



*National Treatment Agency  
for Substance Misuse*

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**Statistics from the  
National Drug Treatment Monitoring System  
(NDTMS)  
1 April 2005 - 31 March 2006**

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## Executive Summary

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- Of the **177,055** individuals in treatment contact in England during 2005/06, **156,653** (88%) received at least one Tier 3 or Tier 4 treatment modality as part of their treatment episode.
- A total of **262,349** episodes of treatment were recorded for these clients and **338,207** treatment modalities/interventions were recorded as having been provided.
- Clients' median age (on 30<sup>th</sup> September 2005, the midpoint of the year) was 31 years and 71% were male. Regions exhibited variation with respect to the proportion of clients aged less than 25 years (from 18% to 33% of clients).
- Most (89%) clients were White. Other ethnic groups each accounted for fewer than three percent of clients.
- Most clients (66%) used heroin, usually as their primary drug (63% of clients).
- Primary cannabis use was common, particularly among clients aged less than 18 years at triage (74% of this group were primary cannabis users, compared to only seven percent of over eighteens).
- Adjunctive use of crack cocaine was common. Primary use was unusual, except in London where primary crack users accounted for 15% of clients.
- The most common routes into treatment were via self (37%), criminal justice (22%), or GP (13%) referral.
- A third (36%) of episodes that were completed during the year ended in a successful discharge from treatment. For clients aged 20 years or more in the reporting year, the rate of successful discharge increased gradually and consistently with age.
- Three quarters (76%) of the treatment journeys that commenced during the year lasted twelve weeks or more.

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# 1. Background

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The National Drug Treatment Monitoring System (NDTMS) records information about people receiving tier 3 or 4 treatment for drug misuse in England (i.e. structured community-based services, or residential and inpatient services), in order to monitor and assist the management of progress towards the Government's targets for participation in drug treatment programmes (see [www.drugs.gov.uk/drug-strategy](http://www.drugs.gov.uk/drug-strategy)).

The drug strategy aims to reduce the harm that drugs cause to society (including communities, individuals and their families) via four principal objectives:

- [Young people](#) – to prevent today's young people from becoming tomorrow's problematic drug users
- [Reducing supply](#) – to reduce the supply of illegal drugs
- [Communities](#) – to reduce drug-related crime and its impact on communities
- [Treatment](#) - to provide treatment and support in order to reduce the number of drug-related deaths and minimise harm.

Each of these objectives is linked to a Public Service Agreement (PSA) target. The overarching aim is to reduce the harms caused by illegal drugs to individuals, their families and the wider community by:

- reducing drug use among young people and preventing them from becoming the problematic drug users of tomorrow
- having a sustained impact on the supply of Class A drugs to the UK and availability within communities
- targeting drug misusing offenders via the Criminal Justice System to engage them in treatment and reduce drug-related crime
- providing treatment for people with drug problems to help them live healthy and crime free lives.

Previously (1990 – 2001), information on new presentations or presentations after a break in contact of six months or more to drug treatment services was collected by Regional Drug Misuse Databases (RDMDs) (Donmall 1999). These were reported in the Department of Health's statistical bulletins for six month periods, starting with the six months ending March 1993 and continuing to the six months ending March 2001. Following a strategic review of the structure and operation of the information systems (Donmall, Hickman, Glavas, 2000), NDTMS was introduced on 1 April 2001, replacing the RDMDs in England. The NDTMS collects data on all clients in contact with treatment services. Responsibility for managing the NDTMS was transferred from the Department of Health to the NTA on 1 April 2003.

The NTA have reorganised the NDTMS, bringing the definition of drug treatment recorded by the system further into line with [Models of care for drug misusers](#). It has also rearranged the operational structure in line with Government Office organisation. In most regions, operation of the NDTMS resides with [Public Health Observatories](#). The dataset and data collection methods have also changed. Between 2001 and 2003, client contact forms were completed on a client's first presentation, and review forms for all clients were completed at year-end. The data collection method was changed for

2003/04 data, being replaced by a system whereby treatment services submit a [core data set of their client information](#), either as a database extract or spreadsheet. Code sets for the core data set can be found in the [NDTMS reference data](#) document.

During 2004/05, the NDTMS implemented a monthly data collection process, which became fully operational in 2005/06. The [core data collected since 2004/05](#) have also been amended.

Results from the NDTMS are used across a number of government departments, including the Department of Health, Home Office, Office of the Deputy Prime Minister and Department for Education and Skills.

This statistical release covers England only. Information on drug treatment in [Wales, Scotland and Northern Ireland is also available](#).

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## 2. Abbreviations and definitions

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- **Abbreviations**

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Black and minority ethnic (BME)

Counselling, assessment, referral, advice and throughcare (CARAT)

Drug Action Team (DAT)

Drug Treatment and Testing Order (DTTO)

East of England (EA)

East Midlands (EM)

London (LO)

National Drug Evidence Centre, University of Manchester (NDEC)

National Drug Treatment Monitoring System (NDTMS)

No fixed abode (NFA)

National Treatment Agency for Substance Misuse (NTA)

North East (NE)

North West (NW)

Office for National Statistics (ONS)

Primary care trust (PCT)

Public Sector Agreement (PSA)

Regional Drug Misuse Databases (RDMD)

South East (SE)

South West (SW)

West Midlands (WM)

Yorkshire and The Humber (YH)

- **Definitions**

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Agency	A provider of services for the treatment of drug misuse. The agency may be statutory (i.e. NHS) or non-statutory.
Attributor	The attributor is the concatenation of a client's initials, date of birth and gender. This is used to isolate records that relate to individual clients.
Client/Individual	Records relating to individual clients are isolated and linked on the basis of first and surname initials, date of birth and gender ( <i>attributor</i> code). This minimises the extent of multiple counting within the results reported here.

Discharge date	The discharge date is usually the planned discharge date in a client's treatment plan, where one has been agreed. However, if a client's discharge was unplanned, then the date of last face-to-face contact with the agency is used.
Drug Action Team (DAT)	Drug action teams (DATs) are the partnerships responsible for delivering the drug strategy at a local level.
Episode	An episode of treatment is a set of interventions with a specific care plan. A client may attend one or more modalities/interventions (or types) of treatment during the same episode of treatment. A client may also have more than one episode in a year. A client is considered to have been in contact during the year, and hence included in these results, if any part of an episode occurs within the year. Where several episodes were collected for an individual, attributes such as ethnicity, main drug etc. are based on the first valid data available for that individual.
In contact	Clients are counted as being in contact with treatment services if their date of presentation (as indicated by triage), modality start, modality end, or discharge, indicates that they have been in contact with an agency during the year.
Modality/intervention	A type of treatment, e.g. structured counselling, specialist prescribing etc.
Opiate	A group of drugs including heroin, methadone and buprenorphine.
Public service agreement (PSA)	Government targets on public services.
Presenting for treatment	The first face-to face contact between a client and a treatment provider. Clients are counted as having presented for treatment within a specified period if their date of triage falls within that period.
Structured drug treatment	Structured drug treatment follows assessment and is delivered according to a care plan, with clear goals, which are regularly reviewed with the client. It may comprise a number of concurrent or sequential treatment interventions.

Tiers of treatment	<p>Models of care, forming a four-tier framework for drug treatment:</p> <p>Tier 1 - Non-substance misuse specific services requiring interface with drug and alcohol treatment services</p> <p>Tier 2 – Open access drug and alcohol treatment services</p> <p>Tier 3 – Structured community-based drug treatment and alcohol services</p> <p>Tier 4 – Residential and inpatient services for drug and alcohol misusers.</p>
Treatment Journey	<p>A set of concurrent or serial treatment episodes linked together to describe a spell of treatment whilst an individual is resident in a particular DAT. This can be within one provider or across a number of different providers.</p>
Triage	<p>An initial clinical risk assessment performed by a treatment service. A triage includes a brief assessment of the problem as well as an assessment of the client's readiness to engage with treatment, in order to inform a care plan.</p>

### **3. Methodology**

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NDTMS Data are gathered from treatment providers by regional NDTMS centres, provided to NTA, and then forwarded to NDEC for data analysis, processing and verification. The results of these analyses are then supplied to NTA for publication.

NDEC exclude from analyses those records that have:

- a missing agency code
- a modality recorded as tier 1 or tier 2
- a missing date of birth
- an age under 9 or over 75 years at triage
- nicotine or alcohol recorded as the main drug
- an illogical chronological sequence of referral date, triage date and discharge date
- a DAT of residence outside England.

Please note that Regional analyses are based on the DAT where a client resides, regardless of whether the client was treated within that DAT or Region. Thus Regional figures indicate activity for their resident population. This marks a change in methodology since the 2003/04 report which, due to the considerable amount of missing DAT of residence in that year's data, based Regional analyses on DAT of treatment. Data quality has since improved and DAT of residence data are provided for the vast majority (98% or more) of clients, DAT of treatment being substituted as a proxy only when DAT of residence is not provided.

The methodology used to calculate clients' age changed from the 2004/05 report onward, and is calculated at two time points – the date of the client's most recent triage, and the date corresponding to the mid-point of the reporting year (i.e. 30th September 2004). Figures describing age use both of these definitions, as appropriate, and are labelled according to the definition used.

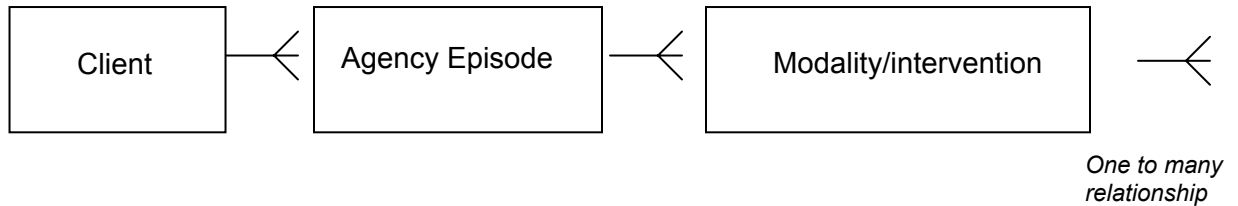
The percentages given in tables are rounded to the nearest per cent. Totals may not add up to 100 due to rounding. Values less than five have been suppressed and associated figures have been rounded to the nearest five in order to prevent deductive disclosure of personal information.

#### **3.1 Data model**

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The data model used by NDTMS is shown below.

- Each client may receive one or more episodes of care at one or more treatment agencies.
- During each agency episode, the treatment agency may provide the client with one or more treatment modalities or interventions.
- Depending on context, analyses are reported in this document at either the client, episode, or modality/intervention level.



**Episodes** of treatment are identified by unique combinations of attributor, agency attended and date of triage. They are reported on the basis of the earliest modality records for the episode; that is, those modality records with a common modality start date that is closest to the triage date. The only exceptions to this are discharge date and discharge reason, both of which are taken from the modality record with the latest discharge date. The episode level dataset has one record for each of a client's treatment episodes, each episode comprising the data contained in the subset of modality records for that episode, as described above.

**Clients** are reported on the basis of their latest episode within the episode dataset defined above. The client level dataset has one record for each client, a client being represented by a unique combination of initials, date of birth, and gender. Please note that, for the sake of consistency with reports for earlier periods, Regional tables are derived by summing the number of individual clients resident in the constituent Partnership areas.

**Treatment journeys** form the basis for some tables for the first time in this report. The concept of the treatment journey is described in the update to [Models of Care](#). In essence, the operational definition of a journey is that episodes are considered as linked elements of an ongoing treatment journey if they are concurrent, or if 21 days or less elapses between discharge from one episode and starting the next. If a period of more than 21 days does elapse after discharge from a treatment episode, then the next episode is considered to be the start of a new treatment journey.

**Inconsistent data items** found in combining lines of modality data to form the episode and client-level data are treated as missing and are excluded from the analysis. Tables in this report indicate the number of missing and/or inconsistent records as appropriate.

## 4. Key Findings

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### 4.1 Age and gender

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During 2005/06 NDTMS reported

- 177,055 unique clients, receiving
- 262,349 episodes of treatment, comprising
- 338,207 modalities/interventions.

The age and gender of clients at mid-year (30<sup>th</sup> September 2005) is shown in Table 4.1.1 and Figure 4.1.1. The majority (71%) of treated persons were male. The average (median) age of clients was 31 years. Most clients (55%) were between the ages of 20 and 35 years, whilst 7% of clients were aged under 18 years.

**Table 4.1.1: Age and Gender of clients in treatment during 2005/06**

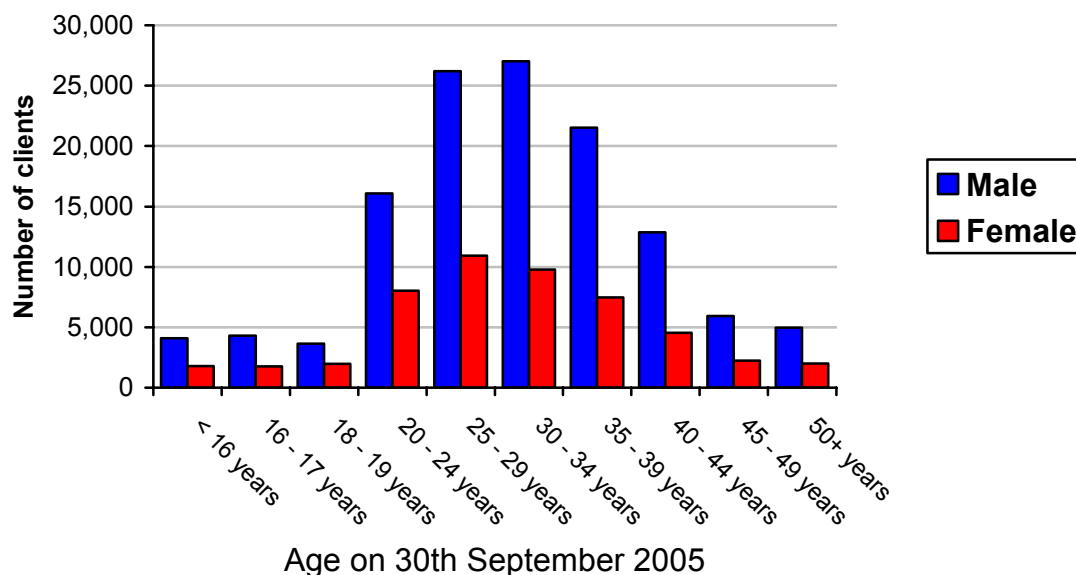
Age group on 30 <sup>th</sup> September 2005	Male		Female		Persons	
	n	%	n	%	N	%
< 16 years	4,086	3	1,773	4	5,859	3
16 - 17 years	4,296	3	1,762	3	6,058	3
18 - 19 years	3,639	3	1,954	4	5,593	3
20 - 24 years	16,069	13	8,031	16	24,100	14
25 - 29 years	26,209	21	10,919	22	37,128	21
30 - 34 years	27,015	21	9,789	19	36,804	21
35 - 39 years	21,517	17	7,466	15	28,983	16
40 - 44 years	12,868	10	4,548	9	17,416	10
45 - 49 years	5,923	5	2,238	4	8,161	5
50+ years	4,971	4	1,982	4	6,953	4
<b>Total (clients)</b>	<b>126,593</b>	<b>100</b>	<b>50,462</b>	<b>100</b>	<b>177,055</b>	<b>100</b>

### 4.2 Ethnicity

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Table 4.2.1 shows clients' ethnicity. Most (89%, rounded) were White, the majority of these being White British. No other ethnic group accounted for more than three percent of clients.

**Figure 4.1.1 Age and Gender of clients in treatment during 2005/06**



**Table 4.2.1: Ethnicity distribution for clients in treatment 2005/06**

<b>Ethnicity</b>	<b>n</b>	<b>%</b>
White British	143,262	85
White Irish	1,957	1
Other White	4,175	2
White & Black Caribbean	1,734	1
White & Black African	410	0
White & Asian	496	0
Other Mixed	1,209	1
Indian	1,470	1
Pakistani	1,710	1
Bangladeshi	900	1
Other Asian	1,303	1
Caribbean	2,750	2
African	1,052	1
Other Black	1,894	1
Chinese	113	0
Other	1,880	1
Not stated	2,128	1
<b>Total (clients)</b>	<b>168,443</b>	<b>100</b>
Missing/inconsistent data	8,612	
Total including missing/inconsistent data	177,055	

### 4.3 Primary & adjunctive drug use

Table 4.3.1 shows the main drug of misuse among clients treated in 2005/06. The data are shown for those aged less than 18 years at triage, those aged 18 years or over, and for all persons receiving treatment. Most (74%) of those aged under 18 years used cannabis as their main drug, other drug types each accounting for less than 10% of clients, with heroin accounting for eight percent. In contrast, most (67%) over eighteens used heroin as their main drug, with only seven percent reporting primary cannabis use.

**Table 4.3.1: Main drug of misuse by age at triage for clients in treatment 2005/06**

Drug	Aged less than 18 years at triage		Aged 18 years or over at triage		All persons		Median age at triage
	N	%	n	%	n	%	
Heroin	1039	8	108,112	67	109,151	63	30
Methadone	30	0	10,136	6	10,166	6	33
Other Opiates	42	0	4,595	3	4,637	3	34
Benzodiazepines	49	0	1,972	1	2,021	1	36
Amphetamines	354	3	4,848	3	5,202	3	31
Cocaine	517	4	7,787	5	8,304	5	28
Crack	209	2	9,328	6	9,537	5	31
Hallucinogens	28	0	158	0	186	0	26
Ecstasy	378	3	533	0	911	1	19
Cannabis	9,516	74	11,585	7	21,101	12	18
Solvents	235	2	176	0	411	0	16
Barbiturates	<5	0	<25	0	25	0	28
Major tranquilisers	<5	0	<20	0	20	0	36
Anti-depressants	<5	0	<225	0	225	0	35
Other drugs	28	0	601	0	629	0	31
Poly use; no details	91	1	479	0	570	0	30
Drug Free at triage	286	2	1,069	1	1,355	1	32
<b>Total (clients)</b>	<b>12,805*</b>	<b>100</b>	<b>161,645*</b>	<b>100</b>	<b>174,451</b>	<b>100</b>	
Missing/inconsistent data	161		2,443		2,604		
Total including missing/inconsistent data	12,970*		164,085*		177,055		

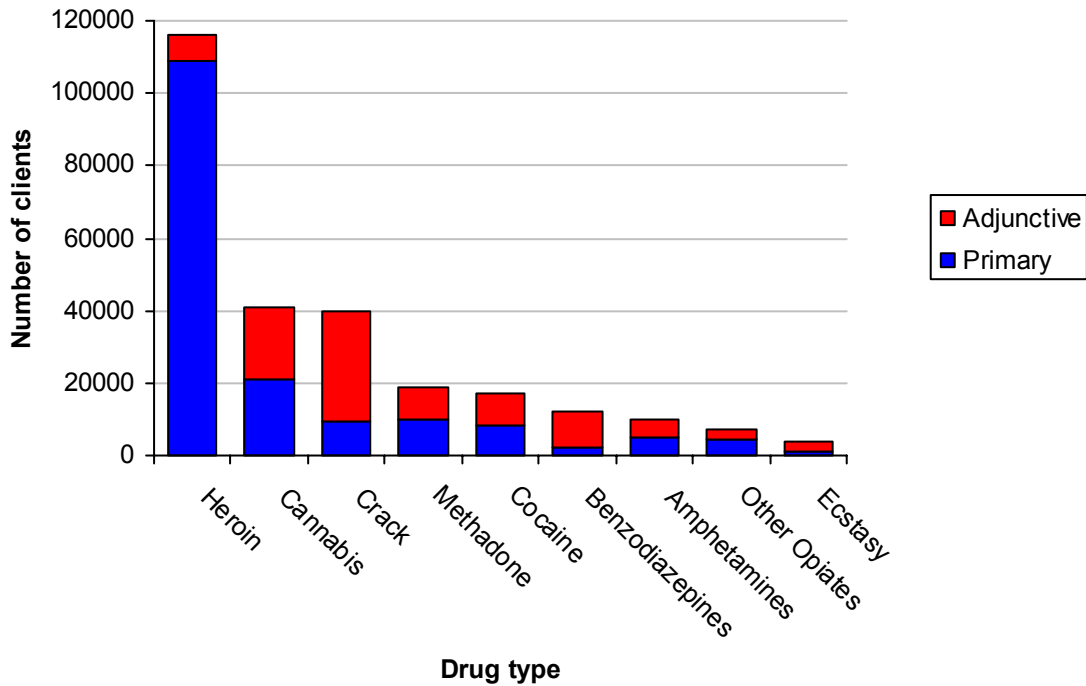
\* Totals rounded to nearest 5 as indicated

A total of 109,151 primary heroin users were reported to have received treatment during the year, accounting for 63% of treated persons. In total, 123,954 primary opiate users were reported, accounting for 71% of treated persons for whom drug use details were available. Primary cannabis use was reported by 21,101 (12%) treated persons, of whom 45% were aged under 18 years (note that under eighteens accounted for only seven percent of the treated population as a whole). As a group, primary cannabis users had an average (median) age of 18 years, compared to 30 years for heroin users. Use of other drugs as a primary substance was less common: six percent of treated

persons were primary methadone users, five percent cocaine users, and five percent crack users. Other drugs each accounted for less than five percent of treated persons.

Note that Table 4.3.1 does not show adjunctive drug use by clients. NDTMS gathers details of clients' primary drug and of up to two additional drugs that they may use. Figure 4.3.1 shows the number of clients using a selection of drugs, either as a primary or adjunctive drug. As shown, the vast majority of heroin users used this drug as their primary substance. In contrast, most crack users used crack as a secondary drug.

**Figure 4.3.1: Primary and adjunctive use of selected drugs: number of clients using each drug: NDTMS 2005/06**



#### 4.4 Injecting behaviour

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Injecting status at presentation for treatment was recorded for 137,813 clients (78%). Of these, 36,972 (27%) were currently injecting. A further 34,447 clients (25%) had previously injected but were not doing so at the time of presenting for treatment. The remaining 66,394 (48%) clients had never injected.

Of clients who were primary heroin users, 37% were current injectors. Of primary methadone users, 45% had previously injected. Most primary users of cannabis (95%), solvents (93%), ecstasy (92%) and cocaine (91%) had never injected.

#### 4.5 Source of referral into treatment (episodes)

Information about source of referral was provided for 249,455 episodes. Self-referrals (37%) were most common, followed by GP referrals (13%) and referrals from other statutory drug services (9%), the latter reflecting movement between agencies within the treatment system. Non-statutory drug services accounted for a further six percent of referrals. The criminal justice system (CJS) accounted for 22% of referrals in total. The Drug Interventions Programme or Arrest Referral comprised the most common CJS source, accounting for seven percent of episodes, with the probation service accounting for a further six percent. Other sources each accounted for fewer than five percent of referrals.

**Table 4.5.1: Referral source for episodes reported during 2005/06**

Referral source	n	%
Self	92,377	37
GP	32,489	13
Drug Service Statutory	22,696	9
Arrest Referral/DIP	17,465	7
Probation	15,559	6
Drug Service Non-statutory	13,918	6
DTTO	9,065	4
CARAT/Prison	6,221	2
Youth Offending Team	5,828	2
Psychiatry	3,747	2
Social Services	1,613	1
Community Care Assessment	1,471	1
Education Service	1,355	1
Accident & Emergency	1,068	0
Employment Service	830	0
Syringe Exchange	755	0
Connexions	465	0
Looked After Children	266	0
Pupil Referral Unit	139	0
Other	22,128	9
<b>Total (episodes)</b>	<b>249,455</b>	<b>100</b>
Missing/inconsistent data	12,894	
Total including missing/inconsistent data	262,349	

## 4.6 Modalities/interventions provided

**Table 4.6.1: Treatment modalities provided during 2005/06**

Modality	n	%
Specialist prescribing	107,312	35
Structured counselling	58,831	19
GP prescribing	45,702	15
Other structured intervention	40,678	13
Structured day care	25,085	8
YP* Psychosocial intervention	8,442	3
Inpatient detoxification	7,038	2
Residential rehabilitation	5,749	2
YP* Harm reduction services	3,519	1
YP* Criminal Justice interventions	2,275	1
YP* Specialist pharmacological interventions	1,233	0
Other YP* specific interventions	765	0
<b>Total (modalities)</b>	<b>306,629</b>	<b>100</b>
Missing modality data	31,578	
Total including missing data	338,207	

\* - Young Person's

A total of 306,629 records included information about the type of treatment modality provided. Table 4.6.1 describes the number of separate occasions on which each modality type was provided. Together, specialist (35%) and GP (15%) prescribing accounted for half of the occasions on which the intervention type was reported. Counselling accounted for 19% of the treatment interventions provided to clients during 2005/06. Other, unspecified, structured interventions accounted for 13% and structured day care for eight percent. Other types of intervention each accounted for less than five percent.

Table 4.6.2 describes the waiting times associated with treatment modalities available to those clients over the age of 18 at triage, for both first and subsequent interventions. Typically, clients waited less than three weeks for modalities to start in around 85% of cases, with residential rehabilitation being the only exception. Overall, 28% of occurrences of this modality type had a waiting time of greater than three weeks.

**Table 4.6.2: Waiting times for treatment modalities provided during 2005/06**

Modality	First Intervention			
	Waiting time less than or equal to 3 weeks		Waiting time greater than 3 weeks	
	n	%	n	%
Inpatient detoxification	471	81	112	19
Specialist prescribing	10,186	84	1,996	16
GP prescribing	5,318	90	623	10
Structured counselling	5,693	85	979	15
Structured day care	2,707	92	239	8
Residential rehabilitation	414	71	166	29
Other structured intervention	6,067	91	603	9
<b>Total</b>	<b>30,856</b>	<b>87</b>	<b>4,718</b>	<b>13</b>

Modality	Subsequent Interventions			
	Waiting time less than or equal to 3 weeks		Waiting time greater than 3 weeks	
	n	%	n	%
Inpatient detoxification	1,043	86	166	14
Specialist prescribing	6,632	84	1,283	16
GP prescribing	3,385	86	529	14
Structured counselling	2,984	84	581	16
Structured day care	3,310	87	479	13
Residential rehabilitation	596	73	226	27
Other structured intervention	3,503	87	509	13
<b>Total</b>	<b>21,453</b>	<b>85</b>	<b>3,773</b>	<b>15</b>

Modality	All Interventions			
	Waiting time less than or equal to 3 weeks		Waiting time greater than 3 weeks	
	n	%	n	%
Inpatient detoxification	1,514	84	278	16
Specialist prescribing	16,818	84	3,279	16
GP prescribing	8,703	88	1,152	12
Structured counselling	8,677	85	1,560	15
Structured day care	6,017	89	718	11
Residential rehabilitation	1,010	72	392	28
Other structured intervention	9,570	90	1,112	10
<b>Total</b>	<b>52,309</b>	<b>86</b>	<b>8,491</b>	<b>14</b>

## 5. Discharge and Retention

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### 5.1 Treatment discharge and successful completion

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Of the 262,349 treatment episodes that were current for at least part of 2005/06, there were 113,383 that ended during the year. The reason for discharge was provided for 112,365 of these episodes. Table 5.1.1 describes the number of episodes according to the reason for discharge. Thirty-six percent of episodes resulted in a successful discharge, defined as being referred on, completing treatment, or completing treatment drug free.

The most common reason for successful discharge was an onward referral (15%), a similar proportion of episodes resulted in treatment completion (15%), and six percent of episodes ended because the client had completed treatment and was drug free.

Note: The term 'drug free' here relates to treatment context; 'referral on' is usually a successful outcome in which a client is referred on for a form of treatment considered appropriate at that point in their care.

The most common reason for ceasing treatment was drop-out; 39% of episodes terminated for this reason. Six percent of episodes ended because the client was imprisoned and five percent because treatment was withdrawn. Other reasons each accounted for less than five percent of episodes. One percent of episodes ended because the client died.

**Table 5.1.1: Discharge reason for episodes completed during 2005/06**

Discharge Reason	n	%
Referred on	16,853	15
Treatment completed	16,705	15
Treatment completed drug free	7,021	6
<b>Successful completion subtotal</b>	<b>40,579</b>	<b>36</b>
Dropped out/left	43,644	39
Prison	6,627	6
Treatment withdrawn/breach of contract	6,002	5
Moved away	3,040	3
Not known <sup>1</sup>	4,349	4
No appropriate treatment available	1,057	1
Died	620	1
Other	6,447	6
<b>Total (episodes discharged)</b>	<b>112,365</b>	<b>100</b>
Missing/inconsistent data	1,018	
<b>Total including missing/inconsistent data</b>	<b>113,383</b>	

<sup>1</sup> i.e. where agency staff indicated that they did not know the reason for discharge

## 5.2 Retention in treatment

The number of clients aged 18 years or over who started a treatment journey during the year was 83,030 (see Section 3.1 for an operational definition of a treatment journey). Of these, 62,972 (76%) were retained in treatment for at least twelve weeks at their last treatment journey. Table 5.2.1 describes the breakdown of the retention figures, by related discharge reason. Please note that for consistency with other national reporting, these figures are derived by summing the figures for Partnership areas.

**Table 5.2.1: Retention and discharge reason figures for treatment journeys occurring during 2005/06**

Discharge Reason	Retention Status							
	Retained		Not retained, started modality		Not retained, did not start modality		Total	
	n	%	n	%	n	%	n	%
Not discharged	26,246	42	-	-	-	-	26,246	32
Planned discharge	9,103	14	2,565	17	328	6	11,996	14
Referred on	5,292	8	1,663	11	837	16	7,792	9
Prison	2,841	5	865	6	311	6	4,017	5
Other	19,434	31	9,819	66	3,600	71	32,853	40
<b>Total</b>	<b>62,916</b>	<b>100</b>	<b>14,912</b>	<b>100</b>	<b>5,076</b>	<b>100</b>	<b>82,904</b>	<b>100</b>
Missing/inconsistent data	56		53		17		126	
Total including missing / inconsistent data	62,972		14,965		5,093		83,030	

### 5.3 Factors associated with retention and successful discharge

Successful discharge from a treatment episode might be associated with a variety of factors pertaining to the client, their route into treatment, the type of agency that they attend and the type of treatment that they receive. Table 5.3.1 shows the number and proportion of treatment episodes that were discharged successfully according to clients' ethnic group.

**Table 5.3.1 Successful discharge by ethnicity for completed episodes reported to NDTMS 2005/06**

Ethnicity	Successfully discharged	
	N	% <sup>1</sup>
White British	31,885	36
White Irish	384	33
Other White	880	37
White & Black Caribbean	369	33
White & Black African	108	38
White & Asian	108	36
Other Mixed	277	34
Indian	306	35
Pakistani	263	25
Bangladeshi	140	22
Other Asian	268	36
Caribbean	555	33
African	269	40
Other Black	469	35
Chinese	35	49
Other	405	35
Not stated	282	28
<b>Total</b>	<b>37,003</b>	<b>36</b>
Missing/inconsistent data	3,576	
Total including missing/inconsistent data	40,579	

<sup>1</sup>Proportion of episodes discharged with known discharge reason for which the discharge reason was 'Referred on', 'Treatment completed', or 'Treatment completed, drug free', by ethnicity

It should be noted that some ethnic groups are represented by very small numbers, hence between-group differences should be treated with caution. For example, only 71 episodes completed during 2005/06 involved Chinese clients. There is, therefore, a much higher degree of uncertainty surrounding the percentage of these that were discharged successfully (49%) than for ethnic groups represented by larger numbers.

Figure 5.3.1 shows the proportion of episodes successfully discharged according to the type of modality that was provided. Specific Interventions for Young People exhibited

the highest successful discharge rate, followed by Tier Four interventions (in-patient treatment and residential rehabilitation). Successful discharge rates for other types of intervention were between 34% and 38%.

**Figure 5.3.1: Percentage of episodes successfully discharged by type of modality provided: 2005/06**

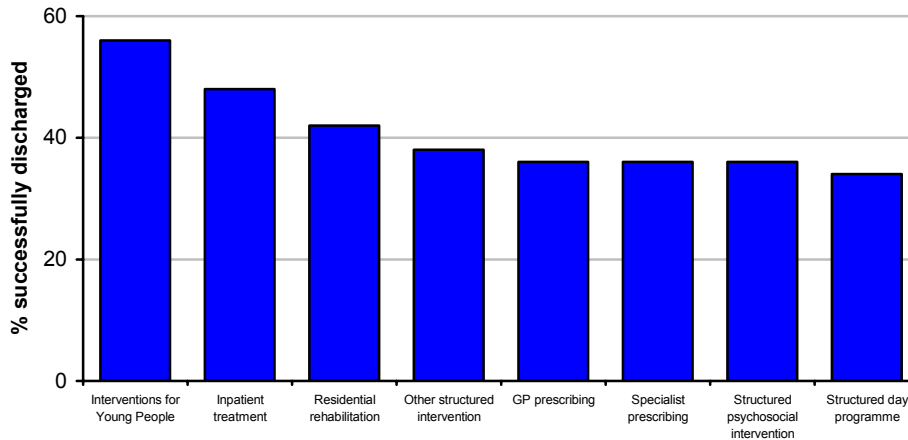
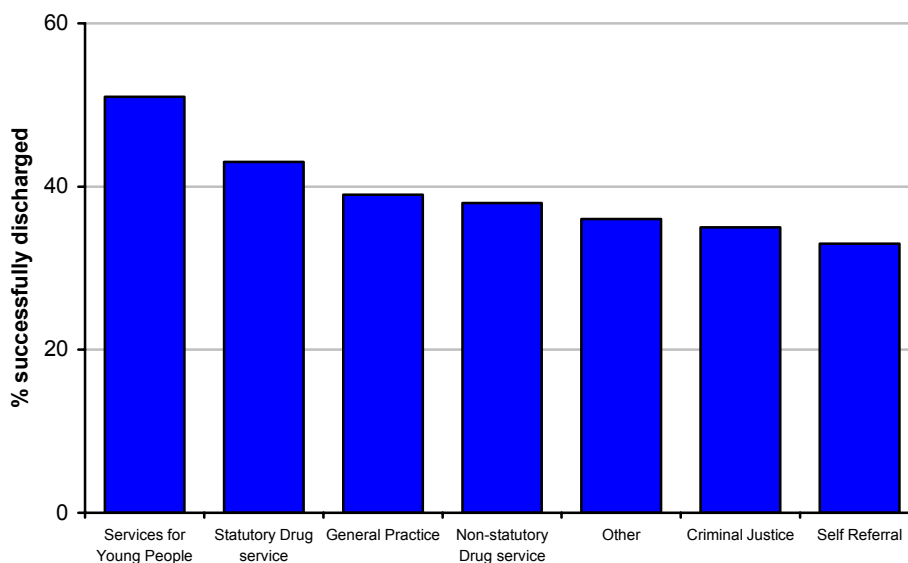


Figure 5.3.2 shows successful discharge rates according to the source of referral into treatment. Successful discharge rates were highest for episodes involving a referral from Young Peoples' Services (Education Service, Pupil Referral Unit, Connexions, Social Services and Looked After Children), followed by referrals within the treatment system (from statutory drug services or GPs). The lowest successful discharge rates were observed following self-referral and criminal justice referral.

**Figure 5.3.2: Percentage of episodes successfully discharged by source of referral: 2005/06**





**Figure 5.3.3: Percentage of episodes successfully discharged by main drug: 2005/06**

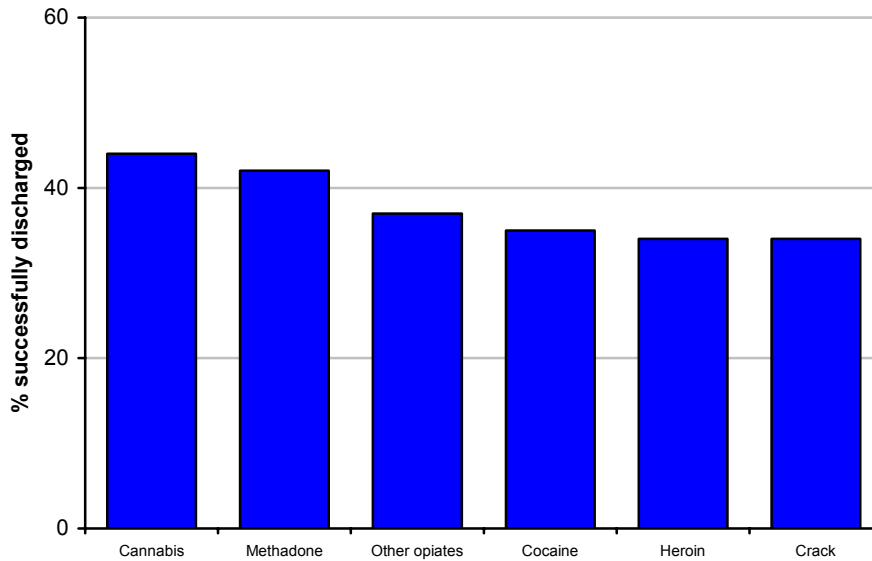
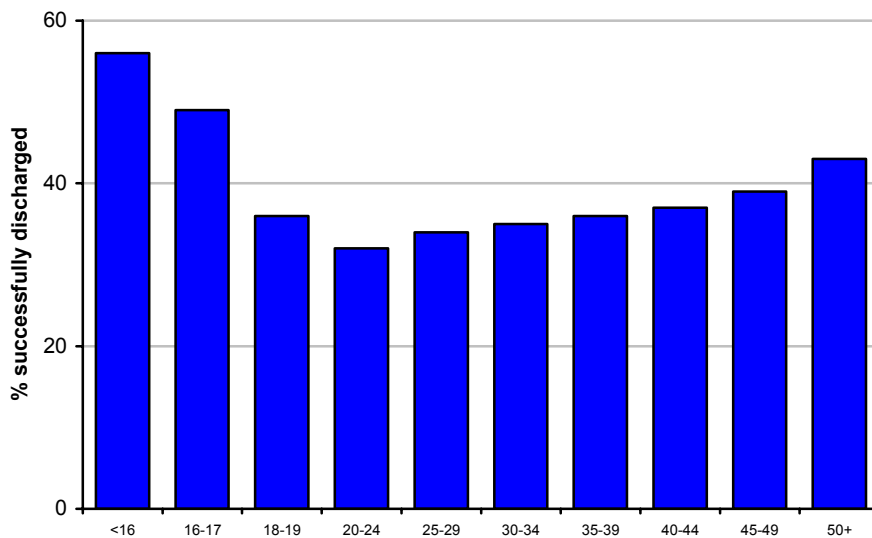


Figure 5.3.3 shows successful discharge rates according to the main drug used by clients at the start of each completed episode. Rates were highest for primary cannabis or methadone users, and lowest for primary heroin or crack users. The higher rate for cannabis users may be due to the types of intervention provided to this group, which may be shorter in duration and may have different criteria for ‘completion’.

Figure 5.3.4 shows successful discharge rates by age group. Rates were highest for the youngest age groups. For those aged 20 years or more, rates of successful discharge gradually and consistently increased with age.

**Figure 5.3.4: Percentage of episodes successfully discharged by age group (age on 30.09.2005): 2005/06**



Note that there appeared to be associations between successful discharge and being aged less than 20 years, referral from young persons' services, provision of young peoples' treatment interventions and primary cannabis use (which was more common among young clients). It is highly likely that these four factors are interrelated and it is possible that a minority of them are at the root of the observed association with discharge success, or indeed that other related factor have a causal role.

It should also be noted that there may be associations between factors. These associations may result in apparent differences between groups when, in fact, it is not the factor of interest that causes the effect.

**Figure 5.3.5: Percentage of episodes successfully discharged by Region of residence: 2005/06**

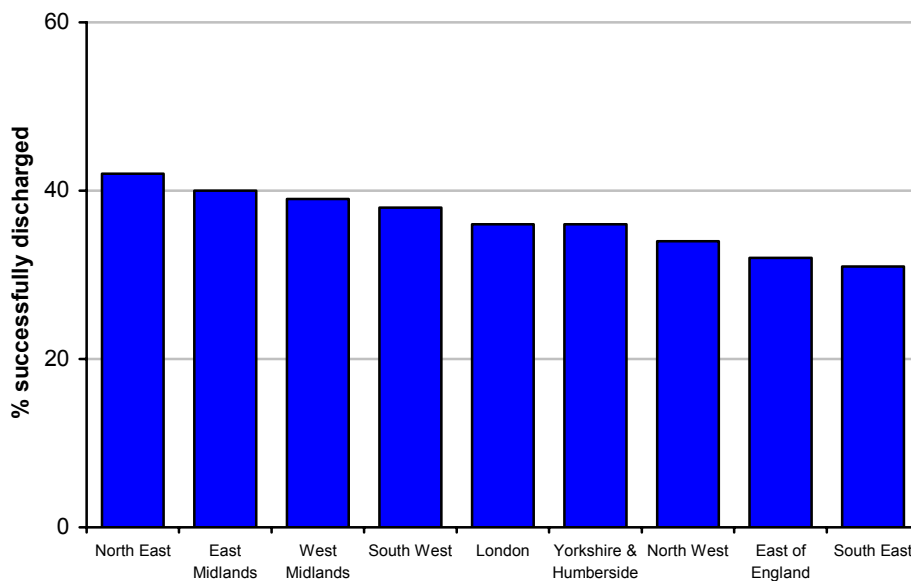


Figure 5.3.5 shows successful discharge rates according to the Region in which clients lived. Rates varied from 31% to 43%, depending on area of residence.

Table 5.3.2 shows the number and percentage of treatment journeys, starting during 2005/06, that lasted 12 weeks or more according to the client's ethnic group. As noted above (Table 5.3.1) some ethnic groups are represented in only a very small number of treatment journeys, hence between-group differences should be treated with caution. For most ethnic groups, treatment retention rates fell within a fairly narrow range, between 70% and 78%.

Figure 5.3.6 shows the percentage of clients that were retained in a treatment journey lasting twelve weeks or longer according to clients' age at mid-year. It appears that a smaller percentage of younger clients were engaged in treatment journeys that last twelve weeks or more, although it should be noted that young persons' interventions are often designed to be brief.

**Table 5.3.2: Retention by ethnicity for clients starting treatment journeys during 2005/06**

Ethnicity	Retained	
	n <sup>1</sup>	% <sup>2</sup>
White British	51,053	77
White Irish	721	76
Other White	1,451	74
White & Black Caribbean	717	76
White & Black African	168	71
White & Asian	178	76
Other Mixed	425	71
Indian	664	77
Pakistani	722	74
Bangladeshi	389	74
Other Asian	552	76
Caribbean	1,205	74
African	415	73
Other Black	753	71
Chinese	40	71
Other	741	73
Not stated	677	66
<b>Total</b>	<b>60,871</b>	<b>76</b>
Missing/inconsistent data	2,101	
Total including missing/inconsistent data	62,972	

1 – Number of persons starting a treatment journey, that lasted 12 weeks or more, during the year

2 - Percentage of treatment journeys that started during 2005/06 that lasted for 12 weeks or more, by ethnicity

**Figure 5.3.6: Treatment retention by age at mid-year - percentage of treatment journeys: 2005/06**

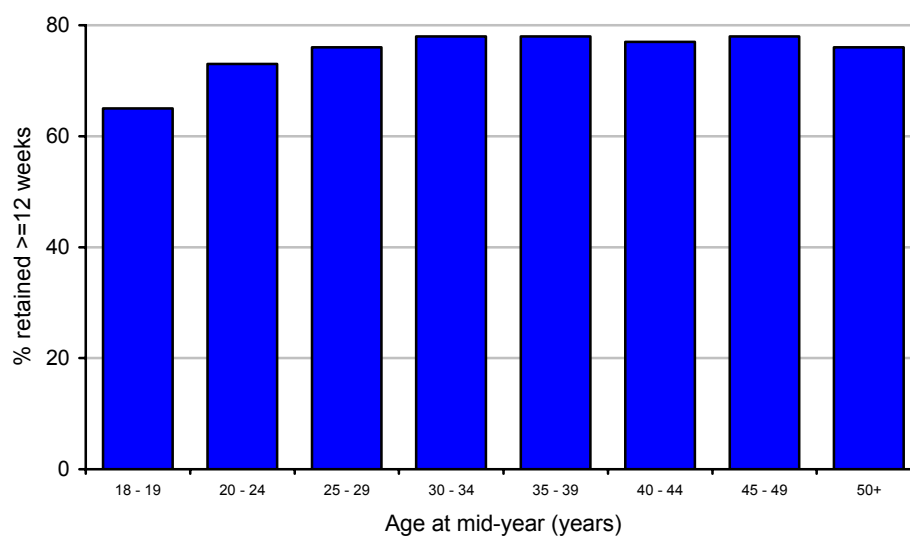


Figure 5.3.7 shows the percentage of clients that were retained in a treatment journey lasting twelve weeks or longer according to clients' Region of residence. Between 70% and 80% of clients were retained in a treatment journey for twelve weeks or longer, depending on area of residence.

**Figure 5.3.7: Treatment retention by region of residence – percentage of treatment journeys: 2005/06**

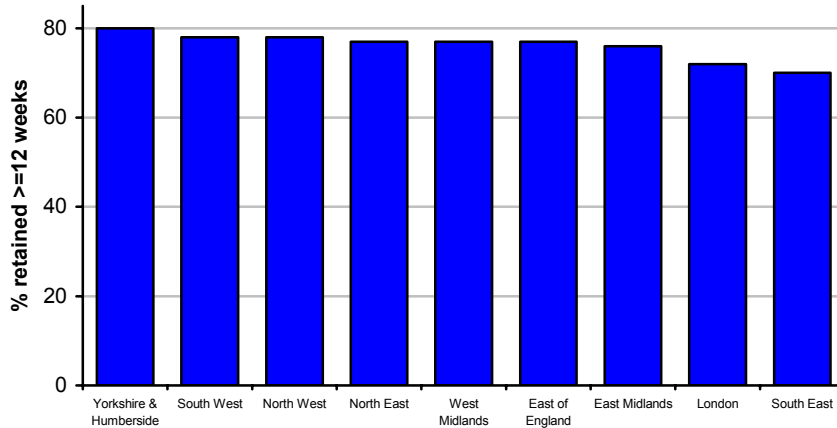


Figure 5.3.8 shows the percentage of episodes that formed the start of a journey that lasted twelve weeks or more according to the source of referral. A smaller percentage of episodes referred by young peoples' services resulted in a treatment journey of twelve weeks or more. This might be expected, given that interventions for young people may tend to be of shorter duration.

**Figure 5.3.8: Treatment retention by referral source – percentage of episodes at the start of a treatment journey: 2005/06**

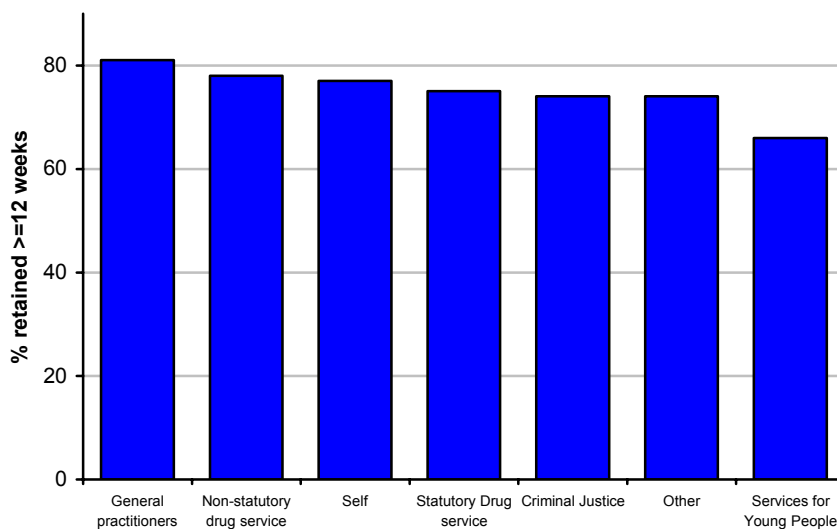
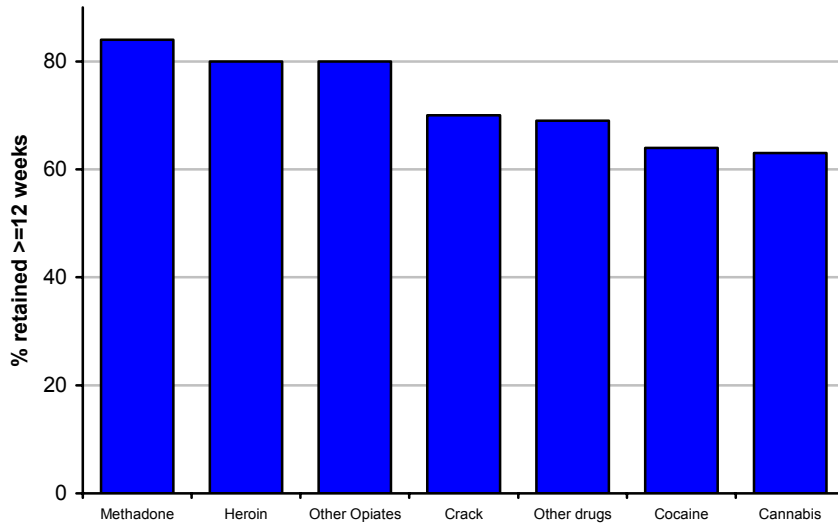


Figure 5.3.9 shows the percentage of episodes that formed the start of a journey that lasted twelve weeks or more according to the primary drug that the client was using at the time. There is a clear tendency for opiate users (methadone, heroin, & other opiates) to be more likely than users of other drug types to be retained in treatment journeys lasting twelve weeks or longer.

**Figure 5.3.9: Treatment retention by primary drug – percentage of episodes at the start of a treatment journey: 2005/06**



## 6. Regional Variations.

This section considers Regional variation with respect to some key data categories. To highlight differences, readers may wish to contrast proportions at Regional level with those for England as a whole.

**Table 6.1.1 NDTMS 2005/06: Gender and age-group at 30.9.2005 of clients in treatment by Region of residence<sup>1</sup>**

	NE	NW	YH	EM	WM	EA	LO	SE	SW	England
< 16 years (%)	5	4	2	4	2	2	3	4	3	3
16-17 years (%)	4	3	2	4	4	3	3	4	3	3
18-19 years (%)	4	3	3	4	4	4	3	3	3	3
20-24 years (%)	20	9	16	18	19	14	10	14	14	14
25-29 years (%)	27	17	27	26	26	22	16	20	22	21
30-34 years (%)	20	24	25	20	20	21	18	20	22	21
35-39 years (%)	11	22	14	12	13	16	19	16	16	16
40-44 years (%)	5	12	7	7	7	10	14	10	10	10
45-49 years (%)	2	4	3	3	3	5	7	5	5	4
50+ years (%)	2	3	2	2	3	4	7	5	4	4
Male (%)	74	72	72	72	74	70	71	71	71	72
Female (%)	26	28	28	28	26	30	29	29	29	28
Male (n)	8,166	26,470	18,521	9,981	14,078	9,532	23,002	13,181	13,260	136,191
Female (n)	2,894	10,410	7,308	3,822	4,920	4,037	9,255	5,431	5,421	53,498
Total (n)	11,060	36,880	25,829	13,803	18,998	13,569	32,257	18,612	18,681	189,689
M:F Ratio	2.82	2.54	2.53	2.61	2.86	2.36	2.49	2.43	2.45	2.55

<sup>1</sup>Regional figures derived by summing figures for their constituent Partnership Areas. England figures derived by summing the Regional figures; hence movement of clients between Partnership Areas results in multiple counting of individuals

Table 6.1.1 shows clients' age (on 30.09.2005) and gender distribution according to their Region of residence. Regions were very similar with respect to clients' gender distribution, between 70% and 74% being male. Most Regions follow a broadly similar pattern with respect to age distribution, but there were differences with respect to the modal age of clients that suggest an older client population in the North West and in London and younger populations in the North East, East Midlands and West Midlands. This is demonstrated in Figure 6.1.1, which shows the percentage of clients aged less than 25 years, by Region. Less than 20% of clients in the North West or London were aged 25 years or under (on 30.09.2005), compared to 33% in the North East, 30% in the East Midlands and 29% in the West Midlands. Nationally (England), 23% of clients were aged less than 25 years. The age distribution within drug user populations is likely to reflect past trends in prevalence, such that younger populations reflect a recent increase in use and older populations reflect an established and, possibly, waning population (Millar et al, 2006).

**Figure 6.1.1: NDTMS 2005/06: Percentage of clients aged less than 25 years on 30.09.2005, by Region**

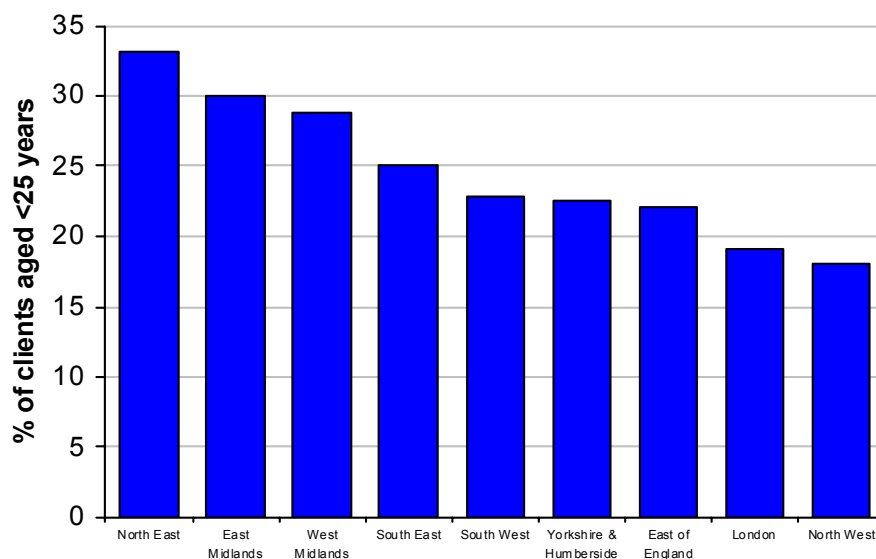


Table 6.1.2 shows the distribution of clients' ethnic group, by Region. Whilst in most Regions more than 90% of clients were White, in the West Midlands, and more markedly in London, Black and Asian clients accounted for a larger proportion of the total. Please note that this table does not account for Regional variation in the ethnic composition of the wider population.

**Table 6.1.2 NDTMS 2005/06: Ethnicity of clients in treatment by Region of residence**

	NE	NW	YH	EM	WM	EA	LO	SE	SW
White (%)	98	95	93	91	88	90	69	92	95
Mixed (%)	1	1	1	2	3	2	5	2	2
Asian/Asian British (%)	1	1	3	2	5	3	8	2	1
Black/Black British (%)	0	1	1	2	3	1	13	1	2
Chinese (%)	0	0	0	0	0	0	0	0	0
Other (%)	0	1	1	0	1	1	4	1	0
Not stated (%)	1	0	1	2	0	3	1	2	1
White (n)	10,619	34,475	22,974	12,503	12,611	11,384	21,945	16,373	17,220
Mixed (n)	57	407	340	281	432	258	1,668	311	347
Asian/Asian British (n)	84	526	776	248	785	327	2,484	339	119
Black/Black British (n)	18	344	273	288	359	181	4,047	260	313
Chinese (n)	5*	18	5*	7	5*	5*	65	11	5*
Other (n)	29	216	147	61	95	98	1,177	155	46
Not stated (n)	62	179	299	341	18	385	331	411	167

\* Rounded to nearest 5

Table 6.1.3 shows the percentage of clients using each drug as their primary drug, by Region of residence. Heroin users accounted for the majority of clients in all Regions except London, where primary crack users accounted for a very much larger proportion (15%) of clients than in other areas. Outside London, primary crack users accounted for

between two percent and seven percent of clients. Primary methadone users accounted for between two percent and nine percent of clients, primary cannabis users for between eight percent and 15%, and primary cocaine users for between two percent and eight percent.

**Table 6.1.3: NDTMS 2005/06: Percentage of clients using each drug as their primary drug by Region of residence**

Primary Drug	% of resident clients								
	NE	NW	YH	EM	WM	EA	LO	SE	SW
Heroin	68	66	74	67	76	56	44	60	67
Methadone	4	7	6	8	3	5	9	5	2
Other Opiates	4	2	2	4	2	2	3	3	2
Benzodiazepines	1	1	1	1	0	1	1	2	1
Amphetamines	4	4	3	4	2	3	1	3	4
Cocaine	4	5	2	2	3	7	8	6	3
Crack	2	3	2	2	4	5	15	4	7
Hallucinogens	0	0	0	0	0	0	0	0	0
Ecstasy	1	1	0	1	0	1	0	1	1
Cannabis	13	11	8	11	9	15	14	15	11
Solvents	0	0	0	0	0	0	0	0	0
Barbiturates	0	0	0	0	0	0	0	0	0
Tranquillisers	0	0	0	0	0	0	0	0	0
Antidepressants	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Poly use; no details	0	0	1	0	0	1	0	0	0
Drug Free at triage	0	0	0	0	0	2	0	0	1

As shown in Table 6.1.4, for most Regions self-referral was the most common referral source, accounting for between 28% and 47% of episodes, followed by GP referral, which accounted for between 9% and 25% of episodes. However, self referral accounted for a smaller proportion of episodes for South West (28%) residents and a larger proportion for East of England (47%) and South East (47%) residents. Data for South West residents showed a correspondingly higher proportion of GP referrals (25%) than in other areas. Data for East of England and the South East showed a correspondingly lower proportion of criminal justice referrals (criminal justice referrals accounted for 16% and 17%, respectively). Compared to other areas, there were also lower levels of criminal justice referral for South West (19%) and London (18%) residents. Levels of criminal justice referral were greatest for North East residents (29%).

**Table 6.1.4: Referral source for episodes reported during 2005/06, by Region of clients' residence**

Referral Source	% of episodes for resident clients								
	NE	NW	YH	EM	WM	EA	LO	SE	SW
Self	34	37	34	32	34	47	39	47	28
GP	10	11	17	10	14	11	9	10	25
Other	10	10	8	11	6	8	9	10	8
Drug service statutory	9	11	9	8	10	8	10	7	8
Drug service non-stat	3	5	5	10	6	5	6	3	7
Arrest Referral / DIP	9	7	10	10	8	3	6	3	5
Probation	7	6	7	6	10	6	4	5	6
DTTO	6	4	3	3	3	4	4	4	3
Youth Offending Team	3	2	1	3	3	2	3	2	2
CARAT / Prison	4	2	3	2	3	2	1	2	2
<i>CJS sub-total</i>	<i>29</i>	<i>22</i>	<i>24</i>	<i>24</i>	<i>26</i>	<i>16</i>	<i>18</i>	<i>17</i>	<i>19</i>
Psychiatry	1	1	1	2	1	1	3	2	2
Social Services	1	1	0	0	1	0	1	1	1
Education Service	1	1	0	0	0	0	0	1	1
Community care assessment	0	0	0	0	1	1	2	1	0
A&E	0	0	0	0	0	1	1	0	0
Employment Service	0	0	0	0	0	0	1	0	0
Syringe Exchange	0	1	0	0	0	0	0	0	0
Connexions	0	0	0	0	0	0	0	0	0
Looked After Children	0	0	0	0	0	0	0	0	0
Pupil Referral Unit	0	0	0	0	0	0	0	0	0

Table 6.1.5 shows the number of clients treated according to their Region of residence, unadjusted population rates (numbers per 1,000 population in the same age range in the local population, based on 2005 population estimates) and rate ratios. The latter are calculated by dividing the rate for the Region by the rate for England, thus they help to highlight where Regions differ from the England rate. Please note that the age range covered here (10-74 years) is slightly different to that covered in Table 6.1.1, hence the differences between the Regional and England totals for these tables.

The data suggest that there are differences between Regions with respect to age-specific population rates for treated clients. The North East, for example, exhibited rates for 10-14 year olds that were twice the England 'average', as did the North West for 35-39 year olds. In London, the rate for those aged 45-49 years was double that for England, and the rate for those aged 50-74 years was almost three times higher than 'average'. In East of England and the South East, rates were below the England 'average' in all age groups.

**Table 6.1.5: NDTMS 2005/06: Number of clients treated; unadjusted population rate (per 1,000 persons) for treated clients; & rate ratio for treated clients, by Region of residence.**

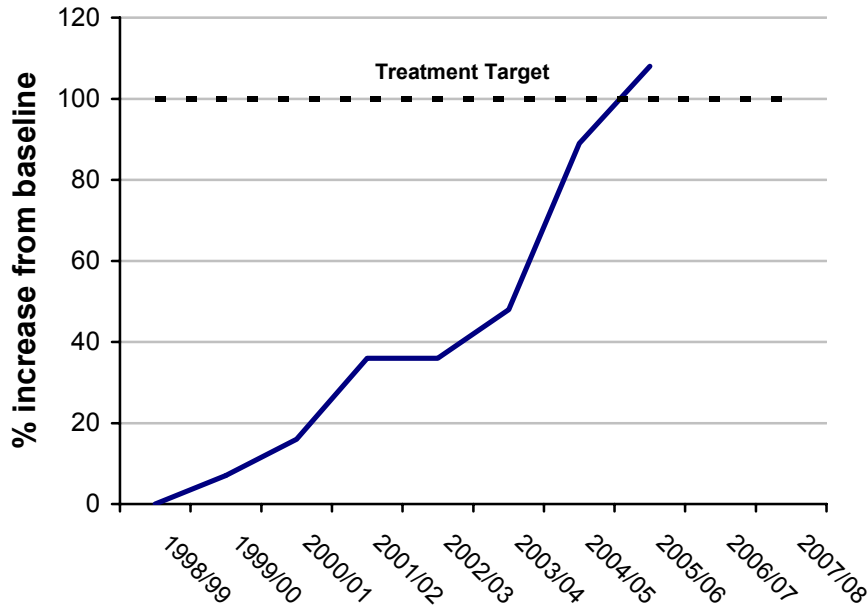
AgeGroup	Area									
	NE	NW	YH	EM	WM	EA	LO	SE	SW	England
10-14	278	731	270	241	194	124	519	330	252	2939
15-19	1,122	2,749	1,436	1,360	1,626	1,035	2,448	1,698	1,462	14,936
20-24	2,254	3,143	4,106	2,544	3,646	1,842	3,168	2,624	2,531	25,858
25-29	2,973	6,136	6,947	3,553	4,950	2,956	5,171	3,673	4,030	40,389
30-34	2,228	8,695	6,389	2,720	3,732	2,833	5,809	3,667	4,060	40,133
35-39	1,233	8,034	3,598	1,712	2,495	2,153	6,067	2,936	2,991	31,219
40-44	541	4,518	1,788	945	1,264	1,345	4,454	1,836	1,798	18,489
45-49	234	1,640	723	414	611	698	2,349	968	849	8486
50-74	193	1,198	549	314	475	579	2,227	879	691	7105
<b>All 10-74</b>	<b>11,056</b>	<b>36,844</b>	<b>25,806</b>	<b>13,803</b>	<b>18,993</b>	<b>13,565</b>	<b>32,212</b>	<b>18,611</b>	<b>18,664</b>	<b>189,554</b>
10-14	1.71	1.62	0.82	0.87	0.55	0.35	1.22	0.63	0.80	0.92
15-19	6.42	5.83	4.11	4.73	4.45	2.97	5.35	3.23	4.49	4.52
20-24	12.70	6.95	11.66	9.12	10.52	5.81	5.69	5.38	8.54	7.92
25-29	20.67	15.54	23.86	14.89	15.85	9.23	7.12	7.73	15.20	12.75
30-34	14.10	19.37	19.42	9.65	10.54	7.63	7.84	6.77	13.20	11.36
35-39	6.67	15.66	9.54	5.19	6.14	5.06	8.80	4.69	8.17	7.97
40-44	2.76	8.67	4.70	2.86	3.17	3.16	7.53	2.88	4.80	4.80
45-49	1.30	3.56	2.12	1.43	1.75	1.87	4.99	1.73	2.51	2.52
50-74	0.27	0.66	0.41	0.27	0.33	0.38	1.49	0.40	0.47	0.54
<b>All 10-74</b>	<b>5.31</b>	<b>6.65</b>	<b>6.31</b>	<b>3.96</b>	<b>4.40</b>	<b>3.06</b>	<b>5.23</b>	<b>2.84</b>	<b>4.62</b>	<b>4.66</b>
10-14	1.86	1.76	0.89	0.94	0.60	0.38	1.33	0.68	0.87	1.00
15-19	1.42	1.29	0.91	1.05	0.98	0.66	1.18	0.72	0.99	1.00
20-24	1.60	0.88	1.47	1.15	1.33	0.73	0.72	0.68	1.08	1.00
25-29	1.62	1.22	1.87	1.17	1.24	0.72	0.56	0.61	1.19	1.00
30-34	1.24	1.71	1.71	0.85	0.93	0.67	0.69	0.60	1.16	1.00
35-39	0.84	1.97	1.20	0.65	0.77	0.64	1.10	0.59	1.03	1.00
40-44	0.58	1.81	0.98	0.60	0.66	0.66	1.57	0.60	1.00	1.00
45-49	0.51	1.41	0.84	0.57	0.69	0.74	1.98	0.69	1.00	1.00
50-74	0.51	1.21	0.76	0.49	0.61	0.71	2.74	0.75	0.87	1.00
<b>All 10-74</b>	<b>1.14</b>	<b>1.43</b>	<b>1.35</b>	<b>0.85</b>	<b>0.95</b>	<b>0.66</b>	<b>1.12</b>	<b>0.61</b>	<b>0.99</b>	<b>1.00</b>

Regional figures derived by summing figures for their constituent Partnership Areas. England figures derived by summing the Regional figures; hence movement of clients between Partnership Areas results in multiple counting of individuals

## 7. Trends

### 7.1 Trend in the number treated

**Figure 7.1.1: Trend in the percentage increase from baseline in the estimated number of individuals in contact with drug treatment services from 1998/99 to 2005/06**



**Table 7.1.1: Trend in the number of individuals in contact with drug treatment services between 1998/99 and 2005/06**

Year	Measured or estimated figure	% Increase from previous year	% Increase from 1998/99 baseline
1998/99 <sup>1</sup>	85,000	-	-
1999/00 <sup>1</sup>	91,000	7	7
2000/01 <sup>1</sup>	99,000	9	16
2001/02 <sup>1</sup>	116,000	17	36
2002/03 <sup>1</sup>	115,500	0	36
2003/04	125,545	9	48
2004/05	160,453	28	89
2005/06	177,055	10	108

<sup>1</sup>See Appendix 2 "Notes on Numbers in Treatment Series"

During 2005/06 NDTMS recorded information about 177,055 individuals (excluding multiple counts between Partnership areas) who were in contact with structured treatment services. Progress towards the PSA target of doubling the numbers in drug

treatment has been measured from a baseline estimate of the number of individuals in contact with treatment services in 1998, using trends in the RDMD and NDTMS data. Although the method of measuring the number of persons in treatment has changed, the year-on-year trends using the different systems and counting methodologies provide an indicator of the overall change in the numbers treated. The trend data are shown in Table 7.1.1 and Figure 7.1.1.

## 7.2. Trend in age at triage and gender distribution

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Again, data collection methods have changed over this period, so it is difficult to reach firm conclusions regarding trends. However, there may have been a gradual decline in the proportion of clients aged less than 25 years and a small increase in the proportion that were female (Table 7.2.1).

**Table 7.2.1: Trend in clients' age (at triage) and gender between 2000/01 and 2005/06**

	2000/01 <sup>1</sup> %	2002/03 <sup>2</sup> %	2003/04 <sup>3</sup> %	2004/05 <sup>3</sup> %	2005/06 <sup>3</sup> %
<b>Age</b>					
Under 25	32	35	29	27	27
Over 25	68	65	71	73	73
<b>Gender</b>					
Male	74	N/A	72	71	71
Female	26	N/A	28	29	29

1 – All clients, source: NDTMS census 2000/01, 2 – Clients presenting during year, source: Statistical release December 2003,  
3 – All clients

## 7.3 Trend in primary drug used

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Table 7.3.1 (a & b) shows the percentage of clients recorded as using each main drug for the years 2003/04, 2004/05, and 2005/06, split by those aged less than 18 years and those aged 18 or more at triage. Insofar as heroin users have continued to make up the vast majority of those receiving treatment, the pattern appears rather stable. However, there are some indications that the diversity of drug use has changed somewhat; for example, the proportion using cannabis as a main drug may have increased, perhaps reflecting increasing service provision for young users.

**Table 7.3.1a: Trend in primary drug used by clients aged 18 years or over between 2003/04 and 2005/06**

<b>Drug</b>	<b>2003/04<sup>1</sup></b> %	<b>2004/05<sup>2</sup></b> %	<b>2005/06<sup>1</sup></b> %
Heroin	70	67	67
Methadone	5	6	6
Other Opiates	3	3	3
Benzodiazepines	1	1	1
Amphetamines	3	3	3
Cocaine	4	4	5
Crack	6	6	6
Hallucinogens	0	0	0
Ecstasy	1	0	0
Cannabis	6	7	7
Solvents	0	0	0
Barbiturates	-	0	0
Anti-depressants	-	0	0
Other drugs	1	1	1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

1 All clients aged 18 years or over

2 All clients aged 18 years or over excluding those treated in the North West region

**Table 7.3.1b: Trend in primary drug used by clients aged under 18 years between 2003/04 and 2005/06**

<b>Drug</b>	<b>2003/04<sup>1</sup></b> %	<b>2004/05<sup>2</sup></b> %	<b>2005/06<sup>3</sup></b> %
Heroin	20	14	8
Methadone	0	0	0
Other Opiates	0	0	0
Benzodiazepines	0	0	0
Amphetamines	4	3	3
Cocaine	3	3	4
Crack	2	2	2
Hallucinogens	0	0	0
Ecstasy	5	4	3
Cannabis	61	68	74
Solvents	3	2	2
Barbiturates	-	0	0
Anti-depressants	-	0	0
Other drugs	1	2	3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

1 All clients aged 11-17 years at triage

2 All clients under 18 years at triage excluding those treated in the North West region

3 All clients under 18 years

## 7.4 Trend in referral source

Table 7.4.1 shows the distribution of referral source for each year. Again, note that the system of data collection has changed considerably during this period. However, there is a reasonably clear trend towards clients entering treatment via an increasing variety of referral routes, with a consequent fall in the proportion entering via the traditional self-referral or GP referral routes. The proportion of Criminal Justice System referrals and referrals from other drug services appear to have increased. The trend towards increasing referrals from 'other' routes, in part, reflects an increase in referrals of young people.

## 7.5 Trend in treatment completion

Table 7.5.1 shows the trend in the distribution of discharge reasons for those leaving treatment each year. Again, the method of data collection has changed during this period. However, there appears to have been an upward trend in the proportion of treatment episodes resulting in successful treatment completion, a reduction in premature treatment drop-out, and a reduction in the proportion of episodes where the reason for finishing treatment was not known. The increase in the proportion of episodes that ceased because the client was imprisoned is, perhaps, due to changing levels and patterns of Criminal Justice referral.

**Table 7.4.1: Trend in source of referral into treatment between 2001/02 and 2005/06 (episodes)**

Referral Source	2001/02 <sup>1</sup> %	2003/04 <sup>2</sup> %	2004/05 <sup>2</sup> %	2005/06 <sup>2</sup> %
Statutory Drug service	6	9	8	9
Non-statutory Drug service	2	4	4	6
General Practice	18	17	15	13
Self Referral	47	43	41	37
Criminal Justice	19	17	19	22
Accident and Emergency	0	1	1	0
Syringe Exchange	0	0	0	0
Psychiatry	2	2	2	2
Community Care Assessment	0	0	1	1
Other	6	7	11	11
<b>Total (episodes)</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

<sup>1</sup> Clients presenting for treatment, <sup>2</sup> All clients

**Table 7.5.1: Trend in reasons for discharge on episode completion between 2001/02 and 2005/06**

Discharge Reason	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%
Dropped out/left	53	59	42	43	39
Successful Completion	26	29	29	30	36
Treatment withdrawn/breach of contract	4	2	6	6	5
Prison	3	2	4	5	6
Other	2	1	6	8	6
Moved away	3	2	4	3	3
Not known	7	4	8	3	4
No appropriate treatment available	1	0	2	1	1
Died	1	0	1	1	1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Table 7.5.2 (a & b) shows the trend in the reasons for successful discharge, by individual and episode counts, respectively. In 2005/06 there were 63,534 individuals who were discharged during the year and who did not have an episode of treatment ongoing on the 31<sup>st</sup> of March; of these, 21,569 were defined as having a successful discharge at their last treatment episode: 4,559 were reported to have completed treatment drug free, 10,662 to have completed treatment and 6,348 to have been referred on.

**Table 7.5.2a: Trend in reasons for successful discharge of individuals between 2004/05 and 2005/06**

	2004/05		2005/06	
	n	%	n	%
Treatment completed drug free	3,632	23	4,559	21
Treatment completed	7,656	48	10,662	49
Referred on	4,516	29	6,348	29
<b>Total</b>	<b>15,804</b>		<b>21,569</b>	
<i>(Total discharged)</i>	<i>55,560</i>		<i>63,534</i>	

**Table 7.5.2b: Trend in reasons for successful discharge of episodes between 2004/05 and 2005/06**

	2004/05		2005/06	
	n	%	n	%
Treatment completed drug free	5,759	21	7,021	17
Treatment completed	12,012	43	16,705	41
Referred on	10,386	37	16,853	42
<b>Total</b>	<b>28,157</b>		<b>40,579</b>	

## Appendix 1. Variable incompleteness and inconsistency

For the treatment year 2005/06 all NDTMS modality records have been analysed for completeness and consistency of selected variables. Please note the following analysis is based on all modality records that fall within an episode or that relate to an individual client. However, in constructing the source data for reporting only a subset of the modality records pertaining to each client or episode has been used (see Methodology section 3.1).

### A1.1 Variable Incompleteness

An NDTMS record is defined as incomplete in respect of a particular data field when no legitimate recorded value is provided for that field. There are several NDTMS fields that may go unrecorded for legitimate reasons. The following fields are, therefore, not analysed here for completeness: secondary drug, tertiary drug, modality end date, discharge reason and discharge date. Similarly, modality start date and modality type may legitimately not be recorded if a client, although triaged, was not assigned a modality or did not start the treatment modality that they were assigned. However, we note that modality start date and modality type were unrecorded for 11% and 9% of records respectively. Although, postal sector of residence and DAT area of residence may also go unrecorded for legitimate reasons, these variables are analysed for completeness, as they are of particular interest in geographic analyses.

**Figure A1.1.1 NDTMS Data Variable Incompleteness for 2005/06: Percentage of modality level records with a missing value, by variable.**

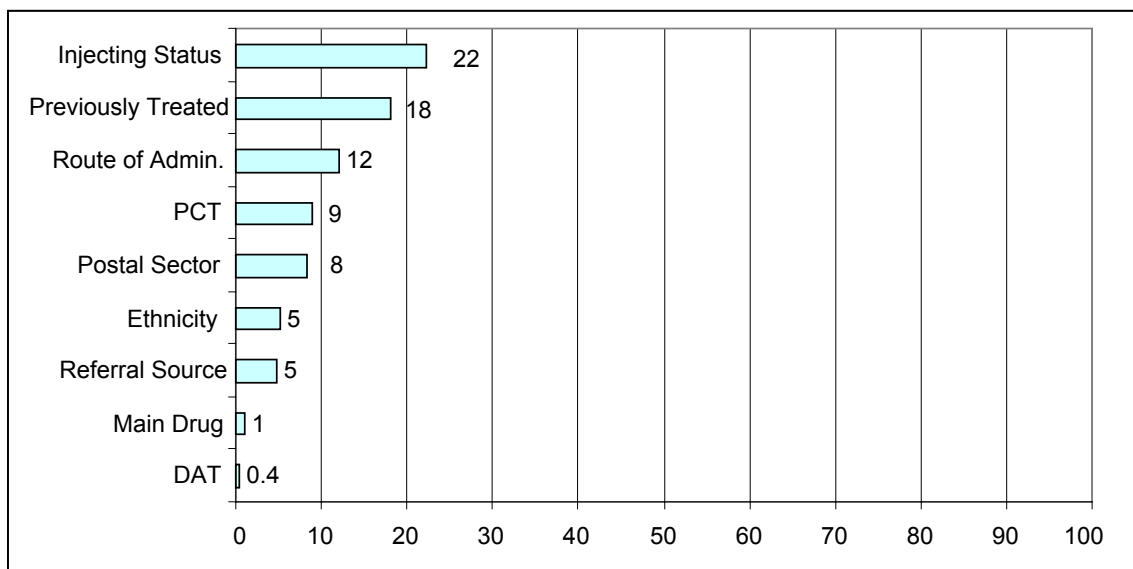


Figure A1.1.1 shows, for each variable of interest, the percentage of 2005/06 NDTMS modality records for which a legitimate value was not recorded. Of the variables of

interest, injecting status was the most incomplete, having been unrecorded in one-fifth (22%) of all modality records. DAT area of residence was the least incomplete, having been recorded in all but 0.4% of modality records.

Table A1.1.1 shows, for selected variables, the percentage of modality level records for which a legitimate value was not recorded in the NDTMS data for 2005/06, by Region of treatment. For example, 31% of all modality records from the West Midlands Region included no details of client ethnicity and 46% of all modality records from the South East Region did not record injecting status.

**Table A1.1.1 NDTMS Data Variable Incompleteness during 2005/06: Percentage of modality level records with a missing value, by region of treatment**

Region of treatment	% of modality records with item missing			
	Ethnicity	Route of administration of main drug	Injecting status	Previously treated
North East	2	4	13	19
North West	2	9	14	13
Yorkshire & The Humber	3	18	40	33
West Midlands	31	2	8	3
East Midlands	<1	8	20	13
East of England	5	20	29	14
London	1	7	21	13
South West	1	11	19	23
South East	3	30	46	30

## A1.2 Variable Inconsistency

All modality records with a valid recorded value for a given variable were examined for each treatment episode and for each individual client to determine the extent of inconsistencies between the values assigned to the variable, values that should not change during the course of a treatment episode or for a client.

**Table A1.2.1 NDTMS 2005/06: Inconsistencies in modality level records**

Variable	Number of clients/episodes with inconsistent data <sup>1</sup>	% of examined clients/episodes with inconsistent data
Ethnicity	2303 <i>clients</i>	1.4
Referral source	428 <i>episodes</i>	0.2
Referral date	2085 <i>episodes</i>	0.8
Previously treated	207 <i>episodes</i>	0.1
Injecting status	132 <i>episodes</i>	0.1
Discharge date	199 <i>episodes</i>	0.1
Discharge reason	150 <i>episodes</i>	0.1

<sup>1</sup>for which two or more different values were recorded for the same field amongst the modality records for the client/episode

A client-level variable or episode-level variable in the NDTMS data is defined to be inconsistent if it has two or more non-identical legitimate values amongst all the modality records for a client or for an episode of treatment respectively.

Inconsistency of a client-level variable, such as sex or ethnicity, is measured by the valid percentage of all clients who have two or more non-identical legitimate values for that variable amongst the respective modality records. Similarly, inconsistency of an episode-level variable, such as main drug or referral source, is measured by the valid percentage of all episodes which have two or more non-identical legitimate values for that variable amongst the respective modality records.

Table A1.2.1 summarises the level of inconsistency for several key variables. Thus, for example, there were 2,303 clients for each of whom at least two different values for ethnicity were reported and 428 episodes of treatment for each of which at least two different referral sources were reported.

These issues of data quality should be addressed by Regional Managers for the next reporting period.

## Appendix 2. Notes on numbers in treatment series

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**1998/99** – Originally published as 100,000, based on a reduction from the original 2000/01 estimate (118,500). Now estimated as 85,000, based on a reduction from a revised estimate (102,100) of the 2000/01 census figure and with a reduction (1/1.03 – based on an analysis of 2003/04 data) for regional overlap<sup>1</sup>.

**1999/00** – Originally published as 109,000, based on based on a reduction from the original 2000/01 estimate (118,500). Calculated as a reduction from the revised 2000/01 estimate, as per the revised baseline estimate, the estimated figure is 91,000 (87,500 – 94,500).

**2000/01** – Originally published as 118,500, based on treatment census. Taking into account problems with the original methodology, this has been revised to 102,100 (see “Re-examining the baseline for the number of persons in drug misuse treatment during 1998/99”) and can be further adjusted (1/1.03 – based on an analysis of 2003/04 data) to allow for regional overlap not accounted for in the revised figure, which gives an estimate of 99,000.

**2001/02** – The Department of Health originally published a provisional figure of 128,200, based on the first year of NDTMS. If the published figure is adjusted to take account of regional overlap (1/1.03 – based on an analysis of 2003/04 data), a higher level of reporting by GPs (further 1/1.014 – based on a comparison of 2002/03 with 2003/04 data<sup>2</sup>) and inclusion of Tier Two agencies (further 1/1.056 – based on a comparison of 2002/03 with 203/04 data<sup>2</sup>), the resulting estimate is 116,000.

**2002/03** - The Department of Health originally published a provisional figure of 140,900. This was based on a variety of methodological assumptions about the NDTMS data for 2002/03 which are known to have resulted in an inflated figure. The Bridging Exercise<sup>2</sup> concluded that, in order to produce comparable figures, it would be necessary to inflate the figures for the subsequent year from 125,913 to 153,806. If the 2002/03 figures are reduced by an equivalent proportion, the resulting estimate is 115,500.

<sup>1</sup> Re-examining the baseline for the number of persons in drug misuse treatment during 1998/99 (National Drug Evidence Centre, University of Manchester 2005)

<sup>2</sup> Bridging exercise comparing drug misuse treatment data 2002/03 and 2003/04 (National Drug Evidence Centre, University of Manchester 2005)

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