Department of Health

NHS
National Treatment Agency for Substance Misuse

Statistics from the National Drug Treatment Monitoring System (NDTMS)

Statistics relating to young people

England, 1 April 2010– 31 March 2011

8 December 2011

Executive Summary

— 21,955 young people accessed specialist substance misuse services in 2010-11. This is a decrease of 1,573 individuals (6.7%) since 2009-10

— The most common routes into specialist substance misuse services were from youth offending teams (35%) and mainstream education (14%)

— Of the 21,955 young people accessing specialist substance misuse services in 2010-11, the majority were white British (84%). Almost two thirds were male (64%). Just over half (53%) were aged 16 or over.

— The majority of young people accessing specialist services did so with problems for cannabis (58%) or alcohol (32%) as their primary substance

— 79% of young people accessing specialist services stated they were living with their family or other relatives. 9% stated they were a looked after child, either living in care or independently

— Of those entering services in 2010-11 almost half (49%) were in mainstream education. 19% stated they were not in education or employment.

— The majority of those entering specialist substance misuse services do so reporting multiple vulnerabilities (75%)

— Of the 24,022 first and subsequent interventions starting in 2010-11, 23,473 (98%) began within three weeks of referral. The average (mean) wait to commence specialist interventions for first interventions was 2.7 days

— The majority of young people in specialist services received a psychosocial intervention only (46%) or a psychosocial intervention in combination with a harm reduction intervention (30%). 336 of the young people in specialist services received a pharmacological intervention (1.5%)

— The average (mean) number of days a young person accessed their latest episode of specialist interventions for during 2010-11 is just over 5 months (158 days). Opiate users tend to spend the longest time accessing interventions, on average almost 7 months (205 days)

— 14,006 young people exited specialist substance misuse services in 2010-11 and 10,507 (75%) of these did so because they no longer needed young people specialist interventions

— Of these 10,507 clients, 6,701 (68%) received a referral back into wider young people services. Less than 1% received a referral onto adult drug or alcohol treatment

Contents

Introduction

This report presents information relating to young people (those aged under 18) attending specialist substance misuse services in England. The statistics are derived from data that has been collected through the National Drug Treatment Monitoring System (NDTMS). The NDTMS collects activity data from drug and alcohol treatment services so that

- The benefits to both the young people attending specialist services and their families can be evidenced
- The profile of young people accessing substance misuse interventions can be understood and can be utilised to inform service provision
- Trends and shifts in patterns of drug use amongst young people can be monitored, to inform future policy locally and nationally
- The impact of substance misuse interventions 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 through the outcomes achieved

The NDTMS figures for England are produced by The National Drug Evidence Centre (NDEC) at Manchester University who also collate these 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.

Policy context

In 2010, the coalition government published, *'Drug Strategy 2010 – Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'.* With reference to young people this document particularly states;

> "The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age. Young people with substance misuse problems have a range of vulnerabilities which must be addressed by collaborative work across local health, social care, family services, housing, youth justice, education and employment services".

The Department for Education has the policy lead for vulnerable young people. The National Treatment Agency for Substance Misuse has responsibility for young people's specialist substance misuse interventions.

Previous NDTMS annual publications can be found here: http://www.nta.nhs.uk/statistics.aspx

Other sources of statistics about drugs and alcohol

Prevalence of substance use among young people

Information is available relating to the prevalence of drug use among secondary school pupils aged 11 to 15 from the Survey of Smoking, Drinking and Drug Use among young people in England. This is a survey carried out for the NHS Information Centre by the National Centre for Social Research and the National Foundation for Educational Research. The annual survey interviews school pupils, and has included questions on drug use since 2001. The data and further information are available here;
http://www.ic.nhs.uk/pubs/sdd10fullreport

An annual estimate of the prevalence of drug use is undertaken through the British Crime Survey (BCS). This section of the survey has been in place since 1996, annually since 2001, and has tracked the prevalence of the use of different drugs over this time. This does not include information on all young people but does show the data for the age group 16-19.
http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb1211/

A second method for estimating the prevalence of crack cocaine and heroin use is produced for each local authority area in England by Glasgow University. Estimates are available for 2006-07, 2008-09 and 2009-10. The estimates are produced through a mixture of capture-recapture and Multiple Indicator Methodology (MIM), and rely on NDTMS data being matched against and/or analysed alongside Probation and Home Office data sets. Again, these estimates include a sub-sample of young people reporting on those aged 15-24. The data and further information are available here:
http://www.nta.nhs.uk/facts-prevalence.aspx

Adults

Criminal Justice Statistics
The Ministry of Justice produce a quarterly statistics bulletin which provides details of adults in custody and under the supervision of the probation service. These can be found here:
http://www.justice.gov.uk/publications/statistics-and-data/prisons-and-probation/oms-quarterly.htm

Statistics are also produced by the Ministry of Justice relating to aspects of sentencing, including trends in custody, sentences, fines and other disposals. These can be found here:
http://data.gov.uk/dataset/sentencing_statistics_england_and_wales

Drug and Alcohol Treatment
The National Treatment Agency also publishes annual reports regarding adults accessing drug and alcohol treatment. These can be found here: http://www.nta.nhs.uk/statistics.aspx

It should be noted that young people's figures are not comparable with statistics relating to adult drug or alcohol treatment. This is because access to specialist services for young people requires a 'lower severity of drug use and associated problems'[i]

Drug-related deaths

The Office of National Statistics publish an annual summary of all deaths related to drug poisoning (involving both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales. This can be found here:
http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/2010/stb-deaths-related-to-drug-poisoning-2010.html

Other

The NHS Information Centre produce an annual report on drugs and drug use. The report draws on statistics from a number of sources including treatment statistics from the NDTMS, and has 3 sections; Drug misuse in young adults, Drug misuse amongst children and Outcomes of Drug misuse.

Responsible Statistician
Malcolm Roxburgh, Information Manager

Relevant web links

Monthly web-based NDTMS analyses; These are headline provisional statistics that relate to the numbers in drug and alcohol treatment, and are released one month in arrears
http://www.ndtms.net/

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

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

For further information and any queries about this release please contact
Jonathan.Knight@nta-nhs.org.uk – Head of Analysis
Malcolm.Roxburgh@nta-nhs.org.uk – Information Manager

1. Characteristics of Clients

1.1. Age & Gender

About two thirds (64%) of the young people who accessed specialist substance misuse services in 2010-11 are male. Just over half (53%) were aged 16 or over at their first contact with services in the year. Overall, females accessing substance misuse services for young people are younger with 19% of males aged under 15 compared to 27% of females.

Table 1.1: Age and Gender

Age	Male		Female		Persons	
	No.	%	No.	%	No.	%
<12	97	1%	31	0%	128	1%
12-13	190	1%	125	2%	315	1%
13-14	677	5%	557	7%	1,234	6%
14-15	1,686	12%	1,406	18%	3,092	14%
15-16	3,313	24%	2,132	27%	5,445	25%
16-17	3,737	27%	1,920	24%	5,657	26%
17-18	4,307	31%	1,777	22%	6,084	28%
Total	14,007	100%	7,948	100%	21,955	100%

1.2. Ethnicity

Most (86%) are white with the majority of these being white British. No other ethnic group accounts for more than 3% of clients.

Table 1.2: Ethnicity

Ethnicity	No.	%
White British	18,400	84%
White Irish	147	1%
Other white	347	2%
White & black Caribbean	578	3%
White & black African	109	0%
White & Asian	139	1%
Other mixed	309	1%
Indian	118	1%
Pakistani	197	1%
Bangladeshi	188	1%
Other Asian	189	1%
Caribbean	374	2%
African	216	1%
Other black	253	1%
Chinese	5	0%
Other	173	1%
Not stated	111	1%
Total	21,853	100%
Missing or inconsistent data	102	
Total including missing	21,955	

1.3. Substance Use

The most frequently reported drugs of misuse are cannabis and alcohol, with 91% of all clients under 18 in specialist substance misuse services citing one of these substances as the primary reason they presented for specialist interventions. These substances are also the most commonly cited adjunctive drug use, followed by 'other' drug use (which, unlike primary, includes nicotine as a possible substance).

Table 1.3: Substance Use

Substance	Primary substance no.	Primary substance %	Adjunctive substance no.	Adjunctive substance % (of all in services
Opiates	320*	1%	159	1%
Amphetamines	639	3%	1,338	6%
Cocaine	350*	2%	1,540	7%
Crack	35*	0%	163	1%
Ecstasy	65*	0%	683	3%
Cannabis	12,784	58%	4,189	19%
Solvents	263	1%	240*	1%
Alcohol	7,054	32%	7,444	34%
Other	349	2%	2,425	11%
Total	21,855	100%	18,185*	83%
Missing, misuse free or inconsistent data	100			
Total including missing	21,955			

1.4. Age and Substance Use

The majority of young people accessing specialist services with their primary problem substance recorded as opiates and/or crack are aged 16 or over (84%). The median age for young people recorded as having a primary problem with these two substances is 17 whereas for all other drugs is 16 or under. Solvent use is more prevalent in the younger age groups with 28% of all solvent use occurring in those under the age of 14 compared to 7% of all cannabis use and 0% of all opiate use.

Table 1.4.1: Age and Primary Substance

Substance	<12		12-13		13-14		14-15		15-16		16-17		17-18	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Opiates	0	0%	0	0%	*	0%	5	0%	40	1%	90	2%	185	3%
Amphetamines	*	1%	*	1%	13	1%	49	2%	146	3%	181	3%	246	4%
Cocaine	0	0%	0	0%	*	0%	22	1%	71	1%	108	2%	145	2%
Crack	0	0%	0	0%	*	0%	0	0%	6	0%	7	0%	19	0%
Ecstasy	0	0%	0	0%	*	0%	9	0%	9	0%	22	0%	22	0%
Cannabis	40	33%	151	49%	678	55%	1,781	58%	3,284	61%	3,425	61%	3,425	57%
Solvents	14	11%	18	6%	42	3%	59	2%	66	1%	33	1%	31	1%
Alcohol	66	54%	135	44%	485	39%	1,131	37%	1,722	32%	1,669	30%	1,846	30%
Other	*	1%	*	1%	5	0%	20	1%	80	1%	101	2%	139	2%
Total	120*	100%	310	100%	1,229	100%	3,076	100%	5,424	100%	5,636	100%	6,058	100%

Table 1.4.2: Age and Substance

Substance	<12		12-13		13-14		14-15		15-16		16-17		17-18	
	P	A	P	A	P	A	P	A	P	A	P	A	P	A
Opiates	0	0	0	0	*	*	5	13	40	20	90	50	185	72
Amphetamines	*	0	*	7	13	36	49	138	146	315	181	396	246	446
Cocaine	0	0	0	*	*	28	22	123	71	318	108	455	145	613
Crack	0	0	0	0	*	*	0	5	6	17	7	38	19	102
Ecstasy	0	0	0	*	*	9	9	68	9	169	22	215	22	221
Cannabis	40	11	151	47	678	217	1,781	584	3,284	1027	3,425	1079	3,425	1224
Solvents	14	*	18	5	42	25	59	50	66	60	33	58	31	40
Alcohol	66	19	135	83	485	359	1,131	976	1,722	1865	1,669	2040	1,846	2102
Other	*	13	*	46	5	125	20	348	80	593	101	665	139	635
Total	120*	50*	310	192	1,229	804	3,076	2305	5,424	4384	5,636	4996	6,058	5455

P = Primary Drug A = Adjunctive Drug

1.5. Education & Employment Status

Almost half of the young people entering specialist substance misuse services are recorded as being in mainstream education (such as schools and further education colleges), followed by a further 19% in alternative education (such as schooling delivered in a pupil referral unit or home setting). A further 19% are recorded as not in education or employment.

Education and Employment status is reported against just new young people entering specialist services during the year therefore the total will be lower than that of all young people.

Table 1.5: Education and Employment Status

Education & employment status	No.	%
Mainstream education	7,152	49%
Alternative education	2,707	19%
Temporarily excluded	132	1%
Permanently excluded	198	1%
Persistent absentee	286	2%
Apprenticeship / training	765	5%
Employed	361	2%
Not in education or employment	2,796	19%
Economically inactive caring role	28	0%
Economically inactive health issue	26	0%
Total	14,451	100%
Missing	1,610*	
Total inc missing	16,060*	

1.6. Accommodation Status

The majority of young people in specialist substance misuse services (79%) are recorded as living with their family or other relatives. A further 4% are living independently in settled accommodation. 9% of young people stated that they are a looked after child (either living in care or living independently).

Table 1.6: Accommodation Status

Accommodation status	No.	%
Living with parents or other relatives	16,686	79%
Independent – settled accommodation	783	4%
Independent – unsettled / housing problem	578	3%
Independent – no fixed abode	193	1%
Looked after child in care	1,714	8%
Looked after child living independently	187	1%
YP supported housing	789	4%
Young offender in secure care	130	1%
Total	21,060	100%
Missing or inconsistent data	895	
Total including missing	21,955	

1.7. Referral Source

The most common gateway to young people's services is through referral from the criminal justice or youth justice system (39%), with the majority of these coming from youth offending teams (YOTs, 35%). The second and third most common referral sources are mainstream education (14%) and self-referrals (7%). Referrals from A&E made up 1% and from CAMHS (Child and Adolescent Mental Health Service) 3%.

Table 1.7: Referral Source

Referral group	Referral source	No.	%
Youth / criminal justice	YOT	8,639	35%
	Young people's secure estate	202	1%
	Other	861	3%
Youth / criminal justice total		***9,702***	***39%***
Self, family & friends	Self	1,712	7%
	Relative, family, friend or concerned other	1,032	4%
Self, family & friends total		***2,744***	***11%***
Health	GP	426	2%
	A&E	209	1%
	School nurse	276	1%
	Child mental health services	694	3%
	Hospital	118	0%
	Other	135	1%
Health total		***1,858***	***8%***
Education	Mainstream education	3,421	14%
	Alternative education	641	3%
	Education service	795	3%
	Other	56	0%
Education total		***4,913***	***20%***
Social care	Children & family services	1,409	6%
	Looked after child services	566	2%
	Social services	379	2%
	Other	6	0%
Social care total		***2,360***	***10%***
Substance misuse	Targeted youth support	1,026	4%
	Drug & alcohol services (statutory and non-statutory)	433	2%
	Connexions	231	1%
	Outreach	242	1%
	Non-treatment substance misuse	130	1%
	Young people's treatment provider	364	1%
	Other	5	0%
Substance misuse total		***2,431***	***10%***
Other	Young people housing	310	1%
	Other	438	2%
Total (episodes)		24,756	100%
Missing or inconsistent data		61	
Total inc missing (episodes)		24,817	

1.8. Multiple Vulnerabilities

Young people can enter specialist substance misuse services with a range of problems either relating to their substance use (such as poly drug use, drinking alcohol daily) or wider factors which may impact on their substance use (such as pregnancy, self-harming, offending). Ten of these vulnerable factors are identified in the NDTMS dataset and reported on in table 1.8;

1. young person began using primary substance aged under 15
2. young person reports involvement in offending behaviour
3. young person reports self-harming
4. young person is a looked after child
5. young person reports using opiates and/or crack
6. young person is not in education or employment
7. young person report unsettled accommodation status or has no fixed abode
8. young person reports using two or more drugs in combination (poly drug use)
9. young person is pregnant or a parent
10. young person reports almost daily drinking or drinking in excess of 8 units (males) or 6 units (females) on an average drinking day when drinking 13 or more days of the month

The majority of young people entering specialist substance misuse services do so reporting 2 or more of these vulnerable factors (75%).

Multiple vulnerabilities are reported against just new young people entering specialist services during the year therefore the total will be lower than that of all young people.

Table 1.8: Multiple Vulnerabilities

Multiple vulnerabilities	No.	%
0 (zero) - 1 vulnerability	4,032	25%
2 - 4 vulnerabilities	11,224	70%
5 - 7 vulnerabilities	801	5%
8 - 10 vulnerabilities	*	0%
Total	16,060*	

* All numbers under 5 have been suppressed. Where totals could be derived, figures have been rounded to the nearest 5 and marked with an asterisk.

2. Access to Services

2.1. Waiting Times

Of the 24,022 interventions starting in 2010-11, 23,473 (98%) were offered an appointment to start that specialist intervention within three weeks of the date when they were referred for it. An intervention is a particular type of structured support the young person receives (e.g. counselling). The average (mean) number of days to wait to commence specialist interventions for first interventions was 2.7 days.

Table 2.1: Waiting Times

Intervention	<= 3 weeks		> 3 weeks	
	No.	%	No.	%
First intervention	21,948	98%	483	2%
Subsequent interventions	1,525	96%	66	4%
Total interventions	23,473	98%	549	2%

2.2. Intervention Pathways

Looking at all the interventions and combination of interventions received by each young person throughout the year, the majority of young people in specialist services received a psychosocial intervention only (46%) or a psychosocial intervention in combination with a harm reduction intervention (30%). Psychosocial interventions, sometimes known as 'talking therapies', use psychological, psychotherapeutic and counselling skills to encourage change. Structured harm reduction includes support to manage injecting, overdose and accidental injury through substance misuse. 336 of the young people in specialist services received a pharmacological intervention (1.5%). Pharmacological interventions for young people cover a wide range of medication prescribed by a clinician, as well as substitute prescribing for opiate addiction such as prescribing for detoxification, stabilisation, symptomatic relief of substance misuse and relapse prevention.

Table 2.2: Intervention Pathways

Pathways	No.	%
YP psychosocial intervention only	10,205	46%
YP harm reduction only	1,850	8%
YP family work only	72	0%
YP specialist pharmacological intervention only	17	0%
Psychosocial + family work only	397	2%
Psychosocial + pharmacological intervention only	71	0%
Psychosocial + family work + pharmacological intervention only	8	0%
Psychosocial + family work + harm reduction only	1,355	6%
Psychosocial + harm reduction only	6,615	30%
Psychosocial + harm reduction + pharmacological intervention only	75	0%
Other interventions or intervention combinations (which include a pharmacological / prescribing intervention)	165	1%
Other interventions or intervention combinations (which do not include a pharmacological / prescribing intervention)	686	3%
No named interventions	439	2%
Total	21,955	100%

* All numbers under 5 have been suppressed. Where totals could be derived, figures have been rounded to the nearest 5 and marked with an asterisk.

2.3. Interventions Provided

The majority of young people received a YP Psychosocial intervention (88%). Just under half (46%) received a harm reduction intervention. This table looks at unique intervention types received by each individual (so if a young person received both family work and harm reduction interventions they would be counted twice but if they received two separate interventions of psychosocial interventions they would be counted only once).

Table 2.3: Interventions Provided

Interventions received	No.
YP psychosocial intervention	19,293
YP harm reduction	10,148
YP family work	2,125
Previous YP intervention types	840
Prescribing / pharmacological (Young people & adult codes combined)	375
Residential rehabilitation (Young people & adult codes combined)	28
Other adult & alcohol codes	283

2.4. Length of Latest Episode of Specialist Interventions

The average (mean) time that individuals accessed their most recent episode of specialist interventions during 2010-11 was just over 5 months (158 days). Opiate users on average spend the longest time accessing interventions (205 days), while amphetamine users spend the least (141 days). The majority of young people's most recent episodes (74%) were 26 weeks or less in duration

Table 2.4.1: Mean Length of Latest Episode

Primary Substance	Mean days of most recent episode
Opiates	205.1
Amphetamines	141.3
Cocaine	170.5
Crack	171.4
Ecstasy	201.9
Cannabis	152.6
Solvents	188.0
Alcohol	161.3

Table 2.4.2: Length of Latest Episode

Episode Length	No.	%
0 (zero) - 12 weeks	9,617	45%
12 - 26 weeks	6,298	29%
26 weeks - 1 year	3,740	17%
Over 1 year	1,824	8%

* All numbers under 5 have been suppressed. Where totals could be derived, figures have been rounded to the nearest 5 and marked with an asterisk.

3. Specialist Substance Misuse Service Exits

3.1. Specialist Service Exits

14,006 individuals are recorded as having exited specialist substance misuse services in 2010-11. 10,507 (75%) of these young people exited having completed their interventions at this service, defined as having a care planned discharge and no longer requiring young people's specialist substance misuse interventions. This is an increase from 2009-10 when 69% of individuals exited having completed their specialist interventions. 7,949 young people (36% of those accessing in 2010-11) were retained in specialist services on 31/03/11.

Table 3.1: Service Exits

Specialist substance misuse service exits	No.	%
Complete	10,507	75%
Referred on	793	6%
Dropped out / left	1,851	13%
Prison	139	1%
Treatment declined by client	440	3%
Not known	16	0%
Other	260	2%
Total	14,006	100%

3.2. Discharge Destination of Complete Exits

Of the 10,507 young people exiting having completed their specialist interventions, over two thirds (68%) were referred back into wider young people's services. A further 31% received no onward referral and less than 1% received a referral onto adult drug or alcohol treatment.

Table 3.2: Discharge Destination

Discharge destination	No.	%
Back to referrer	4,121	42%
Generic children's services	473	5%
Targeted youth support	715	7%
Lead professional	383	4%
Alternative education	149	2%
Children's mental health services	247	3%
Crime prevention	305	3%
Accommodation services	75	1%
Other young people's treatment service	170	2%
Total referrals to wider young people's services	***6638***	***68%***
Adult treatment services	63	1%
No onward referral	1,489	15%
No referral required	1,581	16%
Total	9,771	100%
Missing or inconsistent data	736	
Total including missing	10,507	

* All numbers under 5 have been suppressed. Where totals could be derived, figures have been rounded to the nearest 5 and marked with an asterisk.

4. Trends

In 2010-11 there was a reduction of 1,573 young people recorded as having been in specialist substance misuse services compared to 2009-10 and a reduction of 2,098 young people since 2008-09.

The age profile of those accessing specialist intervention services has remained fairly stable over this period.

Table 4.1: Trends of Age

Age	2005-6		2006-7		2007-8		2008-9		2009-10		2010-11	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<12	212	1%	233	1%	227	1%	193	1%	155*	1%	128	1%
12-13	358	2%	457	2%	467	2%	442	2%	380*	2%	315	1%
13-14	1,040	6%	1,253	6%	1,476	6%	1,500*	6%	1,396	6%	1,234	6%
14-15	2,380	14%	2,961	14%	3,466	14%	3,550*	15%	3,300*	14%	3,092	14%
15-16	3,884	23%	4,953	23%	5,658	24%	5,574	23%	5,770	25%	5,445	25%
16-17	4,347	26%	5,315	25%	5,987	25%	6,133	25%	5,823	25%	5,657	26%
17-18	4,780	28%	6,019	28%	6,624	28%	6,663	28%	6,701	28%	6,084	28%
Total	17,001		21,191		23,905		24,053		23,528		21,955	

As with 2008-9 and 2009-10, 91% of young people accessing specialist substance misuse services state either cannabis or alcohol as their primary substance. The number of young people presenting with amphetamine use has increased from 1% (256) in 2009-10 to 3% in 2010-11. This increase follows the introduction of mephedrone into the dataset. At the same time there has been a fall in the numbers of opiate and crack users accessing specialist services from 1,081 (6%) in 2005-6 to 355 (1%) in 2010-11.

Table 4.2: Trends of Primary Substance

Primary substance	2005-6		2006-7		2007-8		2008-9		2009-10		2010-11	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Opiates	881	5%	755	4%	651	3%	547	2%	480*	2%	320*	1%
Amphetamines	332	2%	323	2%	346	1%	230*	1%	256	1%	639	3%
Cocaine	453	3%	655	3%	806	3%	745*	3%	457	2%	350*	2%
Crack	200	1%	137	1%	155	1%	110	0%	50*	0%	35*	0%
Ecstasy	325	2%	432	2%	438	2%	210*	1%	90*	0%	65*	0%
Cannabis	9,043	55%	10,824	52%	12,021	51%	12,642	53%	13,123	56%	12,784	58%
Solvents	210	1%	301	1%	305	1%	284	1%	274	1%	263	1%
Alcohol	4,886	30%	7,039	34%	8,589	36%	8,799	37%	8,227	35%	7,054	32%
Other	174	1%	183	1%	241	1%	270*	1%	399	2%	349	2%

The proportion of young people exiting specialist substance misuse services having completed their specialist interventions has risen each year since 2005-6 from 48% in 2005-6 to 69% last year and reaching 75% in 2010-11. The proportion that have dropped out or left before its completion has been falling over the period, from 29% (2,525) to 13% (1,851) in 2010-11.

* All numbers under 5 have been suppressed. Where totals could be derived, figures have been rounded to the nearest 5 and marked with an asterisk.

Table 4.3: Trends of Service Exits

Service exits	2005-6		2006-7		2007-8		2008-9		2009-10		2010-11	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Complete	4,105	48%	5,726	50%	8,073	57%	9,546	65%	10,160	69%	10,507	75%
Referred on	572	7%	701	6%	938	7%	510	3%	856	6%	793	6%
Dropped out / left	2,525	29%	2,902	25%	2,529	18%	2,253	15%	2,408	16%	1,851	13%
Prison	200	2%	285	2%	339	2%	371	3%	183	1%	139	1%
Treatment declined by client	*	0%	246	2%	703	5%	620*	4%	529	4%	440	3%
Not known	102	1%	202	2%	98	1%	71	0%	51	0%	16	0%
Other	1,108	13%	1,448	13%	1,401	10%	1,250	9%	478	3%	260	2%
Total	8,615*		11,510		14,081		14,620*		14,665		14,006	

* All numbers under 5 have been suppressed. Where totals could be derived, figures have been rounded to the nearest 5 and marked with an asterisk.

Technical Notes

Background

Separate statistics on young people accessing substance misuse services were first published by the NTA for 2007-8. Previously, reliable statistics on young people under-18 receiving specialist support for drug and alcohol misuse were scarce.

Responsibility for managing the National Drug Treatment Monitoring System was transferred from the Department of Health to the NTA on 1 April 2004. From that point, arrangements were put in place to start recording complete data for young people as part of the general NDTMS returns from drug treatment services in England. Consequently the NDTMS annual reports for 2005-6 and 2006-7 contained some information about clients aged under-18, who then comprised about 6 per cent of the total treatment population. Information was provided about interventions for Young People, discharge rates, primary drug trends and regional differences. However this information was restricted to drug services, and did not include young people with primary alcohol problems. The Department of Health commissioned the NTA to start collecting complete data on alcohol treatment services (through the National Alcohol Monitoring System) from 1 April 2008.

Meanwhile in June 2007, the then Department for Children, Schools and Families transferred responsibility for assuring the delivery of young people's specialist substance misuse services in England to the NTA. This was underpinned by a Memorandum of Understanding between the two organisations, and an expansion of specialist services funded by a dedicated element of the Pooled Treatment Budget. This new generation of services covered both specialist drug and alcohol interventions for young people, and are different from their adult drug treatment counterparts. In the light of these changes, the NTA decided to separate out the available data for young people from the annual publication of drug treatment statistics, and publish a separate and comprehensive set of statistics about young people for the first time.

Reports on substance misuse among young people were published for 2007-08, 2008-09, and 2009-10, each of which included a statistical annexe setting out the available data for the year and trends going back to 2005-06. In November 2011, the UK Statistical Authority served notification under Section 16 of the Statistics and Registration Services Act (2007) that its view was that both young people's data and alcohol data should be put forward for assessment as National Statistics. The Secretary of State for Health informed the UKSA he will submit a formal assessment request in February 2013. Meanwhile the NTA has worked with the Department of Health Statistics Head of Profession to ensure that this report for 2010-11 is produced in accordance with the Code of Practice for Official Statistics.

International comparisons

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) publish an annual report that describes and compares aspects of drug use and drug policy within European states, as well as providing detailed comparative statistics. This can be found here:
http://www.emcdda.europa.eu/attachements.cfm/att_120104_EN_EMCDDA_AR2010_EN.pdf

The centre also produces a Treatment Demand Indicator (TDI), which is a collection of comparative statistics relating to individuals seeking treatment. This can be found here:
http://www.emcdda.europa.eu/stats11/tditab7a

The United Kingdom (UK) Focal Point on Drugs is based at the Department of Health and the North West Public Health Observatory at the Centre for Public Health, Liverpool John Moores University. It is the national partner of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and provides comprehensive information to the Centre on the drug situation in England, Northern Ireland, Scotland and Wales.

The Focal Point works closely with the Home Office, other Government Departments and the devolved administrations. In addition to this annual report, it collates an extensive range of data in the form of standard tables and responses to structured questionnaires, which are submitted regularly to the EMCDDA. It also contributes to other elements of the EMCDDA's work such as the development and implementation of its five key epidemiological indicators, the Exchange on Drug Demand Reduction Action (EDDRA) and the implementation of the Council Decision on New Psychoactive Substances. The most recent report can be found here; http://www.cph.org.uk/showPublication.aspx?pubid=707

The Welsh government publish substance misuse statistics, which include treatment statistics from the Welsh National Database for Substance Misuse, as well as other information available from other routine data sources. The most recent report (2010) can be found here; http://wales.gov.uk/docs/dsjlg/publications/commsafety/111027submisusereportv2en.pdf

Statistics about drug misuse in Scotland are published by Drug Misuse Information Scotland and can be found here; http://www.drugmisuse.isdscotland.org/

Statistics about drug misuse treatment in Northern Ireland are published by the Department of Health, Social Services and Public Safety of the Northern Ireland Executive. The most recent of these (2010/2011) can be found here http://www.northernireland.gov.uk/news-dhssps-06102011-drug-misuse-statistics?WT.mc_id=rss-news

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.

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

Abbreviations and definitions

Abbreviations

ACMD	Advisory Council on the Misuse of Drugs
EMCCDDA	European Monitoring Centre for Drugs and Drug Addiction
NDEC	National Drug Evidence Centre, University of Manchester
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency for Substance Misuse
RDMD	Regional Drug Misuse Databases
YOT	Youth Offending Team
YP	Young Persons / People

Definitions

Agency / Provider	A provider of specialist and structured substance misuse related interventions. The agency may be statutory (i.e. NHS) or non-statutory.
Agency code	A unique identifier for the 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 structured interventions at a specialist substance misuse service. Records relating to individual clients are isolated and linked on the basis of the attributor.
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 provider, from referral to discharge
Episode of treatment	A set of interventions with a specific care plan. A client may attend one or more 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.
Family Work Intervention	Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse and enable them to better support the young person in their family.
Harm Reduction Intervention	Specialist harm reduction interventions should include services to manage injecting, overdose and substance misuse related accidental injury
Intervention	An intervention is a type of structured support delivered by the treatment provider. '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.
Looked after child	Includes all children being looked after by a local authority; including those subject to care orders (under section 31 of the Children Act 1989) and those looked after on a voluntary basis through an agreement with their parents (under section 20 of the Children Act 1989)
Opiates	A group of drugs including heroin, methadone and buprenorphine

Pooled Treatment Budget	Combined funding budget from the Department of Health and the Home Office which is allocated annually to local areas for drug treatment services for adults and young people
Pharmacological Intervention	Interventions which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing to prevent relapse. For young people this intervention includes a wide range of medication prescribed by a clinician, not solely substitute prescribing for opiate addiction.
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.
Psychosocial Intervention	These interventions use psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change; the support of lifestyle adjustments and the enhancement of coping skills. They include motivational interviewing, relapse prevention and interventions designed to reduce or stop substance misuse, as well as interventions which address the negative impact of substance misuse on offending and attendance at education, employment or training.
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
Triage	An initial clinical risk assessment performed by a treatment service. A triage includes a brief assessment of the problem as well as an assessment of the client's readiness to engage with treatment, in order to inform a care plan
Triage date	The date that the client made a first face-to-face presentation to a treatment provider. This could be the date of triage/ initial assessment.
Waiting times	The period from the date a person is referred for a specific treatment modality and the date they start that modality. Referral for a specific treatment modality typically occurs within the treatment agency, at or following assessment.
Young people	Under 18 years old.
YP Secure Estate	Establishments which house young offenders who have been remanded or sentenced, they include Young Offender Institutes (YOIs), Secure Training Centres and Secure Children's Homes.

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

Methodology

NDTMS Data are gathered from 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
- an intervention recorded as non-structured
- a missing date of birth
- an age under 9 or over 75 years at triage
- nicotine 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 2010) if their earliest treatment episode crossing into the year had commenced before that point, otherwise their age at commencement of their earliest treatment episode is used. Only clients aged under 18 using this methodology are included in this report.

Percentages – The percentages given in tables are rounded to the nearest per cent. Totals may not add up to 100 due to rounding.

Suppression – 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.

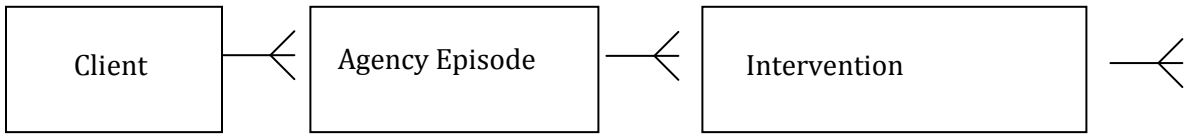
Individuals and Attributors – With the exception of waiting times and referral source, all figures in this report are reported at individual level. The NDTMS collects limited attributable information on clients in structured drug treatment; these are First initial, Surname initial, Date of Birth, Gender. These key fields are used to establish individuals. Where there are two instances of the same attributor resident in two different drug partnerships this is reported as one individual with the multiple episodes used appropriately when looking at items at treatment entry etc.

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. The first substance in the three NDTMS data items in the client's most recent episode in the reporting period is reported in the report as the primary drug.

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.



One to many relationship

Methodological notes

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

Clients – are generally reported on the basis of their latest treatment episode within the year, however information pertinent to their status at treatment start is taken from the first episode within the year (such as education and employment status). Other data is taken across all the episodes in the treatment journey to make sure that all information as treatment progresses, is captured.

Service Exits – Are calculated by excluding any clients who do not have a discharge date or have a discharge date after the end of the year (and therefore still in treatment at year end). The latest discharge date for remaining clients are used as their exit date and the discharge reason associated with this date used to report why the client has exited services.

Variable incompleteness and inconsistency

All episodes that cross into the year 2010-11 and 2009-10 have been analysed for completeness of selected variables. Please note that this analysis is based on all records that relate to each individual and some records may be counted in both 2009-10 and 2010-11 if a record crosses into both years.

A variable is classed as incomplete where no data has been submitted for that field. There are a number of NDTMS fields which may go unrecorded for legitimate purposes and so these are not included in this analysis. These fields are; secondary drug, tertiary drug, number of alcohol units, frequency (in days) of alcohol use, intervention end date, discharge reason, discharge date. Similarly intervention start date and intervention type may legitimately not be recorded if a client, although triaged, was not assigned an intervention or did not start the treatment intervention that they were assigned.

Table 5.1: NDTMS Data Variable Completeness

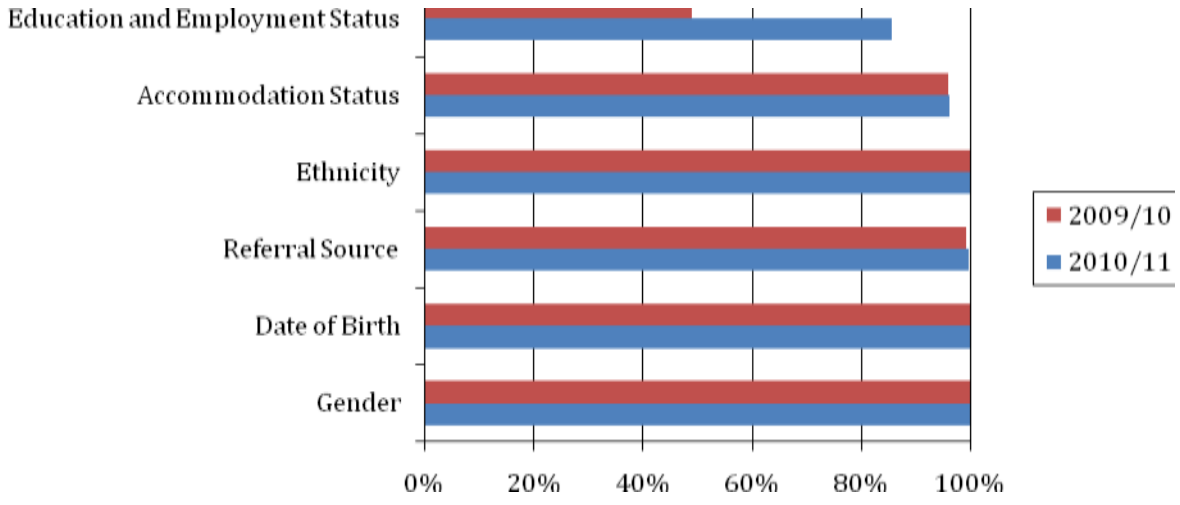


Figure 5.1 shows, for selected variables of interest, the percentage of all intervention records where the triage date crosses into the year which had data submitted for that field. The corresponding values for 2009-10 are shown for comparison. Please note that the education and employment field was introduced to the dataset on 1 April 2009 and so any records where the triage date was prior to this date would not have expected a value for this field.

Education and employment status is the most incomplete variable having been unrecorded in 14% of records in 2010-11. All other fields are accurate in at least 96% of records.

Lead Official

Malcolm Roxburgh, Information Manager, National Treatment Agency for Substance Misuse
E-mail: malcolm.roxburgh@nta-nhs.org.uk

Report authors

Carol Lewis, Young People Information Analyst, National Treatment Agency for Substance Misuse
E-mail: carol.lewis@nta-nhs.org.uk

Ann Gledson, Senior Data Analyst, National Drug Evidence Centre
E-mail: ann.gledson@manchester.ac.uk

Andrew Jones, Research Fellow, National Drug Evidence Centre
E-mail: andrew.jones@manchester.ac.uk

References

[i] Drug Misuse and Dependence – UK Guidelines on Clinical Management, p85, London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive.