



NHS
*National Treatment Agency
for Substance Misuse*



**Statistics from the
National Drug Treatment Monitoring System
(NDTMS)
1 April 2010 – 31 March 2011**

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1 Background

National data collection from drug treatment services was initiated in 1989 following a recommendation from the Advisory Council on the Misuse of Drugs (ACMD) that the Department of Health should provide funding to regional health authorities to set up databases to collect information about new clients at drug treatment services, and to return this data at six monthly intervals to the DH. These systems were collectively known as Regional Drug Misuse Databases (RDMD). These data 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. Copies of these reports can be found here:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4015620

Following a strategic review of the structure and operation of the information systems (Donmall, Hickman, Glavas, 2000), the National Drug Treatment Monitoring System (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 2004.

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). 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://0020/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/2005/12/e1295233/link> (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 2010-11 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.

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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 DTT0)
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.
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 – With the exception of section six (see below) 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 2010) 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 – With the exception of section six (see below) all figures 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. Section six, which shows trends, uses revised data from earlier years to allow for comparisons with 2008-09 onwards.

Reporting Substances - The NDTMS collects up to three substances recorded as problematic for the client by the clinician at the point of triage. Due to the historic focus on those presenting for opiates and/or crack cocaine, the methodology used for assigning drug groups was designed to help monitor presentations for these drugs.

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', 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' although 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'.

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.

Length of time in prescribing for clients in continuous prescribing treatment - The 2010-11 data on continuous prescribing follows a slight change in methodology compared to similar figures reported previously. The change affects a very small number of cases where a provider has discharged a client but not recorded the date that they completed their prescribing intervention. In these circumstances the client will now be assumed to have completed prescribing on the date the provider discharged them.

Treatment Outcome Profiles - The TOP questionnaire was introduced to treatment systems in October 2007. It consists of twenty questions about the client's drug use, injecting behaviour, criminal activity and health and social functioning. It is collected at the start of treatment, at six monthly intervals during treatment and at discharge from treatment. Analysis for the 2010-11 annual report concentrates on change in presenting substances between the start of treatment and the six month follow up period. The Reliable Change Index (RCI; Marsden et al, 2011) is used to classify change into four categories: abstinence, reliably improved, unchanged and reliably deteriorated. Attention is also paid to changes in employment, education and housing need.

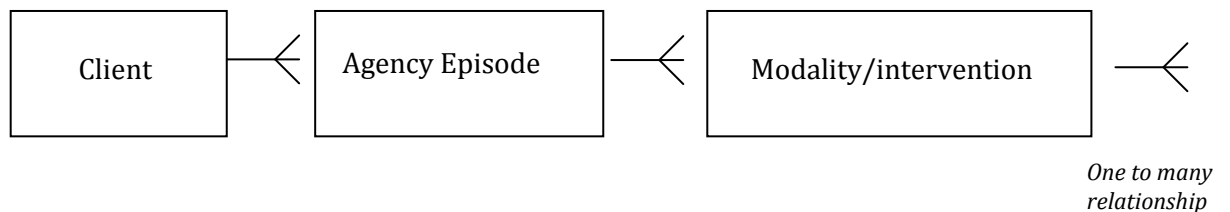
Six year treatment population analysis (section 6)- This is a new section added for 2010-11 which looks across six years of treatment data. It is important to note that this section uses a different methodology to that used elsewhere in the report - including section 5 where each year's figures are calculated independently. As such, direct comparisons cannot be made between these figures and those in other sections (or to those in previous annual reports). Because many service users will have moved between areas in this time, the rule of summing up individuals in each partnership area to get a national figure (used for calculating single year figures) would lead to too much double counting and, therefore, over-reporting of numbers in treatment. As such, individuals are defined by unique combinations of the variables First initial, Surname initial, Date of Birth, Gender. Conversely, this will increase the instances where separate individuals who share the same set of attributable variables have been incorrectly identified as a single person.

A further implication of the six year analysis is that the age definition (see above) is not appropriate. Instead, individuals have only been included if over 18 at their first recorded presentation to treatment.

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.

Appendix 1. Variable incompleteness and inconsistency

For the treatment year 2010-11 modality records have been analysed for completeness of selected variables. Older modality records from episodes of treatment that have continued into 2010-11 are unlikely to have been updated retrospectively since 2009/10. Thus, attention here has been paid only to the 'new' modality records for clients triaged during 2010-11.

Please note the following analysis is based on all modality records that relate to an individual client triaged during 2010-11. 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

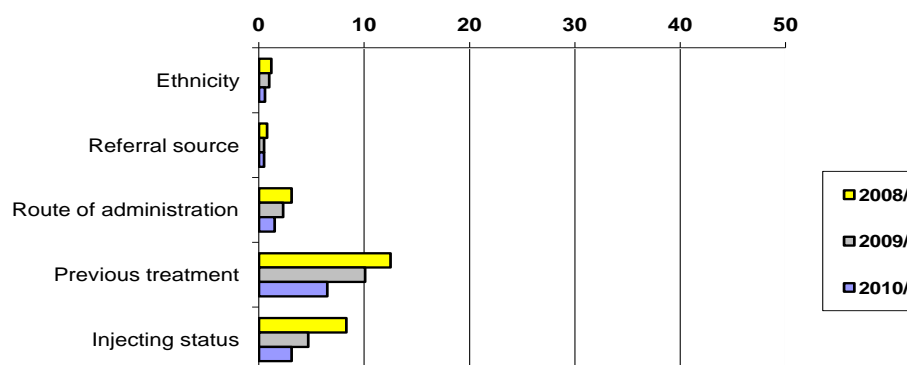


Figure A1.1.1 shows, for selected variables of interest, the percentage of new modality records (those with a triage date during 2010-11) for which a legitimate value was not recorded. The corresponding values for 2008-09 and 2009-10 are shown for comparison. As in 2009/10, of the variables of interest, 'injecting status' and 'previously treated' were the most incomplete variables, each having been unrecorded in over 4% and 6% of new modality records respectively. Referral source and ethnicity were again the least incomplete, with less than 1% missing in each case.

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 2010-11, by Region of treatment.

Table A1.1.1 NDTMS Data Variable Incompleteness 2010-11: 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
London	5	3
North East	4	2
South East	3	1
Eastern	8	2
West Midlands	4	3
South West	4	2
East Midlands	3	3
Yorkshire & Humberside	8	4
North West	14	5

References

Weblinks are included for all references, when available

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

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Marsden, J., Eastwood, B., Wright, C., Bradbury, C., Knight, J., Hammond, P. How best to measure change in evaluations of treatment for substance use disorder. *Addiction* 2011; 106(2): 294-302

Millar, T., Gemmell, I., Hay, G., Heller, R. F., & Donmall, M. 2006, "How well do trends in incidence of heroin use reflect hypothesised trends in prevalence of problem drug use in the North West of England?", *Addiction Research & Theory*, vol. 14, no. 5, pp. 537-549

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