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“341,741 unique individuals were treated for drug dependence at some point between 1 April 2005 to 31 March 2011. This report investigates what happened to them, offering a clear insight into the effectiveness of the treatment system...”

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# **FROM ACCESS TO RECOVERY: ANALYSING SIX YEARS OF DRUG TREATMENT DATA**

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# From access to recovery: analysing six years of drug treatment data

## INTRODUCTION

**One year on from the launch in 2010 of a new drug strategy, the government re-affirmed its commitment to helping drug users recover from dependence.**

In the annual review of the strategy, Theresa May, the Home Secretary, said: "The treatment system has been improved. Treatment is now focussed on the ultimate aim of achieving recovery free of dependence, enabling people to participate fully in society... We are determined to protect the public from the harms that drugs can cause to individuals, their families and society as a whole, by reducing demand, restricting supply, and supporting individuals to lead lives free of dependence."<sup>1</sup>

To that end, the Home Office review noted that outcomes are improving, with an 18% increase last year in the number leaving treatment free of dependence. The review also remarked that quick access to treatment has been maintained, with the average wait only five days. "These are promising results and we have put in place the building blocks for future success," it said.

As the drive to build recovery gathered momentum, the NTA examined the data to identify how many people have so far overcome their dependence. The answer is that more than 85,000 recovered between 2005 and 2011.

The analysis presented here acknowledges the debilitating nature of drug addiction. Few can expect to be cured overnight, particularly if addicted to heroin. Yet only a small minority of those in treatment are entrenched in the system.

Overall, the investigation described how treatment was effective, with one-third of those treated for addiction in the last three years overcoming their dependence. Moreover, these people had not returned to treatment over that period, suggesting they were sustaining their recovery.

The data also demonstrated clear progress over time, with treatment services getting steadily better at getting people out of treatment programmes and into recovery. The trend shows drug addicts who seek treatment are doing better year by year (fig. 1). Those who enter treatment now are more likely to recover than those who started in 2005-6.

The government's ambition is to go further. In future there will be a stronger focus on outcomes, through payment by results and other incentives. The recent report of the expert group on prescribing, chaired by Professor John Strang, heralds the prospect of a sector-wide consensus on the way in which substitute medication can help heroin addicts recover and break free of their addiction.<sup>2</sup>

The findings in this bulletin provide a benchmark of achievement on which this ambition can build. They demonstrate a dynamic system in which staff and services are responding to the challenge of supporting those who need help to lead drug-free lives.

## KEY FINDINGS

**1** [Drug treatment is effective: over the last three years a third of users successfully completed, a third did not complete but did not return, and a third are still in treatment or have returned](#)

**2** [Treatment is much better at getting people out now than it was: users starting treatment now are more likely to recover than those who started in 2005-06](#)

**3** [There is an entrenched group of users – around 21,000 – who have been in continuous treatment. But they represent only 6% of the people who have been through the treatment system](#)

# “Some have been in treatment before, and dropped out. Some will have relapsed. Others are complete newcomers, what we call the ‘treatment-naive’”

## BACKGROUND

Around 200,000 people get help for drug dependence in England every year, with about 135,000 being treated on any given day.<sup>3</sup> Some have been in treatment before, and dropped out. Some will have suffered a false dawn and (despite their best efforts) relapsed. Others are complete newcomers, what we call the ‘treatment-naive’.<sup>4</sup>

Most people in treatment are addicted to heroin or crack cocaine, or both. On average they use these drugs for eight years before seeking treatment, and are often at a peak of criminal activity before coming into treatment. Typically they are also in poor physical and mental health, unemployed with few qualifications, leading chaotic lives, and homeless or in and out of prison. In addition to treatment, they need other professional and social support to help them fully recover.

The difficulty these people face in overcoming addiction was highlighted in a review of the scientific evidence by the expert group chaired by Professor John Strang of the National Addiction Centre.<sup>5</sup> The group noted that only half of established smokers in England are likely to make a long-term recovery from tobacco dependence. In the US, half the alcohol-dependent population will not recover over the long-term.

The prognosis for heroin and other opiates was even worse. Long-term US studies suggest that over 30 years half of dependent users will die, one-fifth will recover, and the remainder will continue to use opiates, albeit at a lower level. This is the clinical context for all the figures in this study.

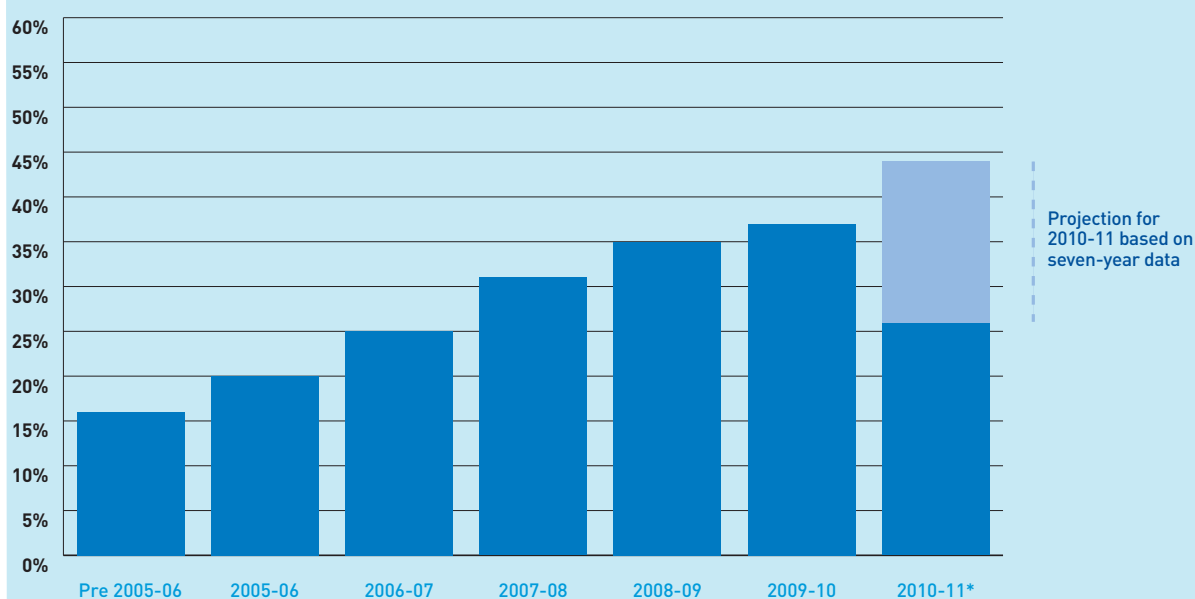
The National Drug Treatment Monitoring System (NDTMS) identified 341,741 unique individuals who were treated over a six year period from 1 April 2005 to 31 March 2011 (earlier data is not robust enough to make valid comparisons). This report investigates what happened to them over that time, offering a clear insight into the effectiveness of the treatment system.<sup>6</sup>

## FINDINGS

Overall, 85,303 individuals successfully completed their treatment and overcame their addiction.<sup>7</sup> This represents a quarter of the entire six-year cohort. None of this group returned to treatment over the six-year period, so we can be confident that so far they have been able to sustain their recovery. The longer they remain out of treatment and do not need specialist assistance, the greater the prospect of full recovery.

Over time the treatment system has got better at dealing with dependence. The more recently people entered treatment, the

## 1. SUCCESSFUL COMPLETION RATE BY YEAR OF FIRST CONTACT



\*The lower successful completion rate for the 2010-11 intake is not a reflection of poorer treatment performance, but of the shorter time these people have been in treatment. Many were still in treatment in March 2011. If we were to run this analysis in subsequent years we would expect to see a higher proportion of the 2010-11 intake successfully completing.

## “The success rate for heroin users in particular has gradually improved, so that recently one in five are overcoming their addiction”

more likely they were to succeed. In the past three years, one third of new people entering treatment overcame their addiction (fig.2).

The current treatment system was shaped and expanded to tackle the aftermath of a heroin epidemic that grew in the 1980s and gained momentum in the 1990s. Heroin users comprised two-thirds of the total treatment-naïve population over the six-years.

However, the landscape is changing and the current epidemic appears to be diminishing. Across the six years of the study, the number of new heroin users starting treatment fell from an average of a thousand a week to a thousand a month. The success rate for heroin users in particular has gradually improved, so that recently one in five of those starting treatment for the first time are overcoming their addiction. Of all heroin users in the analysis, only about one in ten has been in long-term continuous treatment.

The average length of time users of any drugs spent in a treatment programme before leaving was two years. Around half of heroin users left treatment during the period and typically spent two years in treatment. The remainder were in treatment at the end of the period and had, on average, been in and out of treatment for six years. Yet for anyone addicted to other drugs, the average treatment journey is less than six months.

The majority of all people who were still in treatment at the end of the period had multiple treatment journeys. A sizeable minority (about one-third) went in and out of the system at least three times.

Heroin dependence is particularly intractable but not impossible to overcome. Nevertheless a system originally focussed on tackling heroin addiction is increasingly effective at helping all drug users. In the last three years of the period under study, half of new individuals presenting over problems with cocaine, cannabis or other drugs overcame their dependence.

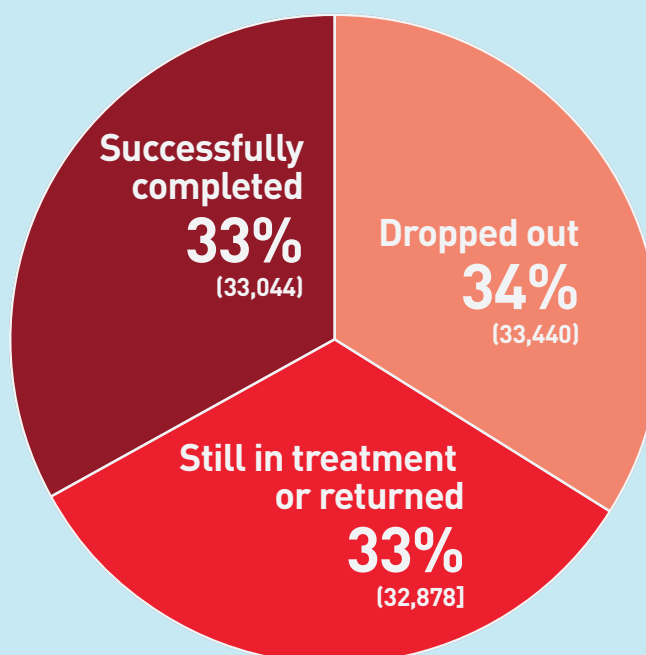
### TRENDS

#### i. A dynamic treatment system has got better at getting addicted drug users better

Drug treatment in England has evolved over the past decade. When the NTA was set up in 2001, the priority was to get as many heroin and crack addicts as possible into treatment because the evidence showed this would cut crime and improve public health.

Gradually the emphasis moved towards helping users leave treatment safely, creating a system that sustained both speedy access and successful exits. By the launch of the 2010 Drug

## 2. OUTCOMES FOR ALL 99,362 ADULTS STARTING TREATMENT 2008-11



# “For the last three years, an average of one-third of those who came into treatment for the first time left having overcome their dependence”

Strategy, the focus had shifted decisively towards ensuring more people could not only leave treatment safely and successfully but also reintegrate into society.

The six-year data reflects this development and shows a clear progression over time (see table, page 11). For example, only 16% of the people in the system on 1 April 2005 went on to successfully complete treatment. More than half of those who came into treatment in that early period remained in contact with the system on 31 March 2011.

However, those entering treatment for the first time fared much better as time went on. The proportion of treatment-naive people who completed treatment and overcame dependence has steadily grown each year. For the last three years, an average of one-third of those who came into treatment for the first time left having overcome their dependence.

The overall success rate over the whole period of the analysis (25%) is higher than suggested by the annual official statistics, which by their nature only offer a snapshot of a dynamic system. Tracking individuals over time gives a more accurate representation of their progress, and means we can be confident those who complete treatment have not since returned.

That confidence is higher the longer they remain out of treatment and do not need specialist assistance. We need to bear in mind that people who completed treatment more recently have had less time out of the system and less chance to re-present.

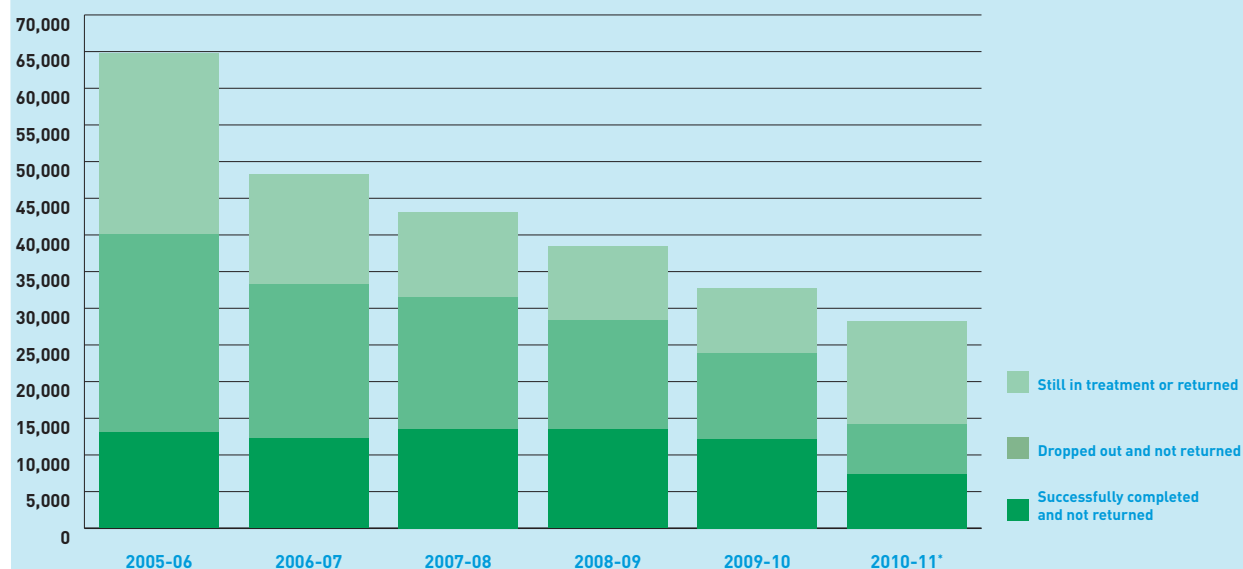
Nevertheless, the trend appears to show a treatment system steadily getting better at combating addiction (fig 3), and becoming more effective at helping recent entrants.<sup>8</sup> The more recently anyone entered a treatment programme, the more likely they are to recover.

## ii. Heroin: the most problematic drug<sup>9</sup>

Two out of three people recorded in the six-year study (229,788) have a heroin problem. They dominate the treatment system because heroin causes most harm – and without treatment, users risk death, court infection, and commit crime.

Heroin is one of the most addictive drugs and one of the most difficult to come off. Just over a third of all heroin users in treatment during the six-year period were already receiving specialist help before 1 April 2005, although most have been in and out of the system since then. Heroin addicts typically spend about eight years between first trying the drug and first entering treatment.<sup>10</sup>

### 3. OUTCOMES FOR ALL ADULTS TREATED FOR THE FIRST TIME, BY THE YEAR THEY STARTED



\*The lower successful completion rate for the 2010-11 intake is not a reflection of poorer treatment performance, but of the shorter time these people have been in treatment. Many were still in treatment in March 2011. If we were to run this analysis in subsequent years we would expect to see a higher proportion of the 2010-11 intake successfully completing.

## “The number of treatment-naïve heroin users coming into the system fell from almost 48,000 in 2005-06 to just over 12,000 in 2010-11”

The analysis shows fewer people are coming into treatment for heroin addiction. The number of treatment-naïve heroin users fell from almost 48,000 in 2005-06 to just over 12,000 in 2010-11. The numbers effectively declined from about a thousand a week to about a thousand a month (fig.4). This trajectory supports independent research estimating the number of heroin and crack addicts in England has fallen.<sup>11</sup>

How long they need to spend in treatment is a subject of controversy. Recognising this, the Drug Strategy 2010 emphasised that each recovery journey is personal to the individual user. Its duration is likely to be influenced by the severity of drug use, the extent of the other personal, social and economic problems the addict faces, the level of personal and social resources on which they can draw, and their own motivation to change behaviour.

As might be expected with this most addictive substance, heroin users have lower successful completion rates than other users. Yet the study showed an average 17% of heroin addicts coming into treatment in any year overcame their dependence altogether (fig.5).

Heroin took hold in England in two waves. The first came in the 1980s, when a new, smokable form of the drug became a

feature of use in the large urban centres of London and the North West. In the second wave of the 1990s, this pattern spread to other parts of England, such as the North East. In both cases, heroin addiction was concentrated in communities hit hardest by economic downturn and social inequalities.

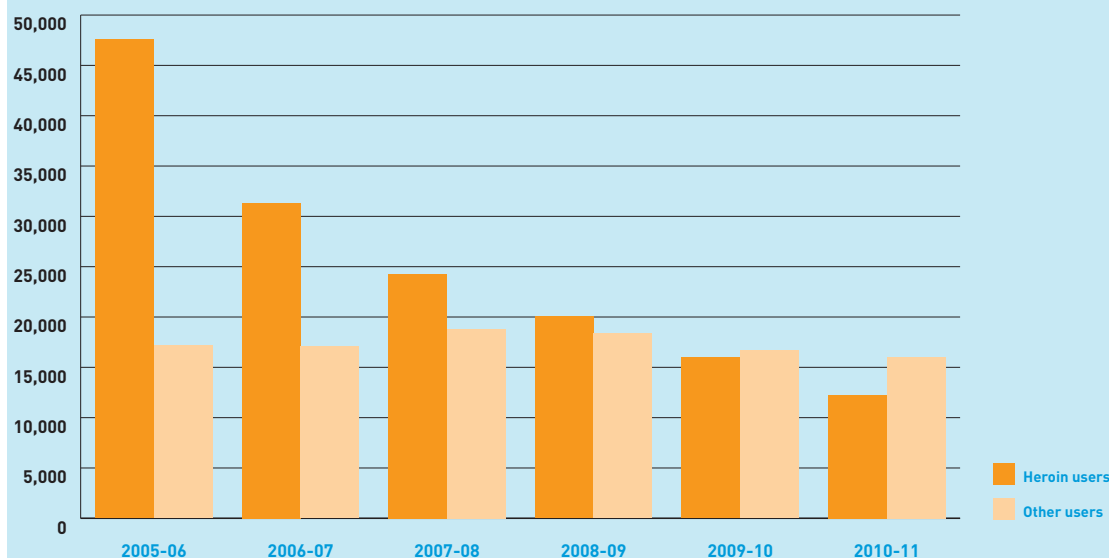
At the start of the period under review, people who began using heroin in these two waves dominated the treatment system. In 2005-6, the earliest year for which we have robust statistics, this group represented two-thirds of all first-time clients (fig.6). Six years later, as the number of new heroin users entering treatment fell dramatically, the majority of those coming in for the first time (62%) had started using since 2000.

Even so, some entrenched users whose drug-taking habit started in the 1980s and 1990s epidemics, or even earlier, only accessed services for the first time in recent years.

### iii. Length of treatment and multiple treatment journeys

Recovery from drug addiction is a long-term process. As with other chronic illnesses, relapse is a risk, and any return to drug use can mean a further spell in treatment. So it is not surprising that many in the six-year study spent a lot of time in treatment, and went in and out of the system several times.

#### 4. NUMBER OF ADULTS TREATED FOR THE FIRST TIME, BY YEAR



## “Almost half of heroin users were treated and did not return. They spent an average two years in treatment. The remainder, on average, spent six years”

The average length of time in treatment for the 341,741 individuals in the analysis was 753 days, or just over two years. This counts the period between first contact and exit, regardless of whether treatment was continuous in between those dates. However, the figure masks considerable variation between different groups, and cannot be considered a ‘typical’ length of stay.

The majority (229,788) were former heroin users, and their median length of stay in treatment was about four years. But even this figure is not absolute, since the analysis found a clear distinction in the length of stay between those who had already left treatment and those who were still in the system.

In fact, almost half of the ex-heroin users in the analysis (107,258) were treated, left the system and did not return. They spent an average of 679 days in treatment, or just under two years.

The remaining ex-heroin users (122,530) were all in treatment at the end of the period. They were therefore still experiencing treatment journeys of varying lengths. Some were recent entrants, and could not yet be expected to finish a programme of treatment, but others were long-stayers. On average, this latter group had spent almost six years in contact with the treatment system.

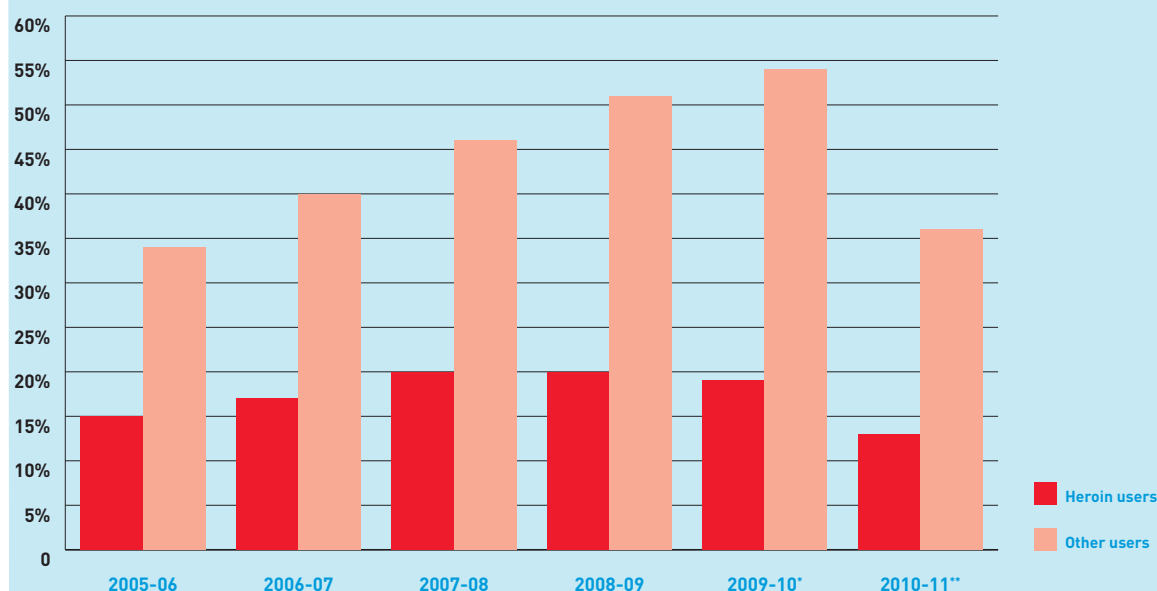
As fewer treatment-naive people presented, the population changed character. Towards the end of the analysis an increasing proportion within the system are entrenched ex-users who are more complex to treat and find it more difficult to complete.

In particular there has been concern for some time about those prescribed heroin substitutes, such as methadone. The expert group chaired by Professor John Strang of the National Addiction Centre recently recommended that users on a script should always be actively supported with a focus on ultimate recovery.

Our analysis shows that 20,876 heroin users started treatment before 2005-06 and have remained in the system ever since. This group of long-stayers represent less than one in ten of all those treated for heroin over the period.

Overall there were 133,620 people being treated for all types of drugs who were still in the system on 1 April 2011. The majority (56%) had at least two separate treatment journeys, indicating that at some point they had relapsed or dropped out and then returned. Almost one-third (31%) had undertaken three or more journeys since they first entered treatment. The longer these people had been in contact with services, the more likely they were to have multiple journeys.

### 5. RATE OF SUCCESSFULLY COMPLETING ADULTS FOR EACH ANNUAL INTAKE



\*The slightly lower successful completion rate for 2009-10 is because fewer treatment-naive people entered that year.

\*\*The lower successful completion rate for the 2010-11 intake is not a reflection of poorer treatment performance, but of the shorter time these people have been in treatment. Many were still in treatment in March 2011. If we were to run this analysis in subsequent years we would expect to see a higher proportion of the 2010-11 intake successfully completing.

# “While the treatment system expanded to deal with the heroin epidemics, it has increasingly opened its doors to people addicted to other drugs”

For the minority of clients without a heroin problem (111,953), the average treatment journey was just under six months. Nine out of ten users of other drugs left the system and did not return.

#### iv. People dependent on other drugs<sup>12</sup>

While the treatment system expanded to deal with the heroin epidemics of the 1980s and 1990s, it has increasingly opened its doors to people who were addicted to other drugs, such as powder cocaine and cannabis.

These users now make up the majority of those entering treatment for the first time (fig.4). They have shorter treatment journeys, and their success rate has steadily improved (fig.5).

People addicted to powder cocaine and cannabis are often easier to treat than heroin addicts. They are likely to have fewer associated social problems, draw on greater personal resources, and enjoy more social support. Their prospects of overcoming addiction are usually better than heroin users, and their chances have steadily improved.

Towards the end of the study, about a half of those coming into treatment for the first time for cannabis, powder cocaine and other non-heroin drugs were recorded as successfully completing.

#### v. Dropping out or walking away?

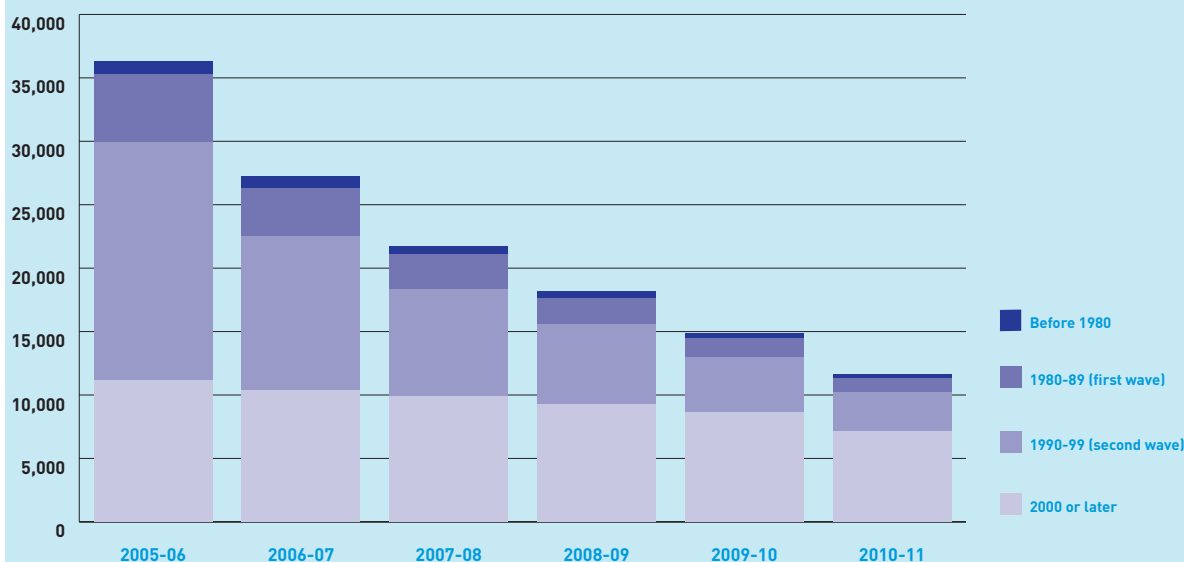
About a third of all those who have been through the drug treatment system over the past six years were recorded as dropping out. This category covers those transferred to prison or other services, a minority who either declined treatment or had it withdrawn because of their behaviour, and a small number who tragically die.

However, most of them simply walk away from a treatment programme, are not formally discharged, and the system loses track of them. Since the rolling data of the analysis tracked individual contact with the treatment system over six years, we know that those recorded as drop-outs did not subsequently return at any point during the whole period.

In a consumer context, such a high drop-out might indicate dissatisfaction with the services provided. However, drug addicts are not conventional customers. Engaging in treatment requires a high level of commitment on the part of the patient: equally, some services may struggle to keep track of the more volatile individuals they work with.

The NTA proposes to work with selected local partnerships to investigate the reasons for early drop-out in detail. Without more

## 6. ADULTS TREATED FOR THE FIRST TIME, BY PERIOD OF FIRST DRUG USE





## “Those recorded as drop-outs did not subsequently return... they may have obtained enough benefit from their time in treatment to tackle their addiction”

information about what happens after treatment, we can't be sure whether these people returned to active drug use following relapse, or left the addict identity behind them, having got what they needed from their short time in treatment.

An earlier long-term study of outcomes, published by the NTA in 2010, showed that nearly half of those who left treatment in a single year (46%) neither required further treatment nor were found to be involved in drug-related offending in the subsequent four years.<sup>13</sup> This report suggested that perhaps they had already received what they needed to overcome their dependency before choosing to leave.

It concluded: “This corroborates what some practitioners have argued: that although drop-out is usually signalled by relapse, a significant proportion of those in treatment simply walk away once it has met their clinical needs, without engaging in the formal administrative discharge process required by NDTMS.”

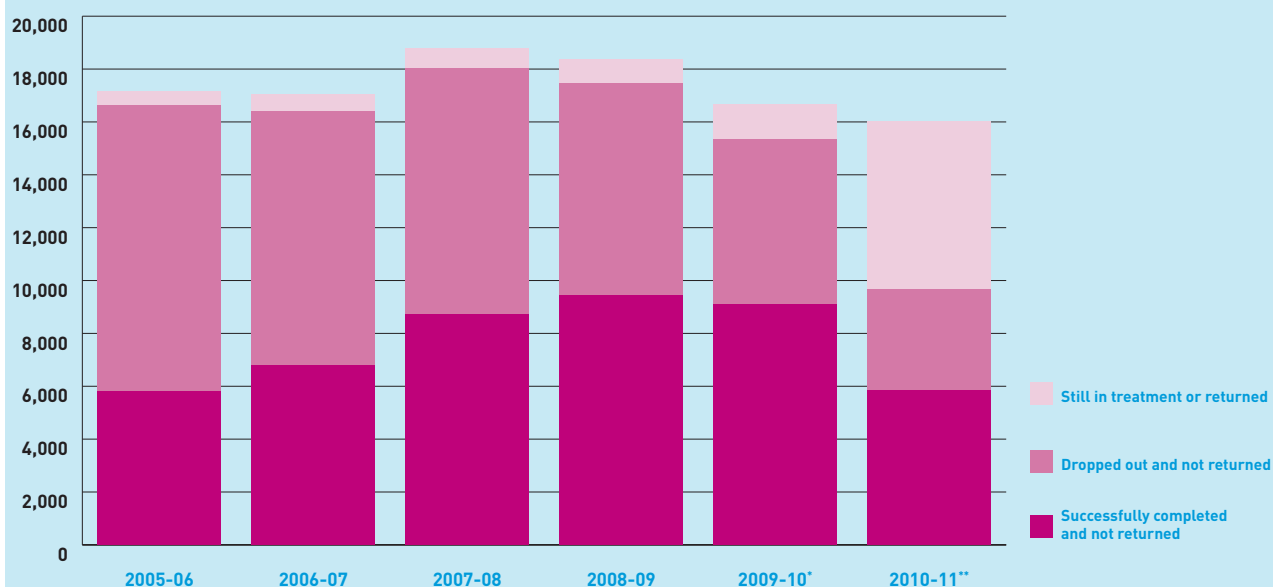
Dropping out of treatment early exposes individuals to the threat of relapse; so historically much effort was expended on retaining chaotic users in treatment for the sake of their own health and the safety of their communities. This was particularly true for heroin addicts.

However, it may be significant that the rate of unsuccessful treatment journeys for users of other drugs has fallen dramatically over the six years. Two-thirds of the 2005-06 intake of treatment-naïve did not complete their treatment programme, yet this proportion fell to one-third of the 2010-11 intake.

One explanation for this shift could be that, over the years, services got better at keeping track of their clients, and engaging them in treatment programmes. The number of new entrants being treated for other (non-heroin) drugs every year remained relatively static over the period.

Alternatively, those that did not come back may have obtained enough benefit from their brief period in treatment to tackle their addiction to their own satisfaction. They may have walked out on their own terms, not bothering to be formally signed off.

### 7. OUTCOMES FOR NON-HEROIN USERS FOR EACH ANNUAL INTAKE, 2005-11



\*The slightly lower successful completion rate for heroin users in 2009-10 is because some in that intake haven't yet had time to complete treatment.

\*\*The lower successful completion rate for the 2010-11 intake is not a reflection of poorer treatment performance, but of the shorter time these people have been in treatment. Many were still in treatment in March 2011. If we were to run this analysis in subsequent years we would expect to see a higher proportion of the 2010-11 intake successfully completing.

# “The treatment system has shown itself to be dynamic and responsive”

## REFLECTIONS

**This report presents for the first time an overview of what the drug treatment system in England achieved as it was expanded during the last decade.**

The analysis set out here provides a robust baseline for delivering the explicit ambition of the Drug Strategy 2010 to maximize the number of individuals using treatment as their first step to recovery.

The study also demonstrates that the system has been dynamic, both in terms of responding to changing circumstances and getting better at helping clients to recover. Over the six-year period under review, treatment became more effective, and more people overcame their dependence as a result.

The cut-off point for the exercise was 31 March 2011, but since then another year's worth of treatment-naive people have been recorded by NDTMS entering the system. This extra data will enable us to undertake a similar comparative analysis over seven years, and thereby update the outcomes achieved by the most recent entrants of the current study.

The NTA will publish the results alongside the next annual release of official drug treatment statistics in the autumn. However, we anticipate the findings will show a continuation of the key trends highlighted in this report.

For example, it would be extremely surprising if we did not see a further fall in the number of heroin addicts presenting to treatment for the first time. It would also be legitimate to

anticipate a further increase in the proportion of treatment-naive people who overcome their dependence.

However, this would not – and should not – be grounds for complacency. As fewer treatment-naive people enter the system, the nature of the treatment population will alter. An increasing proportion of those still in the system will be older, entrenched heroin users whose needs are more complex, and for whom overcoming dependence will be more difficult.

Meanwhile, the 2010 Drug Strategy and its annual review highlighted public concern about the availability and harms of drugs other than heroin, including new psychoactive substances.

The treatment system has shown itself to be dynamic and responsive. It needs to continue to be flexible in the face of changing drug habits, and it needs to be ambitious in meeting the demand for specialist support to tackle addiction.

Doctors and other experts agree that drug dependence is not easy to overcome, but the data for England demonstrates that people who seek help can and do recover. ■

## NOTES

<sup>1</sup>Home Office (2012) 'Drug Strategy 2010 Reducing demand, restricting supply, building recovery: supporting people to live a drug free life - Annual review.' HM Government

<sup>2</sup>Recovery Orientated Drug Treatment Expert Group (2012) 'Medications in Recovery: Re-Orientating Drug Dependence Treatment.' NTA

<sup>3</sup>Marsden J, Eastwood B, Jones H, Bradbury C, Hickman M, Knight J, Randhawa K, White M: 'Risk adjustment of heroin treatment outcomes for comparative performance assessment in England.' (In press)

<sup>4</sup>The terms 'new to treatment' and 'treatment-naïve' are used interchangeably in this report and refer to the unique individuals not previously known to the treatment system.

<sup>5</sup>Recovery Orientated Drug Treatment Expert Group (2012) 'Medications in Recovery: Re-Orientating Drug Dependence Treatment.' NTA

<sup>6</sup>Even a focus on a six-year cohort will have its own limitations, because it starts and ends at fixed points in time. Although this study picks up everyone recorded in the system on 1 April 2005, it will miss anyone who was in treatment before that date yet left before the year-end. This means that individuals among the first group in our analysis, who were already in the system before 2005-6 and recorded on 1 April 2005, are not necessarily representative of all those people who were in contact with treatment in those early years. As a result, the data we have relating to individuals from this time is not strictly comparable with the intakes of subsequent years, and care needs to be exercised when constructing trends. Conversely, many of the individuals recorded in the six-year study will have continued with their treatment and recovery after 31 March 2011. The cut-off date for the research will appear to arbitrarily interrupt some treatment careers which may reach a conclusion soon afterwards.

Consequently, the data we have for the 2010-11 intake is likely to underestimate the eventual performance of some of those individuals who entered treatment during the year.

<sup>7</sup>Successful completion is defined as: judged by a clinician to be free of dependency from the drug for which an individual was being treated, and in addition not using either heroin or crack. It does not rule out occasional use of other drugs (on which the clinician judges the client is not dependent), but cannot include anyone on a substitute prescription such as methadone.

<sup>8</sup>The lower successful treatment completion rate for the 2010-11 intake does not reflect poorer treatment performance but is a result of the shorter time those entering in this period have had to undergo (and potentially successfully complete) treatment. Many of these people were still in treatment in March 2011. We anticipate that if this analysis was run in the next or subsequent years we would see a higher proportion of people in the 2010-11 intake successfully completing their treatment.

<sup>9</sup>Any adult treated for an opiate dependency at any time during the study period, including opiate and crack users, were counted in the opiate group for this report

<sup>10</sup>David Best (2006) 'Addiction careers and the natural history of change.' NTA

<sup>11</sup>Gordon Hay, Maria Gannon, Jane Casey and Tim Millar (2011) 'National and Regional estimates of the prevalence of opiate and/or crack cocaine use 2009-10: A Summary of Key Findings.' NTA.

<sup>12</sup>Any adult treated for drug dependency but who did not have an opiate problem at any time during the study period was counted in this group

<sup>13</sup>NTA (2010) 'A long-term study of the outcomes of drug users leaving treatment.'

## TABLES

ALL ADULTS, YEAR OF FIRST CONTACT												
CATEGORY	PRE 2005-06		2005-06	2006-07	2007-08	2005-08		2008-09	2009-10	2010-11	2008-11	
Continuous journey	21,193		5,621	4,242	4,382	14,245		4,855	5,708	13,143	23,706	
Two journeys since first presentation	11,695		6,137	4,457	3,734	14,328		3,269	2,411	918	6,598	
Three journeys since first presentation	7,183		5,081	3,003	2,039	10,123		1,316	533	57	1,906	
Three journeys + since first presentation	9,370		7,790	3,393	1,422	12,605		554	107	7	668	
<b>Retained at 31/03/11</b>	<b>49,441</b>	<b>57%</b>	<b>24,629</b>	<b>15,095</b>	<b>11,577</b>	<b>51,301</b>	<b>33%</b>	<b>9,994</b>	<b>8,759</b>	<b>14,125</b>	<b>32,878</b>	<b>33%</b>
Exited (treatment incomplete) in 2005-06	7,250		10,121	0	0	10,121		0	0	0	0	
Exited (treatment incomplete) in 2006-07	3,224		5,552	8,935	0	14,487		0	0	0	0	
Exited (treatment incomplete) in 2007-08	2,929		2,580	4,946	8,420	15,946		0	0	0	0	
Exited (treatment incomplete) in 2008-09	2,435		1,935	1,984	4,616	8,535		7,715	0	0	7,715	
Exited (treatment incomplete) in 2009-10	2,947		2,563	2,112	2,222	6,897		4,602	6,815	0	11,417	
Exited (treatment incomplete) in 2010-11	4,543		4,314	3,053	2,697	10,064		2,664	4,907	6,737	14,308	
<b>Subtotal exited (treatment incomplete)</b>	<b>23,328</b>	<b>27%</b>	<b>27,065</b>	<b>21,030</b>	<b>17,955</b>	<b>66,050</b>	<b>42%</b>	<b>14,981</b>	<b>11,722</b>	<b>6,737</b>	<b>33,440</b>	<b>34%</b>
Treatment complete in 2005-06	3,259		2,920	0	0	2,920		0	0	0	0	
Treatment complete in 2006-07	1,815		3,064	3,567	0	6,631		0	0	0	0	
Treatment complete in 2007-08	1,668		1,535	3,732	4,528	9,795		0	0	0	0	
Treatment complete in 2008-09	1,884		1,668	1,773	5,382	8,823		6,046	0	0	6,046	
Treatment complete in 2009-10	1,895		1,529	1,291	1,705	4,525		5,019	6,137	0	11,156	
Treatment complete in 2010-11	2,895		2,354	1,869	1,926	6,149		2,381	6,028	7433	15,842	
<b>Subtotal treatment complete</b>	<b>13,416</b>	<b>16%</b>	<b>13,070</b>	<b>12,232</b>	<b>13,541</b>	<b>38,843</b>	<b>25%</b>	<b>13,446</b>	<b>12,165</b>	<b>7433</b>	<b>33,044</b>	<b>33%</b>
<b>Total clients in treatment</b>	<b>86,185</b>		<b>64,764</b>	<b>48,357</b>	<b>43,073</b>	<b>156,194</b>		<b>38,421</b>	<b>32,646</b>	<b>28,295</b>	<b>99,362</b>	

## TABLES (CONT.)

HEROIN USERS, YEAR OF FIRST CONTACT												
CATEGORY	PRE 2005-06		2005-06	2006-07	2007-08	2005-08		2008-09	2009-10	2010-11	2008-11	
Continuous journey	20,876		5,520	4,091	4,144	13,755		4,523	4,898	7,119	16,540	
Two journeys since first presentation	11,586		5,920	4,196	3,384	13,500		2,862	1,969	617	5,448	
Three journeys since first presentation	7,120		4,942	2,853	1,898	9,693		1,190	460	46	1,696	
Three journeys + since first presentation	9,308		7,686	33,14	1,373	12,373		529	100	6	635	
<b>Retained at 31/03/11</b>	<b>48,890</b>	<b>62%</b>	<b>24,068</b>	<b>14,454</b>	<b>10,799</b>	<b>49,321</b>	<b>48%</b>	<b>9,104</b>	<b>7,427</b>	<b>7,788</b>	<b>24,319</b>	<b>50%</b>
Exited (treatment incomplete) in 2005-06	4,407		3,946	0	0	3,946		0	0	0	0	
Exited (treatment incomplete) in 2006-07	2,530		2,791	3,314	0	6,105		0	0	0	0	
Exited (treatment incomplete) in 2007-08	2,522		1,800	2,319	2,837	6,956		0	0	0	0	
Exited (treatment incomplete) in 2008-09	2,229		1,546	1,350	2,123	5,019		2,586	0	0	2,586	
Exited (treatment incomplete) in 2009-10	2,779		2,187	1,676	1,485	5,348		2,247	2,627	0	4,874	
Exited (treatment incomplete) in 2010-11	4,384		3,993	2,739	2,204	8,936		2,097	2,833	2,889	7,819	
<b>Subtotal exited (treatment incomplete)</b>	<b>18,851</b>	<b>24%</b>	<b>16,263</b>	<b>11,398</b>	<b>8,649</b>	<b>36,310</b>	<b>35%</b>	<b>6,930</b>	<b>5,460</b>	<b>2,889</b>	<b>15,279</b>	<b>32%</b>
Treatment complete in 2005-06	1,820		897	0	0	897		0	0	0	0	
Treatment complete in 2006-07	1,344		1,239	972	0	2,211		0	0	0	0	
Treatment complete in 2007-08	1,380		901	1,237	1,004	3,142		0	0	0	0	
Treatment complete in 2008-09	1,646		1,153	963	1,600	3,716		1,314	0	0	1,314	
Treatment complete in 2009-10	1,720		1,097	829	909	2,835		1,308	1,143	0	2,451	
Treatment complete in 2010-11	2,694		1,969	1,448	1,310	4,727		1,389	1,941	1,591	4,921	
<b>Subtotal treatment complete</b>	<b>10,604</b>	<b>14%</b>	<b>7,256</b>	<b>5,449</b>	<b>4,823</b>	<b>17,528</b>	<b>17%</b>	<b>4,011</b>	<b>3,084</b>	<b>1,591</b>	<b>8,686</b>	<b>18%</b>
<b>Total clients in treatment</b>	<b>78,345</b>		<b>47,587</b>	<b>31,301</b>	<b>24,271</b>	<b>103,159</b>		<b>20,045</b>	<b>15,971</b>	<b>12,268</b>	<b>48,284</b>	

NON-HEROIN USERS, YEAR OF FIRST CONTACT												
CATEGORY	PRE 2005-06		2005-06	2006-07	2007-08	2005-08		2008-09	2009-10	2010-11	2008-11	
Continuous journey	317		101	151	238	490		332	810	6,024	7,166	
Two journeys since first presentation	109		217	261	350	828		407	442	301	1,150	
Three journeys since first presentation	63		139	150	141	430		126	73	11	210	
Three journeys + since first presentation	62		104	79	49	232		25	7	1	33	
<b>Retained at 31/03/11</b>	<b>551</b>	<b>7%</b>	<b>561</b>	<b>641</b>	<b>778</b>	<b>1,980</b>	<b>4%</b>	<b>890</b>	<b>1,332</b>	<b>6,337</b>	<b>8,559</b>	<b>17%</b>
Exited (treatment incomplete) in 2005-06	2,845		6,175	0	0	6,175		0	0	0	0	
Exited (treatment incomplete) in 2006-07	694		2,762	5,621	0	8,383		0	0	0	0	
Exited (treatment incomplete) in 2007-08	411		780	2,628	5,583	8,991		0	0	0	0	
Exited (treatment incomplete) in 2008-09	206		389	634	2,495	3,518		5,129	0	0	5,129	
Exited (treatment incomplete) in 2009-10	168		376	436	737	1,549		2,355	4,188	0	6,543	
Exited (treatment incomplete) in 2010-11	159		321	314	493	1,128		567	2,074	3,848	6,489	
<b>Subtotal exited (treatment incomplete)</b>	<b>4,483</b>	<b>57%</b>	<b>10,803</b>	<b>9,633</b>	<b>9,308</b>	<b>29,744</b>	<b>56%</b>	<b>8,051</b>	<b>6,262</b>	<b>3,848</b>	<b>18,161</b>	<b>36%</b>
Treatment complete in 2005-06	1,437		2,023	0	0	2,023		0	0	0	0	
Treatment complete in 2006-07	471		1,824	2,595	0	4,419		0	0	0	0	
Treatment complete in 2007-08	284		634	2,494	3,524	6,652		0	0	0	0	
Treatment complete in 2008-09	238		515	810	3,780	5,105		4,732	0	0	4,732	
Treatment complete in 2009-10	175		432	462	796	1,690		3,711	4,994	0	8,705	
Treatment complete in 2010-11	201		385	421	616	1,422		992	4,087	5,842	10,921	
<b>Subtotal treatment complete</b>	<b>2,806</b>	<b>36%</b>	<b>5,813</b>	<b>6,782</b>	<b>8,716</b>	<b>21,311</b>	<b>40%</b>	<b>9,435</b>	<b>9,081</b>	<b>5,842</b>	<b>24,358</b>	<b>48%</b>
<b>Total clients in treatment</b>	<b>7,840</b>		<b>17,177</b>	<b>17,056</b>	<b>18,802</b>	<b>53,035</b>		<b>18,376</b>	<b>16,675</b>	<b>16,027</b>	<b>51,078</b>	