiates and / or crack cocaine)
PSA	Public Sector Agreement
RDMD	Regional Drug Misuse Databases
YP	Young Persons

### 2.2 Definitions

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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, NDTMS collects secondary and tertiary substances.
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 and drug partnership 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.
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, in line with the spending review cycle. The Department includes within the agreement, details of how targets will be achieved and how performance against these targets will be measured.
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.
Problem drug user	Clients citing opiates, crack cocaine or both as any of their presenting substances.
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	<p>Models of Care outlined a four-tier framework for drug treatment:</p> <p>Tier 1 Non-substance misuse specific services requiring interface with drug and alcohol treatment services</p> <p>Tier 2 Open access drug and alcohol treatment services</p> <p>Tier 3 Structured community-based drug treatment services</p> <p>Tier 4 Residential and inpatient services for drug and alcohol misusers.</p>
Treatment journey	A set of concurrent or serial treatment episodes linked together to describe a period of treatment based on the clients' attributors and partnership of residence. This can be within one provider or across a number of different providers.
Triage	An initial clinical risk assessment performed by a treatment service. A triage includes a brief assessment of the problem as well as an assessment of the client's readiness to engage with treatment, in order to inform a care plan.
Triage date	The date that the client made a first face-to-face presentation to a treatment provider. This could be the date of triage/initial assessment though this may not always be the case.
Waiting times	The period from the date a person is referred for a specific treatment modality and the date they start that modality. Referral for a specific treatment modality typically occurs within the treatment agency, at or following assessment.

Please note: Full operational definitions can be found in the NDTMS Core Data Set documents on [http://www.nta.nhs.uk/areas/NDTMS/core\\_data\\_set\\_page.aspx](http://www.nta.nhs.uk/areas/NDTMS/core_data_set_page.aspx)

### 3. Methodology

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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:

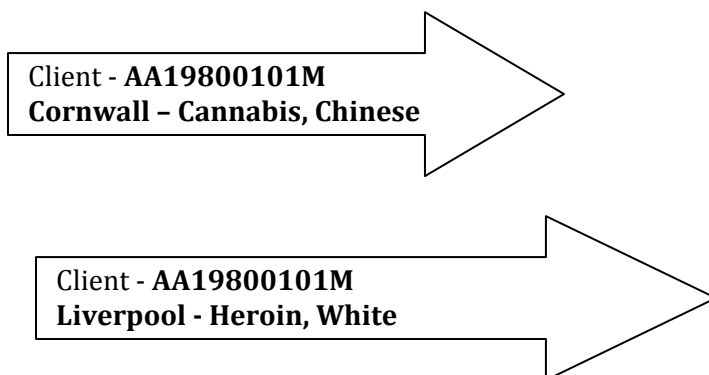
- a missing agency code
- a modality recorded as Tier 1 or Tier 2
- a missing date of birth
- an age under 9 or over 75 years at triage
- nicotine or alcohol recorded as the primary drug
- an illogical chronological sequence of referral date, triage date and discharge date
- a Drug Partnership of residence outside England.

**Age** - The methodology used to calculate the age of clients has changed from that used previously and is now based on the client's age at the start of the financial year (1<sup>st</sup> April 2008) if their current treatment journey had commenced before that point, otherwise their age at commencement of their current treatment journey is 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.

**Individuals and Attributors** - All England and Regional totals in this report are the summation of the Partnership (DAAT) totals. In previous NDTMS annual reports a different method has been used to give these totals. The reason for this change in methodology and an explanation of the difference in the data is outlined below.

The NDTMS collects limited attributable information on clients in structured drug treatment; these are First initial, Surname initial, Date of Birth, Gender. Just using this information it is not always possible to determine if clients that share the same attributors are the same person or if they are more than one individual. In previous reporting all clients with the same attributor have been counted as one person, so for example



A client with the attributors AA19800101M starts treatment at a provider in the partnership of Liverpool while a client with the same attributor is already in treatment in Cornwall. Previous reporting would have counted this occurrence as one individual, using the latest episode of the two to report the ethnicity of the client and the substance that they had presented with as if it was one person, effectively arbitrarily choosing one set of profile information and ignoring the rest. This has the effect of under-estimating the number of persons in treatment.

Further treatment information for every occurrence of the attributor would be merged together to represent progress for one individual. This included the discharge reason where the latest one would have been used to report the outcome ignoring the discharge reason in any other episode and ignoring if any other episode was still open.

This report differs from that methodology in that where there are two instances of the same attributor resident in two different drug partnerships this is reported as two individuals, this corrects for having to decide arbitrarily which set of client and episode information to choose and allows reporting of the progress and the accurate outcome of each individual treatment journey.

Where there is more than one instance of the same attributor in one Partnership area this is then treated as one individual with the multiple episodes utilised to construct the Treatment Journey of a client as defined below. Summing the number of treatment journeys has the effect of over-estimating the number of persons in treatment.

If a client has more than one treatment journey in the reporting period then for purposes of reporting the latest one is always used.

This change in methodology means that data in previous reports is not always directly comparable. Some revised trend data is included in the later sections of this report.

**Reporting Substances** - The NDTMS collects up to three substances recorded as problematic for the client by the clinician at the point of triage. Previous reporting has used the first recorded substance to indicate why the client is in treatment. However, with the current focus on PDU reporting this approach overlooked an important trend in clients presenting with both opiates and crack cocaine. **As a result**, this report has introduced the following change in the methodology of how substances are reported:

Within the PDU group, clients that have any opiate recorded in any of the three NDTMS substances and not crack cocaine will be reported under the group 'opiates only (PDUs)', although they may have other substances recorded. Where a client has crack cocaine recorded and not an opiate they will be reported under 'crack cocaine only (PDUs)' though again they may have other substances recorded. If a client had both opiate(s) and crack cocaine recorded they will be reported under 'opiates and crack cocaine (PDUs)'.

If neither opiates nor crack cocaine are recorded, then the first substance in the three NDTMS data items is reported in the report as the primary drug. Where stated the adjunctive drugs are also reported to give a picture of all presenting substances.

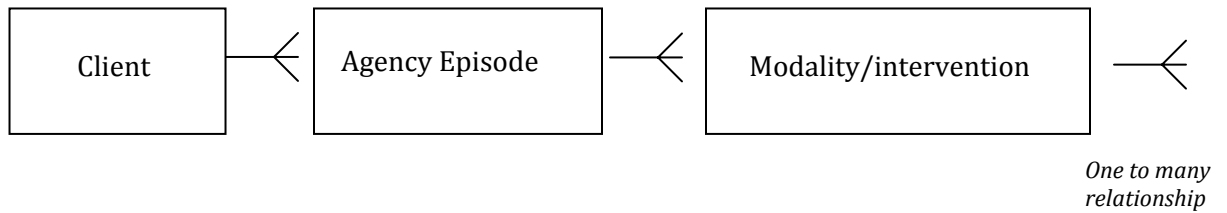
The term 'primary drug' will now relate to this definition throughout the report and is not comparable to the definition of 'primary drug' in previous years.

### 3.1 Data model

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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.



### 3.2 Methodological notes


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


**Clients** are reported on the basis of their latest treatment journey within the year, with information pertinent to their status at treatment start taken from the first episode within the treatment journey such as referral source. Other data is taken across all the episodes in the treatment journey to make sure that all information as treatment progresses, is captured.

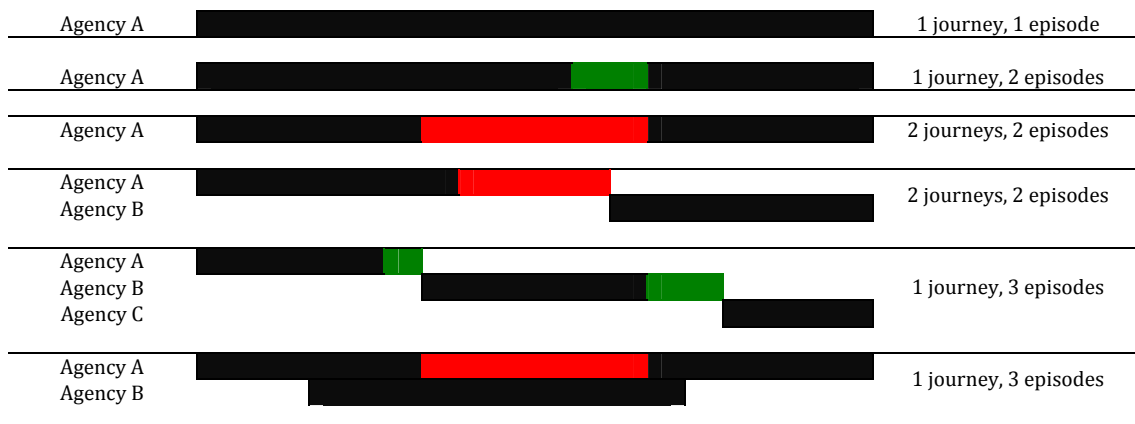
**Treatment journeys.** The concept of the treatment journey is described in [Models of care for treatment of adult drug misusers: Update 2006](#). The operational definition of a journey is that episodes are considered as linked elements of an ongoing treatment journey if they are concurrent, or if 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.



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

## 4. Key Findings

During 2008/09 NDTMS reported 210,815 clients aged 18 and over in contact with structured treatment.

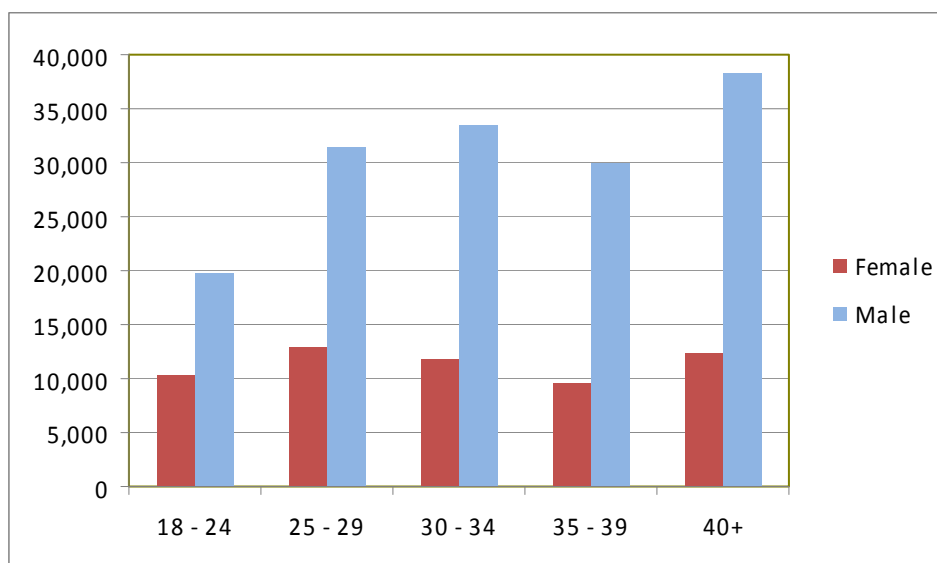
### 4.1 Age and gender of all clients

The age and gender of clients is reported in Table 4.1.1 and Figure 4.1.1 (see Methodology, page 9, for the detailed age methodology used). Most (73%) treated persons were male. The average (median) age of clients in treatment in 2008/09 was 33 years. Nationally, women had a younger average (median) age than men (32). 45% of men in treatment were aged 35 or over, compared to 39% of women, while 41% of women in treatment were aged under 30, compared to 34% of men.

**Table 4.1.1: Age and Gender : 2008/09**

Age	Female		Male		Persons	
	n	%	n	%	n	%
18 - 24	10,350	18	19,860	13	30,210	14
25 - 29	12,998	23	31,510	21	44,508	21
30 - 34	11,908	21	33,610	22	45,518	22
35 - 39	9,707	17	30,085	20	39,792	19
40+	12,494	22	38,293	25	50,787	24
<b>Total Clients</b>	57,457		153,358		210,815	

**Figure 4.1.1 Age and Gender: 2008/09**



## 4.2 Ethnicity

Table 4.2.1 shows clients' ethnicity. Most (86%) were White and the majority of these were White British. No other ethnic group accounted for more than three percent of clients.

**Table 4.2.1: Ethnicity: 2008/09**

<b>Ethnicity</b>	<b>n</b>	<b>%</b>
White British	172,467	82
White Irish	2,553	1
Other White	6,121	3
White & Black Caribbean	2,705	1
White & Black African	535	0
White & Asian	746	0
Other Mixed	1,347	1
Indian	2,052	1
Pakistani	2,329	1
Bangladeshi	1,302	1
Other Asian	1,891	1
Caribbean	3,589	2
African	1,269	1
Other Black	2,358	1
Chinese	101	0
Other	2,171	1
Not Stated	2,067	1
Unknown	4,757	2
<b>Total</b>	<b>210,360</b>	<b>100</b>
Inconsistent/missing	455	
Total inc missing/inconsistent	210,815	

## 4.3 Primary and adjunctive drug use

Table 4.3.1 shows the distribution of primary and adjunctive drug (see Abbreviations and definitions pages 6-7) use of clients aged 18 or over treated in 2008/09. In order to define primary drug, users of opiates and/or crack cocaine (PDUs) are identified in the first instance and if a person is not using opiates and/or crack cocaine they are reported by their primary drug (for further detail see Methodology section, under 'Reporting substances', page 10). For those classified as PDUs, adjunctive drugs include any non-PDU drug recorded at the time the client presents to treatment. For non-PDUs, any adjunctive drugs at the time the client presents to treatment are included.

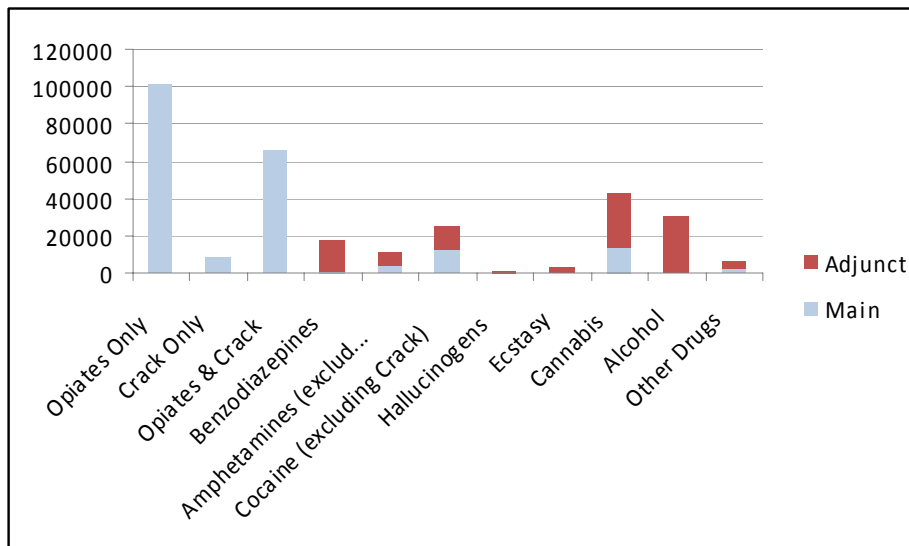
83% of clients were problem drug users (PDUs), while the majority of remaining drug users were in treatment for powder cocaine (6%) or cannabis (6%). Among those aged 18 and over, PDUs in treatment had an average (median) age of 33, while adults in treatment for cocaine had a much lower average (median) age of 28 and those in treatment for cannabis use had an average (median) age of 26. Adults in treatment for benzodiazepines, prescription drugs and amphetamines had a higher median than age PDUs (38, 36 and 34 respectively).

Figure 4.3.1 shows the breakdown of clients by primary and adjunctive drug in graph form.

**Table 4.3.1: Primary and adjunctive drug use all clients 2008/09**

Drug Group	Main Drug		Adjunctive Drug
	n	%	n
Opiates Only	101,075	48	-
Crack Only	8,417	4	-
Opiates & Crack	66,181	31	-
<b>PDU Total</b>	<b>175,673</b>	<b>83</b>	-
Benzodiazepines	1,398	1	16,688
Amphetamines (excluding Ecstasy)	4,465	2	7,336
Cocaine (excluding Crack)	12,401	6	12,908
Hallucinogens	404	0	781
Ecstasy	386	0	2,664
Cannabis	13,525	6	29,639
Solvent	173	0	185
Barbiturates	19	0	110
Major Tranquilisers	38	0	81
Anti-depressants	120	0	691
Alcohol	-	-	29,936
Other Drugs	912	0	1,260
Poly Drug	85	0	106
Prescription Drugs	494	0	1,057
Nicotine	-	-	569
Misuse Free	524	0	-
Not known	198	0	-
<b>Non-PDU Total</b>	<b>35,142</b>	<b>17</b>	<b>104,011</b>
<b>Total</b>	<b>210,815</b>	<b>100</b>	<b>104,011</b>

**Figure 4.3.1: Primary and adjunctive use of selected drugs: number of clients using each drug: NDTMS 2008/09**





#### 4.4 Source of referral into treatment, new journeys 2008/09

Table 4.4.1 shows a breakdown of new presentations by source of referral. Information about source of referral was provided for 83,190 (98%) new presentations to treatment in 2008/09. of these, self-referrals (40%) were most common. The second most common source of referrals was the Drug Interventions Programme (13%), and referrals from the criminal justice system (consisting of: Arrest referral/DIP, CARAT/Prison, DRR or Probation) made up 27% of all referrals. Referrals from statutory drug services (which reflect movement between agencies) amounted to 7% of the total, while non-statutory drug services accounted for a further 8%. GP referrals made up 8% of referrals.

**Table 4.4.1: Source of referral into treatment, new journeys 2008/09**

Referral source	n	%
Accident and Emergency	188	0
Arrest Referral/DIP	10893	13
CARAT/Prison	5027	6
Community Care Assessment	283	0
Connexions	72	0
DRR	1363	2
Drug Service Non-statutory	6664	8
Drug Service Statutory	5462	7
Education Service	51	0
Employment Service	106	0
GP	6365	8
Looked after Children	40	0
Other	6119	7
Probation	5395	6
Psychiatry	873	1
Self	33191	40
Social Services	629	1
Syringe Exchange	469	1
<b>TOTAL</b>	<b>83190<sup>1</sup></b>	100

<sup>1</sup> Total excludes those with a missing or inconsistent referral source.

#### 4.5 Age and Primary Substance, New Treatment Journeys 2008/09

The table below shows a breakdown of persons entering drug treatment in 2008/09 by age group and primary substance. Problem drug users are identified first and then other clients entering treatment are assigned according to their recorded primary drug. The proportion of PDUs was much lower in the 18-24 group (53%) than any of the older age groups (between 77% and 82%). 46% of cannabis users and 35% of cocaine users were aged 18-24, compared to 20% of all clients entering treatment and 14% of PDUs.

A large proportion of cannabis clients in the 18-24 group were aged 18 and 19 and it is therefore likely that some will be receiving interventions for issues associated with their use of the drug, rather than dependence on the substance.

**Table 4.5.1: Age and Primary Substance, New Treatment Journeys 2008/09**

	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Opiates only (PDUs)	4,355	26	7,632	40	7,570	43	6,011	42	6,890	41	32,458	38
Crack only (PDUs)	1,046	6	1,103	6	886	5	807	6	1,203	7	5,045	6
Opiates/crack (PDUs)	3,335	20	6,151	32	5,943	34	4,938	34	5,093	31	25,460	30
<i>PDU</i>	8,736	53	14,886	77	14,399	81	11,756	82	13,186	79	62,963	74
Cocaine	3,005	18	2,106	11	1,438	8	987	7	986	6	8,522	10
Cannabis	3,749	23	1,481	8	1,028	6	817	6	1,112	7	8,187	10
Other	975	6	777	4	815	5	767	5	1,236	7	4,570	5
<i>Non-PDU</i>	7,729	47	4,364	23	3,281	19	2,571	18	3,334	20	21,279	25
<i>Misuse free</i>	58	0	49	0	41	0	35	0	95	1	278	0
<b>Total</b>	16,523	100	19,299	100	17,721	100	14,362	100	16,615	100	84,520	100

#### 4.6 Injecting Behaviour, New Treatment Journeys 2008/09

Injecting status at presentation for treatment was recorded for 79,043 clients (94%) who entered treatment in 2008/09. Of these, 18,421 (23%) were currently injecting. A further 20,416 clients (26%) had previously injected but were not doing so at the time of presenting for treatment. The remaining 40,206 (51%) clients had never injected.

Table 4.6.1: Injecting status at presentation, new treatment journeys 2008/09

Injecting status	n	%
Currently Injecting	18,421	23
Previously Injected	20,416	26
Never Injected	40,206	51
<b>Total</b>	<b>79,043</b>	<b>100</b>
Missing / Inconsistent	5,478	
<b>Total inc. Missing / Inconsistent</b>	<b>84,521</b>	

Of clients who were opiate users (either with or without crack use), 33% were current injectors and 33% were previous injectors. Of clients who presented with primary cocaine or cannabis use, a large majority had never injected (93% in each group).

#### 4.7 Accommodation status of new treatment journeys 2008/09

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Accommodation status at presentation was reported for 74,877 (89%) clients. Of these, 7,193 (10%) reported an urgent housing problem (where they have no fixed abode), while a further 12,216 (16%) reported a housing problem (such as staying with friends or family as a short term guest or residing at a short-term hostel). 54,263 (72%) reported no housing problem.

**Table 4.7.1: Accommodation status of new treatment journeys 2008/09**

Accommodation status	n	%
Urgent Problem	7,193	10
Housing Problem	12,216	16
No Problem	54,263	72
Other	1,205	2
<b>Total</b>	<b>74,877</b>	<b>100</b>
Not Stated/Missing	9,644	
<b>Total inc missing</b>	<b>84,521</b>	

PDUs were much more likely to have no fixed abode than other clients (11% of new presentations with a known accommodation status compared to 4% among newly presenting non-PDUs) and more likely than non-PDUs to have a less severe housing problem (18% compared to 13%).

#### 4.8 Waiting times, first and subsequent interventions 2008/09

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The table below shows a breakdown of waiting times under and over 3 weeks by first and subsequent intervention. Of 81,828 first interventions beginning in 2008/09, 76,168 (93%) began within 3 weeks of referral. There were 46,903 subsequent interventions beginning in 2008/09, of which 43,937 (94%) began with 3 weeks of referral.

**Table 4.8.1: Waiting times, first and subsequent interventions 2008/09**

Intervention	Under 3 weeks	%	Over 3 weeks	%	Total
First intervention	76,168	93	5,660	7	81,828
Subsequent intervention	43,937	94	2,966	6	46,903

#### 4.9 Treatment Pathways and interventions provided, all clients 2008/09

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

As there are seven 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 4.9.1 will not fully report the total number of interventions received by clients, this is demonstrated in Table 4.9.2.

Table 4.9.1 shows the treatment pathways for all clients in treatment in 2008/09, reported by the combination of intervention types received. The largest group (47%) received prescribing interventions only (which will include keyworking), while the most common combination of multiple intervention types is prescribing and psychosocial (13%).

**Table 4.9.1: Treatment Pathways of clients in treatment 2008/09**

<b>Pathway</b>	<b>n</b>	<b>%</b>
Prescribing (including keyworking)	99,635	47
Other Structured Intervention only	21,330	10
Psychosocial (including keyworking)	19,624	9
Structured day programme (SDP) only	7,682	4
Prescribing and psychosocial	27,549	13
Prescribing and structured day programme (SDP)	9,559	5
Inpatient (including keyworking)	1,155	1
Residential rehabilitation (RR) (including keyworking)	1,484	1
Prescribing and inpatient (including keyworking)	3,125	1
Prescribing and RR (including keyworking)	1,079	1
Prescribing, psychosocial/SDP and RR	1,525	1
Psychosocial/SDP and RR	623	0
Prescribing, SDP and psychosocial	4,575	2
All other combinations	5,047	2
No adult modality	6,823	3
<b>Total</b>	<b>210,815</b>	<b>100</b>

Table 4.9.2 shows the number of clients who received each intervention / modality in their latest treatment journey (please note a client may receive more than one intervention type simultaneously or sequentially during their time in treatment). Of those who started a modality, nearly three-quarters of clients (74%) received prescribing interventions alongside keyworking in the year, with 28% accessing psychosocial interventions and 7% accessed residential tier 4 services (inpatient and residential rehabilitation)

The numbers for residential rehabilitation and inpatient will be an under report as about only two thirds of registered providers made full returns to the NDTMS in 2008/09.

**Table 4.9.2: Interventions received by clients in treatment in 2008/09**

<b>Intervention</b>	<b>n</b>
Inpatient detoxification	9,392
Prescribing (including keyworking)	149,986
Structured psychosocial intervention	57,175
Structured day programme	26,400
Residential rehabilitation	4,711
Other structured intervention	62,569

## 5. Effective Engagement and Treatment Exit

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### 5.1 Effective engagement of new treatment journeys 2008/09

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Of all clients 18 and over in contact in 2008/09, 194,572 (92.3%) were engaged in effective treatment, i.e. were retained for more than 12 weeks, or if exiting treatment before 12 weeks, were free of dependency on exit.

Of all PDUs in contact in 2008/09, 165,873 (94.0%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

Of the 84,521 clients starting new treatment journeys in 2008/09, 70,116 (83%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

Of the 63,526 PDU clients starting treatment journeys in 2008/09, 54,040 (85.1%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

### 5.2 Treatment exits and successful completions

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Table 5.2.1 shows the treatment exit reasons for clients exiting treatment in 2008/09. There were 61,384 clients aged 18 and over who were discharged from treatment during the year and were not in treatment on 31<sup>st</sup> March 2009. Of these, 24,970 (41%) were discharged successfully, defined as those completing treatment free of their drug of dependency. 9,204 (15%) were referred on to providers outside of structured treatment.

**Table 5.2.1: Treatment exit reasons for individuals not retained in treatment on 31<sup>st</sup> March 2009**

Treatment exit reason	n	%
Treatment completed free of dependency	15,822	26
Treatment completed free of dependency (no drug use)	9,148	15
<b><i>Successful completion subtotal</i></b>	<b><i>24,970</i></b>	<b><i>41</i></b>
Referred on	9,204	15
Dropped out/left	15,067	25
Prison	4,479	7
Other	1,006	2
Treatment declined	1,776	3
Treatment withdrawn	1,384	2
Moved away	1,897	3
Died	922	1
Not known	160	0
No appropriate treatment	519	1
<b>Total (individuals discharged)</b>	<b>61,384</b>	<b>100</b>

## 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 2008/09: Clients' gender and age-group by Region of residence: 2008/09<sup>1</sup>**

Region	Gender	Age group				
		18 - 24	25 - 29	30 - 34	35 - 39	40+
East Midlands	Female	887	1,124	803	539	667
	Male	1,652	2,987	2,766	2,032	1,992
East of England	Female	908	934	896	723	1,009
	Male	1,578	2,202	2,340	2,100	2,807
London	Female	1,415	1,695	1,751	1,704	3,155
	Male	3,055	4,551	4,659	4,843	9,533
North East	Female	869	1,123	764	470	454
	Male	1,933	2,894	2,508	1,736	1,439
North West	Female	1,328	1,869	2,413	2,452	2,734
	Male	2,983	3,798	5,610	6,784	8,581
South East	Female	1,288	1,314	1,214	904	1,317
	Male	2,464	3,127	3,210	2,918	3,954
South West	Female	1,068	1,189	1,137	920	1,178
	Male	1,592	2,814	3,116	2,669	3,482
West Midlands	Female	1,291	1,639	1,103	789	864
	Male	2,599	4,448	4,036	2,907	2,994
Yorkshire & Humberside	Female	1,296	2,111	1,827	1,206	1,116
	Male	2,004	4,689	5,365	4,096	3,511
<b>NATIONAL TOTAL</b>	<b>Female</b>	<b>10,350</b>	<b>12,998</b>	<b>11,908</b>	<b>9,707</b>	<b>12,494</b>
	<b>Male</b>	<b>19,860</b>	<b>31,510</b>	<b>33,610</b>	<b>30,085</b>	<b>38,293</b>

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

Table 6.1.1 shows clients' age and gender distribution according to their Region of residence. Regions were very similar with respect to clients' gender distribution: between 71% and 75% were male. There were, however, considerable differences in the age breakdown. London and the North West (the two regions with the most clients in treatment) had a median age of clients in treatment of 35, compared to 30 in the North East. In all regions, the average (median) age of female clients was 1 year or 2 years below the median age for men.

Figure 6.1.1 shows the proportion in each age group for all clients in each region; this again shows that London and North West have a generally older treatment population compared to, in particular, the North East.

**Figure 6.1.1: Percentage of clients in each age group in each region**

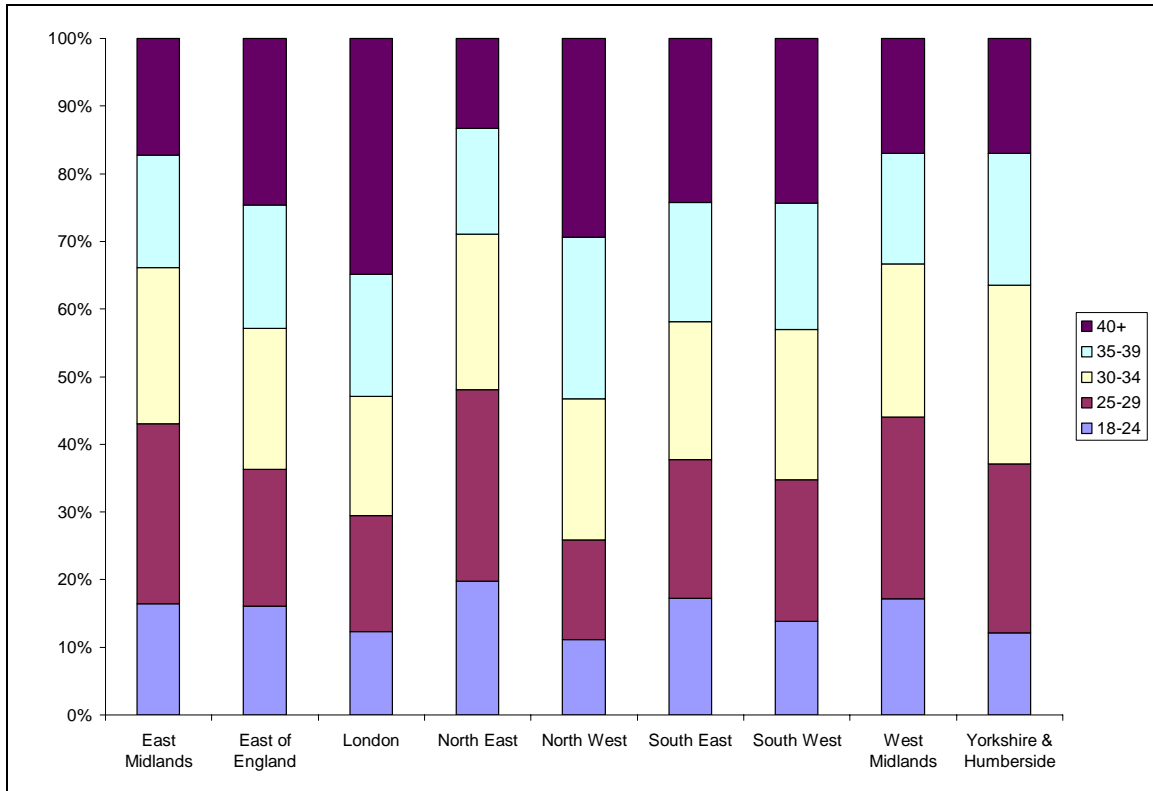


Table 6.1.2 shows the distribution of clients' ethnic group, by region. In most regions more than 90% of clients were White. However, in the West Midlands, and more markedly in London, Black, Asian and mixed race clients accounted for a larger proportion of the total. Please note that this table does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

**Table 6.1.2 NDTMS 2008/09: Clients' ethnicity by Region of residence: 2008/09**

	EM	EA	LO	NE	NW	SE	SW	WM	YH
White (%)	92	90	67	95	95	85	93	80	90
Mixed (%)	2	2	6	1	1	2	2	4	2
Asian/Asian British (%)	2	2	9	1	1	2	1	7	3
Black/Black British (%)	2	2	13	0	1	1	1	3	1
Other (%)	1	1	3	0	1	1	0	1	1
Not stated (%)	1	3	2	2	1	9	2	5	3
White (n)	14,144	13,881	24,220	13,512	36,402	18,446	17,860	18,190	24,486
Mixed (n)	350	305	2,077	113	455	399	405	798	431
Asian/Asian British (n)	356	373	3,098	121	549	484	108	1,577	908
Black/Black British (n)	283	275	4,806	29	330	306	251	683	253
Other (n)	80	129	1,149	62	218	181	69	138	246
Not stated (n)	224	497	845	337	561	1,844	451	1,235	830

Table 6.1.3 shows the percentage of clients in each drug group, by Region of residence. The Eastern region had the lowest proportion of clients in treatment using opiates or crack cocaine (75%) and Yorkshire & Humberside had the highest proportion (89%). The types of problematic drugs that clients present with in London are noticeably different to the pattern in other regions, with 12% of all clients using crack cocaine but not opiates, and 52% using crack cocaine in total (including those also using opiates), both of which are considerably higher proportions than in any other region. The North East region, by contrast, had a much lower proportion of crack cocaine users (18% in total) than any other region.

**Table 6.1.3: NDTMS 2008/09: Percentage of clients in each drug group in 2008/09**

Drug group	% of resident clients								
	EM	EA	LO	NE	NW	SE	SW	WM	YH
Opiates only (PDUs)	60	43	28	62	48	50	53	51	55
Crack only (PDUs)	2	4	12	2	2	3	3	2	1
Opiates and crack (PDUs)	25	28	40	16	33	28	29	35	33
<b>PDU</b>	<b>87</b>	<b>75</b>	<b>80</b>	<b>80</b>	<b>83</b>	<b>81</b>	<b>85</b>	<b>88</b>	<b>89</b>
Cocaine	3	9	8	6	7	7	4	4	2
Cannabis	6	10	8	6	6	8	6	6	4
Other	4	6	4	8	4	4	6	2	4
<b>Non-PDU</b>	<b>13</b>	<b>25</b>	<b>20</b>	<b>20</b>	<b>17</b>	<b>19</b>	<b>15</b>	<b>12</b>	<b>11</b>



As shown in Table 6.1.4, for all regions self-referral was the most common referral source, accounting for between 33% and 53% of episodes. The South West had the lowest proportion of DIP referrals (6%) and overall criminal justice referrals (19%), while Yorkshire & Humberside had the highest proportion in the two categories (17% and 34% respectively). The proportion of referrals that were from statutory drug services (and therefore indicate transfers between agencies) varied from 4% in the South East to 9% in the North West.

**Table 6.1.4: Referral source for episodes reported during 2008/09, by Region of clients' residence**

Referral source	% of referrals for resident clients								
	EM	EA	LO	NE	NW	SE	SW	WM	YH
Accident and Emergency	0	0	0	0	0	0	0	0	0
Arrest Referral/DIP	12	9	17	16	13	11	6	13	17
CARAT/Prison	11	4	3	9	6	6	4	8	10
Community Care Assessment	0	0	1	0	0	0	1	0	0
Connexions	0	0	0	0	0	0	0	0	0
DRR	1	2	2	2	1	3	1	1	2
Drug Service Non-statutory	13	4	6	6	7	13	12	7	8
Drug Service Statutory	5	6	8	8	9	4	5	5	6
Education Service	0	0	0	0	0	0	0	0	0
Employment Service	0	0	0	0	0	0	0	0	0
GP	6	6	6	5	5	7	19	8	11
Looked after Children	0	0	0	0	0	0	0	0	0
Other	8	8	9	8	8	5	6	6	7
Probation	7	6	4	5	7	7	8	11	5
Psychiatry	1	1	2	1	1	1	1	1	1
Self	37	53	42	38	41	39	35	40	33
Social Services	1	1	1	1	1	1	1	1	1
Syringe Exchange	0	0	0	0	1	1	0	0	1
<i>CJS subtotal</i>	<i>30</i>	<i>20</i>	<i>26</i>	<i>32</i>	<i>27</i>	<i>27</i>	<i>19</i>	<i>33</i>	<i>34</i>

## 7. Trends

### 7.1 Trends in age group and primary drug group

Table 7.1.1 shows trends in age group and drug group among new presentations from 2005/06 to 2008/09. The proportion of new presentations who were problem drug users has declined from 79% in 2005/06 to 75% to 2008/09. This is largely as a result of a sharp decrease in the proportion of those newly presenting aged 18-24 who are PDUs (68% in 2005/06 to 53% in 2008/09). In the same period there has been an increase in the proportion of those aged 18-24 entering treatment for primary cocaine, which has risen from 9% to 18%. In addition, the proportion of those newly presenting who are 40 or over has increased from 15% in 2005/06 to 20% in 2008/09, while the proportion aged under 30 has fallen from 47% to 42% in the same period.

**Table 7.1.1: Trends in age group and primary drug group among new presentations to treatment**

	Drug Group	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
	Opiates only (PDUs)	7,449	40	10,036	50	9,173	50	6,238	46	5,821	46	38,717	47
	Crack only (PDUs)	1,011	5	1,015	5	946	5	815	6	859	7	4,646	6
	Opiates/crack (PDUs)	3,860	21	5,384	27	4,949	27	3,766	28	2,966	23	20,925	25
	<i>PDU</i>	<i>12,320</i>	<i>67</i>	<i>16,435</i>	<i>82</i>	<i>15,068</i>	<i>82</i>	<i>10,819</i>	<i>80</i>	<i>9,646</i>	<i>76</i>	<i>64,288</i>	<i>78</i>
	Cocaine	1,586	9	1,193	6	1,029	6	718	5	562	4	5,088	6
	Cannabis	3,328	18	1,367	7	1,104	6	878	7	902	7	7,579	9
	Other/unknown	1,163	6	918	5	1,046	6	950	7	1,306	10	5,383	6
	<i>Non-PDU</i>	<i>6,077</i>	<i>33</i>	<i>3,478</i>	<i>17</i>	<i>3,179</i>	<i>17</i>	<i>2,546</i>	<i>19</i>	<i>2,770</i>	<i>22</i>	<i>18,050</i>	<i>22</i>
	<i>Misuse free</i>	<i>103</i>	<i>1</i>	<i>72</i>	<i>0</i>	<i>82</i>	<i>0</i>	<i>78</i>	<i>1</i>	<i>262</i>	<i>2</i>	<i>597</i>	<i>1</i>
2005/06	<b>Total</b>	18,500	100	19,985	100	18,329	100	13,443	100	12,678	100	82,935	100
	Opiates only (PDUs)	5,837	35	8,963	48	8,182	47	5,952	45	6,174	44	35,108	44
	Crack only (PDUs)	1,059	6	999	5	947	5	758	6	1,038	7	4,801	6
	Opiates/crack (PDUs)	3,481	21	5,219	28	5,161	30	4,059	31	3,667	26	21,587	27
	<i>PDU</i>	<i>10,377</i>	<i>62</i>	<i>15,181</i>	<i>81</i>	<i>14,290</i>	<i>83</i>	<i>10,769</i>	<i>81</i>	<i>10,879</i>	<i>78</i>	<i>61,496</i>	<i>77</i>
	Cocaine	2,096	12	1,385	7	1,107	6	801	6	712	5	6,101	8
	Cannabis	3,233	19	1,244	7	978	6	834	6	1,012	7	7,301	9
	Other/unknown	1,013	6	823	4	778	5	785	6	1,112	8	4,511	6
	<i>Non-PDU</i>	<i>6,342</i>	<i>38</i>	<i>3,452</i>	<i>18</i>	<i>2,863</i>	<i>17</i>	<i>2,420</i>	<i>18</i>	<i>2,836</i>	<i>20</i>	<i>17,913</i>	<i>22</i>
	<i>Misuse free</i>	<i>149</i>	<i>1</i>	<i>133</i>	<i>1</i>	<i>127</i>	<i>1</i>	<i>119</i>	<i>1</i>	<i>285</i>	<i>2</i>	<i>813</i>	<i>1</i>
2006/07	<b>Total</b>	16,868	100	18,766	100	17,280	100	13,308	100	14,000	100	80,222	100

	Drug Group	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
	Opiates only (PDUs)	4,833	28	7,779	41	7,488	43	5,686	41	6,207	41	31,993	39
	Crack only (PDUs)	1,115	7	1,064	6	971	6	769	6	1,092	7	5,011	6
	Opiates/crack (PDUs)	3,684	22	6,064	32	5,561	32	4,605	34	4,411	29	24,325	30
	<i>PDU</i>	9,632	56	14,907	78	14,020	81	11,060	81	11,710	78	61,329	74
	Cocaine	2,691	16	1,834	10	1,301	7	927	7	834	6	7,587	9
	Cannabis	3,549	21	1,429	7	1,097	6	868	6	1,078	7	8,021	10
	Other/unknown	1,159	7	955	5	883	5	831	6	1,273	9	5,101	6
	<i>Non-PDU</i>	7,399	43	4,218	22	3,281	19	2,626	19	3,185	21	20,709	25
	<i>Misuse free</i>	68	0	53	0	57	0	50	0	69	0	297	0
2007/08	<b>Total</b>	17,099	100	19,178	100	17,358	100	13,736	100	14,964	100	82,335	100
	Opiates only (PDUs)	4,355	26	7,632	40	7,570	43	6,011	42	6,890	41	32,458	38
	Crack only (PDUs)	1,046	6	1,103	6	886	5	807	6	1,203	7	5,045	6
	Opiates/crack (PDUs)	3,335	20	6,151	32	5,943	34	4,938	34	5,093	31	25,460	30
	<i>PDU</i>	8,736	53	14,886	77	14,399	81	11,756	82	13,186	79	62,963	74
	Cocaine	3,005	18	2,106	11	1,438	8	987	7	986	6	8,522	10
	Cannabis	3,749	23	1,481	8	1,028	6	817	6	1,112	7	8,187	10
	Other/unknown	975	6	777	4	815	5	767	5	1,236	7	4,570	5
	<i>Non-PDU</i>	7,729	47	4,364	23	3,281	19	2,571	18	3,334	20	21,279	25
	<i>Misuse free</i>	58	0	49	0	41	0	35	0	95	1	278	0
2008/09	<b>Total</b>	16,523	100	19,299	100	17,721	100	14,362	100	16,615	100	84,520	100

Table 7.1.2 shows trends in age group and drug group among the entire treatment population from 2005/06 to 2008/09. This shows a more modest decline in the proportion who are PDUs, from 84% to 83%. This confirms the substantial change in the substances used in the 18-24 age group, with the proportion who are PDUs dropping from 73% to 60%, while the proportion using powder cocaine increased from 6% to 14% and the proportion using cannabis increased from 14% to 21%. The proportion of the treatment population who are 40 or over increased from 18% in 2005/06 to 24% in 2008/09, while the proportion aged under 30 has dropped from 42% in 2005/06 to 35% in 2008/09.

**Table 7.1.2: Trends in age group and primary drug group – entire treatment population**

	Drug Group	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
	Opiates only (PDUs)	15,408	47	22,990	57	22,725	57	17,031	56	19,099	59	97,253	55
	Crack only (PDUs)	1,546	5	1,549	4	1,599	4	1,346	4	1,397	4	7,437	4
	Opiates/crack (PDUs)	7,173	22	10,380	26	10,276	26	7,874	26	6,588	20	42,291	24
	<i>PDU</i>	24,127	73	34,919	87	34,600	87	26,251	86	27,084	84	146,981	84
	Cocaine	2,072	6	1,691	4	1,489	4	1,053	3	849	3	7,154	4
	Cannabis	4,735	14	1,910	5	1,654	4	1,325	4	1,481	5	11,105	6
	Other/unknown	1,844	6	1,624	4	1,866	5	1,729	6	2,583	8	9,646	5
	<i>Non-PDU</i>	8,651	26	5,225	13	5,009	13	4,107	13	4,913	15	27,905	16
	<i>Misuse free</i>	170	1	125	0	131	0	148	0	409	1	983	1
2005/06	<b>Total</b>	32,948	100	40,269	100	39,740	100	30,506	100	32,406	100	175,869	100

	Drug Group	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
	Opiates only (PDUs)	13,397	41	23,434	54	23,847	55	18,601	53	22,370	56	101,649	52
	Crack only (PDUs)	1,702	5	1,728	4	1,745	4	1,462	4	1,865	5	8,502	4
	Opiates/crack (PDUs)	7,480	23	12,271	28	12,443	29	10,186	29	9,221	23	51,601	27
	<i>PDU</i>	22,579	68	37,433	86	38,035	88	30,249	87	33,456	84	161,752	83
	Cocaine	2,883	9	2,105	5	1,696	4	1,274	4	1,155	3	9,113	5
	Cannabis	5,501	17	2,093	5	1,760	4	1,488	4	1,815	5	12,657	7
	Other/unknown	1,845	6	1,612	4	1,689	4	1,717	5	2,851	7	9,714	5
	<i>Non-PDU</i>	10,229	31	5,810	13	5,145	12	4,479	13	5,821	15	31,484	16
	<i>Misuse free</i>	173	1	136	0	139	0	140	0	349	1	937	0
2006/07	<b>Total</b>	32,981	100	43,379	100	43,319	100	34,868	100	39,626	100	194,173	100
	Opiates only (PDUs)	10,848	35	21,966	50	23,170	53	19,054	52	24,634	55	99,672	50
	Crack only (PDUs)	1,679	5	1,730	4	1,612	4	1,406	4	1,981	4	8,408	4
	Opiates/crack (PDUs)	7,481	24	14,009	32	13,995	32	11,921	32	11,910	27	59,316	30
	<i>PDU</i>	20,008	64	37,705	86	38,777	88	32,381	88	38,525	86	167,396	83
	Cocaine	3,631	12	2,575	6	1,921	4	1,424	4	1,294	3	10,845	5
	Cannabis	5,717	18	2,199	5	1,730	4	1,431	4	1,928	4	13,005	6
	Other/unknown	1,765	6	1,527	3	1,510	3	1,500	4	2,632	6	8,934	4
	<i>Non-PDU</i>	11,113	36	6,301	14	5,161	12	4,355	12	5,854	13	32,784	16
	<i>Misuse free</i>	118	0	87	0	105	0	104	0	211	0	625	0
2007/08	<b>Total</b>	31,239	100	44,093	100	44,043	100	36,840	100	44,590	100	200,805	100
	Opiates only (PDUs)	9,317	31	20,839	47	23,262	51	20,203	51	27,454	54	101,075	48
	Crack only (PDUs)	1,584	5	1,728	4	1,546	3	1,398	4	2,161	4	8,417	4
	Opiates/crack (PDUs)	7,160	24	15,078	34	15,389	34	13,687	34	14,867	29	66,181	31
	<i>PDU</i>	18,061	60	37,645	85	40,197	88	35,288	89	44,482	88	175,673	83
	Cocaine	4,187	14	2,989	7	2,128	5	1,546	4	1,551	3	12,401	6
	Cannabis	6,205	21	2,321	5	1,672	4	1,390	3	1,937	4	13,525	6
	Other/unknown	1,640	5	1,468	3	1,449	3	1,501	4	2,634	5	8,692	4
	<i>Non-PDU</i>	12,032	40	6,778	15	5,249	12	4,437	11	6,122	12	34,618	16
	<i>Misuse free</i>	117	0	85	0	72	0	67	0	183	0	524	0
2008/09	<b>Total</b>	30,210	100	44,508	100	45,518	100	39,792	100	50,787	100	210,815	100

## 7.2 Trends in Treatment Exit Reasons

Table 7.2.1 reports treatment exit reasons for clients in the years 2005/06 to 2008/09. The total number of clients aged 18 or over leaving free of dependency has increased from 11,208 in 2005/06 to 24,970 in 2008/09, or from 21% to 41% of all those exiting.

The number of clients referred on to agencies outside the structured treatment system decreased between 2007/08 and 2008/09, from 10,351 to 9,204. The percentage of clients not completing their treatment has decreased over the four years from 69% to 44%.

**Table 7.2.1: Trends in Treatment Exit Reasons**

<b>Treatment exit reason</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
Completed free of dependency (no drug use)	3,953	4,862	6,347	9,148
Completed free of dependency	7,255	8,855	11,927	15,822
<b>Total completed free of dependency</b>	<b>11,208</b>	<b>13,717</b>	<b>18,274</b>	<b>24,970</b>
% Completed free of dependency	21	25	31	41
Referred on	5,700	7,625	10,351	9,204
% Referred on	11	14	18	15
Incomplete	37,156	33,093	29,878	27,210
% Incomplete	69	61	51	44
<b>Total</b>	<b>54,064</b>	<b>54,435</b>	<b>58,503</b>	<b>61,384</b>

### 7.3 **Trends in numbers in treatment and numbers in effective treatment**

Table 7.3.1 shows the change in the numbers of clients over 18 in treatment and in effective treatment between 2005/06 and 2008/09. The number of over 18s in treatment rose from 175,869 in 2005/06 to 210,815 in 2008/09, an increase of 20%. The number of over 18s in effective treatment rose by 34% between 2005/06 and 2008/09. This results in a 10% increase in the proportion in effective treatment, from 82% in 2005/06 to 92% in 2008/09.

**Table 7.3.1 - Over 18s in treatment and over 18s in effective treatment by year, 2005/06 to 2008/09**

<b>Year</b>	<b>Number in treatment</b>	<b>Number in effective treatment</b>	<b>% in effective treatment</b>
2005/06	175,869	145,051	82
2006/07	194,173	163,886	84
2007/08	200,805	182,775	91
2008/09	210,815	194,572	92

Table 7.3.2 shows the change in the numbers of PDUs in treatment and in effective treatment between 2005/06 and 2008/09. The number of PDUs in treatment rose by 19% from 148,337 in 2005/06 to 176,551 in 2008/09. The number of PDUs in effective treatment increased by 31% between 2005/06 and 2008/09. This results in a 9% increase in the proportion of PDUs in effective treatment, from 85% in 2005/06 to 94% in 2008/09.

**Table 7.3.2 - Problem drug users in treatment and PDUs in effective treatment by year, 2005/06 to 2008/09**

<b>Year</b>	<b>Number in treatment</b>	<b>Number in effective treatment</b>	<b>% in effective treatment</b>
2005/06	148,337	126,368	85
2006/07	162,954	141,621	87
2007/08	168,429	156,387	93
2008/09	176,551	165,873	94

#### 7.4 Trends in waiting times for first intervention

Table 7.4.1 shows trends in waiting times for a client's first intervention, between 2006/07 and 2008/09. This shows an increase in the number of clients waiting less than 3 weeks, from 87% in 2006/07 to 93% in 2008/09.

**Table 7.4.1. – Waiting times for first intervention, 2006/07 to 2008/09**

Year	Under 3 weeks	%	Over 3 weeks	%
2006/07	66,220	87	9,530	13
2007/08	76,282	91	7,413	9
2008/09	81,902	93	5,990	7

#### 7.5 Trends in interventions received

Table 7.5.1 shows the trend between 2005/06 and 2008/09 in interventions received by clients in the course of their latest treatment journey. A client may receive more than one intervention type simultaneously or sequentially during their time in treatment.

There was a 27% increase in the numbers receiving Tier 4 residential interventions (inpatient and residential rehabilitation) in their latest journey, a 36% increase in the numbers receiving prescribing and keyworking modalities and a 23% increase in those receiving a psychosocial intervention.

The numbers for residential rehabilitation and inpatient will be an under report as about only two thirds of registered providers made full returns to the NDTMS in 2008/09.

**Table 7.5.1. – Interventions received by clients as part of their treatment journey, 2005/06 to 2008/09**

Intervention	2005/06	2006/07	2007/08	2008/09
Inpatient detoxification	6,512	8,020	9,330	9,392
Residential rehabilitation	4,567	4,928	4,975	4,711
Prescribing	110,374	122,841	138,719	149,986
Structured psychosocial intervention	46,660	49,547	52,218	57,175
Structured day programme	20,018	24,197	24,160	26,400
Other structured intervention	32,818	41,540	52,280	62,569

## Appendix 1. Variable incompleteness and inconsistency

For the treatment year 2008/09 modality records have been analysed for completeness of selected variables. Older modality records from episodes of treatment that have continued into 2008/09 are unlikely to have been updated retrospectively since 2007/08. Thus, attention here has been paid only to the 'new' modality records for clients triaged during 2008/09.

Please note the following analysis is based on all modality records that relate to an individual client triaged during 2008/09. 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.

### A1.1 Variable Completeness

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.

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

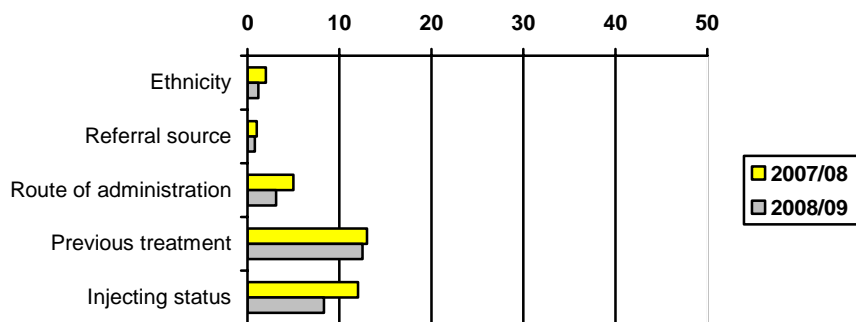


Figure A1.1.1 shows, for selected variables of interest, the percentage of new modality records (those with a triage date during 2008/09) for which a legitimate value was not recorded. The corresponding values for 2007/08 are shown for comparison. As in 2007/08, of the variables of interest, 'injecting status' and 'previously treated' were the most incomplete variables, each having been unrecorded in over 8% of new modality records. Referral source and ethnicity were again the least incomplete, having been recorded in all but 1% 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 2008/09, by Region of treatment. For example, 10% of new modality records from London & South East Region included no valid details of client injecting status and 19% of new modality records from Yorkshire & Humberside failed to record properly whether or not a client had been previously treated.

**Table A1.1.1 NDTMS Data Variable Incompleteness 2008/09: Percentage of new modality level records with a missing value, by Region of treatment**

Region of treatment	% of new modality records with missing value	
	Previously treated	Injecting status
North East	7	8
North West	12	7
Yorkshire & Humberside	19	11
East Midlands	6	4
West Midlands	9	4
East of England	12	8
London	15	10
South East	15	10
South West	11	9



## **Appendix 2. Notes on numbers in treatment series**

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**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<sup>1</sup>.

**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<sup>2</sup>) and inclusion of Tier Two agencies (further 1/1.056 – based on a comparison of 2002/03 with 203/04 data<sup>2</sup>), 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<sup>2</sup> 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.

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

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

## References

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Weblinks are included for all references, when available

Donmall, M.C. (1999). UK Monitoring of Problem Drug Users: the Drug Misuse Database - A System Based on Regional Centres. *European Addiction Research*, 5: 185-190

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