



*National Treatment Agency
for Substance Misuse*



**Statistics from the
National Drug Treatment Monitoring System
(NDTMS)
1 April 2009 – 31 March 2010**

07 October 2010

Executive Summary

- Of the 206,889 clients aged 18 and over in treatment contact in 2009/10, 192,367 were in treatment for 12 weeks or more or exited treatment free of dependency before 12 weeks (93%).
- Of the 174,496 opiate and / or crack cocaine using clients (all ages) in treatment contact in 2009/10, 164,802 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 2009/10 was 33 and 73% of clients in treatment were male.
- Most clients were White British (83%), 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 (84%). Cannabis was used as a primary drug by 7% of clients and powder cocaine as a primary drug by 5% of clients.
- The most common routes into treatment for clients starting treatment in 2009/10 were self-referrals (40%) and referrals from the criminal justice system (29%). Onward referrals from other drug services together accounted for 14%.
- 84% of the clients starting new treatment journeys in 2009/10 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 (94%).
- Of the clients starting treatment (and where reported) just under half (46%) reported having ever injected with 20% currently injecting at time of presentation.

- Where reported, 8% of clients had No Fixed Abode on presenting for treatment, and a further 15% of clients had other housing problems.

- 23,680 (38%) of clients exiting treatment in 2009/10 completed treatment successfully, defined as having overcome their dependency; a further 9,352 (15%) were transferred for further treatment within the community, while 5,266 (8%) were transferred into appropriate treatment while in custody.

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1. Background

The National Drug Treatment Monitoring System (NDTMS) records information about people receiving treatment for drug misuse in England (i.e. structured community-based services, or residential and inpatient services).

Drug treatment data is collected in order to help determine if local drug treatment systems meet the aims and aspirations set out for them by service users, local communities and government.

Information provided to the National Drug Treatment Monitoring System provides local drug treatment systems the means by which:

- The progress of individuals entering treatment may be monitored and their outcomes and recovery assessed
- Trends and shifts in patterns of drug use and addiction are indicated, which informs future planning locally and nationally
- Meaningful improvements in service users' journeys from addiction to recovery can be tracked when these data are used alongside other local and government data sources
- The impact of drug treatment as a component of the wider public health service may be measured.
- They can demonstrate their accountability to their service users, local commissioners and communities
- Costs can be benchmarked against data from comparable areas to show how efficiently they use resources and how they are delivering value for money

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/publications/documents/nta_modelsofcare_update_2006_moc3.pdf). 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).

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 (Northern Ireland)

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

1.1 Comparability of data to previous reports.

There are several factors which impact the comparability of data in this report in to previous years. These are

NDTMS system audit.

During the 2009/10 data collection period, all contributing adult drug treatment providers were asked to confirm each client record held on the central NDTMS database counting towards their total numbers in treatment. During the audit, a small proportion of individuals were found to be incorrectly reported as still 'in treatment' during the current financial year. This was found to usually be as a result of treatment providers not informing the database when an individual had been discharged. As a result of the audit, between 2-3% of individuals were removed from the 2009/10 data.

Although a similar audit has not been undertaken for previous financial years, the incorrect data has been accumulating in the database since 2004. It is therefore likely that previous years' figures were similarly inflated.

Change in discharge coding.

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

- A tightening of the way in which 'treatment completed' is recorded. Revised codes and definitions now distinguish between clients that are entirely drug free at the time of discharge, and those that are abstinent from the problem drug for which they sought treatment.

- New codes to distinguish between clients that are 'referred on' into treatment within either a community or prison setting.

Because of these issues, the ability to directly compare data to previous years is affected.

Responsible Statistician
Malcolm Roxburgh, Information Manager

1.2 Relevant web links:

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

2.1 Abbreviations

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)
RDMD	Regional Drug Misuse Databases
YP	Young Persons

2.2 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, 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.
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	<p>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. Refer to section 3.2 within this document for methodological notes.</p>
Triage	<p>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.</p>
Triage date	<p>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.</p>
Waiting times	<p>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.</p>

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.

Age - The methodology used to calculate the age of clients is based on the client's age at the start of the financial year (1st April 2009) if 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 possible deductive disclosure of personal information.

Individuals and Attributors - All England and Regional totals in this report are the summation of the Partnership (DAAT) totals. The methodology used for this is described below.

The NDTMS collects limited attributable information on clients in structured drug treatment; these are First initial, Surname initial, Date of Birth, Gender. These key fields are used to establish individuals along with the client's partnership of residence. Where there are two instances of the same attributor resident in two different drug partnerships this is reported as two individuals, as this 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.

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 methodology was changed for the 2008/09 report and means that data in reports prior to this 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. With the current focus on PDU reporting, this is subject to a methodology that helps to monitor an important trend in PDUs using both opiates and crack cocaine.

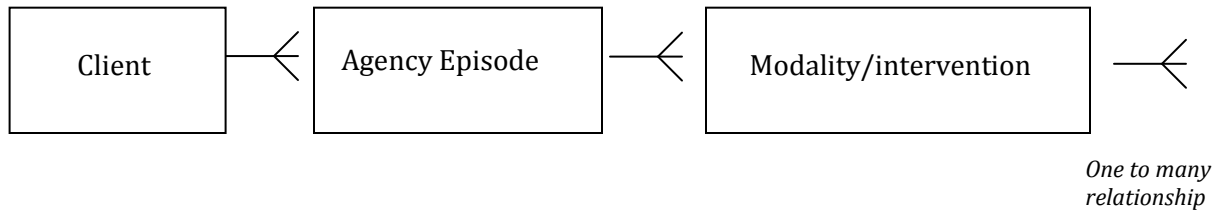
Within the PDU group, clients that have any opiate recorded in any of the three NDTMS substances within their treatment journey and not crack cocaine will be reported under the group 'opiates only (PDUs)', although they may have other substances recorded. Where a client has crack cocaine recorded within their treatment journey 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 within their journey they will be reported under 'opiates and crack cocaine (PDUs)'.

If neither opiates nor crack cocaine are recorded within the client's treatment journey, then the first substance in the three NDTMS data items at presentation 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 (further detail on the method used is given in section 4.3).

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.




3.2 Methodological notes


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 http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_update_2006_moc3.pdf. 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 2009/10 NDTMS reported 206,889 clients aged 18 and over in contact with structured treatment.

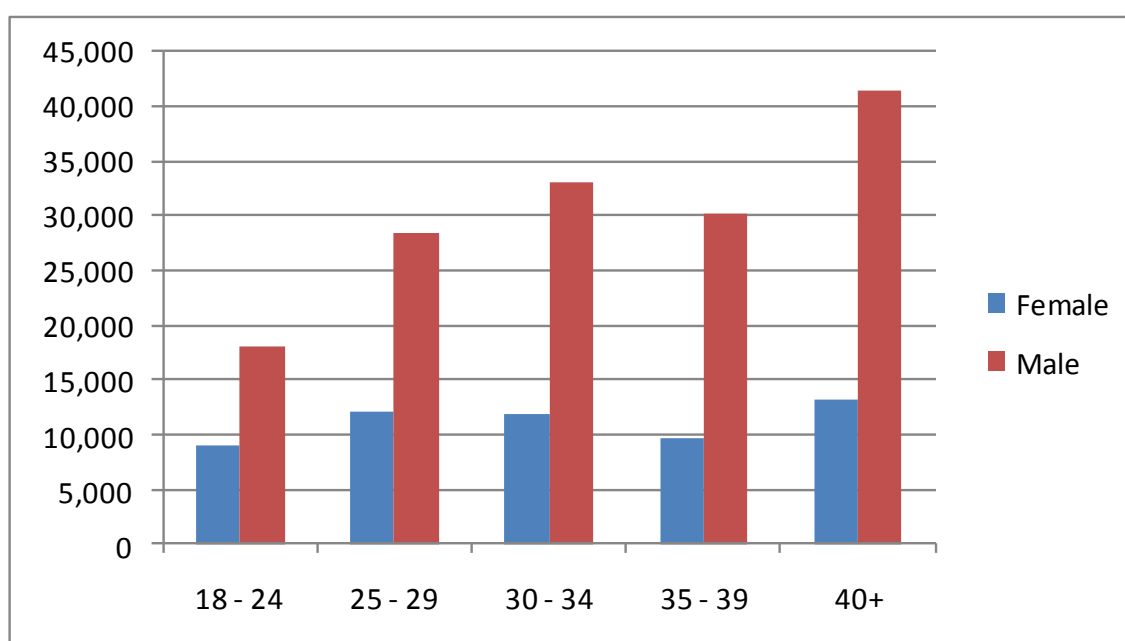
4.1 Age and gender of all clients

The age and gender of clients is reported in Table 4.1.1 and Figure 4.1.1 (see Methodology, page 11, for the detailed age methodology used). Most (73%) treated persons were male. The average (median) age of clients in treatment in 2009/10 was 33 years. Nationally, women had a younger average (median) age than men (32, compared to 34 for men). 47% of men in treatment were aged 35 or over, compared to 41% of women, while 38% of women in treatment were aged under 30, compared to 31% of men.

Table 4.1.1: Age and Gender : 2009/10

Age	Female		Male		Persons	
	n	%	n	%	n	%
18 - 24	9,002	16	18,069	12	27,071	13%
25 - 29	11,989	22	28,496	19	40,485	20%
30 - 34	11,827	21	33,137	22	44,964	22%
35 - 39	9,562	17	30,157	20	39,719	19%
40+	13,158	24	41,492	27	54,650	26%
Total Clients	55,538		151,351		206,889	

Figure 4.1.1 Age and Gender: 2009/10



4.2 Ethnicity

Table 4.2.1 shows clients' ethnicity. Most (88%) 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: 2009/10

Ethnicity	n	%
White British	170,316	83
White Irish	2,477	1
Other White	6,362	3
White & Black Caribbean	2,811	1
White & Black African	530	0
White & Asian	706	0
Other Mixed	1,288	1
Indian	2,113	1
Pakistani	2,312	1
Bangladeshi	1,389	1
Other Asian	1,925	1
Caribbean	3,404	2
African	1,302	1
Other Black	2,116	1
Chinese	82	0
Other	2,040	1
Not Stated	1,738	1
Unknown	1,614	1
Total	204,525	100
Inconsistent/missing	2,364	
Total inc missing/inconsistent	206,889	

4.3 Primary and adjunctive drug use

Table 4.3.1 shows the distribution of primary and adjunctive drug (see Abbreviations and definitions pages 8-10) use of clients aged 18 or over treated in 2009/10. 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 11). 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.

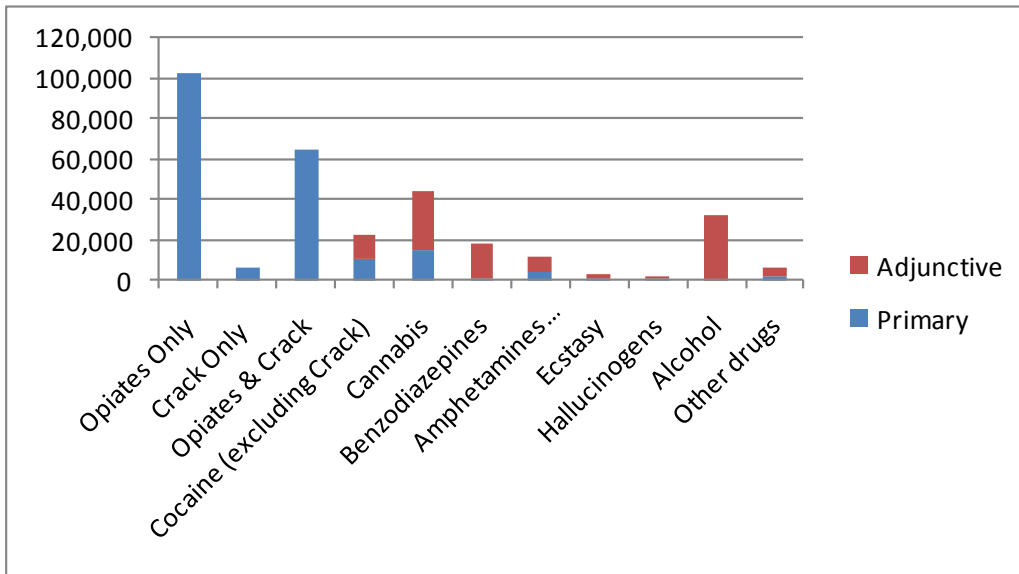
84% of clients were problem drug users (PDUs), while the majority of remaining drug users were in treatment for powder cocaine (5%) or cannabis (7%) problems. Among those aged 18 and over, PDUs in treatment had an average (median) age of 34, while adults in treatment for cocaine had a much lower average (median) age of 28 and those in treatment for cannabis use had an average (median) age of 25. Adults in treatment for benzodiazepines, prescription drugs and amphetamines had an older median age than PDUs (37, 36 and 35 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 2009/10

Drug Group	Main Drug		Adjunctive Drug
	n	%	n
Opiates Only	102,598	50	-
Crack Only	6,560	3	-
Opiates & Crack	64,602	31	-
PDU Total	173,760	84	-
Benzodiazepines	1,179	1	17,226
Amphetamines (excluding Ecstasy)	3,858	2	7,259
Cocaine (excluding Crack)	10,915	5	11,786
Hallucinogens	513	0	804
Ecstasy	273	0	2,263
Cannabis	14,306	7	29,779
Solvent	116	0	175
Barbiturates	11	0	97
Major Tranquilisers	24	0	77
Anti-depressants	82	0	702
Alcohol	-	-	31,733
Other Drugs	845	0	1,152
Poly Drug	31	0	72
Prescription Drugs	536	0	1,287
Nicotine	-	-	607
Non-PDU Total	32,690	16	105,019
<i>Misuse free/unknown</i>	440	0	-
Total	206,889		105,019

Figure 4.3.1: Primary and adjunctive use of selected drugs: number of clients using each drug: NDTMS 2009/10



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

Table 4.4.1 shows a breakdown of new presentations by source of referral. Information about source of referral was provided for 78,888 (99.5%) new presentations to treatment in 2009/10. 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 29% of all referrals. Referrals from statutory drug services (which reflect movement between agencies) amounted to 6% of the total, while non-statutory drug services accounted for a further 8%. GP referrals made up 7% of referrals.

Table 4.4.1: Source of referral into treatment, new journeys 2009/10

Referral source	n	%
Accident and Emergency	82	0
Arrest Referral/DIP	10,626	13
CARAT/Prison	6,192	8
Community Care Assessment	256	0
Connexions	30	0
DRR	1,350	2
Drug Service Non-statutory	6,047	8
Drug Service Statutory	4,994	6
Education Service	29	0
Employment Service	113	0
GP	5,373	7
Looked after Children	36	0
Other	5,874	7
Probation	4,713	6
Psychiatry	761	1
Self	31,444	40
Social Services	613	1
Syringe Exchange	355	0
TOTAL	78,888	100

1 Total excludes those with a missing or inconsistent referral source.

4.5 Age and Primary Substance, New Treatment Journeys 2009/10

Table 4.5.1 shows a breakdown of persons entering drug treatment in 2009/10 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 (49%) than any of the older age groups (between 75% and 82%). 47% of cannabis users and 32% of cocaine users were aged 18-24, compared to 19% of all clients entering treatment and 13% of PDUs.

Table 4.5.1: Age and Primary Substance, New Treatment Journeys 2009/10

	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Opiates only (PDUs)	4,203	28	7,184	42	7,694	46	6,224	46	7,684	46	32,989	42
Crack only (PDUs)	656	4	706	4	640	4	634	5	1,050	6	3,686	5
Opiates/crack (PDUs)	2,568	17	4,832	28	5,120	31	4,170	31	4,651	28	21,341	27
<i>PDU</i>	7,427	49	12,722	75	13,454	81	11,028	82	13,385	79	58,016	73
Cocaine	2,313	15	1,868	11	1,295	8	843	6	985	6	7,304	9
Cannabis	4,417	29	1,670	10	1,157	7	867	6	1,302	8	9,413	12
Other	1,056	7	732	4	728	4	710	5	1,173	7	4,399	6
<i>Non-PDU</i>	7,786	51	4,270	25	3,180	19	2,420	18	3,460	20	21,116	27
<i>Misuse free</i>	27	0	18	0	18	0	24	0	36	0	123	0
Total	15,240	100	17,010	100	16,652	100	13,472	100	16,881	100	79,255	100

4.6 Injecting Behaviour, New Treatment Journeys 2009/10

Injecting status at presentation for treatment was recorded for 76,141 clients (96%) who entered treatment in 2009/10. Of these, 14,892 (20%) were currently injecting. A further 20,448 clients (27%) had previously injected but were not doing so at the time of presenting for treatment. The remaining 40,801 (54%) clients had never injected.

Table 4.6.1: Injecting status at presentation, new treatment journeys 2009/10

Injecting status	n	%
Currently Injecting	14,892	20
Previously Injected	20,448	27
Never Injected	40,801	54
Total	76,141	100
Missing / Inconsistent	3,114	
Total inc. Missing / Inconsistent	79,255	

Of clients who were opiate users (either with or without crack use), 28% were current injectors and 35% were previous injectors. Among non-opiate clients, 3% were current injectors and 8% were previous injectors.

4.7 Housing situation of new treatment journeys 2009/10

The housing situation at presentation was reported for 74,601 (94%) clients. Of these, 6,298 (8%) reported an urgent housing problem (where they have no fixed abode), while a further 11,515 (15%) reported a housing problem (such as staying with friends or family as a short term guest or residing at a short-term hostel). 55,399 (74%) reported no housing problem.

Table 4.7.1: Housing Situation of new treatment journeys 2009/10

Housing Situation	n	%
Urgent Problem	6,298	8
Housing Problem	11,515	15
No Problem	55,399	74
Other	1,389	2
Total	74,601	100
Not Stated/Missing	4,654	
Total inc missing	79,255	

PDUs were much more likely to have no fixed abode than other clients (10% 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 (16% compared to 12%).

4.8 Waiting times, first and subsequent interventions 2009/10

The table below shows a breakdown of waiting times under and over 3 weeks by first and subsequent intervention. Of 77,374 first interventions beginning in 2009/10, 73,059 (94%) began within 3 weeks of referral. There were 44,367 subsequent interventions beginning in 2009/10, of which 42,094 (95%) began within 3 weeks of referral. Overall the average (mean) wait to commence treatment was 6 days.

Table 4.8.1: Waiting times, first and subsequent interventions 2009/10

Intervention	Under 3 weeks	%	Over 3 weeks	%	Total
First intervention	73,059	94	4,315	6	77,374
Subsequent intervention	42,094	95	2,273	5	44,367

4.9 Treatment Pathways and interventions provided, all clients 2009/10

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 2009/10, reported by the combination of intervention types received. The largest group (49%) received prescribing interventions only (which should include basic psychosocial interventions delivered through regular keyworking), while the most common combination of multiple intervention types is prescribing and psychosocial (14%).

Table 4.9.1: Treatment Pathways of clients in treatment 2009/10

Pathway	n	%
Prescribing (including keyworking) only	100,711	49
Other Structured Intervention only	18,525	9
Psychosocial (including keyworking) only	18,341	9
Structured day programme (SDP) only	6,547	3
Prescribing and psychosocial	29,273	14
Prescribing and structured day programme (SDP)	9,919	5
Inpatient (including keyworking)	884	0
Residential rehabilitation (RR) (including keyworking)	1,108	1
Prescribing and inpatient (including keyworking)	3,191	2
Prescribing and RR (including keyworking)	910	0
Prescribing, psychosocial/SDP and RR	1,451	1
Psychosocial/SDP and RR	445	0
Prescribing, SDP and psychosocial	5,011	2
All other combinations	5,063	2
No adult modality	5,510	3
Total	206,889	100

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 their latest journey, with 28% accessing psychosocial interventions and 6% accessing 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 2009/10.

Table 4.9.2: Interventions received by clients in treatment in 2009/10

Intervention	n
Inpatient detoxification	9,123
Prescribing (including keyworking)	153,632
Structured psychosocial intervention	57,981
Structured day programme	25,851
Residential rehabilitation	3,914
Other structured intervention	62,477

5. Effective Engagement and Treatment Exit

5.1 Effective engagement of new treatment journeys 2009/10

Of all clients 18 and over in contact in 2009/10, 192,367 (93%) 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 2009/10, 164,802 (94.4%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

Of the 79,255 clients starting new treatment journeys in 2009/10, 66,336 (84%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

Of the 58,502 PDU clients starting treatment journeys in 2009/10, 49,757 (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

Table 5.2.1 shows the treatment exit reasons for clients exiting treatment in 2009/10. There were 62,685 clients aged 18 and over who were discharged from treatment during the year and were not in treatment on 31st March 2010. Of these, 23,680 (38%) were discharged successfully, defined as those completing treatment free of their drug of dependency. 9,352 were transferred for further treatment within the community, while 5,266 were transferred into appropriate treatment while in custody. For an explanation of the coding and definitional changes introduced in 2009/10 see page six.

Table 5.2.1: Treatment exit reasons for individuals not retained in treatment on 31st March 2010

Treatment exit reason	n	%
Treatment completed free of dependency(no drug use)	15,568	25
Treatment completed free of dependency	8,112	13
<i>Successful completion subtotal</i>	<i>23,680</i>	<i>38</i>
Transferred –not in custody	9,352	15
Transferred – in custody	5,266	8
Referred on	1,079	2
Dropped out/left	17,023	27
Prison	1,811	3
Other	121	0
Treatment declined	1,869	3
Treatment withdrawn	1,121	2
Moved away	178	0
Died	1,076	2
Not known	33	0
No appropriate treatment	76	
Total (individuals discharged)	62,685	0

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 2009/10: Clients' gender and age-group by Region of residence: 2009/10¹

Region	Gender	Age group				
		18 - 24	25 - 29	30 - 34	35 - 39	40+
East Midlands	Female	784	1,096	924	578	719
	Male	1,499	2,771	2,881	2,159	2,339
East of England	Female	849	838	898	709	1,024
	Male	1,489	2,075	2,420	2,096	3,077
London	Female	1,184	1,461	1,520	1,562	3,153
	Male	2,927	4,215	4,463	4,464	9,901
North East	Female	775	1,084	851	487	469
	Male	1,811	2,631	2,630	1,910	1,656
North West	Female	1,179	1,703	2,326	2,428	3,050
	Male	2,833	3,551	5,328	6,703	9,449
South East	Female	1,087	1,234	1,261	894	1,412
	Male	2,190	2,913	3,203	2,928	4,268
South West	Female	903	1,158	1,092	886	1,235
	Male	1,258	2,346	2,982	2,659	3,603
West Midlands	Female	1,214	1,576	1,173	802	944
	Male	2,405	4,157	4,220	3,090	3,388
Yorkshire & Humberside	Female	1,027	1,839	1,782	1,216	1,152
	Male	1,657	3,837	5,010	4,148	3,811
NATIONAL TOTAL	Female	9,002	11,989	11,827	9,562	13,158
	Male	18,069	28,496	33,137	30,157	41,492

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

Table 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 36, compared to 30 in the North East. In all regions, the average (median) age of female clients was 1 year or 2 years younger than 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

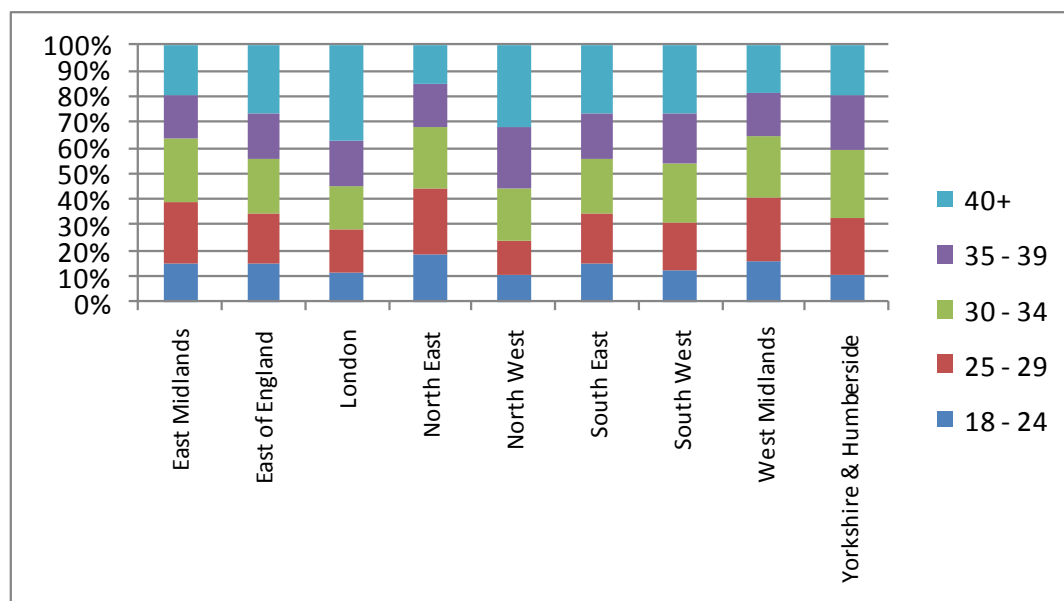


Table 6.1.2 shows the distribution of clients' ethnic group, by region. In most regions more than 90% of clients were White. However, in the West Midlands, and more markedly in London, Black, Asian and mixed race clients accounted for a larger proportion of the total than in other Regions. For comparison purposes, a broad ethnicity breakdown from the 2001 census is provided.

Table 6.1.2 NDTMS 2009/10: Clients' ethnicity by Region of residence: 2009/10

Clients in treatment, 2009/10	EM	EA	LO	NE	NW	SE	SW	WM	YH
White (%)	92	91	67	97	95	91	94	83	91
Mixed (%)	2	2	6	1	1	2	2	4	2
Asian/Asian British (%)	2	3	9	1	1	3	1	7	3
Black/Black British (%)	2	2	13	0	1	1	1	3	1
Other (%)	1	1	3	0	0	1	0	1	1
Not stated (%)	1	2	2	0	1	2	2	3	2
White (n)	14,433	14,056	23,308	13,602	36,377	18,381	16,997	18,929	23,072
Mixed (n)	379	297	2,069	112	487	390	352	817	432
Asian/Asian British (n)	385	400	3,156	124	567	535	115	1,637	820
Black/Black British (n)	293	252	4,516	29	323	279	235	668	227
Other (n)	81	112	1,041	60	190	205	66	153	214
Not stated (n)	155	273	522	48	403	388	300	717	546

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

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 (78%) and Yorkshire & Humberside had the highest proportion (90%). The types of problematic drugs that clients present with in London are noticeably different to the pattern in other regions, with 10% of all clients using crack cocaine but not opiates, and 51% 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 (16% in total) than any other region.

Table 6.1.3: NDTMS 2009/10: Percentage of clients in each drug group in 2009/10

Drug group	% of resident clients								
	EM	EA	LO	NE	NW	SE	SW	WM	YH
Opiates only (PDUs)	60	47	29	65	49	51	57	49	58
Crack only (PDUs)	1	3	10	2	1	2	2	2	1
Opiates and crack (PDUs)	26	28	41	14	31	29	29	36	32
PDU	87	78	81	81	82	83	87	87	90
Cocaine	3	8	8	6	7	5	3	4	2
Cannabis	6	9	9	7	7	8	5	7	5
Other	4	4	3	6	4	5	5	2	3
Non-PDU	13	22	19	19	18	17	13	13	10

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 (21%), while Yorkshire & Humberside had the highest proportion of criminal justice referrals (34%). The proportion of referrals that were from statutory drug services (and therefore indicating transfers between agencies) varied from 5% in the South East and the East Midlands to 8% in the North East and the North West.

Table 6.1.4: Referral source for episodes reported during 2009/10, 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	10	9	16	16	16	10	6	14	16
CARAT/Prison	13	5	4	11	8	7	7	10	11
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	1	1	3	1	1	2
Drug Service Non-statutory	13	3	6	7	6	12	13	6	8
Drug Service Statutory	5	7	7	8	8	5	7	5	5
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	4	7	17	6	9
Looked after Children	0	0	0	0	0	0	0	0	0
Other	8	7	8	7	9	5	8	6	6
Probation	6	5	5	5	6	7	6	8	5
Psychiatry	1	1	2	1	0	1	1	0	1
Self	35	53	41	38	39	40	33	42	37
Social Services	0	1	1	1	1	1	1	1	0
Syringe Exchange	0	0	1	0	0	1	0	0	1
<i>CJS subtotal</i>	<i>31</i>	<i>22</i>	<i>27</i>	<i>33</i>	<i>32</i>	<i>27</i>	<i>21</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 2009/10. The number of newly presenting problem drug users (PDUs) has fallen from 64,288 in 2005/06 to 58,016; considered as a proportion of newly presenting adults this represents a decline from 78% in 2005/06 to 73% to 2009/10. This is largely as a result of a sharp decrease in the number of newly presenting PDUs aged 18-24, from 12,320 in 2005/06 to 7,427 in 2009/10 – among newly presenting clients in this age group, the proportion who were PDUs dropped from 67% in 2005/06 to 49% in 2009/10. The number of clients in this age group who present using cannabis has increased from 3,328 in 2005/06 to 4,417 in 2009/10 – correspondingly, the proportion of new presentations aged 18-24 who use cannabis has increased from 18% to 29% since 2005/06. There was a drop-off in the number of newly presenting clients aged 18-24 using powder cocaine from 3,005 in 2008/09 to 2,313 in 2009/10 (proportionally, a drop from 18% of new presentations in this age group in to 15%); however, this follows year-on-year increases from 1,586 (9%) in 2005/06.

Despite a substantial drop in new presentations to treatment in 2009/10, there was a small increase in the number of clients over 40 presenting to treatment from 2008/09, continuing a trend going back to 2005/06 of increased numbers in this age group presenting to treatment.

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	Total	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	Total	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	Total	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	Total	16,523	100	19,299	100	17,721	100	14,362	100	16,615	100	84,520	100
	Opiates only (PDUs)	4,203	28	7,184	42	7,694	46	6,224	46	7,684	46	32,989	42
	Crack only (PDUs)	656	4	706	4	640	4	634	5	1,050	6	3,686	5
	Opiates/crack (PDUs)	2,568	17	4,832	28	5,120	31	4,170	31	4,651	28	21,341	27
	<i>PDU</i>	7,427	49	12,722	75	13,454	81	11,028	82	13,385	79	58,016	73
	Cocaine	2,313	15	1,868	11	1,295	8	843	6	985	6	7,304	9
	Cannabis	4,417	29	1,670	10	1,157	7	867	6	1,302	8	9,413	12
	Other/unknown	1,056	7	732	4	728	4	710	5	1,173	7	4,399	6
	<i>Non-PDU</i>	7,786	51	4,270	25	3,180	19	2,420	18	3,460	20	21,116	27
	<i>Misuse free</i>	27	0	18	0	18	0	24	0	36	0	123	0
2009/10	Total	15,240	100	17,010	100	16,652	100	13,472	100	16,881	100	79,255	100

Table 7.1.2 shows trends in age group and drug group among the entire treatment population from 2005/06 to 2009/10. This shows that over the five years the number of adults in treatment who are problem drug users (PDUs) has increased from 146,981 in 2005/06 to 173,760 in 2009/10, however the proportion in treatment who are PDUs has remained relatively steady, around 83% or 84%. This relatively steady picture is maintained across the age groups apart from the 18-24 age group, where the number of PDUs fell from 24,127 in 2005/06 to 15,401 in 2009/10 (a drop from 73% of those in treatment in this age group in 2005/06. Over the five-year period, the number of clients aged 18-24 in treatment has fallen from 32,948 to 27,071, while the number of clients aged 40 or over has increased from 32,406 to 54,650. This means that in 2009/10 13% of the adult treatment population were aged 18-24 and 26% were aged 40 or over, compared to 19% aged 18-24 and 18% aged 40 or over in 2005/06.

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	Total	32,948	100	40,269	100	39,740	100	30,506	100	32,406	100	175,869	100
	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	Total	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	Total	31,239	100	44,093	100	44,043	100	36,840	100	44,590	100	200,805	100

	Drug Group	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
	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	Total	30,210	100	44,508	100	45,518	100	39,792	100	50,787	100	210,815	100
	Opiates only (PDUs)	8,407	31	19,324	48	23,632	53	21,017	53	30,218	55	102,598	50
	Crack only (PDUs)	1,104	4	1,244	3	1,149	3	1,133	3	1,930	4	6,560	3
	Opiates/crack (PDUs)	5,890	22	13,466	33	15,258	34	13,590	34	16,398	30	64,602	31
	<i>PDU</i>	15,401	57	34,034	84	40,039	89	35,740	90	48,546	89	173,760	84
	Cocaine	3,397	13	2,705	7	1,912	4	1,344	3	1,555	3	10,913	5
	Cannabis	6,665	25	2,505	6	1,733	4	1,321	3	2,085	4	14,309	7
	Other/unknown	1,548	6	1,200	3	1,242	3	1,270	3	2,386	4	7,646	4
	<i>Non-PDU</i>	11,610	43	6,410	16	4,887	11	3,935	10	6,026	11	32,868	16
	<i>Misuse free</i>	60	0	41	0	38	0	44	0	78	0	261	0
2009/10	Total	27,071	100	40,485	100	44,964	100	39,719	100	54,650	100	206,889	100

7.2 Trends in Treatment Exit Reasons

Table 7.2.1 reports treatment exit reasons for clients in the years 2005/06 to 2009/10. In 2009/10 a new discharge coding system was introduced because of these coding changes and the introduction of new categories it is not possible to directly compare 2009/10 treatment exit data to previous years. For further explanation see page six.

Table 7.2.1: Trends in Treatment Exit Reasons

Treatment exit reason	2005/06	2006/07	2007/08	2008/09	2009/10
Completed free of dependency (no drug use)	3,953	4,862	6,347	9,148	15,568
Completed free of dependency	7,255	8,855	11,927	15,822	8,112
Total completed free of dependency	11,208	13,717	18,274	24,970	23,680
% Completed free of dependency	21	25	31	41	38
Transferred – not in custody	-	-	-	-	9,352
% Transferred – not in custody	-	-	-	-	15
Transferred – in custody	-	-	-	-	5,266
% Transferred – in custody	-	-	-	-	8
Referred on (old code)	5,700	7,625	10,351	9,204	1,079
% Referred on	11	14	18	15	2
Incomplete (including not known)	37,156	33,093	29,878	27,210	23,308
% Incomplete (including not known)	69	61	51	44	37
Total	54,064	54,435	58,503	61,384	62,685

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 2009/10. During 2009-10 the NTA audited the data to ensure every user recorded as still in contact with the drug treatment system was accurate and at the end of this process some 6,000 users were removed from the NDTMS data and retrospectively discharged over previous years. As was expected, this has led to an apparent small reduction in the numbers in treatment for 2009/10 from 2008/09, for further explanation see page six.

The proportion of over 18s who had been in treatment for at least 12 weeks or completed treatment free of dependency increased to 93% in 2009/10, continuing an increasing trend back to 2005/06.

Table 7.3.1 - Over 18s in treatment and over 18s in effective treatment by year, 2005/06 to 2009/10

Year	Number in treatment	Number in effective treatment	% in effective treatment
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
2009/10	206,889	192,367	93

Table 7.3.2 shows the change in the numbers of PDUs in treatment and in effective treatment between 2005/06 and 2009/10. As with over 18s, the number of PDUs in treatment appears to have reduced slightly on the previous year, following the audit work. However, the proportion retained for at least 12 weeks or completing free of dependency within that time has remained high, at 94%.

Table 7.3.2 – Problem drug users in treatment and PDUs in effective treatment by year, 2005/06 to 2009/10

Year	Number in treatment	Number in effective treatment	% in effective treatment
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
2009/10	174,496	164,802	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 2009/10. This shows an increase in the number of clients waiting less than 3 weeks, from 87% in 2006/07 to 95% in 2009/10.

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
2009/10	78,695	95	4,476	5

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.

The numbers for residential rehabilitation and inpatient will be under reported as about only two thirds of registered providers made full returns to the NDTMS in 2009/10.

Table 7.5.1. – Interventions received by clients as part of their treatment journey, 2005/06 to 2009/10

Intervention	2005/06	2006/07	2007/08	2008/09	2009/10
Inpatient detoxification	6,512	8,020	9,330	9,392	9,123
Residential rehabilitation	4,567	4,928	4,975	4,711	3,914
Prescribing	110,374	122,841	138,719	149,986	153,632
Structured psychosocial intervention	46,660	49,547	52,218	57,175	57,981
Structured day programme	20,018	24,197	24,160	26,400	25,851
Other structured intervention	32,818	41,540	52,280	62,569	62,477

Appendix 1. Variable incompleteness and inconsistency

For the treatment year 2009/10 modality records have been analysed for completeness of selected variables. Older modality records from episodes of treatment that have continued into 2009/10 are unlikely to have been updated retrospectively since 2008/09. Thus, attention here has been paid only to the 'new' modality records for clients triaged during 2009/10.

Please note the following analysis is based on all modality records that relate to an individual client triaged during 2009/10. 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

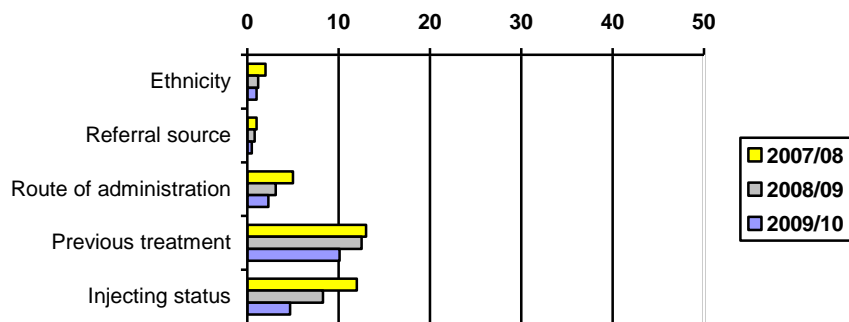


Figure A1.1.1 shows, for selected variables of interest, the percentage of new modality records (those with a triage date during 2009/10) for which a legitimate value was not recorded. The corresponding values for 2007/08 and 2008/09 are shown for comparison. As in 2007/08, of the variables of interest, 'injecting status' and 'previously treated' were the most incomplete variables, each having been unrecorded in over 4% and 10% of new modality records respectively. Referral source and ethnicity were again the least incomplete, having been recorded in all but 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 2009/10, 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 2009/10: 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	5	4
North West	15	6
Yorkshire & Humberside	14	6
East Midlands	2	2
West Midlands	9	4
East of England	7	4
London	9	5
South East	9	3
South West	13	4

References

Weblinks are included for all references, when available

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