





Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2010– 31 March 2011

Vol. 1: The Numbers

6 October 2011

Executive Summary

- Of the 204,473 clients aged 18 and over in treatment contact during 2010-11, 191,129 were in treatment for 12 weeks or more or completed treatment free of dependency before 12 weeks (93%)
- 27,969 (43%) of clients exiting treatment in 2010-11 completed treatment, defined as having overcome their dependency; a further 9,403 (14%) were transferred for further treatment within the community, while 6,874 (11%) were transferred into structured treatment while in custody
- Of those opiate only clients with a six month review TOP in 2010-11, 49% achieved abstinence from illicit opiates and a further 24% were reliably improved. A further 2% had deteriorated.
- 60% of crack cocaine only clients with a six month review TOP in 2010-11 achieved abstinence from crack and a further 7% were classified as reliably improved. Two percent had deteriorated.
- Clients' median age at their first point of contact in their latest treatment journey in 2010-11 was 34 and 73% of clients in treatment were male
- Most clients were White British (83%), while no other ethnic groups accounted for more than two percent of clients
- Most clients in contact with treatment were using opiates (81%). Cannabis was the primary drug for 7% of clients, powder cocaine for 5% of clients and crack cocaine for 3%.
- The most common routes into treatment for clients starting treatment in 2010-11 were self-referrals (38%) and referrals from the criminal justice system (30%). Onward referrals from other drug services together accounted for 14%
- 84% of the clients starting new treatment journeys in 2010-11 were either in treatment for 12 weeks or more or completed treatment free of dependency before 12 weeks
- Nearly all clients waited less than three weeks to commence treatment (96%)
- Of the clients starting treatment (and where reported) just over half (54%) reported having never injected with 18% currently injecting at time of presentation
- Where reported, 9% of clients starting new journeys had No Fixed Abode on presenting for treatment, and a further 15% of clients had other housing problems

Contents

This year, the methodological and background sections have been published in a separate accompanying document *Vol.2 Technical Notes*.

1	In	troduction	4
	1.1	Policy context	4
	1.2	New contents in this report	5
	1.3	Other sources of statistics about drugs	5
	1.4	Relevant web links	6
2	Ch	naracteristics of clients	7
	2.1	Age and gender of all clients	7
	2.2	Ethnicity	8
	2.3	Primary drug use	8
	2.4	Source of referral into treatment, new journeys 2010-11	10
	2.5	Age and primary substance, new treatment journeys 2010-11	10
	2.6	Injecting behaviour, new treatment journeys 2010-11	11
	2.7	Housing situation, new treatment journeys 2010-11	11
3	Ac	ccess to services	12
	3.1	Waiting times, first and subsequent interventions 2010-11	12
	3.2	Treatment pathways and interventions provided 2010-11	12
	3.3	Engagement	14
4	Tr	eatment and recovery outcomes	15
	4.1	Treatment exits	15
	4.2	Treatment Outcomes Profile (TOP)	18
5	Tr	ends over time	21
	5.1	Trends in age group and primary drug group	21
	5.2	Trends in treatment exit reasons	25
	5.3 com	Trends in numbers in treatment and numbers retained for at least 12 upleting treatment earlier	
	5.4	Trends in waiting times for first intervention	26
6	A	six year treatment population analysis	27
R	epor	t authors	30
R	efere	ences	30

1 Introduction

This report presents information relating to drug treatment in England. The statistics are derived from data that has been collected through the National Drug Treatment Monitoring System (NDTMS). The NDTMS collects activity data from drug and alcohol treatment services so that

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

The NDTMS figures for England are produced by The National Drug Evidence Centre (NDEC) at Manchester University who also collate these with those for Scotland, Wales and Northern Ireland, into a UK return for use by the European Monitoring Centre for Drugs and Drug Addiction (see http://www.emcdda.europa.eu/html.cfm/index190EN.html), and for the United Nations.

1.1 Policy context

Many of the analyses in each year's annual report are intentionally identical to those published in previous reports and are included to enable the reader to make a year on year comparison of statistics. New analyses have periodically been added to the report since 2004, driven directly or indirectly by changes to the government's drug strategy. The policy context in relation to the published National Statistics from the NDTMS over that period has been;

- Between 2004 and 2007, the primary data required to monitor the PSA target was the number of individuals in contact with treatment services, and followed from the then government's commitment to double this number between 1997 and 2007.
- · In 2007, the government published a Public Service Agreement (PSA), *PSA Delivery Agreement 25: Reduce the harm caused by alcohol and drugs.* The performance indicator for the drug treatment element of this PSA was the commitment to increase the number of problematic drug users in effective treatment.
- · In 2010, the coalition government published, 'Drug Strategy 2010 Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'. The strategy is recovery-oriented and places emphasis on a wider range of outcomes for individuals in drug treatment, including offending, employment and housing.

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

1.2 New contents in this report

Following a user engagement exercise in summer 2011, this report contains some additional analysis of NDTMS data. These are

- Additional detail relating to treatment completions, including a breakdown by treatment pathway and the last treatment modality received (section 4.1)
- A section of the report dedicated to the data collected by NDTMS through the Treatment Outcomes Profile i (section 4.2).
- A six year cohort analysis of all relevant NDTMS data (section 6)

The user engagement exercise and responses can be found here: http://www.nta.nhs.uk/news-2011-ndtms.aspx

1.3 Other sources of statistics about drugs

Prevalence of drug use.

An annual estimate of the prevalence of drug use is undertaken through the British Crime Survey (BCS). This section of the survey has been in place since 1996, annually since 2001, and has tracked the prevalence of the use of different drugs over this time.

http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb1211/

A second method for estimating the prevalence of crack cocaine and heroin use is produced for each local authority area in England by Glasgow University. Estimates are available for 2006-07, 2008-09 and 2009-10. The estimates are produced through a mixture of capture-recapture and Multiple Indicator Methodology (MIM), and rely on NDTMS data being matched against and/or analysed alongside Probation and Home Office data sets. The data and further information are available here:

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

Young people

Information is also available relating to the prevalence of drug use among secondary school pupils aged 11 to 15 from the Smoking, Drinking and Drug Use Survey among young people in England. This is a survey carried out for the NHS Information Centre by the National Centre for Social Research and the National Foundation for Educational Research. The survey annually interviews school pupils, and has been in place since 2001. The data and further information are available here:

http://www.ic.nhs.uk/pubs/sdd10fullreport

The NDTMS collects data on drug and alcohol treatment for young people, and produces official statistics bulletins, which can be found here:

http://www.nta.nhs.uk/uploads/ypstatisticalrelease09-10.pdf

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

Criminal Justice statistics

The Ministry of Justice produce a quarterly statistics bulletin which provides details of individuals in custody and under the supervision of the probation service. These can be found here:

http://www.justice.gov.uk/publications/statistics-and-data/prisons-and-probation/oms-quarterly.htm

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

International comparisons

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

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

Drug related deaths

The Office of National Statistics publish an annual summary of all deaths related to drug poisoning (involving both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales. This can be found here:

http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/2010/stb-deaths-related-to-drug-poisoning-2010.html

Responsible Statistician Malcolm Roxburgh, Information Manager

1.4 Relevant web links:

Monthly web-based NDTMS analyses:

http://www.ndtms.net/

NDEC:

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

NTA:

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

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

2 Characteristics of clients

During 2010-11 NDTMS reported 204,473 clients aged 18 and over in contact with structured treatment.

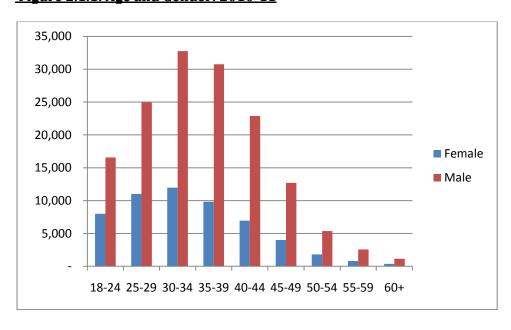
2.1 Age and gender of all clients

The age and gender of clients is reported in Table 2.1.1 and Figure 2.1.1 (see *Vol. 2: Technical Notes*, page 8, for the age methodology used). Most (73%) treated persons were male. The average (median) age of clients in treatment in 2010-11 was 34 years. Nationally, women had a younger average (median) age than men (33, compared to 35 for men). 50% of men in treatment were aged 35 or over, compared to 43% of women, while 35% of women in treatment were aged under 30, compared to 28% of men.

Table 2.1.1: Age and Gender: 2010-11

Age	Fema	le	Male)	Perso	ons
	n	%	n	%	n	%
18 - 24	8,006	15	16,563	11	24,569	12
25 - 29	11,030	20	24,979	17	36,009	18
30 - 34	11,965	22	32,742	22	44,707	22
35 - 39	9,832	18	30,739	21	40,571	20
40 - 44	6,939	13	22,880	15	29,819	15
45 - 49	3,991	7	12,700	8	16,691	8
50 - 54	1,820	3	5,378	4	7,198	4
55 - 59	808	1	2,566	2	3,374	2
60+	385	1	1,150	1	1,535	1
Total	54,776		149,697		204,473	

Figure 2.1.1: Age and Gender: 2010-11



2.2 Ethnicity

Table 2.2.1 shows clients' ethnicity. Most (88%) were White and the majority of these were White British. No other ethnic group accounted for more than two percent of clients.

Table 2.2.1: Ethnicity: 2010-11

Ethnicity	n	%
White British	168,333	83
White Irish	2,515	1
Other White	6,727	3
White & Black Caribbean	2,814	1
White & Black African	500	0
White & Asian	757	0
Other Mixed	1,242	1
Indian	2,178	1
Pakistani	2,354	1
Bangladeshi	1,433	1
Other Asian	2,006	1
Caribbean	3,313	2
African	1,275	1
Other Black	2,065	1
Chinese	74	0
Other	2,038	1
Not Stated	2,574	1
Unknown	714	0
Total	202,912	100
Inconsistent/missing	1,561	
Total inc missing/inconsistent	204,473	

2.3 Primary drug use

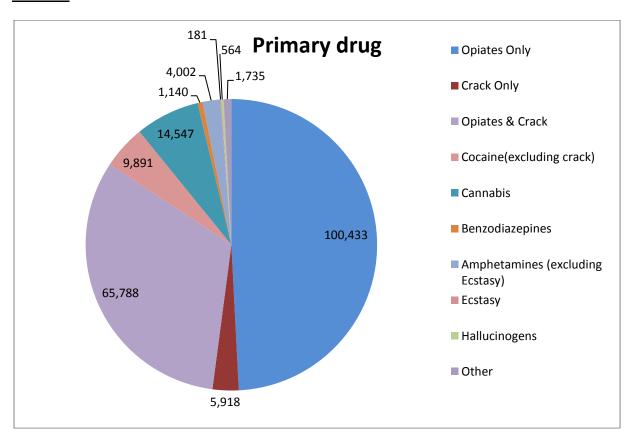
Table 2.3.1 shows the distribution of primary drug use (the substance that brought the client into treatment at the point of triage/ initial assessment) of clients aged 18 or over treated in 2010-11. In order to define primary drug, all users of opiates and/or crack cocaine are identified in the first instance and reported as such. If a person is not using opiates and/or crack cocaine they are reported by their primary drug (for further detail see *Vol. 2: Technical Notes* under 'Reporting substances', page 9).

81% of clients were opiates users, of which two thirds reported adjunctive crack coacaine use. The majority of remaining drug users were in treatment for powder cocaine (5%), cannabis (7%) or crack cocaine (3%) problems (excluding those also citing opiates). Among those aged 18 and over, opiates users in treatment had an average (median) age of 35, while adults in treatment for cocaine had a much lower average (median) age of 28 and those in treatment for cannabis use had an average (median) age of 25. Adults in treatment for benzodiazepines had an older median age than opiates users (37).

Table 2.3.1: Primary drug use all clients 2010-11

	Main Drug	
Drug Group	n	%
Opiates Only	100,433	49
Opiates & Crack	65,788	32
Crack Only	5,918	3
Benzodiazepines	1,140	1
Amphetamines (excluding Ecstasy)	4,002	2
Cocaine (excluding Crack)	9,891	5
Hallucinogens	564	0
Ecstasy	181	0
Cannabis	14,547	7
Solvent	119	0
Barbiturates	15	0
Major Tranquilisers	17	0
Anti-depressants	61	0
Other Drugs	819	0
Poly Drug	14	0
Prescription Drugs	690	0
Misuse free/unknown	274	0
Total	204,473	100

 $\frac{Figure~2.3.1: Primary~use~of~selected~drugs:~number~of~clients~using~each~drug:~NDTMS~2010-11}{2010-11}$



2.4 Source of referral into treatment, new journeys 2010-11

Table 2.4.1 shows a breakdown of new presentations by source of referral. Information about source of referral was provided for 73,238 (99%) new presentations to treatment in 2010-11. Of these, self-referrals (38%) were most common. The second most common source of referrals was the criminal justice system (30%). This was made up of referrals direct through the Drug Interventions Programme (DIP)/arrest referral (14%), or via other channels such as Prison, (including Counselling, Assessment, Referral, Advice and Throughcare Services or CARATS), Drug Rehabilitation Requirements (DRR) or the Probation Service. Referrals from statutory drug services amounted to 6% of the total, while non-statutory drug services accounted for a further 8%. GP referrals made up 7% of referrals.

<u>Table 2.4.1: Source of referral into treatment, new journeys</u> 2010-11

Referral source	n	%
Accident and Emergency	94	0
Arrest Referral/DIP	9,926	14
CARAT/Prison	6,475	9
Community Care Assessment	182	0
Connexions	40	0
DRR	1,505	2
Drug Service Non-statutory	6,007	8
Drug Service Statutory	4,511	6
Education Service	21	0
Employment Service	120	0
GP	4,933	7
Probation	3,991	5
Psychiatry	621	1
Self	28,154	38
Social Services	747	1
Syringe Exchange	111	0
Other	5,800	8
Total	73,238	100
Missing	790	
Total including missing	74,028	

2.5 Age and primary substance, new treatment journeys 2010-11

Table 2.5.1 shows a breakdown of persons entering drug treatment in 2010-11 by age group and primary substance. Opiates and/or crack users are identified first and then other clients entering treatment are assigned according to their recorded primary drug. The proportion of opiate users was much lower in the 18-24 group (39%) than any of the older age groups (between 67% and 77%). 47% of cannabis users and 31% of cocaine users were aged 18-24.

Table 2.5.1: Age and primary substance, new treatment journeys 2010-11

	18 - 2	24	25 - 2	29	30 - 3	34	35 - 3	39	40+		Tota	ıl
	n	%	n	%	n	%	n	%	n	%	n	%
Opiates only	3,253	23	5,639	38	6,906	43	5,740	44	7,259	45	28,797	39
Opiates/crack	2,279	16	4,307	29	5,133	32	4,215	33	4,615	28	20,549	28
Crack only	576	4	694	4	677	4	564	4	1,076	7	3,587	5
Cocaine	2,132	15	1,724	12	1,264	8	831	6	923	6	6,874	9
Cannabis	4,493	32	1,754	12	1,166	7	847	7	1,248	8	9,508	13
Other	1,269	9	812	5	761	5	700	5	1,115	7	4,657	6
Misuse free	7	0	11	0	15	0	8	0	15	0	56	0
Total	14,009	100	14,941	100	15,922	100	12,905	100	16,251	100	74,028	100

2.6 Injecting behaviour, new treatment journeys 2010-11

Injecting status at presentation for treatment was recorded for 71,518 clients (97%) who entered treatment in 2010-11. Of these, 12,850 (18%) were currently injecting. A further 19,719 clients (28%) had previously injected but were not doing so at the time of presenting for treatment. The remaining 38,949 (54%) clients had never injected.

<u>Table 2.6.1: Injecting status at presentation, new treatment journeys 2010-11</u>

Injecting status	n	%
Currently Injecting	12,850	18
Previously Injected	19,719	28
Never Injected	38,949	54
Total	71,518	100
Missing / Inconsistent	2,510	
Total inc. Missing / Inconsistent	74,028	

2.7 Housing situation, new treatment journeys 2010-11

The housing situation at presentation was reported for 71,322 (96%) clients. Of these, 6,250 (9%) reported an urgent housing problem (where they have no fixed abode), while a further 10,740 (15%) reported a housing problem (such as staying with friends or family as a short term guest or residing at a short-term hostel). 53,016 (74%) reported no housing problem.

<u>Table 2.7.1: Housing situation of new treatment journeys 2010-11</u>

Housing Situation	n	%
Urgent Problem	6,250	9
Housing Problem	10,740	15
No Problem	53,016	74
Other	1,316	2
Total	71,322	100
Not Stated/Missing	2,706	
Total inc missing	74,028	

Opiate users were much more likely to have no fixed abode than other clients (11% of new presentations with a known accommodation status compared to 5% among newly presenting non-opiates clients) and more likely than non-opiates clients to have a less severe housing problem (16% compared to 13%).

The proportion of individuals with an urgent housing problem (9%) or other housing problem (15%) may be compared with figures for individuals starting treatment with acute housing problems (16.9%) reported in Table 4.1.1. It should be noted that definitions used for these two methods for reporting housing issues are not the same.

3 Access to services

3.1 Waiting times, first and subsequent interventions 2010-11

The table below shows a breakdown of waiting times under and over 3 weeks by first and subsequent intervention. Of 72,605 first interventions beginning in 2010-11, 69,699 (96%) began within 3 weeks of referral. There were 44,061 subsequent interventions (i.e. where a client who is already receiving a modality is referred to start another type of treatment) beginning in 2010-11, of which 42,253 (96%) began within 3 weeks of referral. Overall the average (mean) wait to commence treatment (first interventions only), was 5 days.

<u>Table 3.1.1: Waiting times, first and subsequent interventions 2010-11</u>

Intervention	Under 3 weeks (n)	%	Over 3 weeks (n)	%	Total
First intervention	69,699	96	2,906	4	72,605
Subsequent intervention	42,253	96	1,808	4	44,061

3.2 Treatment pathways and interventions provided 2010-11

As part of a treatment journey a client may receive more than one intervention while being treated at an agency and may also attend more than one agency for subsequent interventions.

There are potentially hundreds of combinations of interventions (or pathways) and only the most common are reported here with the smaller numbers being grouped under 'All other combinations'. Therefore Table 3.2.1 will not fully report the total number of interventions received by clients, this is demonstrated in Table 3.2.2.

Table 3.2.1 shows the treatment pathways for all clients in treatment in 2010-11, reported by the combination of intervention types received. The largest group (49%) received prescribing interventions only (which should include basic psychosocial interventions delivered through regular keyworking by case managers), while the most common combination of multiple intervention types is prescribing and structured psychosocial (14%).

Table 3.2.1: Treatment Pathways of clients in treatment 2010-11

Pathway	n	%
Prescribing (including keyworking)	100,822	49
Structured Intervention	18,424	9
Psychosocial	16,941	8
Structured Day Programme (SDP)	6,417	3
Prescribing (inc keyworking)and psychosocial	28,779	14
Prescribing (inc keyworking) and Structured Day	10,160	5
Programme		
Inpatient detoxification (IP)	712	0
Residential Rehabilitation (RR)	1,196	1
Prescribing (inc keyworking)and IP	3,145	2
Prescribing (inc keyworking)and RR	971	0
Prescribing(inc keyworking), psychosocial/SDP and RR	1,623	1
Psychosocial/SDP and RR	442	0
Prescribing (inc keyworking), SDP and psychosocial	5,026	2
All other combinations	4,900	2
No adult modality	4,915	2
Total	204,473	100

Table 3.2.2 shows the treatment population broken down by the combination of interventions received during their last treatment journey in 2010-11. This shows that three-quarters of clients (75%) received prescribing (including key working), 27% received psychosocial interventions, 5% received inpatient detoxification and 2% received residential rehabilitation

<u>Table 3.2.2: Interventions received by clients in treatment in 2010-11</u>

Intervention	n
Prescribing (including keyworking)	153,733
Structured psychosocial intervention	55,972
Structured day programme	26,027
Residential rehabilitation	4,232
Inpatient detoxification	9,273
Structured intervention	63,127

Table 3.2.3 gives a breakdown of clients receiving prescribing by the length of time that they have been receiving this intervention. 29,517 (19%) had been receiving prescribing for five or more years, while 54,440 (36%) had been receiving prescribing for less than 12 months. There is a note on this table in *Vol 2: Technical Notes*, page 9.

<u>Table 3.2.3: Length of time in prescribing for clients in continuous prescribing treatment 2010-11</u>

Pathway	n	%
Less than 12 months	54,440	35
1-2 years	26,682	17
2-3 years	19,384	13
3-4 years	13,502	9
4-5 years	10,208	7
5+ years	29,517	19
Total	153,733	100

3.3 Engagement

Of all clients 18 and over in contact with treatment services during 2010-11, 191,129 (93%) were either retained for more than 12 weeks, or if leaving treatment before 12 weeks, were free of dependency. Of the 74,028 clients starting new treatment journeys during 2010-11, 62,077 (84%) were either retained for more than 12 weeks, or if leaving treatment before 12 weeks, were free of dependency.

4 Treatment and recovery outcomes

4.1 Treatment exits

Table 4.1.1 shows the reasons for clients exiting treatment in 2010-11. There were 64,994 clients aged 18 and over who left treatment during the year and were not in treatment on $31^{\rm st}$ March 2011. Of these, 27,969 (43%) were discharged as Treatment Completed, defined as those completing treatment free of their drug of dependency and not using either heroin or crack cocaine. On average (mean) clients who completed treatment did so after 427 days (14 months). A further 9,403 were transferred for further treatment within the community, while 6,874 were transferred into appropriate treatment while in custody.

<u>Table 4.1.1: Treatment exit reasons for individuals not retained in treatment on 31st March 2011</u>

Treatment exit reason	n	%
Treatment completed free of dependency(no drug use)	19,759	30
Treatment completed free of dependency	8,210	13
Treatment completed subtotal	27,969	43
Transferred –not in custody	9,403	14
Transferred – in custody	6,874	11
Referred on (old coding)	253	0
Dropped out/left	15,578	24
Prison	1,073	2
Other/Not known	47	0
Treatment declined	1,672	3
Treatment withdrawn	906	1
Moved away	16	0
Died	1,169	2
No appropriate treatment	34	0
Total individuals exited	64,994	100

Table 4.1.2 shows the treatment pathways of the 27,969 who completed treatment free of dependency in 2010-11. The pathways are displayed below in two parts; the upper part of the table shows the numbers of clients who received only one type of treatment during their journey, whereas the lower part shows the numbers of multiple interventions. Of all those completing treatment free of dependency, 4,812 (17%) received multiple interventions. 10,329 (37%) of individuals completing treatment had received prescribing, either on its own (which includes a keyworking element) or together with another structured intervention. The figures include a number of clients who started Young People's interventions as 17 year-olds but completed as adults

Table 4.1.2: Pathway for clients completing treatment

Pathway	n	%
SINGLE INTERVENTION		
Structured intervention	6,525	23
Prescribing (inc keyworking)	6,523	23
Psychosocial	6,136	22
Structured Day Programme (SDP)	2,310	8
Residential rehab (RR)	350	1
Inpatient detoxification (IP)	280	1
Young Person intervention	1,033	4
Sub-total of individuals	23,157	83
MULTIPLE INTERVENTIONS		
Prescribing-plus	3,806	14
Psychosocial-plus	3,123	11
Structured Day Programme (SDP)-plus	1,756	6
Rehab (RR)-plus	624	2
Inpatient detoxification (IP)-plus	1,054	4
Sub-total of individuals	4,812	17
All clients completing treatment	27,969	

Table 4.1.3 shows the last intervention (or combination if more than one) that each of the clients who completed treatment was receiving at the time of being discharged. 7,815 individuals (28%) were receiving Structured Intervention as the last component of their treatment journey.

Table 4.1.3: Last modalities received for clients completing treatment

Last modality (or modalities)	n	%
Structured intervention	7,815	28%
Prescribing (inc keyworking)	7,104	25%
Psychosocial	6,153	22%
Structured Day Programme (SDP)	2,337	8%
Prescribing (inc keyworking), Psychosocial	918	3%
Prescribing (inc keyworking), Structured Intervention	674	2%
Rehab (RR)	578	2%
Inpatient detoxification (IP)	300	1%
Psychosocial, Structured Intervention	260	1%
SDP, Structured Intervention	144	1%
Psychosocial, SDP	133	0%
Prescribing (inc keyworking), SDP	101	0%
Young Person Modality	1033	4%
Other	419	1%
All clients completing treatment	27,969	100%

4.2 Treatment Outcomes Profile (TOP)

Introduction

The Treatment Outcomes Profile (TOP) is a clinical tool that enables clinicians and drug workers to keep track of the progress of individuals through their treatment journey. It measures drug use and gives an early indication about clients' progress in overcoming problems with work, education or housing through a set of 20 questions. Comparisons of TOP responses given at the start of treatment and at six month review are presented in this report.

This report includes an analysis of all TOP review data received in 2010-11 that complies with the TOP reporting protocols and for which there is also corresponding treatment start TOP information. The reporting protocols stipulate that an individual can have a review TOP completed between 29 and 182 days following their initial assessment. In principle, there were 102,298 individuals who could have had a TOP review during 2010-11 according to this protocol. However, in practice, 62,189 (61%) of these had both received a review and had corresponding TOP data at treatment start (because the data set used for this report was taken before many of those starting treatment toward the end of the period would have received their six month review, this does not represent the full level of review compliance.) Of the clients with both start and review data, 51,789 had reviews which took place in 2010-11 and are therefore included in the analysis here.

Methods

The TOP instrument uses a measure of the number of days in the last 28 on which an individual used drugs to quantify change. The analysis of the data here uses a mechanism for categorisation of degree of change known as the Reliable Change Index (RCI). This is a statistical approach that classifies individuals into one of four categories: abstinent, improved, unchanged and deteriorated. This is based on the application of the methodology advanced by Jacobson and Truax (1991)ⁱⁱⁱ and verified for use in the substance misuse field by Marsden et al (2011)^{iv}. For an explanation of the reliable change index, see *Vol 2: Technical Notes*, page 9.

Key Findings

Key findings from the data are that illicit opiate use fell by a mean of 15.5 days, in the opiate-only group compared with 13 days in the opiates & crack group. The opiates-only drug group achieved greater abstinence rates from illicit opiates than the opiates & crack drug group (49% compared to 40%). Slight differences exist between those classified as reliably improved, with the opiates-only group having 24% improved and the opiates & crack group having 25% classified as such. Two percent of the opiates-only group reliably deteriorated compared with 4% of the opiates & crack drug group.

Table 4.2.1 shows changes in drug use between start and six month review for each client's primary presenting substance by drug group (see *Vol 2: Technical Notes*, page 9 for the methodology used to assign drug groups) for clients who reported using their primary drug on at least one day in the 28 prior to starting treatment. For clients in the opiates & crack group, change has been reported for both of these substances.

The mean days of crack use fell by similar amounts in the crack-only drug group and the opiates & crack group (7.1 day reduction compared with 7.4 days, respectively). A greater percentage of the crack-only drug group were abstinent from crack at six months compared with the opiates & crack drug group (60% and 51%), while the crack-only group had less people classified as reliably improved.

For primary cocaine powder clients, 71% were classified as abstinent or improved. Sixty percent of primary amphetamine clients were abstinent or improved and 50% of cannabis clients were abstinent or improved.

<u>Table 4.2.1: Change in use of primary cited substance for clients with a six month review</u> <u>TOP in the year who reported using at start TOP</u>

	Start of Tr	eatment		S	ix Month Revi	ew	
	Reviewed clients using at start	Average days of use at start	Abstinent	Improved	Unchanged	Deteriorated	Average days of use at review
Drug group	n	mean	%	%	%	%	mean
Opiates use							
Opiates only	15,241	21.9	49	24	25	2	6.4
Opiates and crack	11,601	20.8	40	25	31	4	7.8
Crack only							
Crack only	1,266	10.6	60	7	31	2	3.5
Opiates and crack	9,698	12.5	51	12	33	4	5.1
Cocaine use							
Cocaine	3,272	8.8	60	11	29	1	2.2
Amphetamine use							
Amphetamines	930	16.7	47	13	37	3	7.1
Cannabis use							
Cannabis	5,327	22.1	31	19	47	3	12.5

Table 4.2.2 shows the treatment outcomes for employment, education and housing. At the start of treatment, 17% of clients were employed and were engaged in work for an average of 17.5 days out of the 28 days preceding the start of treatment. At the six month review, 20% of clients were employed and they were working an average of 17.3 days of the previous 28 at this point.

In terms of accessing education, 2.9% of clients were enrolled in a course at the start of treatment, spending on average 10.4 days studying in the month preceding treatment. At the six month review, the percentage of the cohort in education increased to 3.9% and these clients were studying for an average of 9.5 days over the preceding 28 days.

An acute housing problem (i.e. no fixed abode) was recorded for 16.9% of clients at the start of treatment and this fell to 11.7% at six month follow up. 7.8% of clients reported a housing risk (i.e. risk of eviction) at the start of treatment and 5.3% reported this problem at review. Overall, 18.1% of clients reported either an acute housing problem or had a housing risk at the start of treatment. This was reported by 12.5% of clients by review.

Table 4.2.2: Change in employment, education and housing status at review

Employment		n		Employed %	Mean days
	Baseline work	E0 624		17.0	17.5
	Review work	50,624		20.0	17.3
Education				In education %	Mean days
	Baseline education	50,469		2.9	10.4
	Review education	30,407		3.9	9.5
Housing issues				Baseline %	Review %
	Acute housing problem	50,386		16.9	11.7
	Housing risk	50,135		7.8	5.3
	Any housing problem	50,085		18.1	12.5

5 Trends over time

5.1 Trends in age group and primary drug group

Table 5.1.1 shows trends in age group and drug group among new presentations from 2005-06 to 2010-11. The number of newly presenting opiates users has fallen from 59,642 in 2005-06 to 49,346; considered as a proportion of newly presenting adults this represents a decline from 72% in 2005-06 to 65% to 2010-11. This is largely as a result of a sharp decrease in the number of newly presenting opiates users aged 18-24, from 11,309 in 2005-06 to 5,532 in 2010-11 – among newly presenting clients in this age group, the proportion who were opiates users dropped from 61% in 2005-06 to 39% in 2010-11. The number of clients in this age group who present using cannabis has increased from 3,328 in 2005-06 to 4,493 in 2010-11 – correspondingly, the proportion of new presentations aged 18-24 who use cannabis has increased from 18% to 32% since 2005-06. There was a second successive drop in the number of newly presenting clients aged 18-24 using powder cocaine; from 3,005 in 2008-09 to 2,313 in 2009-10 to 2,132 in 2010-11 (proportionally, new presentations in this age group remain at 15%); however, this follows year-on-year increases from 1,586 (9%) in 2005-06 until 2009-10.

Despite the substantial drop in new presentations to treatment in 2010-11, the proportion of new clients over 40 remained at 22%, continuing a trend going back to 2005-06 when this age group represented 15% of all those newly presenting to treatment.

Table 5.1.1: Trends in age group and primary drug group among new presentations to treatment

		18 - 2	24	25 - 2	29	30 - 3	34	35 - 3	39	40+	+	Tota	al
	Drug Group	n	%	n	%	n	%	n	%	n	%	N	%
	Opiates only	7,449	40	10,036	50	9,173	50	6,238	46	5,821	46	38,717	47
	Opiates/crack	3,860	21	5,384	27	4,949	27	3,766	28	2,966	23	20,925	25
	Crack only	1,011	5	1,015	5	946	5	815	6	859	7	4,646	6
	Cocaine	1,586	9	1,193	6	1,029	6	718	5	562	4	5,088	6
	Cannabis	3,328	18	1,367	7	1,104	6	878	7	902	7	7,579	9
	Other/unknown	1,163	6	918	5	1,046	6	950	7	1,306	10	5,383	6
	Misuse free	103	1	72	0	82	0	<i>78</i>	1	262	2	<i>597</i>	1
2005-06	Total	18,500	100	19,985	100	18,329	100	13,443	100	12,678	100	82,935	100
	Opiates only	5,837	35	8,963	48	8,182	47	5,952	45	6,174	44	35,108	44
	Opiates/crack	3,481	21	5,219	28	5,161	30	4,059	31	3,667	26	21,587	27
	Crack only	1,059	6	999	5	947	5	758	6	1,038	7	4,801	6
	Cocaine	2,096	12	1,385	7	1,107	6	801	6	712	5	6,101	8
	Cannabis	3,233	19	1,244	7	978	6	834	6	1,012	7	7,301	9
	Other/unknown	1,013	6	823	4	778	5	785	6	1,112	8	4,511	6
	Misuse free	149	1	133	1	127	1	119	1	285	2	813	1
2006-07	Total	16,868	100	18,766	100	17,280	100	13,308	100	14,000	100	80,222	100
	Opiates only	4,833	28	7,779	41	7,488	43	5,686	41	6,207	41	31,993	39
	Opiates/crack	3,684	22	6,064	32	5,561	32	4,605	34	4,411	29	24,325	30
	Crack only	1,115	7	1,064	6	971	6	769	6	1,092	7	5,011	6
	Cocaine	2,691	16	1,834	10	1,301	7	927	7	834	6	7,587	9
	Cannabis	3,549	21	1,429	7	1,097	6	868	6	1,078	7	8,021	10
	Other/unknown	1,159	7	955	5	883	5	831	6	1,273	9	5,101	6
	Misuse free	68	0	53	0	<i>57</i>	0	50	0	69	0	297	0
2007-08	Total	17,099	100	19,178	100	17,358	100	13,736	100	14,964	100	82,335	100
	Opiates only	4,355	26	7,632	40	7,570	43	6,011	42	6,890	41	32,458	38
	Opiates/crack	3,335	20	6,151	32	5,943	34	4,938	34	5,093	31	25,460	30
	Crack only	1,046	6	1,103	6	886	5	807	6	1,203	7	5,045	6
	Cocaine	3,005	18	2,106	11	1,438	8	987	7	986	6	8,522	10
	Cannabis	3,749	23	1,481	8	1,028	6	817	6	1,112	7	8,187	10
	Other/unknown	975	6	777	4	815	5	767	5	1,236	7	4,570	5
	Misuse free	58	0	49	0	41	0	35	0	95	1	278	0
2008-09	Total	16,523	100	19,299	100	17,721	100	14,362	100	16,615	100	84,520	100
	Opiates only	4,203	28	7,184	42	7,694	46	6,224	46	7,684	46	32,989	42
	Opiates/crack	2,568	17	4,832	28	5,120	31	4,170	31	4,651	28	21,341	27
	Crack only	656	4	706	4	640	4	634	5	1,050	6	3,686	5
	Cocaine	2,313	15	1,868	11	1,295	8	843	6	985	6	7,304	9
	Cannabis	4,417	29	1,670	10	1,157	7	867	6	1,302	8	9,413	12
	Other/unknown	1056	7	732	4	728	4	710	5	1,173	7	4,399	6
	Misuse free	27	0	18	0	18	0	24	0	36	0	123	0
2009-10	Total	15,240	100	17,010	100	16,652	100	13,472	100	16,881	100	79,255	100
	Opiates only	3,253	23	5,639	38	6,906	43	5,740	44	7,259	45	28,797	39
	Opiates/crack	2,279	16	4,307	29	5,133	32	4,215	33	4,615	28	20,549	28
	Crack only	576	4	694	5	677	4	564	4	1,076	7	3,587	5
	Cocaine	2,132	15	1,724	12	1,264	8	831	6	923	6	6,874	9
	C	4,493	32	1,754	12	1,166	7	847	7	1,248	8	9,508	13
	Cannabis	4,493	32	1,, 01		,						,	
	Other/unknown	1,269	9	812	5	761	4	700	5	1,115	7	4,657	6
						·	4 0	700 8	5 0	1,115 15	7 0		6 0

Table 5.1.2 shows trends in age group and drug group among the entire treatment population from 2005-06 to 2010-11. This shows that over the five years the number of adults being treated for opiates use has increased from 139,544 in 2005-06 to 166,221 in 2010-11, although the proportion of opiate users in treatment has remained relatively steady, around 80%.

This relatively steady picture is maintained across the age groups apart from the 18-24 age group, where the number of opiates users fell from 22,581 in 2005-06 to 12,048 in 2010-11 (a drop from 69% of those in treatment in this age group in 2005-06 to 49% in 2010-11). Over the six-year period, the number of clients aged 18-24 in treatment has fallen from 32,948 to 24,569, while the number of clients aged 40 or over has increased from 32,406 to 58,617. This means that in 2010-11 12% of the adult treatment population were aged 18-24 and 29% were aged 40 or over, compared to 19% aged 18-24 and 18% aged 40 or over in 2005-06.

<u>Table 5.1.2: Trends in age group and primary drug group - entire treatment population</u>

		18 - 7	24	25 - 1	29	30 - 3	34	35 - 3	39	40-		Tota	
	Drug Group	n	%	n	%	n	%	n	%	n	%	n	%
	Opiates only	15,408	47	22,990	57	22,725	57	17,031	56	19,099	59	97,253	55
	Opiates/crack	7,173	22	10,380	26	10,276	26	7,874	26	6,588	20	42,291	24
	Crack only	1,546	5	1,549	4	1,599	4	1,346	4	1,397	4	7,437	4
	Cocaine	2,072	6	1,691	4	1,489	4	1,053	3	849	3	7,154	4
	Cannabis	4,735	14	1,910	5	1,654	4	1,325	4	1,481	5	11,105	6
	Other/unknown	1,844	6	1,624	4	1,866	5	1,729	6	2,583	8	9,646	5
	Misuse free	170	1	125	0	131	0	148	0	409	1	983	1
2005-06	Total	32,948	100	40,269	100	39,740	100	30,506	100	32,406	100	175,869	100
	Opiates only	13,397	41	23,434	54	23,847	55	18,601	53	22,370	56	101,649	52
	Opiates/crack	7,480	23	12,271	28	12,443	29	10,186	29	9,221	23	51,601	27
	Crack only	1,702	5	1,728	4	1,745	4	1,462	4	1,865	5	8,502	4
	Cocaine	2,883	9	2,105	5	1,696	4	1,274	4	1,155	3	9,113	5
	Cannabis	5,501	17	2,093	5	1,760	4	1,488	4	1,815	5	12,657	7
	Other/unknown	1,845	6	1,612	4	1,689	4	1,717	5	2,851	7	9,714	5
	Misuse free	173	1	136	0	139	0	140	0	349	1	937	0
2006-07	Total	32,981	100	43,379	100	43,319	100	34,868	100	39,626	100	194,173	100
	Opiates only	10,848	35	21,966	50	23,170	53	19,054	52	24,634	55	99,672	50
	Opiates/crack	7,481	24	14,009	32	13,995	32	11,921	32	11,910	27	59,316	30
	Crack only	1,679	5	1,730	4	1,612	4	1,406	4	1,981	4	8,408	4
	Cocaine	3,631	12	2,575	6	1,921	4	1,424	4	1,294	3	10,845	5
	Cannabis	5,717	18	2,199	5	1,730	4	1,431	4	1,928	4	13,005	6
	Other/unknown	1,765	6	1,527	3	1,510	3	1,500	4	2,632	6	8,934	4
	Misuse free	118	0	87	0	105	0	104	0	211	0	625	0
2007-08	Total	31,239	100	44,093	100	44,043	100	36,840	100	44,590	100	200,805	100
	Opiates only	9,317	31	20,839	47	23,262	51	20,203	51	27,454	54	101,075	48
	Opiates/crack	7,160	24	15,078	34	15,389	34	13,687	34	14,867	29	66,181	31
	Crack only	1,584	5	1,728	4	1,546	3	1,398	4	2,161	4	8,417	4
	Cocaine	4,187	14	2,989	7	2,128	5	1,546	4	1,551	3	12,401	6
	Cannabis	6,205	21	2,321	5	1,672	4	1,390	3	1,937	4	13,525	6
	Other/unknown	1,640	5	1,468	3	1,449	3	1,501	4	2,634	5	8,692	4
	Misuse free	117	0	85	0	72	0	67	0	183	0	524	0
2008-09	Total	30,210	100	44,508	100	45,518	100	39,792	100	50,787	100	210,815	100
	Opiates only	8,407	31	19,324	48	23,632	53	21,017	53	30,218	55	102,598	50
	Opiates/crack	5,890	22	13,466	33	15,258	34	13,590	34	16,398	30	64,602	31
	Crack only	1,104	4	1,244	3	1,149	3	1,133	3	1,930	4	6,560	3
	Cocaine	3,397	13	2,705	7	1,912	4	1,344	3	1,555	3	10,913	5
	Cannabis	6,665	25	2,505	6	1,733	4	1,321	3	2,085	4	14,309	7
	Other/unknown	1,548	6	1,200	3	1,242	3	1,270	3	2,386	4	7,646	4
	Misuse free	60	0	41	0	38	0	44	0	78	0	261	0
2009-10	Total	27,071	100	40,485	100	44,964	100	39,719	100	54,650	100	206,889	100
	Opiates only	7,021	29	16,517	46	22,958	51	21,419	53	32,518	55	100,433	49
	Opiates/crack	5,027	20	12,180	34	15,781	35	14,385	35	18,415	31	65,788	32
	Crack only	889	4	1,069	3	1,122	3	964	2	1,874	3	5,918	3
	Cocaine	2,941	12	2,439	7	1,822	4	1,229	3	1,460	2	9,891	5
	Cannabis	6,852	28	2,556	7	1,751	4	1,323	3	2,065	4	14,547	7
	Other/unknown	1,803	7	1,228	3	1,248	3	1,228	3	2,246	4	7,753	4
	Misuse free	36	0	20	0	25	0	23	0	39	0	143	0
2010-11	Total	24,569	100	36,009	100	44,707		40,571	100	58,617	100	204,473	100
				, ,		,,,				,,		, -, -	

5.2 Trends in treatment exit reasons

Table 5.2.1 reports treatment exit reasons for clients in the years 2005-06 to 2010-11. In 2009 a new discharge coding system was introduced which clarified the coding of referrals within the treatment system, and tightened the way "treatment completed" was recorded. For further details see *Vol 2: Technical Notes*, page 4. These changes mean it is not possible to directly compare treatment exit data from 2009-10 onwards with previous years

Table 5.2.1: Trends in Treatment Exit Reasons

Treatment exit reason	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Completed free of dependency (no drug use)	3,953	4,862	6,347	9,148	15,568	19,759
Completed free of dependency	7,255	8,855	11,927	15,822	8,112	8,210
Total completed free of dependency	11,208	13,717	18,274	24,970	23,680	27,969
% Completed free of dependency	21	25	31	41	38	43
Transferred – not in custody	-	1	1	1	9,352	9,403
% Transferred – not in custody	-	1	1	ı	15	14
Transferred – in custody	-	1	1	ı	5,266	6,874
% Transferred – in custody	-	1	1	1	8	11
Referred on (old code)	5,700	7,625	10,351	9,204	1,079	253
% Referred on	11	14	18	15	2	0
Incomplete (including not known)	37,156	33,093	29,878	27,210	23,308	20,495
% Incomplete (including not known)	69	61	51	44	37	32
Total	54,064	54,435	58,503	61,384	62,685	64,994

5.3 Trends in numbers in treatment and numbers retained for at least 12 weeks or completing treatment earlier

Table 5.3.1 shows the change in this measure between 2006-07 and 2010-11.

The proportion of over 18s who had been in treatment for at least 12 weeks or completed treatment free of dependency remained at 93% in 2010-11 as it had been in 2009-10, having previously increased over the years from 82% in 2005-06.

<u>Table 5.3.1: Numbers in treatment and numbers retained for at least 12 weeks or completing treatment earlier 2005-06 to 2010-11</u>

Year	Number in contact with treatment services	Number retained for at least 12 weeks or completing treatment earlier	% retained/completing of all in contact
2005-06	175,869	145,051	82
2006-07	194,173	163,886	84
2007-08	200,805	182,775	91
2008-09	210,815	194,572	92
2009-10	206,889	192,367	93
2010-11	204,473	191,129	93

5.4 Trends in waiting times for first intervention

Table 5.4.1 shows trends in waiting times for a client's first intervention, between 2006-07 and 2010-11. This shows an increase in the proportion of clients waiting less than 3 weeks, from 87% in 2006-07 to 96% in 2010-11.

Table 5.4.1: Waiting times for first intervention, 2006-07 to 2010-11

Year	Under 3 weeks (n)	%	Over 3 weeks (n)	%
2006-07	62,375	87	9,143	13
2007-08	71,678	91	7,108	9
2008-09	76,168	93	5,660	7
2009-10	73,059	94	4,315	6
2010-11	69,699	96	2,906	4

6 A six year treatment population analysis

This section presents an analysis of treatment histories for individuals across six years of treatment data, starting from 2005-06 (the furthest back NDTMS data is considered to be sufficiently robust for comparison with subsequent years). Please see the accompanying *Vol 2: Technical Notes*, page 9 for information on the methodological implications of this analysis compared with analysis elsewhere in the report where each year's figures are calculated independently.

Table 6.1.1 reports all adults that have been in contact with treatment on or after 1st April 2005. The table is split into three sections;

- The first section reports the number of individuals that start treatment in any given year after 1st April 2005, and who are in treatment on 31/03/11.
- The second section reports all clients who were in contact with treatment in any given year after 1st April 2005 and reports the number of these from each year who were not in treatment on 31/03/11, and whose records indicated that treatment was incomplete at the time of discharge. (Treatment incomplete).
- The third section looks at all clients who were in contact with the treatment system on or after 1st April 2005 and who are no longer in contact with the treatment system, due to completing their treatment and being discharged in a planned way. (Treatment complete)

Over the six years, 341,741 unique individuals have been recorded in treatment of whom, 133,620 (39%) were retained in treatment on 31/03/2011, of which 59,144 (44%) had only one treatment journey in this time. 122,818 (36%) had exited (treatment incomplete) while a further 85,303 (25%) had completed treatment and not since returned.

Table 6.1.1: Six year treatment population first presentation and treatment contact status at 31/03/2011

	Year of first presentation								
Category	Prior to 2005-06	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	Total	%
Clients retained in treatme	•		2000 07	2007 00	2000 07	200710	2010 11	Total	70
Continuous journey	21193	5621	4242	4382	4855	5708	13143	59144	
Two journeys since first presentation	11695	6137	4457	3734	3269	2411	918	32621	
Three journeys since first presentation	7183	5081	3003	2039	1316	533	57	19212	
More than three journeys since first presentation	9370	7790	3393	1422	554	107	7	22643	
Retained at 31/03/11	49441	24629	15095	11577	9994	8759	14125	133620	39
No longer in contact havin	g exited, tro	eatment inc	complete						
Exited (treatment incomplete) in 2005-06	7250	10121	0	0	0	0	0	17371	
Exited (treatment incomplete) in 2006-07	3224	5552	8935	0	0	0	0	17711	
Exited (treatment incomplete) in 2007-08	2929	2580	4946	8420	0	0	0	18875	
Exited (treatment incomplete) in 2008-09	2435	1935	1984	4616	7715	0	0	18685	
Exited (treatment incomplete) in 2009-10	2947	2563	2112	2222	4602	6815	0	21261	
Exited (treatment incomplete) in 2010-11	4543	4314	3053	2697	2664	4907	6737	28915	
Subtotal exited (treatment incomplete)	23328	27065	21030	17955	14981	11722	6737	122818	36
No longer in contact havin	g exited, tro	eatment co	mplete					L	
Treatment complete in 2005-06	3259	2920	0	0	0	0	0	6179	
Treatment complete in 2006-07	1815	3064	3567	0	0	0	0	8446	
Treatment complete in 2007-08	1668	1535	3732	4528	0	0	0	11463	
Treatment complete in 2008-09	1884	1668	1773	5382	6046	0	0	16753	
Treatment complete in 2009-10	1895	1529	1291	1705	5019	6137	0	17576	
Treatment complete in 2010-11	2895	2354	1869	1926	2381	6028	7433	24886	
Subtotal treatment complete	13416	13070	12232	13541	13446	12165	7433	85303	25
Total clients in treatment since 1st April 2005	86185	64764	48357	43073	38421	32646	28295	341741	100

Table 6.1.2 reports on new presentations to treatment since $1^{\rm st}$ April 2005 and gives a breakdown of their treatment status at 31/03/2011 by drug group and by age at first presentation. Between drug groups, those presenting with both opiates and crack cocaine were most likely to be retained with 38,459 (51%) in this category, while cocaine powder users were most likely to have completed treatment with 14,373 (48%) having done so without subsequently returning. Among the age groups, those aged 60 and over were most likely to no longer be in contact with treatment and to have completed their last contact with 601 (40%) in that category.

<u>Table 6.1.2: Treatment contact status at 31/03/2011 by drug and age group for clients commencing treatment since 2005-06</u>

	Retaino 31/03		Exited (treatment incomplete) prior to 31/03/11		Treatr complete 31/03	prior to	Total clients starting treatment since 1st April 2005		
Drug group	n	%	n	%	n	%	n	%	
Opiates only	35,181	46%	26,600	35%	14,892	19%	76,673	100%	
Opiates and crack	38,459	51%	24,987	33%	11,324	15%	74,770	100%	
Crack only	1,955	12%	8,430	50%	6,375	38%	16,760	100%	
Cocaine	2,481	8%	13,123	44%	14,373	48%	29,977	100%	
Cannabis	3,753	10%	17,145	46%	16,736	44%	37,634	100%	
Others	2,305	12%	8,937	46%	8,066	42%	19,308	100%	
Misuse free	45	10%	268	62%	121	28%	434	100%	
Age group	n	%	n	%	n	%	n	%	
18-24	16,668	26%	27,707	43%	20,462	32%	64,837	100%	
25-39	51,178	36%	53,766	38%	37,113	26%	142,057	100%	
40-59	15,992	34%	17,451	37%	13,711	29%	47,154	100%	
60+	341	23%	566	38%	601	40%	1,508	100%	
Total	84,179	33%	99,490	39%	71,887	28%	255,556	100%	

Report authors

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

Michael Donmall, Centre Director, National Drug Evidence Centre E-mail: m.donmall@manchester.ac.uk

Craig Wright, Community and Criminal Justice Information Manager, National Treatment Agency for Substance Misuse

E-mail: craig.wright@nta-nhs.org.uk

Andrew Jones, Research Fellow, National Drug Evidence Centre

E-mail: andrew.jones@manchester.ac.uk

References

_

ⁱ Marsden J., Farrell M., Bradbury C., Dale-Perera A., Eastwood B., Roxburgh M., Taylor, S. Development of the treatment outcomes profile. *Addiction* 2008; 103: 1450–60.

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

iii Jacobson N. S., Truax P. Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology* 1991; 59: 12–19.

^{iv} Marsden, J., Eastwood, B., Wright, C., Bradbury, C., Knight, J., Hammond, P. How best to measure change in evaluations of treatment for substance use disorder. *Addiction* 2011: 106(2): 294-302