Quality and Methodology Information Paper

General Details

Title of Outputs   Adult Substance Misuse Treatment Statistics
                       Young People's Substance Misuse Treatment Statistics
                       Secure Setting Substance Misuse Treatment Statistics

Designation   National Statistics and Official Statistics

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Executive Summary

The statistics on drug and alcohol treatment consist of three annual publications and a monthly release of provisional headline figures. All publications are an analysis of data collected on the National Drug Treatment Monitoring System (NDTMS), an administrative data-base managed by Public Health England.

The current system of data collection and production of statistics about drug treatment began at The University of Manchester in the late 1980's. Local drug treatment providers returned a form to the University about new presentations to drug treatment. This system's ability to track the growth in heroin use in Greater Manchester during the early stages of the 1990's epidemic led to the Department of Health commissioning nine regional databases, known as Regional Drug Misuse Databases (RDMD's). RDMDs collected information on new presentations to drug services or presentations after a break in contact of six months or more. 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.

In 1997, the new government was committed to a Public Service Agreement (PSA) target of 'doubling the number of people in drug treatment' in ten years. Central returns from the RDMD were based on an incidence model, and so could neither measure the baseline, nor progress toward this target. In response, the Department of Health commissioned a strategic review of the structure and operation of the RDMD. This review led to the introduction of the NDTMS on 1st April 2001, which was designed to measure incidence and prevalence of drug treatment.

In 2001, the National Treatment Agency (NTA), a special health authority was created to support the development of the drug treatment sector. The NDTMS was transferred to the NTA from the DH in

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April 2004, at which point the NTA changed the method of data capture from paper forms to an electronic core data-set. This core data-set was aligned with the information requirements of 'Models of care for drug users' (most recent equivalent found here), and the systems main function was to enable the NTA to manage performance of drug treatment services. The NTA contracted with The University of Manchester to produce the National Statistics tables from the NDMTS data collection. Publication of the statistics and commentary was supplied by the NTA.

Over the next few years, the remit of the NDTMS data collection was extended to cover alcohol treatment services and young people's substance misuse treatment services and substance misuse treatment in secure settings. Statistics were produced by the NTA for young people's community treatment from 2007/08, and adult community alcohol treatment from 2008/09. Both publications became national statistics in 2012.

In April 2013, the NTA was absorbed into Public Health England, and responsibility for the NDTMS and National Statistics was transferred to the new body. NDTMS data collection was further extended to cover the prison and Young Offender Institutions (YOI) from 2012-15. The secure setting publication is an official statistic and was reported for the first time in 2015-16.

Following extensive consultation with various levels of stakeholders, a new methodology was agreed to allow for the first time from 2014-15 the reporting of adult community drug and alcohol treatment interventions combined for adults, where previously these had been reported separately. The previous six years of reporting had been re-released using this method so as to provide a consistent longitudinal approach with this new method. Secure setting substance misuse treatment statistics is also reported in this way from 2015-16. Detailed documentation on this change can be found here: http://www.nta.nhs.uk/new-reporting-methodology.aspx. For young people's community treatment statistics, drug and alcohol treatment interventions have consistently been reported in combination.

All statistical publications, including monthly provisional figures are available via the University of Manchester website https://www.ndtms.net/

This document contains the following sections

- Output quality
- About the output
- Timelines and punctuality
- How the output is created
- Validation and quality assurance
- Coherence and comparability
- Concepts and definitions
- Other information, relating to quality trade-offs and user needs
- Sources for further information and advice.

Output quality

This document provides a range of information that describes the quality of the data and details any points that should be noted when using the output. The format for this is based on ONS Guidelines for Measuring Statistics Quality, which is based on the European Statistical System (ESS) six dimensions and other important quality characteristics. These are;

- Relevance
- Timeliness and Punctuality
- Comparability and coherence
- Accuracy
- Output and quality trade offs
- Assessment of user needs and perceptions
- Accessibility and clarity

About the output

Relevance
The degree to which statistical outputs meet user needs

Monthly provisional statistics report key headline figures for community treatment, from April 2014 onwards, which enable local commissioners and treatment providers to monitor activity (overall number of clients in treatment, new presentations to treatment, those effectively engaged in treatment and number of clients exiting treatment), and the high level Public Health Outcomes Framework (successfully treated, as defined by successful discharge and no re-presentation back to providers within a six month period). The outputs are reported by time series (monthly) and clinical areas or "themes" (opiate users, non-opiate users, non-opiate and alcohol users, alcohol only users and young people) nationally, by PHE Centre and local authority area.

These statistics are used by national and local government to monitor the availability and effectiveness of alcohol and drug treatment in England. The information is collected from approximately 1,000 treatment services on a monthly basis. This data is regularly fed back to local service commissioners and service providers in the form of benchmarked reports, toolkits and data packs to inform local Joint Strategic Needs Assessments.

These resources are integral in assisting local areas to respond to need and improve outcomes. They can help local authorities ensure that the services they commission are effective and good value for money within the context of competing local priorities.

The annual statistics are more detailed, and contain;

Adult substance misuse treatment

The age of clients are taken at the earliest point of contact in their latest treatment journey in the financial year (at triage or the start of the financial year, whichever is earlier). The adult report covers those who were aged 18 to 99 according to this age method.

   Characteristics of clients:

- Substance use profile (all in treatment)
- Age of clients (all in treatment)
- Gender of clients (all in treatment)
- Ethnicity of clients (all in treatment)
- Disability of clients (new presentations)
- Religion of clients (new presentations)

- Sexual orientation of clients
- Source of referral into treatment (new presentations)
- Presenting substance and age (new presentations)
- Injecting behaviour (new presentations)
- Housing situation (new presentations)
- Parental status of clients and safeguarding children (new presentations)
- Mental health (new presentations)

Access to services:

- Waiting times: for first and subsequent treatment interventions
- Treatment interventions
- Engagement

Treatment and recovery outcomes:

- Treatment exits and successful completion
- Six month outcomes

Trends over time:

- Trends in numbers in treatment
- Trends in age group and presenting substances
- Trends in club drug and new psychoactive substance (NPS) use
- Trends in treatment exit reasons
- Trends in waiting times for first intervention
- Trends in new presentations

A thirteen-year treatment population analysis

Young people's substance misuse treatment

The age of individuals are taken at triage. If a young person was triaged prior to the start of the financial year, then their age at the start of financial year (on 1 April) is taken. If a young person was treated multiple times in the year, their age from the earliest treatment episode in the financial year is reported on. Young people are included in this report if they were under 18 according to this method, even if they turned 18 during the financial year, and are categorised in the report according to the age they were and their age at their next birthday (e.g. 17-18).

Characteristics of young people:

- Age and gender
- Ethnicity
- Substance use
- Age and substance use
- Referral source
- Education and employment status
- Accommodation status
- Vulnerabilities identified
- Multiple vulnerabilities
- Sexual exploitation

Access to services:

- Waiting times (first and subsequent interventions)
- Treatment interventions

- Length of latest episode of specialist interventions

  Specialist substance misuse service exits:

- Specialist service exits

  Trends over time:

- Trends in age
- Trends in primary substance
- Trends in other drug use (not cannabis or alcohol)
- Trends in service exit reasons

Adult substance misuse treatment in secure settings

The age of adults are calculated from the date of reception into the secure setting and this is reported for the latest episode of treatment. This report covers those who were aged 18 to 99 according to this age method.

  Characteristics of adults in treatment in secure settings

- Substance use profile
- Age of clients
- Gender of clients
- Ethnicity of clients
- Religion of clients
- Sexuality of clients
- Disabilities cited by clients
- Pathway into treatment (new presentations)
- Age and presenting substance use (new presentations)
- Injecting behaviour (new presentations)

  Access to services:

- Waiting times from reception to triage and triage to first intervention
- Treatment interventions

  Treatment outcomes:

- Average length of treatment intervention
- Length of latest episode ending
- Treatment exits
- Continuity of care

Young people's substance misuse treatment in secure settings

The age of young people are calculated from the date of reception into the secure setting and this is reported for the latest episode of treatment. This report covers those who were under the age of 18 according to this age method.

  Characteristics of young people in treatment in the secure estate

- Establishment type
- Age and gender
- Ethnicity
- Substance use
- Pathway into YP treatment

Access to services:

- Waiting times from reception to triage and triage to first intervention
- Treatment interventions received
- Length of latest episode
- Vulnerabilities / risks identified in young people starting treatment

Specialist substance misuse service exits:

- Treatment exits reasons

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the gap between planned and actual publication dates.

Monthly Summary Information   The following summary information is published on (or on the next working day closest to) the 1st of the month, together with the change in total from the previous monthly provisional figure

- Number of adult clients in treatment in the preceding 12 months (segmented by opiate clients, non-opiate clients, non-opiate and alcohol clients and alcohol only clients)
- Number of adult clients presenting to treatment in the year starting April (segmented by opiate clients, non-opiate clients, non-opiate and alcohol clients and alcohol only clients)
- Number of adult clients exiting treatment in the year starting April (segmented by opiate clients, non-opiate clients, non-opiate and alcohol clients and alcohol only clients)
- Number of adult clients in 'effective treatment' in the preceding 12 months (segmented by opiate clients, non-opiate clients and non-opiate and alcohol clients)
- The number of Young People (<18 years) who received treatment in the previous month, and the number who started treatment in the month.
- 6 months prior to the current month, the number of adult opiate clients who successfully completed in the 12 months previously and did not re-present within the next 6 months (PHOF 2.15i)
- 6 months prior to the current month, the number of adult clients using non-opiates only or alcohol and non-opiates who successfully completed in the 12 months previously and did not re-present within the next 6 months (PHOF 2.15ii)
- 6 months prior to the current month, the number of adult alcohol-only clients who successfully completed in the 12 months previously and did not re-present within the next 6 months (PHOF 2.15iii)

Known issues with the data collection process that affect the figures are also provided. These are primarily a list of providers who failed to submit data to the collection in the month.

Figures are provided at national, PHE Centre and local authority level.

More detailed annual statistics (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics) are released between November and January each financial year and report on a number of regular data items recorded by the National Drug Treatment Monitoring System. There are three reports over this period, for the two thematic areas (adult substance misuse treatment, young people's substance misuse and adult and young people substance misuse treatment in secure settings).

For more details on related releases, the UK National Statistics Publication Hub is available online, and provides 12 months' advance notice of release dates. In the unlikely event of a change to the pre-announced release schedule, public attention will be drawn to the change and the reasons of the change will be fully explained, as set out in the Code of Practice for Official Statistics.

How the output is created

Figure 1 is a data-flow diagram of the production cycle for the statistics. The process, roles and responsibilities for this data-flow are described below.
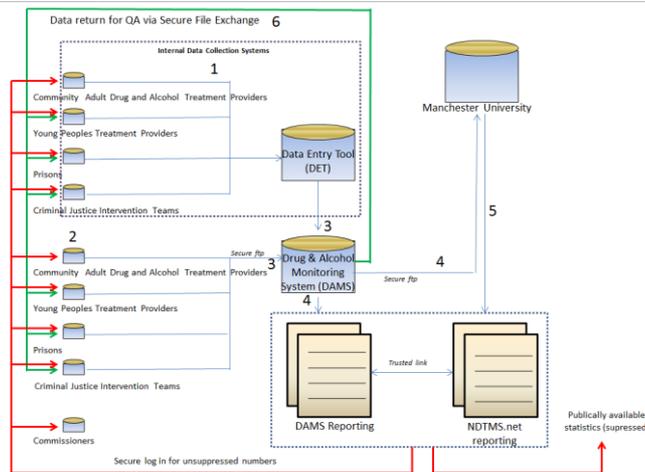

Fig 1

1, 2 -   The local treatment record is entered onto a treatment provider's clinical information system. This is done either using a PHE developed software package (the Data Entry Tool (DET)) or through a commercial product, configured to record and submit against the NDTMS data-standard. Around 63% of the data submitted to the NDTMS is collected on 19 commercial products, and 37% is collected on the DET).

3.   At the end of the monthly reporting period, treatment providers extract files from their clinical information systems, and submit these to the Drug and Alcohol Monitoring System (DAMS). Submissions are checked for data quality by regional NDTMS teams, and then approved for upload into DAMS.

4.   Data submissions are aggregated and reconciled against previous submissions. A national extract file is provided to both internal PHE analysts and to The University of Manchester. This is used by both bodies to produce provisional statistics and routine management reporting.

5.   Once both the analysts at The University of Manchester and PHE agree on the statistics these are approved by PHE for release.

On the scheduled release the monthly provisional National Statistics are posted on to the The University of Manchester managed ndtms.net site. Management reports are made available through both ndtms.net and DAMS. Publically released figures have small numbers suppressed, but groups with a professional need for unsuppressed figures (e.g. providers, commissioners) are able to obtain these after logging on.

Monthly provisional statistics will commonly be incomplete, as not all submitting providers will submit each month. There are also likely to be outstanding data quality issues which providers will not have been able to address before the provisional statistics release date.

Annual National Statistics releases require that any incomplete submissions are resolved prior to release. National Statistics are released by financial year, and the submission period for completing submissions extends until the end of July for a previous financial year. Once this has been completed, the data-set for the previous financial year is 'frozen', and a copy of the data is then held by both The University of Manchester and PHE. The National Statistics tables are produced by The University of Manchester and verified by PHE. The text within the Annual Statistics reports is produced by PHE.

6.   Any data issues with submission files that require flows of patient data between PHE and the treatment providers are managed through a secure file exchange. This is a securely encrypted drop-box tool that ensures that information remains confidential during these exchanges.

Validation and Quality Assurance

Accuracy
The degree of closeness between an estimate and the true value

1. Treatment provider data systems and extract.

Clinical information systems are provided with a comprehensive standard to ensure that there is consistency and comparability between data returns. The key documents are;

> a. A technical definition (for system developers)
> b. A business definition (for clinicians, commissioners etc)
> c. A file interface specification with NDTMS systems
> d. Reference data (code sets)
> e. Other guidance.

A full set of documents can be found at https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance

NDTMS has a number of validations that are applied to every file submitted to ensure it is schematically and structurally correct. The validations applied to the data grouped into errors and warnings, and information messages see below. Suppliers are supported by PHE to incorporate these verification rules into their systems (1 supplier workshop per year 6 months prior to any dataset change as well as ongoing support whenever required) and are given access to a test environment for them to simulate the submission process.

2. Data Entry Tool

The data entry tool is a simple clinical system that is made available free of charge to community and secure setting treatment providers that submit data to the NDTMS. This system is developed and maintained alongside the Drug and Alcohol Monitoring System. We can therefore ensure that all data collected from these providers will meet all of the validation rules prior to submission.

3. Drug and Alcohol Monitoring System (DAMS)

> a. Data validations
>
>   The process for submission to the NDTMS requires that a local system extract is taken by the clinical provider from the local system, and submitted to our data warehousing application. Once the file is received, it is processed for internal consistency errors and inconsistencies between the current and previous submission. On average, providers test the validations on DAMS against submission files about three times each month.
>   Data validations are assigned three levels
>
>   > *Fatals* – Errors in key fields that prevent a file being accepted (e.g. file name error, incorrect field headers.)
>
>   > *Errors* – Error in the structure of the record which would risk the integrity of the data thus the record will not proceed to the loading stage (eg DOB in the future)
>
>   > *Warning* – Errors that will affect data quality scores, but which can still be accepted into the data-base (e.g. dates out of sequence)

Info – Data that looks potentially incorrect but should be checked at some point for accuracy and validity

4. Regional monthly handover checks

    Each month, the regional NDTMS teams complete a handover sheet which indicates any known reasons for fluctuations in the monthly data. This information includes

    a. Any missing submissions and reasons
    b. Monthly data quality score for region (number of SUBMITTED rows with errors/total number of submitted rows)*100 and reasons why this may be less than 100%
    c. Provider closures (current month and upcoming) and new agencies reporting in the month
    d. Alerts (number of individuals under 13 being treated for class A drugs)
    e. Comments.

5. Handover to Evidence Application Team (EAT) at PHE for data quality checks

    a. The systems team run a sanity check on the data by calculating the number of records and the monthly change in the data.
    b. EAT at PHE produce high level summary information by provider and local authority area, and look for unexplained monthly variations. Any issues are reported back to the NDTMS team for further investigation.

6. Handover to The University of Manchester data quality checks

    Before handing data over to The University of Manchester, the following internal checks are applied to the data by EAT at PHE;

    - Import the files into the chosen data management software and check the record count for each table accurately matches the record count given by the systems team
    - Standard code is run on the data, which removes any records which do not comply with certain data rules / policy drivers (for instance removing those resident outside of England).
    - The number of over 18s in 'effective treatment'* in the latest 12 months that can be reported on is analysed. If there has been more than 5% movement in any Upper Tier Local Authority Area, these are flagged and scrutinised further.
    - The systems team then checks with regional NDTMS teams who, in turn, check with local partnerships / providers to ensure this movement is as a result of genuine activity in the area and is not a data quality/ completeness issue
    - Once all potential anomalies are confirmed as data true reflection of activity, the extract is signed off.

7. Quality Assurance Process for statistics release.

    The University of Manchester: Once the data is received by The University of Manchester, the data is extracted from a SQL server database and quality assured. This generates no temporary files and no user intervention is required to run these processes. Following this, two further SPSS automated processes are run to execute exclusions on the data. These take out cases with erroneous ages or date orders and restrict the data to cases with a primary drug

(rather than alcohol) and structured treatment modalities. Again, no user intervention is required to execute these processes.

The resulting post exclusion files are then subjected to a third pair of validated automated processes which calculate journey numbers for each case. All episodes of data for an upper tier local authority (UTLA) and/ or attributor (or for secure settings the NOMSID or UTLA/attributor) combination are aligned chronologically and labeled with the same treatment journey until there is a gap of more than 21 days between an episode discharge and any other modality start date. New episodes that start after such a gap will be labeled as a subsequent journey. This process continues throughout the data until all cases are labeled with a journey number*. The resulting files are then available for use for production of the annual report and feed separately into the double verification process outlined below.
This process of creating treatment journeys does not apply to the secure setting data set.

All automated processes are verified and signed off by PHE prior to regular use.

PHE: The process is similar to that described above, and requires five processes (each stage is marked in bold). Upon receipt of data, syntax is run in SPSS to convert the .csv to a .sav file by a process requiring no intervention from the analyst running this (**1**). Basic exclusions are carried out in a second syntactical process, which again requires no alteration from the analyst (**2**). Following this, treatment journeys are allocated to the month's data by a third piece of syntax according to the rules stated above (a new journey commencing when a modality starts more than 21 days after all previous episodes have been discharged) (**3**). This file is referred to as the Master journey file. It is required that one date is altered each month in this syntax in order to exclude episodes starting after the end of the month of the data extract. The single intervention required by the analyst running this is clearly highlighted at the top of the syntax file. Once the figures are produced, these are checked against those produced by The University of Manchester. Any discrepancies are investigated and resolved with them until both parties are satisfied that the figures match **(4)**. The final report is produced and all figures are checked against the verified final results **(5)**

The final report is also proof read by the PHE Drug and Alcohol Policy Team and DH Policy colleagues to ensure that the commentary regarding drug and alcohol policy are correct and that the data has been interpreted correctly.

8. Data and data quality returns to providers and commissioners.

A data quality report is sent to each provider each month. Individual records may be returned to the providers where there are issues or queries that need to be resolved. All providers are able to access a full extract of all of their NDTMS data on request.

Coherence and comparability

Coherence is the degrees to which data that is derived from different sources or methods but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain for example, geographic level.

Wherever possible, PHE endeavors to ensure that analysis of key statistics are undertaken and presented in a consistent manner, to enable comparisons between current and previous publications. Where this is not possible, changes are clearly explained within the relevant publication to allow the user to take this into account when making comparisons.

The data used in the annual reports come from an extract from the Drug and Alcohol Monitoring System (DAMS), which covers the period up to 30th June of the relevant year, and is provided to the Evidence Application Team (EAT) at PHE and The University of Manchester in late July. Prior to the receipt of the final extract EAT at PHE will investigate provisional data (the effective treatment indicators cannot be investigated as these require a delay in reporting of three months). This three month period is used to ensure that annual submissions from all treatment providers for the previous financial year are as complete as possible.

At this point in the cycle, the data for the previous year is 'frozen', and this data is used for all future reporting of statistics. However, the NDTMS is an operational system, and subsequent revisions to the submissions can contain corrections of previous records. The volume of these is small, and these are unlikely to have a meaningful impact on published statistics.

It should be noted that young people's figures are not comparable with statistics relating to adult drug or alcohol treatment. This is because the https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management recommend that access to specialist services for young people requires a lower severity of substance use and associated problems.

It should also be noted that results from the thirteen-year treatment population analysis reported in section 8 of the Adult Substance Misuse Statistics cannot be directly compared to any data reported for 2017-18 or for previous years. The analysis in this section follows clients through treatment in the eleven year period rather than looking at activity in each separate year. Similarly, the hierarchy for assigning individuals to a substance category is applied across all the treatment received in the eleven year period, which may lead to an individual being assigned to a different substance category to the general analysis, with a greater likelihood that they will be identified as a drug client and in particular an opiate user. As such, these analyses are completely independent of each other. In addition, this analysis is constructed using the latest available data, whereas other trend data reported in the statistics are calculated from the data collected at the end of each year reported. For example, 2015-16 data would be calculated using the final dataset collected in July 2016, whereas the figures for 2014-15 in the thirteen-year population analysis are calculated from the latest data collected in July 2018.

International comparability

The Welsh government publishes substance misuse statistics, which include treatment statistics from the Welsh National Database for Substance Misuse, as well as other information available from other routine data sources. The most recent statistics can be found here: Statistics about drug misuse in Scotland are published by Drug Misuse Information Scotland and can be found here: Statistics about drug misuse treatment in Northern Ireland are published by DH, Social Services and Public Safety of the Northern Ireland Executive. The most recent of these can be found here:

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) publish 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 here:

EMCDDA also produces a Treatment Demand Indicator (TDI), which is a collection of comparative statistics relating to individuals seeking treatment. This can be found here:

The United Kingdom (UK) Focal Point on Drugs is the national partner of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and provides comprehensive information to the Centre on the drug situation in England, Northern Ireland, Scotland and Wales. The UK Focal Point on Drugs is now part of PHE. The Focal Point works closely with the Home Office, other government departments and the devolved administrations. In addition to contributing to the EMCDDA annual report, it collates an extensive range of data in the form of standard tables and responses to structured questionnaires, which are submitted regularly to the EMCDDA. It also contributes to other elements of the EMCDDA's work such as the development and implementation of its five key epidemiological indicators, the Exchange on Drug Demand Reduction Action (EDDRA) and the implementation of the Council Decision on New Psychoactive Substances.

NDTMS figures for England are collated by NDEC with those for Scotland, Wales and Northern Ireland, into a UK return for use by EMCDDA and for the United Nations. NDEC is part of the School of Health Sciences, University of Manchester.

Concepts and definitions

The data on which these streams of statistics are based is collected by the National Drug Treatment Monitoring System (NDTMS). This is an administrative data source that is managed by Public Health England, and is primarily used to produce statistics for the Public Health Outcomes Framework, monitor service quality and delivery, and to inform commissioning.

The NDTMS maintains a detailed set of documentation that describes the data-set collected, with detailed guidance for clinicians and software providers. These can be accessed here.

Other information

Output quality trade-offs

Trade-offs are the extent to which different dimensions of quality are balanced against each other.

In order to link individual's treatment records at multiple treatment providers, the NDTMS collects and uses initials, date of birth and gender. At a national level, the false positive rate in matching on these identifiers is estimated to be around 3%, although this falls to under 0.5% for upper tier local authority level matching.

The secure setting data set is linked on NOMSID or UTLA/attributor

The NDTMS collects highly sensitive personal data with the individuals consent, and so there is a trade-off between being able to match more accurately, and an increased rate of consent refusals as a result of requesting more easily identifiable data (e.g. full name) to be collected. The NDTMS consent refusal rate is under 1%, and the current system is thought to offer the best trade off in terms of overall accuracy and completeness of the statistics.

User Needs and Perceptions

The processes for finding out about uses and users and their views on the statistical products.

In 2009, the NTA undertook a consultation relating to changing the recording of treatment types on the NDTMS to better reflect clinical practice and guidelines. These changes were implemented in 2010.

In 2011, the NTA undertook a consultation into changing the way in which treatment settings and intensity are recorded, and introducing new data for recording recovery (post treatment) support for clients. A second consultation in 2011 into changes in the reporting of the way the length of time clients spend in treatment, treatment completions, representations and outcomes within the national statistics was undertaken. Responses to this are available here.

In 2012 the NTA managed a consultation regarding the introduction of an outcome monitoring tool for alcohol treatment services. Responses to this consultation are available here. In 2012 the NTA also managed a consultation to amend the young people's dataset to capture more risk factors and outcomes for young people, update specialist interventions, settings and definitions. The consultation also addressed how information relating to Hepatitis B and C information is captured, and to remove items from the data that are not applicable to young people. Responses to this consultation are available here.

In 2013, PHE actively consulted with all levels of the treatment system to introduce a new reporting methodology into their regular reporting schedule, embedded processes in and introduced this into their National Statistics publication. Detailed documentation on this change can be found here: http://www.nta.nhs.uk/new-reporting-methodology.aspx

Useful Links

Prevalence of drug use

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-2017-to-2018-csew
A second method for estimating the prevalence of crack cocaine and heroin use is produced for each local authority area in England. Estimates are available for 2006-07, 2008-09, 2009-10, 2010-11, 2011-12 and 2014-15. 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 here:
 https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

Young people

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 annually interviews school pupils, and has been in place since 2001. The data and further information are available here:
https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016

Criminal Justice statistics

The Ministry of Justice produce a quarterly statistics bulletin that provides details of individuals in custody and under the supervision of the probation service. These can be found here:
https://www.gov.uk/government/collections/offender-management-statistics-quarterly

Statistics are also produced by the Ministry of Justice relating to aspects of sentencing, including trends in custody, sentences, fines and other disposals. These can be found here:
data.gov.uk/dataset/sentencing_statistics_england_and_wales

Drug related deaths

The Office for National Statistics publish 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. This can be found here:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations

Relevant web links

Monthly web-based NDTMS analyses
https://www.ndtms.net/
National Drug Evidence Centre (NDEC)
http://www.population-health.manchester.ac.uk/epidemiology/ndec/

Public Health England
http://www.gov.uk/government/organisations/public-health-england