



Public Health
England

Protecting and improving the nation's health

Quality and Methodology Information paper

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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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), a series of administrative datasets managed by Public Health England.

The current system of data collection and production of statistics about drug treatment began at Manchester University 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 (DH) 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 DH's statistical bulletins for six-month periods, starting with the six months ending March 1993 and continuing to the six months ending March 2001 (these can be found [here](#)).

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 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 Manchester University 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, 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 this new body. NDTMS data collection was further extended to

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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, where previously these had been reported separately. The previous six years of reporting were re-released using this method to provide a consistent longitudinal approach. Secure setting substance misuse treatment statistics is also reported in this way from 2015-16. Detailed documentation on this change can be found [here](#). 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 from [NDTMS.net](#) (a PHE website managed by the University of Manchester).

This document provides information that describes the quality of the data and details any points that should be noted when using the output. The format is based on [ONS Code of Practice for Statistics](#), which is consistent with the UN's Fundamental Principles of Official Statistics, with Cabinet Office guidance to ministers, and with the broader Nolan principles of propriety in public life. This framework is based on three key principles; trustworthiness, quality and value.

About the output

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 (PHOF) (successfully treated, as defined by successful discharge and no re-presentation back to providers within a six month period). Most 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 680 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.

1) Characteristics of clients:

- a) Drug use profile
- b) Age of clients
- c) Gender of clients
- d) Ethnicity of clients
- e) Religion of clients
- f) Sexuality of clients
- g) Disabilities cited by clients
- h) Source of referral into treatment (new presentations)
- i) Age and substance use (new presentations)
- j) Injecting behaviour (new presentations)
- k) Housing situation (new presentations)
- l) Mental health treatment need and treatment received
- m) Parental status
- n) Client’s children engaged with any early help

- 2) *Access to services:*
 - a) Waiting times: for first and subsequent treatment interventions
 - b) Treatment interventions
 - c) Engagement
- 3) *Treatment and recovery outcomes:*
 - a) Treatment exits and successful completion
 - b) Six month outcomes
- 4) *Trends over time:*
 - a) Trends in numbers in treatment
 - b) Trends in age group and presenting substances
 - c) Trends in club drug and new psychoactive substance (NPS) use
 - d) Trends in treatment exit reasons
 - e) Trends in waiting times for first intervention
 - f) Trends in new presentations
- 5) *A fourteen-year treatment population analysis*

Young people's 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). Young people are included in this report if they were under 18 and 9 and over 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).

- 1) *Characteristics of young people:*
 - a) Age and gender
 - b) Ethnicity
 - c) Substance use
 - d) Age and substance use
 - e) Referral source
 - f) Education and employment status
 - g) Accommodation status
 - h) Vulnerabilities identified
 - i) Multiple vulnerabilities
 - j) Sexual exploitation
- 2) *Access to services:*
 - a) Waiting times (first and subsequent interventions)
 - b) Treatment interventions
 - c) Length of latest episode of specialist interventions
- 3) *Specialist substance misuse service exits:*

- a) Specialist service exits
- 4) *Trends over time:*
- a) Trends in age
 - b) Trends in primary substance
 - c) Trends in other drug use (not cannabis or alcohol)
 - d) 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.

1. Characteristics of adults in treatment in secure settings

- a) Substance use profile
- b) Age of clients
- c) Gender of clients
- d) Ethnicity of clients
- e) Religion of clients
- f) Sexuality of clients
- g) Disabilities cited by clients
- h) Pathway into treatment (new presentations)
- i) Age and presenting substance use (new presentations)
- j) Injecting behaviour (new presentations)

2. Access to services:

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

3. Treatment outcomes:

- a) Average length of treatment intervention
- b) Length of latest episode ending
- c) Treatment exits
- d) 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.

1. *Characteristics of young people in treatment in the secure estate*

- a) Establishment type
- b) Age and gender
- c) Ethnicity
- d) Substance use
- e) Pathway into YP treatment

2. *Access to services:*

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

3. *Specialist substance misuse service exits:*

- a) Treatment exits reasons

Timelines and punctuality

Monthly Summary Information

The following summary information aims to be 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 C19)

- 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 C19)
- 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 C19)

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 (with the exception of PHOF C19 where PHE Centre level is not produced).

Annual Statistics

More detailed annual statistics – as described above – are released between October and January each 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 three thematic areas (adult substance misuse treatment, young people’s substance misuse and adult and young people substance misuse treatment in secure settings).

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.

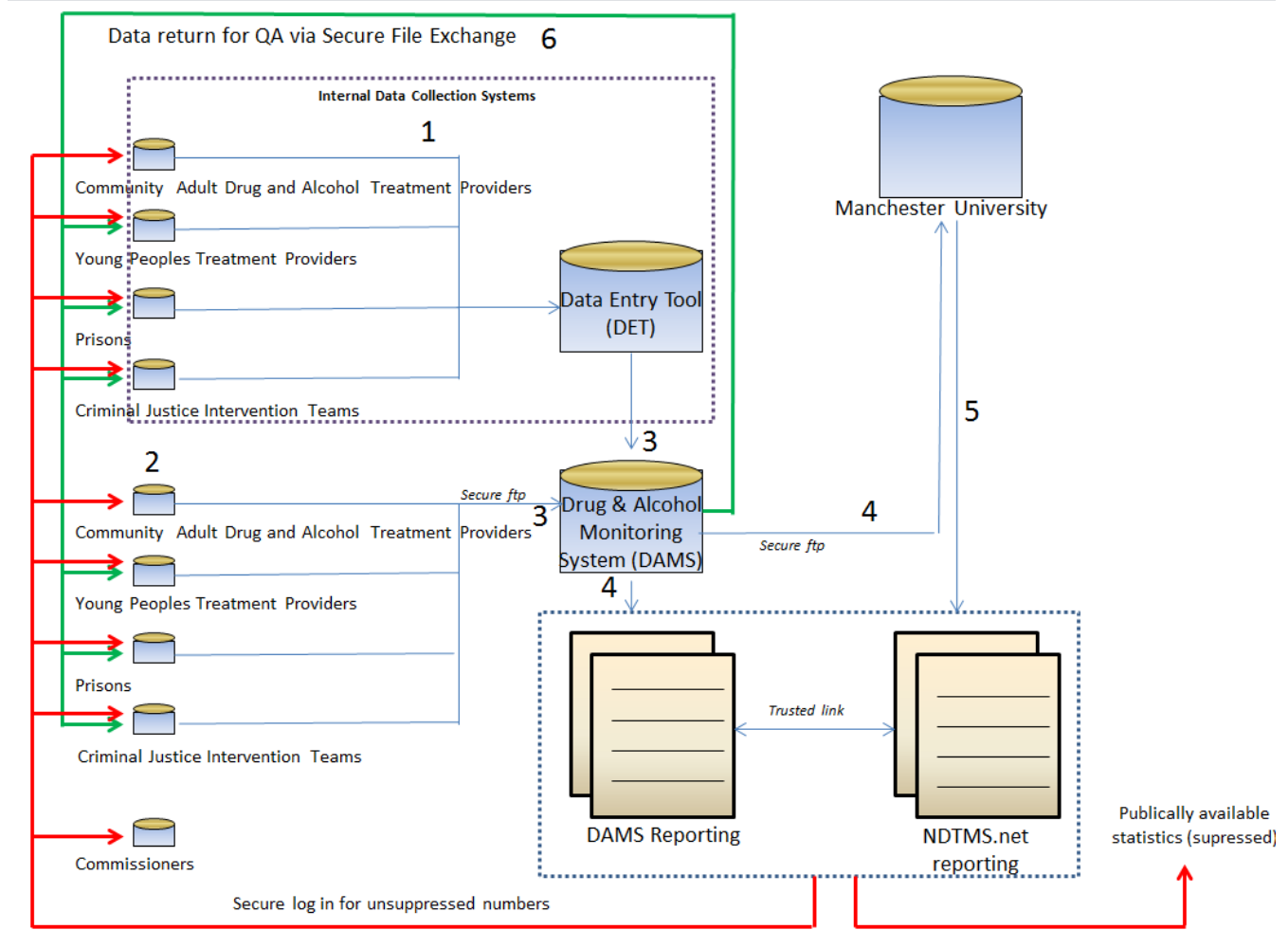


Figure 1. Production cycle for the statistics.

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 78% of the data submitted to the NDTMS is collected on 25 commercial products, and 22% 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 (NDTMSv2). Submissions are checked for data quality by regional NDTMS teams, and then approved for upload into NDTMSv2.

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

5. Once both the analysts at Manchester University 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 Manchester University managed [ndtms.net](https://www.ndtms.net) site. Management reports are made available through both [ndtms.net](https://www.ndtms.net) and NDTMSV2. Publicly released figures have small numbers suppressed, but groups with a professional need for unsuppressed figures (e.g. providers, commissioners) can obtain these after logging on to a secure application via NDTMS.net or NDTMSV2.

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 as much as possible 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 held by both Manchester University and PHE. The National Statistics tables are produced by PHE, and verified by Manchester University. 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.

Verification and Quality Assurance

Treatment provider data systems and extract.

Clinical information systems are provided with a comprehensive, SCCI approved 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/publications/national-drug-treatment-monitoring-system-reference-data>.

In order to assist suppliers to produce systems that can interface without errors with NDTMS systems, around 3500 validations that are applied to data are published. These are divided into errors and

warnings, and information messages. PHE supports suppliers to incorporate these verification rules into their systems (2-4 supplier workshops per year), and provide a test system for them to test extracts against central systems.

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.

Drug and Alcohol Monitoring System (NDTMSv2)

The process for submission to the NDTMS requires that a local system extract is taken by the clinical provider, 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 NDTMSv2 against submission files about three times each month.

Data validations are assigned three levels:

- **Fatal:** Errors in key fields that prevent a file being accepted (e.g. file name error, incorrect field headers.)
- **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

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.

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 local authority area, and look for unexplained monthly variations. Any issues are reported back to the NDTMS team for further investigation.

Handover to Manchester University data quality checks

Before handing data over to Manchester University, 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 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.

Quality Assurance (Verification) Process for statistics release

NDTMS statutory provisional monthly reports are outputs about clients receiving community-based (i.e. non-secure setting) treatments, and are derived from the NDTMS Treatment Modality Level extract, one of several extracts produced by NDTMS data collection systems.

This section describes the process involved in the independent and repeatable dual-verification of NDTMS statutory monthly reports produced by analysts at the National Drug Evidence Centre (NDEC), University of Manchester. A similar dual-verification process, between analysts at NDEC and at Public Health England (PHE), is applied to NDTMS annual outputs. However, for simplicity, only the NDTMS statutory monthly outputs produced at NDEC will be referred to, henceforth, in this section.

The process described here is one of verification, checking that “ ... the analysis is error-free and

satisfies its specification ...” and that that the analysis has been “ ... carried out correctly ...”¹, rather than one of validation, checking that “ ...the analysis is appropriate, i.e. fit for the purpose for which it is being used ...”, which will be described in more detail in a future updated release of this document.

Thus, for example, although the process of building client treatment journeys from verified (post-exclusions) data is covered briefly in this section, neither a justification for the application of a treatment-journey analytical framework nor the validation of methodologies that are applied to treatment journeys (e.g. selection of treatment journeys, categorization and counting of clients) employed in the production of the NDTMS statutory monthly outputs are covered here.

Please refer to Figure 2. below for an overview of the dual-verification process, which is now described.

Receipt of the NDTMS modality dataset and initial examination

The NDTMS modality dataset is retrieved from PHE and stored securely on an encrypted and isolated (no internet connection) University of Manchester sever at the National Drug Evidence Centre (NDEC). The data are then subjected to independent initial examination by two NDEC analysts to check that:

- (a) all data fields are present in the dataset extract;
- (b) there are no duplicated records (across all fields);
- (c) the number of records in the dataset extract exceeds that from the previous month; and
- (d) the critical field of triage date (TRIAGED) is populated with historical dates from 2009 and with more recent dates consistent with and beyond the cut-off triage date for the current month’s extract.

Further dataset exploratory examination and record exclusion

Again, adopting independent methods, NDEC analysts then subject other critical fields within the dataset (e.g. individual attributor, local authority of residence, treatment modality type) to exploratory examination to check for irregularities or anomalies. Any identified irregularities or anomalies are discussed between the NDEC analysts and reported back to PHE before further processing.

The dataset is then put through a pre-defined automated (no user intervention required) exclusions process, which rids the data of entire records (cases) which fail specific criteria critical for community-based analysis. For example, entire cases in which (i) a treatment modality is received in a secure-

¹ The Aqua Book: guidance on producing quality analysis for government (HM Treasury, 2015)

setting, (ii) a non-structured treatment modality (MODAL) is received² (iii) nicotine and/or caffeine are the only substances recorded (amongst DRUG1, DRUG2, and DRUG3), (iv) the age at triage is out-of-range, or (v) an incorrect chronological order of dates is in the record, are all excluded. Hence, following the exclusions process, the resultant dataset is restricted to cases in which (a) the client is treated in a (non-secure) community-based (outpatient, inpatient, residential) setting, (b) primary substance is an opioid drug, a non-opioid drug, or an alcohol and (c) modality is one of structured treatment, and (d) age at triage is in the range 9 to 99 inclusive.

Building Client Treatment Journeys (for NDTMS community reports)

Each NDEC analyst subjects his/her 'verified' (post-exclusions) dataset to an independently-developed, and robustly data-verified, client journey-building process. For each client, this automated process collates episodes into sequential journeys, as follows.

All episodes of data for an upper-tier local authority and client attributor combination are sorted chronologically by triage date (TRIAGED) and treatment provider (AGENCY) and labelled with the same treatment journey until there is a gap of more than 21 days between an episode discharge date (DISD) and any other modality start date (MODST). New episodes which start after such a gap are labelled with a subsequent journey number. This process is repeated for all records in the dataset until all cases are labelled with a journey number. The resulting file is then available for further use in one-half of the dual-verified production of NDTMS monthly adult reports.

Uploading monthly figures to NDTMS.net and report sanity-checking

Before being published in report format on the PHE website www.ndtms.net, double-verified figures are uploaded to the website server where NDEC analysts, only, can preview, compare and contrast the figures in a report against those from corresponding reports in previous months. Reports are published following satisfactory outcome of this sanity-checking process.

² Although LASAR assessment records and records with an unrecorded modality are also permitted

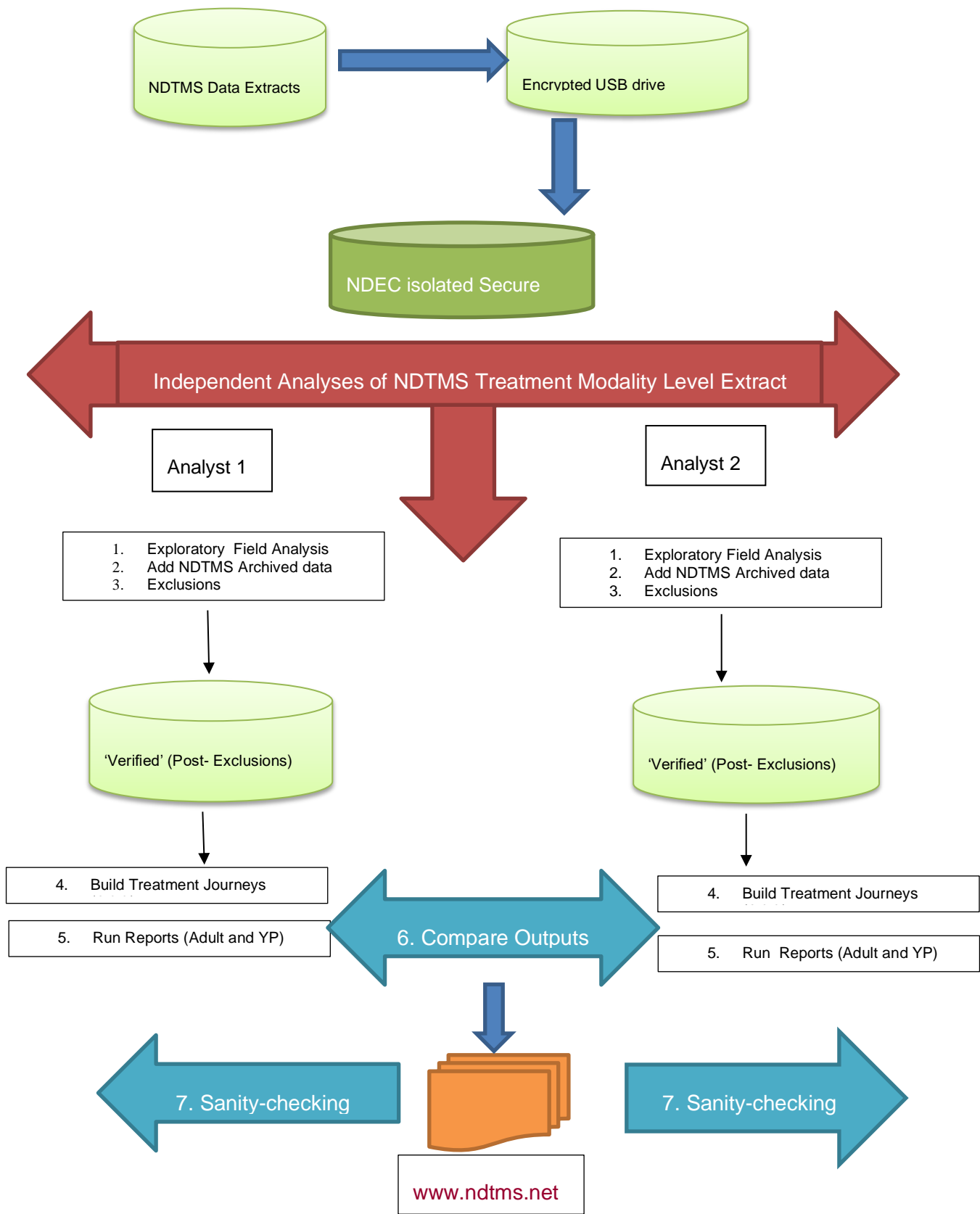


Figure 2. Dual-verification process at University of Manchester (NDEC)

PHE monthly and annual process

The process is similar to that described above carried out by Manchester University, though with differences between the monthly and annual process. For the monthly process there are five steps details below (in bold). This is modified slightly in the annual outputs where the more detailed nature of the report requires additional steps.

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, apart from updating the file paths in the SPSS syntax **(1)**. In all SPSS syntax, the syntax is written so that there are minimal changes needed each month apart from updating time periods, and these changes are all highlighted at the start of the syntax to ensure all relevant changes are made.

Basic exclusions are carried out in a second syntactical process, which again requires minimal alteration from the analyst apart from setting the month **(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 process produces various "journey" files for different levels of reporting, for various monthly, quarterly and biannual reports that PHE produces for a variety of audiences. Once these files have been created, further syntax is run to export various measures from these files into Excel spreadsheets or SQL databases to produce a variety of reports, in both SSPS and Excel which are hosted on NDTMS.net, or in the case of the annual statistics to populate a SQL database and the supporting Excel data tables **(4)**.

These reports undergo a series of quality assurance and sanity checks before release, and in the case of the annual statistics all outputs are checked against those produced by Manchester University. Any discrepancies are investigated and resolved until both parties are satisfied that the figures match **(5)**. The final report is produced and all figures are checked against the verified final results **(6)**.

The final report is also proof read by the PHE Drug and Alcohol Policy Team and DH Policy colleagues.

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

Wherever possible, PHE endeavours to ensure that analysis of key statistics is 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 (NDTMSv2), which covers the period up to 30th June of the relevant year, and is provided to the Evidence Application Team (EAT) at PHE and Manchester University 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.

For the 2019-20 reports young people's figures have been aligned where possible to use the same methodology to adult drug or alcohol treatment reporting.

It should also be noted that results from the fifteen-year treatment population analysis reported in the Adult Substance Misuse Statistics cannot be directly compared to any data reported for 2019-20 or for previous years. The analysis in this section follows clients through treatment in the fifteen-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 fifteen-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, the fifteen-year treatment population 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. As an example, while the figures in the 2015-16 report were calculated from the July 2016 data submission, the 2015-16 figures reported in the fifteen-year analysis section have been calculated using the latest data. As the data is a persisted dataset, clients treatment records may have been updated, or removed if consent was withdrawn, and consequently these may not match.

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 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. The most recent report can be found [here](#).

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.

Other information

Concepts and definitions

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](#) and [here](#).

Output quality trade-offs

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

Consultations with stakeholders are regularly undertaken to ensure that data recording meets users' needs and reflects clinical practice and guidelines.

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.

In 2012 the NTA managed a consultation regarding the introduction of an outcome monitoring tool for alcohol treatment services. 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:

<https://www.ndtms.net/CAS/Consultations>

Assessment of quality and robustness of 2018-19 NDTMS community data

NDTMS data is routinely collected by PHE. Drug and alcohol treatment providers submit a monthly extract that, from 2017, is automatically validated by the NDTMS collection system. Data submissions are automatically aggregated and reconciled against previous submissions to create a single national data submission. PHE operates a continual programme of improvement and treatment providers work with their local 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.

Four new variables were added to the report in 2017-18. Three were first introduced in April 2017; clients identified as having a mental health treatment need, the mental health treatment they received

and whether the children of clients were engaged with any early help. The fourth variable, family status, was introduced to NDTMS in April 2006. This has now been included as data completeness has reached a suitable level (99.6%). Data completeness of the new variables is lower than the rest of the dataset (mental health treatment need 97%, mental health treatment received 99% and children engaged in early help 93%). Data completeness is expected to rise over time for these variables as the reporting process beds in across the treatment system.

Table 3.1 provides an overview of the quality of data submitted to NDTMS from 2014-15 to 2016-17, the period prior to the new data submission process outlined above. The proportion of valid records received out of all submitted records along with the proportion of records received without errors or warnings are included as they indicate the general level of data quality across the broad spectrum of information collected at each monthly data submission. Four additional indicators are also included below that report the proportion of duplicate or overlapping treatment interventions and episodes. These are reported as they provide a sense of how accurate and efficient record keeping is at treatment provider level. A low proportion is desirable as it demonstrates robust administrative functions at a national level.

Table 3.1 Data quality of NDTMS 2014-15 to 2016-17.

Data quality measure	2014-15	2015-16	2016-17
Proportion of submitted records that were valid	99.92%	99.99%	99.99%
Proportion of records without errors or warnings	99.90%	99.98%	99.90%
Proportion of duplicate treatment episodes recorded at the same provider	0.05%	0.03%	0.01%
Proportion of overlapping treatment episodes recorded at the same provider	0.05%	0.03%	0.01%
Proportion of duplicate treatment interventions recorded at the same provider	0.02%	0.01%	0.02%
Proportion of overlapping treatment interventions recorded at the same provider	0.02%	0.01%	0.01%

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 86%. 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.

Comparability of data to previous reports

In 2013-14 a consultation was undertaken on combining alcohol and drug treatment journeys. Prior to this, when an adult presented to treatment with a primary alcohol treatment episode concurrent with, or followed by, a primary drug treatment episode, this was reported as two separate treatment journeys. A combined treatment journey methodology removes this anomaly and was supported by a majority of respondents to the consultation. This method of client classification was first reported in 2014-15 and data was provided back to 2009-10. Data is now provided back to 2005-06 and is reported in the trends section of this report and the supporting tables.

As a result of the new reporting framework, comparisons of data in this report with previous adult drug and alcohol statistics prior to 2014-15 are not valid. Interested parties are referred to trend tables and the accompanying more detailed spreadsheets published alongside this report, where data is reported back to 2005-06.

Since 1 November 2012, PHE made substantial changes to the core dataset with regards to the coding of intervention type. Prior to this, intervention codes were restricted to six broad categories: inpatient, residential rehabilitation, prescribing, psychosocial, structured day programme and other structured treatment. These categories did not easily allow a distinction to be made between the setting where the interventions were delivered and the interventions themselves.

Following consultations with clinicians, treatment providers and other key stakeholders, a new method of recording intervention types and settings separately was introduced, alongside the ability for providers to record the non-structured recovery support interventions that they were delivering.

As part of the changes in the coding of intervention type, from 1 November 2012 all registered treatment providers are registered with a setting type. There are six adult settings: community, inpatient, residential, recovery house, prison and primary care, which have been incorporated to PHE's regular reporting. Clients in a prison setting are not reported on in this document. Intervention types have been split in to three high-level categories; pharmacological interventions, psychosocial interventions and recovery support interventions. Recovery support interventions are not reported on in the present report. Due to these implemented changes, most reporting of interventions is limited to those occurring on or after 31 October 2012. Therefore, the validity of comparing data to previous years – particularly in the interventions tables – is limited.

Useful Links

Prevalence of drug and alcohol 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 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, 2011-12, 2014-15 and 2016-17: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

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 <https://phi.ljmu.ac.uk/wp-content/uploads/2018/07/Estimates-of-the-Prevalence-of-Opiate-Use-and-or-Crack-Cocaine-Use-2014-15-Sweep-11-report.pdf>

The prevalence estimates of alcohol dependence have been produced by the University of Sheffield and are available here: <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

A detailed report on the production of these estimates can be found here:

https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf

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 interviews school pupils, and has been in place since 2001. It reports bi-annually up to 2018. The data and further information are available at: <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018>.

NDTMS collects data on drug and alcohol treatment for young people, and produces national statistics, the latest of which can be found at: <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-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 [UK guidelines for Drug Misuse and Dependence](#) states that treatment for young people is different that that for adults (chapter 7.10, page 240).

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.

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.

In addition, NDTMS collects data on drug and alcohol treatment in secure settings and published the latest set of official statistics for 2019-20 on 28th January 2021

<https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2019-to-2020>

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/edr2019>.

The centre also produces a treatment demand indicator (TDI), which is a collection of comparative statistics relating to individuals seeking treatment. This can be found at:

www.emcdda.europa.eu/data/stats2015#displayTable:TDI-0023.

While comparisons to drug and alcohol treatment statistics from other countries can be made, care needs to be taken as the data is unlikely to be directly comparable due to differences in the definitions and methodologies that are used in collecting the data and subsequently in reporting it.

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.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2018registrations>

Other relevant web links

Monthly web-based NDTMS analyses: <https://www.ndtms.net/>

University of Manchester – National Drug Evidence Centre (NDEC): <http://www.population-health.manchester.ac.uk/epidemiology/ndec/>

NDTMS patient information leaflet:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/824698/PHE_NDTMS_patient_information_leaflet.pdf

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

Public Health Outcomes Framework indicators C19: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>