

DRUG & ALCOHOL FINDINGS *Research analysis*

This entry is our analysis of a study considered particularly relevant to improving outcomes from drug or alcohol interventions in the UK. The original study was not published by Findings; click [Title](#) to order a copy. [Links](#) to other documents. [Hover over](#) for notes. [Click to](#) highlight passage referred to. [Unfold extra text](#) The Summary conveys the findings and views expressed in the study.

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Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2014 to 31 March 2015.

Public Health England.
Public Health England, 2015.

For the first time the annual accounting of the treatment caseload in England combines both drug and alcohol use patient records, registering a continuing trend down in total numbers due mainly to falls in users of heroin and other opiate-type drugs.

SUMMARY For the first time this report brings together information on people receiving specialist interventions for both drugs and alcohol in England. Because many people experience problems with and receive interventions for both, drugs and alcohol services are increasingly commissioned together. However, while the people who seek treatment for drugs and alcohol share many similarities they also have clear differences, so this report divides people in treatment into four substance use groups:

- any mention of opiate use in any episode would result in the client being categorised as an **opiate** client, irrespective of what other substances are cited;
- clients who present with non-opiate substances (but *not* opiates or alcohol) are classified as **non-opiate only**;
- clients with a non-opiate substance *and* alcohol (but *not* opiates) recorded in any episode in their treatment journeys are classified as **non-opiate and alcohol**;
- clients who present with alcohol and no other substances are categorised as **alcohol-only**.

In all, 295,224 individuals were in contact with drug and alcohol services in 2014/15, down from 301,944 the year before and the lowest figure since 2009/10, when the total was 311,667 [chart](#). Of these 295,224 patients, 141,646 had started treatment during the year rather than continuing in treatment from the year before. The age profile of people in treatment is rising. For example, 44% of the 152,964 people in treatment for opiates are now 40 and over. Since 2009/10, the number of opiate users aged 40 and over starting treatment has risen by 21% (12,761 to 15,487). This ageing cohort is often in poor health, with a range of vulnerabilities associated with long-term drug use. These people require a wide range of support, including social care. When considering all ages, presentations to treatment for opiates have been falling over the last six years (55,494 to 44,356), reflecting the downward trend in prevalence of heroin use.

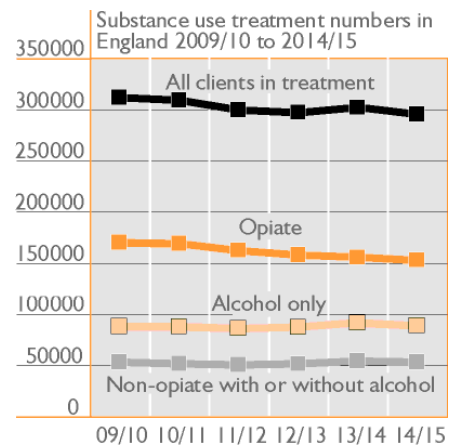
The number of people presenting for alcohol problems in 2014/15 was 150,640. Of these, 89,107 were treated for problematic drinking alone, and 61,533 for alcohol alongside other substances. Alcohol-only clients had an older age profile (68% aged 40 and over) than opiate users. While the overall numbers accessing treatment for alcohol have increased by 3% since 2009/10 (86,385 to 88,904), the number aged 40 and over accessing services has risen by 21% and the number aged 50 and over by 44%. Many of these people will have been drinking at high-risk levels for some time and are likely to be experiencing health harm such as liver disease and hypertension.

Most younger people (18–24) presenting to treatment in 2014/15 cited problems with either cannabis (7369, 52%) or cocaine (3272, 23%). Most presentations for new psychoactive substances (NPS) are also in the younger age groups, though the total number accessing treatment for NPS remains relatively low (1370, 0.5%). Overall, the number of under-25s accessing treatment has fallen by 33% since 2009/10, with the largest decrease in opiates (mainly heroin) where the numbers presenting to treatment have fallen by 60%. This reflects a shift in the type of drug use among young adults.

Men made up 70% of the treatment population in 2014/15. The gender-split varied depending on the presenting substances: 73% of people using drugs were male compared to 62% presenting with alcohol-only. Individuals recorded as 'white British' made up the largest ethnic group in treatment (85%, 245,380), with a further 4% from other white groups.

Since 2013 the overall rate of people exiting treatment successfully has slowed. This is mainly because the rate of opiate clients successfully completing treatment has fallen, which is likely to be a result of those now in treatment having more entrenched drug use and long-standing and complex problems. In all, 130,609 people exited the drug and alcohol treatment system in 2014/15, with 52% (67,788) having successfully completed their treatment free of dependence. At almost two-thirds (64%), non-opiate-only clients (whose problems relates to substances other than opiates or alcohol) had the highest rates of successful exits, followed by 61% of alcohol clients. Opiate clients had a successful completion rate of 30%. The recovery rates for non-opiates and alcohol have remained higher and stable, largely because users of these substances are more likely to have access to the personal and social resources that can aid recovery, such as employment and stable housing.

Most of the 2360 people who died while in contact with services in 2014/15 were opiate clients (61%, 1,428), who tended to be over 40 (typical age 43) and were likely to have been using heroin for a long time. Among those accessing treatment for alcohol-only problems, there were 792 deaths. Again most were aged 40 and over (typical age 49). The lowest number of deaths (20) were seen among users of non-opiates, who were also typically the youngest of the



lowest number of deaths (59) were seen among users of non-opiates, who were also typically the youngest of the people who died (typically 35 years).

Drug misuse deaths overall registered in England and Wales between 2012 and 2014 increased by 42%, with the number now 2120 per year, the highest since records began in 1993. The number of deaths involving heroin in 2014 increased by 64% from 2012. The drug-related death rate among people in treatment is significantly lower than among those who are not in treatment.

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