



*National Treatment Agency  
for Substance Misuse*

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**Statistics from the  
National Drug Treatment Monitoring System  
(NDTMS)  
1 April 2008 - 31 March 2009**

October 08 2009

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## Executive Summary

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- Of the 207,580 clients aged 18 and over in treatment contact in 2008/09, 191,695 were in treatment for 12 weeks or more or exited treatment free of dependency before 12 weeks (92.4%).
- Of the 173,487 opiate and / or crack cocaine using clients (all ages) in treatment contact in 2008/09, 163,127 were in treatment for 12 weeks or more or exited treatment free of dependency before 12 weeks (94.0%).
- Clients' median age at their first point of contact with treatment in 2008/09 was 33 and 73% of clients in treatment were male.
- Most clients were White British (82%), while other ethnic groups each accounted for no more than three percent of clients.
- Most clients in contact with treatment were using opiates and / or crack cocaine (83%). Powder cocaine and cannabis were used as a primary drug by 6% (each) of other clients.
- The most common routes into treatment for clients starting treatment in 2008/09 were self-referrals (40%) and referrals from the criminal justice system (27%). Onward referrals from other drug services together accounted for 14%.
- 85% of the clients starting new treatment journeys in 2008/09 were in treatment for 12 weeks or more or exited treatment free of dependency before 12 weeks.
- Nearly all clients waited less than three weeks to commence treatment (93%).

- Of the clients starting treatment just under half (49%) reported having ever injected with 23% currently injecting at time of presentation.
  
- Where reported, one in ten clients (10%) had No Fixed Abode on presenting for treatment, a further (16%) of clients had other housing problems.
  
- 24,656 (41%) of clients exiting treatment in 2008/09 were no longer dependent on the substances that brought them into treatment; a further 9,002 (15%) were referred on for further interventions outside of community-structured treatment.
  
- The number of under 25s presenting to treatment for the most problematic substances of opiates or crack cocaine has fallen significantly since 2005/06, 12,320 (68%) to 8,603 (53%) in 2008/09.

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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). There is complete coverage of submissions of community providers submitting to NDTMS, but residential service data is patchy with not all residential providers submitting returns and some of those that do providing partial data.

Data is collected in order to monitor and assist the management of progress towards the Government's PSA target of increasing the number of opiate and crack clients in effective treatment (see [http://www.hm-treasury.gov.uk/d/pbr\\_csr07\\_psa25.pdf](http://www.hm-treasury.gov.uk/d/pbr_csr07_psa25.pdf)), as well as to assure delivery of the new drug strategy and its aims of the improvement of treatment outcomes and reintegration.

This report does not contain data from Bristol partnership due to quality identified issues with the data that was provided during 2008/09. To maintain the integrity of the national dataset a decision was made to remove all the data received from this partnership until the ongoing remedial work has been completed. Therefore, any comparison made with 2007/08 will show a slight undercount in 2008/09.

Once all the data from Bristol partnership has been verified, the national headline figures will be republished and at that point trend data will be produced. Regional data for the South West will be significantly affected by this omission and national totals reported will also be lower.

The new 2008-2018 drug strategy focuses on reintegration and protecting families and strengthening communities (see <http://drugs.homeoffice.gov.uk/drug-strategy/overview/>)

The four strands of work within the strategy are:

- protecting communities through tackling drug supply, drug-related crime and anti-social behaviour
- preventing harm to children, young people and families affected by drug misuse
- delivering new approaches to drug treatment and social re-integration
- public information campaigns, communications and community engagement

Delivery of the strategy is underpinned by a series of three-year action plans, which run concurrently with the spending review cycles. These action plans will aim to:

- cut harm caused to young people by substance misuse
- cut the number of families devastated by drug use
- increase the number of drug users making a positive contribution to society
- expand and improve drug treatment services

Previously (1990–2001), information on new presentations to drug services, or presentations after a break in contact of six months or more, was collected by Regional Drug Misuse Databases (DMDs) (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. 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 users (see [http://www.nta.nhs.uk/areas/models\\_of\\_care/default.aspx](http://www.nta.nhs.uk/areas/models_of_care/default.aspx)). 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 (see <http://www.apho.org.uk/>).

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, replaced by a system whereby treatment services submit a core data set of their clients' information either as a database extract or spreadsheet. Code sets for the core data set can be found in the NDTMS reference data document (see [http://www.nta.nhs.uk/areas/ndtms/core\\_data\\_set\\_page.aspx](http://www.nta.nhs.uk/areas/ndtms/core_data_set_page.aspx)).

The NDTMS figures for England are collated by The National Drug Evidence Centre (NDEC) 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.

This statistical release covers England only. Information on drug treatment in Wales, Scotland and Northern Ireland is also available:

<http://www.wales.gov.uk/keypubstatisticsforwales/topicindex/topics.htm#public> (Wales)

<http://www.scotland.gov.uk/Publications/2003/12/18662/30651> (Scotland)

[http://www.dhsspsni.gov.uk/index/stats\\_research/stats-pubs.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs.htm) (Northern Ireland)

NDEC is part of the Health Methodology Research Group in the School of Medicine, University of Manchester.

## **1.1 Relevant web links:**

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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/>

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## 2. Abbreviations and definitions

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### 2.1 Abbreviations

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CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CJS	Criminal Justice System
CQC	Care Quality Commission
DP	Drug Partnership
DIP	Drug Interventions Programme
DRR	Drug Rehabilitation Requirement (formerly DTTO)
NDEC	National Drug Evidence Centre, University of Manchester
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency for Substance Misuse
PCT	Primary Care Trust
PDU	Problem Drug User (of opiates and / or crack cocaine)
PSA	Public Sector Agreement
RDMD	Regional Drug Misuse Databases
YP	Young Persons

### 2.2 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.
Agency code	A unique identifier for the treatment provider (agency) code assigned by the regional NDTMS.
Adjunctive drug use	Substances additional to the primary drug used by the client, NDTMS collects secondary and tertiary substances.
Attributor	A concatenation of a client's initials, date of birth and gender. This is used to isolate records that relate to individual clients.
Client	A drug user presenting for treatment at a Tier 3 or 4 service. Records relating to individual clients are isolated and linked on the basis of the attributor and drug partnership of residence.
Discharge date	This 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 Partnership	Partnerships responsible for delivering the drug strategy at a local level (also known as Drug and Alcohol Action Team, or DAAT).
Episode	A period of contact with a treatment provider, from referral to discharge.
Episode of treatment	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, primary 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.
Intervention	'First intervention' refers to the first intervention that occurs in a treatment journey. 'Subsequent intervention' refers to interventions, within a treatment journey, that occur after the first intervention.
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	Every government department produces a Public Service Agreement (PSA), setting out the department's aims and objectives for the forthcoming three years, in line with the spending review cycle. The Department includes within the agreement, details of how targets will be achieved and how performance against these targets will be measured.
Presenting for treatment	The first face-to-face contact between a client and a treatment provider.
Primary drug	The substance that brought the client into treatment at the point of triage/ initial assessment.
Problem drug user	Clients citing opiates, crack cocaine or both as any of their presenting substances.
Referral date	The date the client was referred to the agency for this episode of treatment.

Region	Regional Government Office.
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 outlined 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 services</p> <p>Tier 4 Residential and inpatient services for drug and alcohol misusers.</p>
Treatment journey	A set of concurrent or serial treatment episodes linked together to describe a period of treatment based on the clients' attributors and partnership of residence. This can be within one provider or across a number of different providers.
Triage	An initial clinical risk assessment performed by a treatment 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.
Triage date	The date that the client made a first face-to-face presentation to a treatment provider. This could be the date of triage/initial assessment though this may not always be the case.
Waiting times	The period from the date a person is referred for a specific treatment modality and the date they start that modality. Referral for a specific treatment modality typically occurs within the treatment agency, at or following assessment.

Please note: Full operational definitions can be found in the NDTMS Core Data Set documents on [http://www.nta.nhs.uk/areas/NDTMS/core\\_data\\_set\\_page.aspx](http://www.nta.nhs.uk/areas/NDTMS/core_data_set_page.aspx)

### 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:

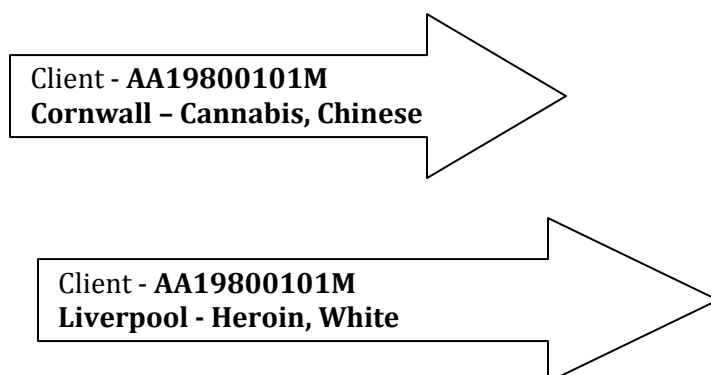
- a missing agency code
- a modality recorded as Tier 1 or Tier 2
- a missing date of birth
- an age under 9 or over 75 years at triage
- nicotine or alcohol recorded as the primary drug
- an illogical chronological sequence of referral date, triage date and discharge date
- a Drug Partnership of residence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

**Age** - The methodology used to calculate the age of clients has changed from that used previously and is now based on the client's age at the start of the financial year (1<sup>st</sup> April 2008) if they were already in contact with treatment at that point, otherwise their age at triage in the year is 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.

**Individuals and Attributors** - All England and Regional totals in this report are the summation of the Partnership (DAAT) totals. In previous NDTMS annual reports a different method has been used to give these totals. The reason for this change in methodology and an explanation of the difference in the data is outlined below.

The NDTMS collects limited attributable information on clients in structured drug treatment; these are First initial, Surname initial, Date of Birth, Gender. Just using this information it is not always possible to determine if clients that share the same attributors are the same person or if they are more than one individual. In previous reporting all clients with the same attributor have been counted as one person, so for example



A client with the attributors AA19800101M starts treatment at a provider in the partnership of Liverpool while a client with the same attributor is already in treatment in Cornwall. Previous reporting would have counted this occurrence as one individual, using the latest episode of the two to report the ethnicity of the client and the substance that they had presented with as if it was one person, effectively arbitrarily choosing one set of profile information and ignoring the rest. This has the effect of under-estimating the number of persons in treatment.

Further treatment information for every occurrence of the attributor would be merged together to represent progress for one individual. This included the discharge reason where the latest one would have been used to report the outcome ignoring the discharge reason in any other episode and ignoring if any other episode was still open.

This report differs from that methodology in that where there are two instances of the same attributor resident in two different drug partnerships this is reported as two individuals, this corrects for having to decide arbitrarily which set of client and episode information to choose and allows reporting of the progress and the accurate outcome of each individual treatment journey.

Where there is more than one instance of the same attributor in one Partnership area this is then treated as one individual with the multiple episodes utilised to construct the Treatment Journey of a client as defined below. Summing the number of treatment journeys has the effect of over-estimating the number of persons in treatment.

If a client has more than one treatment journey in the reporting period then for purposes of reporting the latest one is always used.

This change in methodology means that data in previous reports is not always directly comparable. Some revised trend data is included in the later sections of this report.

**Reporting Substances** - The NDTMS collects up to three substances recorded as problematic for the client by the clinician at the point of triage. Previous reporting has used the first recorded substance to indicate why the client is in treatment. However, with the current focus on PDU reporting this approach overlooked an important trend in clients presenting with both opiates and crack cocaine. **As a result**, this report has introduced the following change in the methodology of how substances are reported:

Within the PDU group, clients that have any opiate recorded in any of the three NDTMS substances and not crack cocaine will be reported under the group 'opiates only (PDUs)', although they may have other substances recorded. Where a client has crack cocaine recorded and not an opiate they will be reported under 'crack cocaine only (PDUs)' though again they may have other substances recorded. If a client had both opiate(s) and crack cocaine recorded they will be reported under 'opiates and crack cocaine (PDUs)'.

If neither opiates nor crack cocaine are recorded, then the first substance in the three NDTMS data items is reported in the report as the primary drug. Where stated the adjunctive drugs are also reported to give a picture of all presenting substances.

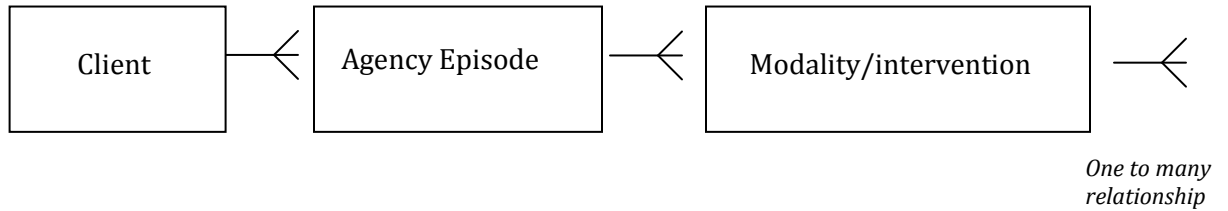
The term 'primary drug' will now relate to this definition throughout the report and is not comparable to the definition of 'primary drug' in previous years.

### 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.



### 3.2 Methodological notes


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**Episodes** are identified by unique combinations of attributor, agency attended and date of triage.


**Clients** are reported on the basis of their latest treatment journey within the year, with information pertinent to their status at treatment start taken from the first episode within the treatment journey such as referral source. Other data is taken across all the episodes in the treatment journey to make sure that all information as treatment progresses, is captured.

**Treatment journeys.** The concept of the treatment journey is described in [Models of care for treatment of adult drug misusers: Update 2006](#). 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 elapses after discharge from a treatment episode, then the next episode is considered to be the start of a new treatment journey.

The following diagram shows how episodes of care, occurring at three treatment agencies, are clustered into treatment 'journeys'.

Black lines  indicate continuous episodes of care between the date a person starts the first modality and the date they are discharged from the agency).

Green lines  indicate periods of < 21 days between discharge and starting a treatment modality in another episode.

Red lines  indicate periods of > 21 days between discharge and starting a treatment modality in another episode.



**Treatment Exits.** Having now employed the treatment journey methodology for each client in contact with treatment it is possible to report when the client has exited structured treatment completely. This is determined when every episode in a treatment journey has a discharge date recorded, the latest discharge date in the sequence is used to denote the date of treatment exit and the latest discharge reason is used to report why the treatment journey ended.

## 4. Key Findings

During 2008/09 NDTMS reported 207,580 clients aged 18 and over in contact with structured treatment.

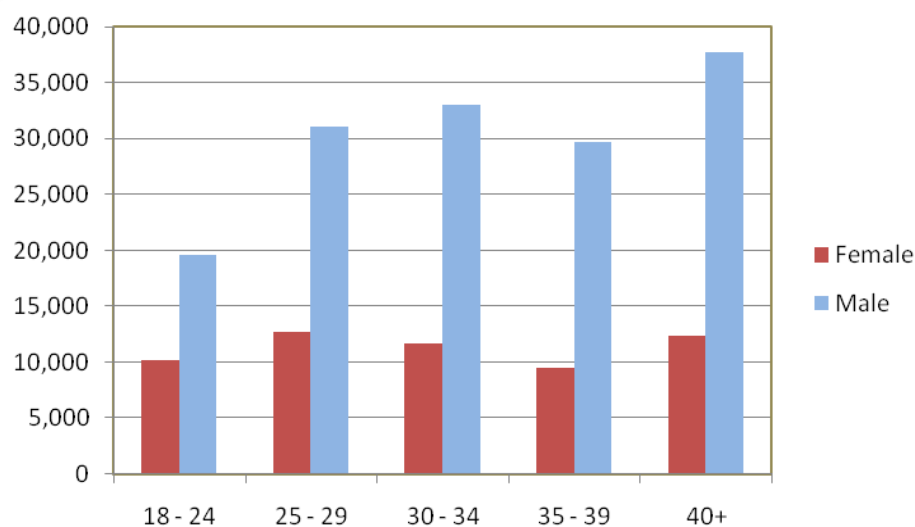
### 4.1 Age and gender of all clients

The age and gender of clients at their first point of contact with treatment in the 2008/09 financial year is reported in Table 4.1.1 and Figure 4.1.1. Most (73%) treated persons were male. The average (median) age of clients in treatment in 2008/09 was 33 years. Nationally, women had a younger average (median) age than men (32). 45% of men in treatment were aged 35 or over, compared to 39% of women, while 41% of women in treatment were aged under 30, compared to 34% of men.

**Table 4.1.1: Age and Gender : 2008/09**

Age	Female		Male		Persons	
	n	%	n	%	n	%
18 - 24	10,192	18	19,656	13	29,848	14
25 - 29	12,752	23	31,026	21	43,778	21
30 - 34	11,682	21	33,031	22	44,713	22
35 - 39	9,566	17	29,649	20	39,215	19
40+	12,324	22	37,702	25	50,026	24
<b>Total Clients</b>	56,516		151,064		207,580	

**Figure 4.1.1 Age and Gender: 2008/09**



## 4.2 Ethnicity

Table 4.2.1 shows clients' ethnicity. Most (86%) were White, the majority of these were White British. No other ethnic group accounted for more than three percent of clients.

**Table 4.2.1: Ethnicity: 2008/09**

<b>Ethnicity</b>	<b>n</b>	<b>%</b>
White British	169,470	82
White Irish	2,519	1
Other White	6,056	3
White & Black Caribbean	2,602	1
White & Black African	519	0
White & Asian	723	0
Other Mixed	1,310	1
Indian	2,044	1
Pakistani	2,313	1
Bangladeshi	1,297	1
Other Asian	1,871	1
Caribbean	3,500	2
African	1,249	1
Other Black	2,318	1
Chinese	101	0
Other	2,153	1
Not Stated	2,032	1
Unknown	4,753	2
<b>Total Clients</b>	<b>206,830</b>	<b>100</b>
Missing / Inconsistent Data	750	
<b>Total Clients inc missing / inconsistent</b>	<b>207,580</b>	

## 4.3 Primary and adjunctive drug use

Table 4.3.1 shows the distribution of primary drug (see Abbreviations and definitions page 6) use of clients aged 18 or over treated in 2008/09. For the purposes of this section, users of opiates and/or crack cocaine (PDUs) are identified in the first instance and if a person is not using opiates and/or crack cocaine they are reported by their primary drug (for further detail see Methodology section, under 'Reporting substances', page 10).

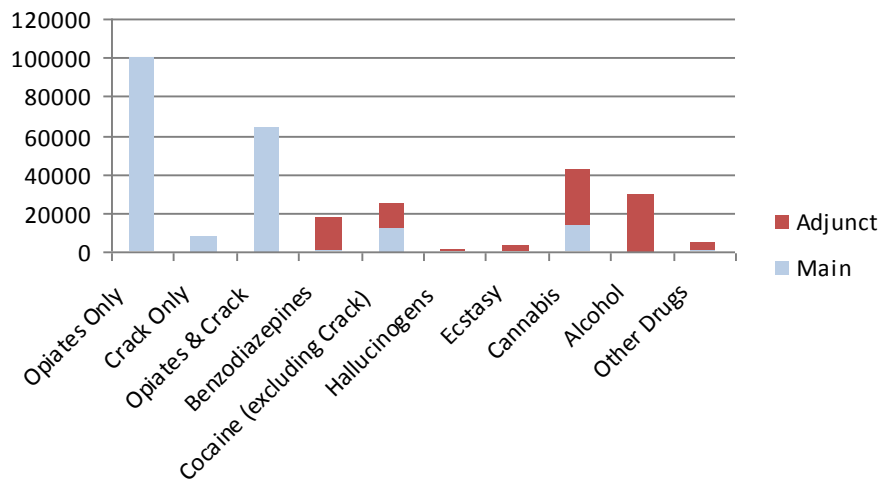
83% of clients were problem drug users (PDUs), while the majority of remaining drug users were in treatment for powder cocaine (6%) or cannabis (6%). Among those aged 18 and over, PDUs in treatment had an average (median) age of 33, while those in treatment for cocaine had a much lower average (median) age of 28 and those in treatment for cannabis use had an average (median) age of 26.

Figure 4.3.1 shows the breakdown of clients by primary and adjunctive drug.

**Table 4.3.1: Primary Drug Use all clients 2008/09**

Drug Group	Primary Drug	
	n	%
Opiates Only (PDUs)	100,085	48
Crack Only (PDUs)	8,296	4
Opiates & Crack (PDUs)	64,243	31
<b>PDU Total</b>	<b>172,624</b>	<b>83</b>
Benzodiazepines	1,396	1
Amphetamines (excluding Ecstasy)	4,442	2
Cocaine (excluding Crack)	12,354	6
Hallucinogens	394	0
Ecstasy	383	0
Cannabis	13,431	6
Solvent	173	0
Barbiturates	19	0
Major Tranquilisers	38	0
Anti-depressants	121	0
Other Drugs	1,106	1
Poly Drug	85	0
Prescription Drugs	491	0
Misuse Free	523	0
<b>Non-PDU Total</b>	<b>34,956</b>	<b>17</b>
<b>Total</b>	<b>207,580</b>	<b>100</b>

**Figure 4.3.1: Primary and adjunctive use of selected drugs: number of clients using each drug: NDTMS 2008/09**



#### 4.4 Source of referral into treatment, new journeys 2008/09

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Table 4.4.1 shows a breakdown of new presentations by source of referral. Information about source of referral was provided for 81,759 (98%) new presentations to treatment in 2008/09. of these, self-referrals (40%) were most common. The second most common source of referrals was the Drug Interventions Programme (13%), and referrals from the criminal justice system (consisting of: Arrest referral/DIP, CARAT/Prison, DRR or Probation) made up 27% of all referrals. Referrals from statutory drug services (which reflect movement between agencies) amounted to 8% of the total, while non-statutory drug services accounted for a further 7%. GP referrals made up 7% of referrals.

**Table 4.4.1: Source of referral into treatment, new journeys 2008/09**

Referral source	n	%
Accident and Emergency	188	0
Arrest Referral/DIP	10,743	13
CARAT/Prison	4,990	6
Community Care Assessment	283	0
Connexions	72	0
DRR	1,351	2
Drug Service Non-statutory	5,440	7
Drug Service Statutory	6,493	8
Education Service	51	0
Employment Service	106	0
GP	5,792	7
Looked after Children	40	0
Other	6,062	7
Probation	5,234	6
Psychiatry	868	1
Self	32,956	40
Social Services	622	1
Syringe Exchange	468	1
<b>TOTAL</b>	<b>81,759<sup>1</sup></b>	<b>100</b>

<sup>1</sup> Total excludes those with a missing or inconsistent referral source.

#### 4.5 Age and Primary Substance, New Treatment Journeys 2008/09

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The table below shows a breakdown of persons entering drug treatment in 2008/09 by age group and primary substance. Problem drug users are identified first and then other clients entering treatment are assigned according to their recorded primary drug. The proportion of PDUs was much lower in the 18-24 group (53%) than any of the older age groups (between 77% and 82%). 46% of cannabis users and 35% of cocaine users were aged 18-24, compared to 20% of all clients entering treatment and 14% of PDUs.

A large proportion of cannabis clients in the 18-24 group were aged 18 and 19 and it is therefore likely that some will be receiving interventions for issues associated with their use of the drug, rather than dependent on the substance.

**Table 4.5.1: Age and Primary Substance, New Treatment Journeys 2008/09**

	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Opiates only (PDUs)	4,333	27	7,544	40	7,481	43	5,945	42	6,783	42	32,086	35
Crack only (PDUs)	1,024	6	1,077	6	876	5	794	6	1,185	7	4,956	5
Opiates & Crack (PDUs)	3,246	20	5,937	31	5,704	33	4,775	34	4,932	30	24,594	27
<i>PDU</i>	<i>8,603</i>	<i>53</i>	<i>14,558</i>	<i>77</i>	<i>14,061</i>	<i>81</i>	<i>11,514</i>	<i>82</i>	<i>12,900</i>	<i>80</i>	<i>61,636</i>	<i>67</i>
Cocaine	2,998	18	2,095	11	1,432	8	986	7	980	6	8,491	10
Cannabis	3,723	23	1,471	8	1,020	6	814	6	1,100	7	8,128	18
Other	946	6	761	4	789	5	755	5	1,202	7	4,453	5
<i>Non-PDU</i>	<i>7,667</i>	<i>47</i>	<i>4,327</i>	<i>23</i>	<i>3,241</i>	<i>19</i>	<i>2,555</i>	<i>18</i>	<i>3,282</i>	<i>20</i>	<i>21,072</i>	<i>33</i>
<b>Total</b>	<b>16,270</b>	<b>100</b>	<b>18,885</b>	<b>100</b>	<b>17,302</b>	<b>100</b>	<b>14,069</b>	<b>100</b>	<b>16,182</b>	<b>100</b>	<b>82,708</b>	<b>100</b>
<i>Primary drug inconsistent</i>	80		62		57		44		124		367	
<b>Total (inc. inconsistent)</b>	<b>16,350</b>		<b>18,947</b>		<b>17,359</b>		<b>14,113</b>		<b>16,306</b>		<b>83,075</b>	

#### 4.6 Injecting Behaviour, New Treatment Journeys 2008/09

Injecting status at presentation for treatment was recorded for 77,671 clients (93%) who entered treatment in 2008/09. Of these, 18,045 (23%) were currently injecting. A further 19,899 clients (26%) had previously injected but were not doing so at the time of presenting for treatment. The remaining 39,727 (51%) clients had never injected.

**Table 4.6.1: Injecting status at presentation, new treatment journeys 2008/09**

<b>Injecting status</b>	<b>n</b>	<b>%</b>
Currently Injecting	18,045	23
Previously Injected	19,899	26
Never Injected	39,727	51
<b>Total</b>	<b>77,671</b>	<b>100</b>
Missing / Inconsistent	5,404	
<b>Total inc. Missing / Inconsistent</b>	<b>83,075</b>	

Of clients who were problem drug users, 31% were current injectors and 31% were previous injectors. Of clients who presented with primary cocaine or cannabis use, a large majority had never injected (93% in each group).

#### 4.7 Accommodation status of new treatment journeys 2008/09

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Accommodation status at presentation was reported for 73,497 (88%) clients. Of these, 7,107 (10%) reported an urgent housing problem (where they have no fixed abode), while a further 11,855 (16%) reported a housing problem (such as staying with friends or family as a short term guest or residing at a short-term hostel). The remaining 53,333 (73%) reported no housing problem.

Table 4.7.1: Accommodation status of new treatment journeys 2008/09

Accommodation status	n	%
Urgent Problem	7,107	10
Housing Problem	11,855	16
No Problem	53,333	73
Other	1,202	2
<b>Total</b>	<b>73,497</b>	<b>100</b>
Not Stated/Missing	9,578	
<b>Total inc missing</b>	<b>83,075</b>	

PDUs were much more likely to have no fixed abode than other clients (11% of new presentations with a known accommodation status compared to 4% among newly presenting non-PDUs) and more likely than non-PDUs to have a less severe housing problem (17% compared to 13%).

#### 4.8 Waiting times, first and subsequent interventions 2008/09

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The table below shows a breakdown of waiting times under and over 3 weeks by first and subsequent intervention. Of 80,389 first interventions beginning in 2008/09, 75,003 (93%) began within 3 weeks of referral. There were 46,060 subsequent interventions beginning in 2008/09, of which 43,272 (94%) began with 3 weeks of referral.

Table 4.8.1: Waiting times, first and subsequent interventions 2008/09

Intervention	Under 3 weeks	%	Over 3 weeks	%	Total
First intervention	75,003	93	5,386	7	<b>80,389</b>
Subsequent intervention	43,272	94	2,788	6	<b>46,060</b>

#### 4.9 Treatment Pathways and interventions provided, all clients 2008/09

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

As there are seven structured treatment interventions, there are potentially hundreds of combinations or pathways and only the most common are reported here with the smaller numbers being grouped under 'All other combinations'. Therefore Table 4.9.1 will not fully report the total number of interventions received by clients, this is demonstrated in Table 4.9.2.

Table 4.9.1 shows the treatment pathways for all clients in 2008/09, reported by the combination of intervention types received. The largest group (47%) received prescribing interventions only (which will include keyworking), while the most common combination of multiple intervention types is prescribing and psychosocial (13%).

**Table 4.9.1: Treatment Pathways of clients in treatment 2008/09**

<b>Pathway</b>	<b>n</b>	<b>%</b>
Prescribing (including keyworking)	97,618	47
Other Structured Intervention only	21,046	10
Psychosocial (including keyworking)	19,527	9
Structured day programme (SDP) only	7,455	4
Prescribing and psychosocial	27,338	13
Prescribing and structured day programme (SDP)	9,417	5
Inpatient (including keyworking)	1,138	1
Residential rehabilitation (RR) (including keyworking)	1,455	1
Prescribing and inpatient (including keyworking)	3,084	1
Prescribing and RR (including keyworking)	1,078	1
Prescribing, psychosocial/SDP and RR	1,533	1
Psychosocial, SDP and RR	607	0
Prescribing, SDP and psychosocial	4,548	2
All other combinations	4,986	2
No adult modality	6,750	3
<b>Total</b>	<b>207,580</b>	<b>100</b>

Table 4.9.2 shows the number of clients who received each intervention / modality in 2008/09 (note that a person may of course count in more than one category and therefore percentages sum to more than 100%). More than two-thirds of clients (71%) received prescribing interventions in the year with 27% accessing psychosocial interventions, while 4% accessed inpatient treatment and 2% accessed residential rehabilitation.

The numbers for residential rehabilitation will be an under report as not all residential services make NDTMS returns and some of the ones that do are only partial.

**Table 4.9.2: Interventions received by clients in treatment 2008/09**

<b>Intervention</b>	<b>n</b>
Inpatient detoxification	9,274
Prescribing (including keyworking)	147,504
Structured psychosocial intervention	56,827
Structured day programme	25,938
Residential rehabilitation	4,673
Other structured intervention	61,903

## 5. Effective Engagement and Treatment Exit

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### 5.1 Effective engagement of new treatment journeys 2008/09

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Of all clients 18 and over in contact in 2008/09, 191,695 (92.3%) were engaged in effective treatment, i.e. were retained for more than 12 weeks, or if exiting treatment before 12 weeks, were free of dependency on exit.

Of all PDUs in contact in 2008/09, 163,127 (94%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

Of the 83,075 clients starting new treatment journeys in 2008/09, 68,958 (83%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

Of the 62,193 PDU clients starting treatment journeys in 2008/09, 52,698 (85.2%) were engaged in effective treatment or, if exiting treatment before then, were free of dependency on exit.

### 5.2 Treatment exits and successful completions

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Table 5.2.1 shows the treatment exit reasons for clients exiting treatment in 2008/09. There were 60,386 clients aged 18 and over who were discharged from treatment during the year and were not in treatment on 31<sup>st</sup> March 2009. Of these, 24,656 (41%) were discharged successfully, defined as those completing treatment free of their drug of dependency. 9,002 (15%) were referred on to providers outside of structured treatment.

**Table 5.2.1: Treatment exit reasons for individuals not retained in treatment on 31<sup>st</sup> March 2009**

Treatment exit reason	n	%
Treatment completed free of dependency	15,676	26
Treatment completed free of dependency (no drug use)	8,980	15
<b><i>Successful completion subtotal</i></b>	<b>24,656</b>	<b>41</b>
Referred on	9,002	15
Dropped out/left	14,822	25
Prison	4,383	7
Other	980	2
Treatment declined	1,769	3
Treatment withdrawn	1,328	2
Moved away	1,870	3
Died	905	1
Not known	159	0
No appropriate treatment	512	1
<b>Total (individuals discharged)</b>	<b>60,386</b>	<b>100</b>

## 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 2008/09: Clients' gender and age-group by Region of residence: 2008/09<sup>1</sup>**

Region	Gender	Age group				
		18 - 24	25 - 29	30 - 34	35 - 39	40+
East Midlands	Female	887	1,124	803	539	667
	Male	1,652	2,987	2,766	2,032	1,992
East of England	Female	908	934	896	723	1,009
	Male	1,578	2,202	2,340	2,100	2,807
London	Female	1,415	1,694	1,751	1,704	3,154
	Male	3,055	4,551	4,656	4,841	9,532
North East	Female	869	1,123	764	470	454
	Male	1,933	2,894	2,508	1,736	1,439
North West	Female	1,328	1,869	2,413	2,452	2,734
	Male	2,983	3,798	5,610	6,784	8,581
South East	Female	1,288	1,314	1,214	904	1,317
	Male	2,464	3,127	3,210	2,918	3,953
South West	Female	910	944	911	779	1,009
	Male	1,388	2,330	2,540	2,235	2,893
West Midlands	Female	1,291	1,639	1,103	789	864
	Male	2,599	4,448	4,036	2,907	2,994
Yorkshire & Humberside	Female	1,296	2,111	1,827	1,206	1,116
	Male	2,004	4,689	5,365	4,096	3,511
<b>NATIONAL TOTAL</b>	<b>Female</b>	<b>10,192</b>	<b>12,752</b>	<b>11,682</b>	<b>9,566</b>	<b>12,324</b>
	<b>Male</b>	<b>19,656</b>	<b>31,026</b>	<b>33,031</b>	<b>29,649</b>	<b>37,702</b>

<sup>1</sup>Regional and national figures are derived by summing figures for their constituent Partnership Areas. Thus, in the above table, movement of clients between Partnership Areas and/or regions results in multiple counting of individuals.

Table 6.1.1 shows clients' age and gender distribution according to their Region of residence. Regions were very similar with respect to clients' gender distribution: between 71% and 75% were male. There were, however, considerable differences in the age breakdown. London and the North West (the two regions with the most clients in treatment) had a median age of clients in treatment of 35, compared to 30 in the North East. In all regions, the average (median) age of female clients was 1 year or 2 years below the median age for men.

Figure 6.1.1 shows the proportion in each age group for all clients in each region; this again shows that London and North West have a generally older treatment population compared to the North East.

**Figure 6.1.1: Percentage of clients in each age group in each region**

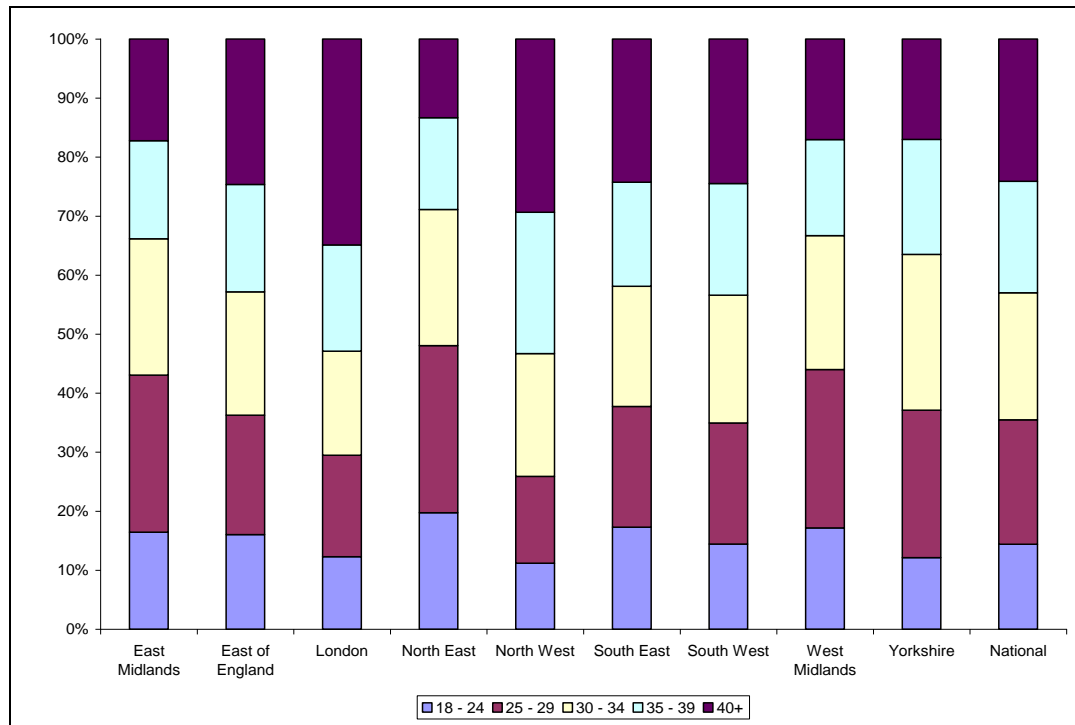


Table 6.1.2 shows the distribution of clients' ethnic group, by region. In most regions more than 90% of clients were White. However, in the West Midlands, and more markedly in London, Black, Asian and mixed race clients accounted for a larger proportion of the total. Please note that this table does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

**Table 6.1.2 NDTMS 2008/09: Clients' ethnicity by Region of residence: 2008/09\***

	EM	EA	LO	NE	NW	SE	SW	WM	YH
White (%)	92	90	67	95	95	85	94	80	90
Mixed (%)	2	2	6	1	1	2	2	4	2
Asian/Asian British (%)	2	2	9	1	1	2	0	7	3
Black/Black British (%)	2	2	13	0	1	1	1	3	1
Chinese (%)	0	0	0	0	0	0	0	0	0
Other (%)	0	1	3	0	1	1	0	1	1
Not stated (%)	1	3	2	2	1	9	3	5	3
White (n)	14,120	13,865	24,195	13,480	36,355	18,405	14,995	18,160	24,470
Mixed (n)	350	300	2,070	115	455	395	245	795	430
Asian/Asian British (n)	355	375	3,095	120	550	480	65	1,575	905
Black/Black British (n)	280	275	4,800	30	325	305	115	680	255
Chinese (n)	5	5	50	0	20	5	0	5	10
Other (n)	75	120	1,095	60	200	175	55	135	235
Not stated (n)	225	495	845	335	560	1,840	420	1,235	830

\* Figures are rounded to the nearest 5.

Table 6.1.3 shows the percentage of clients in each drug group, by Region of residence. The Eastern region had the lowest proportion of clients in treatment using opiates or crack cocaine (75%) and Yorkshire & Humberside had the highest proportion (89%). The types of problematic drugs that clients present with in London are noticeably different to the pattern in other regions, with 12% of all clients using crack cocaine but not opiates, and 52% using crack cocaine in total (including those also using opiates), both of which are considerably higher proportions than in any other region. The North East region, by contrast, had a much lower proportion of crack cocaine users (18% in total) than any other region.

**Table 6.1.3: NDTMS 2008/09: Percentage of clients in each drug group in 2008/09**

Drug group	% of resident clients								
	LO	NE	SE	EA	WM	SW	EM	YH	NW
Opiates only (PDUs)	28	62	50	43	51	58	60	55	48
Crack only (PDUs)	12	2	3	4	2	3	2	1	2
Opiates and crack (PDUs)	40	16	28	28	35	22	25	33	33
<b>PDU</b>	<b>80</b>	<b>80</b>	<b>81</b>	<b>75</b>	<b>88</b>	<b>83</b>	<b>87</b>	<b>89</b>	<b>83</b>
Cocaine	8	6	7	9	4	5	3	2	7
Cannabis	8	6	8	10	6	6	6	4	6
Other	4	8	4	6	2	6	4	4	4
<b>Non-PDU</b>	<b>20</b>	<b>20</b>	<b>19</b>	<b>25</b>	<b>12</b>	<b>17</b>	<b>13</b>	<b>11</b>	<b>17</b>

As shown in Table 6.1.4, for all regions self-referral was the most common referral source, accounting for between 33% and 53% of episodes. The South West had the lowest proportion of DIP referrals (5%) and overall criminal justice referrals (17%), while Yorkshire & Humberside had the highest proportion in the two categories (17% and 34% respectively). The proportion of referrals that were from statutory drug services (and therefore indicate transfers between agencies) varied widely, from 4% in the East of England to 14% in the South East.

**Table 6.1.4: Referral source for episodes reported during 2008/09, by Region of clients' residence**

Referral source	% of referrals for resident clients								
	LO	NE	NW	SE	SW	EM	WM	EA	YH
Accident and Emergency	0	0	0	0	0	0	0	0	0
Arrest Referral/DIP	17	16	13	11	5	12	13	9	17
CARAT/Prison	3	9	6	6	5	11	8	4	10
Community Care Assessment	1	0	0	0	1	0	0	0	0
Connexions	0	0	0	0	0	0	0	0	0
DRR	2	2	1	3	1	1	1	2	2
Drug Service Non-statutory	8	8	9	4	6	5	5	6	6
Drug Service Statutory	6	6	7	14	12	13	7	4	8
Education Service	0	0	0	0	0	0	0	0	0
Employment Service	0	0	0	0	0	0	0	0	0
GP	6	5	5	7	13	6	8	6	11
Looked after Children	0	0	0	0	0	0	0	0	0
Other	9	8	8	5	7	8	6	8	7
Probation	4	5	7	7	7	7	11	6	5
Psychiatry	2	1	1	1	1	1	1	1	1
Self	42	38	41	39	40	37	40	53	33
Social Services	1	1	1	1	1	1	1	1	1
Syringe Exchange	0	0	1	1	0	0	0	0	1
<i>CJS subtotal</i>	<i>26</i>	<i>32</i>	<i>27</i>	<i>27</i>	<i>17</i>	<i>30</i>	<i>33</i>	<i>20</i>	<i>34</i>

## 7. Trends

Due to the issues with data omitted from Bristol partnership (as explained in the background section) only limited trend data is reported here. When the data has been corrected and verified a supplementary trend report will be produced alongside updated headline figures.

### 7.1 Trends in age group and primary drug group

Table 7.1.1 shows trends in age group and drug group from 2005/06 to 2008/09. The proportion of new presentations who were problem drug users has declined from 79% in 2005/06 to 75% to 2008/09. This is largely as a result of a sharp decrease in the proportion of those newly presenting aged 18-24 who are PDUs (68% in 2005/06 to 53% in 2008/09). In the same period there has been an increase in the proportion of those aged 18-24 entering treatment for primary cocaine, which has risen from 9% to 18%. In addition, the proportion of the whole treatment population who are 40 or over has increased from 15% in 2005/06 to 20% in 2008/09, while the proportion aged under 30 has fallen from 47% to 43% in the same period.

Table 7.1.1: Trends in age group and primary drug group

	Drug Group	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
2005/06	Opiates only (PDUs)	7,449	41	10,036	51	9,173	51	6,238	47	5,821	48	38,717	48
	Crack only (PDUs)	1,011	6	1,015	5	946	5	815	6	859	7	4,646	6
	Opiates/crack (PDUs)	3,860	21	5,384	27	4,949	27	3,766	29	2,966	24	20,925	26
	<i>PDU</i>	12,320	68	16,435	83	15,068	83	10,819	82	9,646	79	64,288	79
	Cocaine	1,591	9	1,193	6	1,030	6	719	5	562	5	5,095	6
	Cannabis	3,327	18	1,367	7	1,105	6	879	7	904	7	7,582	9
	Other	978	5	759	4	855	5	747	6	1,061	9	4,400	5
	<i>Non-PDU</i>	5,896	32	3,319	17	2,990	17	2,345	18	2,527	21	17,077	21
	<b>Total</b>	18,216	100	19,754	100	18,058	100	13,164	100	12,173	100	81,365	100
	2006/07	Opiates only (PDUs)	5,837	35	8,963	48	8,182	48	5,952	45	6,174	45	35,108
Crack only (PDUs)		1,059	6	999	5	947	6	758	6	1,038	8	4,801	6
Opiates/crack (PDUs)		3,481	21	5,219	28	5,161	30	4,059	31	3,667	27	21,587	27
<i>PDU</i>		10,377	62	15,181	81	14,290	83	10,769	82	10,879	79	61,496	77
Cocaine		2,099	13	1,385	7	1,108	6	801	6	713	5	6,106	8
Cannabis		3,232	19	1,244	7	978	6	834	6	1,011	7	7,299	9
Other		1,011	6	824	4	783	5	793	6	1,129	8	4,540	6
<i>Non-PDU</i>		6,342	38	3,453	19	2,869	17	2,428	18	2,853	21	17,945	23
<b>Total</b>		16,719	100	18,634	100	17,159	100	13,197	100	13,732	100	79,441	100

	Drug Group	18 - 24		25 - 29		30 - 34		35 - 39		40+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
2007/08	Opiates only (PDUs)	4,833	28	7,779	41	7,488	43	5,686	42	6,207	42	31,993	39
	Crack only (PDUs)	1,115	7	1,064	6	971	6	769	6	1,092	7	5,011	6
	Opiates/crack (PDUs)	3,684	22	6,064	32	5,561	32	4,605	34	4,411	30	24,325	30
	<i>PDU</i>	9,632	57	14,907	78	14,020	81	11,060	81	11,710	79	61,329	75
	Cocaine	2,692	16	1,837	10	1,304	8	927	7	834	6	7,594	9
	Cannabis	3,549	21	1,428	7	1,095	6	869	6	1,079	7	8,020	10
	Other	1,111	7	930	5	862	5	816	6	1,236	8	4,955	6
	<i>Non-PDU</i>	7,352	43	4,195	22	3,261	19	2,612	19	3,149	21	20,569	25
	<b>Total</b>	16,984	100	19,102	100	17,281	100	13,672	100	14,859	100	81,898	100
	2008/09	Opiates only (PDUs)	4,333	27	7,544	40	7,481	43	5,945	42	6,783	42	32,086
Crack only (PDUs)		1,024	6	1,077	6	876	5	794	6	1,185	7	4,956	6
Opiates/crack (PDUs)		3,246	20	5,937	31	5,704	33	4,775	34	4,932	30	24,594	30
<i>PDU</i>		8,603	53	14,558	77	14,061	81	11,514	82	12,900	80	61,636	75
Cocaine		2,998	18	2,095	11	1,432	8	986	7	980	6	8,491	10
Cannabis		3,723	23	1,471	8	1,020	6	814	6	1,100	7	8,128	10
Other		946	6	761	4	789	5	755	5	1,202	7	4,453	5
<i>Non-PDU</i>		7,667	47	4,327	23	3,241	19	2,555	18	3,282	20	21,072	25
<b>Total</b>		16,270	100	18,885	100	17,302	100	14,069	100	16,182	100	82,708	100

## 7.2 Trends in Treatment Exit Reasons

Table 7.2.1 reports the reasons for treatment exit, for clients in the years 2005/06 to 2008/09. The total number of clients aged 18 or over leaving free of dependency has increased from 11, 208 in 2005/06 to 24,656 in 2008/09, or from 21% to 41% of all those exiting.

The number of clients referred on to agencies outside the structured treatment system decreased between 2007/08 and 2008/09, from 10,351 to 9,002. The percentage of clients not completing their treatment has decreased over the four years from 69% to 44%.

**Table 7.2.1: Trends in Treatment Exit Reasons**

Treatment Exit Reason	2005/06	2006/07	2007/08	2008/09
Completed free of dependency (no drug use)	3,953	4,862	6,347	8,980
Completed free of dependency	7,255	8,855	11,927	15,676
<b>Total Completed free of dependency</b>	<b>11,208</b>	<b>13,717</b>	<b>18,274</b>	<b>24,656</b>
% Completed free of dependency	21	25	31	41
Referred on	5,700	7,625	10,351	9,002
% Referred on	11	14	18	15
Incomplete	37,156	33,093	29,878	26,728
% Incomplete	69	61	51	44
<b>Total</b>	<b>54,064</b>	<b>54,435</b>	<b>58,503</b>	<b>60,386</b>

## Appendix 1. Variable incompleteness and inconsistency

For the treatment year 2008/09 modality records have been analysed for completeness of selected variables. Older modality records from episodes of treatment that have continued into 2008/09 are unlikely to have been updated retrospectively since 2007/08. Thus, attention here has been paid only to the 'new' modality records for clients triaged during 2008/09.

Please note the following analysis is based on all modality records that relate to an individual client triaged during 2008/09. However, in constructing the source data for the main reporting purposes, only a subset of the modality records pertaining to each client or episode has been used.

### A1.1 Variable Completeness

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.

**Figure A1.1.1 NDTMS Data Variable Completeness: Percentage of new modality level records with a missing value**

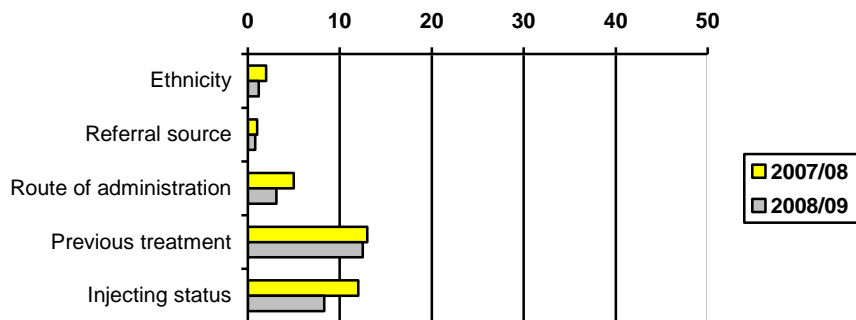


Figure A1.1.1 shows, for selected variables of interest, the percentage of new modality records (those with a triage date during 2008/09) for which a legitimate value was not recorded. The corresponding values for 2007/08 are shown for comparison. As in 2007/08, of the variables of interest, 'injecting status' and 'previously treated' were the most incomplete variables, each having been unrecorded in over 8% of new modality records. Referral source and ethnicity were again the least incomplete, having been recorded in all but 1% of new modality records.

Table A1.1.1 shows, for the two most incomplete variables, the percentage of new modality level records for which a legitimate value was not recorded in the NDTMS data for 2008/09, by Region of treatment. For example, 10% of new modality records from London & South East Region included no valid details of client injecting status and 19% of new modality records from Yorkshire & Humberside failed to record properly whether or not a client had been previously treated.

**Table A1.1.1 NDTMS Data Variable Incompleteness 2008/09: Percentage of new modality level records with a missing value, by Region of treatment**

Region of treatment	% of new modality records with missing value	
	Previously treated	Injecting status
North East	7	8
North West	12	7
Yorkshire & Humberside	19	11
East Midlands	6	4
West Midlands	9	4
East of England	12	8
London	15	10
South East	15	10
South West	11	9

## **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)

## References

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Weblinks are included for all references, when available

Donmall, M.C. (1999). UK Monitoring of Problem Drug Users: the Drug Misuse Database - A System Based on Regional Centres. *European Addiction Research*, 5: 185-190

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Millar, T., Gemmell, I., Hay, G., Heller, R. F., & Donmall, M. 2006, "How well do trends in incidence of heroin use reflect hypothesised trends in prevalence of problem drug use in the North West of England?", *Addiction Research & Theory*, vol. 14, no. 5, pp. 537-549

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