



Public Health
England



Department
of Health &
Social Care

Secure setting statistics from the National Drug Treatment Monitoring System (NDTMS)

1 April 2016 to 31 March 2017



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Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Alisha Cooper, Brian Eastwood, Tim Lowden, Kosmas Deligkaris, Justin van der Merwe and Solina Li.

For queries relating to this document, contact: EvidenceApplicationTeam@phe.gov.uk

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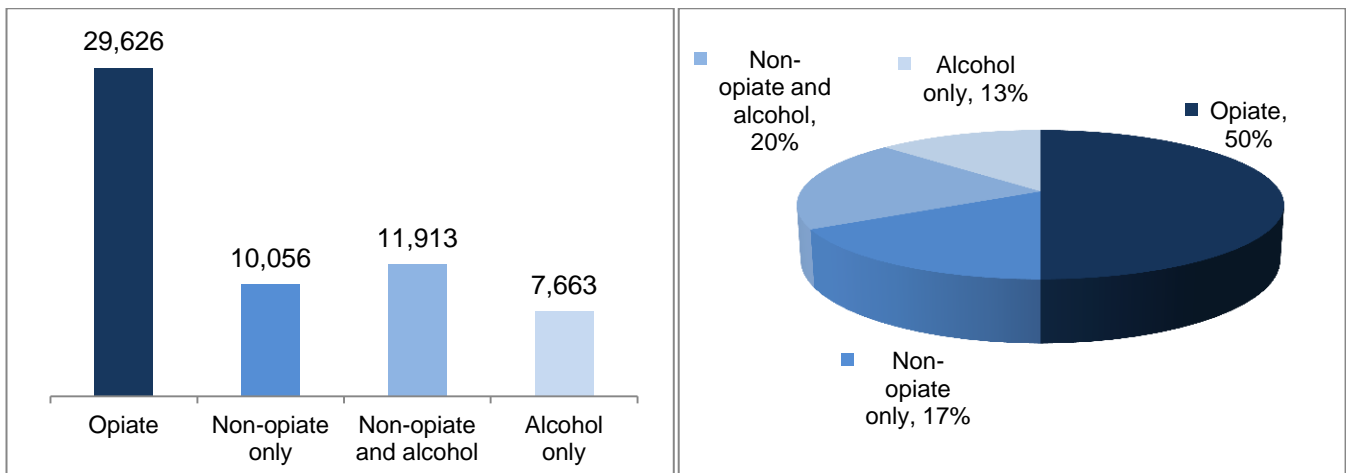
Executive summary

Overview

This report brings together information on people receiving specialist treatment interventions for drugs and alcohol misuse in secure settings during 2016-17. The report contains information on adults (aged 18 and over) in contact with treatment services in prisons, young offender institutions (YOIs), and immigration removal centres (IRCs), with a separate section on young people receiving treatment within the children and young people’s secure estate.

This is the second annual report for secure settings, so while it is not yet possible to provide trend data on people receiving specialist substance misuse treatment in these settings, comparisons have been made to previous years where appropriate to do so. While the people who seek treatment for drugs and alcohol share many similarities, they also have clear differences, so the adult section of this report classifies people in treatment into 4 substance groups: opiate users, non-opiate only users, non-opiate and alcohol users and alcohol only users.

Substance use groups of adults in secure settings 2016-17



Adults in secure settings

Numbers in treatment and substance use

In all, 59,258 adults were in contact with drug and alcohol treatment services within secure settings during 2016-17. Most (55,721) of these were within a prison setting, with 3,015 in YOIs and 522 in IRCs. This is a slight overall fall in the number of adults in

contact with treatment services in these settings compared to 2015-16 (60,254); the total for IRCs has increased by 60% (from 327 in 2015-16).

Half (50%, 29,626) of all people in contact with treatment in adult settings in 2016-17 presented with problematic opiate use. This is a small decrease on last year (29,146). A further 37% presented with problems with other drugs (non-opiates) and 13% (7,663) presented with alcohol as their only problem substance (a decrease from 8,551 in 2015-16). People accessing treatment in IRCs were mostly opiate users (68%), a lower proportion than in 2015-16 (77%), while YOIs mostly treated those with non-opiate drug use (77%).

Almost two-thirds of the opiate users also presented with crack cocaine use (63%). The next highest adjunctive substances for opiate users were alcohol (32%), benzodiazepines (24%) and cannabis (18%). Overall, there were 3,271 more individuals accessing treatment for crack cocaine than in 2015-16, an increase of 17%. The largest increase was for opiate and crack clients (up 2,942; 19%) and crack only clients were also more prevalent (up 329; 11%). These increases in crack presentations reflect the increase seen in the recent estimated prevalence of crack use:

www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations, and also mirror similar increases seen in presentations to community treatment for the use of this drug.

As in 2015-16, nearly half (49%) of all adults in treatment in 2016-17 presented with problematic alcohol use, either as their only problem substance or alongside opiate or non-opiate drugs. After opiates and alcohol, the next most commonly cited substance was crack cocaine (38%, up from 31% in 2015-16), followed by cannabis (33%), cocaine powder (22%) and benzodiazepines (14%).

There were 4,816 (8.1%) adults presenting to treatment for new psychoactive substances (NPS) use, either as 1 of their problem substances or their only problem substance. This is up from 6% in 2015-16. This figure represents the number of adults presenting for treatment with problematic NPS use and is not necessarily a reflection of overall NPS use in adult secure settings.

Age, gender and ethnicity

Alcohol only clients had the highest median age, at 38 years, followed by opiate clients (36 years), non-opiate and alcohol clients (29 years) and non-opiate only clients (27 years).

Ninety percent of the total treatment population in adult secure settings in 2016-17 were male (53,523) and 10% (5,735) were female. While the numbers of men and women in substance misuse treatment have slightly declined, the proportions are the same as for

the previous year. This represents double the proportion of women within the total prison population (5% as at 31 March 2017). As in the previous year, problem opiate use was reported by almost half of the male treatment population (48%). Almost three-quarters (72%) of women in treatment were being treated for opiate use, up from two-thirds (65%) in 2015-16.

Individuals recorded as white British made up the largest ethnic group in treatment (78%, 45,516), with a further 5% from other white groups. No other ethnic group made up more than 3% of the total treatment population, though 7% of those in treatment for non-opiates were Caribbean.

Waiting times

Upon reception into the secure estate, individuals undergo a triage assessment to determine whether they need treatment and the median waiting time for this was 1 day. Nearly all (95%) people started their first treatment intervention within 3 weeks of being assessed but would start treatment immediately if it was clinically appropriate to do so.

Treatment interventions

Almost two-thirds (63%) of treatment interventions received by adults in treatment in 2016-17 were structured psychosocial interventions. The remaining interventions were pharmacological interventions: 23% to address opiate use, 9% for alcohol and 5% to address other drug misuse.

The majority of people (95%) were receiving continuous prescribing for less than 1 year, which reflects the relatively short periods they spent incarcerated. Overall, the average (median) length of continuous prescribing was 43 days, but ranged from 8 days for alcohol only clients to 54 days for opiate clients.

Treatment exits and successful completions

Over 37,000 adults left treatment in secure settings during 2016-17. Just over a quarter (27%) of those leaving were discharged as having completed treatment. This is 4% higher than in 2015-16. The lowest rate of successful completions was among opiate users (16%), compared with between 36% and 38% for the other 3 substance groups. The majority of opiate clients discharged from treatment were referred to treatment services in the community on release (65% of discharged opiate clients); while a lower proportion of alcohol only (40%), non-opiate and alcohol (31%) and non-opiate only (27%) clients had the same onward community referral. Dropout rates for those in treatment in secure settings, across all substance groups, were low (5% or less).

Continuity of care between treatment services in prisons and the community is monitored via the Public Health Outcomes Framework (PHOF) indicator 2.16. This

indicator reports the proportion of adult prisoners with ongoing treatment need who successfully engage in community-based treatment within 21 days of release. Performance on this indicator has remained static nationally, at 30.3% in 2016-17 and in 2015-16.

Deaths

The number of adults who died while in contact with treatment services in a secure setting in 2016-17 was 65, an increase of 59% from 41 deaths in 2015-16, and representing 0.1% of all adults accessing treatment in the secure estate. There was an increase of 54 deaths (19%) in the wider prison population in England and Wales between 2015-16 and 2016-17.

Over half (58%) of the 65 deaths were seen in opiate clients (38 deaths, up from 22 in the previous year), and almost a third from the non-opiate client groups (20 deaths, up from 8 in 2015-16). Deaths amongst those in treatment for alcohol only use fell from 11 in 2015-16 to 7 in 2016-17. Females accounted for 11% (7 deaths) of the total deaths amongst adults in treatment.

Young people in secure settings

There were 1,362 young people in specialist substance misuse treatment in secure settings in 2016-17. The majority (67%) of young people in treatment in secure settings reside in young offender institutions (YOIs), with a further 18% residing in secure children's homes (SCHs), 9% in secure training centres (STCs) and 7% in welfare only homes (WOHs).

Age, gender and ethnicity

Approximately 89% of young people in treatment in 2016-17 were male, with males having a higher median age (17) when compared to females (15). Two-thirds (66%) were recorded as white British, with white and black Caribbean the next largest ethnic group (7%). Other groups represented no more than 4% of the total treatment population.

Substance use of young people

As in 2015-16, cannabis was the most commonly cited problem substance among young people in treatment in secure settings (91% of all in treatment). Just under half cited problematic alcohol use (48%). Other substances reported by young people included cocaine (21%, up from 19% in 2015-16), nicotine (17%), ecstasy (7%), NPS (5%) and amphetamines (5%). The proportions of young people citing amphetamines and NPS were lower than in 2015-16 (9% and 8%, respectively). The number of young people in treatment reporting crack cocaine as a problem substance increased from 14

to 26 individuals, which is 2% and twice the proportion compared to 2015-16. The proportion citing opiates increased from 2% to 3% (from 28 to 38 individuals).

Waiting times

The majority (85%) of young people had a triage assessment within 1 week of arriving in a secure setting and, of those starting treatment, most (89%) started their first intervention within 1 week of triage.

Treatment interventions

Most young people starting treatment received a harm reduction intervention (80%). Motivational interviewing (52%) and relapse prevention (28%) were the next 2 most common interventions received. One percent of young people in treatment in secure settings received a pharmacological intervention.

Treatment exits and completions

Of the 920 young people in secure settings who exited treatment in 2016-17, a third completed treatment in custody, 46% were released from custody and were referred for further treatment in the community, and 14% were transferred to another secure setting establishment with the intention that their treatment would continue. The remaining 6% either dropped out or withdrew from treatment, or declined to participate in treatment. There were no deaths among young people in secure settings while they were in specialist substance misuse treatment.

1. Background and policy context

This publication is the second annual report on individuals receiving specialist interventions for drugs and alcohol misuse in secure settings in England. The publication covers the period 2016-17, and is comprised of 2 sections.

The first section reports on drug and alcohol treatment in adult secure settings (prisons, including young offender institutions (YOIs) for 18-21 year olds, and immigration removal centres (IRCs)). IRCs contain individuals held under Immigration Act powers, including foreign national offenders who are awaiting deportation having served prison sentences in the UK. The profile of the IRC population and their substance misuse treatment needs are therefore different to those in the adult prison estate and present IRC staff with their own unique challenges.

The second section reports on treatment delivered in secure settings for children and young people. These include secure training centres (STCs), secure children's homes (SCHs), welfare only homes (WOHs) and YOIs for those aged 15 to 17 years. Alcohol and drug treatment statistics are collected by the National Drug Treatment Monitoring System (NDTMS), which is managed by Public Health England.

NHS England assumed responsibility for commissioning healthcare services, including substance misuse treatment services, across the prison estate in England in April 2013 (including YOIs for 18-21 year olds) and for IRCs in 2014. Further, responsibility for commissioning healthcare for both youth justice and welfare places in the children & young people's secure estate (CYPSE) was assumed in April 2014. The CYPSE includes YOIs for under-18s, STCs, SCHs and WOHs. Under The Children's Act (1989), local authorities can place children into SCHs and WOHs. In such circumstances, children and young people are held in these settings because of concerns about their welfare, rather than because they have offended.

NHS England commissions specialist treatment services within secure settings based on equivalence with community-based treatments, which are underpinned by evidence-based clinical guidance. Treatment provision includes a range of interventions that need to be in place to address alcohol and drug problems effectively – to reduce harm and to help people recover. Interventions available include detoxification, opioid substitution treatment (OST), structured psychosocial interventions, case management and structured counselling. The delivery of substance misuse treatment to children and

young people (C&YP) is underpinned by healthcare standards¹ and should be equivalent to that available to children in the wider community. This includes specialist harm reduction advice.

There are approximately 85,000 adults in prisons at any 1 time. Detailed data including weekly updates are available at:

www.gov.uk/government/statistics/prison-population-figures-2017.

At the end of March 2017, there were 2,930 people in the UK immigration detention estate. Quarterly updates are available at:

www.gov.uk/government/statistics/immigration-statistics-july-to-september-2017-data-tables

Eighty-one percent of adult prisoners report using illicit drugs at some point prior to entering prison, including almost two-thirds (64%) within the month before entering prison. Rates of heroin and crack cocaine use are higher for females than males (49% and 44%, respectively): Surveying Prisoner Crime Reduction (SPCR) NOMS 2013, available at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf).

The same report also demonstrated that harmful, hazardous and dependent drinking are relatively common problems among people entering prison. Of those prisoners who had consumed alcohol in the 4 weeks before custody, nearly half (46%) reported having some problems with their drinking, 39% felt that their drinking was out of control (sometimes, often or always) and 35% said that they would find it quite difficult, very difficult or impossible to stop drinking.

The vast majority of children and young people are in YOIs, STCs and SCHs because they are on remand or have been sentenced, with STCs and SCHs used for children who are female, younger or deemed more vulnerable. The youth custody population in these 3 settings (England and Wales) in March 2017 (provisional data) was 954, 858 of whom were aged under-18 (more information on the population held in in these settings is available at: www.gov.uk/government/statistics/youth-custody-data).

¹ Healthcare Standards for Children and Young People in Secure Settings (June 2013). Royal College of Paediatrics and Child Health.

Young people in custody report a disproportionately higher level of substance misuse than in the young population in general² and substance misuse is a factor that may exacerbate the additional vulnerabilities experienced by children and young people within the secure estate.

These statistics can be used by government and commissioners of healthcare services in secure settings to monitor the availability and effectiveness of alcohol and drug treatment in these settings in England. The information is collected from healthcare services in approximately 140 secure establishments on a monthly basis, including the CYPSE. These data are regularly fed back to commissioners and service providers in the form of quarterly reports. The information in these reports is used for contract monitoring and performance management and to support health needs assessments.

The history of the data collection of specialist drug and alcohol treatment in secure settings can be found in chapter 8 of this report and chapter 9 provides an explanation of the abbreviations that have been used throughout the report.

More detail on the methodologies used to compile these statistics and the processes that are in place to ensure data quality can be found at:

www.ndtms.net/resources/secure/Quality-and-Methodology-NDTMS-2016-17.pdf.

If an error is identified in any of the information that has been included in this report then the processes described in the PHE revisions and correction policy will be adhered to.

The policy can be found at:

www.gov.uk/government/organisations/public-health-england/about/statistics.

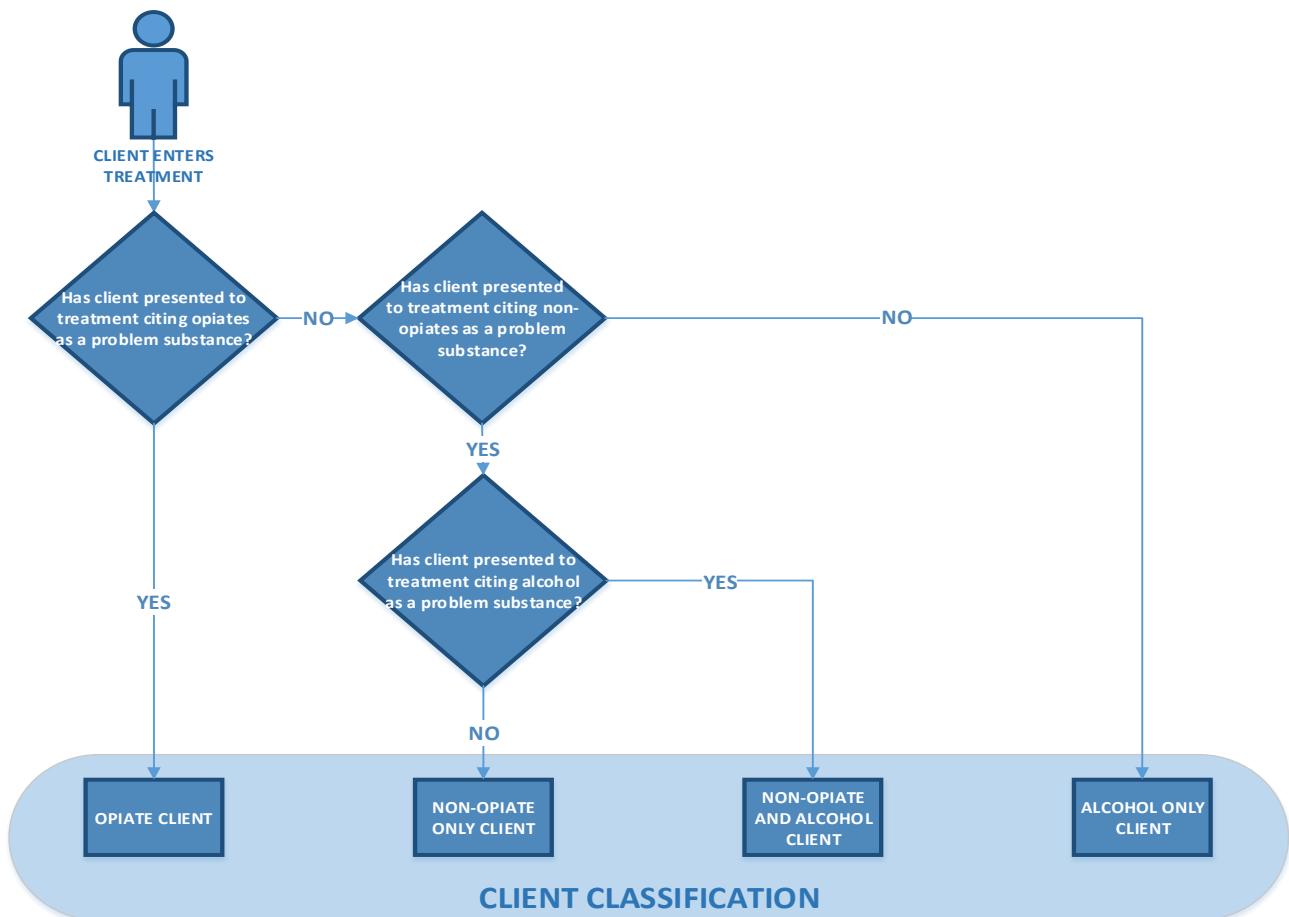
² Galahad SMS Ltd (2004) Substance Misuse and juvenile offenders. London: The YJB

2. Client classification

Some of the information presented in this report is split by 4 substance misuse categories: opiate, non-opiate only, non-opiate and alcohol, and alcohol only. These categories only apply to the section on adults. The purpose is to provide additional information around the profiling of those in treatment in adult secure settings. For this report, an adult presenting to treatment citing problematic substance misuse is 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 only 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 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 secure setting data

NDTMS data is routinely collected by PHE. Drug and alcohol treatment providers in a secure setting submit a monthly extract and this is checked for data quality by regional 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 secure setting treatment providers work with their regional 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.

Data quality metrics for secure settings will be available for the first time next year. The data quality metrics will include the following 4 indicators:

- proportion of duplicate open treatment episodes at the same secure setting establishment
- proportion of overlapping treatment episodes at the same secure setting establishment
- proportion of duplicate open treatment interventions at the same secure setting establishment
- proportion of open treatment episode with no treatment intervention at the same secure setting establishment

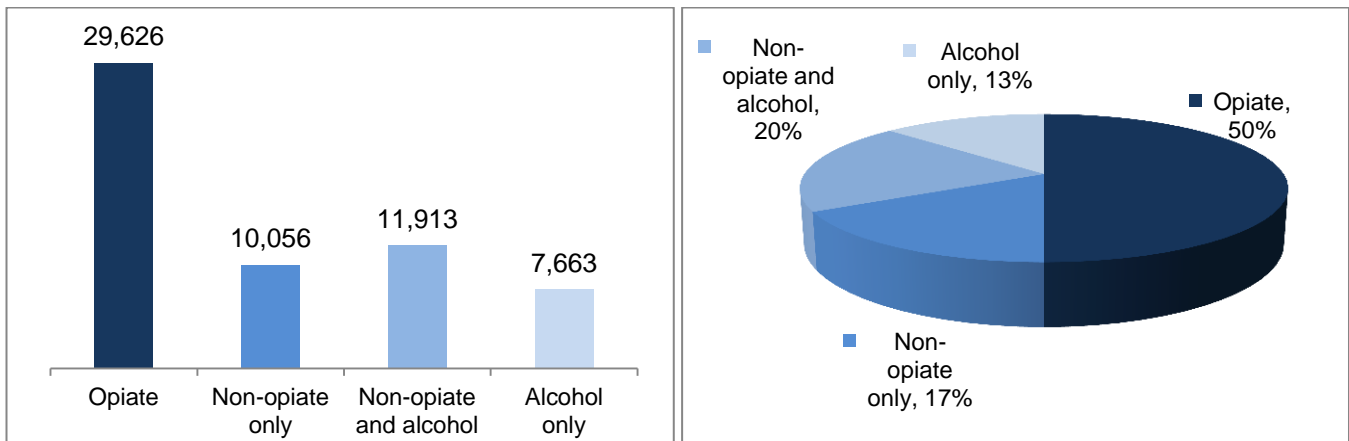
These will be reported as they provide a sense of how accurate and efficient record keeping is at treatment provider level.

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 98%. 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 adults in treatment in secure settings

During 2016-17, NDTMS reported 59,258 individuals aged 18 to 99 accessing treatment in a secure setting. This total includes all those in treatment for either problematic drug use, alcohol use or both, and is a decrease of 1.7% compared to the 60,254 clients in 2015-16. Figure 4 presents how individuals are segmented by the 4 substance groups used throughout the adult section of this report. Half of the clients in contact with treatment during the year (50%) had presented with problematic use of opiates, a further 37% had presented with problems with drugs other than opiates, and 13% presented with alcohol as the only problematic substance.

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



Percentages may not sum to 100% due to rounding.

Table 4 shows that almost all clients (55,721, 94%) were in structured treatment in a prison setting (high security, local, open or training prisons). The majority of clients (68%) in Immigration Removal Centres (IRCs) were treated for opiate use, which is down from 77% in 2015-16. In contrast, the majority of clients in YOIs (77%) were treated for non-opiate drug use. Clients accessing treatment in IRCs increased by 60% from 2015-16 (327 clients).

Table 4: Numbers in treatment by main substance group and secure setting 2016-17

Numbers in treatment	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Prisons	28,819	52%	8,795	16%	10,762	19%	7,345	13%	55,721	100%
YOIs (18-21)	453	15%	1,198	40%	1,123	37%	241	8%	3,015	100%
IRCs	354	68%	63	12%	28	5%	77	15%	522	100%
Total adult clients in treatment	29,626	50%	10,056	17%	11,913	20%	7,663	13%	59,258	100%

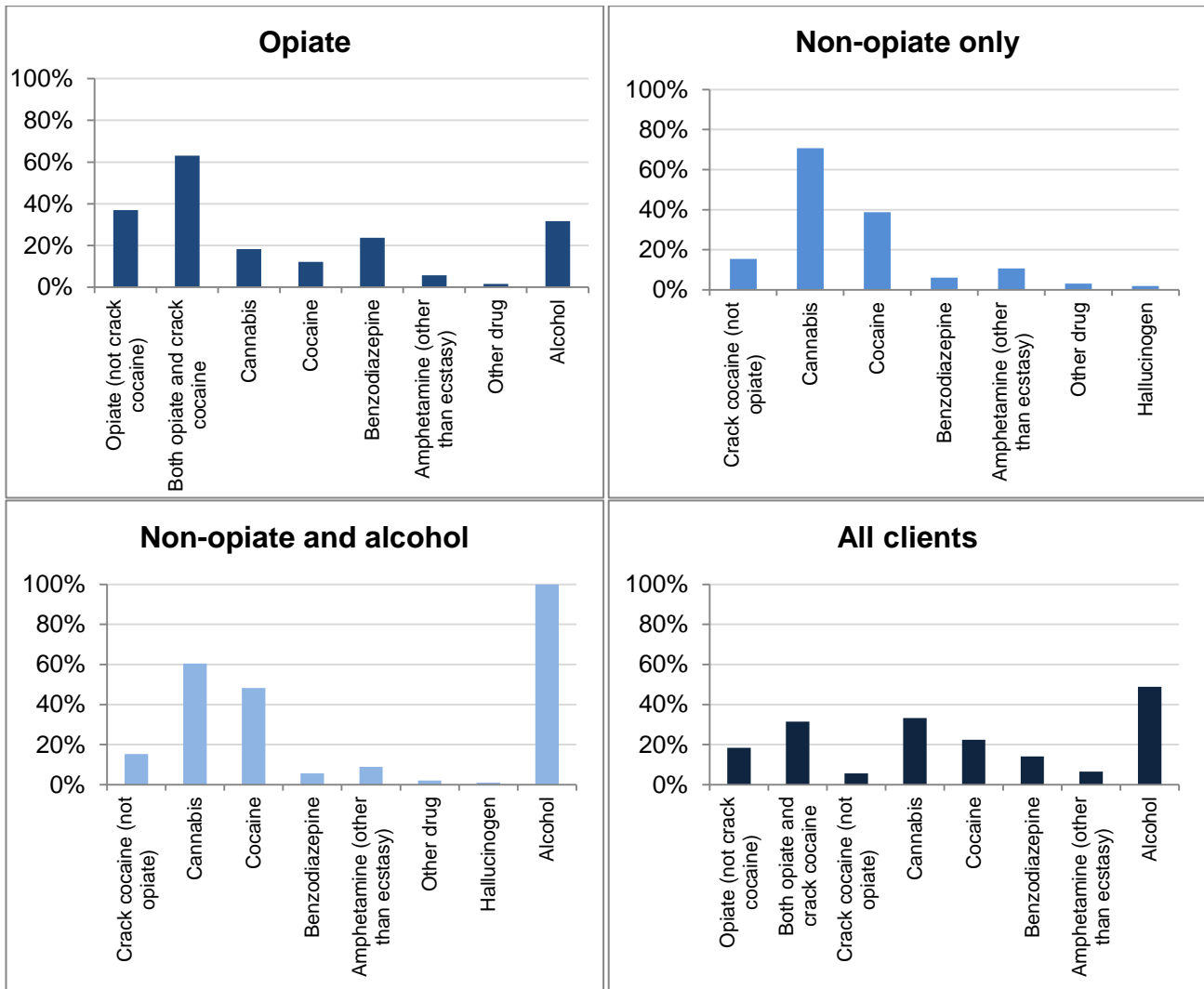
Percentages may not sum to 100% due to rounding.

4.1 Substance use profile

Table 4.1.1 and figure 4.1.1 show the distribution of substances for all adults in treatment in 2016-17, by the 4 substance groups used within this report. Overall, 50% of adults in treatment in 2016-17 presented with problematic opiate use, compared to 48% in 2015-16. The next most commonly cited substance was alcohol, 49% (28,958), with 7,663 clients citing alcohol as the only problematic substance, followed by cannabis, cited by 33% of individuals.

Sixty three percent of opiate clients also presented with crack cocaine and the next highest adjunctive substances were alcohol (32%), benzodiazepines (24%), and cannabis (18%). Overall, there were 3,271 more individuals accessing treatment for crack cocaine than in 2015-16, an increase of 17%. The largest increase was for opiate and crack clients (up 2,942; 19%) and crack only clients were also more prevalent (up 329; 11%).

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



Cannabis was the substance that the majority of non-opiate only clients presented to treatment with (71%), followed by 39% of clients presenting with cocaine and 11% with amphetamines. Cannabis was also the drug that the majority of non-opiate and alcohol clients presented to treatment (60%), with 48% of clients presenting with cocaine and 9% with amphetamines.

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	%
<i>Opiate and/or crack cocaine use</i>										
Both opiate and crack cocaine	18,692	63%	-	-	-	-	-	-	18,692	32%
Opiate (not crack cocaine)	10,934	37%	-	-	-	-	-	-	10,934	18%
Crack cocaine (not opiate)	-	-	1,550	15%	1,815	15%	-	-	3,365	6%
<i>Other drug use</i>										
Cannabis	5,415	18%	7,111	71%	7,207	60%	-	-	19,733	33%
Cocaine	3,595	12%	3,904	39%	5,753	48%	-	-	13,252	22%
Benzodiazepine	7,023	24%	612	6%	672	6%	-	-	8,307	14%
Amphetamine (other than ecstasy)	1,691	6%	1,075	11%	1,063	9%	-	-	3,829	6%
Other drug	454	2%	311	3%	247	2%	-	-	1,012	2%
Hallucinogen	65	0%	193	2%	121	1%	-	-	379	1%
Other prescription drug	71	0%	27	0%	37	0%	-	-	135	0%
Solvent	23	0%	22	0%	26	0%	-	-	71	0%
Barbiturate	10	0%	6	0%	2	0%	-	-	18	0%
Anti-depressant	9	0%	5	0%	1	0%	-	-	15	0%
Major tranquiliser	1	0%	-	-	1	0%	-	-	2	0%
<i>Alcohol</i>										
Alcohol	9,382	32%	-	-	11,913	100%	7,663	100%	28,958	49%
Total adult clients in treatment*	29,626	100%	10,056	100%	11,913	100%	7,663	100%	59,258	100%

*The number of clients will be less than the sum of the reported substances as a client may present with more than 1 problematic substance.

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.

Of the 59,258 individuals in drug and alcohol treatment in adult secure settings in 2016-17, 8.1% cited NPS as one of their problematic substances or their only problematic substance, compared to 6% of clients in 2015-16. There is variation between substance groups, with 19.6% of non-opiate only clients citing problematic NPS use and 5.5% of opiate clients doing so.

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. Sixty one percent of NPS presentations were for substances that were predominantly cannabinoid. These figures do not necessarily

represent all NPS use in secure settings but rather reflect the number of individuals who report their NPS use as problematic to a healthcare or substance misuse practitioner. The most common club drugs cited were ecstasy (2.6%) and mephedrone (1.1%).

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	%
New psychoactive substances	1,635	5.5%	1,968	19.6%	1,213	10.2%	4,816	8.1%
Ecstasy	216	0.7%	763	7.6%	554	4.7%	1,533	2.6%
Mephedrone	178	0.6%	256	2.5%	200	1.7%	634	1.1%
Ketamine	41	0.1%	127	1.3%	87	0.7%	255	0.4%
Methamphetamine	36	0.1%	66	0.7%	26	0.2%	128	0.2%
GHB/GBL	10	0.0%	33	0.3%	11	0.1%	54	0.1%
Further breakdown of new psychoactive substances:								
Predominantly cannabinoid	1,008	3.4%	1,176	11.7%	777	6.5%	2,961	5.0%
Other	627	2.1%	785	7.8%	423	3.6%	1,835	3.1%
Predominantly stimulant	76	0.3%	50	0.5%	50	0.4%	176	0.3%
Predominantly hallucinogenic	32	0.1%	19	0.2%	27	0.2%	78	0.1%
Predominantly sedative/opioid	17	0.1%	13	0.1%	8	0.1%	38	0.1%
Predominantly dissociative	10	0.0%	6	0.1%	10	0.1%	26	0.0%
Total adult clients in treatment*	29,626	100%	10,056	100%	11,913	100%	59,258	100%

*The number of clients will be higher than the sum of the reported substances as not all clients will have presented with a club drug or NPS problematic substance.

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

4.2 Age of clients

The age of adults at their first point of contact with treatment in a secure setting in 2016-17 is reported in table 4.2.1. Alcohol only clients had the highest median age (the middle number in an ascending list of all ages), at 38 years. This was followed by opiate clients (36 years), non-opiate and alcohol clients (29 years) and non-opiate only clients (27 years).

Compared with the community-based treatment population, clients in the secure setting were consistently younger. The disparity was greatest for alcohol only users (8 years younger), followed by non-opiate and alcohol clients (5 years younger), opiate clients (3 years younger) and non-opiate clients (3 years younger). The community treatment annual report can be found at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/658056/Adult-statistics-from-the-national-drug-treatment-monitoring-system-2016-2017.pdf.

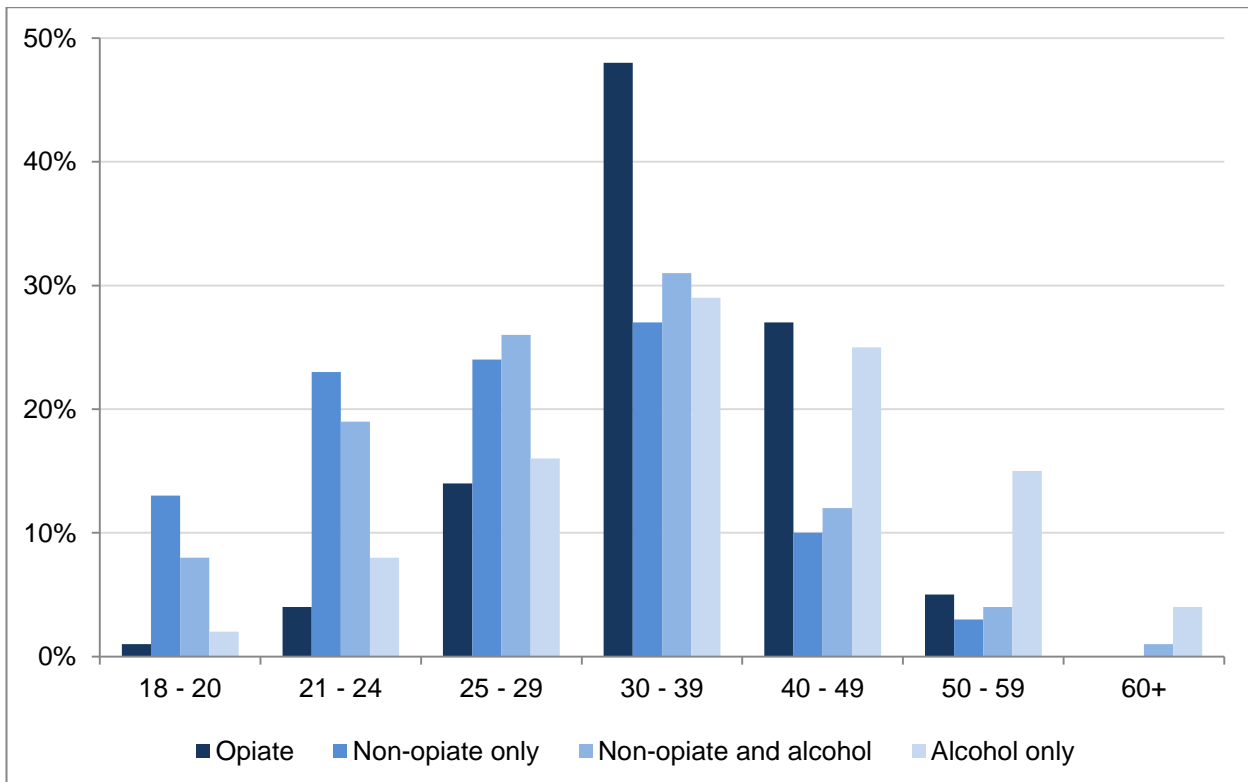
Of the alcohol only clients, 45% were 40 years and over. Nearly half (48%) of individuals presenting with problematic opiate use were aged 30-39, and a further 32% were aged 40 or over. The youngest group was the non-opiate only group, with 60% being under 30 years old.

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 - 20	257	1%	1,326	13%	907	8%	180	2%	2,670	5%
21 - 24	1,282	4%	2,296	23%	2,262	19%	602	8%	6,442	11%
25 - 29	4,274	14%	2,460	24%	3,085	26%	1,189	16%	11,008	19%
30 - 39	14,131	48%	2,670	27%	3,712	31%	2,241	29%	22,754	38%
40 - 49	8,016	27%	977	10%	1,411	12%	1,953	25%	12,357	21%
50 - 59	1,567	5%	299	3%	471	4%	1,187	15%	3,524	6%
60+	99	0%	28	0%	65	1%	311	4%	503	1%
Total adult clients in treatment	29,626	100%	10,056	100%	11,913	100%	7,663	100%	59,258	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



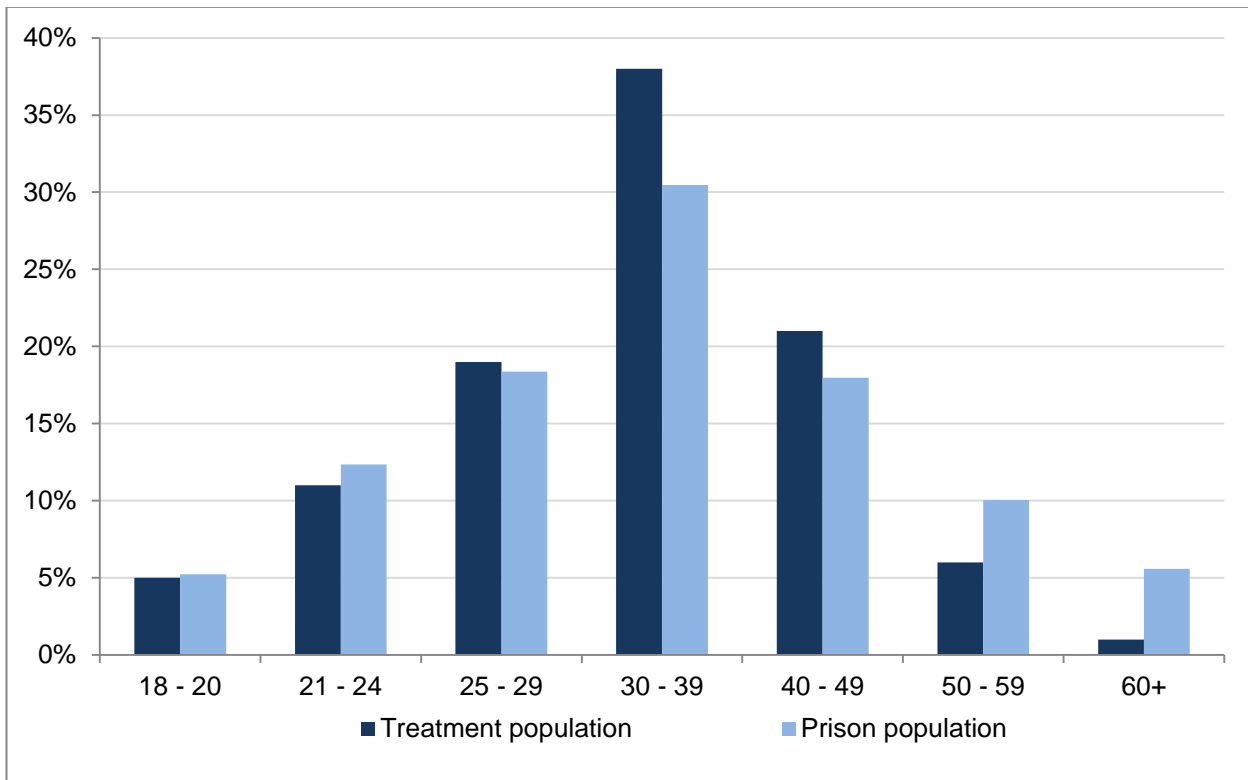
As can be seen in table 4.2.2 and figure 4.2.2 the distribution of ages of individuals in treatment in a secure setting is compared to the prison population³. There is more than double the proportion aged 50 or more in the prison population (16%) than the population in treatment (7%):

www.gov.uk/government/statistics/noms-annual-offender-equalities-report-2016-to-2017

Table 4.2.2: Age group comparison to prison population 2016-17

Age	Treatment population	Prison population
18 - 20	5%	5%
21 - 24	11%	12%
25 - 29	19%	18%
30 - 39	38%	30%
40 - 49	21%	18%
50 - 59	6%	10%
60+	1%	6%

Figure 4.2.2: Age distribution comparison to prison population 2016-17



³ The general prison population as measured on 31 March 2017 contained 22,585 clients who were engaged in treatment on that day.

4.3 Gender of clients

Table 4.3.1 presents the gender distribution for all clients in treatment, segmented by the 4 substance groups. Of the total treatment population in adult secure settlements, 90% (53,523) were male and 10% (5,735) were women. This is double the proportion of women within the total prison population (5% as at 31 March 2017). Further information can be found here:

www.gov.uk/government/statistics/noms-annual-offender-equalities-report-2016-to-2017

Of the male population in substance misuse treatment, 48% cited opiate use compared to almost three quarters (72%) of the female population.

Table 4.3.1: Gender of all clients in treatment 2016-17

Gender	Male		Female		Persons	
	n	%	n	%	n	%
Opiate	25,501	48%	4,125	72%	29,626	50%
Non-opiate only	9,638	18%	418	7%	10,056	17%
Non-opiate and alcohol	11,365	21%	548	10%	11,913	20%
Alcohol only	7,019	13%	644	11%	7,663	13%
Total adult clients in treatment	53,523	100%	5,735	100%	59,258	100%

Percentages may not sum to 100% due to rounding.

4.4 Ethnicity of clients

Table 4.4.1 reports the ethnicity of clients in treatment in adult secure settings in 2016-17. Where reported, most individuals (78%) were white British. Other white groups comprised a total of 5% of the treatment population and no other ethnic group made up more than 3%. Within the non-opiate only substance group, 7% of individuals had an ethnicity of Caribbean, compared to lower proportions in the other substance groups.

Of those in treatment in 2016-17, 17% were from a non-white ethnic group, with the proportion varying between the substance groupings. This compares with just over a quarter (26%) of the prison population as at the end of March 2017:

www.gov.uk/government/statistics/noms-annual-offender-equalities-report-2016-to-2017

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	23,995	83%	6,837	69%	8,710	74%	5,974	79%	45,516	78%
Other White	845	3%	271	3%	310	3%	423	6%	1,849	3%
Caribbean	496	2%	655	7%	503	4%	110	1%	1,764	3%
White & Black Caribbean	531	2%	421	4%	392	3%	81	1%	1,425	2%
Other Black	375	1%	358	4%	309	3%	83	1%	1,125	2%
African	257	1%	354	4%	351	3%	151	2%	1,113	2%
White Irish	440	2%	132	1%	199	2%	150	2%	921	2%
Pakistani	344	1%	219	2%	173	1%	77	1%	813	1%
Other Mixed	381	1%	152	2%	157	1%	95	1%	785	1%
Other Asian	269	1%	167	2%	187	2%	100	1%	723	1%
Indian	374	1%	54	1%	87	1%	139	2%	654	1%
Other	208	1%	101	1%	112	1%	58	1%	479	1%
Bangladeshi	163	1%	71	1%	85	1%	26	0%	345	1%
White & Asian	132	0%	77	1%	83	1%	31	0%	323	1%
White & Black African	97	0%	71	1%	110	1%	27	0%	305	1%
Chinese	4	0%	3	0%	1	0%	2	0%	10	0%
Total	28,911	100%	9,943	100%	11,769	100%	7,527	100%	58,150	100%
Inconsistent/not stated/unknown	715		113		144		136		1,108	
Total adult clients in treatment	29,626		10,056		11,913		7,663		59,258	

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

4.5 Disability

Table 4.5.1 reports the disability status of clients starting treatment in 2016-17. Introduced in April 2016, NDTMS allows reporting of up to 3 self-reported disabilities. The proportions reported are broadly similar for each of the 4 substance groups. Overall, 69% of those starting treatment declared no disability. The most prevalent disability was behavioural and emotional (8%), followed by learning disability (4%). The proportion of clients citing at least 1 disability was 19%, which is slightly higher than the most recent census data (2011/12 covering England and Wales) where 18% cited at least 1 impairment⁴.

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

Table 4.5.1: Disability of all clients starting treatment 2016-17

Disability	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Behaviour and emotional	1,629	8%	501	7%	721	9%	343	6%	3,194	8%
Hearing	117	1%	32	0%	53	1%	50	1%	252	1%
Manual dexterity	116	1%	22	0%	41	1%	35	1%	214	1%
Learning disability	590	3%	361	5%	465	6%	154	3%	1,570	4%
Mobility and gross motor	540	3%	107	2%	139	2%	139	2%	925	2%
Perception of physical danger	59	0%	14	0%	17	0%	15	0%	105	0%
Personal, self-care and continence	29	0%	4	0%	8	0%	5	0%	46	0%
Progressive conditions and physical health	519	3%	78	1%	124	2%	117	2%	838	2%
Sight	146	1%	42	1%	57	1%	43	1%	288	1%
Speech	22	0%	14	0%	20	0%	9	0%	65	0%
Other	640	3%	148	2%	188	2%	118	2%	1,094	3%
Not stated	1,083	5%	211	3%	243	3%	195	4%	1,732	4%
Total citations	5,490		1,534		2,076		1,223		10,323	
No disability	13,924	69%	4,846	70%	5,230	67%	3,934	71%	27,934	69%
Any disability	3,599	20%	1,117	18%	1,528	22%	868	17%	7,112	19%
Not stated	923	5%	200	3%	218	3%	189	4%	1,530	4%
Inconsistent/missing	1,772	9%	758	11%	776	10%	578	10%	3,884	10%
Total adult clients starting treatment	20,218		6,921		7,752		5,569		40,460	

*The number of clients may be less than the sum of the reported disabilities as a client may present with more than 1 disability.

*The number of disabilities may be less than the total number of clients, as a client may not have any disability.

4.6 Religion

Self-reported religion was also introduced into NDTMS in April 2016 and is reported in Table 4.6.1. Just over 2 in 5 clients (43%) reported no religion, which is higher than the 2011 Census data, where 25% stated this⁵. The most commonly reported religion was Christian (32%), followed by Muslim (7%). The proportions reported across the substance groups were similar, except that Muslim accounted for 4% of the alcohol only group and 13% for the non-opiate only group.

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

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

Table 4.6.1: Religion of all clients starting treatment 2016-17

Religion	Opiate		Non Opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Baha'i	4	0%	1	0%	2	0%	1	0%	8	0%
Buddhist	118	1%	52	1%	74	1%	32	1%	276	1%
Christian	5,614	31%	1,903	31%	2,206	32%	1,842	37%	11,565	32%
Hindu	57	0%	9	0%	13	0%	43	1%	122	0%
Jain	0	0%	0	0%	0	0%	0	0%	0	0%
Jewish	44	0%	23	0%	14	0%	12	0%	93	0%
Muslim	870	5%	829	13%	734	11%	201	4%	2,634	7%
Pagan	48	0%	21	0%	18	0%	19	0%	106	0%
Sikh	145	1%	14	0%	32	0%	68	1%	259	1%
Zoroastrian	7	0%	0	0%	2	0%	0	0%	9	0%
Other	755	4%	285	5%	290	4%	207	4%	1,537	4%
None	7,993	45%	2,535	41%	2,929	42%	2,070	41%	15,527	43%
Declined to answer	986	6%	235	4%	250	4%	191	4%	1,662	5%
Unknown	1,192	7%	263	4%	337	5%	355	7%	2,147	6%
Total	17,833	100%	6,170	100%	6,901	100%	5,041	100%	35,945	100%
Inconsistent/missing	2,385		751		851		528		4,515	
Total adult clients starting treatment	20,218		6,921		7,752		5,569		40,460	

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

4.7 Sexual orientation

Table 4.7.1 reports the sexual orientation of new presentations to treatment. The table shows that 91% reported being heterosexual, 1% gay/lesbian and 1% bisexual. In the general population⁶, the figure for heterosexual is slightly higher (93%) and gay/lesbian and bisexual are similar (1%). Sexual orientation was introduced to the NDTMS dataset for April 2016.

⁶ For sexuality data please see: Sexual identity, UK: 2016.

www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016

Table 4.7.1: Sexual orientation of all clients starting treatment 2016-17

Sexual orientation	Opiate		Non Opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Heterosexual	16,081	90%	5,736	93%	6,402	93%	4,544	90%	32,763	91%
Gay/Lesbian	159	1%	41	1%	51	1%	57	1%	308	1%
Bi-Sexual	264	1%	48	1%	63	1%	36	1%	411	1%
Client does not know/not sure	40	0%	14	0%	24	0%	16	0%	94	0%
Not Stated	1,238	7%	317	5%	362	5%	376	7%	2,293	6%
Other	62	0%	8	0%	5	0%	10	0%	85	0%
Total	17,844	100%	6,164	100%	6,907	100%	5,039	100%	35,954	100%
Inconsistent/missing	2,374		757		845		530		4,506	
Total	20,218		6,921		7,752		5,569		40,460	

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

4.8 Pathway into treatment (new presentations)

Table 4.8.1 shows a breakdown of new presentations (40,460) to treatment by pathway (ie the route by which people accessed treatment in a secure setting) and the number of days to start treatment (calculated as the difference between reception date and triage date).

Nearly half (19,874, 49%) of new presentations to treatment in 2016-17 were offenders who were taken directly into custody from the community. Most of those clients (61%) started treatment immediately on arrival into custody, which is an increase from 2015-16 (56%). In contrast, 27% of clients transferred from another secure setting started treatment immediately on arrival. While this is an increase from 2015-16 (16%), it is still almost half the rate of those taken directly into custody from the community.

Of those coming into custody-based treatment from the community, 91% started treatment within 3 weeks. By contrast, 67% of clients transferring from another secure setting started treatment within 3 weeks.

The opiate group had the highest proportion of clients who started treatment immediately, whether coming in from the community (71%) or from another secure setting (41%). Two percent of opiate clients coming in from the community took over 3 weeks to present to treatment, compared to 10% of alcohol only clients. Non-opiate and alcohol clients, and non-opiate only clients, had greater proportions taking over 3 weeks (19% and 31%, respectively).

Overall, 33% of clients transferred from another establishment took more than 3 weeks to start treatment, which is a decrease in the same proportion in 2015-16 (37%).

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

Pathway into treatment	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
<i>Taken directly into custody and starting treatment:</i>										
immediately (0 days)	8,094	71%	761	31%	1,276	44%	1,925	61%	12,056	61%
within 3 weeks (1-21 days)	3,042	27%	909	38%	1,053	37%	946	30%	5,950	30%
over 3 weeks (21+ days)	270	2%	750	31%	539	19%	309	10%	1,868	9%
Total	11,406	100%	2,420	100%	2,868	100%	3,180	100%	19,874	100%
<i>Transferred from another secure setting and starting treatment:</i>										
immediately (0 days)	3,642	41%	567	13%	730	15%	584	24%	5,523	27%
within 3 weeks (1-21 days)	3,688	42%	1,751	39%	2,006	41%	836	35%	8,281	40%
over 3 weeks (21+ days)	1,482	17%	2,183	49%	2,148	44%	969	41%	6,782	33%
Total	8,812	100%	4,501	100%	4,884	100%	2,389	100%	20,586	100%
Total adult clients starting treatment	20,218		6,921		7,752		5,569		40,460	

Percentages may 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 in a secure setting, reported by the 4 substance groups. Overall, 50% (20,218) of individuals starting treatment in 2016-17 presented with problematic opiate use. The next most commonly cited substance was alcohol, with 49% of clients (19,630) citing it as a problematic substance. From those, 5,569 of cited it as the only problematic substance. Cannabis (32%) and cocaine (21%) were the next mostly commonly cited substances. The percentage of new presentations citing crack cocaine increased from 5% in 2015-16 to 6% in 2016-17, while the proportion presenting with opiates (and not crack cocaine) decreased from 22% in 2015-16 to 17% in 2016-17.

Sixty-six percent of opiate new presentations also presented with crack cocaine. The next highest adjunctive substance alongside opiate use was alcohol (31%), followed by benzodiazepines (23%). For non-opiate only clients, the majority of individuals cited cannabis as a problematic substance (70%). This was followed by just over a third (38%) of this group presenting with cocaine powder. Cannabis was also the most prevalent illicit substance that non-opiate and alcohol clients presented to treatment with (60%).

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										
Both opiate and crack cocaine	13,373	66%	-	-	-	-	-	-	13,373	33%
Opiate (not crack cocaine)	6,845	34%	-	-	-	-	-	-	6,845	17%
Crack cocaine (not opiate)	-	-	1,066	15%	1,202	16%	-	-	2,268	6%
Other drug use										
Cannabis	3,411	17%	4,868	70%	4,623	60%	-	-	12,902	32%
Cocaine	2,343	12%	2,616	38%	3,733	48%	-	-	8,692	21%
Benzodiazepine	4,688	23%	419	6%	427	6%	-	-	5,534	14%
Amphetamine (other than ecstasy)	959	5%	685	10%	628	8%	-	-	2,272	6%
Other drug	304	2%	183	3%	150	2%	-	-	637	2%
Alcohol										
Alcohol	6,309	31%	-	-	7,752	100%	5,569	100%	19,630	49%
Total adult clients starting treatment*	20,218	100%	6,921	100%	7,752	100%	5,569	100%	40,460	100%

*The number of clients will be less than the sum of the reported substances as a client may present with more than one problematic substance.

Percentages may not sum to 100% due to rounding.

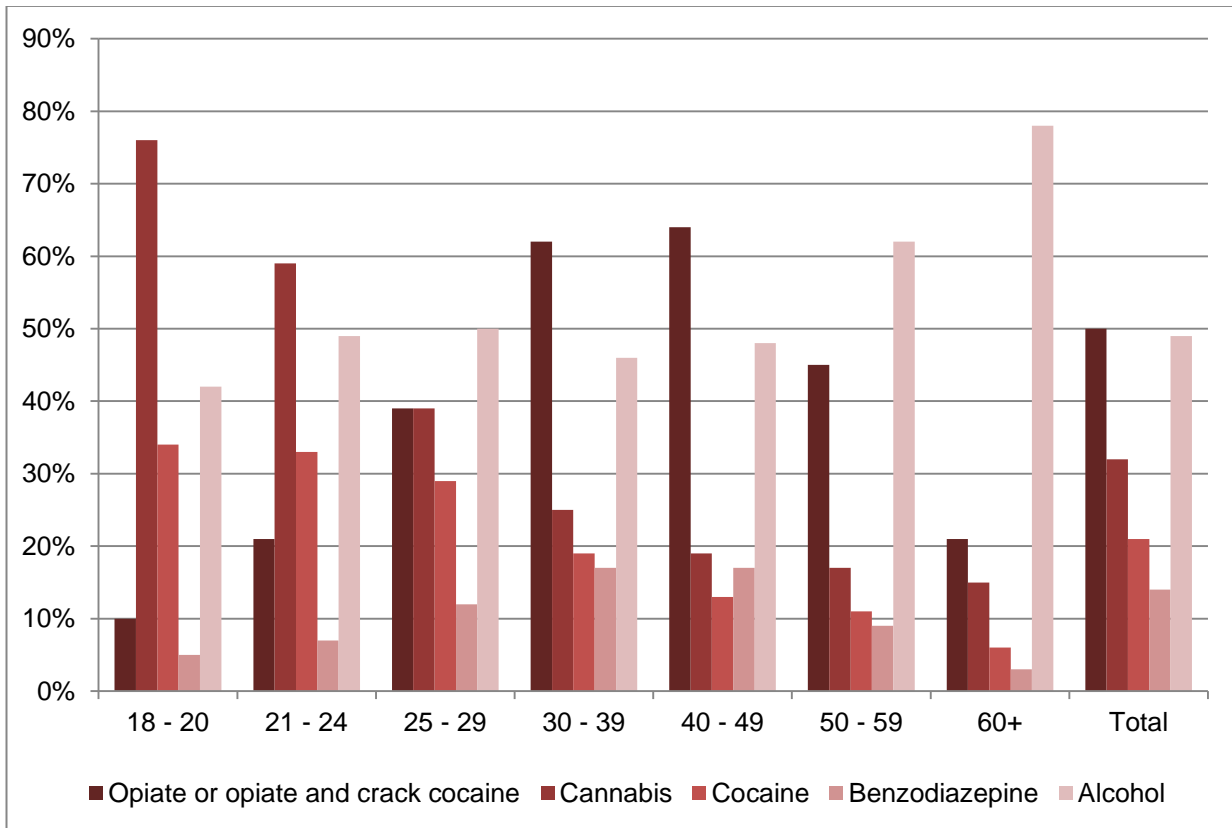
Table 4.9.2 and figure 4.9.1 report the distribution of the substances by age, for new presentations to treatment in 2016-17. For younger adults presenting to treatment (those aged 18-20), the main substances cited were cannabis (76%), alcohol (42%) and cocaine (34%), with only 10% citing opiates as problematic. The percentage of individuals presenting with problems with alcohol use increased with age, with 46% (7,153) of those aged 30-39 citing alcohol as problematic, increasing up to 78% (260) of those aged 60 years or more.

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

Substance	18 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60+	Total
	n	n	n	n	n	n	n	n
<i>Opiate and/or crack cocaine use</i>								
Both opiate and crack cocaine	109 5%	559 13%	1,982 26%	6,524 42%	3,528 42%	631 27%	40 12%	13,373 33%
Opiate (not crack cocaine)	92 5%	355 8%	992 13%	3,110 20%	1,858 22%	408 18%	30 9%	6,845 17%
Crack cocaine (not opiate)	117 6%	316 7%	507 7%	860 6%	332 4%	125 5%	11 3%	2,268 6%
<i>Other drug use</i>								
Cannabis	1,507 76%	2,635 59%	2,955 39%	3,809 25%	1,543 19%	404 17%	49 15%	12,902 32%
Cocaine	679 34%	1,480 33%	2,177 29%	2,973 19%	1,110 13%	252 11%	21 6%	8,692 21%
Benzodiazepine	90 5%	324 7%	888 12%	2,643 17%	1,377 17%	203 9%	9 3%	5,534 14%
Amphetamine (other than ecstasy)	125 6%	268 6%	442 6%	863 6%	463 6%	102 4%	9 3%	2,272 6%
Other drugs	32 2%	67 2%	147 2%	289 2%	92 1%	9 0%	1 0%	637 2%
<i>Alcohol</i>								
Alcohol	828 42%	2,172 49%	3,742 50%	7,153 46%	4,039 48%	1,436 62%	260 78%	19,630 49%
Total adult clients starting treatment*	1,984	4,465	7,520	15,499	8,336	2,322	334	40,460

*The number of clients will be less than the sum of the reported substances as a client may present with more than one problematic substance.

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 for treatment was recorded for 40,102 adults (99%) who entered treatment in a secure setting in 2016-17. The majority of individuals presenting to treatment had never injected (62%), though there was variation by substance group with 93% of alcohol only clients having never injected any substance compared to 34% of opiate clients. Over a third (38%) of individuals using opiates were currently injecting prior to entering the secure estate compared to 2% and 1% in the non-opiate only and non-opiate and alcohol clients respectively.

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	6,918	34%	6,039	88%	6,695	87%	5,087	93%	24,739	62%
Previously injected	5,260	26%	624	9%	819	11%	303	6%	7,006	17%
Currently injecting	7,606	38%	119	2%	111	1%	20	0%	7,856	20%
Declined to answer	273	1%	78	1%	63	1%	87	2%	501	1%
Total	20,057	100%	6,860	100%	7,688	100%	5,497	100%	40,102	100%
Missing/inconsistent	161		61		64		72		358	
Total adult clients starting treatment	20,218		6,921		7,752		5,569		40,460	

Percentages may not sum to 100% due to rounding.

5. Access to services

5.1 Waiting times from reception to triage and triage to first intervention

Similar to 2015-16, the majority of individuals (79%) waited 3 weeks or less from when they first entered a secure setting to having a triage assessment (80% in 2015-16). Of the 4 substance groups, those presenting with problematic use of opiates had the highest proportion (91%) waiting 3 weeks or less. This group had the lowest median waiting time of 0 days. The group with the longest median waiting time was the non-opiate only group (13 days). For individuals that started their first intervention, nearly all (95%) did so within 3 weeks of triage. From triage to first intervention, all groups had a median waiting time of 0 days.

Table 5.1.1 Waiting times, reception to triage and triage to first intervention 2016-17

Waiting time	Reception to Triage					Triage to First intervention					
	3 weeks or under		Over 3 weeks		Median waiting time	3 weeks or under		Over 3 weeks		No first intervention recorded	
	n	%	n	%		days	n	%	n	%	n
Opiate	18,466	91%	1,752	9%	0	19,859	98%	251	1%	108	1%
Non-opiate only	3,988	58%	2,933	42%	13	6,334	92%	530	8%	57	1%
Non-opiate and alcohol	5,065	65%	2,687	35%	7	7,172	93%	519	7%	61	1%
Alcohol only	4,291	77%	1,278	23%	1	5,274	95%	242	4%	53	1%
Total adult clients starting treatment	31,810	79%	8,650	21%	1	38,639	95%	1,542	4%	279	1%

Percentages may not sum to 100% due to rounding.

5.2 Treatment interventions

As part of a treatment episode in a given secure setting, an individual may receive more than 1 intervention (ie more than 1 type of treatment) while being treated. Table 5.2.1 shows the number of clients who received each intervention that commenced during 2016-17. Individuals are only counted once for each intervention type they received. Overall, 63% of the interventions received (63,296) were structured psychosocial interventions for drug and/or alcohol misuse. The remaining interventions were pharmacological interventions, 23% to address opiate use, 9% for alcohol and 5% to address other drug misuse.

Table 5.2.1 Interventions received by clients in treatment 2016-17

Interventions received	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Structured psychosocial intervention for drugs	27,032	44%	9,511	92%	9,910	57%	2,916	28%	49,369	49%
Structured psychosocial intervention for alcohol	3,772	6%	232	2%	5,357	31%	4,566	44%	13,927	14%
Pharmacological intervention for opiates	22,247	36%	310	3%	237	1%	108	1%	22,902	23%
Pharmacological intervention for alcohol	4,722	8%	93	1%	1,498	9%	2,550	24%	8,863	9%
Other pharmacological intervention	4,054	7%	219	2%	327	2%	316	3%	4,916	5%
Total interventions received	61,827	100%	10,365	100%	17,329	100%	10,456	100%	99,977	100%

Percentages may not sum to 100% due to rounding.

Table 5.2.2 shows the type of intervention combinations a client has received while in treatment in 2016-17. A client can receive either pharmacological and psychosocial interventions together, pharmacological interventions only or psychosocial interventions only. The majority of clients in the opiate group received both pharmacological and psychosocial interventions (72%). The majority of non-opiate (91%), non-opiate and alcohol (81%) and alcohol only clients (61%) received psychosocial interventions only. In a minority of cases (2%), no interventions were started/recorded. Those presenting with an opiate drug problem had the lowest proportion of clients with no structured intervention started/recorded (1%), with all other substance groups reporting 3%.

Table 5.2.2: Intervention combinations received by clients in treatment 2016-17

Intervention combinations	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Pharmacological and psychosocial interventions	21,322	72%	432	4%	1,626	14%	2,078	27%	25,458	43%
Pharmacological interventions only	1,946	7%	150	1%	249	2%	704	9%	3,049	5%
Psychosocial interventions only	6,046	20%	9,129	91%	9,701	81%	4,642	61%	29,518	50%
No structured intervention started/recorded	312	1%	345	3%	337	3%	239	3%	1,233	2%
Total adult clients in treatment	29,626	100%	10,056	100%	11,913	100%	7,663	100%	59,258	100%

Percentages may not sum to 100% due to rounding.

Table 5.2.3 below provides a breakdown of the length of time clients were continuously recorded as having received a prescribing intervention. The continuity of prescribing is maintained in instances where a client is transferred from one prison to another and a new prescribing intervention started.

Nearly all individuals prescribed were in receipt of prescriptions for less than 12 months (95%), an increase of 1% from 2015-16 (94%). There was minimal variation between substance groups, ranging from 91% for non-opiate only clients to 99% for non-opiate and alcohol clients. Overall, the average (median) length of continuous prescribing was 43 days, but ranged from 8 days for alcohol only clients to 54 days for opiate clients.

The majority of individuals either received prescriptions as part of opiate substitution therapy or to enable safe withdrawal from alcohol dependence.

Table 5.2.3 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	22,102	95%	529	91%	1,851	99%	2,733	98%	27,215	95%
1-2 years	1,005	4%	41	7%	19	1%	30	1%	1,095	4%
2-3 years	113	0%	5	1%	3	0%	12	0%	133	0%
3-4 years	33	0%	5	1%	1	0%	3	0%	42	0%
4-5 years	13	0%	2	0%	1	0%	3	0%	19	0%
5 years +	2	0%	0	0%	0	0%	1	0%	3	0%
Total	23,268	100%	582	100%	1,875	100%	2,782	100%	28,507	100%

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

6. Treatment outcomes

6.1 Average length of treatment intervention

The average (mean) length of treatment for interventions that ended in 2016-17 is reported in Table 6.1.1. Prescribing for alcohol misuse had the shortest intervention length (17 days). The longest intervention length was other structured intervention, which on average lasted 104 days.

Table 6.1.1: The average length of a treatment intervention ending in 2016-17

Average length of intervention	Opiate	Non-opiate only	Non-opiate and alcohol	Alcohol only	Total
	days	days	days	days	days
Opioid Maintenance	58	120	87	165	59
Opioid Reduction	74	137	106	120	75
Other Clinical Intervention	25	34	36	15	25
Psychosocial Intervention Mental Disorder	63	76	62	72	65
Other formal psychosocial therapy	82	177	177	151	101
Structured day programme	54	53	61	35	54
Other structured intervention	93	128	126	99	104
Alcohol – Prescribing	15	16	20	21	17
Alcohol – Structured psychosocial intervention	69	120	92	92	87
Alcohol – Other Structured Treatment	73	125	120	106	101
Total	70	120	106	75	79

6.2 Length of latest episode ending in 2016-17

The length of the latest discharged episode ending in 2016-17 is determined by the number of days between the triage and discharge date. Table 6.2.1 below shows the length of the latest episodes ended in week bandings (0-12 weeks, 13-26 weeks, 27-52 weeks and longer than 52 weeks) by substance group.

Overall, over half (58%) of latest episodes lasted 12 weeks or less, and just over a fifth (21%) lasted 13-26 weeks. Only 7% (2,715 episodes) were longer than 52 weeks. There is a similar pattern between opiate and alcohol only clients across the time periods, and between non-opiate only and non-opiate and alcohol clients.

Table 6.2.1: Length of latest episode ending in 2016-17

Length of episode	0 - 12 weeks		13 - 26 weeks		27 - 52 weeks		Longer than 52 weeks		Total	
	n	%	n	%	n	%	n	%	n	%
Opiate	11,400	64%	3,245	18%	2,025	11%	1,074	6%	17,744	100%
Non-opiate only	3,115	48%	1,652	25%	1,186	18%	583	9%	6,536	100%
Non-opiate and alcohol	3,734	49%	1,816	24%	1,317	17%	690	9%	7,557	100%
Alcohol only	3,463	63%	1,007	18%	659	12%	368	7%	5,497	100%
Total	21,712	58%	7,720	21%	5,187	14%	2,715	7%	37,334	100%

6.3 Treatment exits

Table 6.3.1 and figure 6.3.1 show the reasons for clients exiting treatment in 2016-17. In total, 37,330 individuals left treatment between 1 April 2016 and 31 March 2017. Of the individuals that left treatment in the year, 10,066 (27%) were discharged as ‘treatment completed’, up from 23% in 2015-16. Opiate clients had the lowest rate of successful completions (16%), compared to the other 3 substance groups at 36% and above. The opiate completion rate, however, is higher than it was in 2015-16 (13%).

Of the discharged opiate clients, 65% were transferred for further treatment to the community, and 16% were transferred for further treatment in custody in another secure setting. The remaining 3% of clients who left without completing treatment were discharged largely as having dropped out/left treatment.

During 2016-17, 0.1% of clients died while in contact with treatment in a secure setting (65 in total), which are more deaths than in 2015-16 (41 in total). Most of these were opiate clients (38, 58% of all deaths). There were 12 deaths among the non-opiate and alcohol only group during treatment in 2016-17. There were 8 deaths in the non-opiate only group and 7 deaths in the alcohol only group. Overall, the median age of those who died was 40, with the opiate clients and the alcohol only group being the eldest (42 years), followed by the non-opiate only group (37 years) and the non-opiate and alcohol group (34 years).

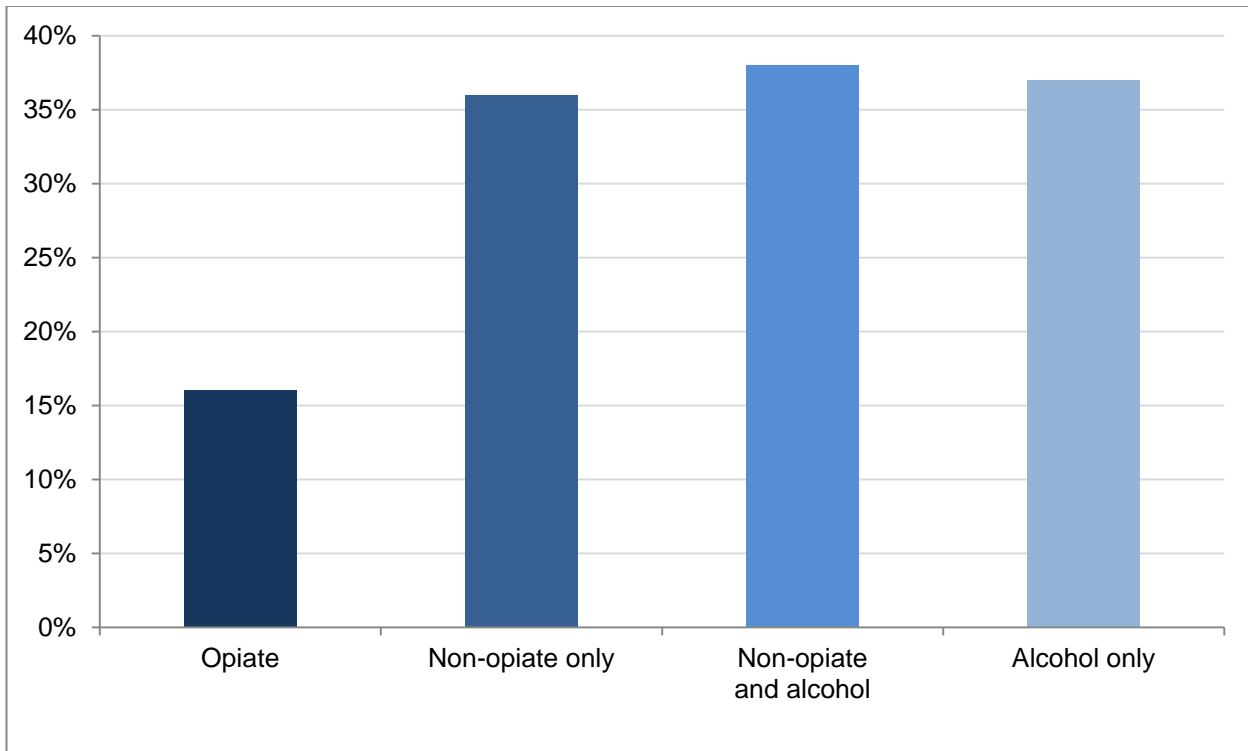
The alcohol only group had a reduction in the number of deaths compared to 2015-16 (from 11 to 7 deaths), while the number of deaths in the other groups increased: for opiate clients the increase was from 22 to 38; for non-opiate clients and the non-opiate and alcohol client groups, the combined increase was from 8 to 20 deaths.

Of the clients that died while in contact with treatment in an adult secure setting, 89% were males (58). Females therefore accounted for 11% (7) of overall deaths. Six of the women who died were opiate clients, 4 more than in 2015-16.

Table 6.3.1: 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	2,786	16%	2,212	34%	2,766	37%	1,989	36%	9,753	26%
Completed free of dependence	45	0%	131	2%	104	1%	33	1%	313	1%
<i>Treatment completed free of dependence subtotal</i>	2,831	16%	2,343	36%	2,870	38%	2,022	37%	10,066	27%
Transferred - not in custody	11,501	65%	1,756	27%	2,312	31%	2,202	40%	17,771	48%
Transferred - in custody	2,808	16%	1,937	30%	1,912	25%	973	18%	7,630	20%
Dropped out/left	420	2%	343	5%	329	4%	195	4%	1,287	3%
Treatment declined by client	93	1%	112	2%	92	1%	71	1%	368	1%
Treatment withdrawn by provider	47	0%	35	1%	30	0%	27	0%	139	0%
Died	38	0%	8	0%	12	0%	7	0%	65	0%
Deported	3	0%	1	0%	0	0%	0	0%	4	0%
Total	17,741	100%	6,535	100%	7,557	100%	5,497	100%	37,330	100%
Missing	0		1		0		0		1	
Total adult clients exiting treatment	17,744		6,536		7,557		5,497		37,334	

Figure 6.3.1 Proportion of exits that are treatment completed free of dependence by the 4 substance groups 2016-17



Full definitions of all the treatment exit reasons can be found in the NDTMS business definitions at:

www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance.

6.4 Continuity of care

Published on the Public Health Outcomes Framework (PHOF) website is indicator 2.16, which measures adults with a substance misuse treatment need who successfully engage in community-based treatment within 3 weeks, following release from prison.

This indicator supports a priority under the National Partnership Agreement between NHS E, HMPPS and PHE to strengthen integration of services and continuity of care between custody and the community.

More detail on PHOF can be found at:

www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4

Table 6.4.1 shows the number and proportion of individuals that successfully engaged in community-based structured treatment following release (within 21 days) at regional level. Nationally the current proportion is just over 30%, which is the same proportion as in 2015-16.

Table 6.4.1: PHOF 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison 2016-17

Area	n	%	95% Lower CI	95% Upper CI
North East	926	40.7	38.7	42.7
North West	1,539	30.7	29.4	32.0
Yorkshire and the Humber	1,036	32.1	30.5	33.7
East Midlands	722	29.6	27.9	31.5
West Midlands	1,256	31.5	30.1	33.0
East of England	808	32.8	31.0	34.7
London	1,075	21.0	19.9	22.1
South East	870	28.9	27.3	30.6
South West	773	35.5	33.5	37.5
England	9,005	30.3	29.8	30.8

n denotes the number of individuals that successfully engaged in community-based structured treatment within 21 days following release from prison.

7. Characteristics of young people in treatment in the secure estate

7.1 Establishment type

In total, there were 1,362 young people (YP) in specialist substance misuse treatment services in the children and young people’s secure estate in 2016-17. This includes 79 young people aged 18. This is a reduction of 12% on the number in treatment in 2015-16 (1,541). This should be considered in the context that the number of young people in the secure estate fell during this time. Provisional figures for 2016-17 (www.gov.uk/government/statistics/youth-custody-data)⁴ suggest a fall of 8% in the average youth custody population (including 18 year olds) between 2015-16 and 2016-17⁵:

Table 7.1.1 shows the types of establishments the young people in treatment resided in. The majority were in YOIs (67%), followed by SCHs (18%). Under 18s held in YOIs in March 2017 accounted for 72% of the overall youth custody population in England and Wales⁴. Young people in treatment in the youth custody estate in England (all establishment types listed in Table 7.1.1 except WOHs) accounted for 72% of young people in treatment in these settings.

Table 7.1.1: Establishment-level breakdown of all in treatment 2016-17

Establishment type	n	%
Young offender institution (n=4)*	907	67%
Secure children's homes (n=7)*	241	18%
Secure training centres (n=3)*	117	9%
Welfare only homes (n=6)*	97	7%
Total YP clients in treatment	1,362	100%

* n = number of establishments registered and submitted data to NDTMS in 2016-17

7.2 Age and gender

Table 7.2.1 and Figure 7.2.1 show the age and gender distribution of individuals in specialist substance misuse treatment in the young people’s secure estate at their first point of contact with treatment in 2016-17. Approximately 89% of young people in

⁴ Finalised youth custody population statistics for 2016-17 are due for publication in late January 2018.

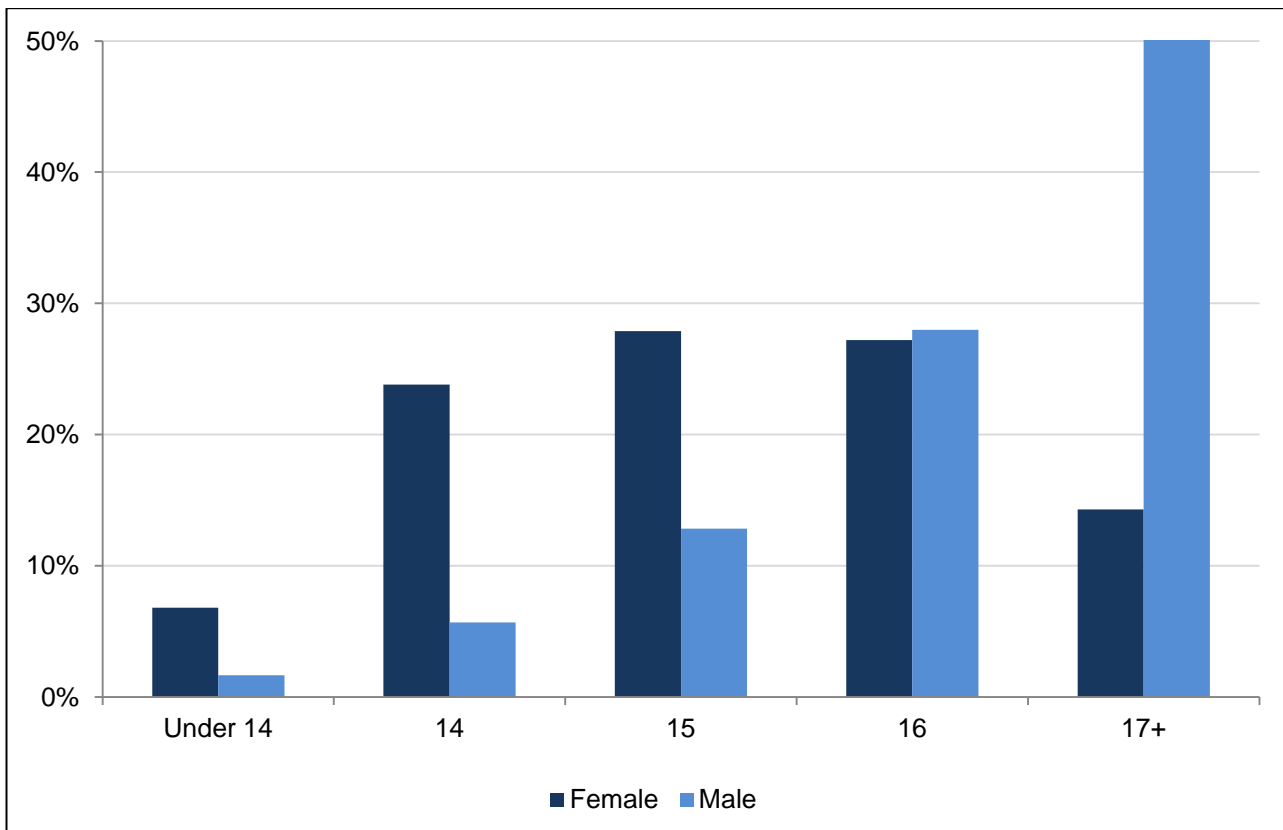
⁵ Youth custody population statistics published by the Youth Justice Board are not directly comparable with the number of young people in specialist substance misuse treatment services.

treatment in secure settings were male (including welfare only places), compared with 97% of the total youth custody population (excluding welfare only places) in March 2017⁴. Females in treatment were younger (median age of 15 years) compared to males (median age of 17 years), and 9 in 10 young people were aged 15 and above (compared with 95% in the youth custody population in March 2017)⁴.

Table 7.2.1: Age and gender breakdown of all in treatment 2016-17

Age	Male		Female		Total	
	n	%	n	%	n	%
Under 14	20	2%	10	7%	30	2%
14	69	6%	35	24%	104	8%
15	156	13%	41	28%	197	14%
16	340	28%	40	27%	380	28%
17+	630	52%	21	14%	651	48%
Total YP clients in treatment	1,215	100%	147	100%	1,362	100%

Figure 7.2.1: Age and gender breakdown of all in treatment 2016-17



7.3 Ethnicity

Table 7.3.1 shows the ethnicity of young people receiving substance misuse treatment in the secure estate. Where reported, two-thirds of the treatment population were white British (66%), with white and black Caribbean the next largest ethnic group (7%). No other ethnic group represented more than 4% of the treatment population.

Just over half (56%) of all young people in secure settings (excluding welfare only places) in March 2017 identified as white (www.gov.uk/government/statistics/youth-custody-data).

Table 7.3.1: Ethnicity of all in treatment 2016-17

Ethnicity	n	%
White British	874	66%
White & Black Caribbean	90	7%
Other Black	58	4%
Caribbean	42	3%
Other White	40	3%
Pakistani	38	3%
Other Mixed	34	3%
African	33	3%
Other	27	2%
Other Asian	23	2%
White & Asian	16	1%
White & Black African	16	1%
White Irish	15	1%
Bangladeshi	9	1%
Indian	5	0%
Chinese	0	0%
Total	1,320	100%
Inconsistent/not stated/unknown	42	
Total YP clients in treatment	1,362	

7.4 Substance use

Table 7.4.1 and Figure 7.4.1 show the substances young people reported as having problems with, and required treatment for, at the triage assessment. The most commonly cited substance was cannabis, reported by 91% of young people. Just under half of young people cited problematic alcohol use, making it the second most cited substance (48%). Other substances young people reported problems with included cocaine and nicotine (21% and 17% respectively), ecstasy (7%), new psychoactive substances (NPS) (5%), amphetamines (5%) and opiates (3%). The number of young people in treatment reporting crack cocaine as a problem substance increased from 14

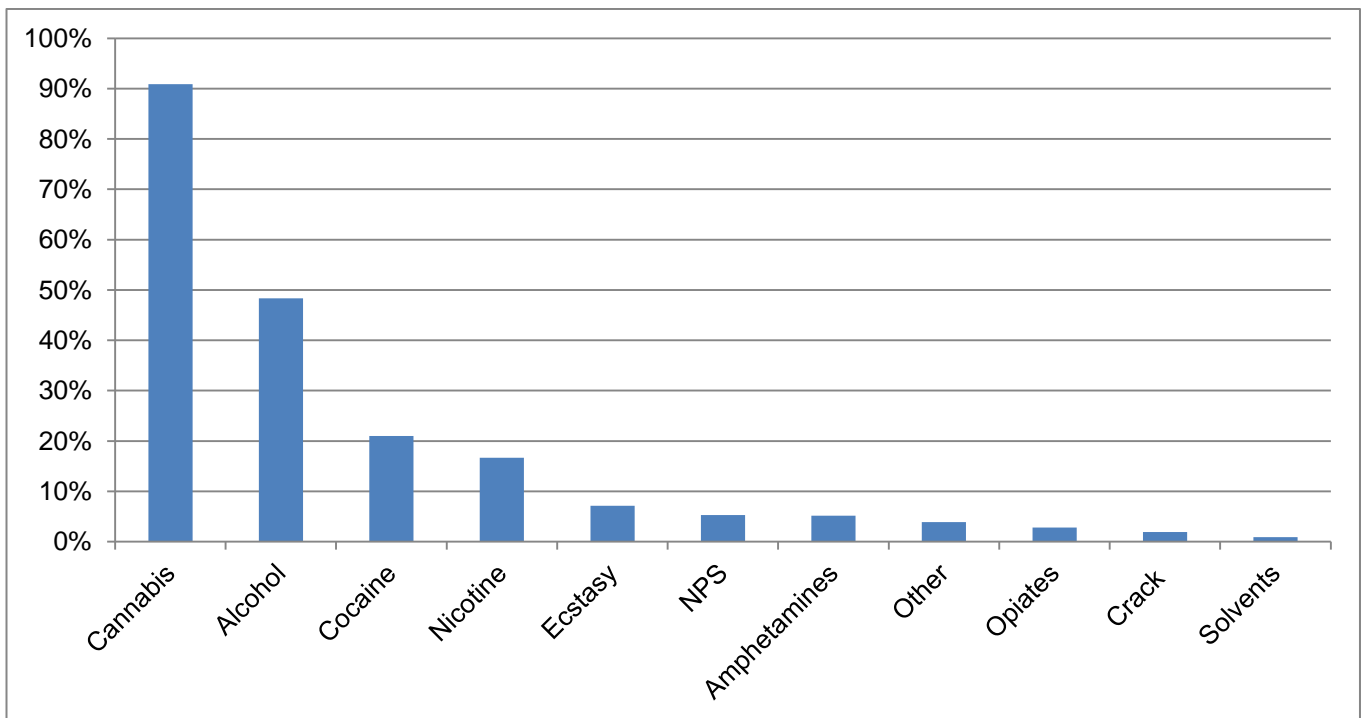
to 26 individuals, which is 2% and twice the proportion compared to 2015-16. The proportion citing opiates increased from 2% to 3% (from 28 to 38 individuals).

Table 7.4.1 also shows that those reporting a problem with substances such as cannabis, ecstasy, amphetamines and nicotine are younger (median age of 16) than those reporting cocaine, NPS and opiates (median age of 17).

Table 7.4.1: Substance use and median age of all in treatment 2016-17

Substance	n	%	Median age
Cannabis	1,238	91%	16
Alcohol	658	48%	16
Cocaine	286	21%	17
Nicotine	227	17%	16
Ecstasy	97	7%	16
NPS	72	5%	17
Amphetamines	70	5%	16
Other	53	4%	17
Opiates	38	3%	17
Crack	26	2%	16
Solvents	12	1%	15.5
Total YP clients in treatment	1,362	100%	16

Figure 7.4.1: Substance use breakdown of all in treatment 2016-17



7.5 Pathway into treatment

Table 7.5.1 shows the route a young person can take to accessing treatment in a secure setting. The majority of young people (91%) started treatment after having been taken directly into custody from the community, whereas the remaining 9% started treatment having transferred from another secure setting establishment.

Table 7.5.1: Route into treatment 2016-17

Pathway into treatment	n	%
Taken directly into custody and starting treatment	1,238	91%
Transferred from another secure setting and starting treatment	124	9%
Total YP clients in treatment	1,362	100%

7.6 Waiting time from reception to triage and triage to first intervention

Table 7.6.1 shows that 825 (85%) young people were triaged within 1 week of arriving in a secure setting. Of those who started a treatment intervention, 834 (89%) received their first intervention within 1 week of their triage assessment.

Table 7.6.1: Waiting times, reception to triage and triage to first intervention 2016-17

Waiting time	Reception to Triage		Triage to First intervention	
	n	%	n	%
Within 1 week	825	85%	834	89%
Within 1-3 weeks	50	5%	42	4%
Waits over 3 weeks	95	10%	66	7%
Total YP clients starting treatment	970	100%	942	100%

7.7 Treatment interventions received

A young person may receive more than 1 intervention (ie more than 1 type of treatment) while being treated for substance misuse. Table 7.7.1 shows the types of interventions that young people commenced during 2016-17. Individuals are only counted once for each intervention type they received. As each individual may have received more than 1 type of intervention in the year, percentages may not sum to 100%.

Of the interventions delivered to young people in treatment in 2016-17, 80% received a harm reduction intervention, followed by just over half (52%) receiving psychosocial motivational interviewing and more than a quarter receiving relapse prevention (28%). Only 13 (1%) young people in treatment received a pharmacological intervention.

Table 7.7.1: Interventions received in 2016-17

Intervention	n	%
YP Harm Reduction	1,090	80%
YP Psychosocial - motivational interviewing	708	52%
YP Psychosocial - relapse prevention	378	28%
YP Psychosocial - cognitive behavioural therapy	198	15%
No valid intervention recorded	93	7%
YP Psychosocial - family work	30	2%
Other intervention	18	1%
YP Psychosocial - counselling	17	1%
Pharmacological	13	1%
Total YP clients in treatment	1,362	100%

Table 7.7.2 shows the combinations of treatment interventions received by young people in treatment in the secure estate. An individual only appears in 1 intervention combination group below. Just under half (46%) received psychosocial and harm reduction interventions and 32% only received a harm reduction intervention.

Table 7.7.2: Intervention combinations 2016-17

Intervention combination	n	%
Psychosocial and harm reduction	622	46%
Harm reduction only	441	32%
Psychosocial only	176	13%
No valid intervention recorded	93	7%
Other	30	2%
Total YP clients in treatment	1,362	100%

7.8 Length of latest discharged treatment episode

Half (50%) of all young people in treatment in a secure setting had an episode length of up to 12 weeks. In Table 7.8.1, the proportion of young people discharged in each banding of episode length reduces as the episode bandings increase in duration. On average (median), a young person’s treatment episode lasted 13 weeks.

Table 7.8.1: Length of latest discharged treatment episode 2016-17

Episode length	n	%
0-12 weeks	456	50%
13-26 weeks	259	28%
27-52 weeks	165	18%
over 1 year	40	4%
Total YP discharged	920	100%

7.9 Vulnerabilities identified in young people starting treatment

Table 7.9.1 below shows the vulnerabilities identified for young people starting treatment in 2016-17. Almost two-thirds (63%) reported poly substance use. Lower proportions reported high-risk alcohol use (6%), being pregnant or a parent (4%), current or previous injecting (3%), and opiate and/or crack use (4%). The proportion identified with opiate and/ or crack cocaine use (4%) is double that in 2015-16 (2%).

Two or more vulnerabilities were identified in 13% of young people starting treatment in the year.

Table 7.9.1: Type of vulnerabilities identified in young people starting a treatment intervention in 2016-17

Vulnerability	n	%
Poly substance use	615	63%
High risk alcohol user	59	6%
Opiate and/or crack use	39	4%
Pregnant / parent	34	4%
Injecting - currently or previously	31	3%
Total YP clients starting treatment	970	100%

7.10 Treatment exit reasons

There were 920 young people in secure settings who exited treatment in 2016-17. A third (33%) completed treatment successfully. Of those discharged from treatment, 46% were released from custody and were referred for further treatment in the community and 14% were transferred to another secure setting establishment with the intention that treatment would continue. The remaining 6% either dropped out, withdrew from treatment, or the client had declined treatment.

Table 7.10.1: Treatment exit reasons 2016-17

Treatment exit reason	n	%
Transferred - not in custody	427	46%
Completed	302	33%
Transferred - in custody	128	14%
Treatment declined by client	32	3%
Dropped out / withdrawn by provider	31	3%
Died	0	0%
Other unplanned	0	0%
Total YP exiting treatment	920	100%

8. History

This report presents information relating to substance misuse treatment in secure settings in England. The statistics are derived from data that has been collected through NDTMS.

NDTMS collects activity data from drug and alcohol treatment services in both community and secure settings 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 and alcohol 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 from community-based providers through NDTMS since April 2004. NDTMS was implemented across the prison and YOI estate during 2012/13. It was further extended to secure training centres and secure children's homes from April 2013. NDTMS is currently managed by PHE.

The definitions used within NDTMS for structured drug and alcohol treatment in secure settings are in line with those outlined in:

- Drug misuse and dependence: UK guidelines on clinical management, Department of Health, 2017:
www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, NICE guidelines (CG115), NICE 2011:
www.nice.org.uk/guidance/cg115

Providers in secure settings submit a core data set of their clients' information as a database extract. The secure settings core data set and code sets can be found at: www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance

8.1 Relevant web links and contact details

Monthly web-based NDTMS analyses

www.ndtms.net/

National Drug Evidence Centre (NDEC)

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

Brian Eastwood – programme manager, PHE

Brian.Eastwood@phe.gov.uk

Tim Lowden – programme manager, PHE

Tim.Lowden@phe.gov.uk

Andrew Jones – research fellow, National Drug Evidence Centre

Andrew.Jones@manchester.ac.uk

8.2 Other sources of statistics about drugs and alcohol

8.2.1 Adult substance misuse treatment

PHE publishes annual reports regarding adults accessing drug and alcohol treatment. These can be found at:

www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics

8.2.2 Young people substance misuse treatment

PHE also collects data on drug and alcohol treatment for young people, and produces official statistics bulletins, which can be found at:

www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics

8.2.3 Prevalence of drug use among adults and young people

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.

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. 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.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics

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 NHS Digital 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 and now report every 2 years. The 2016 report was published in November 2017. The survey findings and further information are available here:

digital.nhs.uk/catalogue/PUB30132

8.2.4 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 the Criminal Justice System, including trends in court prosecutions and convictions, sentencing and out of court disposals. These can be found at:

www.gov.uk/government/collections/criminal-justice-statistics

8.2.5 Youth justice statistics

The Ministry of Justice and the Youth Justice Board for England and Wales publish annual statistics that detail the number of young people (aged 10-17) arrested, along with proven offences, criminal history, characteristics of young people, the number sentenced, those on remand, those in custody, re-offending and behaviour management. This can be found at:

www.gov.uk/government/collections/youth-justice-statistics.

Monthly youth custody statistics can also be accessed here:

www.gov.uk/government/statistics/youth-custody-data.

8.2.6 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: www.emcdda.europa.eu/publications/edr/trends-developments/2017_en

8.2.7 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. The most recent report, covering deaths registered up to 2016, can be found at:

www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations

Local authority level data on drug misuse deaths for 3-year periods, most recently 2014-2016, can be found in indicator 2.15iv of the Public Health Outcomes Framework, at:

www.phoutcomes.info/

9. Abbreviations and definitions

9.1 Abbreviations

C&YP	Children and young people
CSEW	Crime Survey for England and Wales
CYPSE	Children and young people's secure estate
EMCDDA	The European Monitoring Centre for Drugs and Drug Addiction
IRC	Immigration removal centres
MIM	Multiple indicator methodology
NDEC	National Drug Evidence Centre (University of Manchester)
NDTMS	National Drug Treatment Monitoring System
NICE	National Institute for Health and Care Excellence
NPS	New psychoactive substances
OST	Opioid substitution treatment
PHE	Public Health England
PHOF	Public health outcomes framework
SCH	Secure children's home
STC	Secure training centre
WOH	Welfare only homes
YJS	Youth justice system
YOI	Young offender institution
YP	Young people

9.2 Definitions

Client	A drug or alcohol user presenting for treatment at a structured treatment service. Records relating to individual clients are isolated and linked based on NOMS identifier or the attributor and drug partnership of residence.
Discharge date	The date the client's treatment ceased in the secure setting.
Episode	A period of contact with a treatment provider: in secure settings this is from triage to discharge from that treatment.
High risk alcohol user	Drinks almost daily, or in excess of 8 units (males) or 6 units (females) on an average drinking day when drinking 13 or more days of the month.
Injecting	Has ever injected (currently or previously).
Intervention	A type of treatment, for example structured day programme or opioid prescribing.
First intervention	'First intervention' refers to the first intervention that occurs in a treatment episode.
Opiate	A group of drugs including heroin, methadone and buprenorphine.
Opiate and/or crack use	Reported using opiates and/or crack among their presenting substances.
Poly substance use	Reported using 2 or more substances in combination
Pregnant and/or parent	Is pregnant or a parent.
Presenting for treatment	The first face-to-face contact between a client and a treatment provider.
Provider	A provider of services for the treatment of drug or alcohol misuse.
Reception date	The date that a client enters a secure setting establishment.

Structured treatment	Structured treatment follows assessment and is delivered according to a care plan, with clear goals, which are regularly reviewed with the client. It may comprise a number of concurrent or sequential treatment interventions.
Triage	An initial clinical risk assessment performed by a treatment 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 had a triage/initial assessment.
Waiting times	The period of time between reception into a secure setting and the triage assessment, and also from the triage assessment to the first intervention.
Young person	This is an individual who is accessing treatment within the children and young people's secure estate.

Note: full operational definitions can be found in the NDTMS core data set documents on: www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance