Public Health England

Department of Health

Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS)

1 April 2016 to 31 March 2017

National Statistics

The University of Manchester

National Drug Evidence Centre

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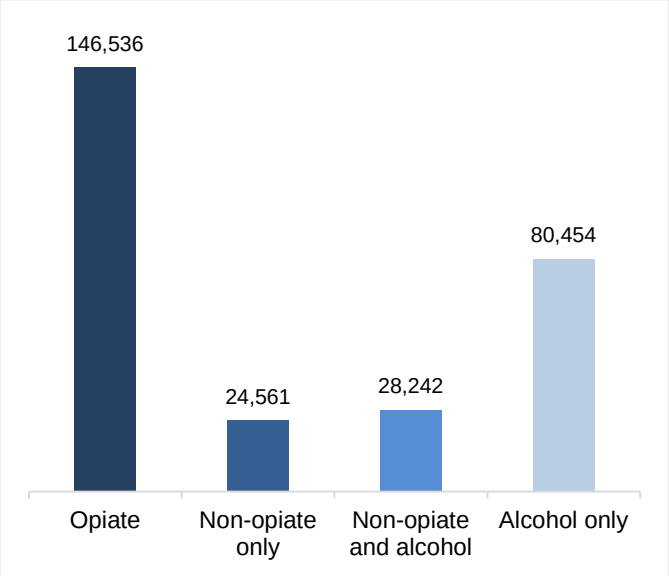
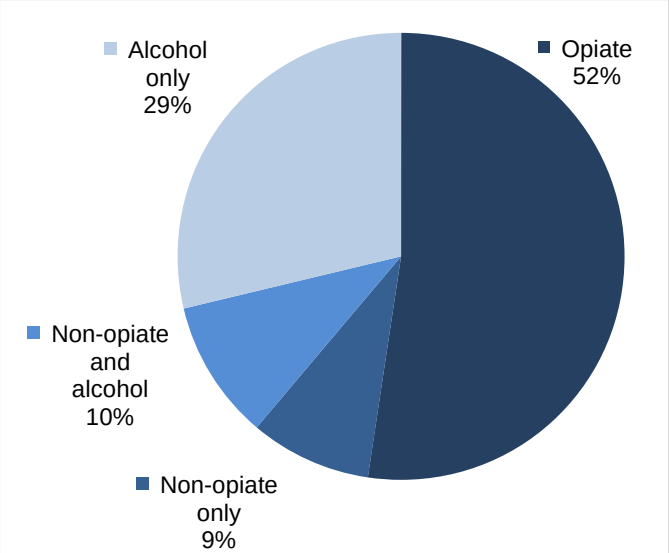
Overview

This report presents information on individuals (aged 18 and over) who were receiving help in England for problems with drugs and/or alcohol during 2016-17. Many people experience difficulties with, and receive treatment for, both substances. While they may share many similarities they also have clear differences, so this report divides people in treatment into the four substance groups described below.





Key trends in numbers in treatment and substance use

Overall, 279,793 individuals were in contact with drug and alcohol services in 2016-17; this is a 3% reduction from the previous year (288,843). The number receiving treatment for alcohol alone decreased the most (5%, 85,035 to 80,454) and the number of alcohol only clients in contact with treatment has fallen by 12% from the 91,651 peak in 2013-14.

Estimates of the number of adults with alcohol dependency in England were published for the first time in March 2017. The findings from this study suggested that there were 595,131 individuals aged 18 and over drinking at dependent levels and potentially in need of specialist treatment. This is 1.4% of the adult population (95% confidence interval 485,504 to 776,743) http://www.nta.nhs.uk/uploads/estimates-of-alchohol-dependency-in-england[0].pdf.

Individuals who had presented with a dependency on opiates made up the largest proportion of the total numbers in treatment in 2016-17 (146,536, 52%). This is a fall of 2% since last year.

There were 52,803 non-opiate and non-opiate and alcohol clients in contact with treatment in 2016-17, which was a 2% fall since last year. Despite this overall fall in numbers in treatment for non-opiate substances, the number of individuals presenting with crack cocaine problems (not being used alongside opiates) increased by 23% (2,980 to 3,657), this follows a smaller

increase of 3% in crack cocaine presentations between 2014-15 and 2015-16. The increase over the last 12 months was seen in nearly all age groups.

There was also a 12% increase in individuals presenting with both crack cocaine and opiate problems (19,485 to 21,854), which was seen primarily in those aged 45 and over.

Recently published estimates of crack cocaine use in England in 2014-15 reported a 10% increase in the numbers estimated to be using the substance since 2010-11 (166,640 to 182,828[1]). http://www.nta.nhs.uk/facts-prevalence.aspx.

It is likely that the recent increase in the number of people entering treatment for crack problems reflects the rise in the prevalence of the use of the drug. The increase in the number of new users may be in part caused by changes in the purity and affordability of crack cocaine over the last few years. More information about this can be found in the latest Focal Point report http://www.nta.nhs.uk/focalpoint.aspx.

New psychoactive substances and club drugs

There were 1,450 individuals presenting with problems with the use of one or more new psychoactive substance (NPS) starting treatment in 2016-17, which is a 29% decrease on last year (2,042). This fall was mainly driven by a 49% reduction in those aged under 25 presenting with NPS problems over the last 12 months (627 in 2015-16 to 321 in 2016-17).

Individuals who present to treatment using NPS are more likely to be homeless compared to those not using these substances at the start of treatment (18% vs 7%).

There was a 23% fall in the total number of ecstasy presentations over the last year (1,318 to 1,013), with a much larger decrease of 70% recorded in the number starting treatment citing problematic mephedrone use.

Smoking

Information on the smoking status of individuals starting treatment has been included in this report for the first time. Opiate clients had the highest reported rates of smoking when commencing treatment (59%). This was closely followed by non-opiates, and alcohol and non-opiate users (52% and 49% respectively). Those presenting with problematic alcohol use only had the lowest rates, with 34% smoking at the start of treatment. For all substance groups the rates of smoking at the start of treatment are substantially higher than the national rate of smoking among adults (15.5%).[2]

[1]166,640 (95% confidence interval 161,621-173,706) to 182,828 (95% confidence interval 176,675 - 190,782)

[2]https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/adultsmokinghabitsinengland

Age groups

Individuals in treatment for alcohol only and opiate use tend to be older than those who have presented for problems with other substances. The median age of alcohol only problems was 46 years, with 12% (9,274) aged 60 years and older. Opiate clients were younger than alcohol only clients, with a median age of 39.

There were 11,657 individuals aged 18-24 who commenced treatment in 2016-17, of these, the majority cited problems with cannabis, alcohol or cocaine (6,322 - 54%, 5,221 - 45% and 3,113 - 27% respectively). Overall, the number of under-25s accessing treatment has fallen by 45% since 2005-06; this reflects changes in the patterns of drinking and drug use in this age group over the last 11 years.[3] [4]

However, while the numbers are relatively low, there was a 30% increase in young adults (under 25) entering treatment for crack cocaine problems (not used alongside opiates), an increase from 281 to 364. This is the first year that there has been a rise in crack cocaine presentations in this age group since 2007-08.

Gender

Males made up 69% of the entire treatment population in 2016-17. The gender split varied depending on the presenting substances. 73% of people using drugs were male compared to 61% presenting with alcohol only.

Ethnicity

Individuals recorded as white British made up the largest ethnic group in treatment, (85%, 231,949) with a further 5% from other white groups. No other ethnic group made up more than 1% of the total treatment population.

Treatment exits/successful completions

In total, 127,475 individuals exited the drug and alcohol treatment system in 2016-17, with 49% (62,500) having successfully completed their treatment free from dependence. This compares to 50% last year.

Alcohol only clients had the highest rates of successful treatment exits, with 61% completing treatment successfully, a slight decrease from 62% last year. Non-opiate only clients followed this, with 59% leaving successfully, a decrease from 60% in 2015-16.

Opiate clients had the lowest rate of successful exits in 2016-17 at 26%; this was down from 28% last year and a peak of 37% in 2011-12. A large proportion of the opiate users in treatment have entrenched long term drug use, are often in ill health and less likely to have access to the personal and social resources that can aid recovery, such as employment and stable housing.

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[3] www.nta.nhs.uk/facts-prevalence.aspx

[4] https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2016-to-2017-csew

These factors result in opiate users being less likely to complete treatment successfully and/or sustain their recovery when compared to users of other drugs and alcohol alone.

Deaths

The total number of people who died while in contact with treatment services in 2016-17 was 2,680 (1.0% of all individuals in treatment). This is similar to 2015-16 when there were 2,689 deaths in treatment (0.9% of all individuals in treatment).

The number of opiate clients who died in treatment increased by 3% over the last year, (1,693 to 1,741) with deaths as a proportion of all opiate clients in treatment increasing slightly from 1.1% to 1.2%. The median age of opiate clients recorded as having died in 2016-17 was 45 and 74% were male.

The number of deaths for users of other drugs fell slightly from 179 in 2015-16 to 172 in 2016-17, a decrease of 4%.

Drug use is a significant cause of premature mortality in the UK.[5] In England, the number of deaths from drug misuse registered in 2016 increased by 3.6% to 2,383, this follows larger increases of 8.5% between 2014 and 2015 and 17.0% between 2013 and 2014.

The number of registered heroin deaths increased by 0.7% between 2015 and 2016 (1,201 to 1,209) and are the highest on record. Treatment has been demonstrated to provide some protection against drug related deaths and these numbers would likely be even higher without the harm reduction it provides.

There were 767 deaths in 2016-17 among individuals accessing treatment for alcohol problems only, which was a 6% decrease on the previous year. Deaths as a proportion of all people in treatment for alcohol only was 1%, which is the same as last year. The median age of these deaths was 50, with 63% being male.

[5] Murray, CJ, Richards, MA, Newton, JN, Fenton, KA, Anderson, HR, Atkinson, C, ... & Davis, A (2013). UK health performance: findings of the Global Burden of Disease Study 2010. The Lancet, 381(9871), 997-1020.

1. Background and policy context

This report is intended for anyone wishing to understand the availability and effectiveness of structured alcohol and drug treatment in England and the profile of individuals accessing treatment.

The report presents statistics submitted by services delivering structured substance misuse interventions. These services are vital components of local authority treatment and recovery systems and the interventions they deliver can improve the lives of individuals, the life chances of their children and the stability of their communities. They also have a significant impact in reducing drug and alcohol-related ill health and death, the spread of blood-borne viruses and in reducing crime. The harmful effects of alcohol and drugs are greater in poorer communities and effective treatment services can play an important role in addressing these inequalities.

The statistics in this publication come from analysis of the National Drug Treatment Monitoring System (NDTMS), which collects data on treatment delivery from approximately 900 sites, covering every local authority in England. Treatment centres returning data to NDTMS include community-based and specialist outpatient drug and alcohol services, GP surgeries and hospitals, as well as residential rehabilitation centres and other inpatient units. Information is collected on the demographics and personal circumstances of those receiving treatment as well as details of the interventions delivered to them and associated outcomes. This information is analysed centrally and reported as aggregated statistics. Information on the history of specialist drug and alcohol treatment data collection can be found in chapter nine of this report.

While this report focuses on the national picture, NDTMS is an operational database whose principal function lies in supporting the delivery of effective treatment services at a local level. To this end, information from NDTMS is regularly fed back to service commissioners and providers in the form of benchmarked reports, toolkits and data packs to inform local planning and service commissioning.

The 2018-19 commissioning support pack is published here: https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack

Information on the total number of people in alcohol and drug treatment in each local authority in England, the number commencing it each year, and the number leaving treatment can be found at: www.ndtms.net.

NDTMS collects data about treatment for licit and illicit drugs use, as well as for alcohol treatment. Many of those seeking help from the treatment system will have experienced problems with a combination of substances in their lives and will often require treatment to address underlying issues of dependence that are not specific to their use of any one substance. Alcohol in particular is often cited as problematic in combination with illicit drugs by treatment seekers. In recognition of this, and to reflect a growing practice among local

authorities to commission combined services, the reporting of drug and alcohol treatment is brought together, continuing the approach taken in recent years.

Earlier this year the Home Office published the government's updated drug strategy which builds on the 2010 strategy, aiming to do more to address the complex and evolving challenges of drug misuse, including changing drugs markets and patterns of use, the recent increases in the rate of drug-related deaths and the needs of an ageing cohort of heroin and crack users with increasingly poor physical and mental health.

https://www.gov.uk/government/publications/drug-strategy-2017

The strategy's primary aims are to reduce all illicit and other harmful drug use, and increase recovery rates from drug dependence.

This includes PHE taking forwards a randomised controlled trial of the individual placement and support (IPS) approach to employment support for people in drug and alcohol treatment. It was one of the key recommendations in Dame Carol Black's December 2016 report, 'An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity'.

https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes

To coincide with the release of the drug strategy, the Department of Health published the PHE-supported update of the 2007 UK-wide clinical guidelines for the treatment of drug misuse and dependence. The new guidelines endorse much of the previous guidelines but there is a stronger emphasis on a holistic approach to the issues and interventions that can support recovery.

https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

PHE also published its evidence review on the outcomes that can be expected of drug misuse treatment in England. The review found that good progress has been made in reducing drug-related harm and promoting recovery through the widespread implementation of evidence-based drug treatment, and that national and local government should build on these benefits.

https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes

Drug-related deaths (DRDs) have risen significantly in recent years, with heroin deaths doubling from 2012 to 2015. The numbers of deaths involving cocaine, NPS, gabapentinoids and opioid pain medicines have also risen. Anonymously matching data from the NDTMS with ONS data provides a better understanding of the causes of some of these deaths and how they can be prevented. This matching was one component of the evidence considered in the PHE

and the Local Government Association (LGA) supported inquiry into DRDs, whose report was published in September 2016.

http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf

In partnership with drug service providers and others, PHE will be continuing with a programme of work to tackle rises in drug and alcohol-related deaths. We will include a focus on people with alcohol dependency who die during their time in treatment, where numbers have also been increasing.

In England in 2015-16, there were around a million hospital admissions and over 23,000 deaths from alcohol-related conditions including around 8,000 deaths from conditions that are wholly caused by alcohol. 82% of these deaths were from alcohol-related liver disease. Deaths from liver disease in England have increased 400% since 1970. Alcohol treatment supports sustained abstinence among dependent drinkers, which is a crucial factor in surviving alcohol-related liver disease or halting existing damage.

PHE published its evidence review on the public health impact of alcohol and the effectiveness of policies for reducing alcohol-related harm in December 2016. An abridged version is available in the Lancet.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32420-5/abstract

The review represents England's most comprehensive look at the evidence on the public health burden of alcohol and policy responses to reduce the health, social and economic harm.

NHS England's Five Year Forward View for mental health outlines a number of actions for government and arms-length bodies aimed at improving access to care for people with co-occurring mental health and alcohol/drug use conditions. PHE with support from NHS England has published guidance for commissioners and providers across mental health and local authority public health substance misuse services to work in close collaboration to deliver shared outcomes for this group.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

While the activity covered in this report represents an important part of health and social care-focussed responses to substance misuse in England, it does not represent the entirety of the work. In addition to specialist treatment recorded by NDTMS, there are a range of responses that local areas will wish to have in place to address alcohol and drug misuse effectively. These include: effective use of licensing powers to manage access to alcohol; widespread alcohol identification and brief advice (IBA); hospital alcohol care teams; information and advice on

reducing harm; needle and syringe programmes, and outreach work. There will also be broader but related support provided to those with alcohol and drug problems such as safeguarding, parenting and family support, access to housing, housing support, employment and training opportunities.

Similarly, while these statistics provide information on the numbers of people accessing treatment for their alcohol and/or drug use, they do not give an indication of treatment need or the harms associated with drug and alcohol use.

For information on the wider harms associated with alcohol use, the Local Alcohol Profiles for England (LAPE) present a comprehensive picture of the impact of alcohol on health and social harms locally, as well as information on mortality from alcohol-related conditions

https://fingertips.phe.org.uk/profile/local-alcohol-profiles

Estimates of the number of individuals using opiates and/or crack cocaine in 2014-15 reported nationally and by local authority and the estimated number of adults with opiate dependence that have children living in the same household and the number of children in 2011-12

http://www.nta.nhs.uk/facts-prevalence.aspx

The Crime Survey for England and Wales reports the prevalence of the use of all drugs nationally

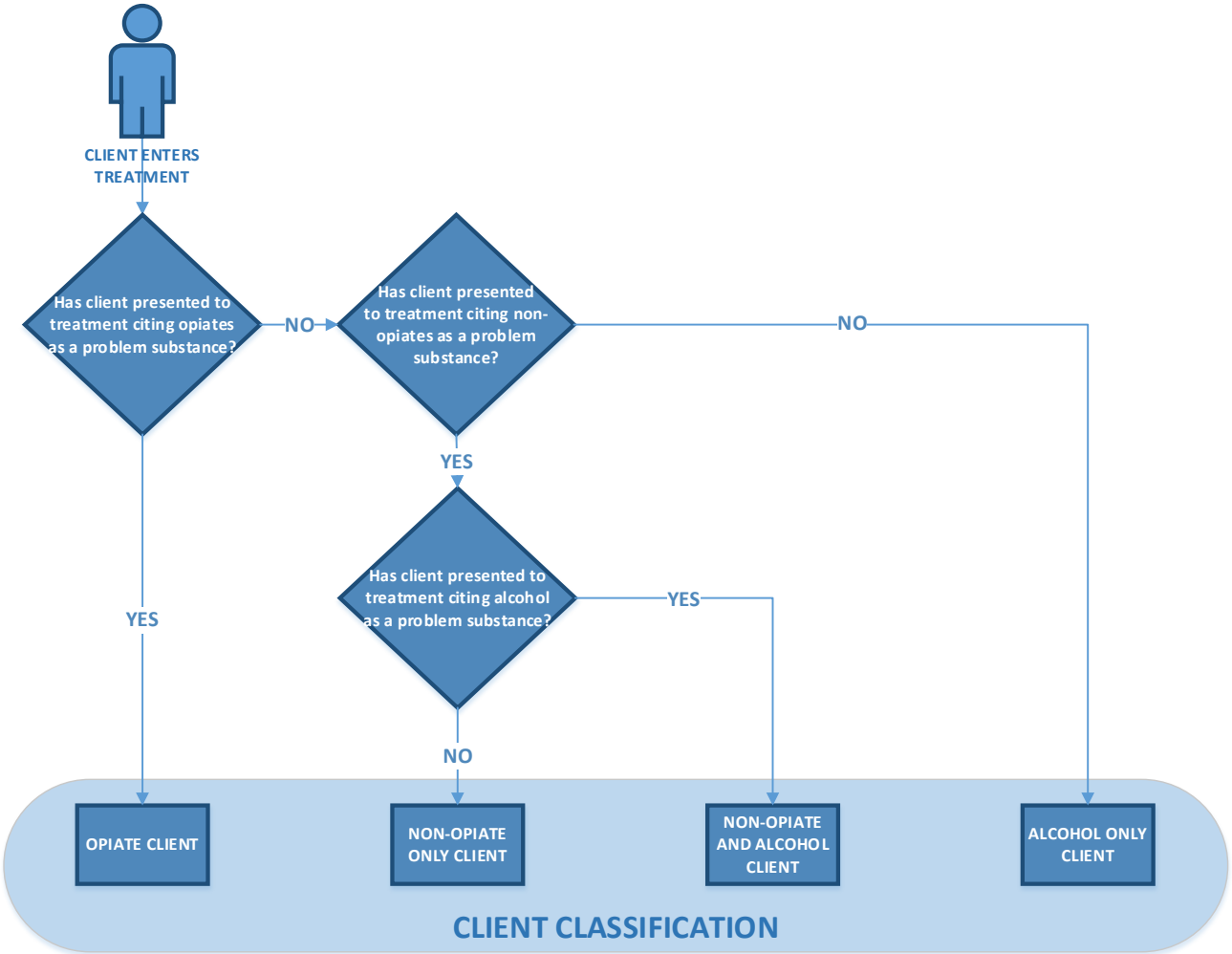
https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2016-to-2017-csew

2. Client classification

Individuals presenting to adult alcohol and drug treatment services are categorised by the substances they cite as problematic at the start of treatment. They are categorised by the following hierarchal criteria:

- any mention of opiate use in any episode would result in the client being categorised as an OPIATE client (irrespective of what other substances are cited)
- clients who present with non-opiate substances (and not opiates or alcohol) will be classified as NON-OPIATE ONLY
- clients who present with a non-opiate substance *and* alcohol (but not opiates) recorded in any drug in any episode in their treatment journeys will be classified as NON-OPIATE AND ALCOHOL
- clients who present with alcohol and no other substances will be categorised as ALCOHOL ONLY

This classification method is illustrated in the diagram below.



3. Assessment of quality and robustness of 2016-17 NDTMS community data

NDTMS data is routinely collected by PHE. Drug and alcohol treatment providers submit a monthly extract and this is checked for data quality by local NDTMS teams. Data submissions are aggregated and reconciled against previous submissions to create a single national data submission. PHE operates a continual programme of improvement and treatment providers work with their local NDTMS team to improve each monthly submission throughout the year.

NDTMS data quality is extremely important as it provides PHE with assurances that the data is an accurate representation of actual activity and it is therefore usable and reliable. It also gives confidence to the user of these statistics that the appropriate checks and balances have been applied.

April 2016 saw the introduction of three new variables to the NDTMS dataset: disability, religion, and sexual orientation. The data completeness of these variables is lower than the rest of the dataset (disability 94%, religion 92%, sexual orientation 97%). Data completeness is expected to rise over time for these variables as the reporting process beds in across the treatment system.

Table 3.1 provides an overview of the quality of data submitted to NDTMS since 2014-15. The proportion of valid records received out of all submitted records along with the proportion of records received without errors or warnings are included as they indicate the general level of data quality across the broad spectrum of information collected at each monthly data submission. Four additional indicators are also included below that report the proportion of duplicate or overlapping treatment interventions and episodes. These are reported as they provide a sense of how accurate and efficient record keeping is at treatment provider level. A low proportion is desirable as it demonstrates robust administrative functions at a national level.

Table 3.1 Data quality of NDTMS

Data quality measure	2014-15	2015-16	2016-17
Proportion of submitted records that were valid	99.92%	99.99%	99.99%
Proportion of records without errors or warnings	99.90%	99.98%	99.90%
Proportion of duplicate treatment episodes recorded at the same provider	0.05%	0.03%	0.01%
Proportion of overlapping treatment episodes recorded at the same provider	0.05%	0.03%	0.01%
Proportion of duplicate treatment interventions recorded at the same provider	0.02%	0.01%	0.02%
Proportion of overlapping treatment interventions recorded at the same provider	0.02%	0.01%	0.01%

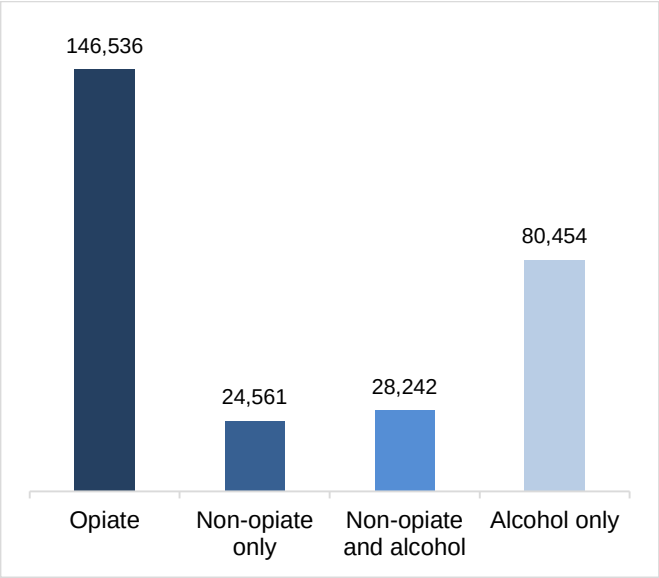
More detailed information on NDTMS data collection and full definitions for the data quality measures recorded in Table 3.1 can be found at: http://www.ndtms.net/resources/secure/Quality%20and%20Methodology%20NDTMS%202015-16.pdf.

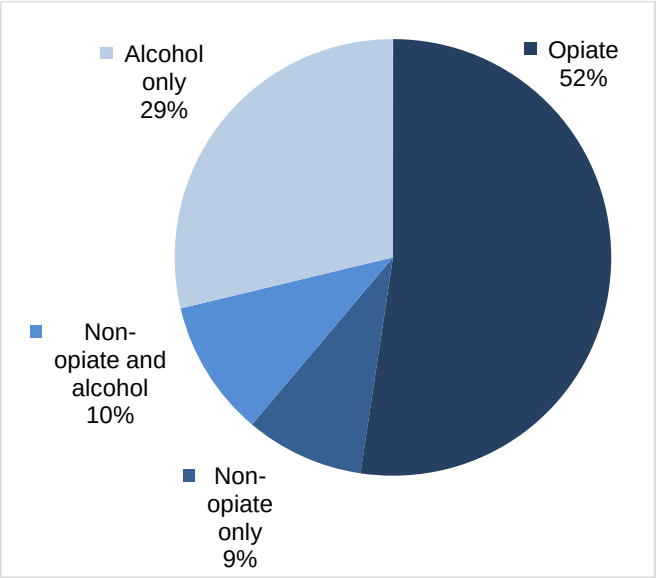
In addition to the data quality checks taken at data submission, there are data quality checks and validation rules used in the production of this report. The items in this report range from 100% completion rates to 94%. Where under 100% this is either due to missing data for a client for that item or inconsistent data where there is conflicting information for the same individual.

4. Characteristics of clients

During 2016-17, NDTMS reported 279,793 individuals aged 18 to 99 in contact with structured treatment. This total includes all individuals in treatment for either problematic drug use, alcohol use or both. Figure 4 below presents how the 279,793 individuals are segmented by the four substance groups used throughout this report. Just over half the clients in contact with treatment during the year (52%) had presented with problematic use of opiates, a further 19% had presented with problems with other drugs and just under a third (29%) had presented with alcohol as the only problematic substance.

Figure 4 Numbers in treatment by main substance group 2016-17





4.1 Substance use profile

Table 4.1.1 and figure 4.1.1 show the distribution of substances for all individuals in treatment in 2016-17, by the four substance groups used within this report.

Forty three per cent of opiate clients also presented with crack cocaine. The next highest adjunctive substance within this group was alcohol (20%), followed by cannabis (18%) and benzodiazepines (11%). The majority of non-opiate only clients presented to treatment citing cannabis as a problematic substance (60%). The next highest substances cited as problematic were cocaine (33%) and amphetamines (12%).

The majority of non-opiate and alcohol clients in contact with treatment in 2016-17 presented citing cannabis (56%), with 44% of clients presenting with cocaine and 8% with amphetamines. Overall, 50% of clients in treatment in 2016-17 presented with problematic alcohol use. Fifty-

eight percent of these individuals (80,454) presented with alcohol alone, with the other 42% of individuals (58,152) also reporting problematic use of other substances.

Figure 4.1.1 Substance breakdown of all clients in treatment 2016-17

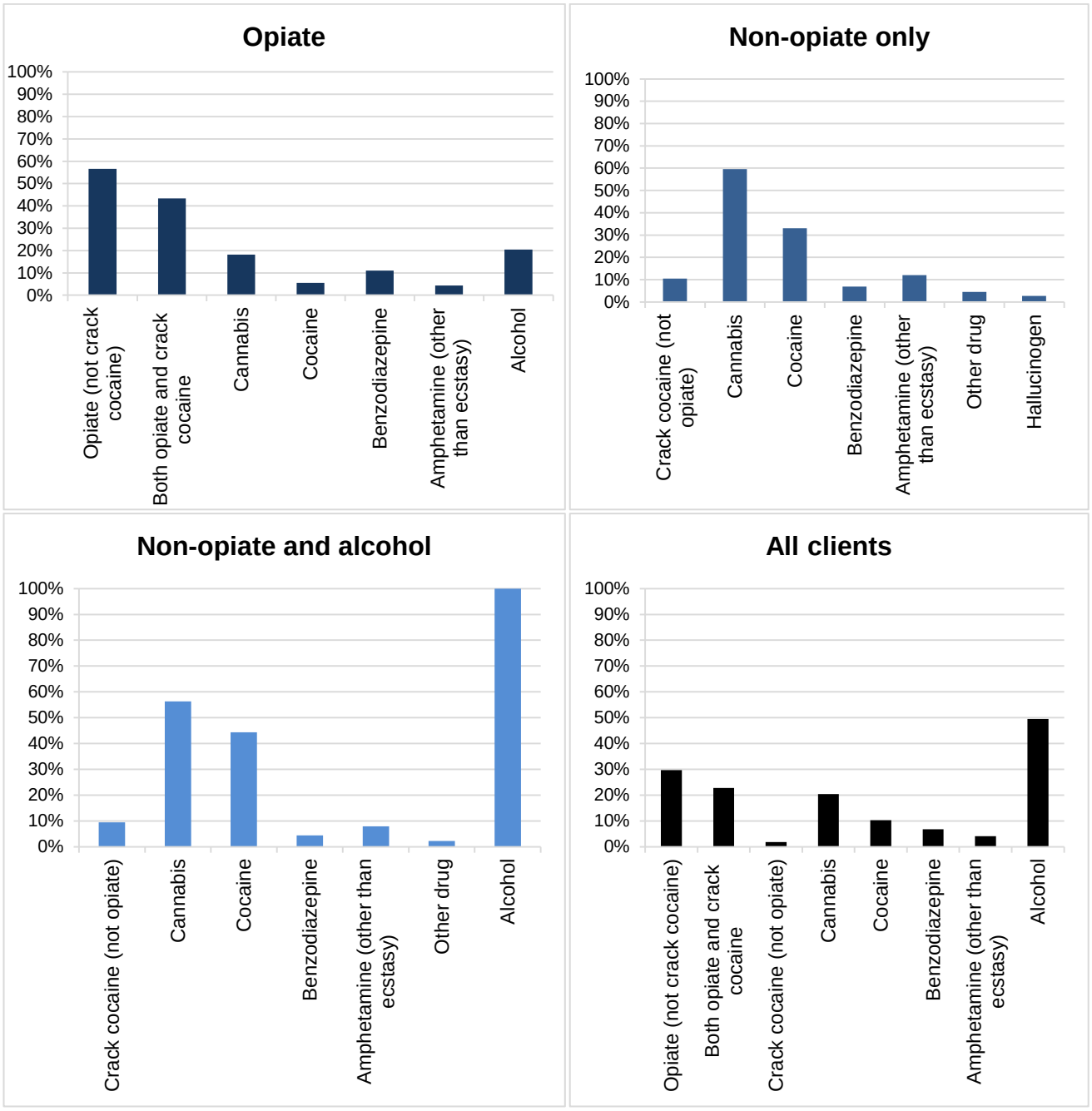


Table 4.1.1 Substance breakdown of all clients in treatment 2016-17

Substance	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Opiate and/or crack cocaine use										
Opiate (not crack cocaine)	82,934	57%	-	-	0	0%	-	-	82,934	30%
Both opiate and crack cocaine	63,602	43%	-	-	0	0%	-	-	63,602	23%
Crack cocaine (not opiate)	-	-	2,576	10%	2,662	9%	-	-	5,238	2%
Other drug use										
Cannabis	26,650	18%	14,631	60%	15,894	56%	-	-	57,175	20%
Cocaine	8,187	6%	8,109	33%	12,537	44%	-	-	28,833	10%
Benzodiazepine	16,103	11%	1,692	7%	1,254	4%	-	-	19,049	7%
Amphetamine (other than ecstasy)	6,341	4%	2,966	12%	2,225	8%	-	-	11,532	4%
Other drug**	1,952	1%	1,111	5%	622	2%	-	-	3,685	1%
Hallucinogen	361	0%	663	3%	328	1%	-	-	1,352	0%
Other prescription drug	448	0%	140	1%	128	0%	-	-	716	0%
Anti-depressant	338	0%	34	0%	54	0%	-	-	426	0%
Solvent	108	0%	104	0%	147	1%	-	-	359	0%
Major tranquiliser	144	0%	30	0%	23	0%	-	-	197	0%
Barbiturate	54	0%	6	0%	10	0%	-	-	70	0%
Alcohol										
Alcohol	29,910	20%	-	-	28,242	100%	80,454	100%	138,606	50%
Total number of individuals *	**146,536**	**100%**	**24,561**	**100%**	**28,242**	**100%**	**80,454**	**100%**	**279,793**	**100%**

***The total number of individuals will be less than the sum of the reported substances as an individual may present with more than one problematic substance**
****Other drug includes all other substances cited not listed in the table above except for ecstasy and NPS (see table 4.1.2)**
Percentages may equal 0% or not sum to 100% due to rounding

Table 4.1.2 presents a breakdown of substances that are categorised under a heading of ‘club drugs and new psychoactive substances (NPS)’, a collective term for a number of different substances typically used by people in bars and nightclubs, at concerts and parties, before and after a night out. New psychoactive substances citations make up the largest proportion of club drug/NPS presentations for all individuals in treatment in 2016-17 (0.9%), with 3.7% of non-opiate only clients citing the substance and 0.7% of opiate clients.

As the range of NPS available is large and often changing, NDTMS collects more detailed information on these new substances based on a description of the predominant effect on the user. Out of the NPS citations for individuals in treatment in 2016-17, most were for NPS that were predominantly cannabinoid (1,369 clients).

In total, Ecstasy was cited by 0.7% of all clients in treatment (1,899), with 0.5% citing mephedrone (1,345).

Table 4.1.2 Club drug and new psychoactive substances breakdown of all clients in treatment 2016-17

Club drug and new psychoactive substances	Opiate		Non-opiate only		Non-opiate and alcohol		Total	
	n	%	N	%	N	%	n	%
Mephedrone	431	0.3%	596	2.4%	318	1.1%	1,345	0.5%
New psychoactive substances	1,053	0.7%	909	3.7%	566	2.0%	2,528	0.9%
Ecstasy	367	0.3%	845	3.4%	687	2.4%	1,899	0.7%
Ketamine	220	0.2%	575	2.3%	278	1.0%	1,073	0.4%
GHB/GBL	45	0.0%	318	1.3%	94	0.3%	457	0.2%
Methamphetamine	98	0.1%	355	1.4%	106	0.4%	559	0.2%
Further breakdown of new psychoactive substances:								
Predominantly cannabinoid	593	0.4%	509	2.1%	267	0.9%	1,369	0.5%
Predominantly stimulant	104	0.1%	139	0.6%	117	0.4%	360	0.1%
Other	259	0.2%	194	0.8%	138	0.5%	591	0.2%
Predominantly sedative/opioid	66	0.0%	35	0.1%	28	0.1%	129	0.0%
Predominantly hallucinogenic	37	0.0%	42	0.2%	20	0.1%	99	0.0%
Predominantly dissociative	8	0.0%	16	0.1%	14	0.0%	38	0.0%
Total number of citations*	**2,214**	**2%**	**3,598**	**15%**	**2,049**	**7%**	**7,861**	**3%**
Total number of individuals**	**2,158**	**1%**	**2,958**	**12%**	**1,932**	**7%**	**7,048**	**3%**
Total number in treatment	**146,536**	**100%**	**24,561**	**100%**	**28,242**	**100%**	**279,793**	**100%**

*** This total is for the substances listed in the top part of the table (excluding NPS) plus the individual citations of the NPS substances in the bottom half of the table as clients may have multiple citations for different NPS substances.**
**** This is a count of individuals as clients may have cited multiple substances in the same treatment journey.**
Percentages may equal 0% or not sum to 100% due to rounding

4.2 Age of clients

The age of individuals at their first point of contact with the treatment system in 2016-17 is reported in table 4.2.1 and figure 4.2.1. The median age (the middle number in an ascending list of all ages) of non-opiate only clients in treatment in 2016-17 was 30 years, slightly younger than the median age for non-opiate and alcohol clients, at 34 years.

Opiate clients were older with a median age of 39 years. This is still younger than the population of England, projected median age 40 years (ONS mid-year population 2016).

Alcohol only clients have a median age of 46 years, making them the only group older than the general population. Within this group 69% were aged 40 or over and 12% were 60 years and over.
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2016

On average individuals are most likely to start using drugs in their late teens and early twenties. The distribution of ages of individuals in treatment reflects patterns seen in estimates of prevalence of drug use, with the latest published estimates for 2014-15 showing a significant

increase in those aged 35 and over who use opiates rising from 130,628 in 2010-11 to 163,180 in 2014-15. A large proportion of heroin/opiate users in treatment in 2016-17 will have started using heroin in the epidemics of the 1980s and 1990s and are now over 40 years of age, having been using heroin for a significantly long period of time.
www.nta.nhs.uk/facts-prevalence.aspx

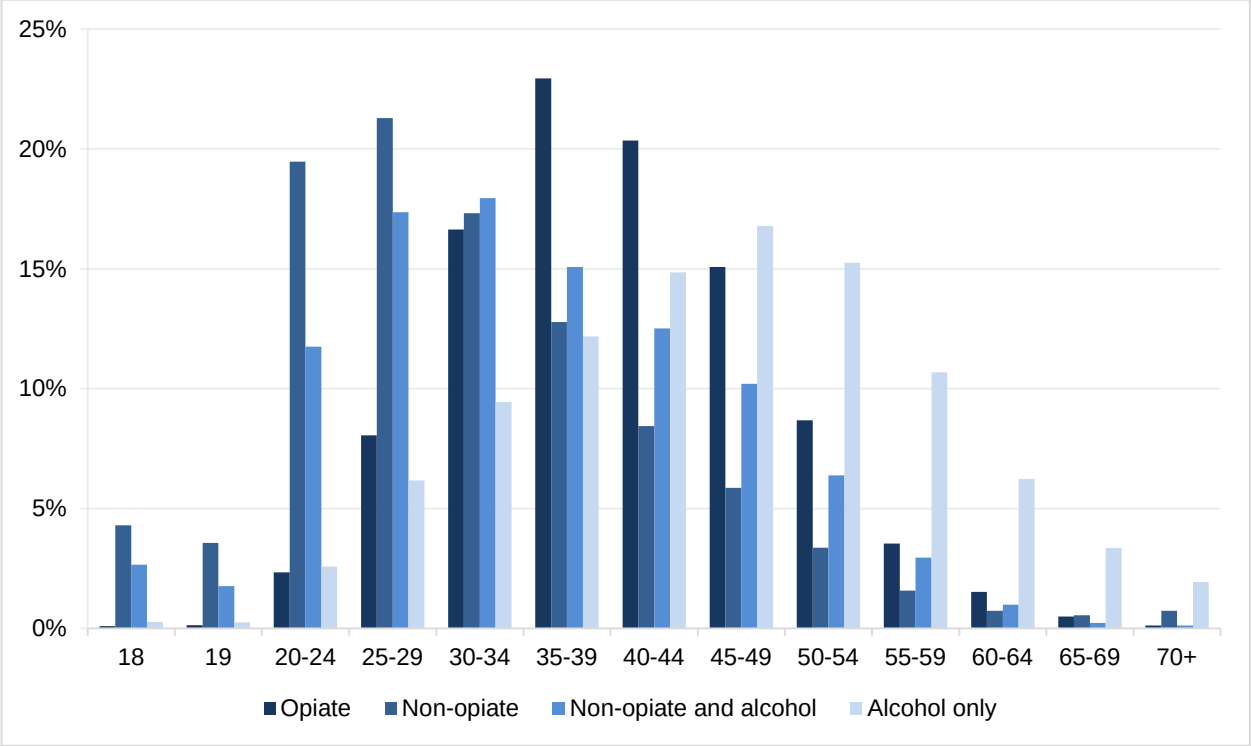
Those who use other substances tend to be younger, as can be seen in figures 1.2, 1.3 and 1.4 in the 2016-17 Crime Survey for England and Wales. This survey shows that cannabis, ecstasy and powder cocaine are the most commonly used substances for 16-24 year olds with, for example, 16.4% having used cannabis in the last year (compared to 6.6% for the general population aged 16-59).
https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2016-to-2017-csew

Table 4.2.1 Age of all clients in treatment 2016-17

Age	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
18	145	0%	1,057	4%	751	3%	218	0%	2,171	1%
19	194	0%	878	4%	500	2%	206	0%	1,778	1%
20-24	3,424	2%	4,781	19%	3,320	12%	2,079	3%	13,604	5%
25-29	11,797	8%	5,227	21%	4,904	17%	4,967	6%	26,895	10%
30-34	24,380	17%	4,255	17%	5,067	18%	7,593	9%	41,295	15%
35-39	33,621	23%	3,140	13%	4,257	15%	9,798	12%	50,816	18%
40-44	29,825	20%	2,072	8%	3,534	13%	11,947	15%	47,378	17%
45-49	22,083	15%	1,439	6%	2,882	10%	13,504	17%	39,908	14%
50-54	12,726	9%	827	3%	1,805	6%	12,267	15%	27,625	10%
55-59	5,185	4%	387	2%	836	3%	8,601	11%	15,009	5%
60-64	2,235	2%	180	1%	282	1%	5,021	6%	7,718	3%
65-69	730	0%	137	1%	67	0%	2,697	3%	3,631	1%
70+	191	0%	181	1%	37	0%	1,556	2%	1,965	1%
Total	**146,536**	**100%**	**24,561**	**100%**	**28,242**	**100%**	**80,454**	**100%**	**279,793**	**100%**

***Percentages may equal 0% or not sum to 100% due to rounding**

Figure 4.2.1 Age distribution of all clients in treatment 2016-17



4.3 Gender of clients

Table 4.3.1 presents the gender distribution for all clients in treatment, segmented by the four substance groups. Overall 31% of individuals in treatment are women, compared to 51% of the population in England. (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates).

The three drug groups opiate, non-opiate only and non-opiate and alcohol have a very similar distribution with about three quarters of each group being male. This is broadly comparable with figures reported in 2016-17 Crime Survey for England and Wales where 11.5% of males aged 16 to 59 had taken an illicit drug in the last year, compared to 5.5% of females. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/642738/drug-misuse-2017-hosb1117.pdf

Among those in treatment for alcohol problems only, males made up a lower proportion (61%) than seen in individuals that had presented with drug problems. This differs from the gender prevalence of problematic alcohol and drug use where the rates are similar. Men make up 77% of the estimated alcohol dependent prevalent population. http://www.nta.nhs.uk/uploads/estimates-of-alchohol-dependency-in-england[0].pdf and for opiate users this figure is 76% http://www.nta.nhs.uk/facts-prevalence.aspx.

Table 4.3.1 Gender of all clients in treatment 2016-17

	Male		Female		Persons
	n	%	n	%	n
Opiate	106,766	73%	39,770	27%	146,536
Non-opiate	17,983	73%	6,578	27%	24,561
Non-opiate and alcohol	20,801	73%	7,441	26%	28,242
Alcohol only	48,754	61%	31,700	39%	80,454
Total	**194,304**	**69%**	**85,489**	**31%**	**279,793**

4.4 Ethnicity of clients

Table 4.4.1 reports the ethnicity of clients in treatment in 2016-17. Where reported, most individuals (85%) were white British compared to 80% of the English population,[6] ranging from 86% of alcohol only presentations to 80% of non-opiate only clients. The other white group was the next most common ethnicity, (4%) compared to 5% of the English population. No non-white ethnic group accounted for more than 1% of the total cohort. Within the non-opiate only substance group, 4% of individuals had an ethnicity of Caribbean (71% of whom cited cannabis and 29% cited crack), compared to the English population where the proportion is 1%.

[6] For ethnicity data please see: 2011 Census: KS201EW Ethnic group, local authorities in England and Wales https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/keystatisticsandquickstatisticsforlocalauthoritiesintheunitedkingdom/2013-12-04

Table 4.4.1 Ethnicity of all clients in treatment 2016-17

Ethnicity	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
White British	121,338	85%	19,381	80%	23,137	83%	68,093	86%	231,949	85%
Other white	5,784	4%	829	3%	838	3%	3,064	4%	10,515	4%
Not stated	1,768	1%	591	2%	556	2%	1,928	2%	4,843	2%
White Irish	1,460	1%	191	1%	332	1%	1,237	2%	3,220	1%
Indian	1,676	1%	179	1%	247	1%	1,242	2%	3,344	1%
Caribbean	1,233	1%	661	3%	507	2%	527	1%	2,928	1%
White and black Caribbean	1,293	1%	420	2%	418	2%	387	0%	2,518	1%
Pakistani	1,614	1%	363	1%	179	1%	312	0%	2,468	1%
Other Asian	1,423	1%	243	1%	147	1%	567	1%	2,380	1%
Other	1,243	1%	223	1%	174	1%	457	1%	2,097	1%
Other black	795	1%	346	1%	334	1%	388	0%	1,863	1%
African	414	0%	347	1%	368	1%	626	1%	1,755	1%
Other mixed	695	0%	263	1%	221	1%	324	0%	1,503	1%
Bangladeshi	979	1%	148	1%	84	0%	102	0%	1,313	0%
White and Asian	418	0%	97	0%	89	0%	137	0%	741	0%
White and black African	262	0%	80	0%	107	0%	123	0%	572	0%
Chinese	40	0%	9	0%	7	0%	22	0%	78	0%
Unknown	2	0%	0	0%	0	0%	0	0%	2	0%
Total	**142,437**	**100%**	**24,371**	**100%**	**27,745**	**100%**	**79,536**	**100%**	**274,089**	**100%**
Inconsistent/missing	4,099		190		497		918		5,704	
Total	**146,536**		**24,561**		**28,242**		**80,454**		**279,793**	

***Percentages may equal 0% or not sum to 100% due to rounding**

4.5 Disability

Table 4.5.1 reports the disability status of new presentations to treatment. Up to three self-defined disabilities can be recorded per client. The proportions reported are broadly similar across the four substance groups. Sixty six per cent of all new presentations stated no disability. Behaviour and emotional disability was cited by 8%, while 4% of clients stated mobility and gross motor. The proportion of clients citing at least one disability was 18% this is similar to the most recent census data (2011/12 covering England and Wales) where 18%[4] cited at least one impairment. Disability was introduced to the NDTMS dataset for April 2016. Data completeness is expected to improve over time.

[4] For disability data please see: 2011 Census: England and Wales. https://visual.ons.gov.uk/disability-census/

Table 4.5.1 Disability, new presentations to treatment 2016-17

Disability	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Behaviour and emotional	3,393	8%	1,425	8%	1,795	10%	3,827	7%	10,440	8%
Hearing	221	1%	93	1%	134	1%	436	1%	884	1%
Manual dexterity	205	0%	43	0%	79	0%	287	1%	614	0%
Learning disability	740	2%	569	3%	531	3%	871	2%	2,711	2%
Mobility and gross motor	1,623	4%	341	2%	459	2%	2,504	5%	4,927	4%
Perception of physical danger	89	0%	28	0%	46	0%	105	0%	268	0%
Personal, self-care and continence	179	0%	53	0%	57	0%	255	0%	544	0%
Progressive conditions and physical health	1,273	3%	294	2%	389	2%	1,683	3%	3,639	3%
Sight	264	1%	72	0%	99	1%	394	1%	829	1%
Speech	45	0%	18	0%	20	0%	96	0%	179	0%
Other	1,207	3%	337	2%	379	2%	1,281	2%	3,204	2%
Not stated	5,037	12%	1,711	10%	2,040	11%	5,845	11%	14,633	11%
Total citations	**14,276**		**4,984**		**6,028**		**17,584**		**42,872**	
No disability	29,023	67%	11,114	66%	12,084	65%	34,387	65%	86,608	66%
Any disability	7,773	18%	2,784	17%	3,314	18%	9,621	18%	23,492	18%
Not stated	4,552	11%	1,541	9%	1,807	10%	5,196	10%	13,096	10%
Inconsistent/missing	1,794	4%	1,336	8%	1,511	8%	3,379	6%	8,020	6%
Total individuals	**43,142**	**100%**	**16,775**	**100%**	**18,716**	**100%**	**52,583**	**100%**	**131,216**	**100%**

4.6 Religion

Table 4.6.1 reports the self-reported religion of new presentations to treatment. Almost half (49%) of clients presenting to treatment during 2016-17 had no religion. The most common religion cited was Christian, reported by nearly a quarter (24%), followed by 2% stating Muslim. Figures from the 2011 census[5] show a higher rate of religious identification among the general population. Christian accounts for 59%, Muslim 5% whilst no religion was at 25% roughly half the rate among NDTMS respondents. The number of inconsistent and missing responses is likely to reduce after the 2016-17 time period as the religion field was only introduced in April 2016.

[5] For religion data please see: 2011 Census: England and Wales.

https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioninenglandandwales2011/2012-12-11

Table 4.6.1 Religion, new presentations to treatment 2016-17

Religion	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n		n	%	n	%
Baha'i	5	0%	1	0%	5	0%	4	0%	15	0%
Buddhist	227	1%	68	0%	68	0%	137	0%	500	0%
Christian	8,821	22%	2,768	18%	3,498	21%	13,502	28%	28,589	24%
Hindu	101	0%	29	0%	52	0%	254	1%	436	0%
Jain	8	0%	0	0%	0	0%	2	0%	10	0%
Jewish	43	0%	20	0%	22	0%	50	0%	135	0%
Muslim	1,256	3%	563	4%	310	2%	449	1%	2,578	2%
Pagan	77	0%	29	0%	28	0%	64	0%	198	0%
Sikh	345	1%	36	0%	65	0%	416	1%	862	1%
Zoroastrian	7	0%	1	0%	0	0%	4	0%	12	0%
Other	1,418	4%	524	3%	524	3%	1,638	3%	4,104	3%
None	19,685	49%	7,997	53%	9,086	54%	21,949	45%	58,717	49%
Decline	2,197	5%	768	5%	1,042	6%	2,892	6%	6,899	6%
Unknown	6,034	15%	2,392	16%	2,220	13%	7,059	15%	17,705	15%
Total	**40,224**	**100%**	**15196**	**100%**	**16,920**	**100%**	**48,420**	**100%**	**120,760**	**100%**
Inconsistent/missing	2,918		1,579		1,796		4,163		10,456	
Total	**43,142**		**16,775**		**18,716**		**52,583**		**131,216**	

4.7 Sexual Orientation

Table 4.7.1 reports the sexual orientation of new presentations to treatment. The table shows that 88% reported being heterosexual, 2% gay/lesbian and 1% bisexual. Using figures from the office for national statistics[6] this can be compared to the general population where the figure for heterosexual is higher (93%) gay/lesbian is lower (1%) and bisexual is similar (1%). Sexual orientation was introduced to the NDTMS dataset for April 2016.

[6] For sexuality data please see: Sexual identity, UK: 2016.
https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016

Table 4.7.1 Sexual orientation, new presentations to treatment 2016-17

Sexual orientation	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Heterosexual	37,702	89%	14,050	88%	15,727	88%	45,203	88%	112,682	88%
Gay/Lesbian	631	1%	570	4%	524	3%	1,291	3%	3,016	2%
Bi-Sexual	601	1%	295	2%	353	2%	423	1%	1,672	1%
Client asked and does not know or is not sure	79	0%	43	0%	44	0%	114	0%	280	0%
Not Stated	3,093	7%	920	6%	1,108	6%	3,719	7%	8,840	7%
Other	346	1%	157	1%	165	1%	512	1%	1,180	1%
Total	**42,452**	**100%**	**16,035**	**100%**	**17,921**	**100%**	**51,262**	**100%**	**127,670**	**100%**
Inconsistent/missing	690		740		795		1321		3,546	
Total	**43,142**		**16,775**		**18,716**		**52,583**		**131,216**	

4.8 Source of referral into treatment (new presentations)

Table 4.8.1 shows a breakdown of new presentations to treatment by source of referral (i.e. the routes by which people accessed treatment). Information about source of referral was provided for 130,666 (99.6%) of all new presentations to treatment in 2016-17. Of all recorded referral sources, self-referrals were the most common for all individuals and across the four substance groups (ranging from 56% for non-opiate only clients to 52% for opiate clients).

For alcohol only clients, the next most common referral source was through health services and social care (26%). This was made up of GP referrals (15%), hospital (4%), social services (2%) and other health services (4%).

In comparison, health services only accounted for 9% of opiate client referrals. The criminal justice system was the second most common referral source for opiate clients (26%), made up of prison referrals (16%), arrest referrals/DIP (5%), probation (3%) and other criminal justice system referral routes (2%). By contrast, only 7% of referrals for alcohol only clients were from the criminal justice system.

Particularly high rates of referrals from prison and probation (48%) were seen from clients citing both opiates and NPS at the start of treatment, compared to 19% for opiate clients overall.

Overall, substance misuse services accounted for 7% of referrals into treatment (ranging from 3% for non-opiate only clients to 9% for opiate clients).

A further breakdown of referral routes into treatment can be found in the supporting tables at http://www.nta.nhs.uk/statistics.aspx.

Table 4.8.1 Source of referral into treatment, new presentations to treatment 2016-17

Referral Source	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Self, family and friends										
Self	22,433	52%	9,297	56%	10,247	55%	28,706	55%	70,683	54%
Other family and friends	281	1%	260	2%	246	1%	601	1%	1,388	1%
Self, family and friends subtotal	**22,714**	**53%**	**9,557**	**57%**	**10,493**	**56%**	**29,307**	**56%**	**72,071**	**55%**
Health services and social care										
GP	2,480	6%	1,388	8%	1,852	10%	8,029	15%	13,749	11%
Health – other	709	2%	699	4%	843	5%	2,293	4%	4,544	3%
Hospital	608	1%	163	1%	385	2%	2,322	4%	3,478	3%
Social services	208	0%	589	4%	416	2%	1,076	2%	2,289	2%
Health services and social care subtotal	**4,005**	**9%**	**2,839**	**17%**	**3,496**	**19%**	**13,720**	**26%**	**24,060**	**18%**
Criminal justice										
Arrest referral/DIP	2,047	5%	884	5%	599	3%	603	1%	4,133	3%
Prison	6,880	16%	257	2%	226	1%	296	1%	7,659	6%
Probation	1,151	3%	749	4%	889	5%	1,544	3%	4,333	3%
Criminal justice – other	1,042	2%	597	4%	654	4%	1,099	2%	3,392	3%
Criminal justice subtotal	**11,120**	**26%**	**2,487**	**15%**	**2,368**	**13%**	**3,542**	**7%**	**19,517**	**15%**
Substance misuse service										
Drug service statutory	1,380	3%	183	1%	324	2%	808	2%	2,695	2%
Drug service non-statutory	2,344	5%	307	2%	497	3%	1,411	3%	4,559	3%
Community alcohol team	81	0%	16	0%	151	1%	1,206	2%	1,454	1%
Substance misuse service subtotal	**3,805**	**9%**	**506**	**3%**	**972**	**5%**	**3,425**	**7%**	**8,708**	**7%**
Other	**1,216**	**3%**	**1,338**	**8%**	**1,327**	**7%**	**2,429**	**5%**	**6,310**	**5%**
Total	**42,860**	**100%**	**16,727**	**100%**	**18,656**	**100%**	**52,423**	**100%**	**130,666**	**100%**
Missing or unknown	282		48		60		160		550	
Total	**43,142**		**16,775**		**18,716**		**52,583**		**131,216**	

***Percentages may equal 0% or not sum to 100% due to rounding**

4.9 Age and presenting substance (new presentations)

Table 4.9.1 shows the substance distribution for individuals presenting to treatment in 2016-17, reported by the four substance groups. Overall, 60% (79,202) of individuals starting treatment in 2016-17 presented with problematic alcohol use. Of these, 52,583 cited alcohol as the only problematic substance.

Fifty-one per cent of opiate new presentations also presented with crack cocaine, the next highest adjunctive substance alongside opiate use being alcohol (18%).

For non-opiate only clients, the majority of individuals cited cannabis as a problematic substance (59%). This was followed by just over a third (36%) of non-opiate only clients presenting with cocaine.

Cannabis was also the most commonly cited drug that non-opiate and alcohol clients presented with (55%), with cocaine the next most cited substance (47%).

Table 4.9.1 Substance breakdown of new presentations to treatment 2016-17

Substance	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Opiate and/or crack cocaine use										
Opiate (not crack cocaine)	21,288	49%	-	-	-	-	-	-	21,288	16%
Both opiate and crack cocaine	21,854	51%	-	-	-	-	-	-	21,854	17%
Crack cocaine (not opiate)	-	-	1,841	11%	1,816	10%	-	-	3,657	3%
Other drug use										
Cannabis	6,387	15%	9,938	59%	10,290	55%	-	-	26,615	20%
Cocaine	2,111	5%	5,988	36%	8,793	47%	-	-	16,892	13%
Amphetamine (other than ecstasy)	1,353	3%	1,792	11%	1,280	7%	-	-	4,425	3%
Benzodiazepine	3,020	7%	964	6%	740	4%	-	-	4,724	4%
Other**	508	1%	689	4%	346	2%	-	-	1,543	1%
Alcohol										
Alcohol	7,903	18%	-	-	18,716	100%	52,583	100%	79,202	60%
Total number of individuals*	**43,142**	**100%**	**16,775**	**100%**	**18,716**	**100%**	**52,583**	**100%**	**131,216**	**100%**

***The number of individuals will be less than the total of the reported substances as an individual may present with more than one problematic substance**

****Other includes all other substances not specifically stated in the table above**

Table 4.9.2 and figure 4.9.1 report the substance distribution by age for new presentations to treatment in 2016-17.

For younger clients presenting to treatment (those aged 18-24), the main substances cited were cannabis (54%, 6,322), alcohol (45%, 5,221) and cocaine (27%, 3,113), with only 17% (2,053) presenting for opiate use.

The percentage of individuals presenting with problems with alcohol use increased with age. Sixty one per cent (11,567) of those aged 40-44 cited alcohol as problematic, with 90% (3,479) of those age 60-64 doing so.

A more detailed breakdown of clients aged 18-24 can be found in the supporting tables at http://www.nta.nhs.uk/statistics.aspx.

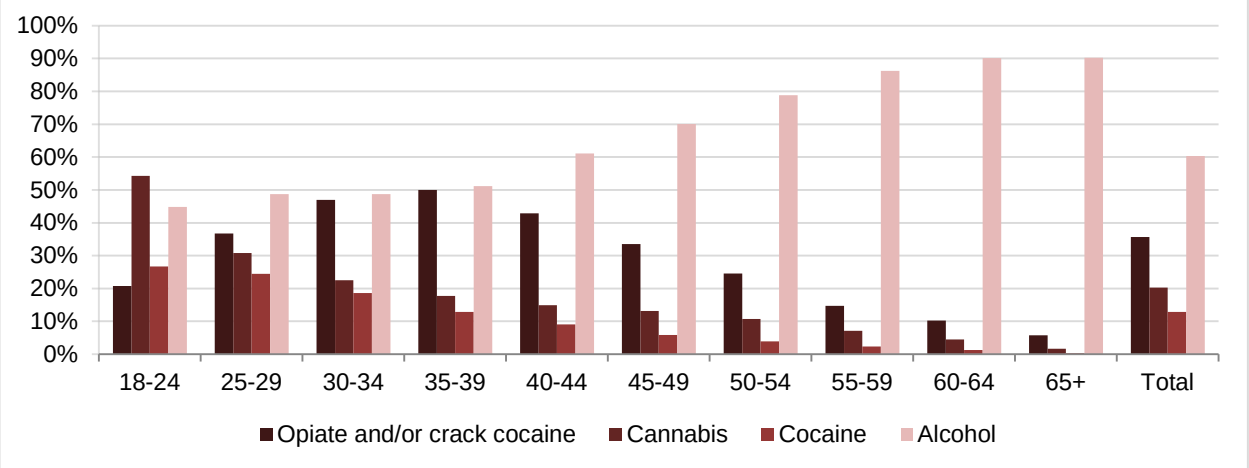
Table 4.9.2 Age and presenting substance of new presentations to treatment 2016-17

Substance	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Total
Opiate and/or crack cocaine use											
Opiate (not crack cocaine)	1,104	2,464	4,059	4,885	3,742	2,591	1,455	595	256	137	21,288
	9%	16%	20%	23%	20%	16%	12%	8%	7%	4%	16%
Both opiate and crack cocaine	949	2,750	4,690	5,229	3,876	2,566	1,266	370	122	36	21,854
	8%	17%	23%	24%	20%	15%	10%	5%	3%	1%	17%
Crack cocaine (not opiate)	364	605	730	665	495	414	253	101	17	13	3,657
	3%	4%	4%	3%	3%	2%	2%	1%	0%	0%	3%
Other drug use											
Cannabis	6,322	4,877	4,552	3,817	2,819	2,181	1,304	516	173	54	26,615
	54%	31%	23%	18%	15%	13%	11%	7%	4%	2%	20%
Cocaine	3,113	3,865	3,764	2,768	1,717	965	469	170	50	11	16,892
	27%	24%	19%	13%	9%	6%	4%	2%	1%	0%	13%
Benzodiazepine	467	638	864	984	761	470	236	119	70	115	4,724
	4%	4%	4%	5%	4%	3%	2%	2%	2%	4%	4%
Amphetamine (other than ecstasy)	496	660	862	841	668	508	260	94	25	11	4,425
	4%	4%	4%	4%	4%	3%	2%	1%	1%	0%	3%
Other**	178	250	270	254	186	174	75	58	36	62	1,543
	2%	2%	1%	1%	1%	1%	1%	1%	1%	2%	1%
Alcohol											
Alcohol	5,221	7,719	9,846	11,037	11,567	11,644	9,545	6,233	3,479	2,911	79,202
	45%	49%	49%	51%	61%	70%	79%	86%	90%	90%	60%
Total number of individuals*	**11,657**	**15,829**	**20,200**	**21,574**	**18,923**	**16,612**	**12,112**	**7,225**	**3,859**	**3,225**	**131,216**

***The number of individuals will be less than the total of the reported substances as an individual may present with more than one problematic substance**

****Other includes all other substances not specifically stated in the table above**
Percentages may equal 0% or not sum to 100% due to rounding

Figure 4.9.1 Age and presenting substance distribution of new presentations to treatment 2016-17



4.10 Injecting behaviour (new presentations)

Injecting status at presentation to treatment was recorded for 129,323 individuals (99%) who entered treatment in 2016-17. The majority of individuals presenting to treatment have never injected (76%), though there was variation by substance with 97% of alcohol only clients having never injected any substance compared to 40% of opiate clients. Just over a quarter (26%) of individuals using opiates were currently injecting, compared to 3% and 1% in the non-opiate only and non-opiate and alcohol clients respectively. The majority of non-opiate clients who inject are likely to be individuals using amphetamines and mephedrone.

Sharing of injecting equipment is the single biggest factor in blood-borne virus transmission among individuals who use and inject drugs, it also elevates the risk of premature mortality.

Table 4.10.1 Injecting status of new presentations to treatment 2016-17

Injecting Status	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Never injected	17,014	40%	14,715	90%	16,571	91%	50,000	97%	98,300	76%
Previously injected	14,614	34%	1,180	7%	1,434	8%	1,472	3%	18,700	14%
Currently injecting	11,263	26%	430	3%	205	1%	117	0%	12,015	9%
Declined to answer	93	0%	29	0%	53	0%	133	0%	308	0%
Total	**42,984**	**100%**	**16,354**	**100%**	**18,263**	**100%**	**51,722**	**100%**	**129,323**	**100%**
Missing/inconsistent	158		421		453		861		1,893	
Total	**43,142**		**16,775**		**18,716**		**52,583**		**131,216**	

***Percentages may equal 0% or not sum to 100% due to rounding**

4.11 Housing situation (new presentations)

Table 4.11.1 shows the housing status of individuals at the time that they presented to treatment. Of the 129,351 individuals (99%) who provided their housing status, 7% reported an urgent housing problem, usually no fixed abode (NFA), with a further 11% reporting some form of current housing problem (such as staying with friends or family as a short term guest or residing at a short-term hostel). Opiate clients had the highest rates of urgent housing problems (14%) and alcohol only clients the least (3%).

Individuals who present to treatment using NPS are much more likely to have an urgent housing problem compared to those not using these substances at the start of treatment (18% vs 7%).

Particularly high rates of housing need (48%) were reported by presenting clients citing both opiates and NPS at the start of treatment, compared to 27% for opiate clients overall.

Table 4.11.1 Housing situation of new presentations to treatment 2016-17

Housing situation	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
No problem	29,830	70%	13,350	81%	14,292	77%	45,941	89%	103,413	80%
Housing problem	6,439	15%	1,694	10%	2,294	12%	4,086	8%	14,513	11%
Urgent housing problem (NFA)	6,122	14%	643	4%	1,093	6%	1,584	3%	9,442	7%
Other	94	0%	837	5%	820	4%	232	0%	1,983	2%
Total	**42,485**	**100%**	**16,524**	**100%**	**18,499**	**100%**	**51,843**	**100%**	**129,351**	**100%**
Inconsistent/missing	657		251		217		740		1,865	
Total	**43,142**		**16,775**		**18,716**		**52,583**		**131,216**	

***Percentages may equal 0% or not sum to 100% due to rounding**

5. Access to services

5.1 Waiting times for first and subsequent treatment interventions

Overall, nearly all individuals (98%) waited three weeks or less from first being identified as having a treatment need to being offered an appointment to start an intervention, with 82% of first interventions having zero days waiting time. There was marginal variation in waiting times between the four substance groups.

Similarly, for individuals that started a subsequent intervention, the vast majority (96%) did so within three weeks. The average (mean) waiting time for first interventions of all individuals was 2.2 days, this ranged from 1.7 days for opiate clients to 2. 7 days for alcohol only clients.

Table 5.1.1 Waiting times, first and subsequent interventions 2016-17

Intervention	First intervention					Subsequent intervention			
	3 weeks or under		Over 3 weeks		Average waiting time	3 weeks or under		Over 3 weeks	
	n	%	n	%	days	n	%	n	%
Opiate	63,548	99%	751	1%	1.7	58,960	97%	1,739	3%
Non-opiate only	17,217	98%	293	2%	2.3	1,630	97%	57	3%
Non-opiate and alcohol	19,399	98%	441	2%	2.7	5,633	92%	483	8%
Alcohol only	53,745	98%	1,343	2%	2.7	15,951	93%	1,138	7%
Total	**153,909**	**98%**	**2,828**	**2%**	**2.2**	**82,174**	**96%**	**3,417**	**4%**

5.2 Treatment interventions

As part of a treatment journey, an individual may receive more than one intervention (i.e. more than one type of treatment) while being treated at a provider and may attend more than one provider for subsequent interventions.

Before 1 November 2012 there were six structured treatment intervention types. However, from 1 November 2012 the way in which interventions were recorded on NDTMS was changed to only recording three high-level intervention types: psychosocial, pharmacological and recovery support, as well as an intervention setting and a series of sub-interventions that provided more detail on the treatments being delivered.

Table 5.2.1 shows the number of clients who received each intervention type in their latest treatment journey for individuals receiving interventions that commenced prior to 1 November 2012 or use the pre 2012 dataset change coding. Individuals are only counted once for each intervention type they received.

Table 5.2.1 Interventions received by clients in treatment 2016-17, pre November 2012 data set change interventions

Intervention	Opiate	Non-opiate	Non-opiate and alcohol	Alcohol only	Total
Inpatient detoxification	2,341	1	14	25	2,381
Structured day programme	5,648	7	24	23	5,702
Residential rehabilitation	560	1	14	34	609
Structured intervention	14,962	47	96	98	15,203
Old YP intervention	9	7	1	0	17

***Individuals may have more than one type of intervention and so may appear on more than one row**

Table 5.2.2 provides information on interventions commenced after the changes to the core dataset introduced on 1 November 2012 (see section 9.2 for more detail on this change). It shows the number of clients who received interventions starting on or after 1 November 2012 based on the new intervention codes and intervention setting. If an individuals' intervention features in table 5.2.2, and can be directly mapped between tables, it is not featured in table 5.2.1 above to avoid double counting.

Table 5.2.2 Interventions received by clients in treatment 2016-17, post November 2012 data set change interventions

Substance group	Setting	Intervention type				Total*
		Psychosocial		Prescribing		
		n	%	n	%	
Opiate	Community	133,753	95%	128,464	94%	140,973
	Inpatient unit	4,688	3%	5,477	4%	5,648
	Primary care	15,171	11%	26,444	19%	27,297
	Residential	2,481	2%	1,170	1%	2,637
	Recovery house	105	0%	182	0%	268
	Missing	2,669	2%	7,679	6%	8,691
	Other	4	0%	2	0%	4
	Total*	**140,873**	**100%**	**137,332**	**100%**	**146,321**
Non-opiate only	Community	23,544	97%	1,513	82%	23,685
	Inpatient unit	106	0%	100	5%	110
	Primary care	527	2%	255	14%	648
	Residential	208	1%	27	1%	208
	Recovery house	28	0%	2	0%	28
	Missing	6	0%	13	1%	14
	Other	36	0%	1	0%	36
	Total*	**24,218**	**100%**	**1,840**	**100%**	**24,366**
Non-opiate and alcohol	Community	27,093	97%	2,908	65%	27,204
	Inpatient unit	1,223	4%	1,435	32%	1,450
	Primary care	381	1%	189	4%	471
	Residential	1,263	5%	417	9%	1,328
	Recovery house	40	0%	7	0%	47
	Missing	7	0%	4	0%	11
	Other	26	0%	3	0%	28
	Total*	**27,852**	**100%**	**4,449**	**100%**	**27,973**
Alcohol only	Community	76,381	97%	12,170	72%	77,055
	Inpatient unit	3,914	5%	4,558	27%	4,650
	Primary care	1,700	2%	701	4%	2,010
	Residential	2,093	3%	922	5%	2,298
	Recovery house	71	0%	25	0%	95
	Missing	3	0%	1	0%	4
	Other	10	0%	-	0%	10
	Total*	**79,090**	**100%**	**17,009**	**100%**	**79,829**
Total	Community	260,771	96%	145,055	90%	268,917
	Inpatient unit	9,931	4%	11,570	7%	11,858
	Primary care	17,779	7%	27,589	17%	30,426
	Residential	6,045	2%	2,536	2%	6,471
	Recovery house	244	0%	216	0%	438
	Missing	2,685	1%	7,697	5%	8,720
	Other	76	0%	6	0%	78
	Total*	**272,033**	**100%**	**160,630**	**100%**	**278,489**

***This is the total number of individuals receiving each intervention type and not a summation of the psychosocial and prescribing columns. **Percentages may equal 0% or not sum to 100% due to rounding**

Data from tables 5.2.1 and 5.2.2 can be summed where overlap in definition exists to arrive at the total number of individuals receiving each intervention in 2016-17. No overlap exists for structured day programmes or other structured interventions thus the total number of clients can only be reported up to the 31 October 2012.

A count of the total number of individuals by setting/intervention where it is possible to sum the overlap between tables 5.2.1 and 5.2.2, can be found in table 5.2.3 below.

Table 5.2.3 Total number of individuals in settings (overlap between 5.2.1 and 5.2.2)

Setting	Total number of individuals
Inpatient unit	14,239
Residential	7,080

Table 5.2.4 below provides a breakdown of clients receiving a prescribing intervention, by the length of time that they had been in receipt of it; either when they exited treatment, or, if still in treatment, the length of time they have been receiving a prescribing intervention.

Just under half of individuals (44%) had been in receipt of prescriptions for less than 12 months, with variation between substance groups (36% for opiate clients to 94% for alcohol only clients). Over a fifth of opiate clients (22%) received prescribing treatment for over five years compared to less than 1% for those receiving interventions for alcohol only.

The majority of individuals either received prescriptions as part of opiate substitution therapy or to enable safe withdrawal from alcohol dependence. Perscriptions to help with relapse prevention make up the majority of those remaining.

Table 5.2.4 Length of time in prescribing for clients in continuous prescribing treatment 2016-17

Length of time	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Less than 12 months	50,126	36%	1,326	72%	4,067	91%	15,904	94%	71,423	44%
1-2 years	24,252	18%	254	14%	248	6%	837	5%	25,591	16%
2-3 years	16,757	12%	92	5%	49	1%	162	1%	17,060	11%
3-4 years	9,176	7%	52	3%	36	1%	60	0%	9,324	6%
4-5 years	6,676	5%	16	1%	20	0%	26	0%	6,738	4%
5 years +	30,345	22%	100	5%	29	1%	20	0%	30,494	19%
Total	**137,332**	**100%**	**1,840**	**100%**	**4,449**	**100%**	**17,009**	**100%**	**160,630**	**100%**

***Percentages may equal 0% or not sum to 100% due to rounding**

5.3 Engagement

Of the 279,793 individuals in contact with treatment services during 2016-17, 92% (257,552) were either retained for more than 12 weeks, or if leaving treatment before completing 12 weeks, did so free of dependence. Opiate clients were most likely to be retained in treatment for over 12 weeks or complete treatment successfully before this time (95%) compared to non-opiate only (87%), non-opiate and alcohol (88%) and alcohol only clients (90%).

Table 5.3.1 Clients retained to treatment for more than 12 weeks or successfully completing treatment in 2016-17

Substance	Number in contact with treatment services	Number retained in treatment for more than 12 weeks or successfully completing treatment in 2015-16	
	n	n	%
Opiate	146,536	138,899	95%
Non-opiate only	24,561	21,282	87%
Non-opiate and alcohol	28,242	24,748	88%
Alcohol only	80,454	72,623	90%
Total	**279,793**	**257,552**	**92%**

6. Treatment and recovery outcomes

6.1 Treatment exits and successful completions

Table 6.1.1 shows the reasons for clients exiting treatment in 2016-17. There were 127,475 individuals who left treatment after the 31 March 2016 and before the 1 April 2017. Of these, 62,500 (49%) were discharged as 'treatment completed'. This is determined by clinical judgement that the individual no longer has a need for structured treatment, having achieved all the care plan goals and having overcome dependent use of the substances that brought them into treatment. Figure 6.1.1 represents the percentage of successful completions among the four substance groups. Opiate clients have the lowest rate of successful completions (26%), compared to the other three substance groups (ranging from 54% for non-opiate and alcohol clients to 61% for alcohol only clients).

Of the discharged opiate clients, 14% were transferred for further treatment within the community, but were not picked up in treatment within 21 days, and 12% were transferred for further treatment in custody. The other 48% of opiate clients that left without completing treatment were discharged largely as either having dropped out or left treatment (39%). In comparison, around 40% of clients in the other substance groups exited having not completed treatment successfully, with unsuccessful transfers within the community accounting for between 3 to 5% of exits. Alcohol only clients had the lowest proportion of clients dropping out of treatment (29%).

On average (mean), individuals who completed treatment did so after 338.7 days. However, the average number of treatment days ranged from 1039.2 days for opiate clients to under 220 days for all the other substance groups (170.2 for non-opiate only clients, 212.0 for non-opiate and alcohol clients and 202.7 for alcohol only clients).

During 2016-17, 2,680 clients died while in contact with treatment. Most of these were opiate clients (1,741, 65% of all deaths) with a median age of 45 years. This makes up 1.2% of all opiate clients in treatment. A further 767 alcohol only clients (29% of all deaths) died during treatment (1% of all alcohol only clients in treatment). This group had the highest median age of those individuals that died (50 years).

In comparison, non-opiate and alcohol (5%) and non-opiate only clients (2%) made up only a small percentage of total number of deaths while in contact with treatment services. Non-opiate and alcohol deaths had a median age of (39 years), whereas non-opiate only clients had the lowest median age, with the majority aged under 40 (34 years).

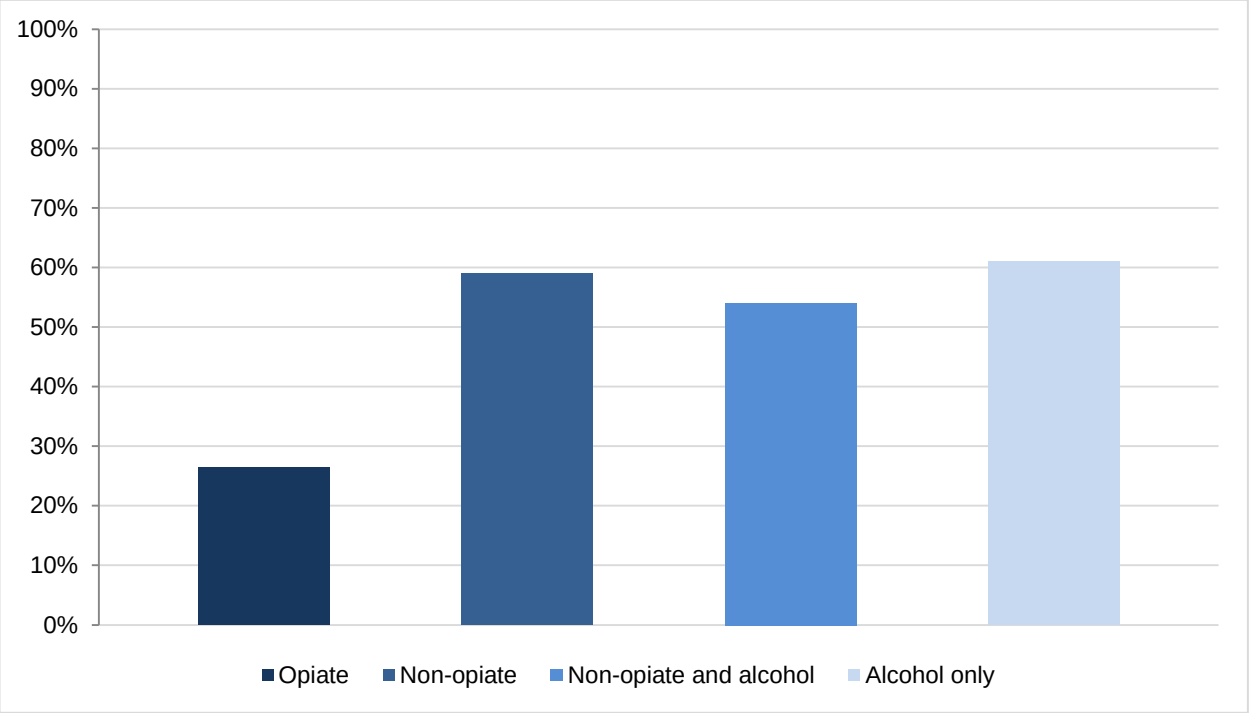
Of all the clients that died while in contact with treatment, 72% were male, ranging from 63% for alcohol only clients and 84% for non-opiate and alcohol clients. For the opiate group 74% of deaths were males.

Table 6.1.1 Treatment exit reasons for clients not retained in treatment on 31 March 2017

Treatment exit reason	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Completed free of dependence – no drug or alcohol use	9,116	23%	6,293	37%	5,870	32%	19,375	37%	40,654	32%
Completed free of dependence	1,323	3%	3,751	22%	4,165	22%	12,607	24%	21,846	17%
Treatment completed free of dependence subtotal	**10,439**	**26%**	**10,044**	**59%**	**10,035**	**54%**	**31,982**	**61%**	**62,500**	**49%**
Dropped out/left	15,394	39%	5,438	32%	6,457	35%	15,091	29%	42,380	33%
Transferred – not in custody	5,496	14%	553	3%	857	5%	2,384	5%	9,290	7%
Transferred – in custody	4,660	12%	423	2%	397	2%	430	1%	5,910	5%
Treatment declined	529	1%	345	2%	451	2%	1,262	2%	2,587	2%
Died	1,741	4%	44	0%	128	1%	767	1%	2,680	2%
Prison	829	2%	97	1%	105	1%	143	0%	1,174	1%
Treatment withdrawn	245	1%	49	0%	106	1%	182	0%	582	0%
Exit reason inconsistent	180	0%	34	0%	44	0%	114	0%	372	0%
Total	**39,513**	**100%**	**17,027**	**100%**	**18,580**	**100%**	**52,355**	**100%**	**127,475**	**100%**

***Percentages may equal 0% or not sum to 100% due to rounding**

Figure 6.1.1 Proportion of exits that are treatment completed free of dependence by the four substance groups 2016-17



Full definitions of all the treatment exit reasons below can be found in the NDTMS business definitions at: http://www.nta.nhs.uk/core-data-set.aspx.

6.2 Six-month outcomes

Introduction

The Treatment Outcomes Profile (TOP) is a clinical tool that enables clinicians and key workers to keep track of the progress of individuals through their treatment journeys. It originally consisted of a 20 item questionnaire focusing on substance use, injecting risk behaviour, housing, employment, crime and health and quality of life.

In November 2013, the Alcohol Outcomes Record (AOR) was introduced to NDTMS. The AOR is a four-item condensed version of the TOP, which monitors change in the frequency and quantity of alcohol consumption, as well as physical health and psychological health. Treatment providers can utilise either the TOP or the AOR to monitor alcohol only clients. For all other clients, the TOP is expected to be completed. The data in this section includes an analysis of all TOP/AOR review data received in 2016-17 that complies with the TOP reporting protocols below and for which there is also corresponding treatment start TOP information www.nta.nhs.uk/healthcare-TOP.aspx

The AOR is not specifically required to be completed for six-month in-treatment outcomes monitoring, but such instances are included here where the data is available.

The reporting protocols stipulate that an individual can have a review completed between 29 and 182 days following their initial assessment. A total of 90,154 individuals had a review TOP/AOR occurring in 2016-17 and also had corresponding TOP data at treatment start, and the outcomes of these individuals are reported here.

Methods

A statistical approach known as the Reliable Change Index (RCI) is used here to classify the changes in substance use between the start of treatment and six-month review into one of four categories: abstinent, improved, unchanged and deteriorated. This is based on the application of methodology advanced by Jacobson and Truax (1991)[7] and verified for use in the substance misuse field by Marsden et al (2011).[8]

Results

Table 6.2.1 presents the change in substance use between the start of treatment and the six-month review. It is segmented by the four substance groups and reports on the substances that were cited as problematic on presentation to treatment. Opiate clients that were not also citing

[7] Jacobson N. S., Truax P. Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology* 1991; 59: 12–19. www.personal.kent.edu/~dfresco/CRM_Readings/JCCP_Jacobson_ClinSIG.pdf

[8] 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. onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2010.03143.x/pdf

crack cocaine reported the largest reductions in average (mean) number of days of opiate use, 15.4 days (from 22.7 days to 7.3 days), this compared to a reduction of 12 days for those also using crack (from 21.6 days to 9.7 days). Forty-six per cent of opiate clients not citing crack had stopped using illicit opiates by the time of their six-month review, and for individuals also citing crack, 32% achieved abstinence from illicit opiates by six-months.

For non-opiate only clients, the largest reduction of average days use was observed for cannabis (10.9 days reduction in non-opiates only and 9.8 days reduction in non-opiates and alcohol clients). Those clients citing cocaine and amphetamines reported the highest rates of abstinence at six months (66% of both non-opiate only clients and of non-opiate and alcohol clients were reported as abstinent for cocaine, and 61% of non-opiate only clients and 68% of non-opiate and alcohol clients were reported as abstinent for amphetamine). For individuals presenting with alcohol only, the average number of drinking days was 21.2 days at the start of treatment and fell to 11.3 days by the time of six-month review, with 33% reporting abstinence.

Being abstinent or ‘improved’ at the six-month review is associated with eventual successful completion from treatment. Individuals treated for powder cocaine and cannabis typically have better outcomes than individuals that use opiates. They are likely to have fewer associated social problems, draw on greater personal resources, and receive more social support. As a result, their prospects of overcoming dependence are usually better than those of opiate clients.

Data on tobacco is included for the first time. Figure 6.2.1 shows the proportion of clients smoking in the 28 days period prior to the start of treatment, split by drug group and gender. Overall, opiate clients had the highest rates of smoking when commencing treatment (59%), this was followed by non-opiates and alcohol and non-opiates only (52% and 49% respectively). Those presenting with alcohol only had the lowest rates with 34% smoking at the start of treatment. Across the four drug groups, males and females reported smoking at similar levels, and in all cases the level of smoking was substantially higher than the smoking rates of the general population (17% for males and 14% for females).

For opiate clients and non-opiate only clients, tobacco was the substance with the lowest proportion reporting cessation by their six-month review (23% and 34%, respectively [Table 6.2.1]). For alcohol only and non-opiate and alcohol clients, the proportion of clients no longer reporting tobacco use is similar to non-opiate only clients. Opiate clients reported the highest number of days using tobacco at both the start of treatment (27.3 days) and at the six-month review (21.3 days).

Table 6.2.1 Change in use of cited substance for clients with a review TOP/AOR in the year who reported using at the start of treatment

Substance	START OF TREATMENT		AT SIX MONTH REVIEW				
	Reviewed clients using at start	Average days of use at start	Abstinent	Improved	Unchanged	Deteriorated	Average days of use at review
	n	mean	%	%	%	%	mean
Opiate							
Opiate use (all opiate clients)	22,539	22.2	39%	26%	31%	4%	8.5
Opiate use (opiate not crack clients)	10,991	22.7	46%	24%	27%	3%	7.3
Opiate use (opiate and crack clients)	11,548	21.6	32%	27%	35%	5%	9.7
Crack use (in opiate and crack clients)	10,819	14.8	40%	17%	37%	7%	7.5
Cocaine use	703	7.6	74%	4%	20%	2%	1.8
Amphetamine use	547	10.6	52%	6%	36%	6%	5.7
Cannabis use	3,345	16.9	48%	8%	36%	7%	9.6
Alcohol use	4,766	18.0	28%	13%	49%	9%	13.1
Tobacco use	11,154	27.3	23%	-	-	-	21.3
Injecting	6,966	20.5	53%	13%	30%	3%	7.5
Non-opiate only							
Crack use	671	13.3	58%	10%	28%	3%	4.6
Cocaine use	2,594	10.4	66%	12%	20%	2%	2.5
Amphetamine use	683	14.4	61%	7%	30%	2%	5.3
Cannabis use	5,193	22.3	38%	18%	42%	2%	11.4
Tobacco use	3,257	26.8	34%	-	-	-	17.7
Injecting	258	12.2	64%	5%	29%	2%	3.9
Non-opiate and alcohol							
Crack use	575	10.9	58%	5%	33%	3%	4.7
Cocaine use	3,710	9.4	66%	10%	23%	1%	2.4
Amphetamine use	469	12.0	68%	4%	26%	2%	4.0
Cannabis use	4,810	19.3	49%	11%	36%	4%	9.5
Alcohol use	10,690	18.1	32%	18%	47%	3%	9.9
Tobacco use	3,941	26.7	33%	-	-	-	18.0
Injecting	107	10.3	79%	1%	20%	1%	2.8
Alcohol only							
Alcohol use	34,600	21.2	33%	20%	45%	3%	11.3
Tobacco use	7,983	26.9	36%	-	-	-	17.4

Figure 6.2.1 Smoking prevalence at start of treatment by the four substance groups 2016-17

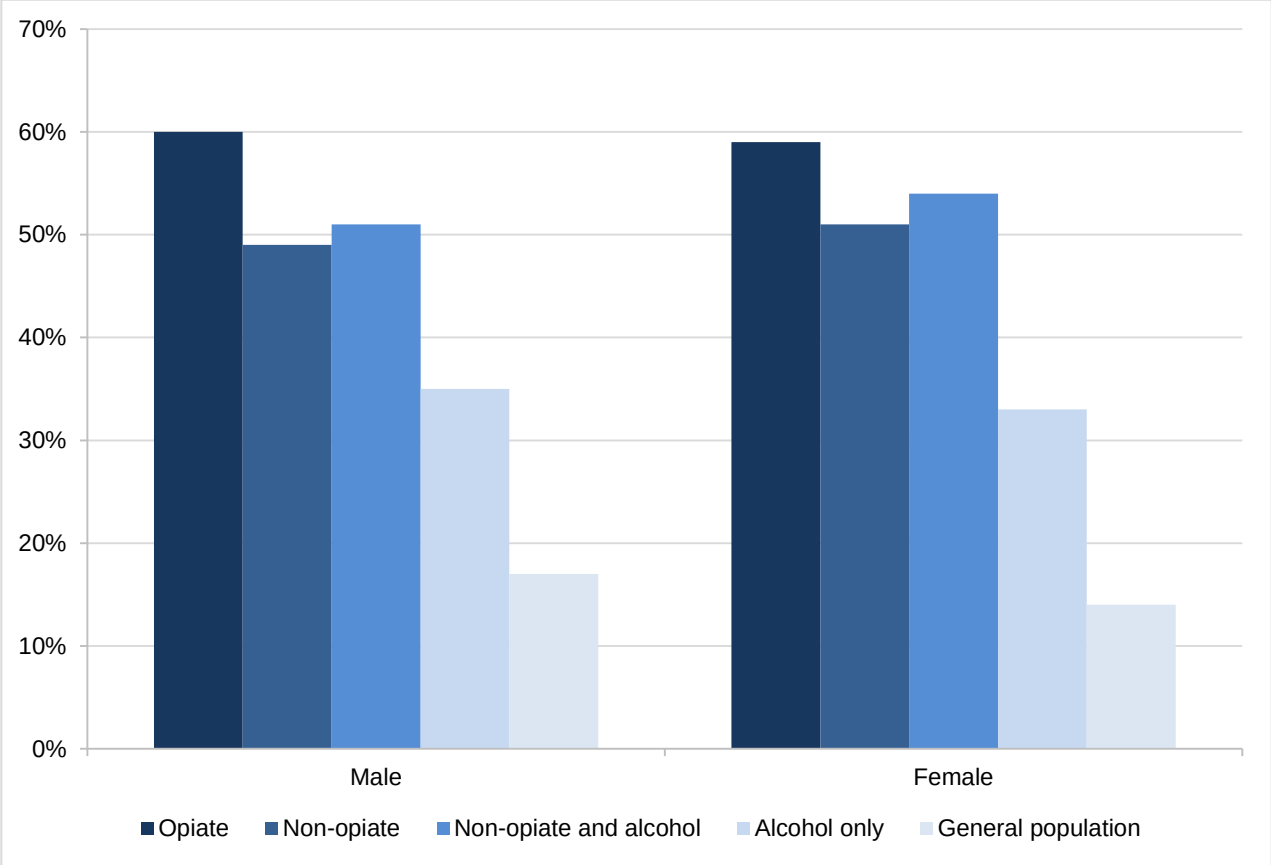


Table 6.2.2 presents the six-month outcomes in employment, education and housing status by the four substance groups. Opiate clients were much less likely to be in paid work or to be in education, and more likely to have issues with housing compared to individuals presenting with other substances. Sixteen per cent of opiate clients reported some paid employment in the 28 days before treatment commenced compared to 30% for non-opiate only clients, 29% for non-opiate and alcohol clients and 28% for alcohol only clients.

There was a small increase in the proportion of opiate clients in paid work by the time of the six-month review (16% to 19%), with the average days of paid work decreasing slightly (0.4%) during this time. Non-opiate only clients saw a similar increase in the proportion reporting paid work, (30% to 33%), while non-opiate and alcohol and alcohol only clients demonstrated only marginal change in paid employment.

Nineteen per cent of opiate clients reported an acute housing problem at the start of treatment, which fell to 14% by the time of the six-month review. Improvements were also seen in individuals presenting with other substances, ranging from a 4% drop for non-opiate only clients and non-opiate and alcohol clients to 3% for alcohol only clients.

Table 6.2.2 Change in employment, education and housing status between the start of treatment and six-month review

		Opiate	Non-opiate only	Non-opiate and alcohol	Alcohol only	Total
Employment	**n**	29,569	10,377	11,486	35,930	87,362
Baseline work	%	16%	30%	29%	28%	24%
	Mean days	18.04	17.90	17.46	17.65	17.74
Review work	%	19%	33%	30%	28%	26%
	Mean days	17.97	18.20	18.16	17.93	18.01
Education	**n**	29,487	10,324	11,403	35,556	86,770
Baseline education	%	1%	3%	2%	2%	2%
	Mean days	10.95	12.05	11.27	10.91	11.25
Review education	%	1%	4%	3%	2%	2%
	Mean days	9.69	10.96	10.24	9.65	10.04
Housing problems – acute	**n**	29,500	10,236	11,361	35,477	86,574
Baseline	%	19%	10%	12%	7%	12%
Review	%	14%	6%	8%	4%	8%
Housing problems – risk	**n**	29,311	10,215	11,298	35,309	86,133
Baseline	%	7%	5%	6%	3%	5%
Review	%	6%	3%	4%	2%	4%
Housing problems – any	**n**	29,280	10,201	11,284	35,256	86,021
Baseline	%	20%	11%	13%	8%	13%
Review	%	15%	7%	8%	5%	9%

7. Trends over time

7.1 Trends in numbers in treatment

Table 7.1.1 and figure 7.1.1 show the change in clients in contact with substance misuse treatment between 2005-06 and 2016-17 by the four main substance groups.

Overall, 279,793 individuals were in contact with drug and alcohol services in 2016-17; this is a 3% reduction from the previous year. The number receiving treatment for alcohol only decreased the most (5%, 85,035 to 80,454) and the number of alcohol only clients in contact with treatment has fallen by 12% from the 91,651 peak in 2013-14.

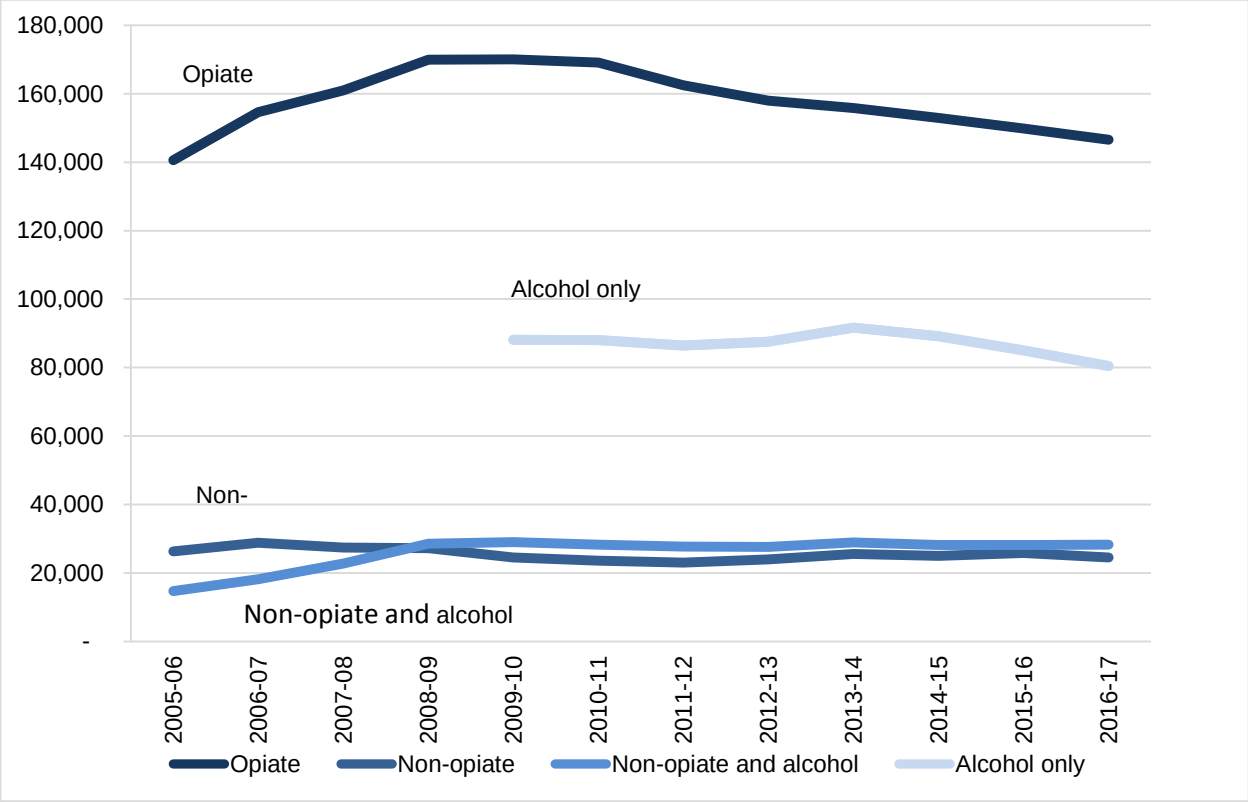
The number of opiate clients in contact with treatment has fallen each year since a peak of 170,032 in 2009-10 down to 146,536 in 2016-17, a 14% fall. The number of non-opiate only clients in treatment has remained relatively stable over the last 12 years.

Table 7.1.1 Trends in numbers in treatment

Year	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total
	n	%	n	%	n	%	n	%	n
2005-06	140,557	65%	26,287	12%	14,737	7%	35,221	16%	216,802
2006-07	154,596	64%	28,777	12%	18,154	8%	40,114	17%	241,641
2007-08	160,997	61%	27,398	10%	22,741	9%	54,696	21%	265,832
2008-09	170,005	56%	27,186	9%	28,560	9%	78,658	26%	304,409
2009-10	170,032	55%	24,557	8%	28,992	9%	88,086	28%	311,667
2010-11	169,144	55%	23,613	8%	28,223	9%	88,020	28%	309,000
2011-12	162,435	54%	22,982	8%	27,732	9%	86,416	29%	299,565
2012-13	157,959	53%	23,975	8%	27,627	9%	87,544	29%	297,105
2013-14	155,852	52%	25,570	8%	28,871	10%	91,651	30%	301,944
2014-15	152,964	52%	25,025	8%	28,128	10%	89,107	30%	295,224
2015-16	149,807	52%	25,814	9%	28,187	10%	85,035	29%	288,843
2016-17	146,536	52%	24,561	9%	28,242	10%	80,454	29%	279,793

*** Providers of specialist alcohol treatment services began to report to NDTMS in 2008-09**

Figure 7.1.1 Trends in numbers in treatment



7.2 Trends in age group and presenting substances

Figures 7.2.1 and 7.2.2 (on the following page) show trends in the substances cited as problematic among new presentations from 2005-06 to 2016-17. The data behind these graphs can be found in table 7.2.1 in the supporting tables document
http://www.nta.nhs.uk/statistics.aspx

There were 52,803 non-opiate and non-opiate & alcohol clients in contact with treatment in 2016-17, which was a 2% fall since last year. Despite this overall fall in numbers in treatment for non-opiate substances, the number of individuals presenting with crack cocaine problems (not being used alongside opiates) increased by 23% (2,980 to 3,657), this follows a smaller increase of 3% in crack cocaine presentations between 2014-15 and 2015-16.

It is likely that the recent increase in the number of people entering treatment for crack problems reflects the rise in the prevalence of the use of the drug. Recently published estimates of crack cocaine use in England in 2014-15 reported a 10% increase in the numbers estimated to be using the substance since 2010-11 (166,640, 95% confidence interval 161,621-173,706 to 182,828, 95% confidence interval 176,675 - 190,782).
http://www.nta.nhs.uk/facts-prevalence.aspx

Whilst the total number of opiate users has fallen from 2015-16 to 2016-17, opiates with crack cocaine use has risen from 19,485 to 21,854 overtaking opiates without crack for the first time. Figure 7.2.5 shows that the increase in opiate and crack citation is driven by an increase in the over 40s and a smaller increase among 30 year olds.

Figure 7.2.6 indicates that the increase in crack cocaine problems (not being used alongside opiates) is spread more evenly across age categories than the opiates and crack figure. The under 25s show an increase of 83 clients citing crack without opiates, an increase of 30% from 2015-16.

This fall in younger opiate users presenting for treatment mirrors the trends seen in the estimated prevalence of opiate and/or crack cocaine use among individuals aged 15-24, where the estimated (midpoint) number has fallen from 72,838 (2004-05) to 18,337 (2014-15). Prevalence estimates can be found at: www.nta.nhs.uk/facts-prevalence.aspx and methodology can be found at: http://www.gov.uk/government/publications/measuring-different-aspects-of-problem-drug-use-methodological-developments.

The number of citations for other substances in this younger age group also fell, reflecting the general reduction in the total number of younger individuals (aged 18-24) presenting for treatment over the last six years (see figure 7.2.4). Large percentage reductions for this group were seen in citations for amphetamine (other than ecstasy) (1,432 in 2005-06 to 496 in 2016-17, a reduction of 65%) and benzodiazepines (1,104 in 2005-06 to 467 in 2016-17, a reduction of 58%). Overall, the number of under-25s accessing treatment has fallen by 37% since 2005-06; this reflects changes in the patterns of drinking and drug use in this age group over the last 11 years.

Alcohol citations have fallen by 45% between 2009/10 and 2015/16 which reflects a general downward trend in young people's drinking, as reported in the 'Smoking, Drinking and Drug Use Among Young People in England' survey for 2014, which reported that 38% of 11-15 year olds had tried alcohol at least once, the lowest proportion since the survey began.

The trends in new treatment presentations for other drugs vary since 2005-06. Cannabis peaked in 2013-14 but has fallen by 13% over the last three years (30,422 to 26,615). Cocaine has seen a 20% increase since 2011-12 (14,115 to 16,892). Since alcohol service providers started reporting to NDTMS, alcohol citations have fallen from a peak of 94,152 in 2014/15 to 79,202 in 2016/17.

Trends in age and presenting substances among all clients in treatment can be found in the supporting tables http://www.nta.nhs.uk/statistics.aspx

Figure 7.2.1 Number of new treatment presentations for opiates and / or crack cocaine

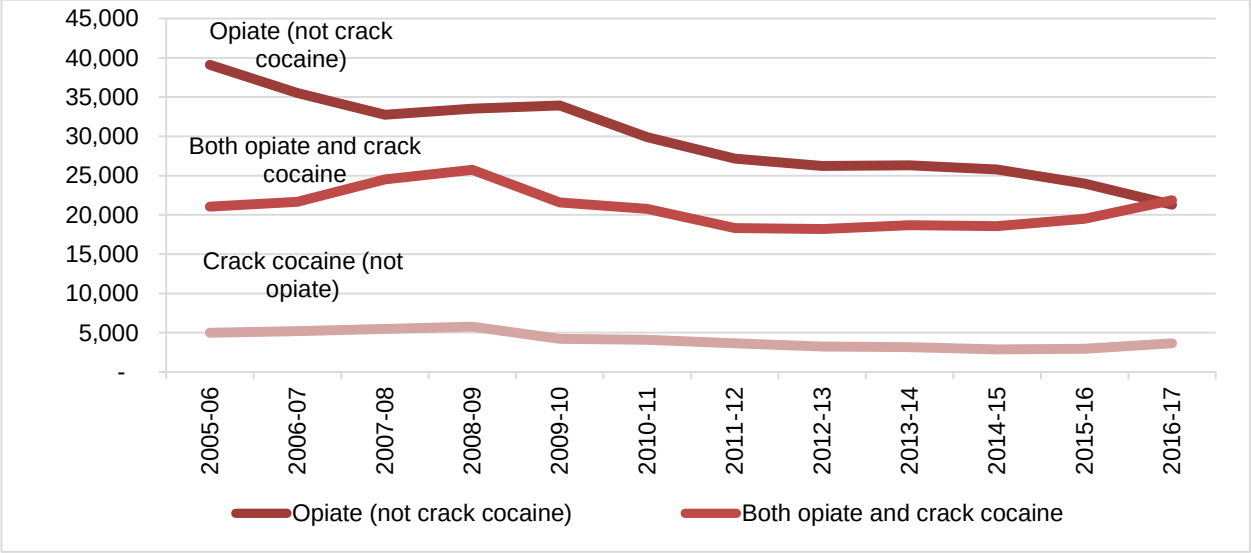
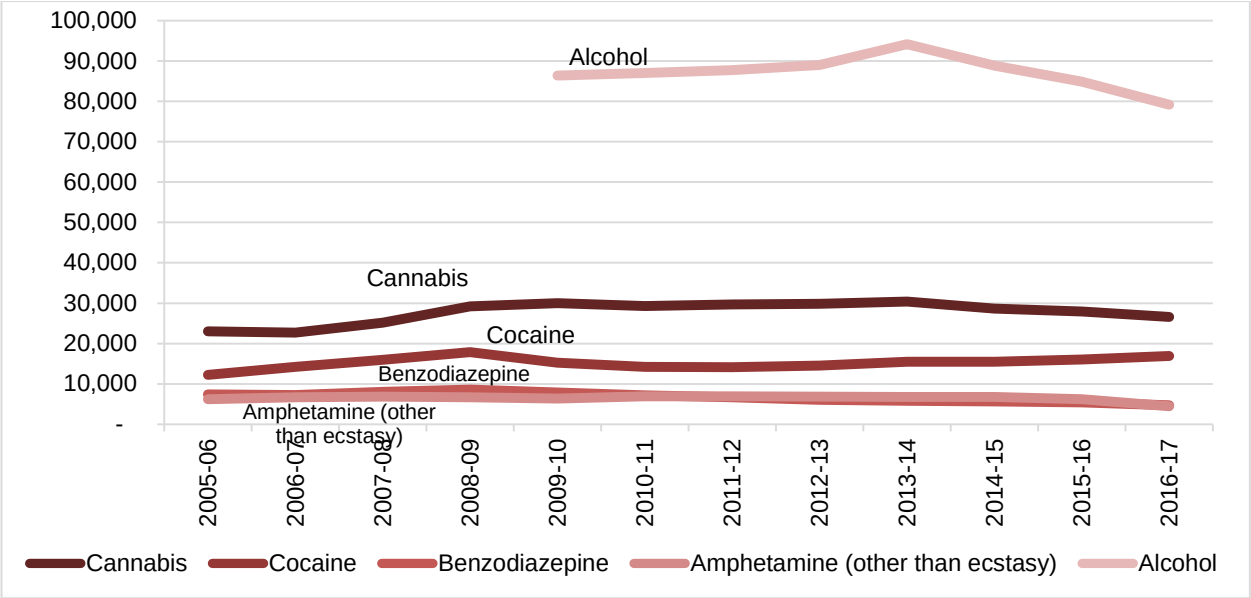


Figure 7.2.2 Number of new treatment presentations for other substances



Pre 2009-10 alcohol data is not included in figure 7.2.2 as alcohol providers data was only fully collected from 2009-10 onwards

Figure 7.2.3 Presenting substance of under 25s for opiate and/or crack

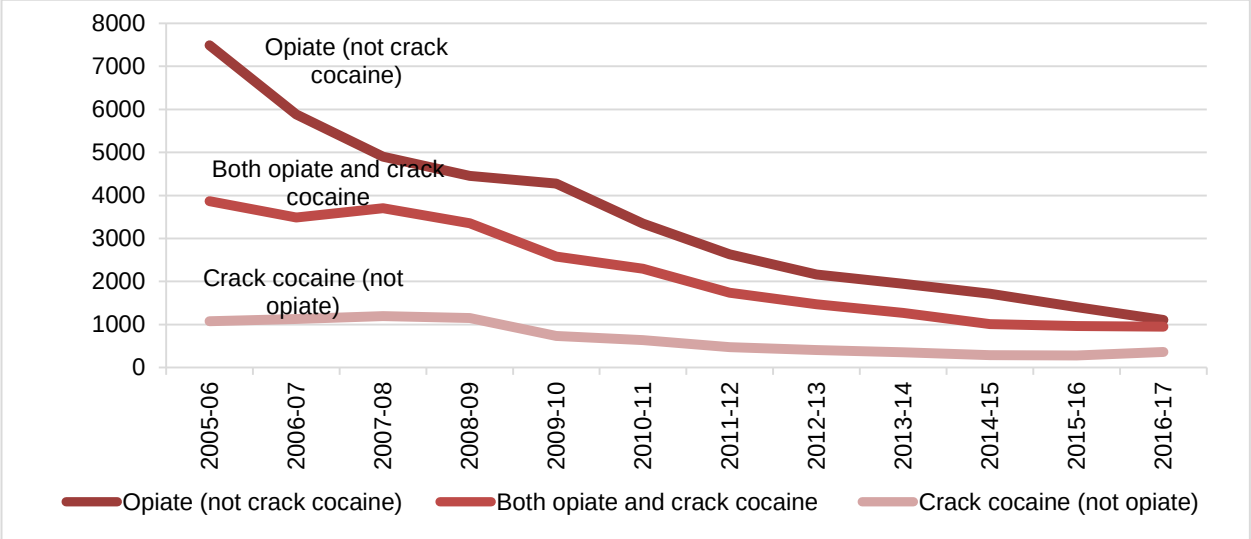
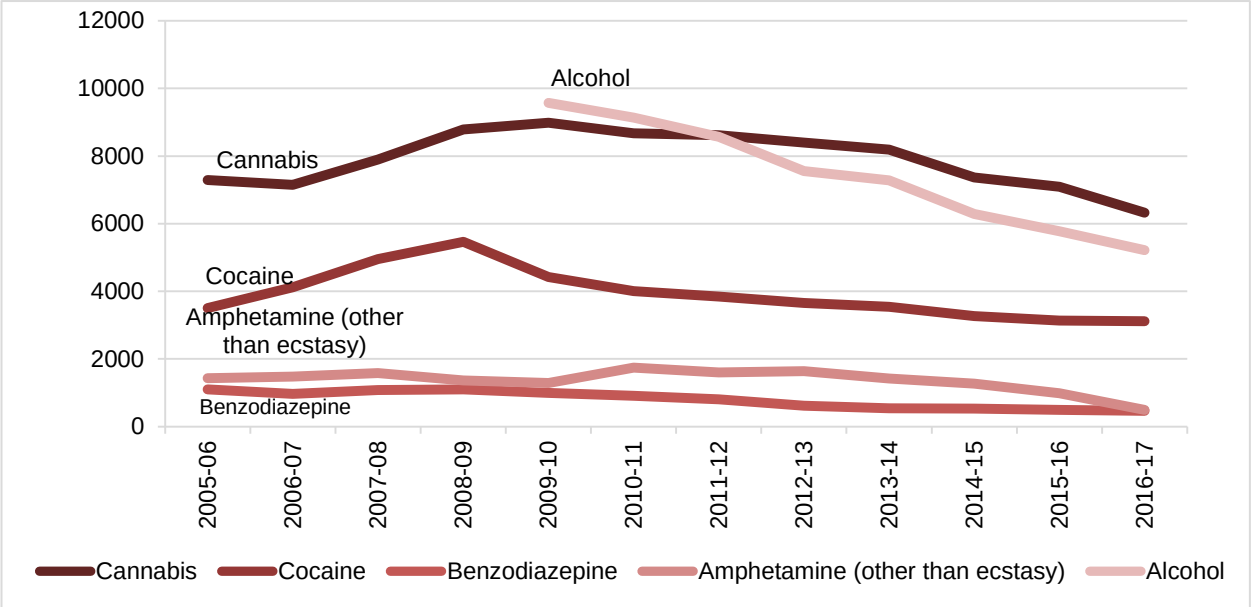


Figure 7.2.4 Presenting substances of under 25s for other substances



Pre 2009-10 alcohol data is not included in figure 7.2.4 as alcohol providers data was only fully collected from 2009-10 onwards

Figure 7.2.5 Number and age of new treatment presentations for opiates and crack cocaine

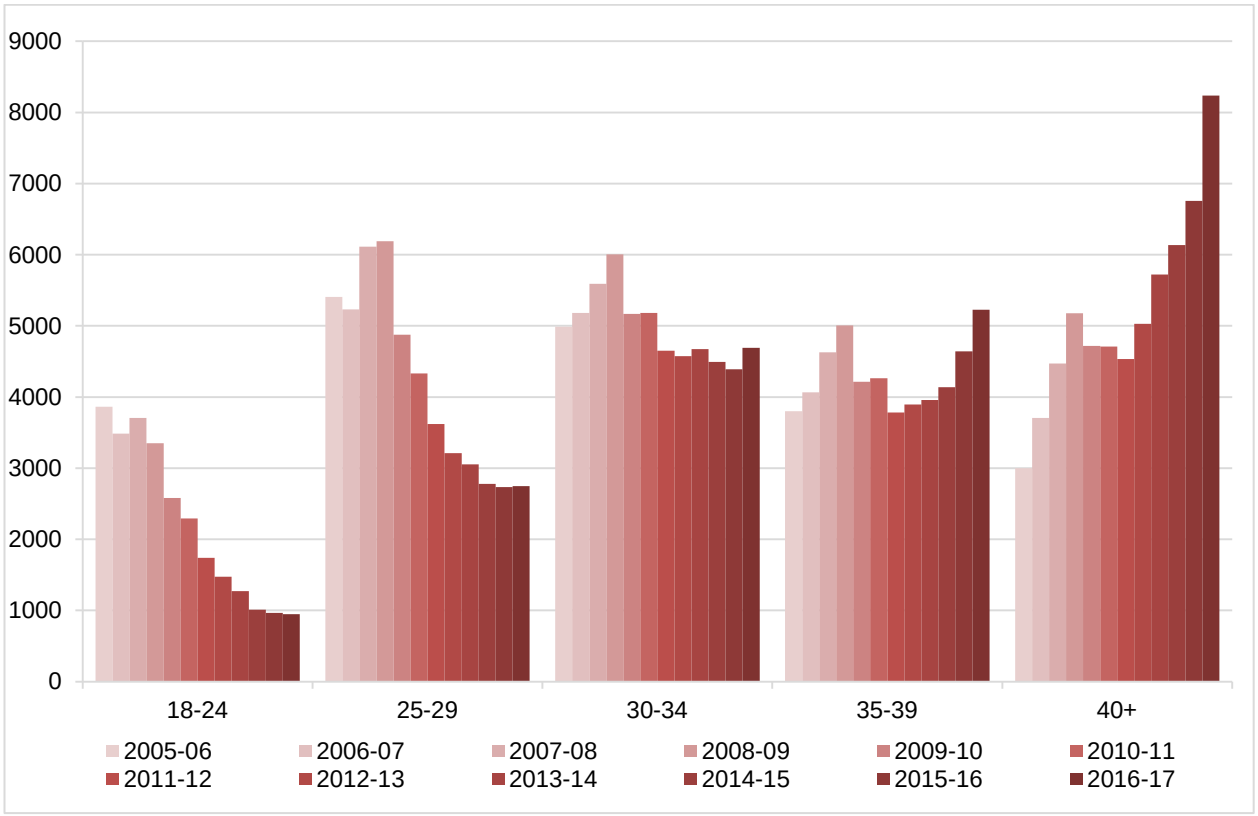


Figure 7.2.6 Number and age of new treatment presentations for crack cocaine without opiate

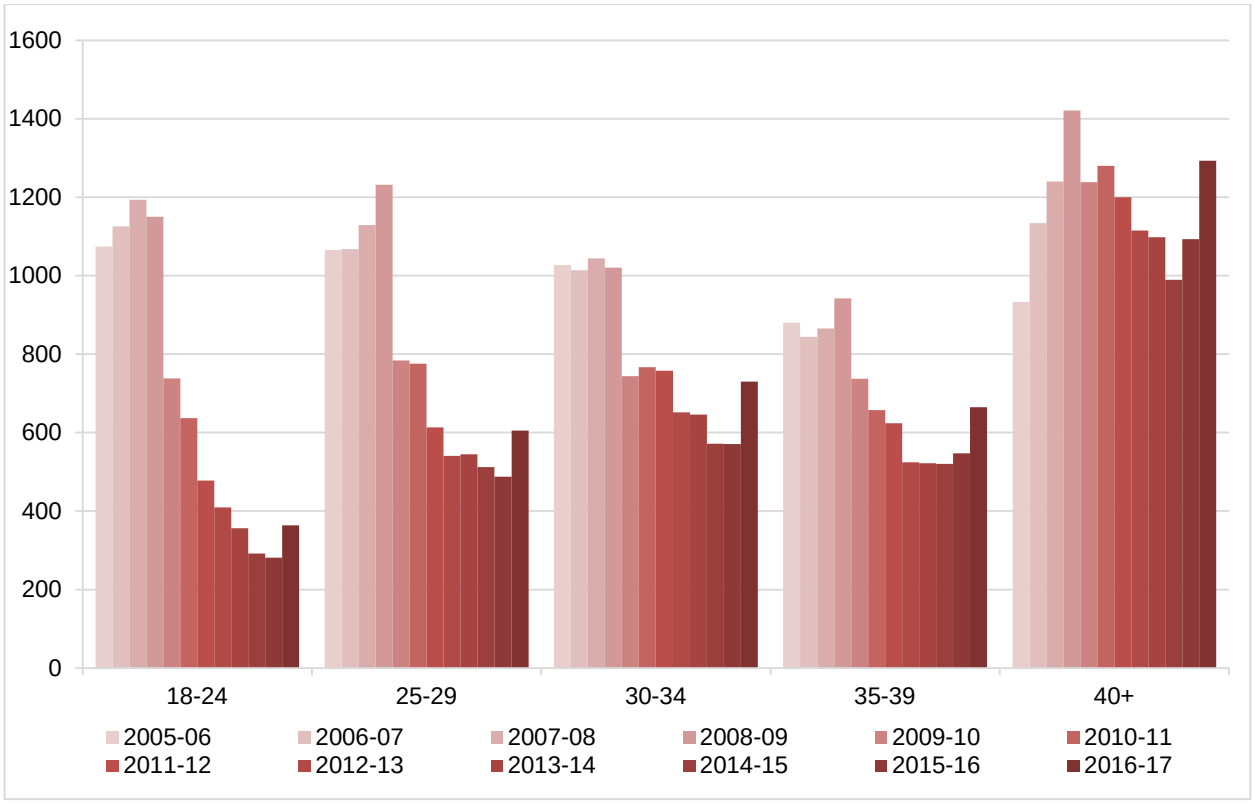


Table 7.2.1 New treatment presentations by year for clients under 25

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Opiate and/or crack cocaine use												
Opiate (not crack cocaine)	7,487	5,884	4,899	4,456	4,279	3,347	2,633	2,164	1,951	1,718	1,403	1,104
	35%	30%	23%	20%	20%	17%	15%	13%	12%	12%	11%	9%
Both opiate and crack cocaine	3,864	3,485	3,707	3,353	2,581	2,294	1,742	1,473	1,272	1,011	964	949
	18%	18%	18%	15%	12%	12%	10%	9%	8%	7%	7%	8%
Crack cocaine (not opiate)	1,074	1,126	1,193	1,150	738	637	478	409	356	292	281	364
	5%	6%	6%	5%	4%	3%	3%	2%	2%	2%	2%	3%
Other drug use												
Cannabis	7,290	7,147	7,895	8,781	8,987	8,672	8,620	8,399	8,188	7,369	7,095	6,322
	34%	36%	37%	40%	43%	44%	48%	51%	51%	52%	54%	54%
Cocaine	3,508	4,124	4,955	5,464	4,420	4,006	3,847	3,659	3,541	3,272	3,137	3,113
	16%	21%	23%	25%	21%	21%	22%	22%	22%	23%	24%	27%
Benzodiazepine	1,104	973	1,081	1,097	997	914	805	617	546	535	495	467
	5%	5%	5%	5%	5%	5%	5%	4%	3%	4%	4%	4%
Amphetamine (other than ecstasy)	1,432	1,483	1,582	1,367	1,288	1,741	1,602	1,642	1,420	1,271	983	496
	7%	8%	7%	6%	6%	9%	9%	10%	9%	9%	7%	4%
Other	1,786	1,810	1,955	1,766	1,870	1,637	1,490	1,621	1,758	1,702	1,971	1,391
	8%	9%	9%	8%	9%	8%	8%	10%	11%	12%	15%	12%
Alcohol												
Alcohol	5,561	5,730	7,628	9,673	9,574	9,138	8,569	7,560	7,284	6,290	5,779	5,221
	26%	29%	36%	44%	45%	47%	48%	45%	45%	44%	44%	45%
Total number of individuals*	**21,283**	**19,708**	**21,140**	**22,129**	**21,080**	**19,495**	**17,845**	**16,622**	**16,085**	**14,178**	**13,231**	**11,657**

7.3 Trends in club drug and new psychoactive substance (NPS) use

Table 7.3.1 and figure 7.3.1 report the number of individuals aged 18 or over presenting to treatment in the years 2005-06 to 2016-17, where the individual reported using an NPS or one or more club drug(s). ‘Club drugs and NPS’ bring together a number of different substances typically used in bars and nightclubs, concerts and parties, before and after a night out.

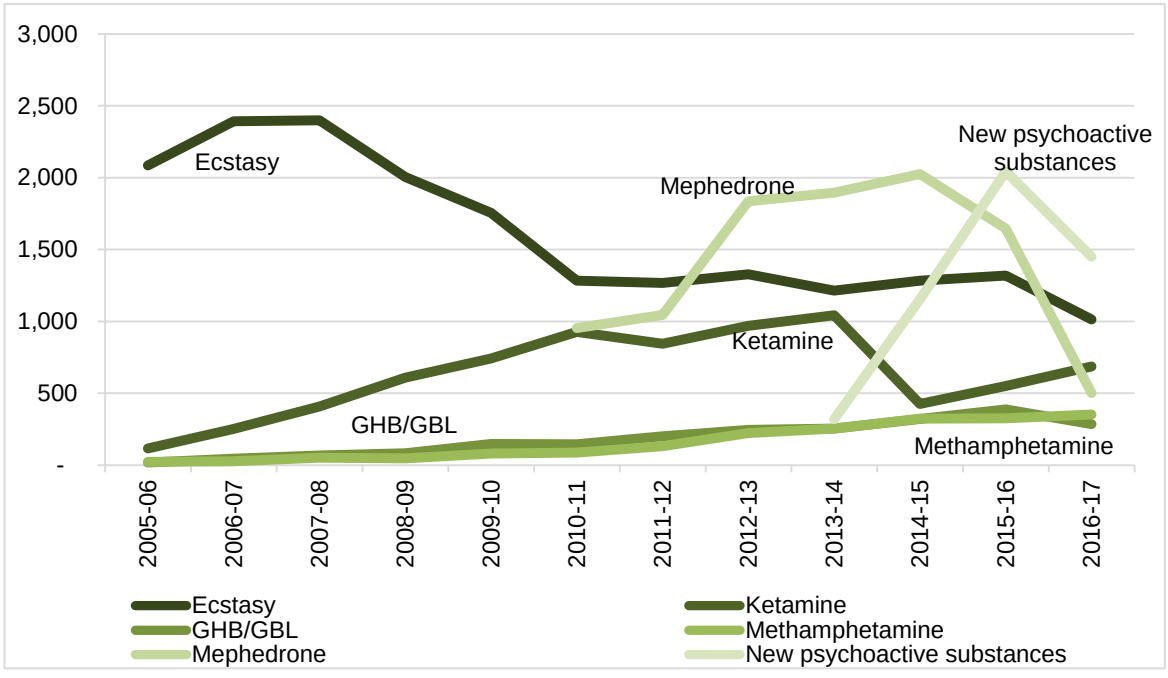
The number of citations of NPS or club drugs by individuals presenting to treatment increased from 2,243 in 2005-06 to 6,322 in 2015-16 before falling to 4,315 in 2016-17. This represents a 32% decrease driven by a large fall in NPS and Mephedrone and a decrease in Ecstasy citations.

Citations of NPS fell from 2,042 in 2015-16 to 1,450 in 2016-17, a 29% reduction. Figure 7.3.2 shows this reduction separated by age group. Whilst there is a reduction for all age groups the overall fall is driven largely by the under 25s where there has been a fall from 627 in 2015-16 to 321 in 2016-17 (51% reduction).

Mephedrone citations fell from 1,647 in 2015-16 to 502 in 2016-17, a 70% reduction. This follows a 19% reduction in 2015-16. Figure 7.3.3 displays this reduction split by age groups. It displays significant reductions in all age groups with the greatest falls among the youngest groups, 80% fall for under 25s and 76% for 25-29.

Ketamine citations have risen by 136 in 2016-17, a 25% increase. This rise is similar to 2015-16 but follows a significant fall between 2013-14 and 2014-15. Methamphetamine citations have risen by 28, this represents a rise of 9% and follows a similar trend since 2005-06. Ecstasy citations have decreased by 305 since 2015-16 (23%).

Figure 7.3.1 Trends in number of new presentations to treatment citing club drug use



The data used in figure 7.3.1 is contained in the supporting tables

Table 7.3.1 Trends in number of new presentations citing club drugs or new psychoactive substances

Club drug and new psychoactive substances	2005-06	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Ecstasy	2,086	1,756	1,284	1,267	1,329	1,214	1,284	1,318	1,013
Ketamine	116	742	927	844	969	1,043	426	550	686
GHB/GBL	19	148	145	201	246	255	321	389	286
Methamphetamine	22	81	87	131	223	254	323	325	353
Mephedrone*	-	-	953	1,044	1,836	1,895	2,024	1,647	502
New psychoactive substances**	-	-	-	-	-	320	1,154	2,042	1,450
Further breakdown of new psychoactive substances:									
Predominantly stimulant	-	-	-	-	-	141	346	414	147
Other	-	-	-	-	-	77	262	451	346
Predominantly cannabinoid	-	-	-	-	-	67	449	1,024	838
Predominantly hallucinogenic	-	-	-	-	-	19	56	83	62
Predominantly sedative/opioid	-	-	-	-	-	14	65	94	65
Predominantly dissociative	-	-	-	-	-	12	18	27	17
Total number of citations* **	**2,243**	**2,727**	**3,396**	**3,487**	**4,603**	**4,991**	**5,574**	**6,322**	**4,315**
Total number of individuals** **	**2,205**	**2,650**	**3,112**	**3,164**	**4,081**	**4,431**	**4,853**	**5,537**	**3,818**
Total number in treatment	**110,687**	**147,046**	**142,955**	**139,097**	**140,454**	**147,458**	**141,646**	**138,081**	**131,216**

Data for years 2006-07 to 2008-09 is contained in the supporting tables http://www.nta.nhs.uk/statistics.aspx
***A code for mephedrone was added to the NDTMS core dataset in 2010-11. Any clients reporting mephedrone prior to this are included in the total but no separate total is given for mephedrone.**
****Codes for NPS were added to NDTMS core dataset in 2013-14. Any clients reporting NPS prior to this are included in the total but no separate figure is given for NPS.**
***** This total is for the substances listed in the top part of the table (excluding NPS) plus the individual citations of the NPS substances in the bottom half of the table as clients may have multiple citations for different NPS substances.**
****** This is a count of individuals as clients may cite multiple NPS substances in the same treatment journey.**

Figure 7.3.2 Number and age of new treatment presentations for NPS

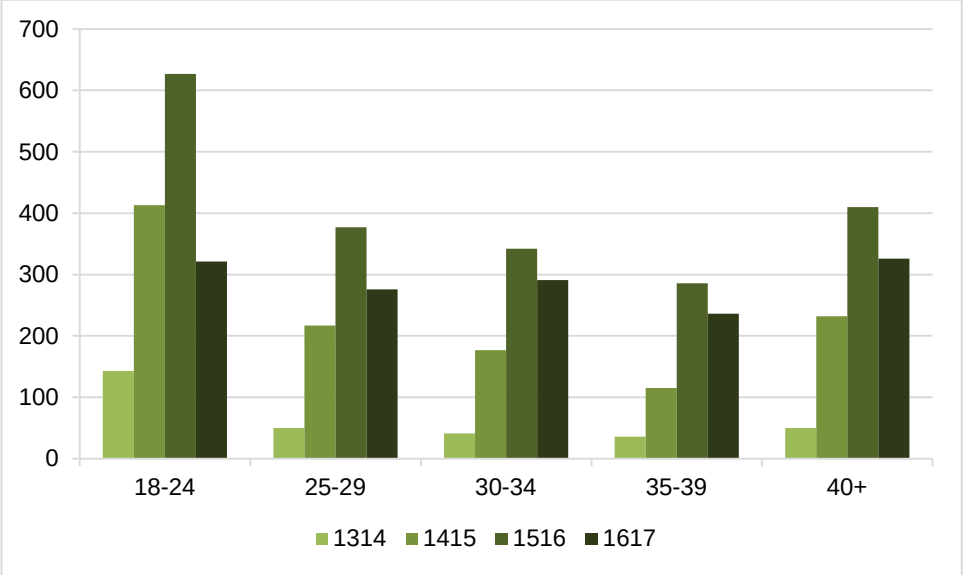
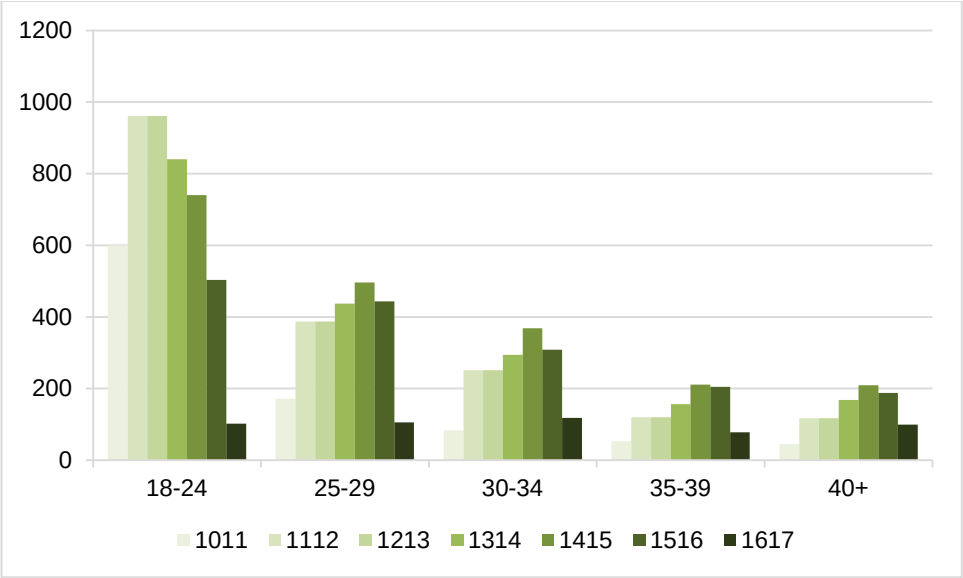


Figure 7.3.3 Number and age of new treatment presentations for mephedrone



7.4 Trends in treatment exit reasons

Table 7.4.1 reports treatment completed free of dependence for individuals in the years 2005-06 to 2016-17 broken down by the four main substance groups. Overall, the proportion of individuals completing treatment free of dependence, out of those leaving treatment in the year, increased between 2005-06 and 2011-12 from 24% to 53%. Since then the rate had remained stable, until falling to 50% in 2015-16 and 49% in 2016/17.

Opiate clients completing free of dependence reached a peak in 2011-12, but since then there has been a decrease from 37% to 26% of clients completing treatment free of dependence. In comparison, the proportion of alcohol only clients in treatment exiting free of dependence has gradually increased from just under half (49%) in 2009-10 to 61% in 2016-17.

Trends in all treatment exit reasons can be found in the supporting tables
http://www.nta.nhs.uk/statistics.aspx

Table 7.4.1 Trends in treatment completed free of dependence

Year	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
2005-06	6,395	18%	3,311	25%	2,044	28%	6,326	34%	18,076	24%
2006-07	7,500	21%	4,278	32%	2,755	34%	7,201	38%	21,734	29%
2007-08	9,448	25%	5,766	40%	4,470	41%	11,252	45%	30,936	35%
2008-09	12,621	33%	7,745	51%	7,654	51%	21,115	51%	49,135	45%
2009-10	10,832	27%	8,023	55%	8,414	51%	24,862	49%	52,131	43%
2010-11	13,636	33%	9,144	60%	9,418	56%	29,566	56%	61,764	49%
2011-12	14,792	37%	9,568	64%	10,060	59%	31,102	59%	65,522	53%
2012-13	13,834	36%	9,917	64%	10,186	60%	33,839	60%	67,776	53%
2013-14	12,882	33%	10,939	63%	10,578	58%	36,164	61%	70,563	53%
2014-15	11,685	30%	10,568	64%	10,376	58%	35,159	61%	67,788	52%
2015-16	10,463	28%	10,545	60%	9,955	56%	33,203	62%	64,166	50%
2016-17	10,439	26%	10,044	59%	10,035	54%	31,982	61%	62,500	49%

7.5 Trends in waiting times for first intervention

Table 7.5.1 presents trends in the number and proportion of individuals that waited three weeks and under to commence their treatment following the date of referral. Overall, the proportion waiting three weeks or less has increased from 84% in 2005-06 to 98% in 2016-17. The largest improvements in waiting times have been seen in individuals presenting with problematic alcohol use, either alone or in conjunction with non-opiates.

Table 7.5.1 Trends in waiting times of three weeks and under for first intervention

Year	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
2005-06	25,058	87%	5,309	88%	3,300	84%	6,937	73%	40,604	84%
2006-07	49,619	87%	12,141	88%	8,089	83%	14,761	74%	84,610	84%
2007-08	55,438	91%	14,788	91%	11,964	86%	25,076	77%	107,266	87%
2008-09	59,683	93%	15,016	93%	15,828	87%	38,400	77%	128,927	87%
2009-10	57,911	94%	15,062	95%	15,832	88%	42,483	78%	131,288	88%
2010-11	53,848	96%	14,952	96%	16,219	90%	46,954	82%	131,973	90%
2011-12	51,018	97%	15,800	97%	17,545	92%	48,978	85%	133,341	92%
2012-13	54,812	98%	17,032	97%	18,079	94%	54,550	89%	144,473	94%
2013-14	63,994	98%	18,279	98%	19,625	96%	62,140	93%	164,038	96%
2014-15	64,152	98%	17,599	98%	18,648	96%	60,593	95%	160,992	97%
2015-16	62,784	98%	18,328	98%	19,067	97%	57,886	96%	158,065	97%
2016-17	63,548	99%	17,217	98%	19,399	98%	53,745	98%	153,909	98%

8. A 12-year treatment population analysis

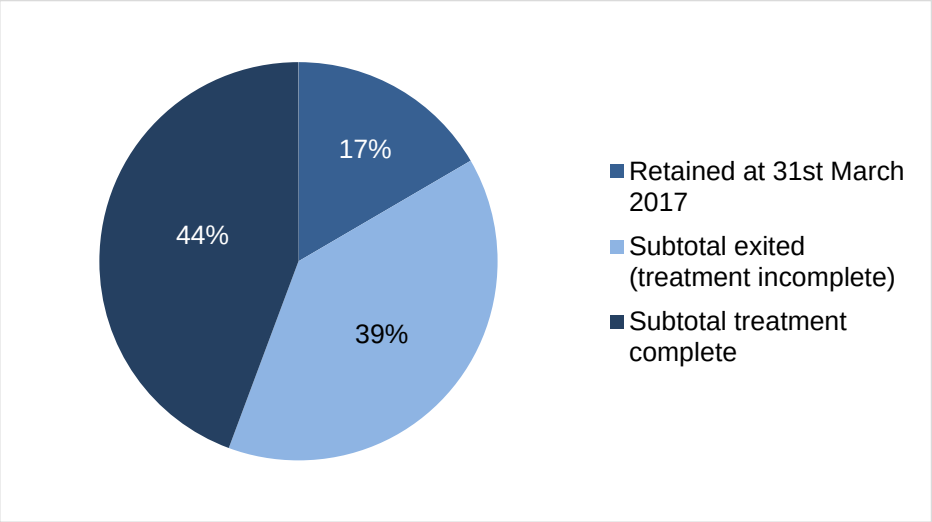
This section presents an analysis of treatment histories for individuals across 12 years of treatment data starting from 2005-06 (the earliest point NDTMS data is considered to be sufficiently robust for comparison with subsequent years). See Quality and methodology Information for information on the methodological implications of this analysis compared with analysis elsewhere in the report where each year's figures are independently calculated.

Appendix B reports all individuals that have been in contact with substance misuse treatment on or after 1 April 2005. The table is in three sections:

- the first section reports the number of individuals that start treatment in any given year after 1 April 2005 and who are in treatment on 31 March 2017
- the second section reports all individuals who were in contact with treatment in any given year after 1 April 2005 and reports the number of these from each year who were not in treatment after the 31 March 2017, and whose records indicated that treatment was incomplete at the time of discharge (treatment incomplete)
- the third section looks at all individuals who were in contact with the treatment system on or after 1 April 2005, and who are no longer in contact with the treatment system due to completing their treatment and being discharged in a planned way (treatment complete), and not having returned for treatment during this time

Over the 12 years, 875,803 unique individuals have contact recorded with substance use services of whom 145,330, (17%) were still in treatment after the 31 March 2017. Thirty-nine per cent (342,309) had exited (treatment incomplete) while a further 388,164, (44%) had completed treatment and not since returned.

Figure 8.1.1 Last status of all clients in treatment since 2005-06



Of the 145,330 individuals who were retained in treatment on the 31 March 2017, a third (29%) were in treatment continuously since their initial commencement. Just under a quarter (21%) were on their second treatment journey and 34% had more than three attempts at treatment.

Figure 8.1.2 Number of previous treatment journeys for those retained in treatment 31 March 2017

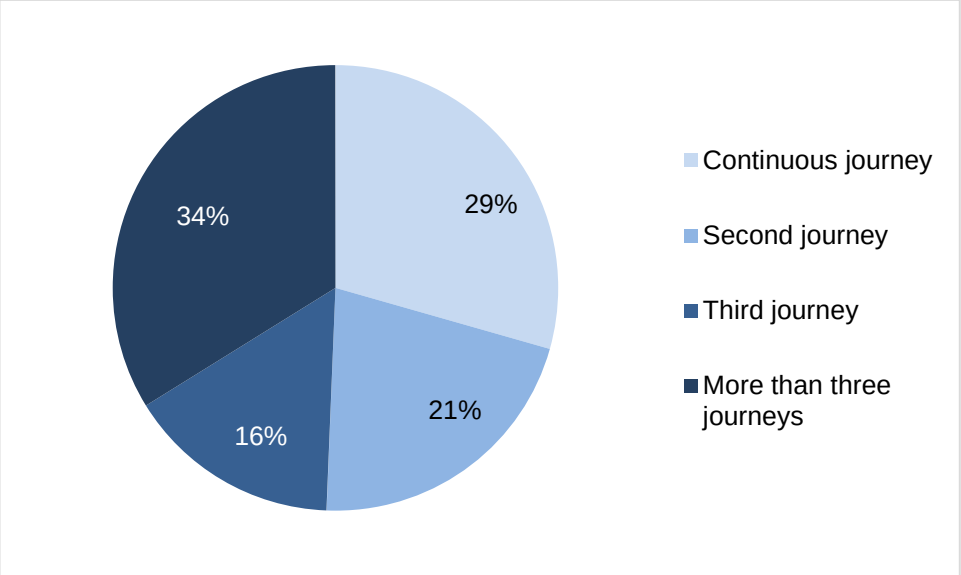
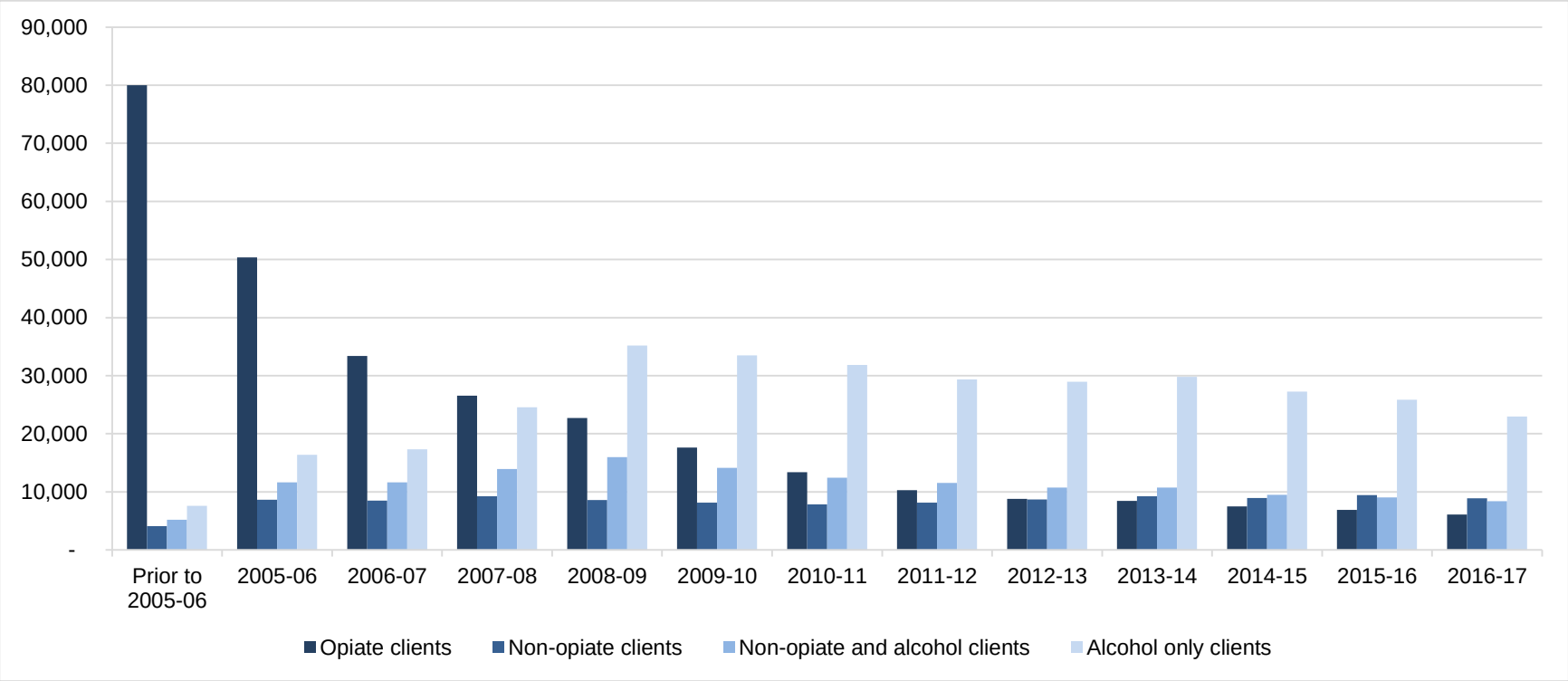


Table 8.1.1 and figure 8.1.3 report on all individuals that have commenced treatment for the first time since 1 April 2005. Table 8.1.1 gives a breakdown of individuals' treatment status at 31 March 2017 by drug group and by the year of the initial contact with the treatment system.

There were 292,075 opiate users in contact with the treatment system since 2005-06, with the majority starting treatment for the first time (known as treatment naïve) in 2006-07 or before (56%, 163,776). The number of opiate clients presenting for the first time has decreased year on year with only 6,117 treatment naïve individuals presenting in 2016-17.

The trend in individuals presenting for the first time is different for users of other substances, with the general trend across the two non-opiate groups being relatively stable since 2005-06 and an increase in alcohol treatment naïve presentations up until 2008-09. However, this was due in a large part to only partial data collection on alcohol treatment with full coverage implemented during 2008-09 and 2009-10. Since then the number of alcohol only clients has fallen gradually from 35,170 to 22,988.

Figure 8.1.3 Number of clients starting treatment for the first time ever by substance group and year of initial contact *



*** complete coverage of alcohol treatment in England was not achieved until 2009**

Table 8.1.1 Treatment contact status at 31 March 2017 by main substance groups for clients commencing treatment since 2005-06

Substance group	Year of first presentation														
	Prior to 2005-06	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	Total	%
Opiate clients															
Retained at 31 March 2017	35,755	18,348	10,964	8,161	6,805	5,093	3,740	2,996	2,782	2,723	2,616	2,752	3,804	106,539	36%
Subtotal exited (treatment incomplete)	26,489	20,480	14,094	11,087	9,434	7,434	5,462	4,095	3,498	3,386	2,883	2,465	1,474	112,281	38%
Subtotal treatment complete	17,740	11,555	8,351	7,295	6,471	5,120	4,187	3,188	2,535	2,338	1,974	1,662	839	73,255	25%
Total clients in treatment since 1 April 2005	**79,984**	**50,383**	**33,409**	**26,543**	**22,710**	**17,647**	**13,389**	**10,279**	**8,815**	**8,447**	**7,473**	**6,879**	**6,117**	**292,075**	**100%**
Non-opiate only clients															
Retained at 31 March 2017	79	65	68	58	63	55	66	77	91	130	209	455	3,249	4,665	4%
Subtotal exited (treatment incomplete)	2,426	5,533	4,866	4,603	3,827	3,090	2,630	2,590	2,952	2,963	3,008	3,381	2,172	44,041	41%
Subtotal treatment complete	1,596	3,037	3,544	4,583	4,698	5,006	5,133	5,466	5,668	6,129	5,704	5,618	3,463	59,645	55%
Total clients in treatment since 1 April 2005	**4,101**	**8,635**	**8,478**	**9,244**	**8,588**	**8,151**	**7,829**	**8,133**	**8,711**	**9,222**	**8,921**	**9,454**	**8,884**	**108,351**	**100%**
Non-opiate and alcohol clients															
Retained at 31 March 2017	313	652	624	738	1,018	861	754	726	725	811	750	963	3,408	12,343	9%
Subtotal exited (treatment incomplete)	2,511	5,727	5,300	5,989	6,672	5,667	4,788	4,238	4,001	4,071	3,500	3,511	2,314	58,289	40%
Subtotal treatment complete	2,376	5,257	5,738	7,189	8,280	7,615	6,902	6,565	5,999	5,848	5,227	4,554	2,685	74,235	51%
Total clients in treatment since 1 April 2005	**5,200**	**11,636**	**11,662**	**13,916**	**15,970**	**14,143**	**12,444**	**11,529**	**10,725**	**10,730**	**9,477**	**9,028**	**8,407**	**144,867**	**100%**

Substance group	Year of first presentation														
	Prior to 2005-06	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	Total	%
Alcohol only clients															
Retained at 31 March 2017	194	417	450	701	1,070	954	1,063	1,038	1,098	1,327	1,525	2,356	9,590	21,783	7%
Subtotal exited (treatment incomplete)	3,899	8,729	8,415	10,897	15,721	14,299	12,252	10,524	10,130	10,321	9,181	8,278	5,052	127,698	39%
Subtotal treatment complete	3,501	7,209	8,458	12,941	18,379	18,217	18,549	17,783	17,718	18,138	16,544	15,246	8,346	181,029	55%
Total clients in treatment since 1 April 2005	**7,594**	**16,355**	**17,323**	**24,539**	**35,170**	**33,470**	**31,864**	**29,345**	**28,946**	**29,786**	**27,250**	**25,880**	**22,988**	**330,510**	**100%**
Total clients															
Retained at 31 March 2017	36,341	19,482	12,106	9,658	8,956	6,963	5,623	4,837	4,696	4,991	5,100	6,526	20,051	145,330	17%
Subtotal exited (treatment incomplete)	35,325	40,469	32,675	32,576	35,654	30,490	25,132	21,447	20,581	20,741	18,572	17,635	11,012	342,309	39%
Subtotal treatment complete	25,213	27,058	26,091	32,008	37,828	35,958	34,771	33,002	31,920	32,453	29,449	27,080	15,333	388,164	44%
Total clients in treatment since 1 April 2005	**96,879**	**87,009**	**70,872**	**74,242**	**82,438**	**73,411**	**65,526**	**59,286**	**57,197**	**58,185**	**53,121**	**51,241**	**46,396**	**875,803**	**100%**

Figure 8.1.4 Treatment contact status for the four main substance groups in 2016-17

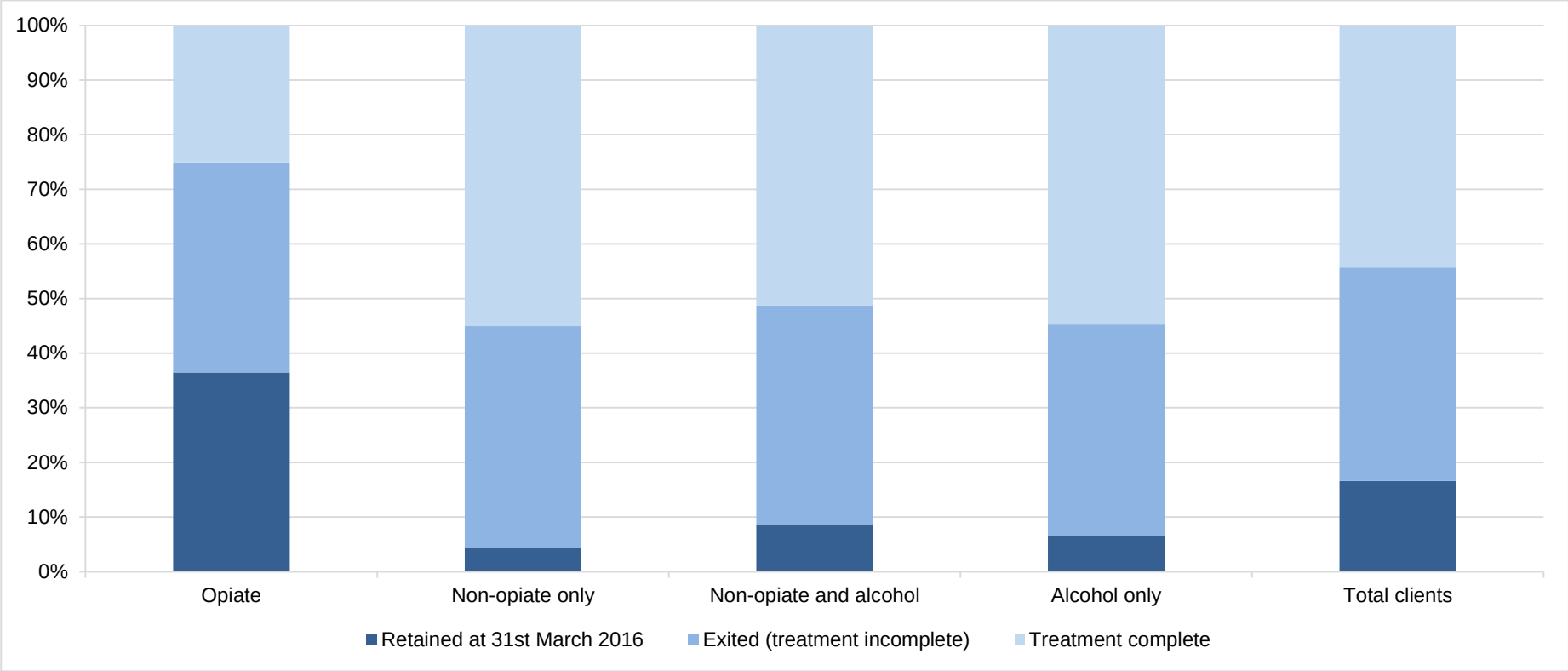


Figure 8.1.4 presents the status of clients that have been in contact with treatment since 2005-06 by the four substance groups. A quarter (25%) of all opiate clients in treatment since 2005-06 had completed treatment and not returned by 31 March 2017. The rate of completion and non-representation for the other substance groups ranged from 51% (non-opiate and alcohol clients) to 55% (non-opiate only clients and alcohol only clients).

9. History

This report presents information relating to drug and alcohol treatment in England. The statistics are derived from data that has been collected through NDTMS. NDTMS collects activity data from drug and alcohol treatment services so that:

- the progress of individuals entering treatment may be monitored and their outcomes and recovery assessed
- trends and shifts in patterns of drug use and addiction can be monitored, to inform future planning locally and nationally
- service users' journeys from addiction to recovery can be tracked
- the impact of drug treatment as a component of the wider public health service may be measured
- they can demonstrate their accountability to their service users, local commissioners and communities
- costs can be benchmarked against data from comparable areas to show how efficiently they use resources and how they are delivering value for money

Drug treatment activity has been collected nationally for nearly 25 years and has been routinely collected through NDTMS since April 2004. NDTMS is currently managed by PHE.

NDTMS has been reorganised over the years, bringing the definition of alcohol and drug treatment recorded by the system further into line with 'Drug misuse and dependence: UK guidelines on clinical management': https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management and 'Models of care for alcohol misusers':http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4136809.pdf

Since 2003-04 data has been consistently collected by treatment services, submitting a core data set of their clients' information as a database extract. The dataset and data collection methods have also changed. Code sets for the core data set can be found in NDTMS reference data document (www.nta.nhs.uk/areas/ndtms/core_data_set_page.aspx).

Periodic consulations are undertaken to revise the NDTMS dataset. The most recent revision affecting the statistics in this document is the introduction of core dataset M for the April 2016 data submission. Information regarding future core dataset consultations will be made availiable here: http://www.nta.nhs.uk/news-news-2017.aspx.

NDTMS figures for England are collated by The National Drug Evidence Centre (NDEC), along with those for Scotland, Wales and Northern Ireland, and combined into a UK return for use by the European Monitoring Centre for Drugs and Drug Addiction www.emcdda.europa.eu/html.cfm/index190EN.html (and for the United Nations).

This statistical release covers England only. Information on drug and alcohol treatment in Wales, Scotland and Northern Ireland is also available:
www.wales.gov.uk/keypubstatisticsforwales/topicindex/topics.htm#public (Wales)
www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool (Scotland)
www.dhsspsni.gov.uk/articles/drugs-statistics (Northern Ireland)

While comparisons to drug and alcohol treatment statistics from other countries can be made, care needs to be taken when doing so, as the data is unlikely to be directly comparable due to differences in the definitions and methodologies that are used in collecting the data and in subsequently reporting it.

9.1 Relevant web links and contact details

Monthly web-based NDTMS analyses
http://www.ndtms.net
Public Health Outcomes Framework indicators 2.15i, 2.15ii, 2.15iii and 2.15iv
http://www.phoutcomes.info/public-health-outcomes-framework
National Drug Evidence Centre (NDEC)
http://www.medicine.manchester.ac.uk/healthmethodology/research/ndec
Public Health England
www.gov.uk/government/organisations/public-health-england

General enquiries

For media enquiries, please call 020 3682 0574 or email phe-pressoffice@phe.gov.uk
For technical enquiries, please email EvidenceApplicationTeam@phe.gov.uk

Policy

Evidence application team, PHE
EvidenceApplicationTeam@phe.gov.uk

Data and Statistics

Jonathan Knight – head of evidence application team, PHE
Jonathan.Knight@phe.gov.uk

Peter Willey – senior information analyst, PHE
Peter.Willey@phe.gov.uk

Andrew Jones – research fellow, National Drug Evidence Centre
Andrew.Jones@manchester.ac.uk

9.2 Comparability of data to previous reports

In 2013-14 a consultation was undertaken on combining alcohol and drug treatment journeys. Prior to this, when an adult presented to treatment with a primary alcohol treatment episode concurrent with, or followed by, a primary drug treatment episode, this was reported as two separate treatment journeys. A combined treatment journey methodology removes this anomaly and was supported by a majority of respondents to the consultation.

This method of client classification was first reported in 2014-15 and data was provided back to 2009-10. Data is now provided back to 2005-06 and is reported in section 7 of this report and the supporting tables http://www.nta.nhs.uk/statistics.aspx

As a result of the new reporting framework, comparisons of data in this report with previous adult drug and alcohol statistics prior to 2014-15 are not valid. Interested parties are referred to trend tables 7.1 to 7.5, appendix B and the accompanying more detailed spreadsheets published alongside this report (http://www.nta.nhs.uk/statistics.aspx) where data is reported back to 2005-06. A more detailed explanation of this methodological change can be found in section 2 of this report.

The consultation summary can be found at: www.nta.nhs.uk/uploads/feedback-from-the-online-consultation-regarding-methodology-for-drug-and-alcohol-treatment-reporting-from-ndtms.pdf.

More information on the consultation can be found at:
www.nta.nhs.uk/new-reporting-methodology.aspx.

Since 1 November 2012, PHE made substantial changes to the core dataset with regards to the coding of intervention type. Prior to this, intervention codes were restricted to six broad categories: inpatient, residential rehabilitation, prescribing, psychosocial, structured day programme and other structured treatment. These categories did not easily allow a distinction to be made between the setting where the interventions were delivered and the interventions themselves.

Following consultations with clinicians, treatment providers and other key stakeholders, a new method of recording intervention types and settings separately was introduced, alongside the ability for providers to record the non-structured recovery support interventions that they were delivering.

As part of the changes in the coding of intervention type, from 1 November 2012 all registered treatment providers are registered with a setting type. There are six adult settings: community, inpatient, residential, recovery house, prison and primary care, which have been incorporated to PHE's regular reporting. Clients in a prison setting are not reported on in this document. Definitions of these settings can be found in section 10.2 and the implementation guide can be found at www.nta.nhs.uk/uploads/guidetoimplementingcdsjv2.0.pdf. Intervention types have been split in to three high-level categories; pharmacological interventions, psychosocial

interventions and recovery support interventions. Recovery support interventions are not reported on in the present report. Due to these implemented changes, most reporting of interventions is limited to those occurring on or after 31 October 2012. Therefore, the validity of comparing data to previous years, particularly in tables 5.2.1, 5.2.2 and 5.2.3, is limited.

9.3 Drug and alcohol treatment collection and reporting timeline

1989-March 2001 Regional Drug Misuse Database (RDMD) – statistics reported in six monthly bulletins by the Department of Health from 1993 to 2001 webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4015620

April 2001-March 2004 National Drug Treatment Monitoring System (NDTMS) – statistics reported annually by the Department of Health.

April 2004-March 2013 National Drug Treatment Monitoring System (NDTMS) – managed by the National Treatment Agency (NTA) reporting statistics annually up to March 2012.

April 2013 to date National Drug Treatment Monitoring System (NDTMS) – managed by Public Health England (PHE) reporting statistics annually from April 2012.

9.4 Other sources of statistics about drugs

9.4.1 Prevalence of drug use

An annual estimate of the prevalence of drug use is undertaken through the Crime Survey for England and Wales (CSEW, formerly 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 (https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2016-to-2017-csew).

A second method is used to produce estimates for the prevalence of crack cocaine and heroin use for each local authority area in England. Estimates are available for 2006-07, 2008-09, 2009-10, 2010-11, 2011-12 and 2014-15 (http://www.nta.nhs.uk/facts-prevalence.aspx).

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. The data and further information are available at: www.nta.nhs.uk/facts-prevalence.aspx.

9.4.2 Young people

Information is also available relating to the prevalence of drug use among secondary school pupils aged 11 to 15 from the Smoking, Drinking and Drug Use Survey 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 survey interviews school pupils, and has been in place since 2001. It reported annually up to 2014-15 and will now report every two years with the next report due in 2017 reporting for 2016-17. The data and further information are available at: www.hscic.gov.uk/catalogue/PUB17879.

NDTMS collects data on drug and alcohol treatment for young people, and produces official statistics bulletins, which can be found at: www.nta.nhs.uk/statistics.aspx.

It should be noted that young people's treatment figures are not comparable with statistics relating to adult treatment. This is because access to treatment for young people requires a 'lower severity of drug use and associated problems'.[9]

9.4.3 Criminal justice statistics

The Ministry of Justice produces a quarterly statistics bulletin that provides details of individuals in custody and under the supervision of the probation service. These can be found at: www.gov.uk/government/collections/offender-management-statistics-quarterly.

The Ministry of Justice also produces statistics relating to aspects of sentencing, including trends in custody, sentences, fines and other disposals. These can be found at: data.gov.uk/dataset/sentencing_statistics_england_and_wales.

In addition, NDTMS collects data on drug and alcohol treatment in secure settings and produced the first set of official statistics for 2015-16 on 12th January 2017. The statistics for 2016-17 will be produced in January 2018. http://www.nta.nhs.uk/uploads/secure-setting-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016.pdf).

9.4.4 International comparisons

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) publishes 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 at: http://www.emcdda.europa.eu/edr2016.

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 at: www.emcdda.europa.eu/data/stats2015#displayTable:TDI-0023.

[9] 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.

While comparisons to alcohol treatment statistics from other countries can be made, care needs to be taken as the data is unlikely to be directly comparable due to differences in the definitions and methodologies that are used in collecting the data and subsequently in reporting it.

9.4.5 Drug-related deaths

The Office for National Statistics publishes 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.
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations.

10. Abbreviations and definitions

10.1 Abbreviations

AOR	Alcohol Outcomes Record
CJS	Criminal justice system
CSEW	Crime survey for England and Wales
DIP	Drug Intervention Programme
DRD	Drug-related death
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GP	General practitioner
IBA	Identification and brief advice
LAPE	Local Alcohol Profiles for England
LGA	Local Government Association
ONS	Office for National Statistics
NDEC	National Drug Evidence Centre (University of Manchester)
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NPS	New psychoactive substance
NTA	National Treatment Agency for Substance Misuse (now part of PHE)
PHE	Public Health England
RDMD	Regional drug misuse database (1989-2001)
TDI	Treatment Demand Indicator
TOP	Treatment Outcomes Profile
YP	Young people

10.2 Definitions

Agency/provider	A provider of services for the treatment of drug and/or alcohol misuse. It may be statutory (ie, NHS) or non-statutory (ie, third sector, charitable).
Agency/provider code	A unique identifier for the treatment provider (agency) assigned by the regional NDTMS centres – eg, L0001.
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 structured treatment service. Records relating to individual clients are isolated and linked based on the attributor and drug partnership of residence.
Club drug	A collective term for a number of different substances typically used by people in bars and nightclubs, at concerts and parties, before and after a night out.
Community setting	A structured drug and alcohol treatment setting where residence is not a condition of engagement with the service. This will include treatment within community drug and alcohol teams and day programmes (including rehabilitation programmes where residence in a specified location is not a condition of entry).
Discharge date	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 provider (agency) is used.
Drug-related death / drug misuse death	Annual figures published by the Office for National Statistics (ONS) since 1993 cover deaths in England and Wales related to "drug poisoning (involving both legal and illegal drugs)" and to "drug misuse (involving illegal drugs)". ONS's definition of a drug misuse death is "(a) deaths where the underlying cause is drug abuse or drug dependence and (b) deaths where the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved."

	Where people do suffer drug poisonings while in treatment, these are overwhelmingly classed as drug misuse, so this definition may be seen as more relevant to this population. However, many of those who die in treatment are not included under either definition as they die from causes other than poisoning.
Episode	A period of contact with a treatment provider (agency): 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. Where several episodes were collected for an individual, attributes such as ethnicity, primary substance, 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), intervention start, intervention end or discharge indicates that they have been in contact with a provider during the year.
Inpatient setting	An inpatient unit provides assessment, stabilisation and/or assisted withdrawal with 24-hour cover from a multidisciplinary clinical team who have had specialist training in managing addictive behaviours. In addition, the clinical lead in such a service comes from a consultant in addiction psychiatry or another substance misuse medical specialist. The multidisciplinary team may include psychologists, nurses, occupational therapists, pharmacists and social workers. Inpatient units are for those alcohol or drug users whose needs require supervision in a controlled medical environment.
Intervention	A type of treatment, eg, structured counselling, community prescribing, etc.
First/subsequent 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.

New psychoactive substance (NPS)	Chemical substances that produce similar effects to 'established' drugs (like cocaine, cannabis and ecstasy). Originally created to side-step legislation, an increasing number are controlled under the Misuse of Drugs Act but all remaining are now covered by the Psychoactive Substances Act
Non-opiate	Any drug other than those that act on opioid receptors (heroin, methadone, buprenorphine and others)
Opiate	A group of drugs including heroin, methadone and buprenorphine that act on opioid receptors.
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.
Recovery house setting	A recovery house is a residential living environment, in which integrated peer-support and/or integrated recovery support interventions are provided for residents who were previously, or are currently, engaged in treatment to overcome their drug and alcohol dependence. The residences can also be referred to as dry-houses, third-stage accommodation or quasi-residential.
Referral date	The date the client was referred to the provider for this episode of treatment.
Referral source	The source or method by which a client was referred for this treatment episode.
Residential rehab setting	A structured drug and alcohol treatment setting where residence is a condition of receiving the interventions. Although such programmes are usually abstinence based, prescribing for relapse prevention prescribing or for medication assisted recovery are also options. The programmes are often, although not exclusively, aimed at people who have had difficulty in overcoming their dependence in a community setting.
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.

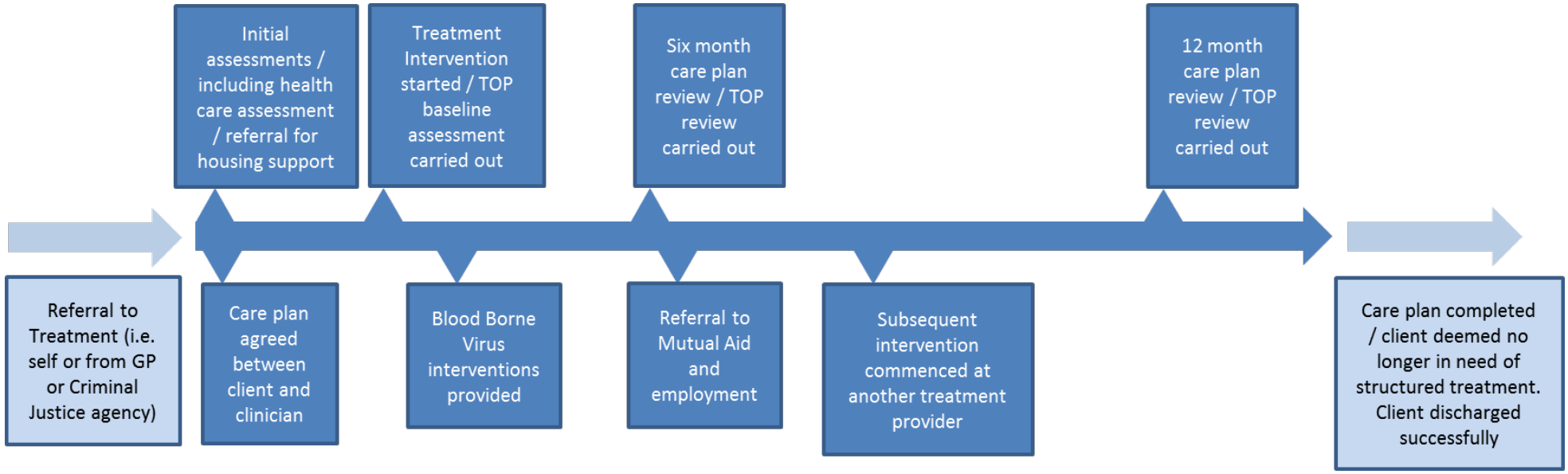
Successful completion	A term that describes a client that completes treatment successfully as either: 'treatment completed drug free' – no longer requiring any structured drug treatment interventions and judged by the clinician not to be using heroin (or any other opioids) or crack cocaine or any other illicit drug or 'treatment completed occasional user (not heroin and crack)' – the client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine. There is evidence of use of other illicit drug use but this is not judged to be problematic or to require treatment.
Treatment journey	A set of concurrent or serial treatment episodes linked together to describe a period of treatment based on the clients' attributors and DAAT of residence. This can be within one provider or across a number of different providers.
Triage	An initial clinical risk assessment performed by a treatment provider. A triage includes a brief assessment of the problem as well as an assessment of the client's readiness to engage with treatment, in order to inform a care plan.
Triage date	The date that the client made a first face-to-face presentation to a treatment provider. This could be the date of triage/initial assessment though this may not always be the case.
Waiting times	The period from the date a person is referred for a specific treatment intervention and the date of the first appointment offered. Referral for a specific treatment intervention typically occurs within the treatment provider at, or following, assessment.

Note: full operational definitions can be found in the NDTMS core data set documents: www.nta.nhs.uk/core-data-set.aspx.

Appendix A

Diagram to show flow through treatment

This diagram illustrates a typical user journey through the treatment system. It is provided to give an indication of a possible treatment pathway and the interventions received. All pathways will vary depending on the substances used and the clinical requirements of the client, their general health needs and any other relevant issues they may have that will impact on the clinical care provided.



Appendix B

12-year treatment population

This table shows the 12-year treatment population of first presentation and treatment contact status at 31 March 2017. The table corresponds with figures 8.1.1 and 8.1.2.

All substance groups	Year of first presentation														
Category	Prior to 2005-2006	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	Total	%
Continuous journey	8,898	1,889	1,336	1,139	1,057	850	769	719	848	1,115	1,687	3,551	18,885	42,743	5%
Two journeys since first presentation	7,151	3,107	2,197	1,915	1,865	1,695	1,560	1,606	1,734	2,123	2,306	2,488	1,111	30,858	4%
Three journeys since first presentation	5,665	3,192	2,104	1,869	1,867	1,606	1,370	1,236	1,171	1,146	853	418	52	22,549	3%
More than three journeys since first presentation	14,627	11,294	6,469	4,735	4,167	2,812	1,924	1,276	943	607	254	69	3	49,180	6%
Retained at 31 March 2017	**36,341**	**19,482**	**12,106**	**9,658**	**8,956**	**6,963**	**5,623**	**4,837**	**4,696**	**4,991**	**5,100**	**6,526**	**20,051**	**145,330**	**17%**
Exited in 2005-06	7,739	11,921	-	-	-	-	-	-	-	-	-	-	-	19,660	2%
treatment in 2006-07	3,108	6,251	10,671	-	-	-	-	-	-	-	-	-	-	20,030	2%
incomplete in 2007-08	2,463	2,547	5,649	10,973	-	-	-	-	-	-	-	-	-	21,632	2%
in 2008-09	1,898	1,820	2,060	6,346	13,356	-	-	-	-	-	-	-	-	25,480	3%
in 2009-10	1,904	1,738	1,720	2,504	7,214	12,561	-	-	-	-	-	-	-	27,641	3%
in 2010-11	1,650	1,558	1,366	1,672	2,372	6,098	10,798	-	-	-	-	-	-	25,514	3%
in 2011-12	1,599	1,443	1,240	1,306	1,820	1,932	5,088	9,278	-	-	-	-	-	23,706	3%
in 2012-13	1,736	1,520	1,172	1,282	1,642	1,613	1,843	4,865	9,116	-	-	-	-	24,789	3%
in 2013-14	1,979	1,774	1,381	1,489	1,761	1,634	1,593	1,850	5,353	10,006	-	-	-	28,820	3%
in 2014-15	2,493	2,133	1,668	1,746	1,886	1,745	1,604	1,616	2,033	5,877	9,496	-	-	32,297	4%
in 2015-16	3,308	2,840	2,258	2,083	2,263	2,065	1,769	1,711	1,809	2,277	6,215	10,113	-	38,711	4%
in 2016-17	5,448	4,924	3,490	3,175	3,340	2,842	2,437	2,127	2,270	2,581	2,861	7,522	11,012	54,029	6%
Subtotal exited (treatment incomplete)	**35,325**	**40,469**	**32,675**	**32,576**	**35,654**	**30,490**	**25,132**	**21,447**	**20,581**	**20,741**	**18,572**	**17,635**	**11,012**	**342,309**	**39%**

All substance groups			Year of first presentation													
	Category	Prior to 2005-2006	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	Total	%
Exited	in 2005-06	3,838	4,571	-	-	-	-	-	-	-	-	-	-	-	8,409	1%
treatment	in 2006-07	1,718	3,917	5,294	-	-	-	-	-	-	-	-	-	-	10,929	1%
complete	in 2007-08	1,524	1,721	4,855	7,012	-	-	-	-	-	-	-	-	-	15,112	2%
	in 2008-09	1,613	1,740	2,330	8,386	11,139	-	-	-	-	-	-	-	-	25,208	3%
	in 2009-10	1,434	1,500	1,556	2,551	8,762	11,502	-	-	-	-	-	-	-	27,305	3%
	in 2010-11	1,640	1,660	1,669	2,121	3,202	9,602	12,824	-	-	-	-	-	-	32,718	4%
	in 2011-12	1,937	1,772	1,625	1,906	2,534	3,176	9,744	12,970	-	-	-	-	-	35,664	4%
	in 2012-13	1,956	1,790	1,586	1,856	2,252	2,373	3,076	10,059	13,439	-	-	-	-	38,387	4%
	in 2013-14	2,119	1,787	1,619	1,863	2,342	2,371	2,461	3,109	10,542	15,157	-	-	-	43,370	5%
	in 2014-15	2,274	1,917	1,699	1,883	2,272	2,243	2,225	2,328	2,975	11,134	14,518	-	-	45,468	5%
	in 2015-16	2,275	2,069	1,715	2,002	2,444	2,201	2,072	2,168	2,452	3,290	11,236	14,836	-	48,760	6%
	In 2016-17	2,885	2,614	2,143	2,428	2,881	2,490	2,369	2,368	2,512	2,872	3,695	12,244	15,333	56,834	6%
	Subtotal treatment complete	**25,213**	**27,058**	**26,091**	**32,008**	**37,828**	**35,958**	**34,771**	**33,002**	**31,920**	**32,453**	**29,449**	**27,080**	**15,333**	**388,164**	**44%**
	Total clients in treatment since 1 April 2005	**96,879**	**87,009**	**70,872**	**74,242**	**82,438**	**73,411**	**65,526**	**59,286**	**57,197**	**58,185**	**53,121**	**51,241**	**46,396**	**875,803**	**100%**