

# Substance misuse in the South East

An analysis of 2009/10 NDTMS data  
for adults in drug treatment



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**Drug Treatment Monitoring Unit**

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## Introduction

In December 2010, the coalition Government published a paper entitled 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' which is a new drug strategy that offers an alternative approach to tackling drug and alcohol dependence. This strategy reflects a move towards increasing localism and individual responsibility. At the heart of the strategy is a focus on enabling people to make a full recovery from drug addiction and upstream consequences of addiction, including offending, employment and housing problems so that drug users are fully able to reintegrate with society. As with previous strategies, the links between crime and drug use are expressed in terms of reducing demand and tackling drug supply. What is different however is the move away from drug dependency towards a recovery based drug treatment system.

This report on substance misuse in the South East comes at a time when changes are on the horizon. The functions of the National Treatment Agency for Substance Misuse (NTA) are to be brought under the umbrella of Public Health England from April 2013. Directors of Public Health, together with local authorities will lead on the commissioning of drug and alcohol treatment services. Drug treatment will be delivered in a new way, for example, models of care will be replaced by a new national framework ('Building Recovery')<sup>1</sup> and there will be changes in terms of funding arrangements.

The NTA annual report 2009/10<sup>2</sup> provides an overview of the national changing patterns in drug use. It found that problematic drug users are getting older, and the number of drug users seeking treatment for a Class A drugs, such as heroin, cocaine and crack are declining. The report also highlights that a larger proportion of over 40s presented for treatment for the first time in 2009/10.

By drawing upon data from the National Drug Treatment Monitoring System (NDTMS), this publication seeks to provide an update to the previous 2008/09 report covering adults and young people in treatment.<sup>3</sup> This report concentrates on NDTMS data for April 2009 to March 2010 for adults (aged 18 and over) in drug treatment resident in the South East. Adults with alcohol as a primary drug have not been included within this analysis. Instead, an instant atlas is to be produced by DTMU during 2011/12 which will contain information about clients in the South East who seek treatment for misuse of alcohol. The methodology for the data within this report can be found at the end of this document. In addition, this report contains a data completeness section at the end of this report to explore which key NDTMS fields are missing data.

## Key messages for the South East

- There were 21,390 adults resident in the South East in drug treatment during 2009/10
- The average age of adult (aged 18 and over) clients in treatment was 34 years
- 72% of adult clients in treatment were male
- The South East has a rate of adults in drug treatment of 393.7 per 100,000 population aged 18-75 years
- The majority (69%) of clients report heroin as their primary drug
- Over 10,600 clients were discharged from drug treatment, 35% of discharges were planned

<sup>1</sup> NTA 'News & Events' available online at: <http://www.nta.nhs.uk/news-bric.aspx>

<sup>2</sup> NTA (2010) Annual Reports available online at <http://www.nta.nhs.uk/statistics.aspx>

<sup>3</sup> Available at <http://www.dtmu.org.uk/reports-resources>

## Drug Treatment in the South East

In the South East there are 19 Drug and Alcohol Action Teams (DAAT) which are coterminous with County Councils and Unitary Authority areas. Throughout this report all the Drug and Alcohol Action Team areas will be referred to as DAAT areas; however a number of the areas are known by other titles such as Drug Action Teams (DAT) or Crime and Disorder Reduction Partnerships (CDRPs). The Drug Treatment Monitoring Unit (DTMU), based within the South East Public Health Observatory (SEPHO), manages and analyses NDTMS data for the South East.

This analysis provides an overview of clients resident in the South East who are accessing structured treatment for problematic drug use based on the information provided to the NDTMS.

### Clients in drug treatment

Table 1<sup>4</sup> shows that the majority of clients in drug treatment are treated at agencies within their DAAT of residence. However, clients resident in West Berkshire and Wokingham DAAT areas often sought treatment in nearby Reading.

**Table 1: Clients in treatment by DAAT of residence and DAAT providing treatment, 2009/10**

DAAT of Residence	DAAT Treatment																							
	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Milton Keynes	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham	Not South East	Total			
Bracknell Forest	195											-	42								-	246		
Brighton and Hove		1471					-											5				-	1481	
Buckinghamshire			971		-					-			-								-	21	1000	
East Sussex		-		1316			6				-							5			-	25	1360	
Hampshire					2003						37	8		38	263						-	17	2368	
Isle of Wight						-	448															-	453	
Kent								3351	15		11										-	25	3410	
Medway							48	809														-	861	
Milton Keynes			-						519													-	11	534
Oxfordshire			6							2222	7	-		-								-	48	2289
Portsmouth					17						812							5				-	8	843
Reading												751										-	12	767
Slough	-		19										-	595									14	631
Southampton					6						14				988								11	1019
Surrey		-													-	1847	7					-	43	1903
West Berkshire																48							-	265
West Sussex		58																1356				23	1442	
Windsor and Maidenhead	9		-																219			5	330	
Wokingham												130	-								53		-	188

<sup>4</sup> A blank cell indicates that no clients attended that DAAT of Residence and/or DAAT of Treatment. A cell indicated with – means that there were 4 or less clients.

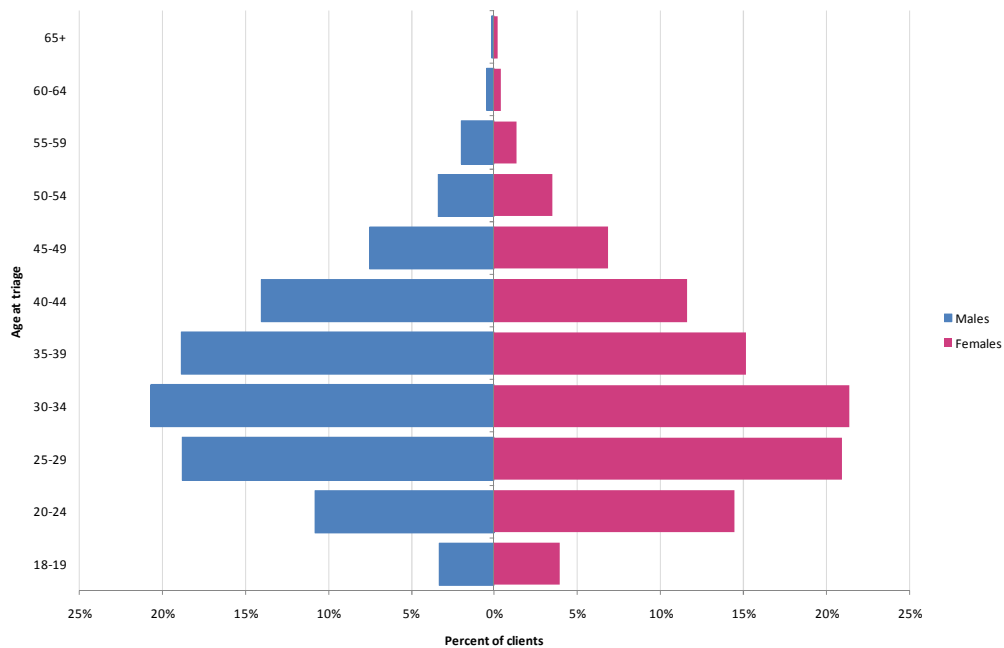
## Adult clients in drug treatment

### Client demographics

The South East has a population of 8,435,718, of which 6,620,523 are aged 18 or over.<sup>5</sup> Approximately 21,390 adults resident in the South East were accessing structured drug treatment between April 2009 and March 2010.

Figure 1 shows the respective proportions of male and female adult clients by age bands and gender. The proportion of clients in each age range for males and females was vastly similar, although there were more adult males in treatment overall (72% of clients were male, representing a ratio of 2.6 males to every female in treatment).

**Figure 1: Percentage of adult clients in drug treatment by age and sex, 2009/10**



The average age of the female treatment population was 33.2 years, whereas for the male clients in drug treatment, the average age was 34.4. Overall, the average age of adult clients in treatment during 2009/10 was 34 years, although this varies across the South East. As Figure 2 shows, clients living in Brighton and Hove, East Sussex, Portsmouth, West Sussex and Wokingham DAAT areas had a client average age higher than the South East. The three DAATs with a lowest average age than the South East included: Slough, Bracknell Forest and Windsor and Maidenhead

<sup>5</sup> Mid-year population estimates from ONS for 2009

Figure 2: Average age of adult clients in drug treatment and DAAT of residence, 2009/10

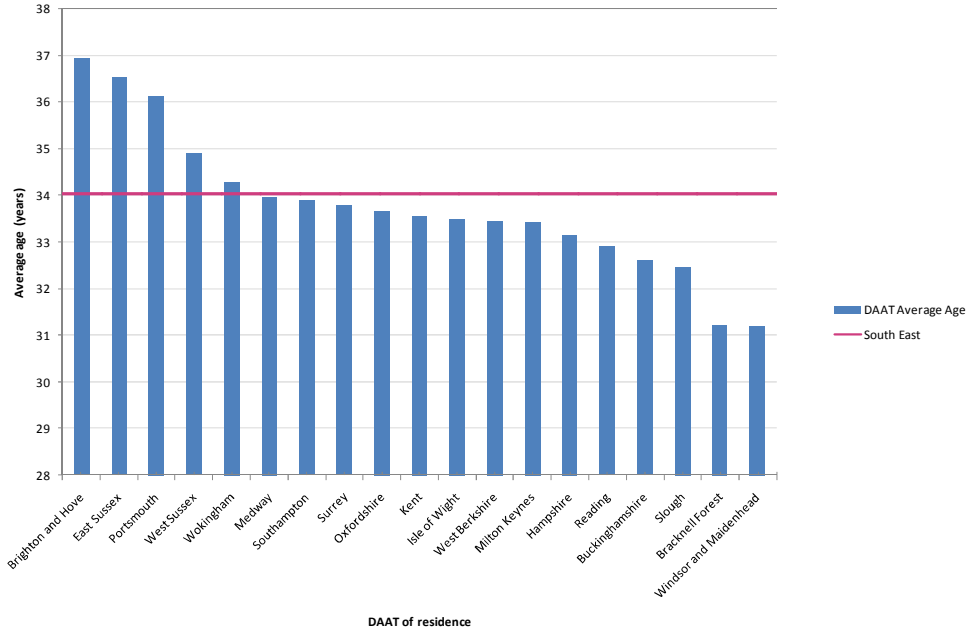
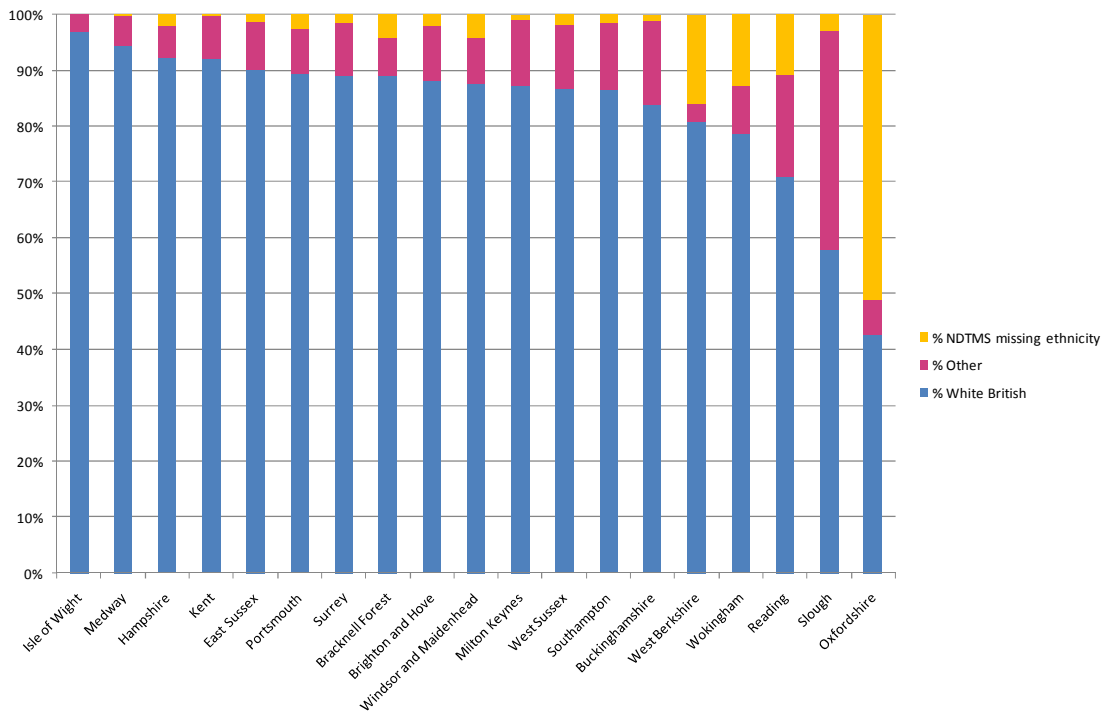


Figure 3 compares the proportion of clients in treatment who have stated their ethnicity as White British to those that are from another ethnicity group. The percentage of White British clients in Isle of Wight, Medway, Hampshire, Kent and East Sussex DAATs was 90% or higher. Slough DAAT has the higher proportion of clients stating other ethnicity. This chart also shows the proportion of clients whose ethnicity was not recorded on NDTMS. Missing information like this leads to an incomplete analysis.

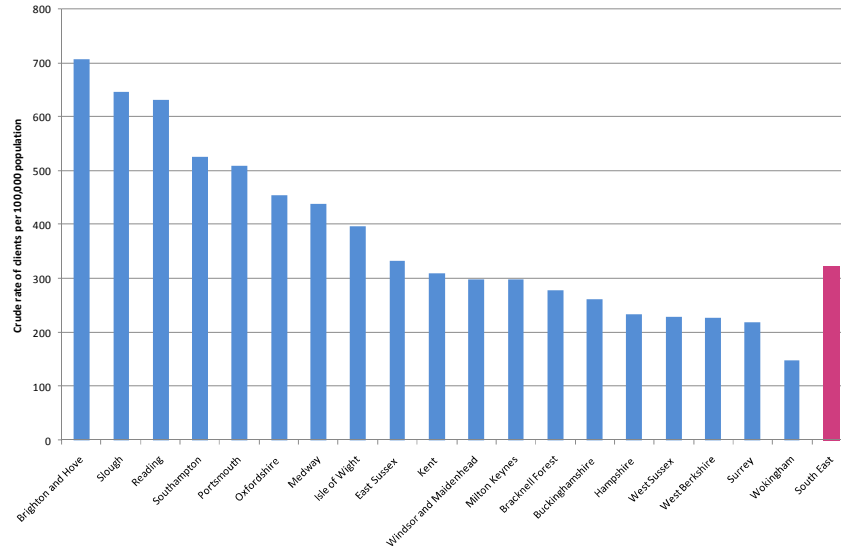
Figure 3: Percentage of adult clients in drug treatment from BME groups and DAAT of residence



### Rates of adults in drug treatment by DAAT

The South East has a rate of 323 adults in drug treatment per 100,000 population aged 18 and over. This rate varies across the South East according to DAAT, ranging from 707 per 100,000 in Brighton and Hove to 149 per 100,000 population in Wokingham.

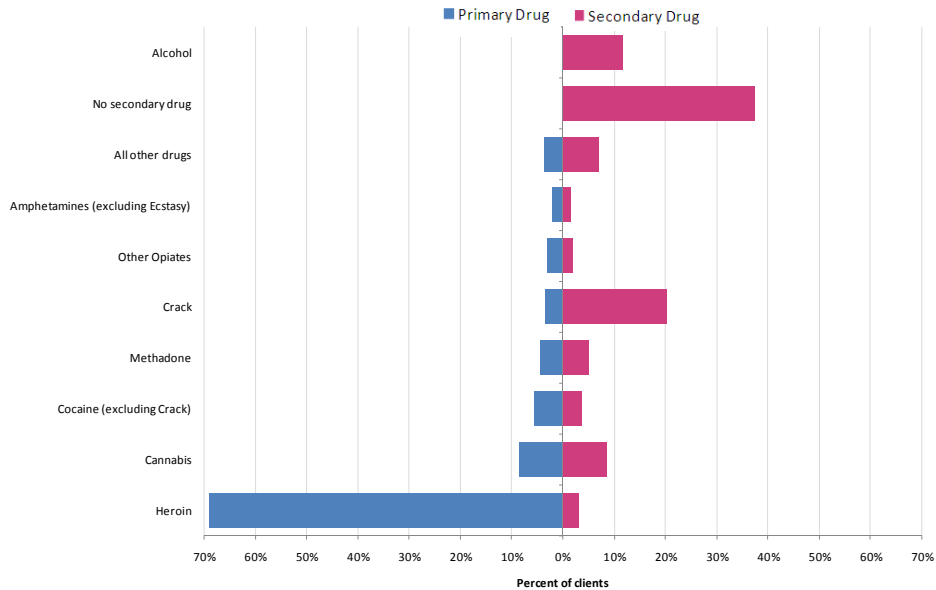
**Figure 4: Adult clients in treatment by DAAT of residence, rate per 100,000 population, 2009/10**



### Substance misuse

The data show that the majority of adults in treatment in 2009/10 stated heroin as their primary drug. Cannabis was the second most commonly used primary drug, stated by 8% of adults in drug treatment. Figure 5 shows that crack was the most common secondary drug, reported by 20% of clients and 12% reported alcohol as a secondary drug. It is of interest to note that almost 4 out of 10 adult clients in treatment do not report a problematic second substance.

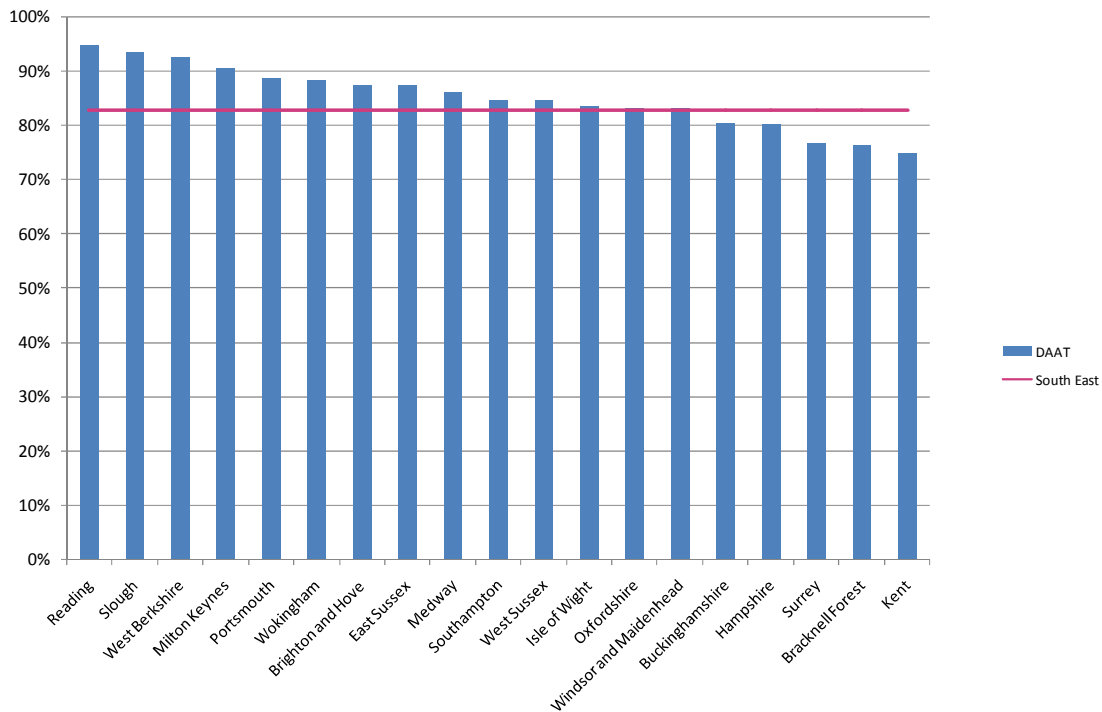
**Figure 5: Primary and secondary drug of all clients in treatment, 2009/10**



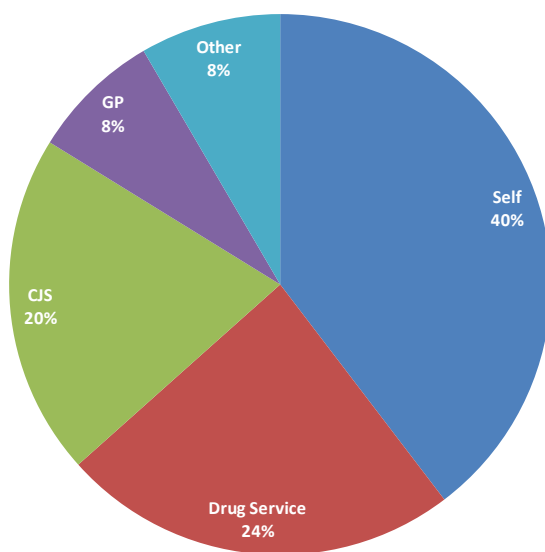


Opiate and Crack users (OCUs) are individuals who report opiates and/or crack cocaine as a primary, secondary or tertiary drug (excluding clients with alcohol as a primary drug). As shown in Figure 6, the majority of clients in all DAAT areas are OCUs, although this proportion of clients differs in each DAAT area. For example, over 90% of clients in Reading, Slough and West Berkshire DAATs were OCUs, compared to under 80% in Surrey, Bracknell Forest and Kent DAATs.

**Figure 6: Proportion of opiate and crack users (OCUs) in treatment by DAAT of residence, 2009/10**



## Routes into treatment



**Figure 7: Proportion of clients and referral source, 2009/10**

During 2009/10, 40% of all referrals<sup>6</sup> into structured drug treatment were clients who self referred into treatment. As shown in Figure 7, just under a quarter of referrals came from other statutory and non-statutory drug services.

The highest proportion of self referrals into drug treatment in the South East, were from clients resident in Oxfordshire, Isle of Wight and East Sussex DAAT areas. Figure 8 shows that less than 10% of clients in Reading and Wokingham self referred into drug treatment.

<sup>6</sup> Excluding clients whose referral source was not stated, 0.4% of clients had not referral source.

Reading, Slough and Southampton DAATs had around one third of their clients referred through the criminal justice system. These were the highest proportions across the South East.

**Figure 8: Referral source of client and DAAT of residence**

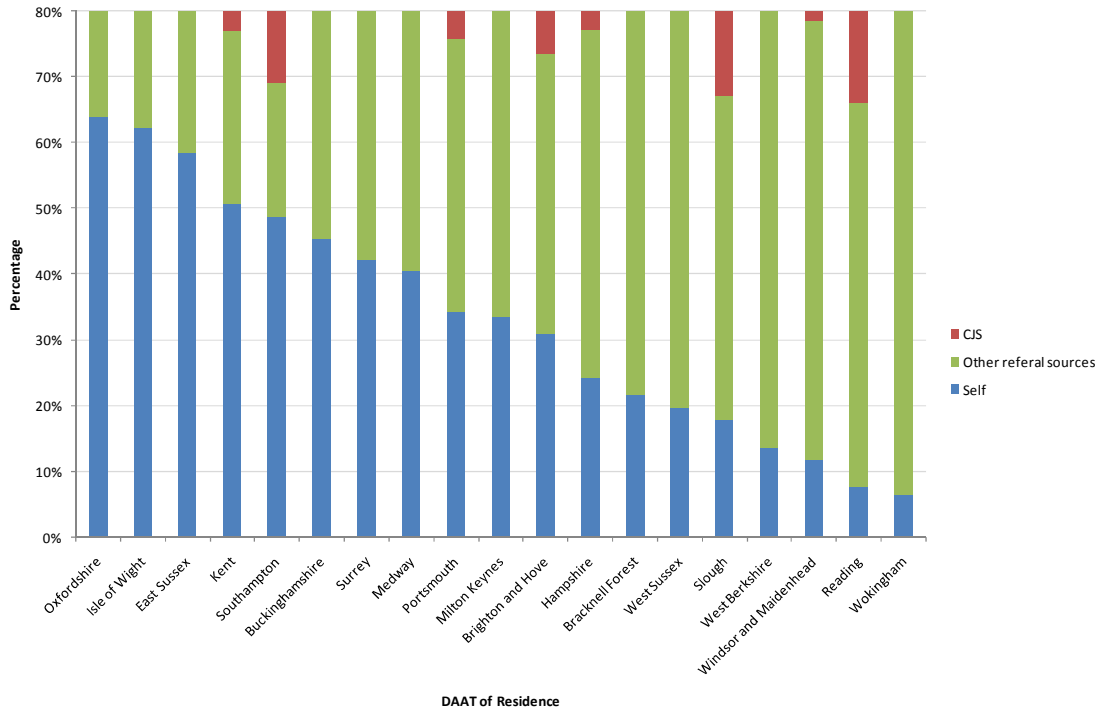
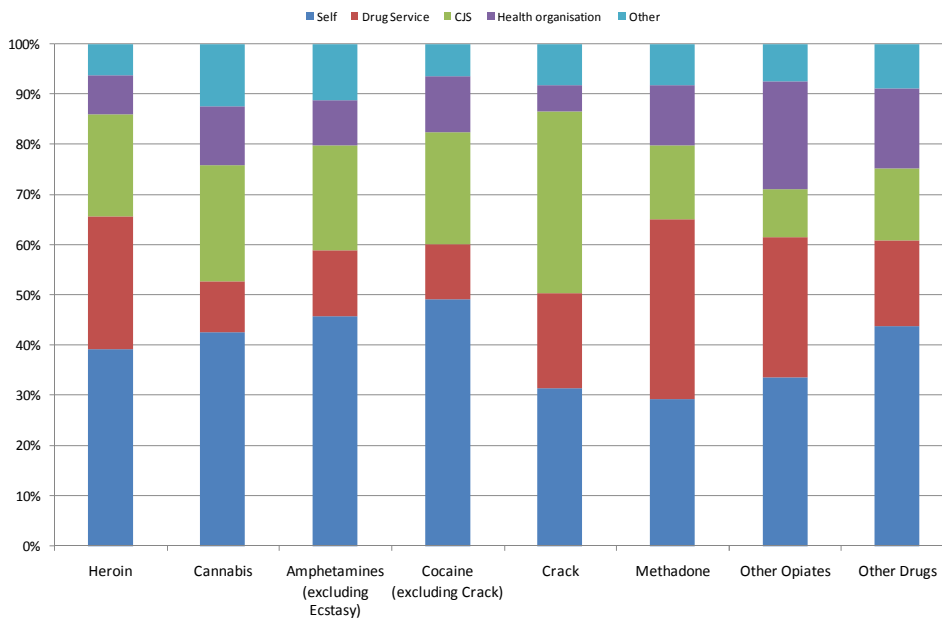


Figure 9 shows the split of client's referral source by primary drug. The large proportion of clients who reported cocaine as a primary drug self referred into treatment, whereas a higher proportion of clients who reported crack as a primary drug were referred into drug treatment via the criminal justice system.

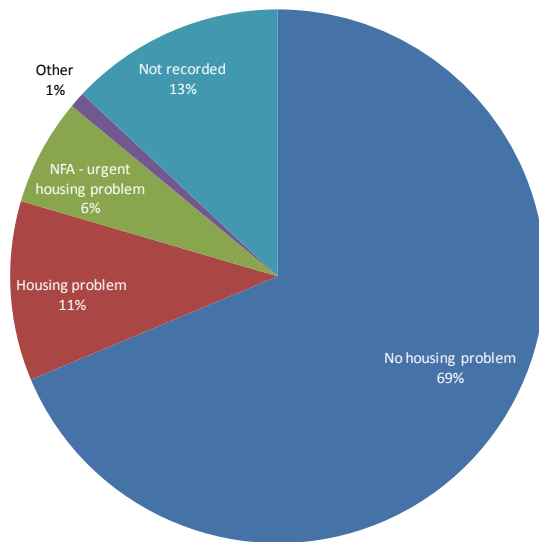
**Figure 9: Referral source and primary drug**



## Accommodation need

Within the new Government drug strategy, the importance of housing for drug users is recognised. It states that “people who suffer from drug or alcohol dependence are at greater risk of cycling in and out of homelessness, rough sleeping or living in poor quality accommodation” (Home Office, 2010:22).

**Figure 10: Accommodation status of clients**



To tackle housing problems amongst the drug using community, the strategy outlines plans to promote partnerships between the drug treatment sector, criminal justice agencies and the homelessness sector and to increase funding by pledging £400 million over the Spending Review period to help tackle and prevent homelessness.

Figure 10 shows that overall, almost 70% of clients stated no housing problem, 11% have a housing problem and 6% of clients reported to have an urgent housing problem.

## Parental status

**Figure 11: Parental status of clients in treatment, 2009/10**

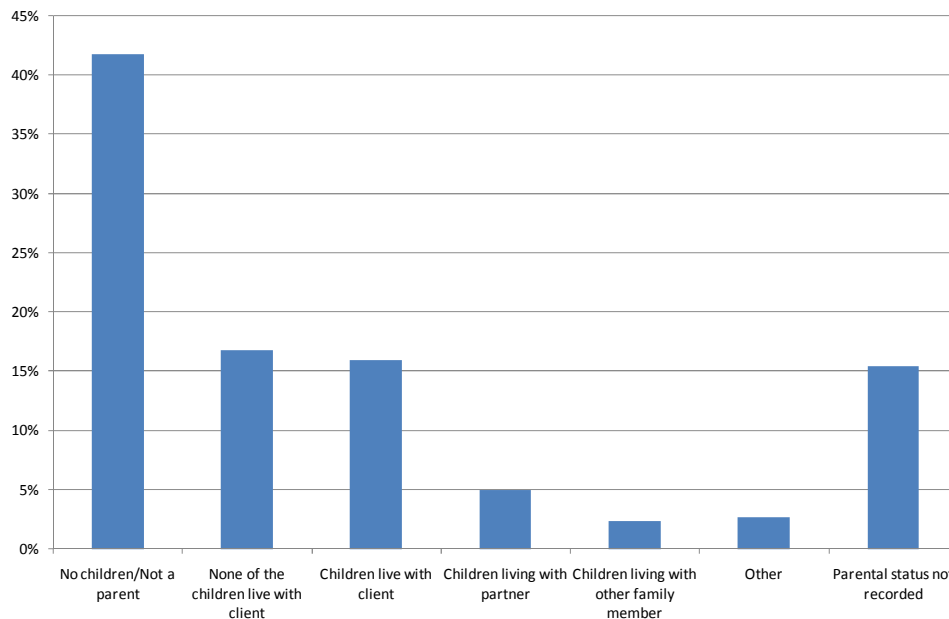


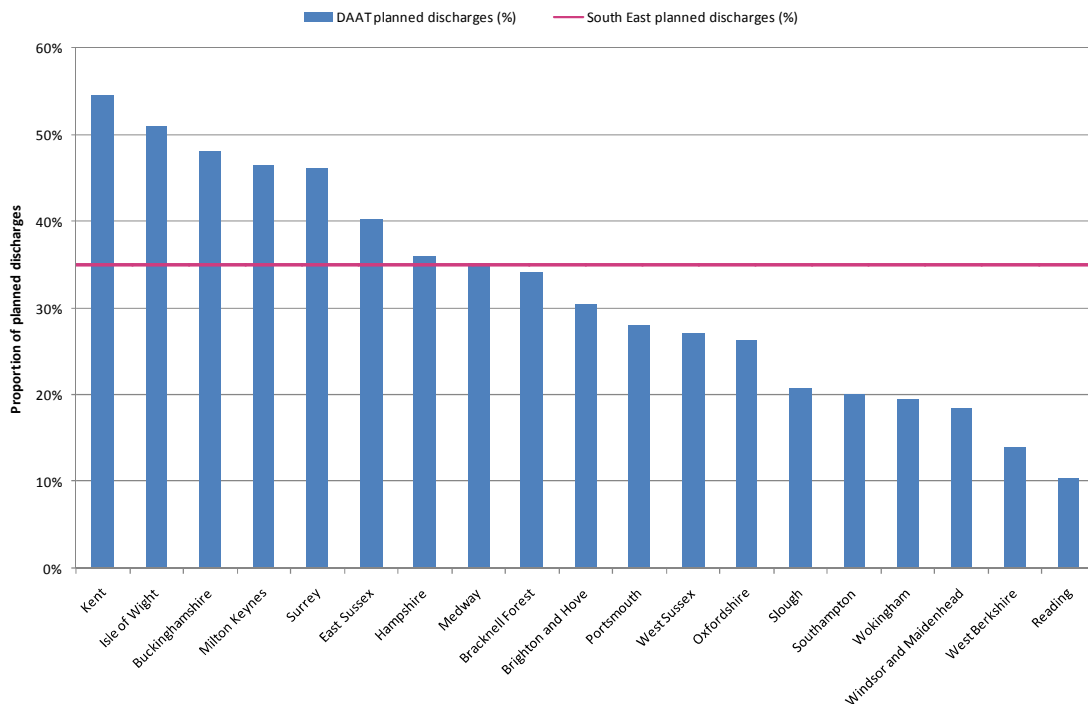
Figure 11 shows that 42% of clients had no children or were not a parent; in addition 40% of clients had children that are living with them or other family members. Parental status was not recorded for 15% of clients.

## Discharges from treatment

Information about how a client exits the drug treatment system is recorded on NDTMS. The data for 2009/10 shows that there was a valid discharge value recorded for all clients.

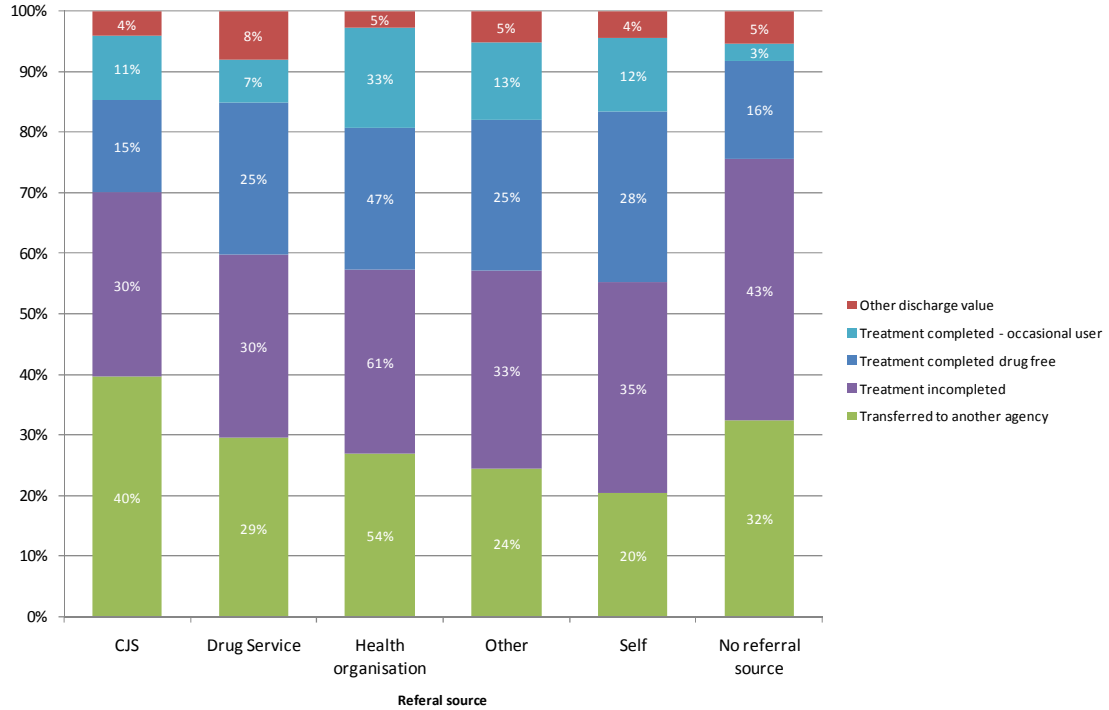
Figure 12 shows the wide variation between South East DAATs in the proportion of clients that are discharged from structured drug treatment in a planned way. The proportion of clients exiting drug treatment in a planned way was highest in Kent, Isle of Wight, Buckinghamshire, Milton Keynes and Surrey DAATs. Windsor and Maidenhead, West Berkshire, and Reading had the lowest proportions of clients exiting drug treatment in a planned way.

**Figure 12: Proportion of adult clients exiting treatment in a planned way**



By looking at the referral source of a client, it is interesting to examine the differences between how a client entered drug treatment and comparing it with their discharge reason, to explore how they left structured drug treatment. Figure 13 shows variation between referral source and discharge reason. Around 4 in 10 clients, who were referred into treatment via the criminal justice system (CJS), were transferred, and 3 in ten clients had an incomplete drug treatment. Around a quarter of clients who were referred into structured drug treatment via a health source (such as GP), left drug treatment drug free.

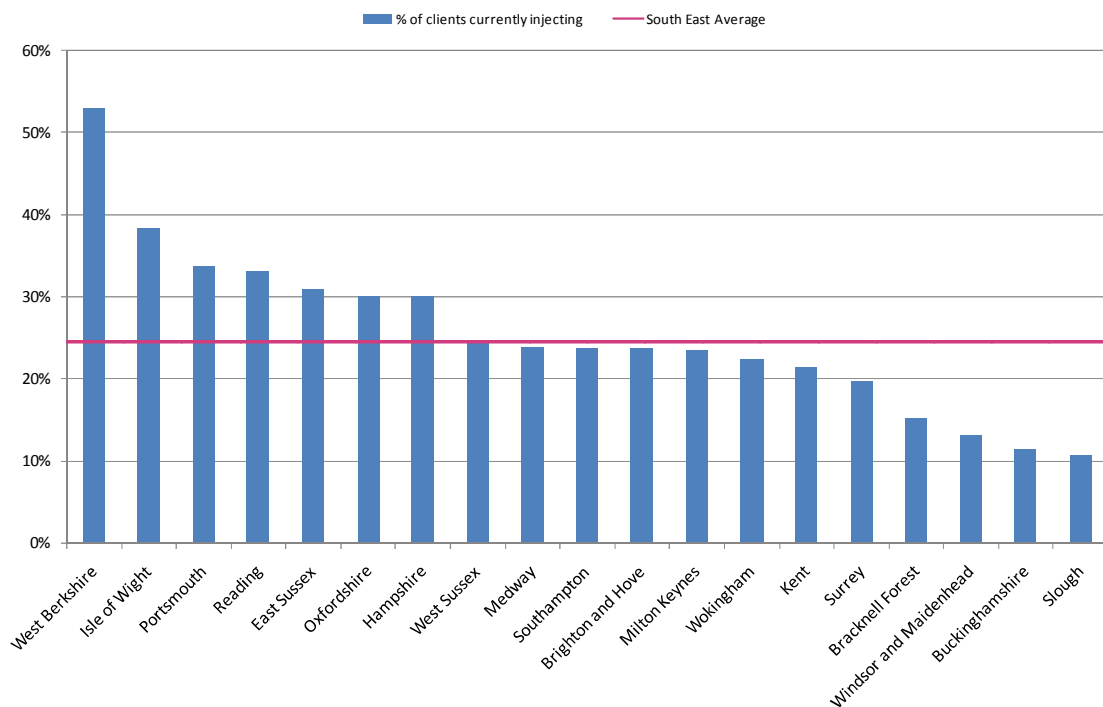
Figure 13: Referral source and discharge value



## Harmful consequences of drug use

In most DAATs, the majority of clients report that they are not injecting any drugs. Figure 14 shows the proportion of clients within each DAAT who are currently injecting drugs. In West Berkshire DAAT, 53% of clients were currently injecting compared to 11% in Slough DAAT.

Figure 14: Proportion of clients who report currently injecting



## Data completeness and data quality

The NDTMS dataset is used to profile the treatment population, the treatment journeys of clients and the outcomes of treatment, within analysis reports, needs assessments, to support continued funding for drug treatment services and to monitor the effectiveness of the treatment system for key government targets. Without a comprehensive NDTMS dataset the data in these reports will not show an accurate picture of the treatment system and treatment population.

This section is a regular feature of reports published by DTMU with the purpose of improving data quality between treatment agencies, Drug and Alcohol Action Teams (DAATs), the Drug Treatment Monitoring Unit (DTMU) and the National Treatment Agency (NTA).

Data quality issues that have arisen for the 2009/10 data include:

1. The number of discharges that have 31<sup>st</sup> March as a default discharge date, for example almost 870 clients were discharged on the 31<sup>st</sup> March 2010.
2. The number of clients that have been in drug treatment for over twenty years. There are 24 clients that have been in treatment in the South East since the 1980s.

**Figure 15: Data completeness for ethnicity field, 2009/10**

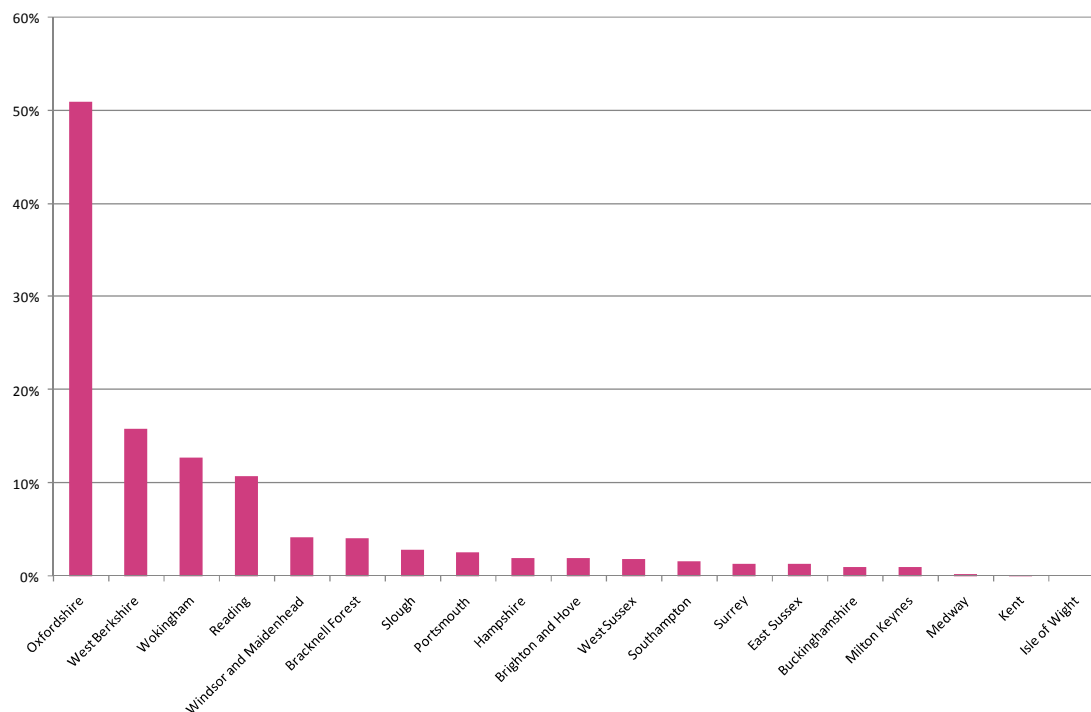
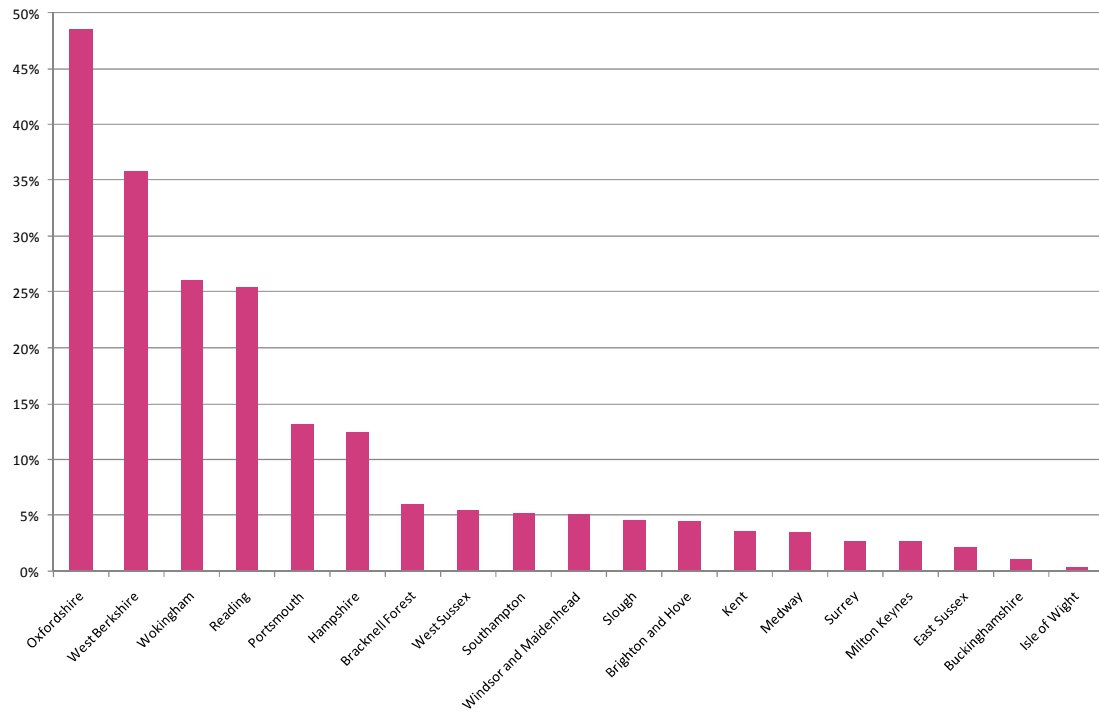


Figure 16: Data completeness for injecting status field, 2009/10



# Methodology for the analysis of the 2009/10 National Drug Treatment Monitoring System (NDTMS) dataset

The methodology used within this report is based upon methods used by the National Treatment Agency for Substance Misuse (NTA) so that figures published by the NTA are close to the figures that are published by DTMU.

## Exclusion criteria

The following exclusion criteria have been used during the data cleaning process prior to commencing analysis of the 2009/10 NDTMS dataset.

NDTMS data is excluded for clients if:

- The agency code is missing.
- The modality recorded is Tier 1 or Tier 2.
- The date of birth is missing.
- There is an illogical chronological sequence of referral, triage and discharge dates.
- The DAAT of residence is outside of the South East region.
- If the age of the client is under 18 or over 75 years.
- Alcohol or nicotine is recorded as the clients primary drug.
- Where an alcohol modality is recorded.

## Methods

DTMU have used the June 2010 repatriated NDTMS dataset supplied by the by the National Treatment Agency for Substance Misuse (NTA) to DTMU in November 2010 in order to produce reports on the 2009/10 NDTMS dataset. No further changes were made to these data after the Care Quality Commission data submission in July 2010.

The methodology used in this report to calculate clients' age is similar to the methodology used by the NTA. A client's age for 2009/10 is based on their age at the beginning of the financial year (1<sup>st</sup> April 2009) if they were triaged before this date. Clients triaged after the 1<sup>st</sup> April 2008 have been assigned their age at triage. A client's age at triage is calculated using the following formula:

$\text{Triage Date} - \text{Date of Birth} / 365.25 = \text{Clients age}$

The above calculation first calculates the clients age in days then divides this figure by 365.25, providing the clients age in years allowing for the additional 'leap day' every four years.

Each client is counted once by using the 'Attributer' field (first and surname initial, date of birth, sex e.g. AA01011999M) and by sorting the clients by each DAAT in the South East. It is possible that within the South East two or more clients could share the same attributer; this is less likely within each DAAT.

To determine the number of clients in treatment for this reporting period, data are queried using MS Access and clients are selected if they have been triaged on or before 31/03/2010 and discharged on or after 01/04/2009 or have not been discharged.



## References

Home office (2010), 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life', available at:

<http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010>

NTA (2010), National Treatment Agency to join Public Health service, available at:

<http://www.nta.nhs.uk/nta-join-phs-jul10.aspx>

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<b>Useful Websites</b>	<a href="http://www.nta.nhs.uk">www.nta.nhs.uk</a> <a href="http://www.sph.nhs.uk">www.sph.nhs.uk</a> <a href="http://www.dtmu.org.uk">www.dtmu.org.uk</a> <a href="https://www.ndtms.net/Default.aspx">https://www.ndtms.net/Default.aspx</a>