



Public Health  
England



Department  
of Health

# Secure setting statistics from the National Drug Treatment Monitoring System (NDTMS)

1 April 2015 to 31 March 2016

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Published January 2017

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# Executive summary

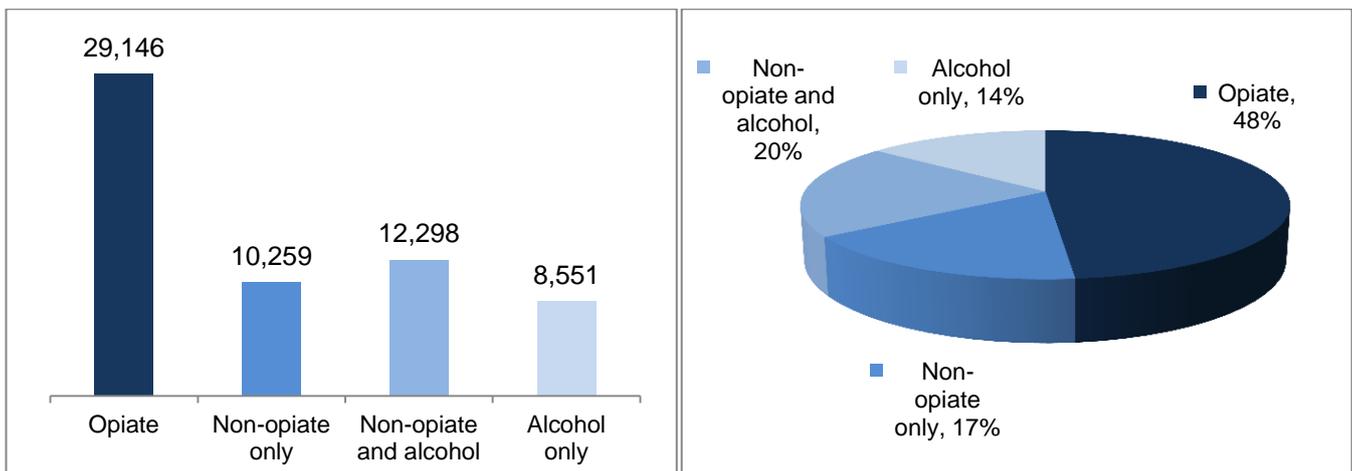
## Overview

This report brings together for the first time information on people receiving specialist treatment interventions for drugs and alcohol misuse in a secure setting. The report contains information on adults (aged 18 and over) in contact with treatment services in prisons, Youth Offending Institutions (YOIs), and Immigration Removal Centres (IRCs), and a separate section on young people receiving treatment within the children and young people’s secure estate.

## Adults in secure settings

While the people who seek treatment for drugs and alcohol share many similarities, they can also have clear differences, so the adult section of this report classifies people in treatment into four substance groups - opiate users, non-opiate only users, non-opiate and alcohol users and alcohol only users. In all, 60,254 adults were in contact with drug and alcohol treatment services within secure settings during 2015-16, and most (56,803) of these were within a prison setting, with 3,124 within YOIs and 327 within IRCs. Just under half (48%) of those in contact with treatment in adult settings presented with problematic use of opiates, a further 37% presented with problems with other drugs (non-opiates) and 14% presented with alcohol as their only problem substance. Clients accessing treatment in IRCs were mostly opiate clients (77%), while YOIs mostly treated non-opiate drugs (79%).

## Substance use groups of adults in secure settings 2015-16



Percentages may not sum to 100% due to rounding.

Overall, nearly half (49%) of all adults in treatment in 2015-16 presented with problematic alcohol use, either on its own or alongside opiates or non-opiates. After opiates (48%), the next most commonly cited substance was cannabis, reported by 34% of individuals in treatment, followed by crack cocaine (31%) and cocaine powder (22%). Benzodiazepines (14%) and amphetamines (8%) were also reported by a sizeable minority of adults in treatment.

Over half of the opiate users also presented with crack cocaine use (54%). The next highest adjunctive substances for opiate users were alcohol (31%), benzodiazepines (25%) and cannabis (19%). Cannabis was the substance that the majority of non-opiate only clients and non-opiate and alcohol clients presented to treatment with (71% and 61%, respectively).

Six percent of all adults in treatment cited New Psychoactive Substances (NPS) as one of their problem substances, or their only problem substance. This figure represents the number of adults presenting for treatment with problem NPS use and not necessarily a reflection of overall NPS prevalence in adult secure settings.

### **Demographics**

Alcohol only clients had the highest median age, at 37 years, followed by opiate clients (35 years), non-opiate and alcohol clients (28 years) and non-opiate only clients (27 years).

Ninety percent of the total treatment population in adult secure settings in 2015-16 were male (54,257) and ten percent (5,997) were female. This represents just over double the proportion of women within the total prison population (4.5% as at 31 March 2016). Problematic opiate use was reported by almost half of the male treatment population (47%), compared to nearly two-thirds of women in treatment (65%).

Individuals recorded as white British made up the largest ethnic group in treatment (78%, 46,362), with a further 5% from other white groups. No other ethnic group made up more than 3% of the total treatment population, though 7% of those in treatment for non-opiates were Caribbean.

### **Waiting times**

Upon reception into the secure estate, individuals undergo a triage assessment to determine whether there is a treatment need and the median waiting time was 1 day. Following the triage assessment, nearly all (96%) individuals started their first treatment intervention within three weeks.

### **Treatment interventions**

Almost two-thirds (63%) of treatment interventions received by adults in treatment in the year were structured psychosocial interventions. The remaining interventions were pharmacological interventions, 22% to address opiate use, 9% for alcohol and 6% were other pharmacological interventions to address other drug misuse.

Reflecting the relatively short periods spent incarcerated, the majority of clients (94%) were receiving continuous prescribing for less than one year, while around 1% were continuously prescribed for two or more years. Overall, the average (median) length of continuous prescribing was 44 days, but ranged from 9 days for alcohol only clients to 56 days for opiate clients.

### **Treatment exits and successful completions**

Nearly 40,000 adults left treatment in a secure setting during 2015-16. Almost a quarter (23%) were discharged as having completed treatment, based on a clinical judgement that the individual no longer needed structured treatment, having achieved all of their care plan goals and overcome dependent use of the substance/s that brought them into treatment. The lowest rate of successful completions was amongst opiate users (13%), compared with 31-32% for the other three substance groups. The majority of opiate clients discharged from treatment were referred to treatment services in the community on release (63% of discharged opiate clients), while a lower proportion of alcohol only (43%), non-opiate and alcohol (31%) and non-opiate only (29%) had this onward community referral. Dropout rates for those in treatment in secure settings, across all substance groups, were low (4% or less).

Continuity of care between secure estate and community-based treatment is recorded on the Public Health Outcomes Framework (PHOF) website under indicator 2.16. In 2015-16, 30.3% of adult prisoners in need of treatment following release from the secure estate were successfully engaged in community-based treatment within 21 days.

### **Deaths**

The number of adults who died while in contact with treatment services in a secure setting in 2015-16 was 41, representing 0.1% of adults accessing treatment. Most of these deaths were from the opiate drug group (22 deaths), followed by alcohol only clients (11 deaths). Females accounted for 12% (5 deaths) of the total deaths amongst adults in treatment.

### Young people in secure settings

There were 1,541 young people in specialist substance misuse treatment in a secure setting in 2015-16. The majority (69%) of young people in treatment in secure settings reside in YOIs, with a further 16% residing in Secure Children’s Homes (SCHs), 12% in Secure Training Centres (STCs) and 3% in Welfare Only Homes (WOHs).

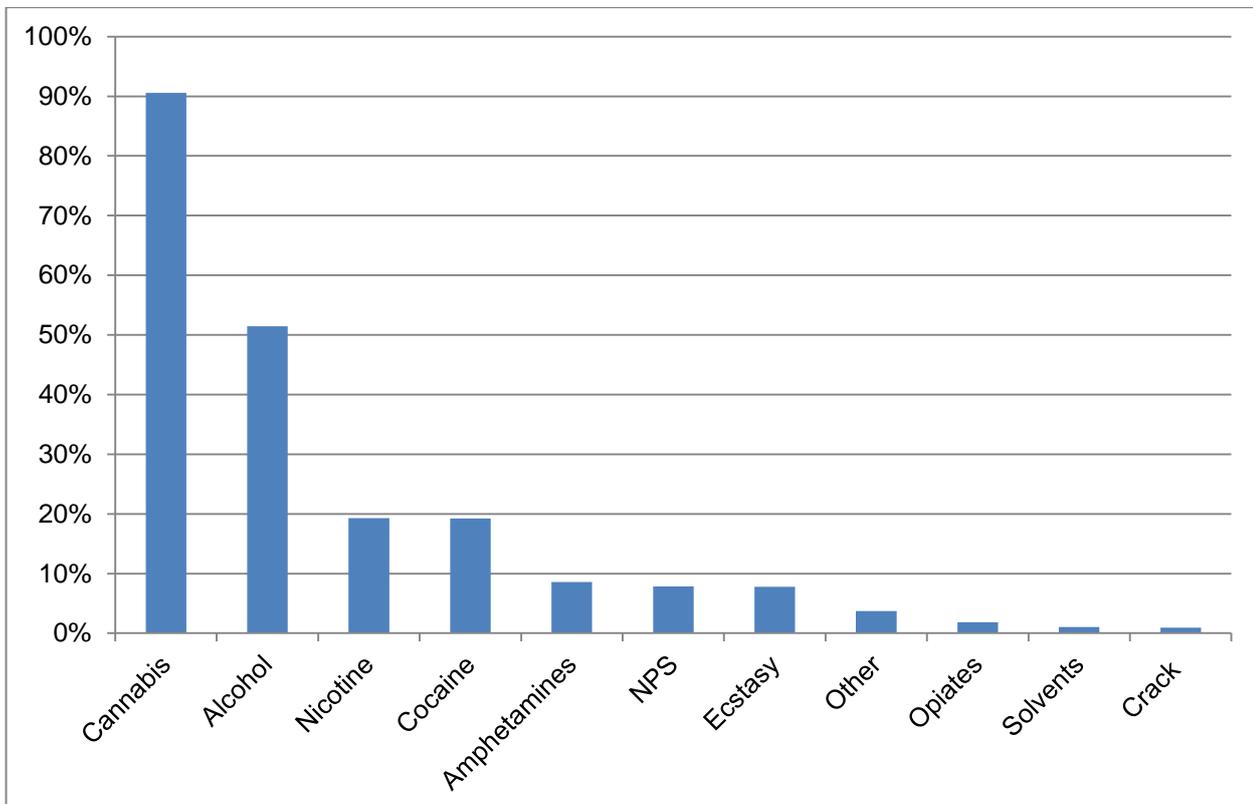
### Demographics

Approximately 93% of young people in treatment in 2015-16 were male, and males were older than their female counterparts (median age of 17 years compared with 15 years). The largest ethnic group was white British (63%). White and Black Caribbean was the next largest ethnic group (7%), and no other group represented more than 4% of the population.

### Substance use of young people

Cannabis was the most commonly cited problem substance amongst young people in treatment in secure settings (91% of all in treatment). Around half cited problematic alcohol use (51%). Other substances reported by young people included nicotine (19%), cocaine (19%), amphetamines (9%), ecstasy (8%) and NPS (8%). Two percent of young people cited problematic opiate use.

### Substance use of all young people in treatment 2015-16



### **Waiting times**

The majority (91%) of young people had a triage assessment within one week of arriving in a secure setting and, of those starting treatment, 82% started their first intervention within one week of triage. The median length of treatment was 12 weeks.

### **Treatment interventions**

Of the treatment interventions delivered to young people in 2015-16, 83% received a harm reduction intervention, followed by motivational interviewing (47%) and relapse prevention (22%).

### **Treatment exits and completions**

Of the 1,143 young people in secure settings who exited treatment in 2015-16, 32% completed treatment in custody, 41% were released from custody and were referred for further treatment in the community and 19% were transferred to another secure setting establishment with the intention that treatment would continue. The remaining 9% either dropped out or withdrew from treatment, or declined to participate in treatment. There were no deaths amongst young people in secure settings during specialist substance misuse treatment.

# 1. Background and policy context

This publication is the first annual report on individuals receiving specialist interventions for drugs and alcohol misuse in secure settings in England. The publication is comprised of two sections: the first section reporting on drug and alcohol treatment in adult secure settings (prisons, including Youth Offending Institutions (YOIs) for 18-21s, and Immigration Removal Centres (IRCs)), and the second section reporting on treatment delivered in secure settings for Children and Young People. The latter include Secure Training Centres (STCs), Secure Children's Homes (SCHs), Welfare Only Homes (WOHs) and YOIs for those aged under 18. Alcohol and drug treatment statistics are collected by the National Drug Treatment Monitoring System (NDTMS), which is managed by Public Health England.

NHS England assumed responsibility for commissioning healthcare services, including substance misuse treatment services, across the prison estate in England in April 2013 (including YOIs for 18-21 year olds) and for IRCs in 2014. Further, responsibility for commissioning healthcare for both youth justice and welfare places in the Children & Young People's Secure Estate (CYPSE) was assumed in April 2014. The CYPSE includes YOIs for under 18, STCs, SCHs and WOHs. Under The Children's Act (1989), Local Authorities can place children into SCHs and WOHs. In such circumstances, children and young people are held in these settings because of concerns about their welfare, rather than because they have offended.

Specialist treatment services within secure settings are commissioned by NHS England based on equivalence with community-based treatments, which are underpinned by evidence based clinical guidance. Treatment provision includes a range of interventions that need to be in place to address alcohol and drug problems effectively – to reduce harm and to help people recover. Interventions available include detoxification, opioid substitution treatment (OST), structured psychosocial interventions, case management and structured counselling. The delivery of substance misuse treatment to children and young people (C&YP) is underpinned by the intercollegiate healthcare standards<sup>1</sup> and should be equivalent to that available to children in the wider community. This includes specialist harm reduction advice.

There are approximately 85,000 adults in prisons at any one time, and detailed data including weekly updates are available at <https://www.gov.uk/government/statistics/prison-population->

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<sup>1</sup> Healthcare Standards for Children and Young People in Secure Settings (June 2013). Royal College of Paediatrics and Child Health.

**figures-2016.** There were 3,483 people in the UK immigration detention estate at the end of March 2015<sup>2</sup>.

Eighty-one percent of adult prisoners report using illicit drugs at some point prior to entering prison, including almost two-thirds (64%) within the month before entering prison. Rates of heroin and crack cocaine use are higher for females than males (49% and 44%, respectively: Surveying Prisoner Crime Reduction (SPCR) NOMS 2013, available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf) ).

The same report also demonstrated that harmful, hazardous and dependent drinking are relatively common problems among people entering prison. Of those prisoners who had consumed alcohol in the four weeks before custody, nearly half (46%) reported having some problems with their drinking, 39% felt that their drinking was out of control (sometimes, often or always) and 35% said that they would find it quite difficult, very difficult or impossible to stop drinking.

The vast majority of children and young people in custody because they have offended are held in YOIs, with STCs and SCHs used for children who are younger and deemed more vulnerable. In July 2016 there were 1,809 young people in custody in these three settings, with 861 aged under 18 and 948 aged 18 (more information on the population held in in these settings is available at <https://www.gov.uk/government/collections/youth-justice-statistics>). Young people in custody report a disproportionately higher level of substance misuse than in the young population in general<sup>3</sup> and substance misuse is a factor that may exacerbate the additional vulnerabilities experienced by children and young people within the secure estate.

These statistics can be used by government and commissioners of healthcare services in secure settings to monitor the availability and effectiveness of alcohol and drug treatment in these settings in England. The information is collected from healthcare services in approximately 140 secure establishments on a monthly basis, including the CYPSE. These data are regularly fed back to commissioners and service providers in the form of quarterly reports. The information in these reports is used for contract monitoring and performance management and to support health needs assessments.

The history of the data collection of specialist drug and alcohol treatment in secure settings can be found in chapter eight of this report and chapter nine provides an explanation of the abbreviations that have been used throughout the report.

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<sup>2</sup> Specification 29: Section 7A Public Health Services for Children and Adults in Secure and Detained Settings in England: Public health services for people in prison or other places of detention, including those held in the Children & Young People's Secure Estate (February 2016). NHS England.

<sup>3</sup> Galahad SMS Ltd (2004) Substance Misuse and juvenile offenders. London: The YJB

More detail on the methodologies used to compile these statistics and the processes that are in place to ensure data quality can be found at <http://www.ndtms.net/resources/secure/Quality-and-Methodology-NDTMS-2015-16.pdf>.

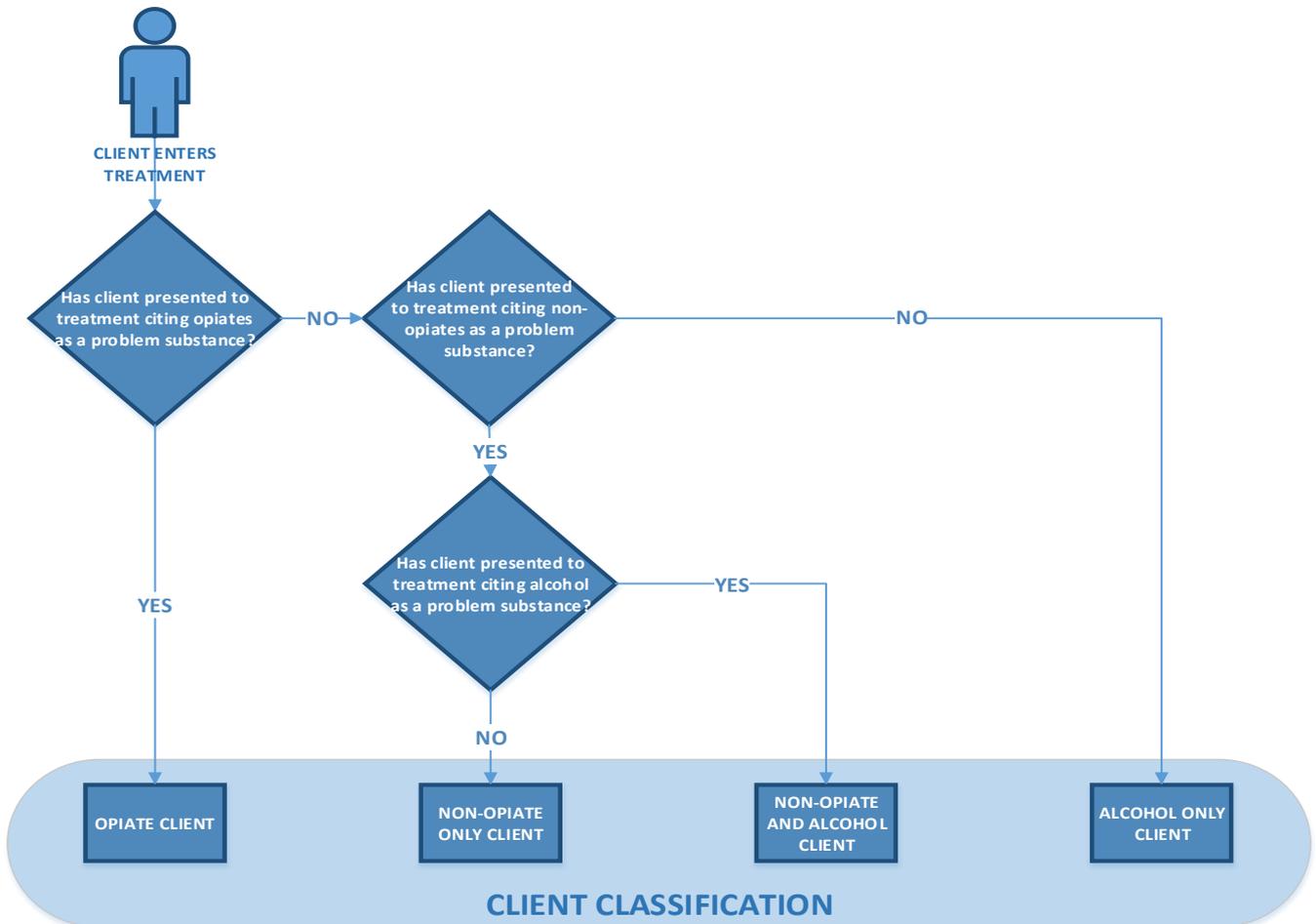
If an error is identified in any of the information that has been included in this report then the processes described in the PHE revisions and correction policy will be adhered to. The policy can be found at [www.gov.uk/government/organisations/public-health-england/about/statistics](http://www.gov.uk/government/organisations/public-health-england/about/statistics).

## 2. Client classification

Some of the information presented in this report is split by four substance misuse categories: opiate, non-opiate only, non-opiate and alcohol, and alcohol only. These categories only apply to the section on adults. The purpose is to provide additional information around the profiling of those in treatment in adult secure settings. For this report, an adult presenting to treatment citing problematic substance misuse is categorised by the following hierarchal criteria:

- any mention of opiate use in any episode would result in the client being categorised as an OPIATE client (irrespective of what other substances are cited)
- clients who present with non-opiate only substances (and not opiates or alcohol) will be classified as NON-OPIATE ONLY
- clients who present with a non-opiate substance *and* alcohol (but not opiates) recorded in any drug in any episode will be classified as NON-OPIATE AND ALCOHOL
- clients who present with alcohol and no other substances will be categorised as ALCOHOL ONLY

This classification method is illustrated in the diagram below.



### 3. Assessment of quality and robustness of 2015-16 NDTMS secure setting data

NDTMS data is routinely collected by PHE. Drug and alcohol treatment providers in a secure setting submit a monthly extract and this is checked for data quality by regional NDTMS teams. Data submissions are aggregated and reconciled against previous submissions to create a single national data submission. PHE operates a continual programme of improvement and secure setting treatment providers work with their regional NDTMS team to improve each monthly submission throughout the year.

NDTMS data quality is extremely important as it provides PHE with assurances that the data is an accurate representation of actual activity and it is therefore usable and reliable. It also gives confidence to the user of these statistics that the appropriate checks and balances have been applied.

Data quality metrics for secure settings will be available for the first time next year. The data quality metrics will include the following four indicators:-

- Proportion of duplicate open treatment episodes at the same secure setting establishment
- Proportion of overlapping treatment episodes at the same secure setting establishment
- Proportion of duplicate open treatment interventions at the same secure setting establishment
- Proportion of open treatment episode with no treatment intervention at the same secure setting establishment

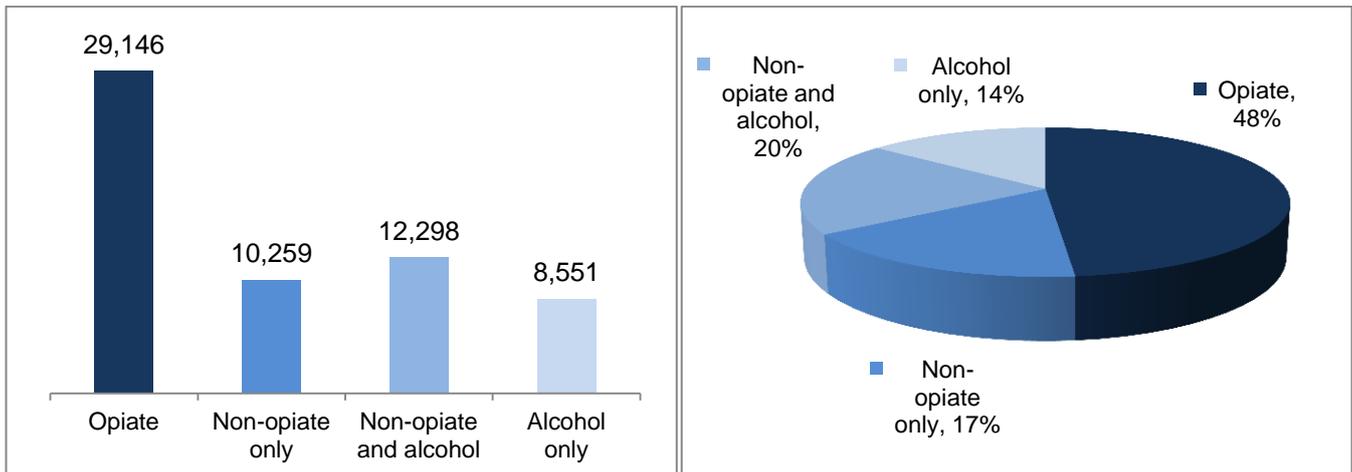
These will be reported as they provide a sense of how accurate and efficient record keeping is at treatment provider level.

In addition to the data quality checks taken at data submission, there are data quality checks and validation rules used in the production of this report. The items in this report range from 100% completion rates to 98%. Where under 100% this is either due to missing data for a client for that item or inconsistent data where there is conflicting information for the same individual.

## 4. Characteristics of adults in treatment in secure settings

During 2015-16, NDTMS reported 60,254 individuals aged 18 to 99 in contact with structured treatment in a secure setting. This total includes all individuals in treatment for either problematic drug use, alcohol use or both. Figure 4 below presents how the 60,254 individuals are segmented by the four substance groups used throughout the adult section of this report. Just fewer than half the clients in contact with treatment during the year (48%) had presented with problematic use of opiates, a further 37% had presented with problems with drugs other than opiates, and just 14% had presented with alcohol as the only problematic substance.

**Figure 4 Numbers in treatment by main substance group 2015-16**



Percentages may not sum to 100% due to rounding.

Table 4 shows that when the data is broken down by setting type, almost all clients (56,803, 94%) were in structured treatment in a prison setting (high security, local, open or training prisons). The majority of clients (77%) in Immigration Removal Centres (IRCs) were treated for opiate use, whereas only 12% of those in Youth Offending Institutions (YOIs) (18-21s) presented with opiates.

**Table 4 Numbers in treatment by main substance group and secure setting 2015-16**

Numbers in treatment	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Prisons	28,506	50%	8,906	16%	11,127	20%	8,264	15%	56,803	100%
YOIs (18-21)	387	12%	1,319	42%	1,149	37%	269	9%	3,124	100%
IRCs	253	77%	34	10%	22	7%	18	6%	327	100%
<b>Total adult clients in treatment</b>	<b>29,146</b>	<b>48%</b>	<b>10,259</b>	<b>17%</b>	<b>12,298</b>	<b>20%</b>	<b>8,551</b>	<b>14%</b>	<b>60,254</b>	<b>100%</b>

Percentages may not sum to 100% due to rounding.

## 4.1 Substance use profile

Table 4.1.1 and figure 4.1.1 show the distribution of substances for all adults in treatment in 2015-16, by the four substance groups used within this report. Overall, 49% (29,812) of adults in treatment in 2015-16 presented with problematic alcohol use, of these 8,551 cited alcohol as the only problematic substance. The next most commonly cited substance was opiates (48%), followed by cannabis, which was cited by 34% of individuals.

Fifty four percent of opiate clients also presented with crack cocaine and the next highest adjunctive substances were alcohol (31%), benzodiazepines (25%) and cannabis (19%). Cannabis was the substance that the majority of non-opiate only clients presented to treatment with (71%), followed by 38% of clients presenting with cocaine and 13% with amphetamines. Cannabis was also the drug that the majority of non-opiate and alcohol clients presented with to treatment (61%), with 47% of clients presenting with cocaine and 11% with amphetamines.

**Figure 4.1.1 Substance breakdown of all clients in treatment 2015-16**

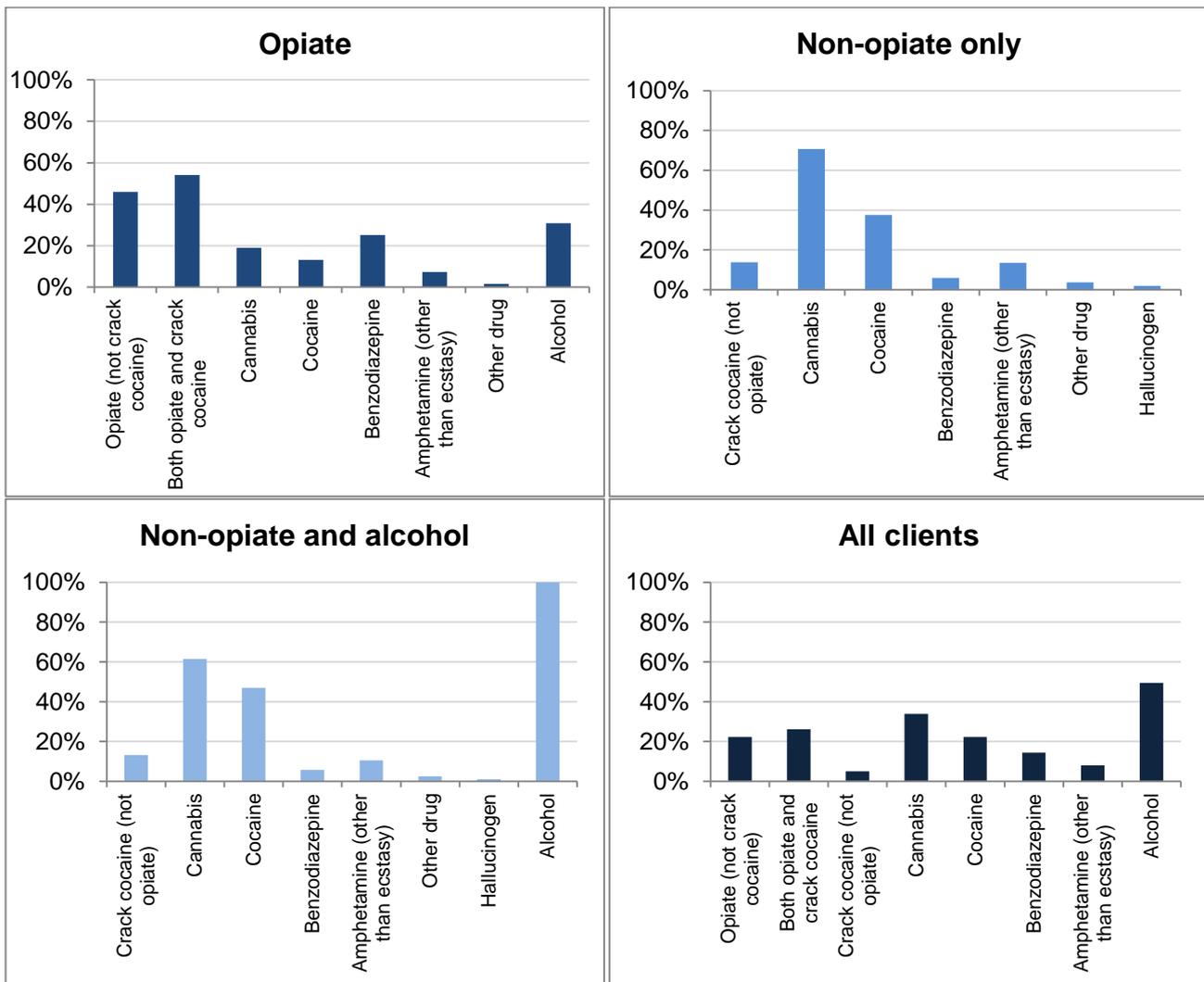


Table 4.1.1 Substance breakdown of all clients in treatment 2015-16

Substance	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Opiate and/or crack cocaine use</b>										
Both opiate and crack cocaine	15,750	54%	-	-	-	-	-	-	15,750	26%
Opiate (not crack cocaine)	13,396	46%	-	-	-	-	-	-	13,396	22%
Crack cocaine (not opiate)	-	-	1,414	14%	1,622	13%	-	-	3,036	5%
<b>Other drug use</b>										
Cannabis	5,542	19%	7,257	71%	7,556	61%	-	-	20,355	34%
Cocaine	3,806	13%	3,858	38%	5,771	47%	-	-	13,435	22%
Benzodiazepine	7,318	25%	611	6%	715	6%	-	-	8,644	14%
Amphetamine (other than ecstasy)	2,112	7%	1,379	13%	1,299	11%	-	-	4,790	8%
Other drug	436	1%	385	4%	303	2%	-	-	1,124	2%
Hallucinogen	99	0%	189	2%	132	1%	-	-	420	1%
Other prescription drug	90	0%	32	0%	42	0%	-	-	164	0%
Solvent	25	0%	28	0%	29	0%	-	-	82	0%
Anti-depressant	14	0%	7	0%	3	0%	-	-	24	0%
Barbiturate	4	0%	3	0%	4	0%	-	-	11	0%
Major tranquiliser	2	0%	-	-	2	0%	-	-	4	0%
<b>Alcohol</b>										
Alcohol	8,963	31%	-	-	12,298	100%	8,551	100%	29,812	49%
<b>Total adult clients in treatment*</b>	<b>29,146</b>	<b>100%</b>	<b>10,259</b>	<b>100%</b>	<b>12,298</b>	<b>100%</b>	<b>8,551</b>	<b>100%</b>	<b>60,254</b>	<b>100%</b>

\*The number of clients will be less than the sum of the reported substances as a client may present with more than one problematic substance.

Percentages may equal 0% or not sum to 100% due to rounding.

Table 4.1.2 presents a breakdown of substances that are categorised under a heading of 'club drugs and new psychoactive substances (NPS)', a collective term for a number of different substances typically used by people in bars and nightclubs, at concerts and parties, before and after a night out.

Of the 60,254 individuals in drug and alcohol treatment in adult secure settings in 2015-16, 6% cited NPS as one of their problematic substances, or their only problematic substance, with 13.7% of non-opiate only clients citing problematic NPS use and 4.3% of opiate clients.

As the range of NPS available is large and often changing, NDTMS collects more detailed information on these new substances based on a description of the predominant effect on the user. Sixty percent of NPS presentations were for predominantly cannabinoid NPS (3.6% of all clients presenting to substance misuse treatment). These figures do not necessarily represent all NPS use in secure settings but rather reflect the number of individuals who report their NPS

use as problematic to a healthcare or substance misuse practitioner. The most common club drugs cited were ecstasy (2.6%) and mephedrone (2%).

**Table 4.1.2 Club drug and new psychoactive substances breakdown of all clients in treatment 2015-16**

Club drug and new psychoactive substances	Opiate		Non-opiate only		Non-opiate and alcohol		Total	
	n	%	n	%	n	%	n	%
New psychoactive substances	1,250	4.3%	1,410	13.7%	949	7.7%	3,609	6.0%
Ecstasy	200	0.7%	758	7.4%	609	5.0%	1,567	2.6%
Mephedrone	402	1.4%	416	4.1%	380	3.1%	1,198	2.0%
Ketamine	60	0.2%	126	1.2%	93	0.8%	279	0.5%
Methamphetamine	47	0.2%	58	0.6%	27	0.2%	132	0.2%
GHB/GBL	7	0.0%	29	0.3%	6	0.0%	42	0.1%
<b>Further breakdown of new psychoactive substances:</b>								
Predominantly cannabinoid	744	2.6%	855	8.3%	564	4.6%	2,163	3.6%
Other	400	1.4%	466	4.5%	290	2.4%	1,156	1.9%
Predominantly stimulant	120	0.4%	93	0.9%	83	0.7%	296	0.5%
Predominantly hallucinogenic	30	0.1%	21	0.2%	32	0.3%	83	0.1%
Predominantly sedative/opioid	32	0.1%	30	0.3%	18	0.1%	80	0.1%
Predominantly dissociative	16	0.1%	10	0.1%	15	0.1%	41	0.1%
<b>Total adult clients in treatment*</b>	<b>29,146</b>	<b>100%</b>	<b>10,259</b>	<b>100%</b>	<b>12,298</b>	<b>100%</b>	<b>60,254</b>	<b>100%</b>

\*The number of clients will be higher than the sum of the reported substances as not all clients will have presented with a club drug or NPS problematic substance.

Percentages may equal 0% or not sum to 100% due to rounding.

## 4.2 Age of clients

The age of adults at their first point of contact with treatment in a secure setting in 2015-16 is reported in table 4.2.1. Alcohol only clients had the highest median age (the middle number in an ascending list of all ages), at 37 years. This was followed by opiate clients (35 years), non-opiate and alcohol clients (28 years) and non-opiate only clients (27 years).

Compared with the community-based treatment population, clients in the secure setting were consistently younger. The disparity was greatest for alcohol only users (8 years younger), followed by non-opiate and alcohol clients (6 years younger), opiate clients (4 years younger) and non-opiate clients (2 years younger). The community treatment annual report can be found at [http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016\[0\].pdf](http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf)

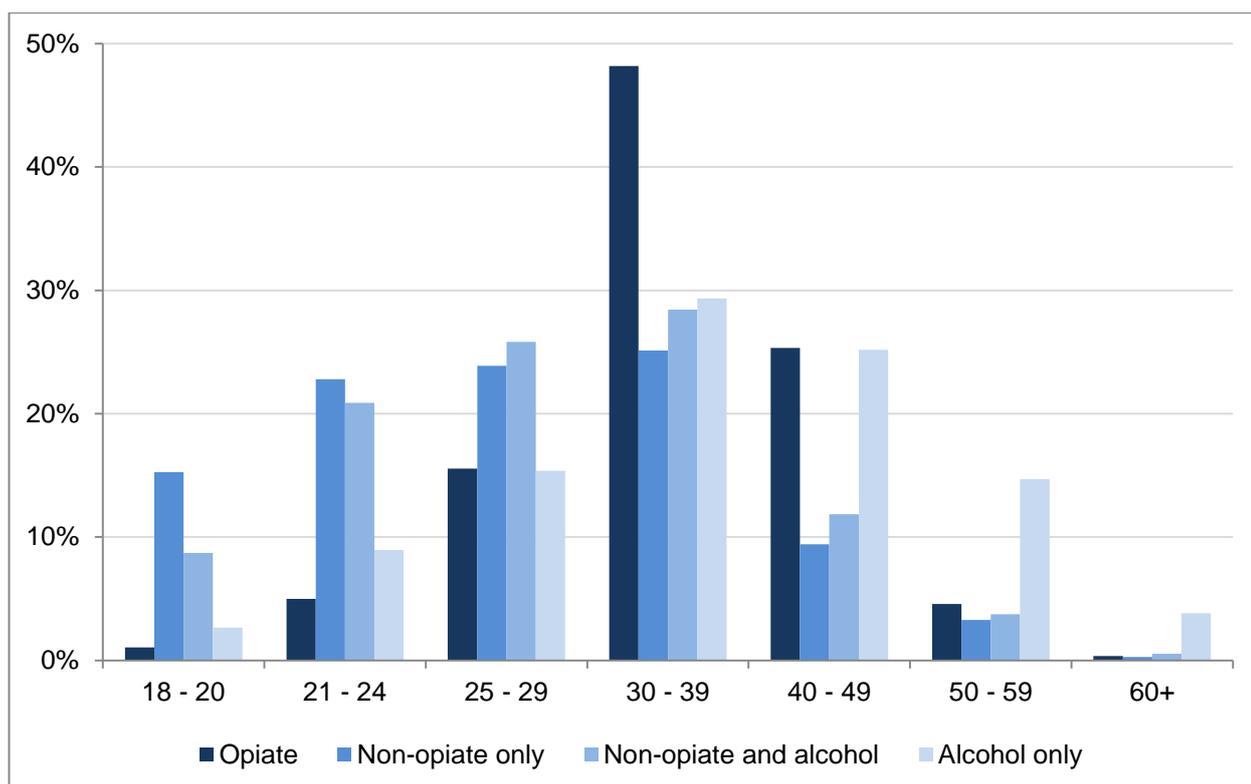
Of the alcohol only clients, 44% were 40 years and over. Four percent of alcohol only clients were aged 60 years and over. Nearly half (48%) of individuals presenting with problematic opiate use are aged 30-39, and a further 30% are aged 40 or over. The youngest group is non-opiate only with 62% being under 30 years old.

**Table 4.2.1 Age of all clients in treatment 2015-16**

Age	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
18 - 20	303	1%	1,565	15%	1,072	9%	227	3%	3,167	5%
21 - 24	1,453	5%	2,339	23%	2,569	21%	765	9%	7,126	12%
25 - 29	4,529	16%	2,449	24%	3,176	26%	1,314	15%	11,468	19%
30 - 39	14,046	48%	2,578	25%	3,497	28%	2,509	29%	22,630	38%
40 - 49	7,380	25%	965	9%	1,457	12%	2,153	25%	11,955	20%
50 - 59	1,329	5%	336	3%	460	4%	1,257	15%	3,382	6%
60+	106	0%	27	0%	67	1%	326	4%	526	1%
<b>Total adult clients in treatment</b>	<b>29,146</b>	<b>100%</b>	<b>10,259</b>	<b>100%</b>	<b>12,298</b>	<b>100%</b>	<b>8,551</b>	<b>100%</b>	<b>60,254</b>	<b>100%</b>

Percentages may equal 0% or not sum to 100% due to rounding.

**Figure 4.2.1 Age distribution of all clients in treatment 2015-16**



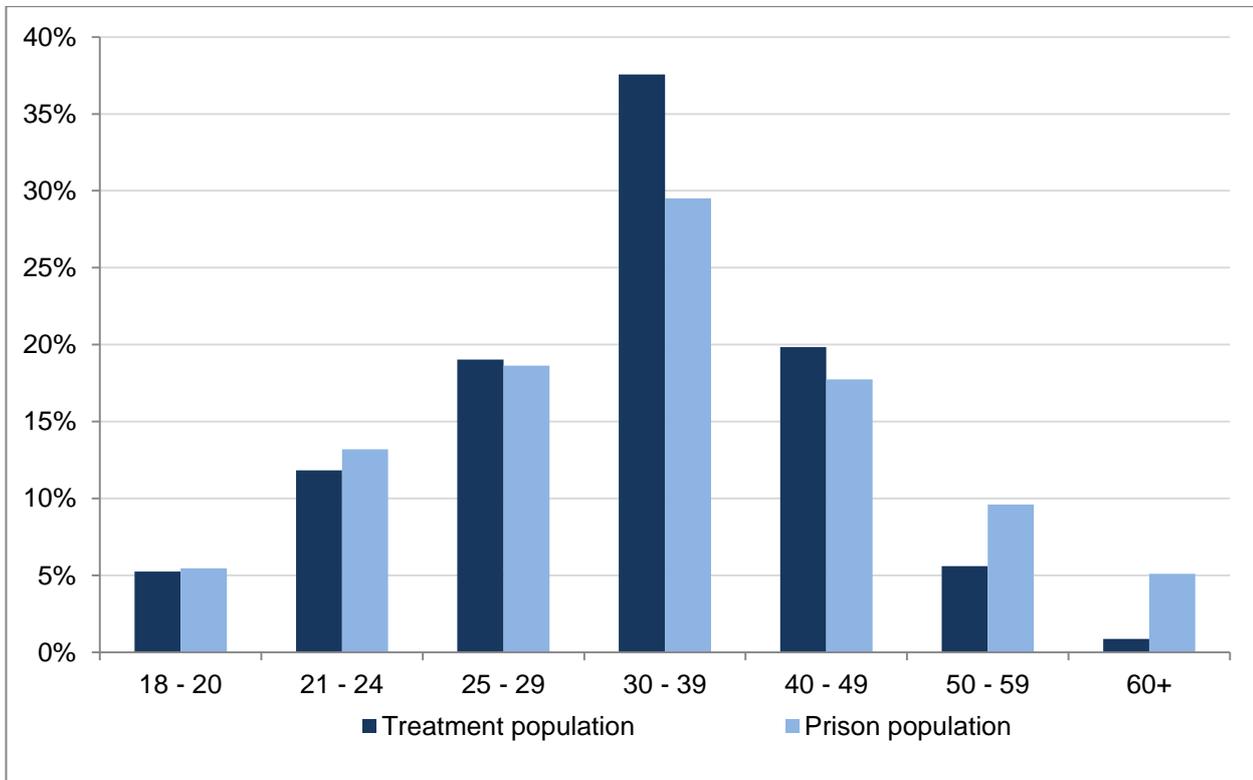
As can be seen in table 4.2.2 and figure 4.2.2 the distribution of ages of individuals in treatment in a secure setting reflects patterns seen in the prison population<sup>4</sup>. The largest difference is the treatment population having 8% more in the 30-39 age group than the prison population. There is more than double the proportion aged 50 or more in the prison population (15%) than the population in treatment (7%).

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/571996/annual-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571996/annual-report.pdf)

**Table 4.2.2 Age group comparison to prison population 2015-16**

Age	Treatment population	Prison population
18 - 20	5%	5%
21 - 24	12%	13%
25 - 29	19%	19%
30 - 39	38%	30%
40 - 49	20%	18%
50 - 59	6%	10%
60+	1%	5%

**Figure 4.2.2 Age distribution comparison to prison population 2015-16**



<sup>4</sup> The general prison population as measured on the 31st March contains 22,143 clients who are engaged in treatment on that day.

### 4.3 Gender of clients

Table 4.3.1 presents the gender distribution for all clients in treatment, segmented by the four substance groups. Of the total treatment population in adult secure settings, 90% (54,257) were male and 10% (5,997) were women. This is just over double the representation of women within the total prison population (4.5% as at 31 March 2016). More details can be found here: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/571996/annual-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571996/annual-report.pdf).

Of the male population in substance misuse treatment, 47% cited opiate use compared to nearly two-thirds (65%) of the female population.

**Table 4.3.1 Gender of all clients in treatment 2015-16**

Gender	Male		Female		Persons	
	n	%	n	%	n	%
Opiate	25,253	47%	3,893	65%	29,146	48%
Non-opiate only	9,586	18%	673	11%	10,259	17%
Non-opiate and alcohol	11,686	22%	612	10%	12,298	20%
Alcohol only	7,732	14%	819	14%	8,551	14%
<b>Total adult clients in treatment</b>	<b>54,257</b>	<b>100%</b>	<b>5,997</b>	<b>100%</b>	<b>60,254</b>	<b>100%</b>

*Percentages may not sum to 100% due to rounding.*

### 4.4 Ethnicity of clients

Table 4.4.1 reports the ethnicity of clients in treatment in adult secure settings in 2015-16. Where reported, most individuals (78%) were white British. Other white groups comprised a total of 5% of the treatment population and no other ethnic group made up more than 3%. Within the non-opiate only substance group, 7% of individuals had an ethnicity of Caribbean, compared to lower proportions in the other substance groups.

Of those in treatment in 2015-16, 17% were from a non-white ethnic group, with the proportion varying between the substance groupings. This compares with just over a quarter (25.8%) of the prison population as at the end of March 2016.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/571996/annual-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571996/annual-report.pdf)

**Table 4.4.1 Ethnicity of all clients in treatment 2015-16**

Ethnicity	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
White British	23,716	84%	6,997	69%	8,925	74%	6,724	80%	46,362	78%
Other White	825	3%	320	3%	360	3%	456	5%	1,961	3%
Caribbean	549	2%	670	7%	516	4%	121	1%	1,856	3%
White & Black Caribbean	527	2%	441	4%	412	3%	96	1%	1,476	2%
Other Black	388	1%	361	4%	337	3%	107	1%	1,193	2%
African	239	1%	335	3%	371	3%	173	2%	1,118	2%
White Irish	416	1%	121	1%	215	2%	169	2%	921	2%
Pakistani	336	1%	193	2%	168	1%	78	1%	775	1%
Other Asian	236	1%	162	2%	175	1%	118	1%	691	1%
Indian	353	1%	59	1%	96	1%	141	2%	649	1%
Other Mixed	244	1%	137	1%	154	1%	72	1%	607	1%
Other	208	1%	94	1%	118	1%	64	1%	484	1%
White & Black African	102	0%	91	1%	124	1%	38	0%	355	1%
White & Asian	118	0%	84	1%	79	1%	30	0%	311	1%
Bangladeshi	139	0%	58	1%	85	1%	27	0%	309	1%
Chinese	4	0%	4	0%	2	0%	5	0%	15	0%
<b>Total</b>	<b>28,400</b>	<b>100%</b>	<b>10,127</b>	<b>100%</b>	<b>12,137</b>	<b>100%</b>	<b>8,419</b>	<b>100%</b>	<b>59,083</b>	<b>100%</b>
Inconsistent/not stated/unknown	746		132		161		132		1,171	
<b>Total adult clients in treatment</b>	<b>29,146</b>		<b>10,259</b>		<b>12,298</b>		<b>8,551</b>		<b>60,254</b>	

Percentages may equal 0% or not sum to 100% due to rounding.

## 4.5 Pathway into treatment (new presentations)

Table 4.5.1 shows a breakdown of new presentations (40,382) to treatment by pathway (i.e. the route by which people accessed treatment in a secure setting) and the number of days to start treatment (difference between reception date and triage date).

Over sixty percent (24,451) of new presentations to treatment in 2015-16 were of offenders who were taken directly into custody from the community, with 56% of those clients starting treatment immediately on arrival into custody, compared to just 16% who started treatment following a transfer in from another secure setting. Of those coming into custody-based treatment from the community, 91% started treatment within 3 weeks. By contrast, only 63% of clients transferring from another secure setting started treatment within 3 weeks.

The opiate group had the highest proportion of clients taken directly into custody who started treatment immediately (68%). Only 3% of opiate clients coming in from the community took over three weeks to present to treatment compared to 8% of alcohol only clients, while non-

opiate and alcohol clients and non-opiate only clients had greater proportions taking over three weeks (19% and 25%, respectively).

By contrast, higher proportions of each substance group took longer to present to treatment after transfer from another establishment. Overall, 37% of clients transferred from another establishment took more than three weeks to start treatment, compared to 9% of those entering treatment from the community.

**Table 4.5.1 Source of referral into treatment, new presentations to treatment 2015-16**

Pathway into treatment	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
<b><i>Taken directly into custody and starting treatment:</i></b>										
immediately (0 days)	9,051	68%	858	26%	1,569	42%	2,281	56%	13,759	56%
within 3 weeks (1-21 days)	3,904	29%	1,576	48%	1,492	40%	1,446	36%	8,418	34%
over 3 weeks (21+ days)	418	3%	816	25%	698	19%	342	8%	2,274	9%
<b>Total</b>	<b>13,373</b>	<b>100%</b>	<b>3,250</b>	<b>100%</b>	<b>3,759</b>	<b>100%</b>	<b>4,069</b>	<b>100%</b>	<b>24,451</b>	<b>100%</b>
<b><i>Transferred from another secure setting and starting treatment:</i></b>										
immediately (0 days)	1,726	30%	296	8%	353	8%	203	10%	2,578	16%
within 3 weeks (1-21 days)	2,797	49%	1,723	45%	2,009	46%	868	43%	7,397	46%
over 3 weeks (21+ days)	1,214	21%	1,786	47%	2,013	46%	943	47%	5,956	37%
<b>Total</b>	<b>5,737</b>	<b>100%</b>	<b>3,805</b>	<b>100%</b>	<b>4,375</b>	<b>100%</b>	<b>2,014</b>	<b>100%</b>	<b>15,931</b>	<b>100%</b>
<b>Total adult clients starting treatment</b>	<b>19,110</b>		<b>7,055</b>		<b>8,134</b>		<b>6,083</b>		<b>40,382</b>	

Percentages may not sum to 100% due to rounding.

## 4.6 Age and presenting substance (new presentations)

Table 4.6.1 shows the substance distribution for individuals presenting to treatment in 2015-16 in a secure setting, reported by the four substance groups. Overall, 50% (19,996) of individuals starting treatment in 2015-16 presented with problematic alcohol use, of these 6,083 cited alcohol as the only problematic substance. The next most commonly cited substance was opiates (47%), followed by cannabis which was cited by 33% of individuals. Fifty four percent of opiate new presentations also presented with crack cocaine. The next highest adjunctive substance alongside opiate use was alcohol (30%), followed by benzodiazepines (26%). For non-opiate only clients, the majority of individuals cited cannabis as a problematic substance (70%), this was followed by just over a third (36%) of this group presenting with cocaine use. Cannabis was the main drug that clients in the non-opiate and alcohol group presented with, 60% having done so, with cocaine the next most cited substance (46%).

**Table 4.6.1 Substance breakdown of new presentations to treatment 2015-16**

Substance	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Opiate and/or crack cocaine use</b>										
Both opiate and crack cocaine	10,410	54%	-	-	-	-	-	-	10,410	26%
Opiate (not crack cocaine)	8,700	46%	-	-	-	-	-	-	8,700	22%
Crack cocaine (not opiate)	-	-	960	14%	1,107	14%	-	-	2,067	5%
<b>Other drug use</b>										
Cannabis	3,369	18%	4,960	70%	4,895	60%	-	-	13,224	33%
Cocaine	2,464	13%	2,564	36%	3,724	46%	-	-	8,752	22%
Benzodiazepine	4,933	26%	447	6%	502	6%	-	-	5,882	15%
Amphetamine (other than ecstasy)	1,272	7%	925	13%	818	10%	-	-	3,015	7%
Other drug	264	1%	237	3%	182	2%	-	-	683	2%
<b>Alcohol</b>										
Alcohol	5,779	30%	-	-	8,134	100%	6,083	100%	19,996	50%
<b>Total adult clients starting treatment*</b>	<b>19,110</b>	<b>100%</b>	<b>7,055</b>	<b>100%</b>	<b>8,134</b>	<b>100%</b>	<b>6,083</b>	<b>100%</b>	<b>40,382</b>	<b>100%</b>

\*The number of clients will be less than the sum of the reported substances as a client may present with more than one problematic substance.

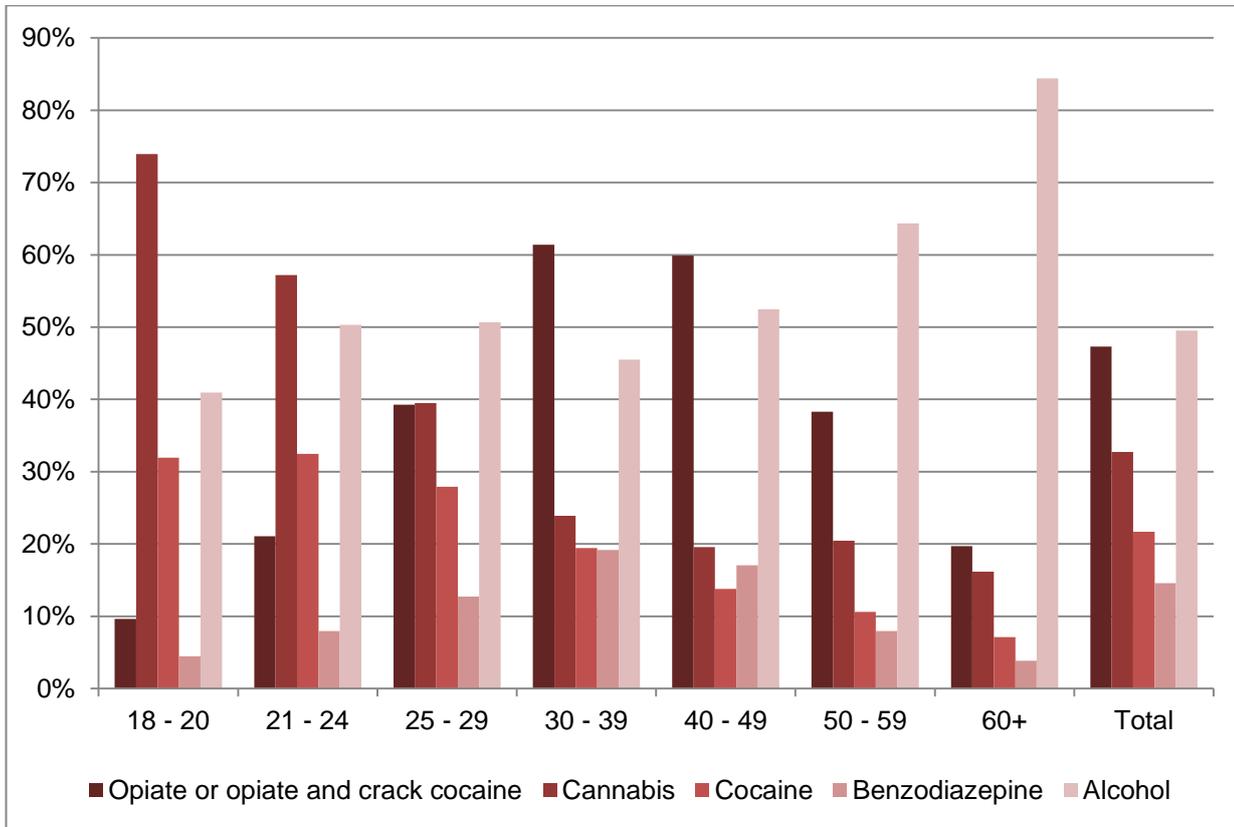
Table 4.6.2 and figure 4.6.1 report the distribution of the substances by age for new presentations to treatment in 2015-16. For younger adults presenting to treatment (those aged 18-20), the main substances cited were cannabis (74%), alcohol (41%) and cocaine (32%), with only 10% having presented using opiates. The percentage of individuals presenting with problems with alcohol use increased with age, with 45% (6,831) of those aged 30-39 citing alcohol as problematic, increasing up to 84% (308) of those aged 60 years or more.

Table 4.6.2 Age and presenting substance of new presentations to treatment 2015-16

Substance	18 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60+	Total
	n	n	n	n	n	n	n	n
<b>Opiate and/or crack cocaine use</b>								
Both opiate and crack cocaine	111	504	1,624	5,159	2,540	436	36	10,410
	5%	10%	21%	34%	32%	20%	10%	26%
Opiate (not crack cocaine)	119	520	1,408	4,063	2,142	412	36	8,700
	5%	11%	18%	27%	27%	19%	10%	22%
Crack cocaine (not opiate)	112	298	443	735	351	116	12	2,067
	5%	6%	6%	5%	4%	5%	3%	5%
<b>Other drug use</b>								
Cannabis	1,763	2,779	3,051	3,590	1,529	453	59	13,224
	74%	57%	40%	24%	20%	20%	16%	33%
Cocaine	761	1,578	2,155	2,919	1,078	235	26	8,752
	32%	32%	28%	19%	14%	11%	7%	22%
Benzodiazepine	107	386	982	2,882	1,335	176	14	5,882
	4%	8%	13%	19%	17%	8%	4%	15%
Amphetamine (other than ecstasy)	264	403	595	1,086	532	124	11	3,015
	11%	8%	8%	7%	7%	6%	3%	7%
Other drugs	44	102	185	268	73	9	2	683
	2%	2%	2%	2%	1%	0%	1%	2%
<b>Alcohol</b>								
Alcohol	976	2,444	3,911	6,831	4,101	1,425	308	19,996
	41%	50%	51%	45%	52%	64%	84%	50%
<b>Total adult clients starting treatment*</b>	<b>2,384</b>	<b>4,859</b>	<b>7,722</b>	<b>15,021</b>	<b>7,817</b>	<b>2,214</b>	<b>365</b>	<b>40,382</b>

\*The number of clients will be less than the sum of the reported substances as a client may present with more than one problematic substance.

**Figure 4.6.1 Age and presenting substance distribution of new presentations to treatment 2015-16**



### 4.7 Injecting behaviour (new presentations)

Injecting status at presentation for treatment was recorded for 39,897 adults (99%) who entered treatment in a secure setting in 2015-16. The majority of individuals presenting to treatment have never injected (63%), though there was variation by substance with 92% of alcohol only clients having never injected any substance compared to 34% of opiate clients. Over a third (36%) of individuals using opiates were currently injecting compared to 2% and 1% in the non-opiate only and non-opiate and alcohol clients respectively.

**Table 4.7.1 Injecting status of new presentations to treatment 2015-16**

Injecting status	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Never injected	6,501	34%	6,073	88%	6,999	87%	5,478	92%	25,051	63%
Previously injected	5,040	27%	603	9%	837	10%	315	5%	6,795	17%
Currently injecting	6,884	36%	150	2%	105	1%	24	0%	7,163	18%
Declined to answer	513	3%	114	2%	113	1%	148	2%	888	2%
<b>Total</b>	<b>18,938</b>	<b>100%</b>	<b>6,940</b>	<b>100%</b>	<b>8,054</b>	<b>100%</b>	<b>5,965</b>	<b>100%</b>	<b>39,897</b>	<b>100%</b>
Missing/inconsistent	172		115		80		118		485	
<b>Total adult clients starting treatment</b>	<b>19,110</b>		<b>7,055</b>		<b>8,134</b>		<b>6,083</b>		<b>40,382</b>	

*Percentages may not sum to 100% due to rounding.*

## 5. Access to services

### 5.1 Waiting times from reception to triage and triage to first intervention

Overall, the majority of individuals (80%) waited three weeks or less from when they first entered a secure setting to having a triage assessment. Of the four substance groups, those presenting with problematic use of opiates had the highest proportion (91%) waiting three weeks or less. This group had the lowest median waiting time of 0 days. The group with the longest median waiting time was non-opiate only group (11 days). For individuals that started their first intervention, overall nearly all (96%) did so within three weeks of triage. From triage to first intervention, all groups had a median waiting time of 0 days.

**Table 5.1.1 Waiting times, reception to triage and triage to first intervention 2015-16**

Waiting time	Reception to Triage					Triage to First intervention					
	3 weeks or under		Over 3 weeks		Median waiting time	3 weeks or under		Over 3 weeks		No first intervention recorded	
	n	%	n	%	days	n	%	n	%	n	%
Opiate	17,478	91%	1,632	9%	0	18,747	98%	249	1%	114	1%
Non-opiate only	4,453	63%	2,602	37%	11	6,438	91%	354	5%	263	4%
Non-opiate and alcohol	5,423	67%	2,711	33%	7	7,608	94%	430	5%	96	1%
Alcohol only	4,798	79%	1,285	21%	1	5,788	95%	245	4%	50	1%
<b>Total adult clients starting treatment</b>	<b>32,152</b>	<b>80%</b>	<b>8,230</b>	<b>20%</b>	<b>1</b>	<b>38,581</b>	<b>96%</b>	<b>1,278</b>	<b>3%</b>	<b>523</b>	<b>1%</b>

### 5.2 Treatment interventions

As part of a treatment episode in a given secure setting, an individual may receive more than one intervention (i.e. more than one type of treatment) while being treated. Table 5.2.1 shows the number of clients who received each intervention that commenced during 2015-16. Individuals are only counted once for each intervention type they received. Overall, 63% of the interventions received (63,830) were structured psychosocial interventions for drug and / or alcohol misuse. Pharmacological interventions for opiates accounted for 22% of all interventions received.

**Table 5.2.1 Interventions received by clients in treatment 2015-16**

Interventions received	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Structured psychosocial intervention for drugs	26,454	44%	9,522	90%	9,943	56%	3,076	26%	48,995	49%
Structured psychosocial intervention for alcohol	3,570	6%	237	2%	5,680	32%	5,348	46%	14,835	15%
Pharmacological intervention for opiates	21,801	36%	350	3%	217	1%	146	1%	22,514	22%
Pharmacological intervention for alcohol	4,138	7%	78	1%	1,653	9%	2,806	24%	8,675	9%
Other pharmacological intervention	4,586	8%	420	4%	388	2%	350	3%	5,744	6%
<b>Total interventions received</b>	<b>60,549</b>	<b>100%</b>	<b>10,607</b>	<b>100%</b>	<b>17,881</b>	<b>100%</b>	<b>11,726</b>	<b>100%</b>	<b>100,763</b>	<b>100%</b>

Table 5.2.2 shows the type of intervention combinations a client has received while in treatment in 2015-16. A client can receive either pharmacological and psychosocial interventions together, pharmacological interventions only, or psychosocial interventions only. In a minority of cases, no interventions were started/recorded. The majority of clients in the opiate group received both pharmacological and psychosocial interventions (72%). The majority of non-opiate (87%), non-opiate and alcohol (81%) and alcohol only clients (60%) received psychosocial interventions only. Those presenting with a non-opiate only drug problem had the highest proportion of clients with no structured intervention started/recorded (5%).

**Table 5.2.2 Intervention combinations received by clients in treatment 2015-16**

Intervention combinations	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Pharmacological and psychosocial interventions	20,922	72%	632	6%	1,767	14%	2,358	28%	25,679	43%
Pharmacological interventions only	1,944	7%	157	2%	251	2%	771	9%	3,123	5%
Psychosocial interventions only	5,929	20%	8,952	87%	9,913	81%	5,105	60%	29,899	50%
No structured intervention started/recorded	351	1%	518	5%	367	3%	317	4%	1,553	3%
<b>Total adult clients in treatment</b>	<b>29,146</b>	<b>100%</b>	<b>10,259</b>	<b>100%</b>	<b>12,298</b>	<b>100%</b>	<b>8,551</b>	<b>100%</b>	<b>60,254</b>	<b>100%</b>

Table 5.2.3 below provides a breakdown of the length of time clients were continuously recorded as having received a prescribing intervention. The continuity of prescribing is maintained in instances where a client is transferred from one prison to another and a new prescribing intervention started.

Nearly all individuals prescribed were in receipt of prescriptions for less than 12 months (94%), with minimal variation between substance groups, ranging from 91% for non-opiate only clients to 98% for both non-opiate and alcohol and alcohol only clients. Overall, the average (median) length of continuous prescribing was 44 days, but ranged from 9 days for alcohol only clients to 56 days for opiate clients.

The majority of individuals either received prescriptions as part of opiate substitution therapy or to enable safe withdrawal from alcohol dependence.

**Table 5.2.3 Length of time in prescribing for clients in continuous prescribing treatment 2015-16**

Length of time	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Less than 12 months	21,422	94%	716	91%	1,978	98%	3,061	98%	27,177	94%
1-2 years	1,212	5%	52	7%	30	1%	28	1%	1,322	5%
2-3 years	173	1%	14	2%	8	0%	29	1%	224	1%
3-4 years	45	0%	6	1%	2	0%	8	0%	61	0%
4-5 years	12	0%	1	0%	0	0%	2	0%	15	0%
5 years +	2	0%	0	0%	0	0%	1	0%	3	0%
<b>Total</b>	<b>22,866</b>	<b>100%</b>	<b>789</b>	<b>100%</b>	<b>2,018</b>	<b>100%</b>	<b>3,129</b>	<b>100%</b>	<b>28,802</b>	<b>100%</b>

## 6. Treatment outcomes

### 6.1 Average length of treatment intervention

The average (mean) length of treatment interventions for interventions that ended in 2015-16 are reported in Table 6.1.1. Prescribing for alcohol misuse had the shortest intervention length with 18 days. The longest intervention length is other formal psychosocial therapy, which on average lasted 131 days.

**Table 6.1.1 The average length of a treatment intervention ending in 2015-16**

Average length of intervention	Opiate	Non-opiate only	Non-opiate and alcohol	Alcohol only	Total
	days	days	days	days	days
Opioid Maintenance	62	108	99	84	62
Opioid Reduction	81	138	105	108	82
Other Clinical Intervention	29	45	37	29	31
Psychosocial Intervention Mental Disorder	63	79	94	49	68
Other formal psychosocial therapy	120	161	171	123	131
Structured day programme	71	66	62	48	66
Other structured intervention	98	126	127	117	108
Alcohol – Prescribing	19	34	16	19	18
Alcohol – Structured psychosocial intervention	87	103	99	91	93
Alcohol – Other Structured Treatment	81	144	115	104	103
<b>Total</b>	<b>76</b>	<b>118</b>	<b>106</b>	<b>78</b>	<b>83</b>

### 6.2 Length of latest episode ending

The length of the latest discharged episode ending in 2015-16 is determined by the number of days between the triage and discharge date. Table 6.2.1 below shows the length of the latest episodes ended in week bandings (0-12 weeks, 13-26 weeks, 27-52 weeks and longer than 52 weeks) by substance group.

Overall, just over half (56%) of latest episodes lasted 0-12 weeks and just over a fifth (21%) lasted 13-26 weeks. Only 8% (3,142 episodes) were longer than 52 weeks. There is a similar trend across the four substance groups.

**Table 6.2.1 Length of latest episode ending in 2015-16**

Length of episode	0 - 12 weeks		13 - 26 weeks		27 - 52 weeks		Longer than 52 weeks		Total	
	n	%	n	%	n	%	n	%	n	%
Opiate	11,246	61%	3,549	19%	2,304	13%	1,299	7%	18,398	100%
Non-opiate only	3,389	49%	1,623	24%	1,246	18%	614	9%	6,872	100%
Non-opiate and alcohol	3,854	49%	1,948	25%	1,327	17%	756	10%	7,885	100%
Alcohol only	3,692	60%	1,194	20%	762	12%	473	8%	6,121	100%
<b>Total</b>	<b>22,181</b>	<b>56%</b>	<b>8,314</b>	<b>21%</b>	<b>5,639</b>	<b>14%</b>	<b>3,142</b>	<b>8%</b>	<b>39,276</b>	<b>100%</b>

### 6.3 Treatment exits

Table 6.3.1 shows the reasons for clients exiting treatment in 2015-16. There were 39,152 individuals who left treatment after the 31st March 2015 and before the 1st April 2016. Of these, 8,975 (23%) were discharged as 'treatment completed'. This is determined by clinical judgement that the individual no longer has a need for structured treatment, having achieved all the care plan goals and having overcome dependent use of the substances that brought them into treatment. Figure 6.3.1 represents the percentage of successful completions among the four substance groups. Opiate clients had the lowest rate of successful completions (13%), compared to the other three substance groups at 31% and above.

Of the discharged opiate clients, 63% were transferred for further treatment to the community, and 22% were transferred for further treatment in custody. The remaining 2% of clients who left without completing treatment were discharged largely as having dropped out/left treatment.

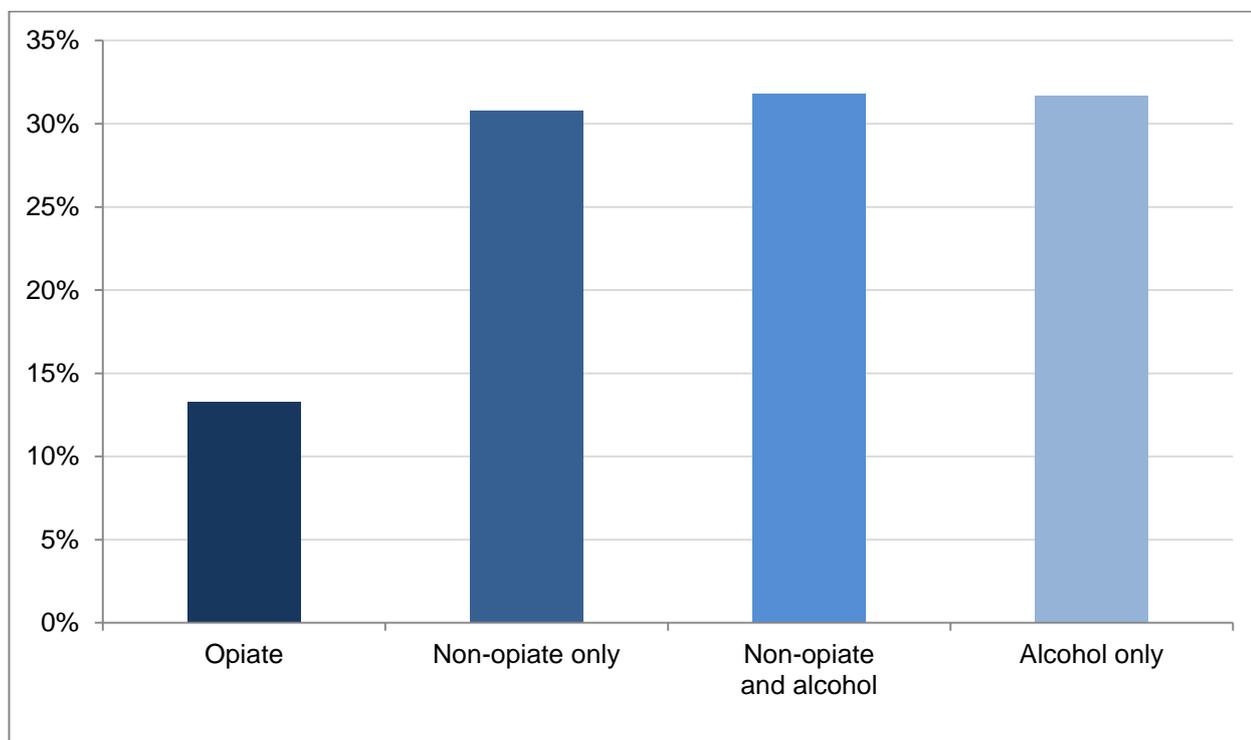
During 2015-16, 0.10% of discharged clients died while in contact with treatment in a secure setting (41 in total). Most of these were opiate clients (54% of all deaths) with a median age of 41 years. This accounts for 0.12% of all opiate clients in treatment. There were 11 alcohol only deaths during treatment (0.18% of all alcohol only clients in treatment). This group had the greatest median age among the substance groups (42 years). In comparison, non-opiate and alcohol and non-opiate only clients (both 10%) made up only a small percentage of the total number of deaths while in contact with treatment services. Non-opiate only deaths had a median age of 30 years, whereas non-opiate and alcohol clients had the lowest median age (28 years), with the overall aged 40.

Of the clients that died while in contact with treatment in an adult secure setting, 88% were males (36), ranging from 75% for the non-opiate only and non-opiate and alcohol groups to 91% for both the opiate and alcohol only groups. Females therefore accounted for 12% (5) of overall deaths.

**Table 6.3.1 Treatment exit reasons for clients not retained in treatment on 31<sup>st</sup> March 2016**

Treatment exit reason	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
Completed free of dependence - no drug or alcohol use	2,412	13%	2,007	29%	2,383	30%	1,905	31%	8,707	22%
Completed free of dependence	25	0%	101	1%	115	1%	27	0%	268	1%
<b>Treatment completed free of dependence subtotal</b>	<b>2,437</b>	<b>13%</b>	<b>2,108</b>	<b>31%</b>	<b>2,498</b>	<b>32%</b>	<b>1,932</b>	<b>32%</b>	<b>8,975</b>	<b>23%</b>
Transferred - not in custody	11,516	63%	1,971	29%	2,444	31%	2,604	43%	18,535	47%
Transferred - in custody	3,944	22%	2,232	33%	2,540	32%	1,312	22%	10,028	26%
Dropped out/left	317	2%	271	4%	255	3%	171	3%	1,014	3%
Treatment declined by client	83	0%	237	3%	95	1%	55	1%	470	1%
Treatment withdrawn by provider	25	0%	26	0%	23	0%	15	0%	89	0%
Died	22	0%	4	0%	4	0%	11	0%	41	0%
<b>Total</b>	<b>18,344</b>	<b>100%</b>	<b>6,849</b>	<b>100%</b>	<b>7,859</b>	<b>100%</b>	<b>6,100</b>	<b>100%</b>	<b>39,152</b>	<b>100%</b>
Missing	54		23		26		21		124	
<b>Total adult clients exiting treatment</b>	<b>18,398</b>		<b>6,872</b>		<b>7,885</b>		<b>6,121</b>		<b>39,276</b>	

**Figure 6.3.1 Proportion of exits that are treatment completed free of dependence by the four substance groups 2015-16**



Full definitions of all the treatment exit reasons can be found in the NDTMS business definitions at <http://www.nta.nhs.uk/core-data-set.aspx>.

## 6.4 Continuity of care

Published on the Public Health Outcomes Framework (PHOF) website is indicator 2.16, which measures adults with a substance misuse treatment need who successfully engage in community-based treatment within 3 weeks, following release from prison.

This indicator supports a priority under the National Partnership Agreement between NHS E, NOMs and PHE to strengthen integration of services and continuity of care between custody and the community.

More detail on PHOF can be found at <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4>

Table 6.4.1 shows the number and proportion of individuals that successfully engaged in community-based structured treatment following release (within 21 days) at regional level. Nationally the current proportion is just over 30%.

**Table 6.4.1 PHOF 2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison 2015-16**

Area	n	%	95% Lower CI	95% Upper CI
North East	937	44.4	42.3	46.6
Yorkshire and the Humber	1,102	40.9	39.1	42.8
South West	862	35.7	33.8	37.7
East of England	774	34.7	32.8	36.7
East Midlands	856	34.6	32.8	36.5
North West	1,448	30.9	29.6	32.2
South East	858	29.4	27.7	31.0
West Midlands	1,021	22.9	21.7	24.2
London	1,183	20.1	19.1	21.2
<b>England</b>	<b>9,041</b>	<b>30.3</b>	<b>29.8</b>	<b>30.8</b>

*n denotes the number of individuals that successfully engaged in community-based structured treatment within 21 days following release from prison.*

## 7. Characteristics of young people in treatment in the secure estate

### 7.1 Establishment type

Table 7.1.1 shows the types of establishments young people (YP) in specialist substance misuse treatment in secure settings resided in. The majority were in YOIs (69%), followed by SCHs (16%).

**Table 7.1.1 Establishment-level breakdown of all in treatment 2015-16**

Establishment type	n	%
Youth Offending Institution (n=4)	1,067	69%
Secure Children's Homes (n=9)	247	16%
Secure Training Centres (n=3)	187	12%
Welfare Only Homes (n=4)	40	3%
<b>Total YP clients in treatment</b>	<b>1,541</b>	<b>100%</b>

*n = number of establishments registered and submitted data to NDTMS in 2015-16*

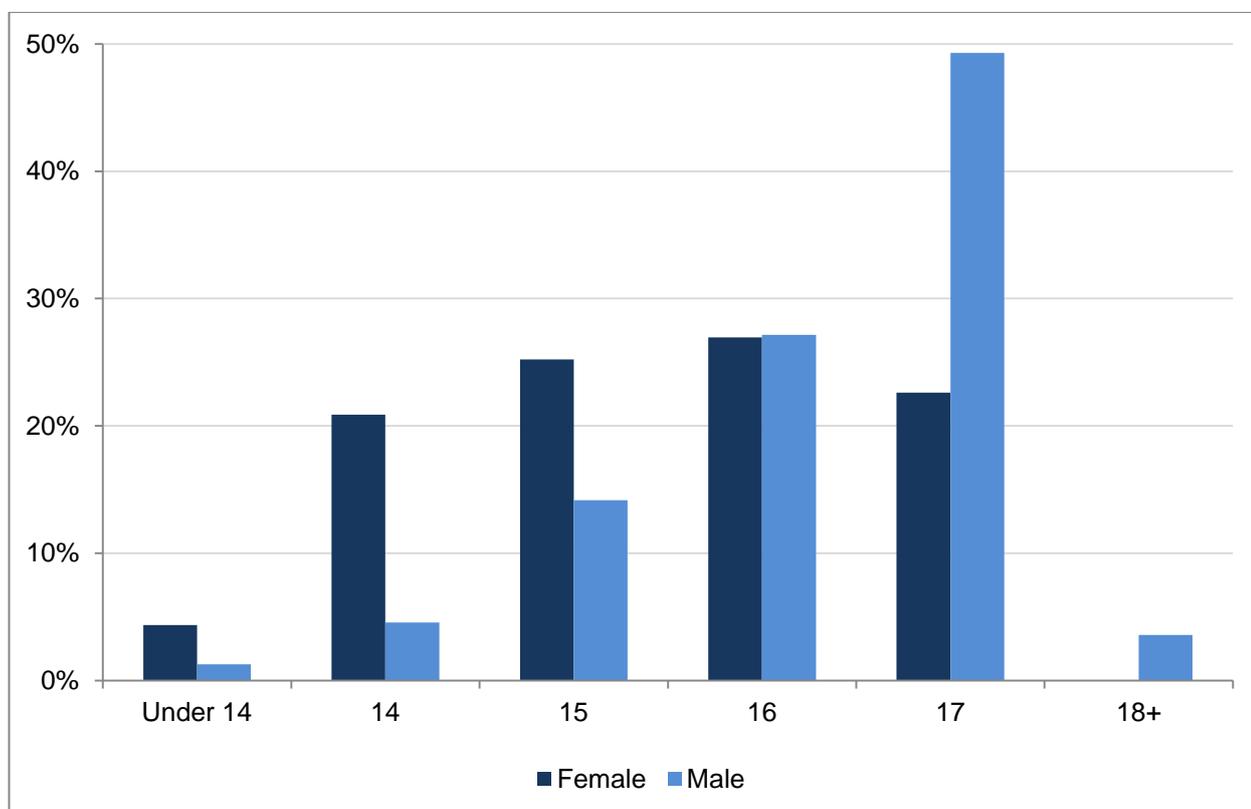
### 7.2 Age and gender

Table 7.2.1 and Figure 7.2.1 show the age and gender distribution of individuals in specialist substance misuse treatment in the young people’s secure estate at their first point of contact with treatment in 2015-16. Approximately 93% of young people in treatment in the secure estate were male. Females in treatment were younger (median age of 15 years) compared to males (median age of 17 years), and about nine in ten young people were aged 15 and above.

**Table 7.2.1 Age and gender breakdown of all in treatment 2015-16**

Age	Male		Female		Total	
	n	%	n	%	n	%
Under 14	18	1%	5	4%	23	1%
14	65	5%	24	21%	89	6%
15	202	14%	29	25%	231	15%
16	387	27%	31	27%	418	27%
17	703	49%	26	23%	729	47%
18+	51	4%	0	0%	51	3%
<b>Total YP clients in treatment</b>	<b>1,426</b>	<b>100%</b>	<b>115</b>	<b>100%</b>	<b>1,541</b>	<b>100%</b>

**Figure 7.2.1 Age and gender breakdown of all in treatment 2015-16**



### 7.3 Ethnicity

Table 7.3.1 shows the ethnicity of young people receiving substance misuse treatment in the secure estate. Where reported, over half of the treatment population were white British (63%), and the next highest ethnicity was white and black Caribbean with 7% of the treatment population.

**Table 7.3.1 Ethnicity of all in treatment 2015-16**

<b>Ethnicity</b>	<b>n</b>	<b>%</b>
White British	956	63%
White & Black Caribbean	101	7%
Other Black	61	4%
Other White	60	4%
Caribbean	59	4%
African	57	4%
Pakistani	56	4%
Other Mixed	36	2%
Other	28	2%
Other Asian	26	2%
White Irish	25	2%
Bangladeshi	20	1%
White & Asian	18	1%
White & Black African	12	1%
Indian	5	0%
Chinese	0	0%
<b>Total</b>	<b>1,520</b>	<b>100%</b>
Inconsistent/not stated/unknown	21	
<b>Total YP clients in treatment</b>	<b>1,541</b>	

## 7.4 Substance use

Table 7.4.1 and Figure 7.4.1 show the substances young people reported as having problems with, and required treatment for, at the triage assessment.

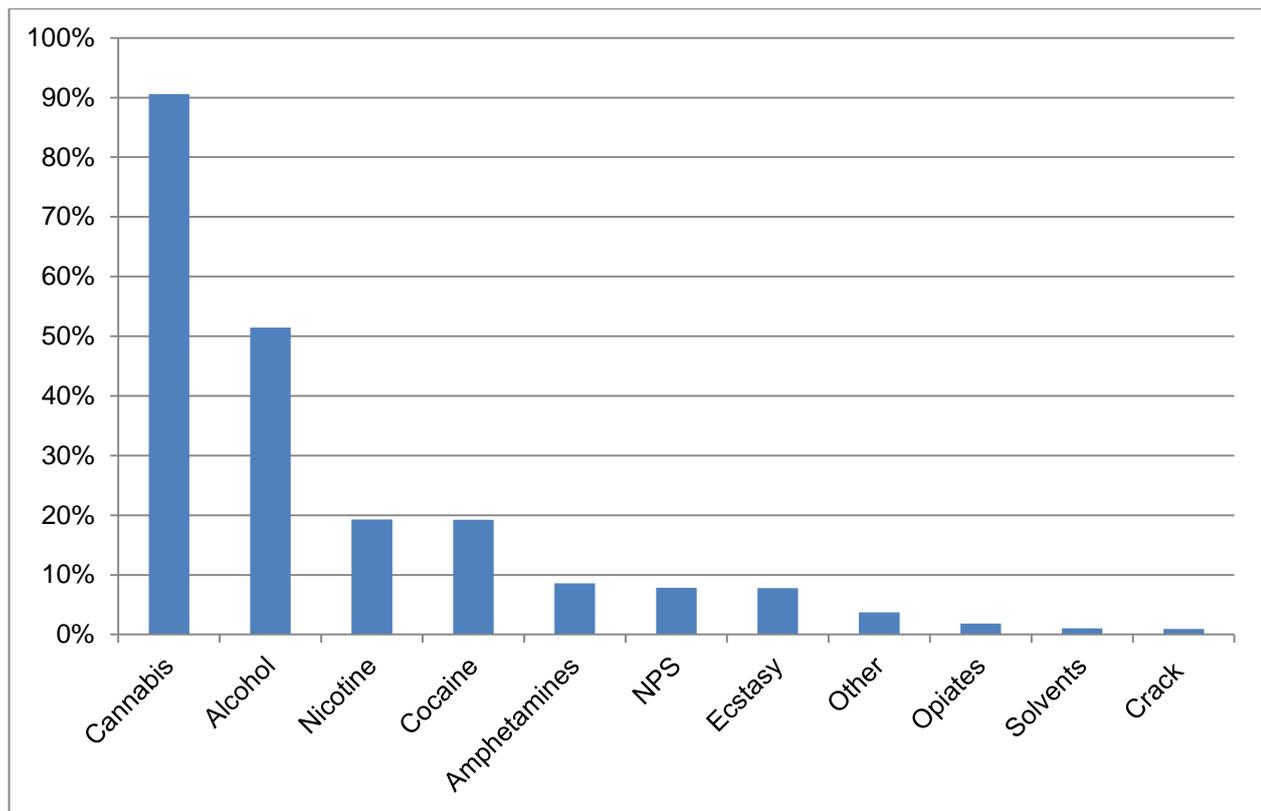
The most commonly cited substance was cannabis, reported by 91% of young people. Just over half of young people cited problematic alcohol use, making it the second most cited substance (51%). Other substances young people report problems with include nicotine and cocaine (19%), amphetamines (9%), ecstasy and new psychoactive substances (NPS) (8%), and opiates (2%).

Table 7.4.1 also shows that those reporting a problem with substances such as ecstasy, NPS and nicotine are younger (median age of 16) than those reporting alcohol and cocaine (median age of 17).

**Table 7.4.1 Substance use and median age of all in treatment 2015-16**

Substance	n	%	Median age
Cannabis	1,396	91%	16.5
Alcohol	793	51%	17
Nicotine	297	19%	16
Cocaine	296	19%	17
Amphetamines	132	9%	17
NPS	121	8%	16
Ecstasy	120	8%	16
Other	57	4%	17
Opiates	28	2%	17
Solvents	16	1%	16.5
Crack	14	1%	17
<b>Total YP clients in treatment</b>	<b>1,541</b>	<b>100%</b>	<b>17</b>

**Figure 7.4.1 Substance use breakdown of all in treatment 2015-16**



## 7.5 Pathway into treatment

The table below shows the route a young person can take to accessing treatment in a secure setting. The majority of young people (92%) were taken directly into custody and started treatment from the community, whereas the remaining 8% started treatment having transferred from another secure setting establishment.

**Table 7.5.1 Route into treatment 2015-16**

Pathway into treatment	n	%
Taken directly into custody and starting treatment	1,414	92%
Transferred from another secure setting and starting treatment	127	8%
<b>Total YP clients in treatment</b>	<b>1,541</b>	<b>100%</b>

## 7.6 Waiting time from reception to triage and triage to first intervention

Table 7.6.1 shows that 1,068 (91%) young people were triaged within one week of arriving in a secure setting. Of those who started treatment 912 (82%) received their first intervention within 1 week of their triage assessment.

**Table 7.6.1 Waiting times, reception to triage and triage to first intervention 2015-16**

Waiting time	Reception to Triage		Triage to First intervention	
	n	%	n	%
Within 1 week	1,068	91%	912	82%
Within 1-3 weeks	58	5%	75	7%
Waits over 3 weeks	46	4%	122	11%
<b>Total YP clients starting treatment</b>	<b>1,172</b>	<b>100%</b>	<b>1,109</b>	<b>100%</b>

## 7.7 Treatment interventions received

A young person may receive more than one intervention (i.e. more than one type of treatment) while being treated. Table 7.7.1 shows the types of interventions that commenced during 2015-16 and received by young people in treatment. Individuals are only counted once for each intervention type they received. As each individual may have received more than one type of intervention in the year, percentages may not sum to 100%.

Of the interventions delivered to young people in 2015-16, 83% received a harm reduction intervention, followed by just under half (47%) receiving psychosocial motivational interviewing.

**Table 7.7.1 Interventions received in 2015-16**

Intervention	n	%
YP Harm Reduction	1,276	83%
YP Psychosocial - motivational interviewing	718	47%
YP Psychosocial - relapse prevention	343	22%
YP Psychosocial - cognitive behavioural therapy	197	13%
No valid intervention recorded	121	8%
Other intervention	59	4%
YP Psychosocial - counselling	21	1%
Pharmacological	9	1%
YP Psychosocial - family work	7	0%
<b>Total YP clients in treatment</b>	<b>1,541</b>	<b>100%</b>

Table 7.7.2 shows the combinations of treatment interventions received by young people in treatment in the secure estate. An individual only appears in one intervention combination group below. Just under half (45%) received psychosocial and harm reduction interventions and 34% only received a harm reduction intervention.

**Table 7.7.2 Intervention combination 2015-16**

Intervention combination	n	%
Psychosocial and harm reduction	694	45%
Harm reduction only	529	34%
Psychosocial only	131	9%
No valid intervention recorded	121	8%
Other	66	4%
<b>Total YP clients in treatment</b>	<b>1,541</b>	<b>100%</b>

## 7.8 Length of latest discharged treatment episode

Over half (56%) of all young people in treatment in a secure setting had an episode length of up to and including 12 weeks. As the episode length increases, the proportion of individuals in that group decreases. On average (median), a young person’s treatment episode lasted 12 weeks.

**Table 7.8.1 Length of latest discharged treatment episode 2015-16**

Episode length	n	%
0-12 weeks	637	56%
13-26 weeks	309	27%
27-52 weeks	155	14%
over 1 year	42	4%
<b>Total YP discharged</b>	<b>1,143</b>	<b>100%</b>

## 7.9 Vulnerabilities identified in young people starting treatment

Table 7.9.1 below shows the vulnerabilities identified for young people starting treatment in 2015-16. The majority reported poly substance use (72%). Lower proportions reported high-risk alcohol use (4%), pregnant / parent (3%), current or previous injecting (2%), and opiate and/or crack use (2%). Two or more vulnerabilities were identified in 9% of young people starting treatment.

**Table 7.9.1 Type of vulnerabilities identified in young people starting treatment in 2015-16**

Vulnerability	n	%
Poly substance use	841	72%
High risk alcohol user	47	4%
Pregnant / parent	31	3%
Injecting - currently or previously	27	2%
Opiate and/or crack use	26	2%
<b>Total YP clients starting treatment</b>	<b>1,172</b>	<b>100%</b>

## 7.10 Treatment exit reasons

There were 1,143 young people in secure settings who exited treatment in 2015-16. Thirty-two percent completed treatment successfully. Of those discharged from treatment, 41% were released from custody and were referred for further treatment in the community and 19% were transferred to another secure setting establishment with the intention that treatment would continue. The remaining 9% either dropped out, withdrew from treatment, or the client had declined treatment.

**Table 7.10.1 Treatment exit reasons 2015-16**

Treatment exit reason	n	%
Transferred - not in custody	464	41%
Completed	364	32%
Transferred - in custody	213	19%
Treatment declined by client	84	7%
Dropped out / withdrawn by provider	18	2%
Died	0	0%
Other unplanned	0	0%
<b>Total YP exiting treatment</b>	<b>1,143</b>	<b>100%</b>

## 8. History

This report presents information relating to substance misuse treatment in secure settings in England. The statistics are derived from data that has been collected through NDTMS. NDTMS collects activity data from drug and alcohol treatment services in both community and secure settings so that:

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

Drug treatment activity has been collected nationally for nearly 25 years and has been routinely collected from community-based providers through NDTMS since April 2004. NDTMS was implemented across the prison and YOI estate during 2012/13. It was further extended to Secure Training Centres and Secure Children's Homes from April 2013. NDTMS is currently managed by PHE.

The definitions used within NDTMS for structured drug and alcohol treatment in secure settings are in line with those outlined in:

- Clinical Management of Drug Dependence in the Adult Prison Setting, Department of Health, 2006.  
[www.nta.nhs.uk/uploads/clinicalmanagementofdrugdependenceintheadultprisonsetting-incamendmentatpara7.7.pdf](http://www.nta.nhs.uk/uploads/clinicalmanagementofdrugdependenceintheadultprisonsetting-incamendmentatpara7.7.pdf)
- Drug misuse and dependence: UK guidelines on clinical management, Department of Health, 2007.  
[http://www.nta.nhs.uk/uploads/clinical\\_guidelines\\_2007.pdf](http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf)
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, NICE guidelines (CG115), NICE 2011.  
<https://www.nice.org.uk/guidance/cg115>

Providers in secure settings submit a core data set of their clients' information as a database extract. The secure settings core data set and code sets can be found at [www.nta.nhs.uk/areas/ndtms/core\\_data\\_set\\_page.aspx](http://www.nta.nhs.uk/areas/ndtms/core_data_set_page.aspx).

This statistical release covers secure settings in England only.

NDEC is part of the Centre for Epidemiology, which is one of six centres in the Institute of Population Health, University of Manchester.

## 8.1 Relevant web links and contact details

Monthly web-based NDTMS analyses

[www.ndtms.net/](http://www.ndtms.net/)

National Drug Evidence Centre (NDEC)

[www.medicine.manchester.ac.uk/healthmethodology/research/ndec/](http://www.medicine.manchester.ac.uk/healthmethodology/research/ndec/)

Public Health England

[www.gov.uk/government/organisations/public-health-england](http://www.gov.uk/government/organisations/public-health-england)

### General enquiries

For media enquiries, please call 020 3682 0574 or email [phe-pressoffice@phe.gov.uk](mailto:phe-pressoffice@phe.gov.uk)

For technical enquiries, please email [EvidenceApplicationTeam@phe.gov.uk](mailto:EvidenceApplicationTeam@phe.gov.uk)

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Andrew Jones – research fellow, National Drug Evidence Centre  
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## 8.2 Other sources of statistics about drugs and alcohol

### 8.2.1 Adult substance misuse treatment

PHE publishes annual reports regarding adults accessing drug and alcohol treatment. These can be found at [www.nta.nhs.uk/statistics.aspx](http://www.nta.nhs.uk/statistics.aspx)

### 8.2.2 Young people substance misuse treatment

PHE also collects data on drug and alcohol treatment for young people, and produces official statistics bulletins, which can be found at [www.nta.nhs.uk/statistics.aspx](http://www.nta.nhs.uk/statistics.aspx)

It should be noted that young people's treatment figures are not comparable with statistics relating to adult treatment. This is because access to treatment for young people requires a 'lower severity of drug use and associated problems'.<sup>5</sup>

### 8.2.3 Prevalence of drug use among adults and young people

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

<https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2015-to-2016-csew>

A second method is used to produce estimates for the prevalence of crack cocaine and heroin use for each local authority area in England. Estimates are available for 2006-07, 2008-09, 2009-10, 2010-11 and 2011-12. The estimates are produced through a mixture of capture-recapture and Multiple Indicator Methodology (MIM), and rely on NDTMS data being matched against and/or analysed alongside Probation and Home Office data sets. The data and further information are available at [www.nta.nhs.uk/facts-prevalence.aspx](http://www.nta.nhs.uk/facts-prevalence.aspx)

Information is also available relating to the prevalence of drug use among secondary school pupils aged 11 to 15 from the Smoking, Drinking and Drug Use Survey among young people in England. This is a survey carried out for the NHS Information Centre by the National Centre for Social Research and the National Foundation for Educational Research. The survey interviews school pupils, and has been in place since 2001. It reported annually up to 2014-15 and will

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<sup>5</sup> Drug Misuse and Dependence - UK Guidelines on Clinical Management, p85, London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive.

now report every two years with the next report due in 2017 reporting for 2016-17. The data and further information are available here: <http://www.hscic.gov.uk/catalogue/PUB17879>

#### 8.2.4 Criminal justice statistics

The Ministry of Justice produces a quarterly statistics bulletin that provides details of individuals in custody and under the supervision of the probation service. These can be found at: [www.gov.uk/government/collections/offender-management-statistics-quarterly](http://www.gov.uk/government/collections/offender-management-statistics-quarterly)

The Ministry of Justice also produces statistics relating to aspects of sentencing, including trends in custody, sentences, fines and other disposals. These can be found at: [data.gov.uk/dataset/sentencing\\_statistics\\_england\\_and\\_wales](http://data.gov.uk/dataset/sentencing_statistics_england_and_wales)

#### 8.2.5 Youth justice statistics

The Ministry of Justice and the Youth Justice Board for England and Wales publish annual statistics that detail the number of young people (aged 10-17) arrested, along with proven offences, criminal history, characteristics of young people, the number sentenced, those on remand, those in custody, re-offending and behaviour management. This can be found at: [www.gov.uk/government/collections/youth-justice-annual-statistics](http://www.gov.uk/government/collections/youth-justice-annual-statistics)

#### 8.2.6 International comparisons

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) publishes an annual report that describes and compares aspects of drug use and drug policy within European states, as well as providing detailed comparative statistics. This can be found at: <http://www.emcdda.europa.eu/publications/edr/trends-developments/2016>

#### 8.2.7 Drug-related deaths

The Office for National Statistics publishes an annual summary of all deaths related to drug poisoning (involving both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales. The most recent report, covering deaths registered up to 2015, can be found at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

Local authority level data on drug misuse deaths for three-year periods, most recently 2013-2015, can be found in indicator 2.15iv of the Public Health Outcomes Framework, at: <http://www.phoutcomes.info/>

## 9. Abbreviations and definitions

### 9.1 Abbreviations

C&YP	Children & Young People
CSEW	Crime Survey for England and Wales
CYPSE	Children & Young People's Secure Estate
EMCDDA	The European Monitoring Centre for Drugs and Drug Addiction
IRC	Immigration Removal Centres
MIM	Multiple Indicator Methodology
NDEC	National Drug Evidence Centre (University of Manchester)
NDTMS	National Drug Treatment Monitoring System
NICE	National Institute for Health and Care Excellence
NPS	New Psychoactive Substances
OST	Opioid Substitution Treatment
PHE	Public Health England
PHOF	Public Health Outcomes Framework
SCH	Secure Children's Home
STC	Secure Training Centre
WOH	Welfare Only Homes
YJS	Youth Justice System
YOI	Youth Offending Institution
YP	Young people

## 9.2 Definitions

Adjunctive drug use	Substances additional to the primary drug used by the client. NDTMS collects secondary and tertiary substances.
Client	A drug or alcohol user presenting for treatment at a structured treatment service. Records relating to individual clients are isolated and linked based on NOMS identifier or the attributor and drug partnership of residence.
Discharge date	The date the client's treatment ceased in the secure setting.
Episode	A period of contact with a treatment provider: in secure settings this is from triage to discharge from that treatment.
Episode of treatment	A set of interventions with a specific care plan. A client may attend one or more 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.
High risk alcohol user	Drinks almost daily, or in excess of eight units (males) or six units (females) on an average drinking day when drinking 13 or more days of the month.
Injecting	Has ever injected (currently or previously).
Intervention	A type of treatment, e.g., structured day programme, opioid prescribing, etc.
First intervention	'First intervention' refers to the first intervention that occurs in a treatment episode.
Opiate	A group of drugs including heroin, methadone and buprenorphine.
Opiate and/or crack use	Reported using opiates and/or crack among their presenting substances.
Poly substance user (substance use).	Reported using two or more substances in combination (poly substance use).
Pregnant and/or parent	Is pregnant or a parent.

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.
Provider	A provider of services for the treatment of drug or alcohol misuse.
Reception date	The date that a client enters a secure setting establishment.
Structured treatment	Structured 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.
Triage	An initial clinical risk assessment performed by a treatment provider. 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 had a triage/initial assessment.
Waiting times	The period of time between reception into a secure setting and the triage assessment, and also from the triage assessment to the first intervention.

Note: full operational definitions can be found in the NDTMS core data set documents on [www.nta.nhs.uk/core-data-set.aspx](http://www.nta.nhs.uk/core-data-set.aspx).