



Public Health
England

Methodological changes to reporting of Young People's substance misuse treatment information: what these mean for you

What: Public Health England (PHE) will be implementing new methodological changes to reporting Young People's (YP) substance misuse activity and outcomes from the National Drug Treatment Monitoring System (NDTMS).

The key changes that have arisen are:

- 1) Reporting using NDTMS data will apply the 'treatment journey' methodology used for adult reporting rather than reporting based on individual episodes of treatment. The technical aspects of this change are described in detail in Appendix A.
- 2) The next young people's National Statistics report ('Substance misuse treatment for young people: statistics 2019 to 2020') will count individuals based on a combination of attributors (initials, sex and date of birth) and local authority (LA) of residence. Previously, attributors alone were used to count individuals. This change brings the methodology for counting individuals into line with both National Statistics for adults and the YP commissioning support packs (CSPs) provided to LAs.
- 3) Methodology for assigning an age to an individual will change to be the age at the start of the treatment journey, or at the start of the year if they were in continuous treatment at that time. This is the longstanding method used for adult substance misuse statistics (including the National Statistics report). Previously, YP reporting used the age at the start of the first treatment episode of the year or at the start of the year. Aligning age methodology fully with adult reporting also requires a change to the existing exclusion criteria, allowing for an episode where the individual was 18 at triage to be counted as part of a treatment journey as a YP. The revised standard exclusions are shown in Appendix B.

These changes follow a [consultation](#) on NDTMS annual reports in 2019.

Why: The key aims of these changes are:

- 1) To bring into line methodologies for YP reporting with equivalent reporting for adults where it is possible and appropriate to do so.
- 2) To ensure consistent reporting between key YP outputs (particularly the National Statistics report and the CSPs).

Expected impact: Including LA of residence within the methodology for counting individuals leads to a small increase in the total number of individuals reported as being in contact with treatment in a given period. This is due to instances of the same attributors in different LAs of residence within the same year now being treated as separate individuals instead of being counted only once.

Applied to the data used for the 2018/19 National Statistics report, this increases the total count of YP in treatment by 2%. The change will mean that national data reported in CSPs for those aged under 18 will be consistent with the data in the National Statistics report.

As the treatment journey methodology groups episodes of treatment rather than referring to the latest episode only, this can affect how information is reported for individuals. Examples of this include:

- 1) For data items where reporting is limited to those newly presenting to treatment in a given period, a YP who started an episode within the period but had a continuous treatment journey preceding the start of the period will now be disregarded.
- 2) Information from multiple episodes may now be used to identify whether individuals meet the criteria for reporting on individual items (e.g. whether certain vulnerabilities are reported). A benefit of this should be to reduce the extent of missing data. However, it may also uncover contradictions (e.g. inconsistent reporting of ethnicity between treatment episodes).

In addition to the treatment journey methodology, changes to age methodology and the exclusion criteria around age to align with adult reporting ensure that for the National Statistics reports for NDTMS an individual can only be reported in a given period as either a YP (under 18) or an adult (18 or over). It also ensures that there is no loss of information where the individual is assigned an age of 17 but aged 18 at the start of an episode which is part of an on-going treatment journey. As the previous method referred to the earliest episode of treatment in the period (regardless of treatment journey), a YP may now be assigned an older age.

There will be a full refresh of trend data items in the young people's National Statistics report and CSPs in accordance with the methodological change. Previously published reports will not be altered.

When: The proposed changes will come into effect for 2019/20 reporting, published in January 2022.

Reports affected

- Young people's National Statistics - 'Substance misuse treatment for young people: statistics 2019 to 2020'
- YP commissioning support packs provided to LAs alongside the national statistics.

APPENDIX A – Treatment journey methodology

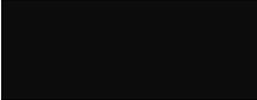
Previously, YP reporting (including National Statistics) has referred to individual episodes of treatment with a single treatment provider. For most indicators in YP reporting, the latest episode of treatment was used.

A treatment journey identifies where episodes of treatment for an individual are likely to be related, i.e. part of a continuous process of treatment. The longstanding methodology for adult reporting is to link all episodes for which the time out of treatment does not exceed 21 days. This can include concurrent or consecutive periods of treatment at different providers. If an individual is not receiving treatment from any provider for more than 21 days and starts a new episode of treatment, this would be regarded as new treatment journey. For most reporting, the latest treatment journey will now be used.

In many cases, treatment journeys consist of a single episode, in which case this change of method will have no impact. However, the effect in some more complex scenarios is shown below.

- Black lines  indicate continuous episodes of care between the date a person starts the first modality and the date they are discharged from the agency).
- Green lines  indicate periods of <= 21 days between discharge and starting a treatment modality in another episode.
- Red lines  indicate periods of > 21 days between discharge and starting a treatment modality in another episode.

| Agency and period of treatment | Outcome | Effect for reporting (using latest) |
|--|------------------------|-------------------------------------|
| Agency A  | 1 journey, 1 episode | Unchanged |
| Agency A  | 2 journeys, 2 episodes | Unchanged |
| Agency A  | | Unchanged |

| | | | |
|----------------------------------|---|------------------------|--|
| Agency B |  | 2 journeys, 2 episodes | |
| Agency A Agency B |  | 1 journey, 2 episodes | Now reported from journey start at Agency A (previously episode start at Agency B) |
| Agency A Agency B Agency C |  | 1 journey, 3 episodes | Now reported from journey start at Agency A (previously episode start at Agency C) |

APPENDIX B – standard exclusions

Records reported to NDTMS are excluded from YP reporting at the start of the process where:

- They refer to unstructured treatment provision (e.g. recovery support)
- There is no relevant substance reported (i.e. substance is missing or only nicotine and/or caffeine are reported)
- Dates are in an impossible sequence (e.g. discharge date precedes triage date)
- Age at triage date is less than 9*
- The individual is not an English resident or Drug Action Team of residence (corresponds to LA) is missing
- Episodes which begin after June 30th of the next reporting year (e.g. June 30th 2020 for 2019/20 reporting)

*Previously, there was an exclusion for YP reporting for episodes with an age at triage of 18 or over. This has been removed so that where such episodes are part of a treatment journey where the person was under 18 at the start of the journey, the whole treatment journey can be reported.