



*National Treatment Agency
for Substance Misuse*

**Statistics from the
National Drug Treatment Monitoring System
(NDTMS)
1 April 2004 - 31 March 2005**

29 September 2006



Executive Summary: Key Findings

- In 2004/05, the National Drug Treatment Monitoring System for England identified a total of 160,453 clients, receiving 297,543 modalities of treatment over 238,149 episodes of structured care.
- The median age of clients on 30th September 2004 was 30 years.
- The proportion of female clients was 29%.
- The majority of clients were white (88%). The most frequently reported minority ethnic groups were Asian (3%) and black (3%), followed by mixed (2%).
- For the eight remaining administrative regions of England, the most frequently reported main drug of misuse by clients was heroin (64%). A further 11% of clients were receiving treatment for cannabis misuse. Crack or cocaine was indicated as the main drug of misuse for a further 10% of clients, and methadone was indicated for 5%.
- The most frequent referral route was through self-referral (41% of episodes). Other frequent referral sources of treatment episodes included the criminal justice system (19%), general practice (15%) and cross-referral from other drug services (12%).
- Retention in treatment for twelve weeks or more following triage was achieved for 57% of episodes completed within the year, and was associated with GP and self referrals, and prescribing modalities.
- Successful completion of treatment was achieved for 30% of discharged episodes within the year. Factors associated with successful completion included age under 18 years, cannabis as the main drug of misuse, and residential/inpatient treatment modalities.

Due to difficulties in NDTMS data collection in the North West region, details of drug use are missing for a large proportion of clients resident in this region. Furthermore, where these details have been collected, they may be subject to systematic bias. Hence results concerning drug use in the North West have been omitted from this report.

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Background

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

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

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

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

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

Previously (1990 – 2001), information on new presentations or presentations after a break in contact of six months or more to drug treatment services was collected by Regional Drug Misuse Databases (RDMDs) (Donmall 1999). These were reported in the Department of Health's statistical bulletins for six month periods, starting with the six months ending March 1993 and continuing to the six months ending March 2001.

Following a strategic review of the structure and operation of the RDMDs (Donmall, Hickman, Glavas, 2000), NDTMS was introduced on 1 April 2001, replacing the RDMDs in England. The NDTMS collects data on all clients in contact with treatment services. Responsibility for managing the NDTMS was transferred from the Department of Health to the NTA on 1 April 2003.

The NTA have reorganised the NDTMS, bringing the definition of drug treatment recorded by the system further into line with [Models of care for drug misusers](#). It has

also rearranged the operational structure in line with Government Office geography. In most regions, operation of the NDTMS resides with [Public Health Observatories](#).

The dataset and data collection methods have also changed. Between 2001 and 2003, client contact forms were completed on a client's first presentation, and review forms for all clients were completed annually. The data collection method was changed for 2003/04 data. It was replaced by a system whereby treatment services submit a [core data set of their client information](#), either as a database extract or spreadsheet. Code sets for the core data set can be found in the [NDTMS reference data](#) document.

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

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

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

2. Abbreviations and definitions

• Abbreviations

Black and minority ethnic (BME)
Counselling, assessment, referral, advice and throughcare (CARAT)
Drug Action Team (DAT)
Drug Treatment and Testing Order (DTTO)
East of England (EA)
East Midlands (EM)
London (LO)
National Drug Evidence Centre, University of Manchester (NDEC)
National Drug Treatment Monitoring System (NDTMS)
No fixed abode (NFA)
National Treatment Agency for Substance Misuse (NTA)
North East (NE)
North West (NW)
Office for National Statistics (ONS)
Primary care trust (PCT)
Public Sector Agreement (PSA)
Regional Drug Misuse Databases (RDMD)
South East (SE)
South West (SW)
West Midlands (WM)
Yorkshire and Humber (YH)

• Definitions

Attributor	The attributor is the concatenation of a clients initials, date of birth and gender. This is used to identify individuals in the data.
Crack/cocaine	Crack/cocaine is used throughout this report to refer to any form of the drug, including cocaine powder (usually injected or 'snorted'), and crack.
Discharge date	The discharge date is usually the planned discharge date in a client's treatment plan, where one has been agreed. However, if a client's discharge was unplanned, then the date of last face-to-face contact with the agency is used.

Opiate	A group of drugs including heroin, methadone and buprenorphine.
Public service agreement (PSA)	Government targets on public services.
Presenting for treatment	The first face-to face contact between a client with a treatment provider. Clients are counted as being in contact with treatment services if they have presented during the year.
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	Models of care, forming a four-tier framework for drug treatment: Tier 1 - Non-substance misuse specific services requiring interface with drug and alcohol treatment services Tier 2 – Open access drug and alcohol treatment services Tier 3 – Structured community-based drug treatment services Tier 4 – Residential and inpatient services for drug and alcohol misusers.
Triage	An initial clinical risk assessment performed by a treatment service, in order to identify the urgency of a referral. 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.
Episode	An episode of treatment 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 included in the results if any part of an episode occurs within the year. Where several episodes were collected for an individual, attributes such as ethnicity, main drug etc. are based on the first valid data available for that individual.
Modality/intervention	A type of treatment service, e.g. structured counselling, specialist prescribing etc.
Agency	A provider of services for the treatment of drug misuse. The agency may be statutory (i.e. NHS) or non-statutory.

3. Methodology

NDTMS Data were collected from providers by regional NDTMS centres, and forwarded to NDEC for data analysis, processing and verification. The results of the analysis were then passed back to the 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;
- nicotine or alcohol recorded as the main drug
- an illogical chronological sequence of referral date, triage date and discharge date;
- a DAT of residence outside England.

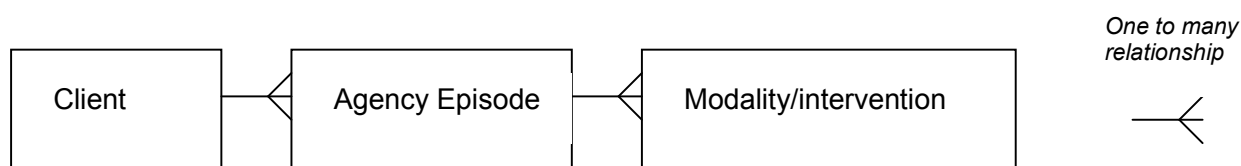
Regional analyses refer to the client's local DAT, regardless of whether the client was treated within this DAT. This use of the 'DAT of residence' method, which is considered to give the best representation of regional activity, marks a change in methodology since the 2003/04 report, which used the DAT of treatment in regional analyses due to the considerable amount of missing DAT of residence in that year's data. DAT of residence was provided for 98% of clients in 2004/05. DAT of treatment was used as a proxy where DAT of residence was not provided.

The methodology behind calculation of age of client has been revised for this year's report. The client's age is calculated at two alternative time points – the date of the client's most recent triage, and the date corresponding to the mid-point of the reporting year (i.e. 30th September 2004). Analysis of age switches between these two definitions as appropriate.

Percentages given in the tables are rounded to the nearest per cent. Totals may not add up to 100 due to rounding.

3.1 Data model

The data model used by NDTMS is shown below. Each individual client may receive one or more episode of care at one or more treatment agency. Each treatment agency may provide the client with one or more modality/intervention of care. There were 160,453 unique clients reported to the NDTMS in 2004/05, for whom 238,149 episodes of treatment, and 297,543 modalities of treatment for drug misuse were recorded. Analyses are reported in this document at either of the client, episode, or modality/intervention level, depending on context.



3.2 Data Quality

The NDTMS data received for the treatment year 2004/05 have been analysed for completeness and consistency at modality level, since this is the level at which the data are captured. The analyses have been performed for England, as a whole, and by region of treatment.

3.2.1 Variable Incompleteness

Incompleteness of a variable in an NDTMS record is defined to occur when there is no recorded value for that variable in the record. However, an additional criterion has been defined for the truncated postcode variable, which is comprised of the full postcode unit less the last two characters. The truncated postcode variable is defined to be incomplete, not only if it is completely unrecorded, but also if it has been truncated by more than the last two characters.

Analyses for incompleteness have been carried out on those NDTMS variables which should have been recorded for every modality level record (Figure 3.1.1) and NDTMS geographic variables of residence (Figure 3.1.2).

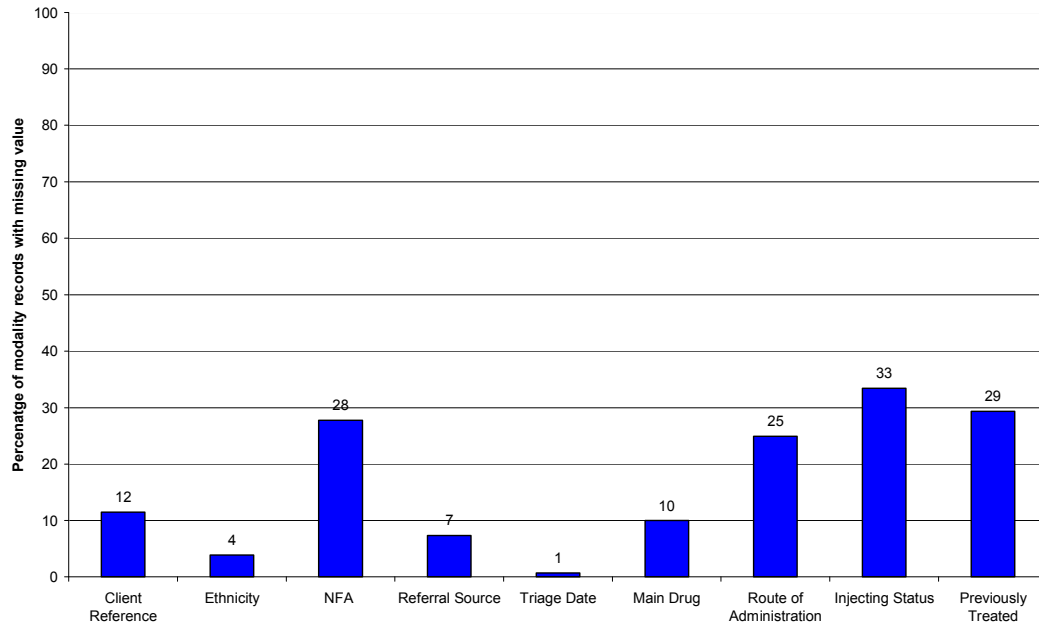
There are several NDTMS variables which may be unrecorded for legitimate reasons and are, therefore, not analysed for completeness here: secondary drug, tertiary drug, modality end date, discharge reason and discharge date. Similarly, modality start date and modality type may be unrecorded for legitimate, but less obvious reasons. Although a client has been triaged, he/she may not have started treatment because he/she has dropped out or, otherwise, has been discharged before treatment has begun. Nevertheless, it is reported that modality start date was unrecorded in less than 3% of records and that modality type was unrecorded in 19% of all records.

Hepatitis-B vaccination count and hepatitis-B intervention status have not been analysed for completeness here because those variables have not been subject to capture during the entire period of 2004/05.

Agency of treatment is not included in the completeness analysis either because, by definition of the in-treatment data, it is recorded for every modality record and is, therefore, known to be 100% complete; records with a missing value for agency are excluded from the data. However, some records with a missing value for triage date are permitted in the treatment data provided such records fulfil other criteria and, therefore, modality records are analysed for completeness of triage date.

Figure A1.1.1 shows, for each variable of interest, the percentage of NDTMS 2004/05 modality level records for which a value has not been recorded.

**Figure 3.2.1 NDTMS Data Variable Incompleteness during 2004/05:
Percentage of modality level records with a missing value, by variable**



Of the variables of interest, injecting status is the most incomplete, having been unrecorded in one-third (33%) of all modality records. Triage date is the least incomplete, having been recorded in all but 1% of modality records.

Although, postcode of residence and other geographic variables may also be unrecorded for legitimate reasons, these variables are analysed for completeness, as they are of interest in geographic analyses. Figure 3.3.2 shows, for example, that a truncated postcode was unrecorded, or otherwise incomplete, in 26% of records but that DAT area of residence was recorded in all but 2% of records.

**Figure 3.2.2 NDTMS Data Variable Incompleteness during 2004/05:
Percentage of modality level records with a missing value, for
geography of residence variables**

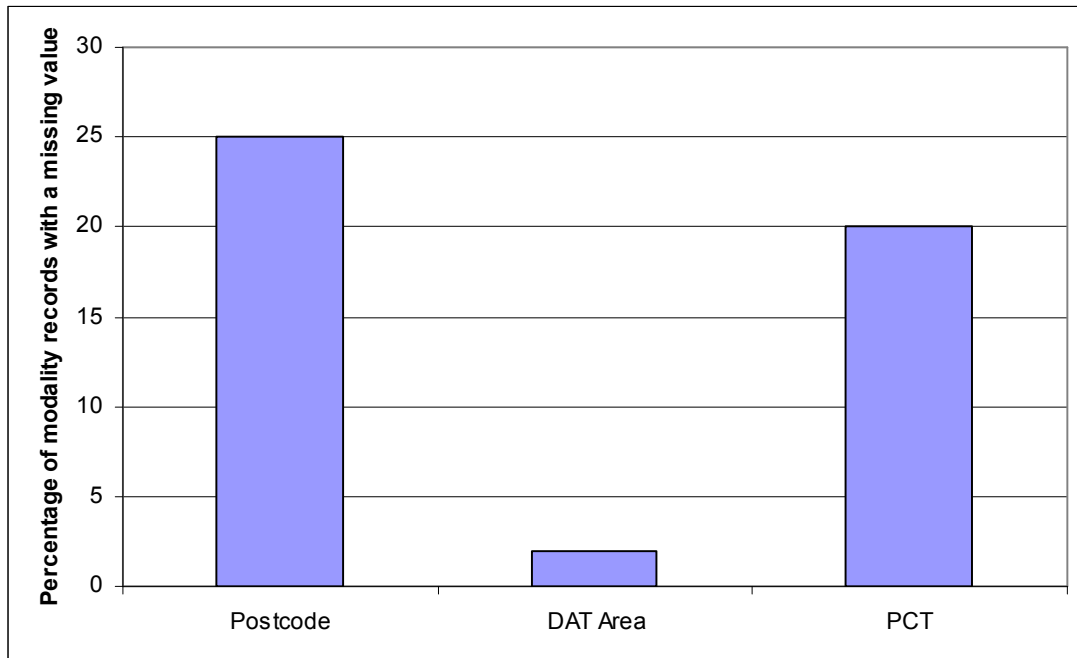


Table 3.2.1 shows, for main drug and for route of administration, the percentage of modality level records for which a value has not been recorded in the NDTMS data for 2004/05, by region of treatment. It is clear that, in all regions other than the North West, main drug is a largely completed variable amongst modality records. By contrast, incompleteness of the route of administration variable is quite high in several regions. For example, 56% of all modality records captured by treatment agencies in the South East region had no recorded route of administration.

Table 3.2.2 shows, for selected variables other than main drug and route of administration, the percentage of modality level records for which a value has not been recorded in the NDTMS data for 2004/05, by region of treatment. For example, 31% of all modality records reported by treatment agencies in the South West region had no recorded client reference and 64% of all modality records reported by agencies in the South East region had no recorded injecting status. This analysis identifies that the West Midlands has been more thorough in completing these variables than have other regions.

**Table 3.2.1 NDTMS Data Variable Incompleteness during 2004/05:
Percentage of modality level records with a missing value, by
region of treatment, for main drug and route of administration.**

Region of Treatment	Main Drug	Route of Administration
North East	1	9
North West **	44	35
Yorkshire & Humber	0	23
East of England	0	43
West Midlands	0	4
East Midlands	1	19
London	0	10
South East	0	56
South West	4	17

**Table 3.2.2 NDTMS Data Variable Incompleteness during 2004/05:
Percentage of modality level records with a missing value, by
region of treatment, for selected variables other than main drug and
route of administration**

Region of treatment	Client Reference	Referral Source	Injecting Status	Previously treated	NFA
North East	6	6	19	20	20
North West	8	9	32	37	25
Yorkshire & Humber	0	12	40	39	55
East of England	8	6	43	26	25
West Midlands	1	2	13	5	2
East Midlands	18	5	34	25	6
London	20	4	28	23	18
South East	6	11	64	41	33
South West	31	8	21	27	43

3.3 Variable Inconsistency

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

We have examined for inconsistency, by variable, all modality records for each client and all modality records for each episode of treatment.

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

Table 3.3.1 summarises the inconsistencies in several variables amongst the modality level records for clients or for episodes of treatment.

Table 3.3.1 NDTMS 2004/05: Inconsistencies in modality level records.

Variable	Number of Clients/Episodes for which two or more different values are recorded amongst the modality records for the client/episode	Inconsistency as percentage of all clients/episodes
Ethnicity	1,178 (clients)	< 0.5
Main drug (NDTMS four-digit code)	1,257 (episodes)	< 0.5
Route of administration	449 (episodes)	< 0.5
Referral source	769 (episodes)	< 0.5
Referral date	5,020 (episodes)	2
Client Reference	1,164 (episodes)	< 0.5
Injecting Status	291 (episodes)	< 0.5
No Fixed Abode (NFA)	83 (episodes)	< 0.5
Discharge date	446 (episodes)	< 0.5

Thus, for example, there were 1178 clients where at least two different ethnicities were reported amongst all the modality records for the client.

Also, for example, there were 1257 episodes of treatment where at least two different main drugs (NDTMS four-digit code) were reported amongst all the modality records for the episode.

Almost exclusively we have examined for inter-record inconsistencies in variables. Analysis has not been performed of intra-record inconsistencies between, for example, main drug and route of administration or between the drugs of misuse and modality type. However, it is of interest to report that, inconsistently, there are 391 episodes of treatment (< 0.5%) for which the recorded main and secondary drugs are identical (have the same NDTMS four-digit code).

4. Key Findings

4.1 Age and gender

The age-gender distribution of clients in treatment is shown in Table 4.1.1. The median age of all clients on 30th September 2004 (the midpoint of the reporting year) was 30 years. Males represented 71% of all clients in treatment. The age distribution at the reporting year midpoint was slightly older for male clients (median 31 years) than female clients (median 30 years). This was largely due to there being proportionally more female clients aged under 30 years (50% compared to 44% of males), and proportionally fewer female clients in their thirties (34% compared to 38% of males). The numbers of male and female clients by age-group is illustrated in Figure 4.1.1.

Table 4.1.1 Age and Gender of NDTMS clients in treatment 2004/05

	Male		Female		Gender Unknown		Total	
Age-group at 30/09/2004	n (%)		n (%)		n (%)		n (%)	
< 16 years	2,927	(3)	1,267	(3)	0	(0)	4,194	(3)
16 - 17 years	3,254	(3)	1,367	(3)	0	(0)	4,621	(3)
18 - 19 years	3,596	(3)	1,819	(4)	0	(0)	5,415	(3)
20 - 24 years	16,709	(15)	8,361	(18)	1	(33)	25,071	(16)
25 - 29 years	24,441	(21)	9,933	(22)	1	(33)	34,375	(21)
30 - 34 years	24,883	(22)	8,929	(19)	0	(0)	33,812	(21)
35 - 39 years	18,917	(17)	6,674	(15)	1	(33)	25,592	(16)
40 - 44 years	10,775	(9)	3,880	(8)	0	(0)	14,655	(9)
45 - 49 years	4,823	(4)	1,941	(4)	0	(0)	6,764	(4)
50+ years	4273	(4)	1,681	(4)	0	(0)	5,954	(4)
Total	114,598	(100)	45,852	(100)	3	(100)	160,453	(100)

¹ Age calculated at year midpoint (30th September 2004)

4.2 Ethnicity

The ethnicity of NDTMS clients is reported in Table 4.2.1 and Figure 4.2.1. The most frequently reported ethnicity was White British (85%). Overall, 88% of clients were white. The most frequently reported minority ethnic groups were Asian or Asian British (3%) and Black or Black British (3%), followed by mixed (2%).

Figure 4.1.1 Age and Gender of NDTMS clients in treatment 2004/05

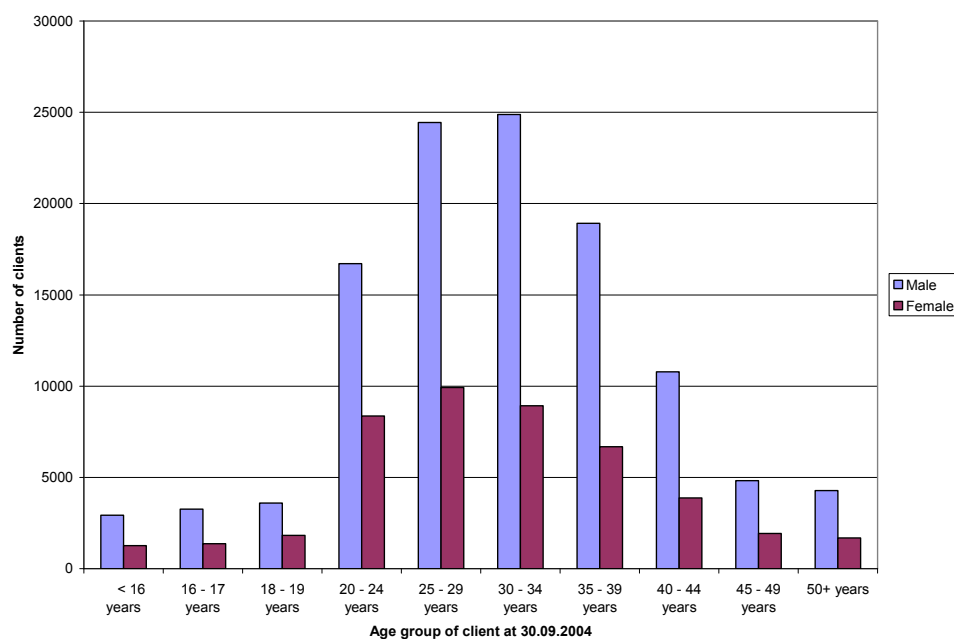


Table 4.2.1 Ethnicity of NDTMS clients in treatment 2004/05

Ethnicity	n (%)	
White British	127,892	(85)
White Irish	1,874	(1)
Other White	3,734	(2)
White & Black Caribbean	1,452	(1)
White & Black African	339	(0)
White & Asian	442	(0)
Other Mixed	1,048	(1)
Indian	1,342	(1)
Pakistani	1,546	(1)
Bangladeshi	913	(1)
Other Asian	1,130	(1)
Caribbean	2,172	(1)
African	849	(1)
Other Black	1,602	(1)
Chinese	123	(0)
Other	1,666	(1)
Not stated	3,112	(2)
Total	151,236	(100)
Missing or inconsistent ethnicity data	9,217	
Total including missing and inconsistent	160,453	

4.3 Main problem drugs used by NDTMS clients (excluding clients treated in the North West)

In most parts of the North West there have been difficulties in gathering complete NDTMS data, particularly with respect to the drugs used by clients. In addition, for these areas, where details of drug use have been collected there may be systematic bias in the identification of clients' main drug. The degree of incompleteness & the associated bias precludes the production of national & North West figures describing the drugs used by clients. These difficulties have not been encountered in other areas, and details of drug use are provided here for the other regions.

Heroin was reported as the main drug for 64% of individuals receiving drug treatment, with a total of 72% of individuals reporting an opiate as their main drug (Table 4.3.1). A further 10% of clients were reported to use either crack or cocaine. Cannabis was the reported main drug of misuse for 11% of clients. Of clients with heroin reported as the main drug of misuse, 21% had crack, and 4% cocaine, reported as an adjunctive drug of

Table 4.3.1: Main drug of misuse by age at triage for NDTMS clients 2004/05¹

	Aged under 18 years at triage		Aged 18 years and over at triage		Total ²	Median age at triage
Drug	n (%)		n (%)		n (%)	years
Heroin	1,048	(14)	79,061	(67)	80,274 (64)	29
Methadone	29	(0)	6,460	(5)	6,500 (5)	33
Other Opiates	29	(0)	3,950	(3)	3,980 (3)	33
Benzodiazepines	32	(0)	1,759	(1)	1,793 (1)	36
Amphetamines	219	(3)	3,518	(3)	3,760 (3)	30
Cocaine	231	(3)	5,117	(4)	5,354 (4)	29
Crack	144	(2)	6,909	(6)	7,061 (6)	31
Hallucinogens	18	(0)	109	(0)	127 (0)	25
Ecstasy	274	(4)	479	(0)	759 (1)	19
Cannabis	5,033	(67)	8,312	(7)	13,408 (11)	20
Solvents	158	(2)	138	(0)	301 (0)	17
Barbiturates	0	(0)	28	(0)	28 (0)	29
Major tranquillisers	0	(0)	10	(0)	10 (0)	42
Anti-depressants	3	(0)	158	(0)	161 (0)	36
Other drugs ³	164	(2)	1,341	(1)	1,511 (1)	31
Poly use; no details	126	(2)	638	(1)	764 (1)	30
Total	7,508	(100)	117,987	(100)	125,791 (100)	
Missing or inconsistent main drug data	83		1594		1,710	
Total including missing and inconsistent main drug data	7,591		119,581		127,501	

¹Excludes clients treated in the North West region

²Includes n=329 clients for whom age at triage unavailable

³Includes clients coded drug free at triage

misuse. Conversely, 14% of clients with crack or cocaine as the reported main drug of misuse had heroin reported as an adjunctive drug of misuse.

For clients aged younger than 18 years at triage, the most frequently reported main drug was cannabis (67%). The proportions of this age group for whom the main drug was reported to be heroin, crack and cocaine were 14%, 2% and 3% respectively. In contrast, for clients aged 18 years or over at triage, the reported main drug was heroin for 67% of clients, and the respective proportions for cannabis, crack and cocaine were 7%, 6% and 4%.

The main drug type associated with the oldest median age at triage was major tranquillisers (42 years), followed by benzodiazepines and anti-depressants (36 years) and methadone and other opiates (33 years). The main drug type associated with the youngest age at triage was solvents (17 years), followed by ecstasy (19 years) and cannabis (20 years).

4.4 Injecting behaviour of clients

Injecting status at presentation for treatment was recorded for 107,238 clients (67%). Of those clients with a recorded status, 31,640 (30%) were currently injecting. Clients for whom the main drug was heroin were proportionally most likely to be currently injecting (43%). A further 23,269 clients (22%) had previously injected but were not currently doing so. Clients for whom the main drug was methadone were proportionally most likely to be previous injectors (45%). The remaining 52,329 (49%) clients had never injected. Clients for whom the main drug was cannabis were most likely to have never injected (95%).

4.5 Referral sources of episodes

Referral source was reported for 219,126 (92%) episodes. Table 4.5.1 shows that the most frequent source of episode was a self-referral (41%). A further 15% of episodes were referred from General Practice. Referrals between agencies represented 12% of episodes, of which two thirds came from statutory (NHS) agencies. The criminal justice system provided 19% of episode referrals.

Where the main problem drug was heroin, 42% of episodes were self-referred, 20% came via criminal justice routes and 15% via GPs. Of those episodes where crack or cocaine was the main problem drug, 44% were self referred, 19% came via criminal justice and 8% via GPs. Where the primary drug of misuse was cannabis, 29% of episodes were self-referrals, 23% came via criminal justice, and 9% were referred by a GP.

There were differences in referral source between episodes where the client was aged below 18 years at triage, and those where the client was aged over 18 years at triage. Where the client was aged 18 or younger, the referral source was more likely to be from the criminal justice system (33%) and the 'other sources' group (36%). Furthermore, episodes of treatment were less likely to be self referred (16%) or referred by a GP (5%) where the client was aged under 18 at triage. This is explained by the coding system used in data collection, which relates more closely to the adult treatment system. It does

not reflect, for example, structured care planned advice and information services for young people.¹

Table 4.5.1 Referral source for episodes reported to NDTMS 2004/05

Referral Source	n (%)	
Statutory Drug Agency	16,781	(8)
Non-statutory Drug Agency	9,002	(4)
General Practitioners	32,818	(15)
Self	89,177	(41)
Criminal Justice	40,940	(19)
A&E	1,180	(1)
Syringe Exchange	818	(0)
Psychiatry	3,411	(2)
Community Care Assessment	1,443	(1)
Other	23,556	(11)
Total	219,126	(100)
Missing or inconsistent referral source data	19,023	
Total including missing and inconsistent	238,149	

4.6 Modality/intervention of treatment

The category of modality/intervention of treatment was reported for 240,295 (81%) of modality/intervention records. These are presented in Table 4.6.1. More than half (52%) of all modalities took the form of prescribing services (37% via specialists such as consultant psychiatrists, and 15% via GPs), and 22% took the form of structured counselling. Residential modalities were prescribed for 4% of records, including residential rehabilitation (2%) and inpatient detoxification (2%).

¹ Note: The entry into treatment criteria for young people under 18 are different from the criteria for adults. The majority of clients under 18 are in treatment for cannabis misuse – which may be one element of a wider pattern of problematic behaviour. It does not necessarily imply that they are dependent on cannabis.

Table 4.6.1 Modalities/Interventions reported to NDTMS 2004/05

Modality/Intervention	n (%)	
Inpatient detoxification	5,464	(2)
Specialist prescribing	88,450	(37)
GP prescribing	35,409	(15)
Structured counselling	52,796	(22)
Structured day care	18,069	(8)
Residential rehabilitation	5,620	(2)
Other structured intervention	31,492	(13)
Young Persons' services	2,995	(1)
Total	240,295	(100)
Missing modality data	57,248	
Total including missing	297,543	

5. Discharge and Retention

5.1 Discharge and successful completion

Of the 238,149 episodes which were “current” for some part of the 2004/05 year, 95,376 (40%) were discharged by the end of the year. Discharge reasons are given in Table 5.1.1. A successful discharge is identified here if an individual is said to have completed their course of treatment (whether drug free or otherwise), or if the individual is referred to another agency. In 2004/05, 28,157 (30%) of closed episodes were recorded as having a successful completion.

Table 5.1.1: Discharge reasons for completed episodes reported to NDTMS 2004/05

Discharge Reason	n (%)	
Treatment completed drug free	5,759	(6)
Treatment completed referred on	12,012	(13)
Successful Completion Total	28,157	(30)
No appropriate treatment available	971	(1)
Treatment withdrawn/breach of contract	5,866	(6)
Dropped out/left	39,915	(43)
Moved away	2,704	(3)
Prison	4,415	(5)
Died	579	(1)
Other	7,103	(8)
Not known*	2,767	(3)
Total	92,477	(100)
missing or inconsistent discharge reason code	2,899	
Total including missing and inconsistent	95,376	

*i.e. where the provider recorded that they did not know the reason for the discharge

5.2 Retention in treatment for more than twelve weeks

In 2004/05 a new performance indicator was introduced for primary care trust local delivery plans, which measured the proportion of discharged clients who had, at the point of discharge, been in contact with services for twelve weeks or more, from the date of triage. In England in 2004/05, 53,005 discharges (56%) were recorded as having taken place more than 12 weeks after the date of triage.

5.3 Factors associated with retention and successful discharge

The successful completion of an episode of drug treatment may be associated with a number of inter-related factors, including modality/intervention type, referral source, main drug, age and ethnicity. Although retained contact for twelve weeks or more from triage is reported here as a performance indicator, the duration of a successful episode of care will vary between modalities. For example, specialist prescribing for an adult using heroin will typically last longer than psychosocial intervention for a young person using cannabis.

Table 5.3.1 shows retention at twelve weeks and successful discharge by ethnicity for episodes discharged in 2004/05. Episodes where the client was mixed White & Asian were proportionally most likely to be retained for twelve weeks (59%). Conversely, episodes where the client was mixed White & Black African were least likely to be retained for twelve weeks (42%). The proportion of episodes which were successfully discharged was greatest for those with Chinese clients (40%), whereas only 20% of those episodes where the client was Bangladeshi were successfully discharged.

Table 5.3.1 Retention and successful discharge by ethnicity for completed episodes reported to NDTMS 2004/05

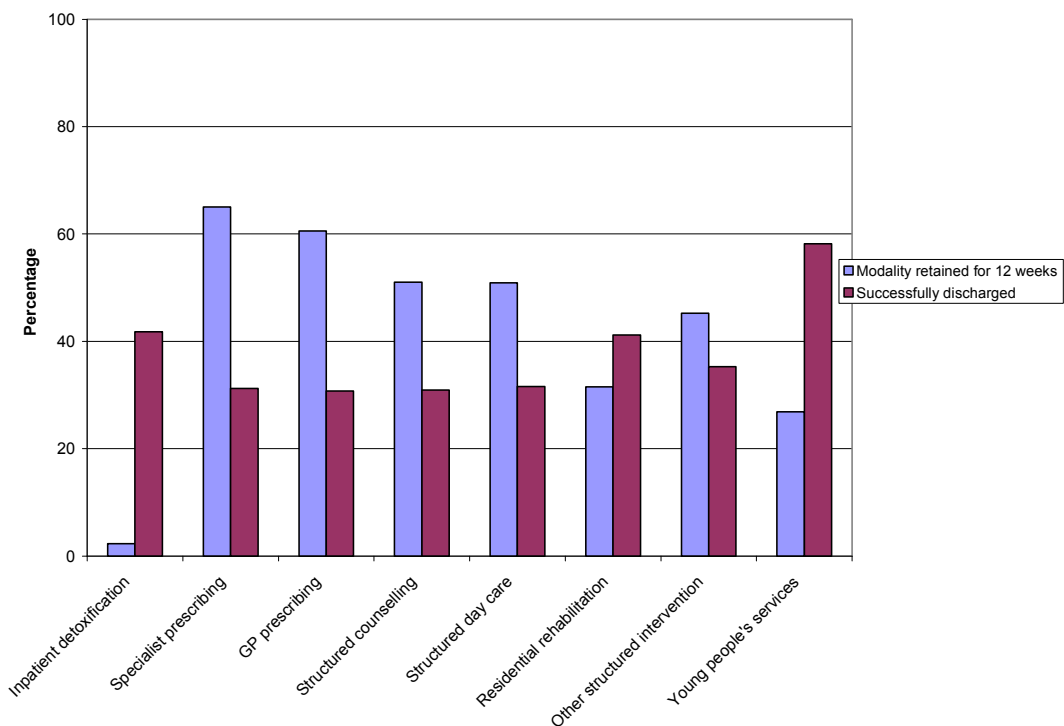
Ethnicity	Retained for 12 weeks		Successfully discharged	
	n (%) ¹		n (%) ²	
White British	43,362	(57)	22,745	(31)
White Irish	563	(50)	362	(32)
Other White	1,240	(56)	788	(36)
White & Black Caribbean	511	(53)	266	(28)
White & Black African	90	(42)	61	(29)
White & Asian	147	(59)	77	(32)
Other Mixed	359	(54)	204	(31)
Indian	466	(58)	276	(35)
Pakistani	565	(58)	261	(27)
Bangladeshi	352	(49)	143	(20)
Other Asian	375	(56)	215	(33)
Caribbean	699	(50)	462	(34)
African	257	(46)	174	(34)
Other Black	540	(48)	349	(31)
Chinese	41	(55)	29	(40)
Other	507	(49)	347	(34)
Not stated	826	(55)	351	(24)
Total	50,900	(57)	27,110	(31)
Missing or inconsistent ethnicity data	2,105		1,047	
Total including missing and inconsistent	53,005		28,157	

¹Proportion of episodes discharged in 2004/05 with known duration of retention which are retained for twelve weeks, by ethnicity

²Proportion of episodes discharged in 2004/05 with known discharge reason which are discharged successfully, by ethnicity

Figure 5.3.1 shows that of the treatment modalities, young people’s services resulted in the largest proportion (58%) of ‘successful’ completed episodes, followed by inpatient detoxification (42%) and residential rehabilitation (41%). Prescribing and counselling modalities resulted in the smallest proportion of ‘successful’ completed episodes (31%). Retention within modality for twelve weeks was greatest for specialist (65%) and GP (61%) prescribing, and lowest for inpatient detoxification (2%).

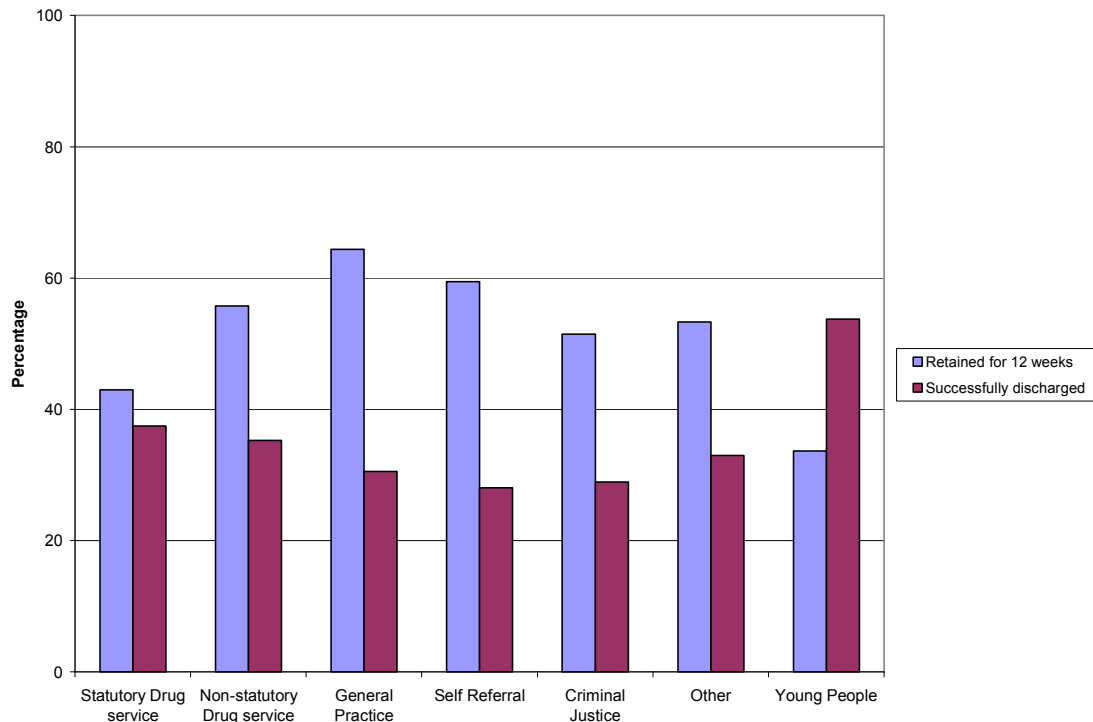
Figure 5.3.1: Retention within modality/intervention and successful episode discharge by treatment modality/intervention for completed episodes reported to NDTMS 2004/05



Referrals from young people’s services were most likely to result in successfully completed treatment episodes (54%), whereas criminal justice (29%) and self referrals (28%) were the least likely to do so (Figure 5.3.2). Retention for twelve weeks was greatest for GP (64%) and self (59%) referrals.

The proportion of successfully completed episodes by main drug group type (excluding episodes treated in the North West) ranged from 28% for heroin related episodes to 39% for other opiates related episodes. The proportion of episodes retained for twelve weeks ranged from 47% where the main drug was cannabis to 60% where the main drug was heroin (Figure 5.3.3).

Figure 5.3.2: Retention and successful discharge by referral source for completed episodes reported to NDTMS 2004/05



Successful discharge was more frequent for completed episodes where the client was aged under 16 years (55%), with the proportion of successful discharges then falling to 26%-28% for clients in their twenties to early thirties, and then rising steadily up to 38% of completed episodes of clients aged 50 and over at the year midpoint. Retention for twelve weeks rose steadily with age of client from 42% in under 16 year olds to 60% in clients aged over 50 (Figure 5.3.4). The association between age and the proportion of clients retained at twelve weeks is largely accounted for by the fact that young clients typically enter treatment types of shorter duration than older clients.

Figure 5.3.5 shows that episodes of treatment for clients resident in the Yorkshire and Humberside region were most likely to be retained for twelve weeks (64%), and those for clients resident in London were least likely to be retained for this duration (47%). The region of residence with the highest proportion of discharged episodes was London (35%), whereas residence in the South East was associated with the lowest proportion of successful discharges (25%).

Figure 5.3.3: Retention and successful discharge by main drug type for completed episodes reported to NDTMS 2004/05 (Excludes clients treated in the North West region)

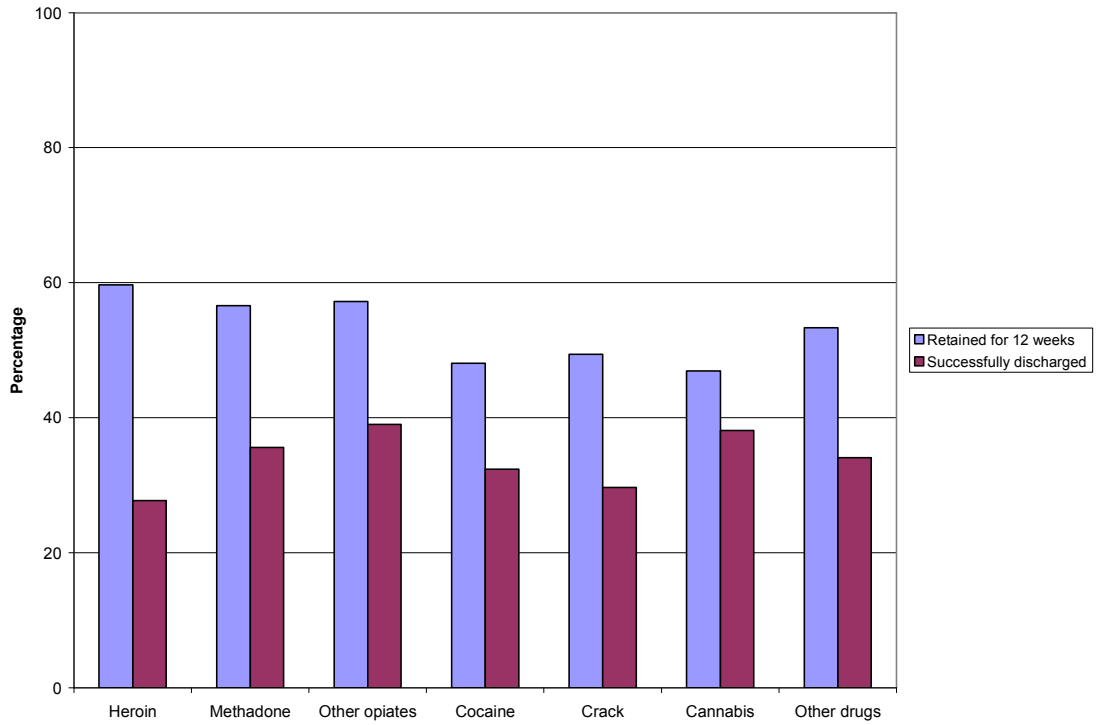


Figure 5.3.4: Retention and successful discharge by age group at midyear for completed episodes reported to NDTMS 2004/05

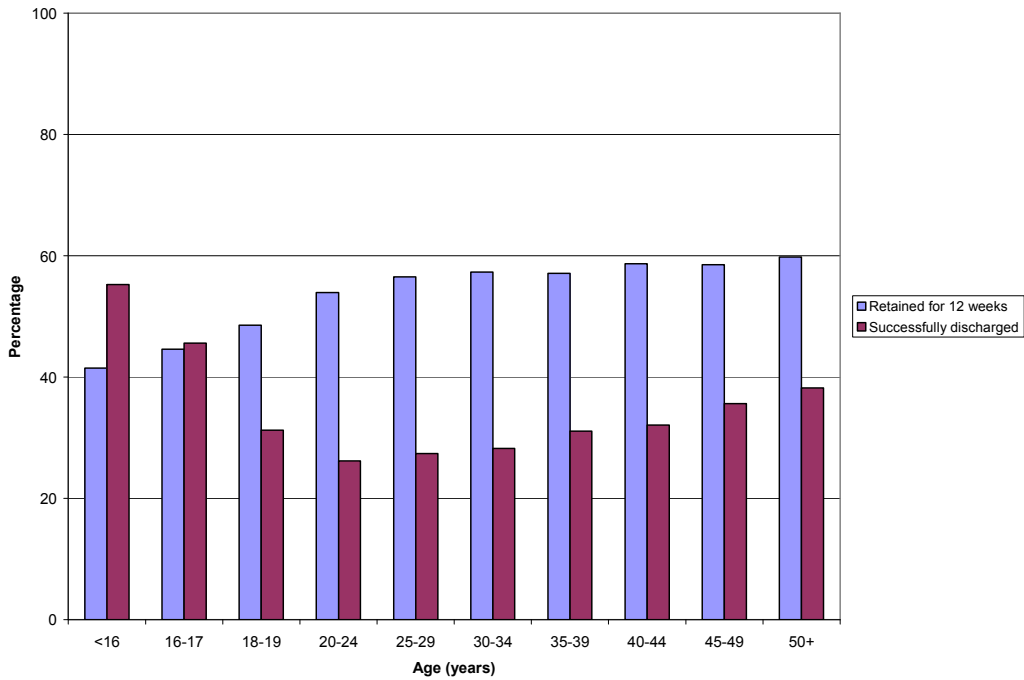
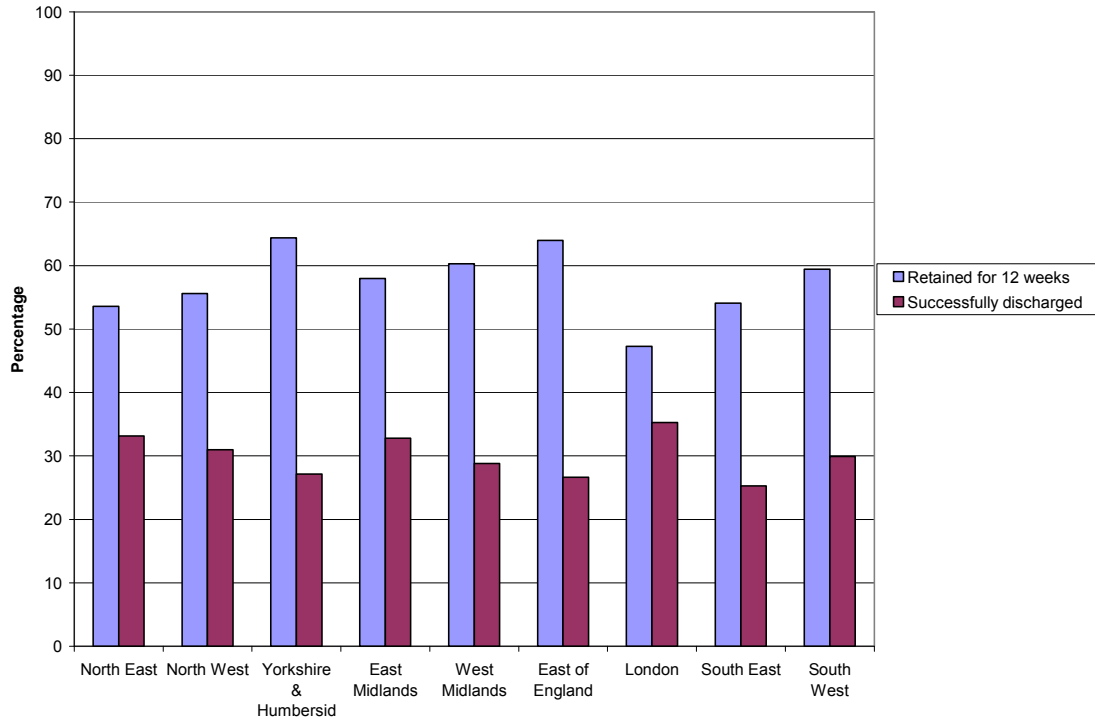


Figure 5.3.5: Retention and successful discharge by region of residence for completed episodes reported to NDTMS 2004/05



6. Regional Variations.

6.1 Sex and Age

There was little nominal regional variation with respect to gender distribution. The male to female ratios of numbers of clients in treatment ranged from 2.43 in London to 2.87 in West Midlands. Respectively, the London and West Midlands' ratios were 4% below and 8% above the England ratio. (Table 6.1).

There was some nominal regional variation with respect to age distribution (Table 6.1). Clients aged under 25 years represented under one-fifth of individuals in treatment whose residency was in London (17%) or the North West (18%) whereas they represented one-third of those in treatment who residency was in the East Midlands (33%) or in the North East (34%). Conversely, clients aged 30 years and over represented about two-fifths of individuals in treatment whose residency was in the East Midlands (41%) or North East (38%), whereas they represented two-thirds of those in treatment who residency was in London (66%) or in the North West (64%).

Table 6.1 NDTMS 2004/05: Gender at birth and age-group at 30.9.2004 of clients in treatment, by region of residence

	NE	NW	YH	EM	WM	EA	LO	SE	SW	England
% Male	73	71	71	72	74	71	71	72	71	72
% Female	27	29	29	28	26	29	29	28	29	28
% < 16 years	3	3	2	3	2	2	2	3	2	2
% 16-17 years	3	3	2	4	3	4	2	3	3	3
% 18-19 years	4	2	3	5	4	4	2	4	3	3
% 20-24 years	24	10	20	21	23	16	11	16	16	16
% 25-29 years	27	18	27	26	26	22	16	21	23	22
% 30-34 years	20	25	23	19	19	21	19	20	21	21
% 35-39 years	10	21	12	11	12	15	19	15	16	16
% 40-44 years	4	11	6	6	6	9	14	9	9	9
% 45-49 years	2	4	2	3	3	5	7	4	4	4
% 50+ years	2	3	2	2	2	4	7	4	3	4
Total Gender	9,834	35,676	22,029	12,520	16,317	12,885	29,131	16,401	17,769	172,562
Missing	0	1	0	0	0	2	0	0	0	3
Male:Female Ratio	2.74	2.48	2.50	2.59	2.87	2.46	2.43	2.52	2.46	2.53

6.1.1 In-treatment rates for clients aged 10 years and over.

Sex-specific and age-specific in-treatment rates have been calculated for each region. Rate ratios have been calculated also to allow regional comparisons to be made. The numerator of a rate ratio is the rate for a particular region and the fixed denominator is the England rate. Thus, a region which has a rate ratio of less than unity has an in-treatment rate which is less than the England rate and a region which has a rate ratio of greater than unity has an in-treatment rate which is greater than the England rate.

Before calculating rate ratios, it is usual, firstly, to adjust (standardize) the sex-specific and age-specific rates to allow for regional differences in age and sex. Standardized rates and associated rate ratios were calculated but are not reported here as they are similar to the sex- and age-specific rates and associated rate ratios. For the calculation of rates, the English mid-2004 age- and sex-specific populations aged 10 years and over have been used as the denominator populations.

The in-treatment rates for England, for clients aged 10 and over, were 5.74 per thousand males and 2.16 per thousand females (Table 6.1.1). The three northern regions and London all displayed rates in excess of these national rates. For males, the rates in North East, North West, Yorkshire & Humber and London were 15%, 52%, 30% and 12%, respectively, above the England male rate. For females, the respective excesses were 4%, 53%, 27% and 19% above the England female rate. In contrast, the East of England and the South East showed male rates of, respectively, 32% and 41% below the England male rate and female rates of, respectively, 30% and 41% below the England female rate (Table 6.1.1). These regional comparisons are depicted thematically in Figure 6.1.1. However, the North West Regional Office has advised that its in-treatment client figures for 2004/05 have been inflated, affecting, largely, the numbers in treatment who are resident in the North West but also, to a lesser extent, clients resident in other regions too.

Table 6.1.1 NDTMS 2004/05 Clients in treatment aged 10+, sex-specific in-treatment rates per 1000 persons and rate-ratios, by gender and region of residence.

	NE	NW	YH	EM	WM	EA	LO	SE	SW	England
Males in treatment	7,205	25,418	15,742	9,034	12,099	9,162	20,631	11,735	12,638	123,664
Females in treatment	2,627	10,255	6,286	3,486	4,218	3,723	8,499	4,664	5,130	48,888
M:F ratio	2.74	2.48	2.50	2.59	2.87	2.46	2.43	2.52	2.46	2.53
Rate Males	6.59	8.71	7.29	4.86	5.28	3.88	6.44	3.37	5.80	5.74
Rate Females	2.24	3.29	2.74	1.80	1.76	1.50	2.57	1.27	2.22	2.16
Rate Ratio Males	1.15	1.52	1.27	0.85	0.92	0.68	1.12	0.59	1.01	
Rate Ratio Females	1.04	1.53	1.27	0.83	0.82	0.70	1.19	0.59	1.03	

Figure 6.1.1 Thematic maps of male and female in-treatment rate ratios by region of residence.

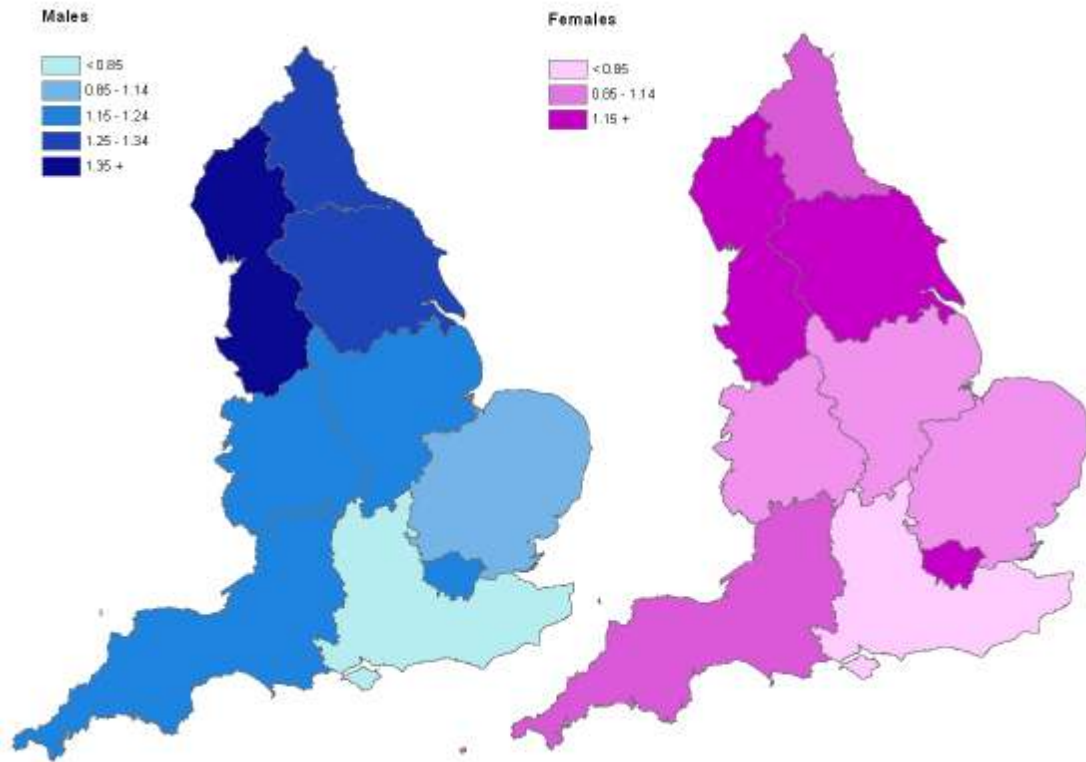


Table 6.1.2 NDTMS 2004/05 Clients in treatment aged 10+, age-specific in-treatment rates per 1000 persons, by five-year age-group and region of residence.

Age-group		NE	NW	YH	EM	WM	EA	LO	SE	SW	England
10-14	Clients	158	561	255	193	160	77	324	225	212	2165
	Rate	0.96	1.22	0.76	0.69	0.45	0.22	0.75	0.43	0.67	0.67
15-19	Clients	918	2293	1315	1234	1346	1152	1514	1494	1258	12524
	Rate	5.27	4.90	3.82	4.36	3.73	3.37	3.35	2.89	3.94	3.84
20-24	Clients	2370	3408	4330	2669	3671	2016	3210	2615	2788	27077
	Rate	13.91	7.79	12.68	9.85	10.90	6.53	5.98	5.46	9.64	8.54
25-29	Clients	2653	6545	6007	3205	4220	2773	4754	3388	4039	37584
	Rate	19.35	16.93	21.22	13.65	13.89	8.84	6.61	7.27	15.52	12.11
30-34	Clients	1953	8885	5157	2431	3126	2668	5643	3353	3814	37030
	Rate	11.94	19.01	15.04	8.30	8.49	7.00	7.68	6.02	11.93	10.21
35-39	Clients	1028	7552	2691	1429	1976	1938	5661	2488	2787	27550
	Rate	5.45	14.51	7.06	4.29	4.84	4.51	8.27	3.92	7.51	6.97
40-44	Clients	401	3895	1318	740	949	1121	3973	1483	1600	15480
	Rate	2.08	7.61	3.52	2.29	2.44	2.71	6.93	2.39	4.36	4.11
45-49	Clients	192	1424	526	343	471	599	2079	705	692	7031
	Rate	1.08	3.17	1.58	1.21	1.37	1.65	4.57	1.29	2.10	2.14
50+	Clients	159	1110	429	276	398	541	1972	648	578	6111
	Rate	0.18	0.48	0.25	0.19	0.22	0.28	1.03	0.23	0.30	0.36

Rate ratios have been calculated (Table 6.1.3) for each five-year age-group and region of residence. These ratios compare the rate with the England national rate for the age-group, shown in Table 6.1.2, so that regional comparisons can be made. Thus, for example, for ages 10-14 the North East had a rate 43% above the corresponding England rate of 0.67.

Table 6.1.3 NDTMS 2004/05 Clients in treatment aged 10+: rate ratios, by five-year age-group and region of residence, showing comparison with England rate.

Age-group	NE	NW	YH	EM	WM	EA	LO	SE	SW
10-14	1.43	1.82	1.13	1.03	0.67	0.33	1.12	0.64	1.00
15-19	1.37	1.28	0.99	1.14	0.97	0.88	0.87	0.75	1.03
20-24	1.63	0.91	1.49	1.15	1.28	0.76	0.70	0.64	1.13
25-29	1.60	1.40	1.75	1.13	1.15	0.73	0.55	0.60	1.28
30-34	1.17	1.86	1.47	0.81	0.83	0.69	0.75	0.59	1.17
35-39	0.78	2.08	1.01	0.62	0.69	0.65	1.19	0.56	1.08
40-44	0.51	1.85	0.86	0.56	0.59	0.66	1.69	0.58	1.06
45-49	0.50	1.48	0.74	0.56	0.64	0.77	2.13	0.60	0.98
50+	0.50	1.32	0.69	0.52	0.61	0.77	2.84	0.63	0.83

For all age-groups in the range 10-34 years, the North-East showed in-treatment rates above the national rate. Similarly, Yorkshire & Humber showed rates above the national rate for all age-groups in the range 10-34 years, except 15-19 years. The North-West showed excesses above the national rate for all age-groups, except 20-24 years. In particular, for those aged 35-39, the North-West in-treatment rate was twice the national rate. London showed raised rates mainly for older age-groups. In particular, the London rates for those aged 45-49 and 50+ were two and three times higher than the respective national rates. The East of England and South East regions enjoyed rates lower than the national rates at all age-groups.

7. Trends

7.1 Trends in numbers treated

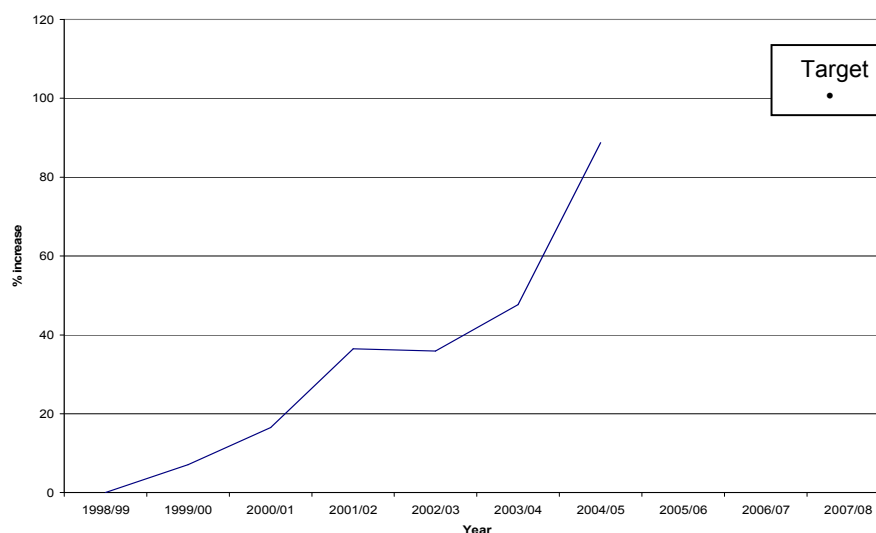
During 2004/05 NDTMS recorded 160,453 individuals as being in contact with structured treatment services. Progress towards the PSA target of doubling the numbers in drug treatment has been measured from an estimate of the number of individuals in contact with treatment services in 1998, using trends in the RDMD and NDTMS data. Although headline figures are not comparable, the year-on-year trends using the different systems and counting methodologies can still be used to estimate the overall change in the numbers treated. The annual change is shown in Table 7.1.1 and Figure 7.1.1.

Table 7.1.1: Trend in the estimated or projected number of individuals in contact with drug treatment services from 1998/99 to 2004/05

Year	Reported figure	Increase from previous year %	Increase from 1988/99 %
1998/99	85000 ¹	-	-
1999/00	91000 ¹	7	7
2000/01	99000 ¹	9	16
2001/02	116000 ¹	17	36
2002/03	115500 ¹	0	36
2003/04	125545	9	48
2004/05	160453	28	89

¹See Appendix 2 "Notes on Numbers in Treatment Series"

Figure 7.1.1: Trend in the estimated number of individuals in contact with drug treatment services from 1998/99 to 2004/05



7.2. Trends in age at triage and gender distribution

The proportion of NDTMS clients under the age of 25 at triage fell by 2% to 27% between 2003/04 and 2004/05, whilst the proportion of female clients climbed by 1% to 29% over the same period (Table 7.2.1).

Table 7.2.1: Trends in the age at triage and gender of individuals in drug treatment reported to the NDTMS from 2000/01 to 2004/05

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

Notes 1 – All clients, source: [NDTMS census 2000/01](#)

2 – Clients presenting during year, source: [Statistical release December 2003](#)

3 – Clients presenting during year

7.3 Trends in drugs of misuse

Table 7.3.1 provides a breakdown of clients' recorded main drug of misuse in 2001/02, 2003/04 and 2004/05. The data indicate a decrease in the proportion of clients presenting with heroin misuse over the year from 67% in 2003/4 to 64% in 2004/05. Over the same period, the proportion of clients misusing methadone (5%) and other opiates (3%) remained unchanged from 2003/04 levels. The proportion presenting with cannabis misuse rose from 9% to 11%. This increase can be explained by the fact that most treatment services for young people, for whom cannabis is more likely to be the main drug of misuse, only reported to NDTMS from 2004/05 (Table 4.3.1 gives a breakdown of the main drug of misuse for clients aged under 18 years and 18 years and over at triage).

It should however be noted that the data from 2001/02 and later years may not be directly comparable, as the 2001/02 data are only for individuals presenting for treatment who were not in treatment in the previous 6 months, whereas the 2003/04 and 2004/05 data are for all individuals treated in the period. Any comparison should therefore be treated with caution. This data was not collected for 2002/03

7.4 Trends in referral sources

Table 7.4 provides a breakdown of referral source by year. The sources of referral are broadly similar over the last few years, although there is a downward trend in the proportion of self-referred episodes, and an upward trend in the proportion of referrals

from the criminal justice system as well as 'other sources', although this last trend is partly due to an increase in referrals from young persons' services.

Table 7.3.1: Trend in main drug of misuse for individuals in contact with drug treatment services from 2000/01 to 2004/05

Drug	2001/02¹ %	2003/04² %	2004/05³ %
Heroin	73	67	64
Methadone	3	5	5
Other Opiates	1	3	3
Benzodiazepines	1	1	1
Amphetamines	3	3	3
Cocaine	3	4	4
Crack	5	6	6
Hallucinogens	0	0	0
Ecstasy	1	1	1
Cannabis	8	9	11
Solvents	0	0	0
Barbiturates	0	0	0
Anti-depressants	0	0	0
Other drugs	1	1	1
Total	100	100	100

**Excludes clients treated in the North West region*

- Notes
- 1 Clients presenting for treatment
 - 2 All clients
 - 3 All clients excluding those treated in the North West region
 - 4 data was not collected for 2002/03

Table 7.4.1: Referral sources to drug treatment for episodes with drug treatment services from 2000/01 to 2004/05

Referral Source	2001/02¹ %	2003/04² %	2004/05² %
Statutory Drug service	6	9	8
Non-statutory Drug service	2	4	4
General Practice	18	17	15
Self Referral	47	43	41
Criminal Justice	16	17	19
Accident and Emergency	0	1	1
Syringe Exchange	1	0	0
Psychiatry	2	2	2
Community Care Assessment	0	0	1
Other	6	7	11

Total	100	100	100
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1 Clients presenting for treatment

2 All clients

3. Data was not collected for 2002/03

7.5 Trends in treatment completion

The proportion of treatment episodes classified as successful has increased steadily over the last three years (Table 7.5.1) from 26% in 2001/02 to 30% in 2004/05. The drop out rate increased slightly from 42% in 2003/04 to 43% in 2004/05.

Table 7.5.1: Discharge reasons for completed episodes with drug treatment services from 2000/01 to 2004/05

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

Notes on numbers in treatment series

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 overlap¹.

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 data²) and inclusion of Tier Two agencies (further 1/1.056 – based on a comparison of 2002/03 with 203/04 data²), 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 Exercise² 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.

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

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

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