



Public Health
England



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

1 April 2017 to 31 March 2018

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Executive summary

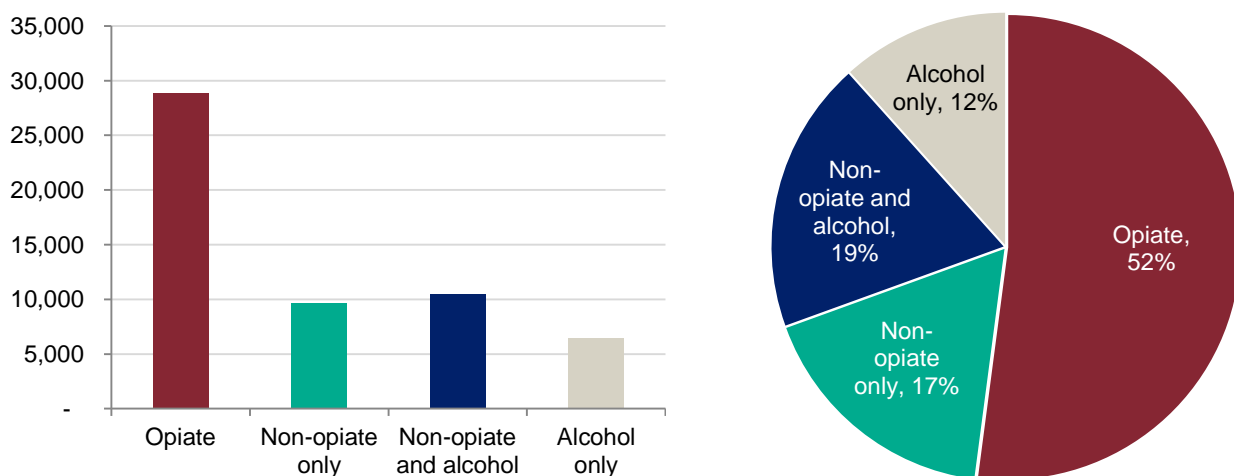
Overview

This National Drug Treatment Monitoring System (NDTMS) statistics report presents information on specialist treatment interventions for drugs and alcohol misuse in secure settings during 2017-18. The report contains information on adults (aged 18 and over) in contact with treatment services in prisons, including youth offender institutions (YOIs) for 18-21 year olds, and immigration removal centres (IRCs). There is also a separate section on young people receiving treatment within the children and young people's secure estate, including welfare-only children's homes. Trend data on people receiving substance misuse treatment in these settings has been included for the first time.

Many people experience difficulties with, and receive treatment for, drugs or alcohol or both. While they often share many similarities, they also have clear differences, so this report divides people in treatment into 4 substance groups:

- opiate - people who are dependent on or have problems with opiates, mainly heroin
- non-opiate only - people who are dependent on or have problems with non-opiate drugs, such as cannabis, crack and ecstasy
- non-opiate and alcohol - people who are dependent on or have problems with both non-opiate drugs and alcohol
- alcohol only - people who are dependent on or have problems with alcohol but don't have problems with any other substances

Figure 1: Adults in treatment in secure settings by substance groups 2017-18



Adults in secure settings

Numbers in treatment and substance use

During 2017-18 there were data recording issues in some prisons in the West Midlands that resulted in an undercount of adults in treatment in that region. Because of this the numbers of adults in treatment in England will also be undercounted and therefore it is not possible to make direct comparisons to previous years.

In 2017-18, the number of adults (aged 18 and over) accessing treatment in a secure setting was 55,413. Most of those (96%, or 53,109) accessed structured treatment in a prison setting; either in a local, training, high security or open prison. People accessing treatment in prisons and IRCs were primarily treated for opiate use (53%, or 28,246, and 58%, or 318, respectively), while YOIs mostly treated those with non-opiate drug use (77%, or 1,353).

Just over half of all adults in treatment in a secure setting in 2017-18 reported problematic use of opiates (52%, or 28,859). Seven in 10 opiate clients (70%, or 20,066) reported problems with crack cocaine and just over a fifth (21%, or 6,150) reported problematic benzodiazepine use. Nearly a third of opiate users also reported problems with alcohol use (31%, or 8,909).

After opiates, alcohol was the next most common substance (25,828, or 47% of adults in treatment). The majority (63%, or 12,674) of people in the non-opiate group were in treatment for problematic cannabis use (68%, or 6,552, of non-opiate only; 58%, or 6,122, of non-opiate and alcohol clients). The next most common substances were powder cocaine (49%, or 5,126 of non-opiate and alcohol clients and 38%, or 3,646 of non-opiate only clients), followed by amphetamines (8%, or 1,636) and benzodiazepines (6%, or 1,147).

Almost 1 in 10 adults in treatment said they had a problem with new psychoactive substances (NPS) (8.8%, or 4,868). This figure represents the proportion of adults entering treatment with problematic NPS use and is not necessarily a reflection of overall NPS use in adult secure settings.

Age

As in community treatment, adults in treatment for alcohol only or opiate use in secure settings tended to be older than those treated for other substances. The median age of people in the alcohol only group at the first point of contact with treatment was 38 years and 36 years for the opiate group (46 years and 40 years in community treatment, respectively). People in the non-opiate and alcohol and non-opiate only groups had

median ages which were lower at 30 years and 28 years respectively (34 years and 30 years in community treatment, respectively).

Gender

Gender proportions in the total treatment population in adult secure settings were 90% male (49,791) and 10% female (5,622), double the proportion of women within the total prison population: <https://www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018>. Problematic opiate use was reported by half of the male treatment population (50%, or 24,712). Almost three-quarters (74%, or 4,147) of women in treatment were being treated for opiate use.

Ethnicity

The largest ethnic group in treatment were recorded as white British (79%, 42,904). No other ethnic group made up more than 3% of the total treatment population, although 6% of those in the non-opiate only group were Caribbean (578).

Parental status

Information on the parental status of adults in treatment has been introduced in this report for the first time this year. Where reported, just over half of all clients (54%, or 28,682) were either a parent or had children living with them prior to coming into the secure setting. This is very similar to the parental status of people entering community treatment in the same period, where 51% were a parent or had children living with them.

Mental health

Information on whether a person in treatment has a mental health need has also been introduced into this report for the first time this year. The proportion of people entering alcohol and drug treatment who had a mental health need for reasons other than substance misuse (which was identified and reported by healthcare services), was 32% (16,542). The numbers ranged from 25% (2,242) in the non-opiate only group to 36% (9,694) in the opiate group. The proportion of people entering community alcohol and drug services who needed mental health treatment, was 41% in the same period.

Time to start treatment

The median time between a person entering an adult secure setting and getting a triage assessment for substance misuse treatment was 1 day. Nearly all (96%, or 34,368) adults started their first treatment intervention within 3 weeks of being

assessed but would usually start treatment immediately if it was clinically appropriate to do so.

Treatment interventions

The majority (61%, or 53,613) of treatment interventions received by adults in treatment were structured psychosocial interventions. The remaining interventions were pharmacological interventions: 26% (22,793) to address opiate use, 9% (7,952) for alcohol and 4% (3,119) to address other drug misuse. These would generally be provided alongside a psychosocial component to help support an individual's recovery¹. Almost all people in treatment in secure settings (93%, or 51,559) in 2017-18 received psychosocial interventions, with 5% (2,705) receiving pharmacological interventions only and 2% (1,149) either not starting an intervention or an intervention not being recorded.

The majority of people (94%, or 25,725) 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 48 days, but ranged from 8 days for people in the alcohol only group to 59 days for the opiate group.

Treatment exits and successful completions

The number of adults leaving treatment was 34,834. Around a third (30%, or 10,343) of those completed their treatment programme. The lowest rate of successful completion was among opiate users (18%, or 3,060), compared with 41% to 44% for the other 3 substance groups. The majority of people in the opiate group discharged from treatment were referred to treatment services in the community on release (61%, or 10,593, of discharged opiate clients); while a lower proportion of alcohol only (31%, or 1,434), non-opiate and alcohol group (24%, or 1,555) and non-opiate only group (23%, or 1,426) had the same referral to community treatment. 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 by the Public Health Outcomes Framework (PHOF) indicator 2.16. This indicator reported that in 2017-18, 32.1% of adult prisoners who needed ongoing treatment successfully engaged with community-based treatment within 21 days of release.

¹ Drug misuse and dependence: UK guidelines on clinical management, 2017:

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

Deaths

There were 43 people who died while in contact with treatment services in a secure setting in 2017-18, which is less than 0.1% of all adults accessing treatment in the secure estate.

Over half (58%) of the 43 deaths were in the opiate group (25 deaths) and almost a third (30%) were in the non-opiate client groups (13 deaths). Females accounted for 5% (2 deaths) of the total deaths among adults in treatment.

Trends in adults in treatment in secure settings

Due to the data compliance issues in the West Midlands during 2017-18 and the resulting national undercount, it is not possible to make direct comparisons to previously published data.

To be able to report more representative trends over time the West Midlands data has been removed from both the 2017-18 adult data in this section as well as from the preceding years that are also reported here.

Adults in treatment

Overall, there was a 4.6% reduction of adults in treatment in 2017-18 compared with the previous year. The majority of the decrease was seen within the non-opiate only (9%) and alcohol only (14%) groups. There have been fluctuations in the overall male and female prison populations in 2017-18 and the combined population of both was 3% lower on 31 March 2018 than it was on 31 March 2017².

Substance use in those starting treatment

There was a decrease in adults starting treatment in 2017-18 (6% lower than 2016-17). This decrease was seen across all substance groups; the largest falls being in the alcohol only and non-opiate and alcohol groups (14% decrease and 8% decrease respectively).

The proportion of people entering treatment in 2017-18 who reported problematic crack cocaine use alongside opiate use has risen year on year (from 26% in 2015-16 to 36% in 2017-18), as has the proportion of those starting treatment for crack cocaine without

² HMPPS Offender Equalities Annual Report 2017 to 2018:

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

opiates (from 5% in 2015-16 to 7% in 2017-18). This increase mirrors a similar rise among people starting community treatment for crack cocaine use and opiate use within the same period (from 14% in 2015-16 to 18% in 2017-18) and the rise in the proportion of adults being treated for crack cocaine (but not opiate) problems (an increase of 1% from 2015-16 to 2017-18).

Conversely, the proportion of people entering treatment for opiate problems, who didn't also have crack problems, has fallen year on year (from 22% in 2015-16 to 14% in 2017-18).

The proportion of people entering treatment for other substances has also decreased from last year, with the largest drops seen for people entering treatment for problems with alcohol (down 3%), cannabis (down 2%) and benzodiazepines (down 3%).

The number and proportion of people starting treatment in prison for new psychoactive substances (NPS) has continued to increase. Almost 1 in 10 adults in treatment stated they had a problem with this in 2017-18 (8.5%). This proportion has increased from 5.7% in 2015-16 where 3,037 individuals reported problematic NPS use. This is the opposite to the trend in community treatment, where numbers in treatment for NPS have decreased from 2,728 in 2015-16 to 2,074 in 2017-18 (only 0.8% of the treatment population), a fall in volume of 24%. These figures are the number of adults being treated for problematic NPS use and do not necessarily reflect overall NPS use in adult secure settings.

Treatment exits and successful completions

The proportion of adults leaving treatment after successfully completing their treatment free of dependence increased in 2017-18 to 31% (from 28% in 2016-17 and 24% in 2015-16). Adults successfully engaging in community treatment within 21 days of release also increased in 2017-18 to 32.1% (30.3% in 2016-17).

Deaths

The number of adults who died while in contact with treatment services in 2017-18 decreased 36% from 2016-17, with all substance groups seeing falls. This decrease is in line with decreases seen in the rate of male and female deaths per 1,000 prison population in 2017 (calendar year)³, where the total numbers of deaths in prison were 17% lower than in 2016.

³ HMPPS Offender Equalities Annual Report 2017 to 2018:

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

People with opiate problems have continued to be the most at risk, with over half of all deaths in treatment being in that substance group. However, the large numbers of deaths in the non-opiate and alcohol groups in 2016-17 has decreased markedly, with a fall from 12 to 6 people in 2017-18.

Young people in secure settings

There were 1,352 young people in specialist substance misuse treatment in secure settings in 2017-18. The majority (72%) of young people in treatment in secure settings were in youth offender institutions (YOIs), with a further 16% in secure children's homes (SCHs), 6% in secure training centres (STCs) and 5% in welfare only homes (WOHs).

Age, gender and ethnicity

Approximately 92% of young people in treatment in 2017-18 were male. Males tended to be slightly older (17 years) compared to females (16 years). Two-thirds (66%) were recorded as white British and white and black Caribbean was the next largest ethnic group (9%). Other groups represented no more than 4% of the total treatment population.

Substance use of young people

Cannabis was the most common substance reported by young people in treatment in secure settings (91% of all in treatment). Just under half said they problematic alcohol use (47%), followed by nicotine (22%), and powder cocaine (16%).

Time to treatment start

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

Treatment interventions

Most young people starting treatment received a harm reduction intervention (85%). Motivational interviewing (52%) and relapse prevention (23%) 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 931 young people in secure settings who left treatment in 2017-18, nearly a quarter (22%) completed their treatment in custody. Half (50%) were released from custody and were referred for further treatment in the community while 14% were transferred to another establishment with the intention that their treatment would continue. Seven percent declined further treatment and the remaining 6% either dropped out or withdrew from treatment. There were no deaths among young people in secure settings while they were in specialist substance misuse treatment.

1. Background and policy context

1.1 Background to the data and other relevant data sources

This report presents statistics submitted by services delivering structured substance misuse treatment interventions in secure settings in England. The report is intended for anyone wishing to understand the availability and effectiveness of alcohol and drug treatment in secure settings and the profile of individuals accessing treatment in these settings.

The statistics in this publication come from analysis of data collected for the National Drug Treatment Monitoring System (NDTMS). NDTMS collects data from NHS England commissioned-healthcare services in approximately 140 secure establishments, including adult settings (prisons and IRCs) and the Children and Young People's Secure Estate (CYPSE). These data are collected monthly and 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. Whilst the statistics in this report provide information on the numbers of people accessing treatment in secure settings for their alcohol and/or drug use, they do not give an indication of treatment need or all the harms associated with drug and alcohol use.

This publication is the third annual report on individuals receiving specialist interventions for drugs and alcohol misuse in secure settings in England. The publication covers the period 2017-18 and includes information on 2 groups; adults and children and young people.

The first part of the report covers drug and alcohol treatment in adult secure settings. These settings include prisons, youth 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 part of the report provides statistics on treatment delivered in secure settings for children and young people. These include YOIs for those aged 15 to 17 years, secure training centres (STCs), secure children's homes (SCHs) and welfare only homes (WOHs).

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

www.gov.uk/government/statistics/prison-population-figures-2018

At the end of March 2018, there were 2,400 people in the UK immigration detention estate. Quarterly updates are available at:

www.gov.uk/government/collections/immigration-statistics-quarterly-release

In a longitudinal cohort study in 2005 and 2006 eighty-one percent of adult prisoners reported using illicit drugs at some point prior to entering prison, including almost two-thirds (64%) within the month before entering prison; and rates of heroin and crack cocaine use were higher for females than males (49% and 44%, respectively): The Surveying Prisoner Crime Reduction (SPCR) Report (NOMS 2013) is 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. Nearly half (46%) of prisoners surveyed who had consumed alcohol in the 4 weeks before custody 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 in England and Wales in March 2018 (provisional data) was 1,008, of whom 926 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).

Young people in custody report a disproportionately higher level of substance misuse than in the young population in general⁴ and substance misuse is a factor that may exacerbate the additional vulnerabilities experienced by children and young people within the secure estate.

The history of the data collection of specialist drug and alcohol treatment in secure settings can be found in chapter 9 of this report and chapter 10 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:

⁴ Galahad SMS Ltd (2004) Substance Misuse and juvenile offenders. London: The YJB

www.ndtms.net/resources/public/Quality-and-Methodology-NDTMS-2017-18.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.

1.2 Policy Context

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 CYPSE was assumed in April 2014. 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 latest service specification for substance misuse services in prisons was published by NHS England in April 2018:

www.england.nhs.uk/publication/service-specification-integrated-substance-misuse-treatment-service-prisons-in-england/.

The Department of Health and Social Care published updated clinical guidelines for the treatment of drug misuse and drug dependence in 2017. The guidelines included a section for clinicians working in prisons and other secure environments, highlighting the principle of equivalence and recognising the positive opportunity to engage offenders in treatment:

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

The delivery of substance misuse treatment to children and young people is underpinned by a set of intercollegiate healthcare standards⁵ and should be equivalent

⁵ Healthcare Standards for Children and Young People in Secure Settings (June 2013). Royal College of Paediatrics and Child Health.

to that available to children in the wider community. This includes specialist harm reduction advice. NHS England is currently refreshing the Healthcare Standards for children and young people in secure settings through wide stakeholder engagement. The refreshed standards will be published in early 2019.

Whilst the number of adults and young people presenting to structured treatment for problems with new psychoactive substances (NPS) in secure settings is relatively small, the use of NPS is proving challenging in some adult settings. PHE delivered a national training programme on NPS to healthcare and custody staff in adult settings (prisons, YOIs and IRCs) during 2015-2016 and subsequently published a toolkit for staff working in these settings. The toolkit includes information on how to manage NPS use from a clinical, psychosocial and regime perspective and is available here:

www.gov.uk/government/publications/new-psychoactive-substances-toolkit-prison-staff

Continuity of care for offenders leaving prison with an ongoing substance misuse treatment need is a priority for NHS England, Her Majesty's Prison and Probation Service (HMPPS) and PHE under the National Partnership Agreement:

www.gov.uk/guidance/healthcare-for-offenders

The importance of continuity of care for offenders with drug problems is also highlighted in the Government's Drug Strategy published by the Home Office last year:

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

Indicator 2.16 in the Public Health Outcomes Framework (PHOF) supports this priority by monitoring the engagement rates of adults leaving prison who need their substance misuse treatment continued in the community. Nationally, performance on this indicator is low (see section 6.4 of this report for the latest published figures). PHE published a toolkit and guidance document in August 2018 to support commissioners and providers of substance misuse treatment services (in prison and the community) to improve local engagement rates:

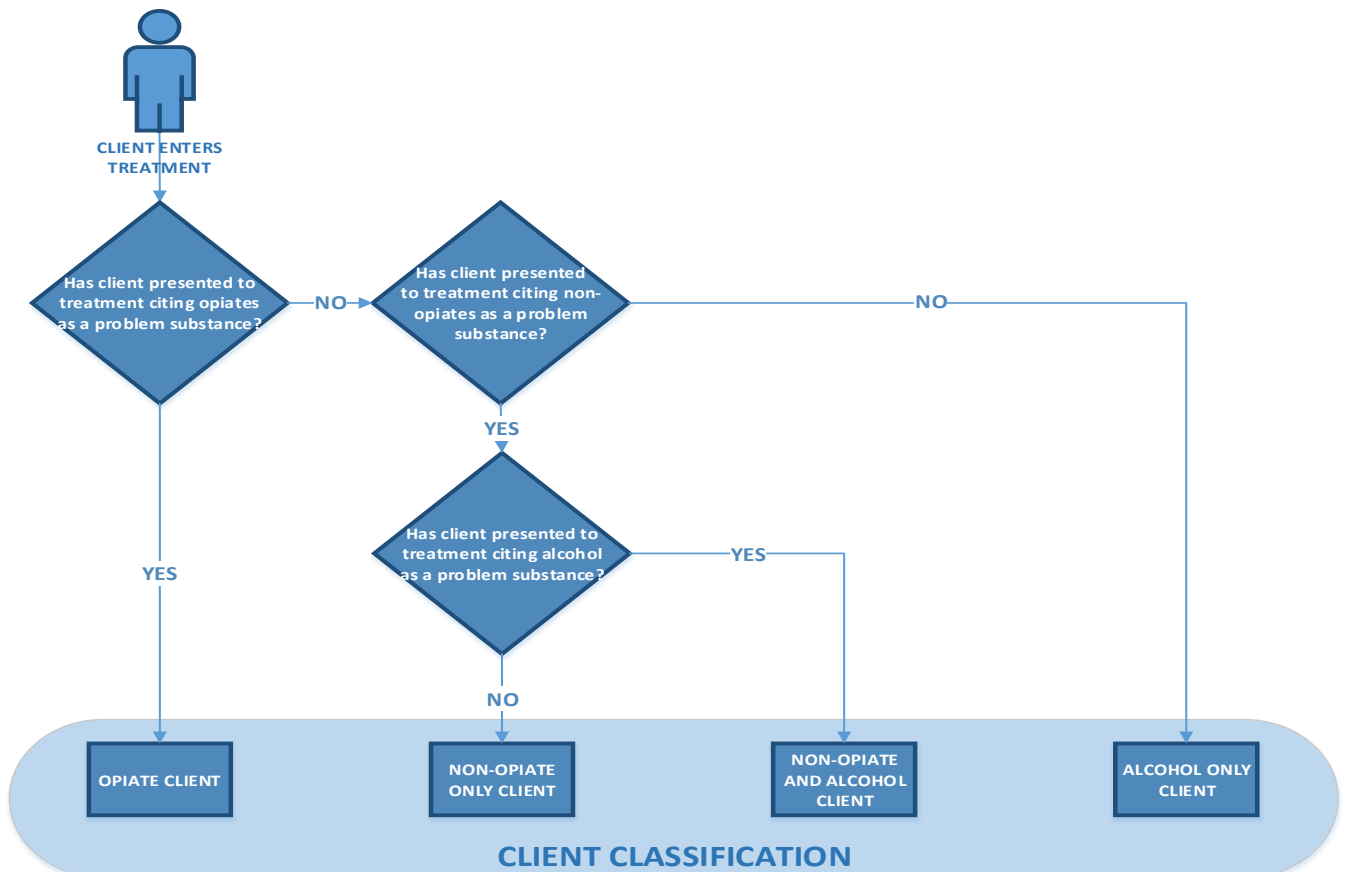
www.gov.uk/government/publications/continuity-of-care-for-prisoners-who-need-substance-misuse-treatment

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 2017-18 NDTMS secure setting data

NDTMS data is routinely collected by PHE. Drug and alcohol treatment providers in a secure setting submit a monthly extract that, from 2017, is automatically validated by the NDTMS collection system. Data submissions are automatically 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.

This report uses 4 new variables, introduced in April 2017; clients identified as having a mental health treatment need, parental status of the client, opiate clients provided with take-home naloxone and training on release and the AUDIT score of a client at the start of treatment. Data completeness of the new variables is generally lower than the rest of the dataset (AUDIT score 87%, mental health treatment need 93%, parental status 97% and take-home naloxone provision 99%). Data completeness is expected to rise over time for these variables as the reporting process beds in across the treatment system.

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 87%. 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.

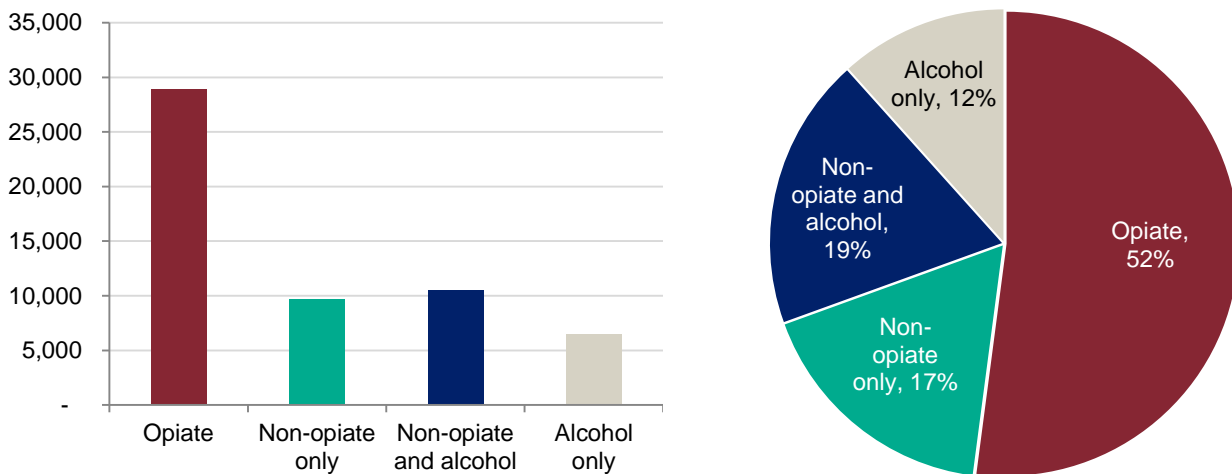
During 2017-18 there were data recording issues in some prisons in the West Midlands that resulted in an undercount of individuals in treatment and presenting to treatment in that region. To assist with comparability between years, trend tables are included in this report, with and without West Midlands, and tables showing trends in numbers in treatment and new presentations by PHE Centre.

4. Characteristics of adults in treatment in secure settings

The number of adults (aged 18 and over) accessing treatment in a secure setting for problematic drug use, alcohol use or both, in 2017-18 was 55,413⁶.

The treatment population can be segmented into 4 substance groups as presented in Figure 4 and these groups are used throughout the report. Over half of the clients in contact with treatment during the year were treated for problematic use of opiates (52%). Thirty-six percent presented with problems with non-opiates, with or without adjunctive alcohol use, and 12% presented with alcohol as their only problematic substance.

Figure 4: Numbers in treatment by main substance group 2017-18



Percentages may not sum to 100% due to rounding.

As shown in Table 4, 53,109 (96%) accessed structured treatment in a prison setting (96%), either in a local, training, high security or open prison. Clients in IRCs were primarily treated for opiate use (58%), a slightly higher proportion than those treated in a prison setting (53%). Conversely, clients in a YOI setting were predominantly treated for non-opiate drug use (77%). Where multiple settings exist within a single establishment a prison setting is given preference.

⁶ The general prison population as measured on the 31st March 2018 contained 21,299 clients who were engaged in treatment on that day.

Table 4: Numbers in treatment by main substance group and secure setting 2017-18

Numbers in treatment	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Prisons	28,246	53%	8,844	17%	9,769	18%	6,250	12%	53,109	100%
YOIs (18-21)	295	17%	693	39%	660	38%	108	6%	1,756	100%
IRCs	318	58%	98	18%	41	7%	91	17%	548	100%
Total adult clients in treatment	28,859	52%	9,635	17%	10,470	19%	6,449	12%	55,413	100%

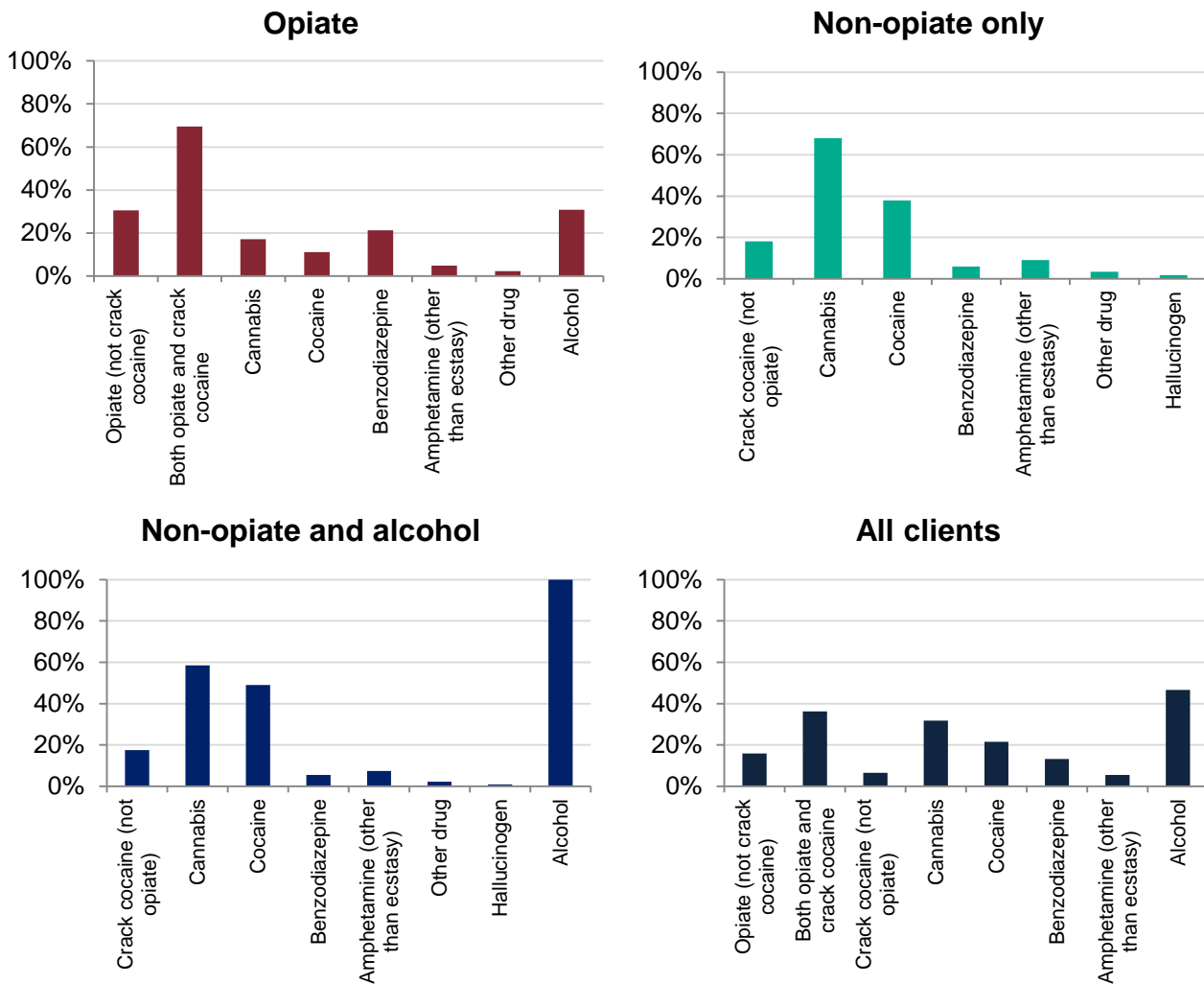
Percentages may not sum to 100% due to rounding.

4.1 Substance use profile

The distribution of substances for all adults in treatment in 2017-18, by the 4 substance groups, can be seen in Table 4.1.1 and Figure 4.1.1. The most commonly cited substance was opiates, with 52% of the treatment population citing this in 2017-18. Seventy percent of opiate clients also presented with crack cocaine. After crack cocaine, the next most common adjunctive substances in this group were alcohol (31%), benzodiazepines (21%), and cannabis (17%).

Alcohol was the next most commonly cited substance (47% of adults in treatment). A quarter of clients treated for alcohol cited this as their only problematic substance. Thirty-two percent of clients cited cannabis as a problematic substance, making this the next most commonly cited substance after opiates and alcohol.

Figure 4.1.1: Substance breakdown of all clients in treatment 2017-18



The majority of non-opiate clients presented to treatment for problems with cannabis (68% of non-opiate only clients and 58% of non-opiate and alcohol clients). The next most common substances cited were powder cocaine (49% of non-opiate and alcohol clients and 38% of non-opiate only clients citing this; 44% of all non-opiate clients overall), followed by amphetamines (8%) and benzodiazepines (6%).

Table 4.1.1: Substance breakdown of all clients in treatment 2017-18

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	20,066	70%	-	-	-	-	-	-	20,066	36%
Opiate (not crack cocaine)	8,793	30%	-	-	-	-	-	-	8,793	16%
Crack cocaine (not opiate)	-	-	1,749	18%	1,834	18%	-	-	3,583	6%
<i>Other drug use</i>										
Cannabis	4,936	17%	6,552	68%	6,122	58%	-	-	17,610	32%
Cocaine	3,185	11%	3,646	38%	5,126	49%	-	-	11,957	22%
Benzodiazepine	6,150	21%	574	6%	573	5%	-	-	7,297	13%
Amphetamine (other than ecstasy)	1,404	5%	867	9%	769	7%	-	-	3,040	5%
Other drug	663	2%	328	3%	227	2%	-	-	1,218	2%
Hallucinogen	56	0%	170	2%	96	1%	-	-	322	1%
Other prescription drug	80	0%	32	0%	36	0%	-	-	148	0%
Solvent	15	0%	21	0%	29	0%	-	-	65	0%
Barbiturate	11	0%	7	0%	2	0%	-	-	20	0%
Anti-depressant	19	0%	2	0%	4	0%	-	-	25	0%
Major tranquiliser	3	0%	2	0%	2	0%	-	-	7	0%
<i>Alcohol</i>										
Alcohol	8,909	31%	-	-	10,470	100%	6,449	100%	25,828	47%
Total adult clients in treatment*	28,859	100%	9,635	100%	10,470	100%	6,449	100%	55,413	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.

New psychoactive substances (NPS) and drugs defined as 'club drugs' (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) are shown in Table 4.1.2.

In 2017-18, 8.8% of all clients in treatment cited NPS as one of their problematic substances or their only problematic substance. The proportion citing NPS varies between substance groups, with non-opiate only clients being most likely to cite problematic NPS use (20.8%) and opiate clients the least likely to do so (6.2%).

The range of NPS available is large and often changing and NDTMS collects more detailed information on these new substances based on a description of the predominant effect on the user. The majority of NPS presentations (56%) were for substances that were predominantly cannabinoid. It's important to note 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 next most common club drugs cited were ecstasy (2.2%) and mephedrone (0.5%).

Table 4.1.2: Club drug and new psychoactive substances breakdown of all clients in treatment 2017-18

Club drug and new psychoactive substances	Opiate		Non-opiate only		Non-opiate and alcohol		Total	
	n	%	n	%	n	%	n	%
New psychoactive substances	1,796	6.2%	2,005	20.8%	1,067	10.2%	4,868	8.8%
Ecstasy	159	0.6%	609	6.3%	451	4.3%	1,219	2.2%
Mephedrone	96	0.3%	110	1.1%	70	0.7%	276	0.5%
Ketamine	33	0.1%	118	1.2%	76	0.7%	227	0.4%
Methamphetamine	41	0.1%	62	0.6%	16	0.2%	119	0.2%
GHB/GBL	9	0.0%	38	0.4%	9	0.1%	56	0.1%
Further breakdown of new psychoactive substances:								
Predominantly cannabinoid	997	3.5%	1,112	11.5%	614	5.9%	2,723	4.9%
Other	761	2.6%	891	9.2%	431	4.1%	2,083	3.8%
Predominantly stimulant	104	0.4%	48	0.5%	48	0.5%	200	0.4%
Predominantly hallucinogenic	39	0.1%	30	0.3%	31	0.3%	100	0.2%
Predominantly sedative/opioid	23	0.1%	15	0.2%	12	0.1%	50	0.1%
Predominantly dissociative	2	0.0%	5	0.1%	3	0.0%	10	0.0%
Total adult clients in treatment*	28,859	100%	9,635	100%	10,470	100%	55,413	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

Table 4.2.1 and Figure 4.2.1 show the age of adults at their first point of contact with treatment in a secure setting in 2017-18. The highest median age (the middle number in an ascending list of all ages) was for alcohol only clients, at 38 years. Opiate clients were the next oldest (36 years), followed by non-opiate and alcohol clients (30 years) and non-opiate only clients (28 years).

Adults in secure settings were consistently younger than those in the community-based treatment population. The disparity was greatest for alcohol only users (8 years younger), followed by non-opiate and alcohol clients and opiate clients (4 years younger) and non-opiate clients (2 years younger). The Adult NDTMS community treatment annual report can be found at:

www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2017-to-2018

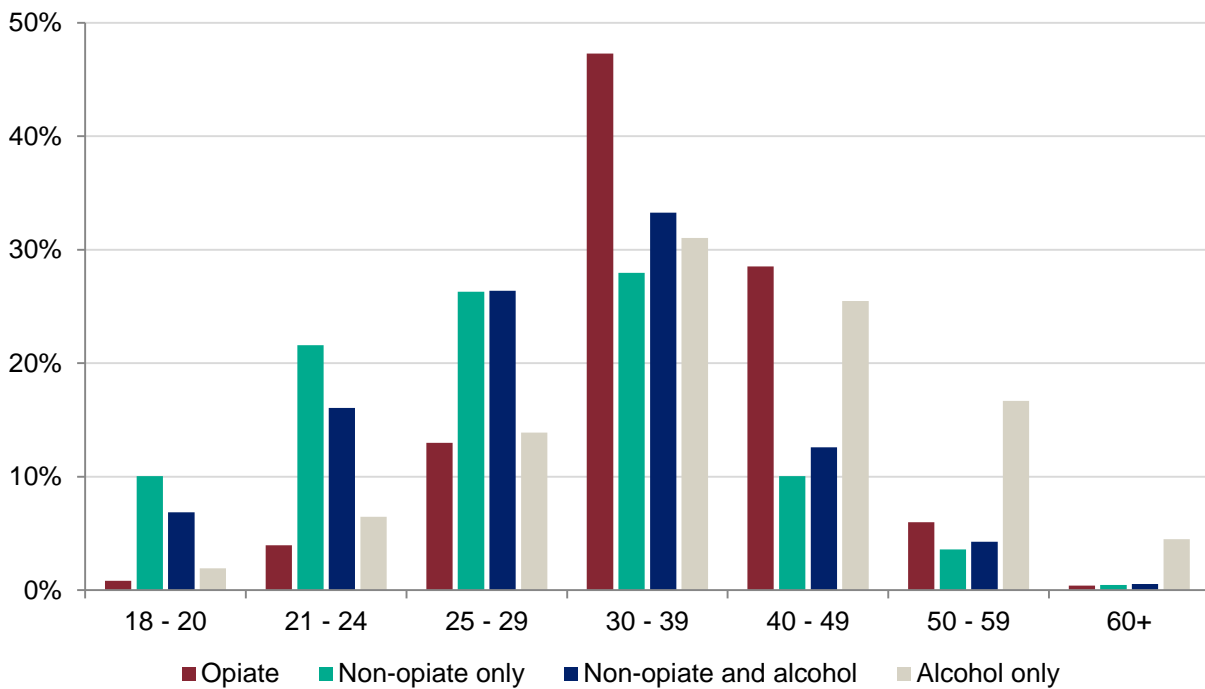
Nearly half (47%) of alcohol only clients were 40 years and over in the secure treatment population. Of individuals presenting with problematic opiate use, almost half (47%) were aged 30-39, and a further 35% were aged 40 or over. Non-opiate only clients were the youngest group, with 58% aged under 30.

Table 4.2.1: Age of all clients in treatment 2017-18

Age	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
18 - 20	237	1%	968	10%	720	7%	125	2%	2,050	4%
21 - 24	1,142	4%	2,080	22%	1,683	16%	418	6%	5,323	10%
25 - 29	3,749	13%	2,534	26%	2,762	26%	896	14%	9,941	18%
30 - 39	13,650	47%	2,695	28%	3,483	33%	2,002	31%	21,830	39%
40 - 49	8,229	29%	968	10%	1,319	13%	1,643	25%	12,159	22%
50 - 59	1,732	6%	345	4%	446	4%	1,075	17%	3,598	6%
60+	120	0%	45	0%	57	1%	290	4%	512	1%
Total adult clients in treatment	28,859	100%	9,635	100%	10,470	100%	6,449	100%	55,413	100%

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

Figure 4.2.1: Age distribution of all clients in treatment 2017-18



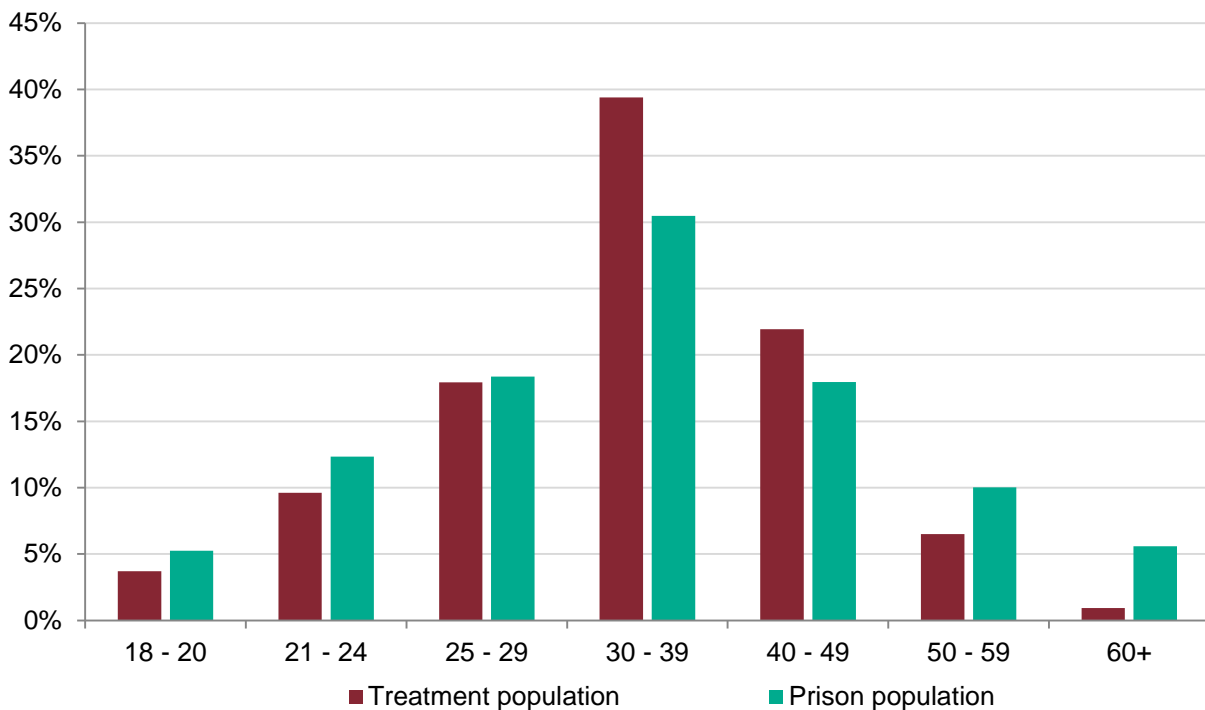
A comparison of the age distribution of clients in treatment in secure settings against the distribution across the total prison population is shown in Table 4.2.2 and Figure 4.2.2. The proportion aged 50 or more in the prison population (16%) is more than double the population in treatment (7%):

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

Table 4.2.2 Age group comparison of treatment population 2017-18 to prison population 2017-18

Age	Treatment population	Prison population
18 - 20	4%	5%
21 - 24	10%	12%
25 - 29	18%	18%
30 - 39	39%	31%
40 - 49	22%	18%
50 - 59	6%	10%
60+	1%	6%

Figure 4.2.2 Age distribution comparison of treatment population 2017-18 to prison population 2017-18



4.3 Gender of clients

The gender distribution for all clients in treatment segmented by the 4 substance groups is shown in Table 4.3.1. Ninety percent of the total treatment population in adult secure settings were male and 10% were women. This is double the proportion of women within the total prison population (5% as at 31 March 2018). Further information can be found here:

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

The substance groups showed strong disparities by gender with nearly three-quarters of women (74%) citing opiate use against half (50%) of the male population.

Two percent of women in treatment reported that they were pregnant at point of triage into treatment.

Table 4.3.1: Gender of all clients in treatment 2017-18

Gender	Male		Female		Persons	
	n	%	n	%	n	%
Opiate	24,712	50%	4,147	74%	28,859	52%
Non-opiate only	9,227	19%	408	7%	9,635	17%
Non-opiate and alcohol	10,003	20%	467	8%	10,470	19%
Alcohol only	5,849	12%	600	11%	6,449	12%
Total adult clients in treatment	49,791	100%	5,622	100%	55,413	100%

Percentages may not sum to 100% due to rounding.

4.4 Ethnicity of clients

The ethnicity of clients in treatment in adult secure settings in 2017-18 is reported in Table 4.4.1. The majority of individuals (79%), where ethnicity was cited, were white British. No other ethnic group made up more than 3% of the population. Six percent of individuals had an ethnicity of Caribbean within the non-opiate only substance group, compared to lower proportions in the other 3 substance groups.

Seventeen percent of clients in treatment were from a non-white ethnic group, with the proportion varying between the substance groupings. This compared to just over a quarter (27%) of the total prison population as at the end of March 2018.

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

Table 4.4.1: Ethnicity of all clients in treatment 2017-18

Ethnicity	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
White British	23,612	83%	6,465	68%	7,774	75%	5,053	79%	42,904	79%
Other White	778	3%	270	3%	256	2%	327	5%	1,631	3%
Caribbean	478	2%	578	6%	412	4%	87	1%	1,555	3%
White & Black Caribbean	500	2%	418	4%	280	3%	85	1%	1,283	2%
Other Black	355	1%	383	4%	259	2%	60	1%	1,057	2%
African	251	1%	344	4%	319	3%	124	2%	1,038	2%
White Irish	465	2%	169	2%	163	2%	108	2%	905	2%
Pakistani	424	1%	130	1%	194	2%	126	2%	874	2%
Other Mixed	325	1%	212	2%	145	1%	76	1%	758	1%
Other Asian	245	1%	154	2%	154	1%	81	1%	634	1%
Indian	344	1%	69	1%	82	1%	109	2%	604	1%
Other	160	1%	104	1%	80	1%	52	1%	396	1%
Bangladeshi	142	1%	83	1%	82	1%	22	0%	329	1%
White & Asian	114	0%	91	1%	96	1%	26	0%	327	1%
White & Black African	122	0%	74	1%	66	1%	24	0%	286	1%
Chinese	1	0%	3	0%	3	0%	3	0%	10	0%
Total	28,316	100%	9,547	100%	10,365	100%	6,363	100%	54,591	100%
Inconsistent/not stated/unknown	543		88		105		86		822	
Total adult clients in treatment	28,859		9,635		10,470		6,449		55,413	

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

4.5 Disability

The disability status of clients starting treatment in 2017-18 is reported in Table 4.5.1. NDTMS allows reporting of up to 3 self-reported disabilities and over the 4 substance groups the proportions reported are broadly similar. Seventy-five percent of those starting treatment declared no disability. Behavioural and emotional disabilities (10%) were the most prevalent, followed by learning disabilities and progressive conditions and physical health (both 4%). Eighteen percent cited at least 1 impairment⁷ in the most recent census data (2011/12 covering England and Wales) so the proportion of clients citing at least 1 disability is slightly higher than this, at 22%.

⁷ 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 2017-18

Disability	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Behaviour and emotional	1,740	9%	634	10%	789	12%	342	8%	3,505	10%
Learning disability	569	3%	356	6%	397	6%	151	3%	1,473	4%
Other	740	4%	166	3%	233	4%	129	3%	1,268	4%
Progressive conditions and physical health	808	4%	133	2%	146	2%	170	4%	1,257	4%
Mobility and gross motor	682	4%	115	2%	143	2%	148	3%	1,088	3%
Sight	169	1%	48	1%	48	1%	48	1%	313	1%
Hearing	121	1%	41	1%	63	1%	50	1%	275	1%
Manual dexterity	139	1%	32	1%	41	1%	31	1%	243	1%
Speech	23	0%	11	0%	18	0%	6	0%	58	0%
Personal, self-care and continence	35	0%	5	0%	5	0%	7	0%	52	0%
Perception of physical danger	19	0%	3	0%	4	0%	4	0%	30	0%
Not stated	484	3%	130	2%	165	3%	106	2%	885	2%
Total citations	5,529		1,674		2,052		1,192		10,447	
No disability	13,744	75%	4,845	77%	4,750	73%	3,463	77%	26,802	75%
Any disability	4,080	22%	1,299	21%	1,547	24%	881	20%	7,807	22%
Not stated	414	2%	125	2%	153	2%	101	2%	793	2%
Inconsistent/missing	169	1%	48	1%	40	1%	30	1%	287	1%
Total adult clients starting treatment*	18,407		6,317		6,490		4,475		35,689	

*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

Table 4.6.1 shows self-reported religion on NDTMS in 2017-18. No religion was reported by just under half of clients (46%), higher than in the general population (25%)⁸, and in the overall prison population (31%)⁹. Just over a third (34%) identified as Christian and 7% identified as Muslim. The proportions reported across the substance groups were similar, except that a higher proportion of the non-opiate only group identified as Muslim (14%).

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

Table 4.6.1: Religion of all clients starting treatment 2017-18

Religion	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Christian	6,150	34%	1,971	31%	2,208	34%	1,628	37%	11,957	34%
Muslim	867	5%	879	14%	605	9%	188	4%	2,539	7%
Other	700	4%	279	4%	289	4%	162	4%	1,430	4%
Buddhist	127	1%	63	1%	52	1%	38	1%	280	1%
Sikh	167	1%	20	0%	34	1%	56	1%	277	1%
Hindu	51	0%	18	0%	15	0%	43	1%	127	0%
Pagan	51	0%	23	0%	25	0%	19	0%	118	0%
Jewish	44	0%	12	0%	11	0%	6	0%	73	0%
Baha'i	1	0%	3	0%	2	0%	2	0%	8	0%
Zoroastrian	1	0%	0	0%	2	0%	1	0%	4	0%
Jain	0	0%	1	0%	2	0%	0	0%	3	0%
None	8,701	48%	2,712	43%	2,900	45%	2,004	45%	16,317	46%
Decline	587	3%	140	2%	142	2%	130	3%	999	3%
Unknown	799	4%	171	3%	169	3%	169	4%	1,308	4%
Total	18,246	100%	6,292	100%	6,456	100%	4,446	100%	35,440	100%
Inconsistent/missing	161		25		34		29		249	
Total adult clients starting treatment	18,407		6,317		6,490		4,475		35,689	

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

⁸ For religion data please see: 2011 Census: England and Wales:

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

⁹ HMPPS offender equalities annual report 2017-18:

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

4.7 Sexual orientation

The sexual orientation of adults starting treatment in 2017-18 is reported in Table 4.7.1. The table shows a close similarity with the general population¹⁰ and the overall prison population¹¹, in that 93% reported being heterosexual, 1% gay/lesbian and 1% bisexual.

Table 4.7.1: Sexual orientation of all clients starting treatment 2017-18

Sexual orientation	Opiate		Non Opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Heterosexual	16,843	92%	5,950	95%	6,124	95%	4,148	93%	33,065	93%
Bisexual	306	2%	56	1%	72	1%	42	1%	476	1%
Gay/Lesbian	174	1%	56	1%	71	1%	61	1%	362	1%
Client asked and does not know or is not sure	19	0%	8	0%	3	0%	6	0%	36	0%
Not Stated	886	5%	200	3%	182	3%	184	4%	1,452	4%
Other	17	0%	4	0%	8	0%	11	0%	40	0%
Total	18,245	100%	6,274	100%	6,460	100%	4,452	100%	35,431	100%
Inconsistent/missing	162		43		30		23		258	
Total adult clients starting treatment	18,407		6,317		6,490		4,475		35,689	

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

4.8 Pathway into treatment (new presentations)

New presentations to treatment by pathway are shown in Table 4.8.1. Pathway indicates the route by which people accessed treatment in a secure setting and the number of days taken to start treatment (calculated as the difference between reception date and triage date) for the new presentations in the year (35,689).

Over half (61%) of new presentations to treatment in 2017-18 were of individuals who were taken directly into custody/detention from the community. Most of these clients (62%) started treatment immediately on arrival into custody. Conversely, 17% of clients transferred from another secure setting started treatment immediately on arrival. This is

¹⁰ For sexuality data please see: Sexual identity, UK: 2016.

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

¹¹ HMPPS offender equalities annual report 2017-18:

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

only around a quarter of the rate of those taken directly into custody from the community.

Ninety percent of those entering custody-based treatment from the community started treatment within 3 weeks. In contrast, of those clients transferring from another secure setting, 58% started treatment within 3 weeks.

Seventy-four percent of opiate clients coming into custody from the community started treatment immediately, the highest proportions of the 4 substance groups. However, only a quarter of opiate clients coming from another secure setting (27%) started immediately. Three percent of opiate clients coming into custody from the community took over 3 weeks to commence treatment, compared to 10% of alcohol only clients. Greater proportions of non-opiate only and non-opiate and alcohol clients took over 3 weeks to start (31% and 20%, respectively).

Overall, 42% of clients transferring from another establishment took more than 3 weeks to commence treatment.

Table 4.8.1: Pathway into treatment, new presentations to treatment 2017-18

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)	9,353	74%	926	34%	1,434	44%	1,920	60%	13,633	62%
within 3 weeks (1-21 days)	2,899	23%	970	35%	1,142	35%	966	30%	5,977	27%
over 3 weeks (21+ days)	416	3%	850	31%	660	20%	315	10%	2,241	10%
Total	12,668	100%	2,746	100%	3,236	100%	3,201	100%	21,851	100%
<i>Transferred from another secure setting and starting treatment:</i>										
immediately (0 days)	1,535	27%	313	9%	309	9%	149	12%	2,306	17%
within 3 weeks (1-21 days)	2,615	46%	1,187	33%	1,362	42%	510	40%	5,674	41%
over 3 weeks (21+ days)	1,589	28%	2,071	58%	1,583	49%	615	48%	5,858	42%
Total	5,739	100%	3,571	100%	3,254	100%	1,274	100%	13,838	100%
Total adult clients starting treatment	18,407		6,317		6,490		4,475		35,689	

Percentages may not sum to 100% due to rounding.

4.9 Age and presenting substance (new presentations)

The substance profile for individuals presenting to treatment in 2017-18 in a secure setting is shown in Table 4.9.1, reported by the 4 substance groups.

Clients presenting with problematic opiate use made up the largest proportion of individuals starting treatment in 2017-18 (52%). The proportion of opiate new presentations also presenting with crack cocaine was 71%. For opiate users, the next highest adjunctive substance was alcohol (30%), followed by benzodiazepines (21%).

Alcohol was the next most commonly cited substance amongst new treatment presentations, with 46% of clients citing it as a problematic substance. Of these clients, 4,475 of cited alcohol as the only problematic substance. The next mostly commonly cited substances were cannabis (30%) and cocaine (21%).

The majority of non-opiate clients cited cannabis as a problematic substance (66% for non-opiate only clients; 56% for non-opiate and alcohol clients). This was followed by just over a third (36%) of the non-opiate only group presenting with cocaine powder, and nearly half (49%) of the non-opiate and alcohol group.

Table 4.9.1: Substance breakdown of new presentations to treatment 2017-18

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	13,109	71%	-	-	-	-	-	-	13,109	37%
Opiate (not crack cocaine)	5,298	29%	-	-	-	-	-	-	5,298	15%
Crack cocaine (not opiate)	-	-	1,154	18%	1,186	18%	-	-	2,340	7%
Other drug use										
Cannabis	2,842	15%	4,193	66%	3,633	56%	-	-	10,668	30%
Cocaine	1,888	10%	2,287	36%	3,197	49%	-	-	7,372	21%
Benzodiazepine	3,794	21%	387	6%	398	6%	-	-	4,579	13%
Amphetamine (other than ecstasy)	821	4%	541	9%	431	7%	-	-	1,793	5%
Other drug	431	2%	196	3%	136	2%	-	-	763	2%
Alcohol										
Alcohol	5,580	30%	-	-	6,490	100%	4,475	100%	16,545	46%
Total adult clients starting treatment*	18,407	100%	6,317	100%	6,490	100%	4,475	100%	35,689	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 not sum to 100% due to rounding.

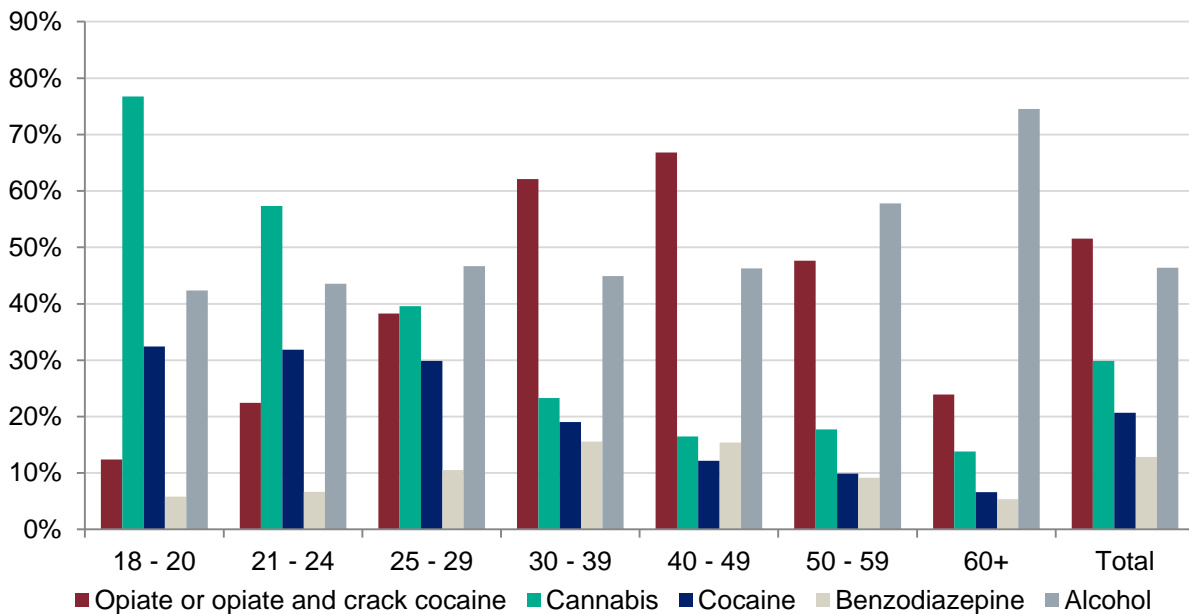
The age distribution for new presentations to treatment by substance is reported in Table 4.9.2 and Figure 4.9.1. Younger adults, those aged 18-20, were most likely to present to treatment citing cannabis (77%), alcohol (42%) and cocaine (32%), with only 12% citing opiates as problematic. Alcohol presentations increased with age proportionally, with 45% (6,248) of those aged 30-39 citing alcohol as problematic, increasing up to 75% (237) of those aged 60 years or older.

Table 4.9.2: Age and presenting substance of new presentations to treatment 2017-18

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	89 6%	513 15%	1,748 27%	6,327 45%	3,667 48%	721 32%	44 14%	13,109 37%
Opiate (not crack cocaine)	93 6%	276 8%	740 11%	2,317 17%	1,480 19%	360 16%	32 10%	5,298 15%
Crack cocaine (not opiate)	128 9%	312 9%	542 8%	845 6%	379 5%	124 5%	10 3%	2,340 7%
<i>Other drug use</i>								
Cannabis	1,125 77%	2,016 57%	2,573 40%	3,237 23%	1,271 17%	402 18%	44 14%	10,668 30%
Cocaine	475 32%	1,120 32%	1,942 30%	2,652 19%	938 12%	224 10%	21 7%	7,372 21%
Benzodiazepine	85 6%	234 7%	683 11%	2,168 16%	1,184 15%	208 9%	17 5%	4,579 13%
Amphetamine (other than ecstasy)	65 4%	144 4%	326 5%	781 6%	387 5%	82 4%	8 3%	1,793 5%
Other drugs	24 2%	72 2%	179 3%	325 2%	136 2%	21 1%	6 2%	763 2%
<i>Alcohol</i>								
Alcohol	621 42%	1,531 44%	3,035 47%	6,248 45%	3,562 46%	1,311 58%	237 75%	16,545 46%
Total adult clients starting treatment*	1,466	3,516	6,502	13,916	7,702	2,269	318	35,689

*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.

Figure 4.9.1: Age and presenting substance distribution of new presentations to treatment 2017-18



The World Health Organisation’s Alcohol Use Disorders Identification Test (AUDIT) score was introduced into the NDTMS dataset in the secure settings from April 2017. The AUDIT is a simple screening tool which is sensitive to early detection of risky and high risk (or hazardous and harmful) drinking. More information can be found on the WHO’s website:

apps.who.int/iris/bitstream/handle/10665/67205/WHO_MSD_MSB_01.6a.pdf

The test is administered as part of the initial healthcare screening in secure settings and the total AUDIT scores are arranged into risk levels as defined by the WHO. Table 4.9.3 shows levels of risk by all new presentations in 2017-18.

Overall, AUDIT scores for over half (54%) of the new presentations to substance misuse treatment were indicative of low risk drinking (a score of 0-7), with 83% of the non-opiate only group and 67% of the opiate group scoring in this range. Over half (56%) of the non-opiate and alcohol group and 63% of the alcohol only group scored 20 or higher on the AUDIT, indicative of dependent drinking.

Table 4.9.3: AUDIT score breakdown of new presentations to treatment 2017-18

AUDIT Score	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Low risk (0-7)	10,572	67%	4,521	83%	1,192	20%	648	16%	16,933	54%
Increasing risk (8-15)	931	6%	456	8%	911	16%	546	14%	2,844	9%
High risk (16-19)	380	2%	140	3%	494	8%	291	7%	1,305	4%
Possible dependency (20-40)	3,904	25%	338	6%	3,244	56%	2,537	63%	10,023	32%
Total	15,787	100%	5,455	100%	5,841	100%	4,022	100%	31,105	100%
Missing/Inconsistent	2,620		862		649		453		4,584	
Total adult clients starting treatment	18,407		6,317		6,490		4,475		35,689	

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

4.10 Injecting behaviour (new presentations)

Almost all newly presenting adults in 2017-18 (99%, 35,383) had a valid injecting status recorded at triage. The majority of individuals presenting to treatment had never injected (61%), although there was some variation by substance group with 93% of alcohol only clients having never injected any substance compared to 35% of opiate clients. Opiate users were the most likely group to be currently injecting, with over a third (38%) of individuals, compared to 1% for both the non-opiate only and non-opiate and alcohol clients.

Table 4.10.1: Injecting status of new presentations to treatment 2017-18

Injecting status	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Never injected	6,431	35%	5,463	88%	5,588	87%	4,098	93%	21,580	61%
Previously injected	4,978	27%	600	10%	716	11%	248	6%	6,542	18%
Currently injecting	6,700	37%	88	1%	90	1%	19	0%	6,897	19%
Declined to answer	191	1%	67	1%	50	1%	56	1%	364	1%
Total	18,300	100%	6,218	100%	6,444	100%	4,421	100%	35,383	100%
Missing/inconsistent	107		99		46		54		306	
Total adult clients starting treatment	18,407		6,317		6,490		4,475		35,689	

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

4.11 Parental status

Table 4.11.1 reports the parental status of all clients in treatment in 2017-18. Just over half of all clients (54%) were either a parent or had children living with them prior to coming into the secure setting. This is very similar to the status of new presentations to community treatment in the same period, where 51% were a parent or had children living with them.

In total, there were 15,142 (28%) people in treatment in secure settings in 2017-18 who lived with children. This figure includes parents living with their biological children and those living with children of a partner or another member of the household. There were a further 13,540 (25%) who stated they were parents but did not currently live with their children.

Table 4.11.1: Parental status all clients in treatment 2017-18

Family status	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Parent living with children	1,469	5%	1,016	11%	946	9%	477	8%	3,908	7%
Other child contact – living with children	5,799	21%	1,884	20%	2,360	23%	1,191	19%	11,234	21%
Other child contact – parent not living with children	8,024	29%	1,886	20%	2,144	21%	1,486	24%	13,540	25%
Not a parent/no child contact	12,478	45%	4,533	49%	4,761	47%	3,066	49%	24,838	46%
Total	27,770	100%	9,319	100%	10,211	100%	6,220	100%	53,520	100%
No answer to either question	1,089		316		259		229		1,893	
Total adult clients in treatment	28,859		9,635		10,470		6,449		55,413	

Percentages may not sum to 100% due to rounding.

4.12 Mental health

Table 4.12.1 reports the number of clients in treatment recorded as needing a mental health intervention for reasons other than substance misuse in 2017-18. Recording of a need for a mental health intervention in NDTMS should reflect a need identified by healthcare staff in the secure setting or in the community prior to coming into the detained estate. Ninety-three percent of all clients responded to this question at triage. In total, 16,542 clients (32%) had need for a mental health intervention, with opiate clients (36%) having the highest percentage of clients with a mental health intervention need and non-opiate only clients (25%) the lowest percentage of clients with a mental health intervention need.

Table 4.12.1: Client with mental health treatment need for reasons other than substance misuse 2017-18

Mental health need	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Client has need of a mental health intervention	9,694	36%	2,242	25%	2,949	30%	1,657	28%	16,542	32%
Client does not have need of a mental health intervention	17,394	64%	6,568	75%	6,720	70%	4,234	72%	34,916	68%
Total	27,088	100%	8,810	100%	9,669	100%	5,891	100%	51,458	100%
Missing/Inconsistent	1,771		825		801		558		3,955	
Total adult clients in treatment	28,859		9,635		10,470		6,449		55,413	

Percentages may not sum to 100% due to rounding.

5. Access to services

5.1 Time to start treatment

Table 5.1.1 provides information on the time it takes for clients to receive a triage assessment and then to start a first treatment intervention. Of the 35,689 adult clients who had a triage assessment in 2017-18, the majority (77%) were triaged within 3 weeks of reception. The majority of individuals presenting with problematic use of opiates (89%) were triaged within 3 weeks. The average (median) time between reception and triage was 1 day, with opiate clients triaged on the day of arrival (median of 0 days) and non-opiate only clients taking longer to be triaged (16 days). It is not known whether this reflects a longer time to start treatment or that these clients are less likely to engage in treatment immediately. From triage to first intervention, nearly all individuals that started an intervention did so within 3 weeks of triage (96%). All substance groups had an average (median) time between triage and first intervention of 0 days.

Table 5.1.1: Reception to triage and triage to first intervention 2017-18

Time banding	Reception to triage					Triage to first intervention					
	3 weeks or under		Over 3 weeks		Median time banding days	3 weeks or under		Over 3 weeks		No first intervention recorded	
	n	%	n	%		n	%	n	%	n	%
Opiate	16,402	89%	2,005	11%	0	18,097	98%	224	1%	86	0%
Non-opiate only	3,396	54%	2,921	46%	16	5,900	93%	359	6%	58	1%
Non-opiate and alcohol	4,247	65%	2,243	35%	7	6,082	94%	353	5%	55	1%
Alcohol only	3,545	79%	930	21%	1	4,289	96%	156	3%	30	1%
Total adult clients starting treatment	27,590	77%	8,099	23%	1	34,368	96%	1,092	3%	229	1%

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

5.2 Treatment interventions

During their time in treatment in a secure setting, individuals can undergo 1 or more type of treatment, known as interventions. Table 5.2.1 shows the number of interventions that commenced during 2017-18. The majority of the interventions received were structured psychosocial interventions for drug and / or alcohol misuse (61%). The remaining interventions were pharmacological, 26% to treat opiate use, 9% for alcohol and 4% to treat other drug misuse.

Table 5.2.1: Interventions received by clients in treatment 2017-18

Interventions received	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Structured psychosocial intervention	27,481	49%	9,371	95%	10,967	86%	5,794	70%	53,613	61%
Pharmacological intervention for opiates	22,117	39%	340	3%	246	2%	90	1%	22,793	26%
Pharmacological intervention for alcohol	4,169	7%	75	1%	1,415	11%	2,293	28%	7,952	9%
Other pharmacological intervention	2,823	5%	121	1%	122	1%	53	1%	3,119	4%
Total interventions received	56,590	100%	9,907	100%	12,750	100%	8,230	100%	87,477	100%

Percentages may not sum to 100% due to rounding.

Table 5.2.2 shows the combinations of interventions received by the individuals in treatment. Treatment for drug misuse will generally involve a psychosocial component to help support an individual's recovery which will be delivered alongside any pharmacological treatment¹². Almost all clients in treatment in secure settings (93%) in 2017-18 received psychosocial interventions, with 5% of clients receiving pharmacological interventions only and 2% either not starting an intervention or not being recorded. The majority of opiate clients received both pharmacological and psychosocial interventions (73%). The non-opiate only group had the highest proportion (92%) of individuals in receipt of psychosocial interventions only, followed by the non-opiate and alcohol (81%) and alcohol only clients (59%).

¹² Drug misuse and dependence: UK guidelines on clinical management, 2017:

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

Table 5.2.2: Intervention combinations received by clients in treatment 2017-18

Intervention combinations	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Pharmacological and psychosocial interventions	21,093	73%	426	4%	1,460	14%	1,719	27%	24,698	45%
Pharmacological interventions only	1,786	6%	75	1%	191	2%	653	10%	2,705	5%
Psychosocial interventions only	5,633	20%	8,880	92%	8,519	81%	3,829	59%	26,861	48%
No structured intervention started/recorded	347	1%	254	3%	300	3%	248	4%	1,149	2%
Total adult clients in treatment	28,859	100%	9,635	100%	10,470	100%	6,449	100%	55,413	100%

Percentages may not sum to 100% due to rounding.

Table 5.2.3 displays information on the length of time clients were continuously receiving a prescribing intervention. The continuity of prescribing is maintained in instances where a client is transferred from 1 prison to another and a new prescribing intervention started.

Almost all individuals prescribed were in receipt of prescriptions for less than 12 months (94%). The median length of continuous prescribing was 48 days, but varied from 59 days for opiate clients to 8 days for alcohol only clients.

The majority of individuals received a prescription as part of opiate substitution therapy or to facilitate safe withdrawal from alcohol dependence.

Table 5.2.3: Length of time in prescribing for clients in continuous prescribing treatment 2017-18

Length of time	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Less than 12 months	21,357	93%	448	89%	1,608	97%	2,312	97%	25,725	94%
1-2 years	1,397	6%	48	10%	37	2%	53	2%	1,535	6%
2-3 years	96	0%	3	1%	5	0%	6	0%	110	0%
3-4 years	19	0%	1	0%	0	0%	0	0%	20	0%
4-5 years	7	0%	1	0%	0	0%	0	0%	8	0%
5 years +	3	0%	0	0%	1	0%	1	0%	5	0%
Total	22,879	100%	501	100%	1,651	100%	2,372	100%	27,403	100%

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

6. Treatment outcomes

6.1 Average length of treatment intervention

Table 6.1.1 shows the average (mean) length of treatment for interventions that ended in 2017-18. In April 2017 there was a change to the way NDTMS records these intervention categories, items which were removed from the dataset are highlighted in the table.

The length of interventions in days (for those intervention categories not removed from the dataset) ranged from lofexidine prescribing which lasted on average 12 days, to other structured psychosocial interventions, which lasted on average 111 days.

Table 6.1.1: Average length in days of a treatment intervention ending in 2017-18

Average length of intervention	Opiate	Non-opiate only	Non-opiate and alcohol	Alcohol only	Total
	days	days	days	days	days
Opioid re-induction	28	1	26	13	28
Opioid reduction – methadone	54	72	58	13	54
Opioid reduction – buprenorphine	31	17	11	13	30
Opioid maintenance – methadone	46	64	58	44	46
Opioid maintenance – buprenorphine	38	52	42	47	39
Benzodiazepines detoxification	23	29	25	18	23
Lofexidine	12	24	8	11	12
Naltrexone pre-release	36	0	75	2	37
Psychosocial Intervention Mental Disorder	68	32	49	29	59
Other formal psychosocial therapy	67	97	83	77	74
Structured day programme	50	56	56	37	51
Other structured intervention	100	146	133	87	111
Alcohol – Prescribing	14	12	17	14	14
Opioid Maintenance*	149	267	182	215	151
Opioid Reduction*	179	187	202	394	180
Other Clinical Intervention*	99	150	75	163	100
Alcohol - Structured psychosocial intervention*	181	248	256	271	245
Alcohol – Other Structured Treatment*	172	207	253	257	229
Total	72	125	112	78	82

*Intervention categories removed from the dataset in April 2017.

Opioid re-induction can be considered for opiate users who are about to leave prison, with a clearly identifiable risk of overdose, and high likelihood of relapse (www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management). There were just under 300 opioid re-induction interventions ending in the year, equating to less than 0.3% of the total number of interventions ending. On average these lasted 28 days.

6.2 Length of latest episode ending in 2017-18

Table 6.2.1 displays the length of the latest episodes ending in 2017-18, in week bandings by substance group. The length of the latest discharged episode ending is defined as the number of days between the triage assessment and discharge date. A client's length of latest episode may be influenced by the length of their stay in the detained estate.

Over half (57%) of individuals' latest episodes lasted 12 weeks or less and just over a fifth (21%) lasted 13-26 weeks. Only 8% were longer than 52 weeks.

Table 6.2.1: Length of latest episode ending in 2017-18

Length of episode	0 - 12 weeks		13 - 26 weeks		27 - 52 weeks		Longer than 52 weeks		Total	
	n	%	n	%	n	%	n	%	n	%
Opiate	10,982	63%	3,267	19%	2,020	12%	1,137	7%	17,406	100%
Non-opiate only	2,905	46%	1,577	25%	1,185	19%	604	10%	6,271	100%
Non-opiate and alcohol	3,199	49%	1,572	24%	1,149	17%	675	10%	6,595	100%
Alcohol only	2,894	63%	824	18%	505	11%	355	8%	4,578	100%
Total	19,980	57%	7,240	21%	4,859	14%	2,771	8%	34,850	100%

Percentages may not sum to 100% due to rounding.

6.3 Treatment exits

The reasons for clients leaving treatment in 2017-18 are shown in Table 6.3.1 and Figure 6.3.1. Overall, 34,850 individuals left treatment in 2017-18. The proportion of clients discharged as having completed their treatment free of dependence was 30%. Opiate clients had the lowest rate of successful completion (18%) and alcohol only clients had the highest rate (44%).

Nearly half (43%) of clients exiting treatment in secure settings were discharged as having been transferred for further treatment in the community (43%). Most of these clients were among the opiate client group (61% of those transferred for further treatment in the community). Over a fifth (21%) of discharges were for clients transferred for further treatment in custody in another secure setting. The remaining 4%

of clients who left without completing treatment were discharged largely as having dropped out/left treatment or being released from court.

During 2017-18 the number of recorded deaths amongst individuals in contact with treatment in an adult secure setting was 43. More than half of the deaths were of opiate clients (58%). There were 7 deaths among the non-opiate and alcohol group, 6 deaths in the non-opiate only group and 5 deaths in the alcohol only group. The average (median) age of the individuals who died was 37 years, with the non-opiate and alcohol group the youngest (32 years), followed by the opiate group (37 years), the non-opiate only group (40 years), and the alcohol only group being the eldest (45 years).

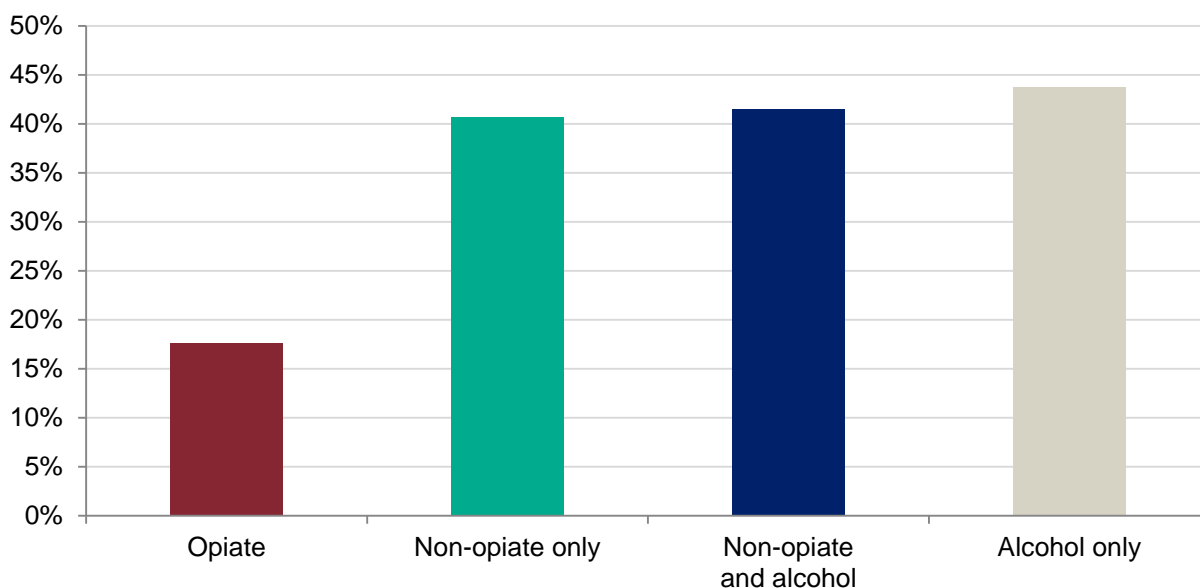
Of the clients that died while in contact with treatment in an adult secure setting, 95% were male (41). Two of the deaths were of females in treatment (5%). Neither of the women were in treatment for opiate use.

Table 6.3.1: Treatment exit reasons for clients not retained in treatment on 31st March 2018

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	2,802	16%	2,330	37%	2,585	39%	1,926	42%	9,643	28%
Completed free of dependence	258	1%	217	3%	148	2%	77	2%	700	2%
Treatment completed free of dependence subtotal	3,060	18%	2,547	41%	2,733	41%	2,003	44%	10,343	30%
Transferred - not in custody	10,593	61%	1,426	23%	1,555	24%	1,434	31%	15,008	43%
Transferred - in custody	2,799	16%	1,823	29%	1,761	27%	814	18%	7,197	21%
Dropped out/left	400	2%	307	5%	338	5%	148	3%	1,193	3%
Treatment declined by client	71	0%	74	1%	62	1%	53	1%	260	1%
Onward referral offered and refused	2	0%	0	0%	1	0%	0	0%	3	0%
Treatment withdrawn by provider	38	0%	26	0%	24	0%	13	0%	101	0%
Died	25	0%	6	0%	7	0%	5	0%	43	0%
Deported	105	1%	15	0%	23	0%	25	1%	168	0%
Released from court	301	2%	45	1%	89	1%	83	2%	518	1%
Total	17,394	100%	6,269	100%	6,593	100%	4,578	100%	34,834	100%
Missing	12		2		2		0		16	
Total adult clients exiting treatment	17,406		6,271		6,595		4,578		34,850	

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

Figure 6.3.1: Proportion of exits that completed treatment free of dependence by the 4 substance groups 2017-18



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.

The UK clinical guidelines for drug misuse and dependence highlights the importance of take-home naloxone for previously heroin-dependent prisoners as they leave prison: www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management. Table 6.3.2 shows the total releases of opiate clients from a prison/IRC in 2017-18 and the proportions given take-home naloxone, including training on its use as a method of counteracting the effects of opioid overdose. Of the 24,121 valid responses of released opiate clients in the period, 12% (2,971) were provided with this intervention. Data was available for 99% of the releases in 2017-18.

Table 6.3.2: Proportions of releases for opiate clients in 2017-18 where take-home naloxone and training where provided

Provided take home naloxone	n	%
Yes	2,971	12%
No	21,150	88%
Total	24,121	100%
Missing/Inconsistent	188	
Total releases of opiate clients within the period	24,309	

6.4 Continuity of care

Public Health Outcomes Framework (PHOF) indicator 2.16 measures adults with a substance misuse treatment need who successfully engage in community-based treatment within 3 weeks of release from prison. This indicator supports a priority under the National Partnership Agreement between NHS England, HMPPS and PHE to strengthen continuity of care between custody and the community.

More detail on PHOF can be found at:

fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4

The number and percentage of individuals that successfully engaged in community based structured treatment following release from prison (within 21 days), at regional level, is shown in Table 6.4.1.

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 2017-18

Area	n*	%	95% Lower CI	95% Upper CI
North East	934	42.4	40.3	44.4
North West	1,330	35.1	33.6	36.7
Yorkshire and the Humber	1,062	37.5	35.8	39.3
East Midlands	740	28.1	26.4	29.8
West Midlands	973	33.7	32.0	35.5
East of England	775	31.5	29.7	33.4
London	890	21.9	20.7	23.2
South East	799	32.1	30.3	34.0
South West	590	31.8	29.7	33.9
England	8,093	32.1	31.5	32.7

*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 2017-18, there were 1,352 young people (YP) in substance misuse treatment services in the children and young people's secure estate. This number includes 40 young people who were aged 18 years old.

Provisional figures for 2017-18 (www.gov.uk/government/statistics/youth-custody-data)¹³ suggest an increase of 4% in the average youth custody population (including 18 year olds) in England and Wales between 2016-17 and 2017-18¹⁴.

The establishment-level breakdown of young people in treatment is shown in Table 7.1.1. The majority of the young people received treatment in a Youth Offender Institution (72%), with 16% in Secure Training Centres, 6% in Secure Children's Homes and 5% in Welfare-Only Homes.

Table 7.1.1: Establishment-level breakdown of all young people in treatment 2017-18

Establishment type	n	%
Youth Offender Institution (n=4)*	979	72%
Secure Children's Homes (n=7)*	214	16%
Secure Training Centres (n=2)*	85	6%
Welfare Only Homes (n=6)*	74	5%
Total YP clients in treatment	1,352	100%

* n = number of establishments that registered and submitted data to NDTMS in 2017-18
Percentages may not sum to 100% due to rounding.

7.2 Age and gender

The gender distribution of young people in specialist substance misuse treatment in the secure estate at their first point of contact with treatment in 2017-18 is reported in Table 7.2.1 and Figure 7.2.1. Most of the young people in treatment in secure estate (including welfare only places) were males (92%, compared with 97% of the total youth

¹³ Figures will be finalised in the 2017/18 Youth Justice Statistics publication.

¹⁴ The youth custody population statistics are not directly comparable with the number of young people in specialist substance misuse treatment services because they include Wales and do not include welfare-only places.

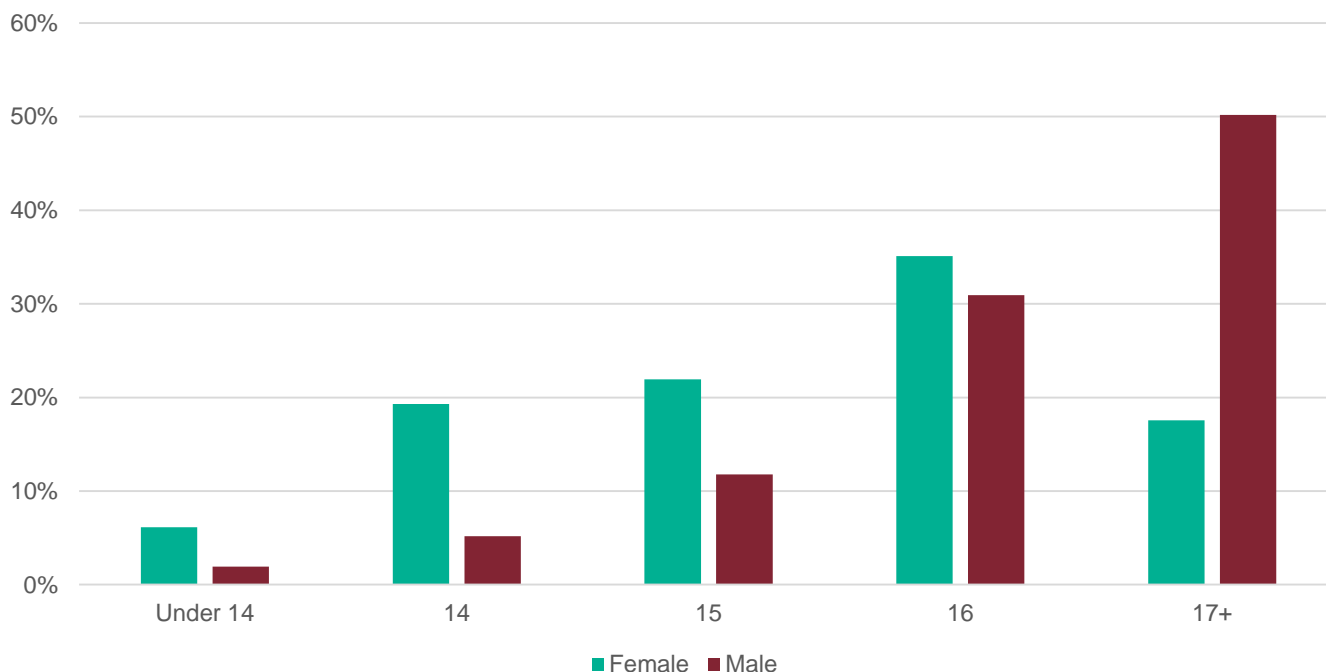
custody population (excluding welfare only places)) in March 2018¹⁵. There were 114 females in the treatment population (8% of young people treated). With a median age of 17, the males in treatment tended to be older than the females who had a median age of 16. Half (50%) of the male young people in treatment were 17 or above, compared to less than one-fifth of the females (18%). Nine in 10 young people were aged 15 or above, a slightly lower proportion than in the youth custody population (95%) in March 2018 (www.gov.uk/government/statistics/youth-custody-data).

Table 7.2.1: Age and gender breakdown of all young people in treatment 2017-18

Age	Male		Female		Total	
	n	%	n	%	n	%
Under 14	24	2%	7	6%	31	2%
14	64	5%	22	19%	86	6%
15	146	12%	25	22%	171	13%
16	383	31%	40	35%	423	31%
17+	621	50%	20	18%	641	47%
Total YP clients in treatment	1,238	100%	114	100%	1,352	100%

Percentages may not sum to 100% due to rounding.

Figure 7.2.1: Age and gender breakdown of all young people in treatment 2017-18



¹⁵ www.gov.uk/government/statistics/youth-custody-data

7.3 Ethnicity

The ethnicity of young people receiving substance misuse treatment in the secure estate is reported in Table 7.3.1. The majority of young people in treatment who reported their ethnic origin were white British (61%). White and black Caribbean made up 9% while the remaining ethnic group were all less than 5%.

Table 7.3.1: Ethnicity of all young people in treatment 2017-18

Ethnicity	n	%
White British	796	61%
White & Black Caribbean	114	9%
Caribbean	59	4%
Other Black	50	4%
African	49	4%
Other White	42	3%
Pakistani	34	3%
White & Black African	33	3%
Other Mixed	33	3%
Other Asian	25	2%
White & Asian	25	2%
White Irish	23	2%
Other	14	1%
Bangladeshi	12	1%
Indian	5	0%
Total	1,314	100%
Inconsistent/not stated/unknown	38	
Total YP clients in treatment	1,352	

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

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 in 2017-18 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 (47%). The next most commonly cited substances were nicotine (22%), followed by powder cocaine (16%).

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

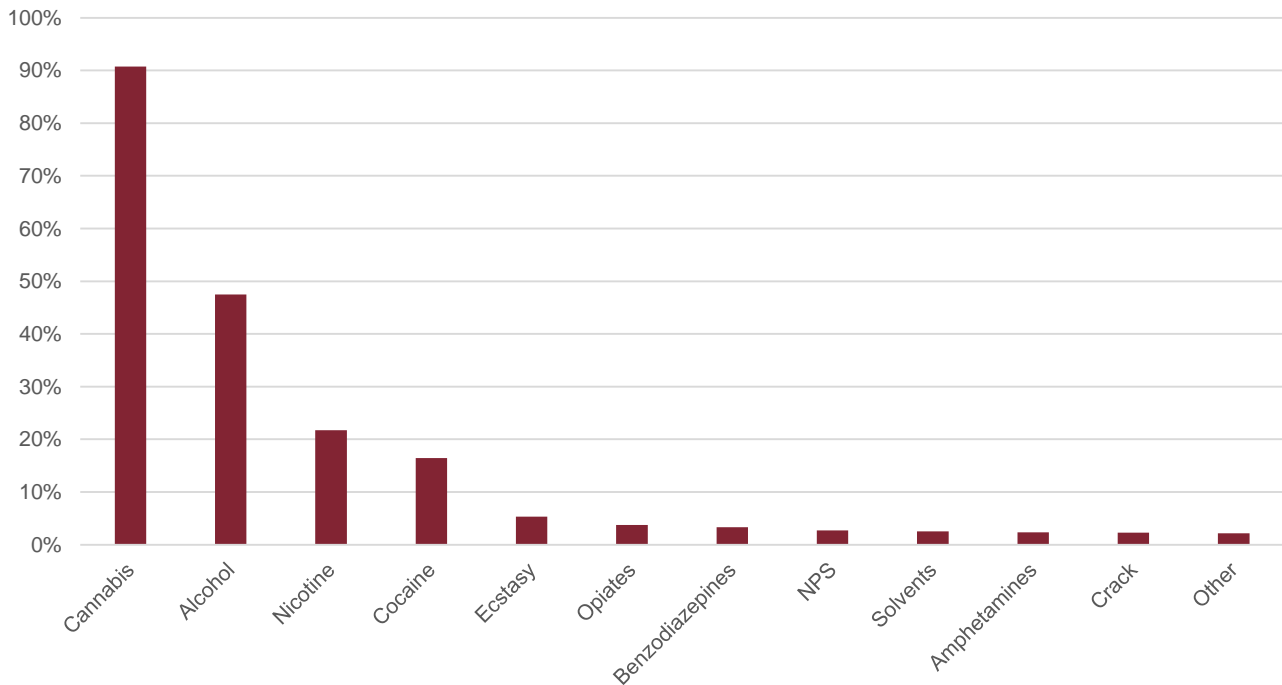
Table 7.4.1: Substance use and median age of all young people in treatment 2017-18

Substance	n	%	Median age
Cannabis	1,227	91%	16
Alcohol	642	47%	16
Nicotine	294	22%	16
Cocaine	222	16%	17
Ecstasy	72	5%	16
Opiates	51	4%	17
Benzodiazepines	45	3%	17
NPS	37	3%	16
Solvents	34	3%	16
Amphetamines	32	2%	17
Crack	31	2%	16
Other	29	2%	17
Total YP clients in treatment*	1,352	100%	16

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

Percentages may not sum to 100% due to rounding

Figure 7.4.1: Substance use breakdown of all young people in treatment 2017-18



7.5 Pathway into treatment

The route a young person took into treatment in a secure setting is reported in Table 7.5.1. Out of the total young people in treatment, the majority (92%) started treatment after having been taken directly into custody from the community, whereas the remaining 8% started treatment after having transferred from another secure setting establishment.

Table 7.5.1: Route into treatment 2017-18

Pathway into treatment	n	%
Taken directly into custody and starting treatment	1,249	92%
Transferred from another secure setting and starting treatment	103	8%
Total YP clients in treatment	1,352	100%

7.6 Time to treatment start

In 2017-18, most young people in treatment were triaged within 1 week of arriving in a secure setting (89%). Only 4% were triaged after 3 weeks of arrival. Out of those who started a treatment intervention, 85% received their first intervention within 1 week of triage assessment. These numbers are reported in Table 7.6.1 below.

Table 7.6.1: Reception to triage and triage to first intervention 2017-18

Time banding	Reception to triage		Triage to first intervention	
	n	%	n	%
Within 1 week	858	89%	792	85%
Within 1-3 weeks	62	6%	50	5%
Over 3 weeks	41	4%	87	9%
Total YP clients starting treatment	961	100%	929	100%

Percentages may not sum to 100% due to rounding

7.7 Treatment interventions received

Young people in treatment may receive more than 1 intervention (ie more than 1 type of treatment) while being treated for substance misuse. The types of interventions that young people commenced during 2017-18 are shown in Table 7.7.1. Individuals are only counted once for each intervention type they received. The percentages may not sum to 100% because each individual may have received more than 1 type of intervention in the year.

Of the interventions delivered to young people in treatment in 2017-18, 85% received a harm reduction intervention, followed by just over half (52%) receiving psychosocial

motivational interviewing and just under a quarter receiving relapse prevention (23%). The proportion receiving cognitive behavioural therapy (CBT) was 13% while only 1% of young people in treatment received a pharmacological intervention.

Table 7.7.1: Interventions received in 2017-18

Intervention	n	%
YP Harm Reduction	1,144	85%
YP Psychosocial - motivational interviewing	702	52%
YP Psychosocial - relapse prevention	315	23%
YP Psychosocial - cognitive behavioural therapy	172	13%
No valid intervention recorded	64	5%
YP Psychosocial - family work	57	4%
YP Psychosocial - counselling	36	3%
Pharmacological	7	1%
Total YP clients in treatment*	1,352	100%

*The number of clients will be less than the sum of the interventions as a client may present with may receive more than 1 intervention type.

The combinations of treatment interventions received by young people in treatment in the secure estate are shown in Table 7.7.2. An individual only appears in 1 intervention combination group below. Almost half (49%) received psychosocial and harm reduction interventions, 35% received a harm reduction intervention while only 10% received psychological interventions.

Table 7.7.2: Intervention combinations 2017-18

Intervention combination	n	%
Psychosocial and harm reduction	663	49%
Harm reduction only	477	35%
Psychosocial only	141	10%
No valid intervention recorded	64	5%
Other	7	1%
Total YP clients in treatment	1,352	100%

7.8 Length of latest discharged treatment episode

Nearly half (48%) of all young people in treatment in a secure setting had an episode length of up to 12 weeks, while about a quarter (26%) had an episode length of 13-26 weeks. Only 6% of the young people in treatment had an episode length of more than a year. The proportion of young people discharged in each banding of episode length reduces as the episode bandings increase in duration and these numbers are reported in Table 7.8.1. The median duration of young people in treatment in secure settings were 13 weeks in 2017-18.

Table 7.8.1: Length of latest discharged treatment episode 2017-18

Episode length	n	%
0-12 weeks	448	48%
13-26 weeks	246	26%
27-52 weeks	184	20%
Over 1 year	53	6%
Total YP discharged	931	100%

7.9 Vulnerabilities identified in young people starting treatment

The vulnerabilities identified for young people starting treatment in 2017-18 are reported in Table 7.9.1. The majority of young people reported poly substance use (64%) while only 5% reported High risk alcohol and opiate or crack users respectively.

The number of young people who reported being a parent or pregnant was 35 (4%).

Only 12 young people (1%) reported currently injecting (prior to entry to the secure estate) or having previously injected.

Just over half (53%) of young people in treatment reported only 1 vulnerability while just over one-tenth (12%) reported 2 or more vulnerabilities.

Table 7.9.1: Type of vulnerabilities identified in young people starting a treatment intervention in 2017-18

Vulnerability	n	%
Poly substance use	613	64%
High risk alcohol user	52	5%
Opiate and/or crack use	44	5%
Pregnant / parent	35	4%
Injecting - currently or previously	12	1%
Total YP clients starting treatment*	961	100%

* The number of vulnerabilities will be less than the total YP clients starting treatment as a client may present with none, or more than 1 cited vulnerability.

7.10 Treatment exit

In 2017-18, there were 931 young people in secure settings who exited treatment. Of these, roughly a quarter (22%) completed treatment successfully. Half (50%) of young people discharged from treatment 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. Seven percent of young

people declined treatment and 6% dropped out or the treatment was withdrawn by the provider.

Table 7.10.1: Treatment exit reasons 2017-18

Treatment exit reason	n	%
Transferred - not in custody	462	50%
Completed	205	22%
Transferred - in custody	127	14%
Treatment declined by client	64	7%
Dropped out / withdrawn by provider	52	6%
Died	0	0%
Other unplanned	21	2%
Total YP exiting treatment	931	100%

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

8. Trends over time

8.1 Trends in numbers in treatment (adults)

During 2017-18 there were data recording issues in some prisons in the West Midlands that resulted in an undercount of adults in treatment in that region. Because of this the numbers in treatment of adults in England will also be an undercount and therefore it is not possible to make direct comparisons to previous years.

The trend tables that are included in the adult sections of this chapter have been presented without the West Midlands data to provide a better indication of the national changes that would have been seen if the national data was complete.

The change in the number of adults receiving substance misuse treatment in secure settings from 2015-16 to 2017-18, by the 4 main substance groups, is shown in Table 8.1.1 and Figure 8.1.1.

Overall, there was a 4.6% reduction in the number of individuals in treatment in 2017-18 compared with the previous year (50,273 in 2017-18 compared with 52,708 in 2016-17), with the majority of the decrease seen within the non-opiate only (9%) and alcohol only (14%) groups. Conversely, the non-opiate and alcohol group was relatively unchanged (9,009 in 2016-17 compared to 8,949 in 2017-18).

The proportion of opiate clients increased by 1% against the total treatment population despite there being 452 fewer opiate clients than last year (from a peak of 26,318 in 2016-17). This is largely due to the reductions in the number of individuals in other substance groups over the same period.

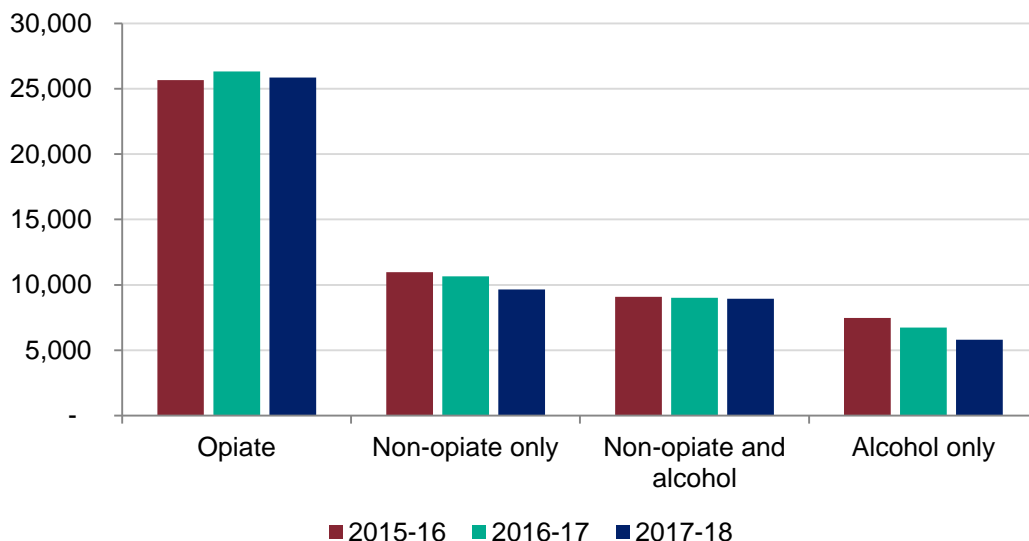
Table 8.1.1: Trends in numbers in treatment (adults)

Year	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
2015-16	25,657	48%	10,979	21%	9,099	17%	7,470	14%	53,205	100%
2016-17	26,318	50%	10,644	20%	9,009	17%	6,737	13%	52,708	100%
2017-18	25,866	51%	9,643	19%	8,949	18%	5,815	12%	50,273	100%

West Midlands data has been omitted from this table due to data quality issues

Percentages may not sum to 100% due to rounding

Figure 8.1.1: Trends in numbers in treatment (adults)



West Midlands data has been omitted from this chart due to data quality issues

Table 8.1.2 and Figure 8.1.2 show the trend in adults starting treatment from 2015-16 to 2017-18. As with overall numbers in treatment, the number of adults starting treatment also fell between 2016-17 and 2017-18. Overall there was a 6% decrease in total new presentations, with the largest decreases seen in the alcohol only substance group (down 14%, after an 11% decrease between 2015-16 and 2016-17), followed by non-opiate and alcohol (down 8%, after a decrease of 9% between 2015-16 and 2016-17), and opiates (down 5%, after a 2% increase between 2015-16 and 2016-17). The numbers presenting in the non-opiate and alcohol group remained relatively unchanged. There have been fluctuations in the overall male and female prison populations in 2017-18 and the combined population of both was 3% lower on 31 March 2018 than it was on 31 March 2017¹⁶.

Table 8.1.2: Trends in new presentations to treatment (adults)

Year	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
2015-16	17,168	48%	6,257	17%	7,300	20%	5,371	15%	36,096	100%
2016-17	17,554	50%	5,977	17%	6,673	19%	4,786	14%	34,990	100%
2017-18	16,705	51%	5,975	18%	6,111	19%	4,094	12%	32,885	100%

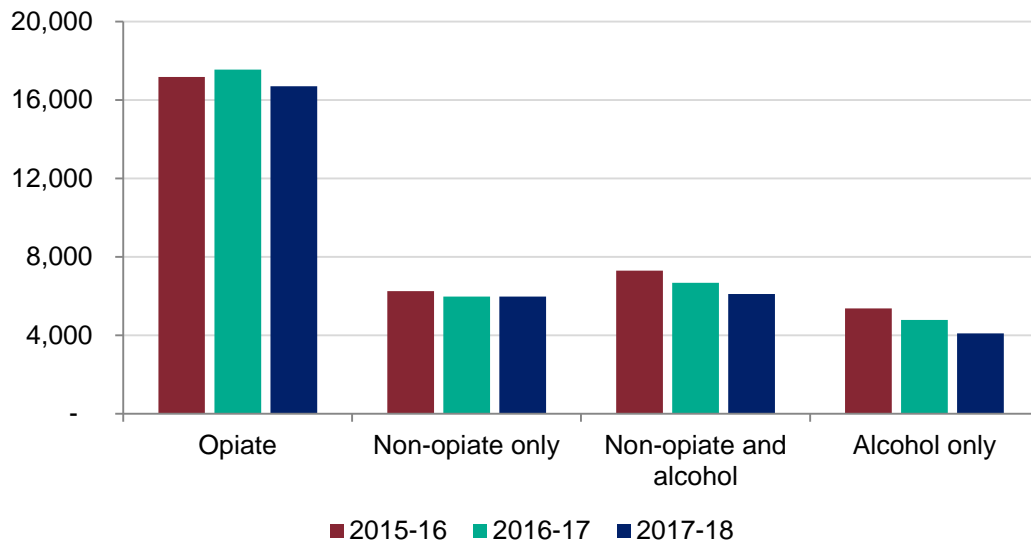
West Midlands data has been omitted from this table due to data quality issues

Percentages may not sum to 100% due to rounding

¹⁶ HMPPS Offender Equalities Annual Report 2017 to 2018:

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

Figure 8.1.2: Trends in new presentations to treatment (adults)



West Midlands data has been omitted from this chart due to data quality issues

8.2 Trends in presenting substances (adults)

Table 8.2.1 and Figures 8.2.1 and 8.2.2 show trends in presenting substances for adults starting treatment from 2015-16 to 2017-18.

The number and proportion of new presentations reporting problematic crack cocaine alongside opiate use have risen year on year (from 26%, 9,236, in 2015-16 to 36%, 11,945 in 2017-18), as has the number and proportion of new presentations for crack cocaine without opiates (from 5%, 1,899 in 2015-16 to 7%, 2,214 in 2017-18). This increase mirrors a similar rise seen in new presentations in community treatment reporting problematic crack cocaine alongside opiate use within the same period (from 14% in 2015-16 to 18% in 2017-18) and the rise seen in the proportion of adults presenting with problems for crack cocaine use but not opiates (an increase of 1% from 2015-16 to 2017-18).

Conversely, the number of new presentations for opiates not also presenting with crack cocaine has fallen year on year (from, 22%, 7,932, in 2015-16 to 14%, 4,760 in 2017-18). The number of new presentations for all other substances have also fallen sharply from last year, with the largest drops in volume for alcohol (down 1,587, 10%), cannabis (down 976, 9%), benzodiazepines (down 736, 14%) and powder cocaine (down 628, 8%).

Whilst only representing a small proportion of all clients presenting to treatment (2%), the number of presentations for other drugs rose by 176 (an increase of 32% within this

category from 2016-17), the majority of which were citations of pregabalin and gabapentin.

Table 8.2.1: Trends in presenting substances (adults)

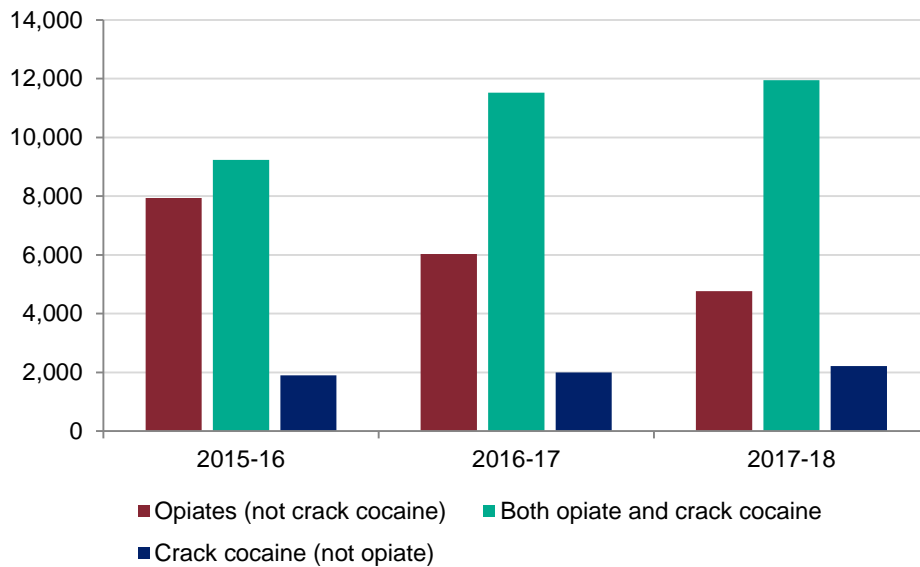
Substance	2015-16		2016-17		2017-18	
	n	%	n	%	n	%
<i>Opiate and/or crack cocaine use</i>						
Opiate (not crack cocaine)	7,932	22%	6,030	17%	4,760	14%
Both opiate and crack cocaine	9,236	26%	11,524	33%	11,945	36%
Crack cocaine (not opiate)	1,899	5%	1,997	6%	2,214	7%
<i>Other drug use</i>						
Cannabis	11,676	32%	11,005	31%	10,029	30%
Cocaine	7,963	22%	7,639	22%	7,011	21%
Amphetamine (other than ecstasy)	2,672	7%	1,963	6%	1,699	5%
Benzodiazepine	5,598	16%	5,175	15%	4,439	13%
Other	624	2%	553	2%	729	2%
<i>Alcohol</i>						
Alcohol	17,651	49%	16,620	47%	15,033	46%
Total adults starting treatment*	36,096	100%	34,990	100%	32,885	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.

West Midlands data has been omitted from this table due to data quality issues

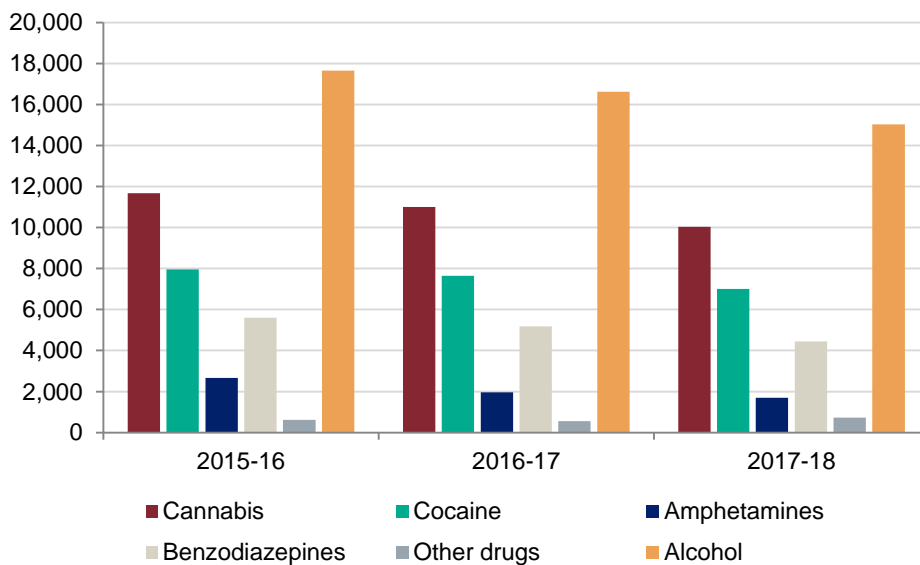
Percentages may not sum to 100% due to rounding.

Figure 8.2.1: Trends in presenting substances – opiates and / or crack cocaine (adults)



West Midlands data has been omitted from this chart due to data quality issues

Figure 8.2.2: Trends in presenting substances – other substances (adults)



West Midlands data has been omitted from this chart due to data quality issues

Table 8.2.2 shows trends for adults in treatment for new psychoactive substances (NPS) and drugs defined as ‘club drugs’ from 2015-16 to 2017-18.

The number and proportion of the treatment population with problematic new psychoactive substances (NPS) has continued to increase. Almost 1 in 10 adults in treatment stated they had a problem with this in 2017-18 (8.5%). This proportion has increased from 5.7% in 2015-16 where 3,037 individuals reported NPS use as problematic. This is a reversal of the trend in community treatment, where numbers in

treatment for NPS have decreased from 2,728 in 2015-16 to 2,074 in 2017-18 (only 0.8% of the treatment population), a fall in volume of 24%. These figures represent 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.

Table 8.2.2: Trends in adults in treatment for club drugs

Substance	2015-16		2016-17		2017-18	
	n	%	n	%	n	%
New psychoactive substances	3,037	5.7%	4,159	7.9%	4,271	8.5%
Ecstasy	1,446	2.7%	1,416	2.7%	1,146	2.3%
Mephedrone	963	1.8%	508	1.0%	230	0.5%
Ketamine	244	0.5%	237		218	0.4%
Methamphetamine	122	0.2%	123	0.2%	114	0.2%
GHB/GBL	40	0.1%	51	0.1%	54	0.1%
Further breakdown of new psychoactive substances:						
Predominantly cannabinoid	1,777	3.3%	2,429	4.6%	2,400	4.8%
Other	1,092	2.1%	1,743	3.3%	1,906	3.8%
Predominantly stimulant	164	0.3%	120	0.2%	70	0.1%
Predominantly hallucinogenic	77	0.1%	74	0.1%	97	0.2%
Predominantly sedative/opioid	62	0.1%	32	0.1%	34	0.1%
Predominantly dissociative	41	0.1%	25	0.0%	8	0.0%
Total adult clients in treatment*	53,205	100%	52,708	100%	50,273	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.

West Midlands data has been omitted from this table due to data quality issues

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

8.3 Treatment exits (adults)

Table 8.3.1 shows the trends in adults leaving treatment in secure settings over the past 3 years. Overall, the number of clients with a discharge reason of 'treatment completed' has increased year on year (from 8,190, 24% in 2015-16 to 9,874, 31% in 2017-18). The most common discharge reason of 'transferred – not in custody', indicating a transferral of treatment from a secure setting to the community, has decreased from 2015-16 (16,206, 48%) to 2017-18 (13,667, 42%). The next largest discharge reason, 'transferred – in custody', indicating a transferral of treatment from 1 secure setting to another, has dropped in volume over the past 3 years but still accounts for one-fifth of all treatment exits.

Adults successfully engaging in community treatment within 21 days of release also increased in 2017-18 to 32.1% (30.3% in 2016-17¹⁷).

Table 8.3.1: Trends in exit reasons (adults)

Treatment exit reason	2015-16		2016-17		2017-18	
	n	%	n	%	n	%
Completed free of dependence - no drug or alcohol use	7,964	24%	8,945	27%	9,186	29%
Completed free of dependence	226	1%	290	1%	688	2%
Treatment completed free of dependence subtotal	8,190	24%	9,235	28%	9,874	31%
Transferred - not in custody	16,206	48%	15,748	47%	13,667	42%
Transferred - in custody	7,867	23%	6,782	20%	6,607	21%
Dropped out/left	792	2%	1,039	3%	1,076	3%
Treatment declined by client	448	1%	342	1%	222	1%
Onward referral offered and refused	0	0%	0	0%	0	0%
Treatment withdrawn by provider	84	0%	131	0%	84	0%
Died	37	0%	61	0%	39	0%
Deported	0	0%	4	0%	164	1%
Released from court	0	0%	0	0%	457	1%
Total	33,624	100%	33,342	100%	32,190	100%
Missing/inconsistent	4		0		0	
Total adult clients exiting treatment	33,628		33,342		32,190	

West Midlands data has been omitted from this table due to data quality issues

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

There were 39 recorded deaths in treatment in secure settings in 2017-18. This was a 36% fall (22 deaths) from a peak in 2016-17. This can be compared against the rate of male and female deaths per 1,000 prison population falling in 2017 (calendar year), with the total number of deaths in prison 17% lower than in 2016¹⁸. Opiate clients have continued to be the most at risk, with over half of all deaths in treatment being in that substance group. However, the large numbers of deaths seen in non-opiate and alcohol clients in 2016-17 has decreased markedly, with a fall from 12 to 6 clients in 2017-18.

¹⁷ [fingertips.phe.org.uk/profile/public-health-outcomes-](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4)

[framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4)

¹⁸ HMPPS Offender Equalities Annual Report 2017 to 2018:

www.gov.uk/government/statistics/hm-prison-and-probation-service-offender-equalities-annual-report-2017-to-2018

8.4 Regional tables

Tables 8.4.1 and 8.4.2 are provided to show trends in all in treatment and new presentations regionally (based on establishment location) with the addition of the West Midlands data. These tables show the changes in numbers and proportions regionally against what has been observed nationally.

Table 8.4.1: Trends in numbers in treatment (adults) by region (PHE Centre)

PHE Centre	2015-16		2016-17		2017-18	
	n	%	n	%	n	%
North East	4,441	7%	5,177	9%	4,972	9%
Yorkshire & the Humber	5,349	9%	5,842	10%	6,200	11%
North West	9,842	16%	9,584	16%	9,205	17%
Wales*	-	0%	-	0%	59	0%
West Midlands	7,049	12%	6,550	11%	5,140	9%
East Midlands	5,910	10%	5,461	9%	5,036	9%
East of England	5,809	10%	5,850	10%	5,794	10%
London	8,205	14%	7,528	13%	6,642	12%
South East	8,946	15%	8,752	15%	8,042	15%
South West	4,703	8%	4,514	8%	4,323	8%
Total	60,254	100%	59,258	100%	55,413	100%

* The total for Wales is for English residents in Welsh secure settings only.

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

Table 8.4.2: Trends in new presentations to treatment (adults) by region (PHE Centre)

PHE Centre	2015-16		2016-17		2017-18	
	n	%	n	%	n	%
North East	3,687	9%	3,185	8%	3,000	8%
Yorkshire & the Humber	3,245	8%	3,867	10%	4,557	13%
North West	6,275	16%	6,085	15%	6,147	17%
Wales*	-	0%	-	0%	59	0%
West Midlands	4,286	11%	5,470	14%	2,804	8%
East Midlands	3,664	9%	3,290	8%	3,065	9%
East of England	3,776	9%	4,136	10%	3,732	10%
London	6,351	16%	5,529	14%	4,397	12%
South East	5,979	15%	5,780	14%	5,069	14%
South West	3,119	8%	3,118	8%	2,859	8%
Total	40,382	100%	40,460	100%	35,689	100%

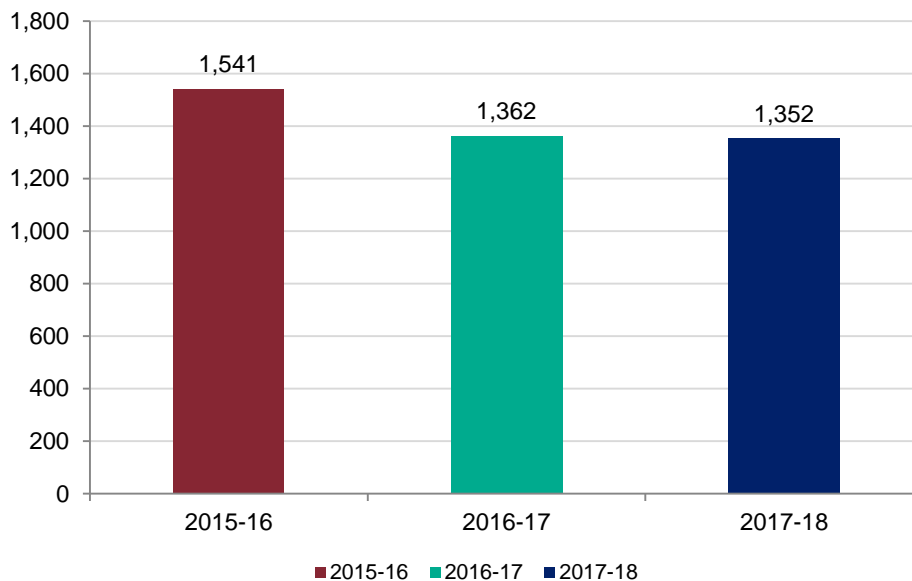
* The total for Wales is for English residents in Welsh secure settings only.

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

8.5 Trends in numbers in treatment (young people)

Trends in numbers in treatment for young people are shown in Figure 8.5.1. Numbers overall have changed very little since 2016-17, with a reduction of just 10 young people in treatment (less than 1%). This compares to the more substantial decrease between 2015-16 and 2016-17 of 179 young people in treatment (12%).

Figure 8.5.1: Trends in numbers in treatment (young people)



8.6 Trends in presenting substances (young people)

Trends for numbers in treatment and presenting substances for young people in secure settings from 2015-16 to 2017-18 are shown in Table 8.6.1 and Figures 8.6.1 and 8.6.2. Cannabis has consistently been the most commonly cited substance, reported by 91% of young people presenting to treatment every year. Alcohol has also consistently been the second most cited substance, with around half of young people in treatment reporting problems with alcohol for the last 3 periods, though this has seen a slight fall from its peak of 51% in 2015-16 to the current proportion of 47%.

In general, there have been marked decreases in young people reporting problems with powder cocaine (from 21% in 2016-17 to 16% in 2017-18), amphetamines (from 9% in 2015-16 to 2% in 2017-18) and NPS (8% in 2015-16 to 3% in 2017-18), whereas there have been increases in problematic use of opiates (2% in 2015-16 to 4% in 2017-18), crack cocaine (1% in 2015-16 to 2% in 2017-18) and solvents (1% in 2015-16 to 3% in 2017-18).

Table 8.6.1: Trends in presenting substances (young people)

Substance	2015-16		2016-17		2017-18	
	n	%	n	%	n	%
Cannabis	1,396	91%	1,238	91%	1,227	91%
Alcohol	793	51%	658	48%	642	47%
Nicotine	297	19%	227	17%	294	22%
Cocaine	296	19%	286	21%	222	16%
Amphetamines	132	9%	70	5%	32	2%
NPS	121	8%	72	5%	37	3%
Ecstasy	120	8%	97	7%	72	5%
Other (including benzodiazepines)	57	4%	53	4%	71	5%
Opiates	28	2%	38	3%	51	4%
Solvents	16	1%	12	1%	34	3%
Crack	14	1%	26	2%	31	2%
Total YP clients in treatment*	1,541	100%	1,362	100%	1,352	100%

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

Figure 8.6.1: Trends in presenting substances – cannabis, alcohol, nicotine & cocaine (young people)

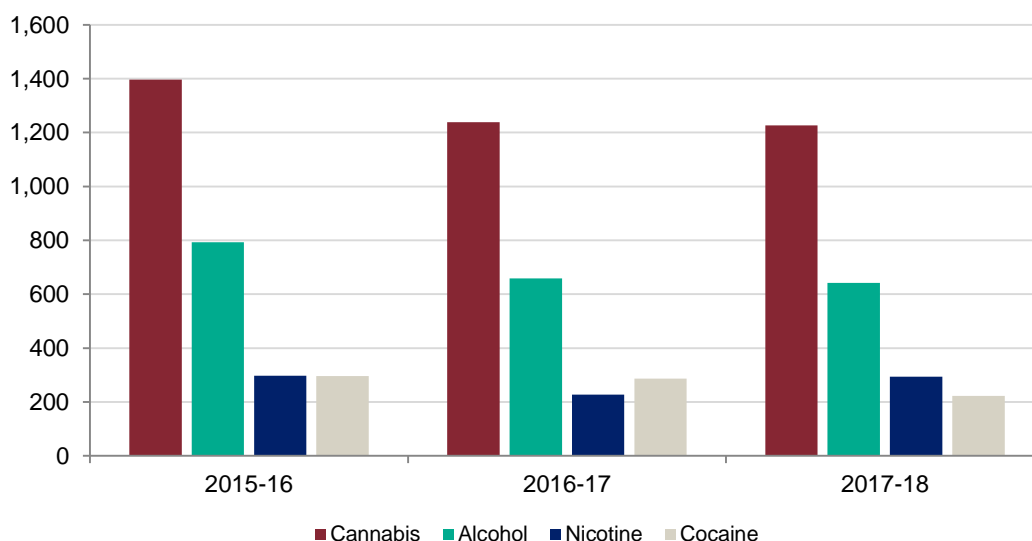
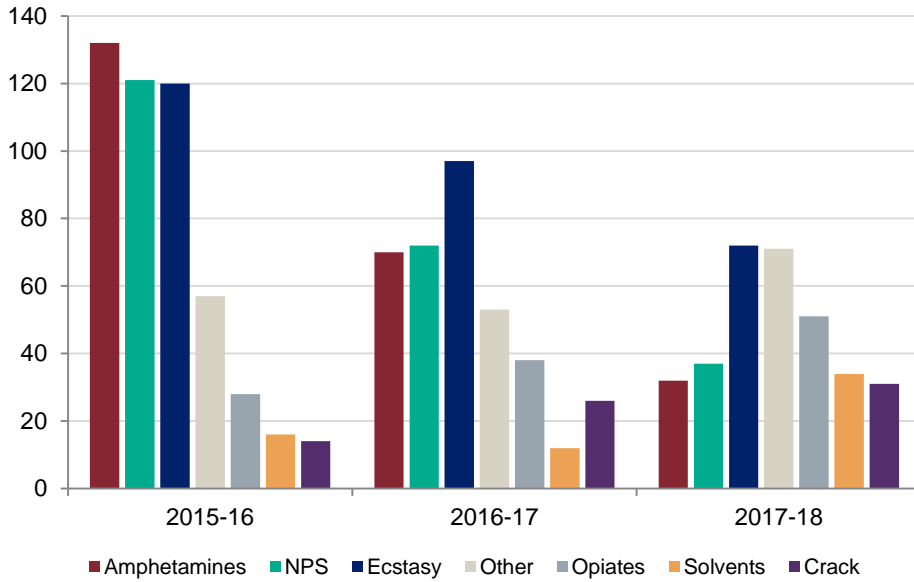


Figure 8.6.2: Trends in presenting substances – rest of presenting substances (young people)



9. 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

9.1 Relevant web links and contact details

Monthly web-based NDTMS analyses

www.ndtms.net/

National Drug Evidence Centre (NDEC)

research.bmh.manchester.ac.uk/epidemiology/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

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Tim Lowden – programme manager, PHE

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Andrew.Jones@manchester.ac.uk

9.2 Other sources of statistics about drugs and alcohol

9.2.1 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

9.2.2 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

9.2.3 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-2017-to-2018-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. Latest estimates are available for 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

9.2.4 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

9.2.5 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.

9.2.6 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

9.2.7 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 2017, can be found at:

www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations

Local authority level data on drug misuse deaths for three-year periods, most recently 2015-2017, can be found in indicator 2.15iv of the Public Health Outcomes Framework, at: www.phoutcomes.info/

10. Abbreviations and definitions

10.1 Abbreviations

AUDIT	Alcohol Use Disorders Identification Test
C&YP	Children & Young People
CSEW	Crime Survey for England and Wales
CYPSE	Children & 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	Youth Offender Institution
YP	Young people

10.2 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, eg, structured day programme, opioid prescribing, etc.
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.

Time to start treatment	The period of time between reception into a secure setting and the triage assessment, and also from the triage assessment to the first intervention.
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. Where questions at triage assessment are not related to the current status of the client, they refer to the client's status in the four weeks prior to custody.
Triage date	The date that the client had a triage/initial assessment.
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