

# Drug treatment in the North West of England, **2003/04**

Analyses of the National Drug Treatment Monitoring System [NDTMS]



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## Key Points

- Between April 1st 2003 and March 31st 2004, 27909 people were in contact with structured drug treatment services in the North West.
- The number of people in contact with North West services in 2003/04 was 25% greater than in 2001/02.
- There are more people from the North West (approximately 22% of the national total) in contact with treatment services than from any of the other eight government regions of England.
- One in every 100 (1%) North West residents aged between 16 and 44 were in contact with services, during 2003/04.
- Over two-thirds (71%) of the people in contact with treatment services were male, and the ethnicity of the vast majority (95%) of individuals was 'White British'.
- Compared with 2001/02, there were proportionately more young (under 18) and older (35+) people, but less 18-34 year olds, in contact with treatment services during 2003/04.
- The majority of people in contact with structured treatment services report problems resulting from the use of opiates.
- One in six (16%) of recorded treatment episodes were referred from criminal justice agencies in 2003/04.
- A large majority (86%) of the individuals monitored during 2003/04 were in contact with substitute prescribing services.
- The majority (73%) of individuals' treatment episodes were either ongoing (62%) at the end of 2003/04 or had successful outcomes (11%); a quarter (26%) of episodes resulted in unplanned discharges.
- The NDTMS in the North West now uses a system of electronic data transfer (EDT) that produces more accurate and timely results.



National Treatment Agency  
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# Introduction

NDTMS results now have greater significance than ever before; in addition to monitoring the government's drug strategy commitment to double the number of people in treatment [between 1998 and 2008], the results are now used to assess Primary Care Trusts' [PCTs] performance, as part of the Commission for Health Audit and Inspection [CHAI] star rating process [see [www.nta.nhs.uk](http://www.nta.nhs.uk) for more information].

In parallel with this additional use of NDTMS results, 2003/04 saw the implementation of a new system of data collection; the majority of NDTMS data are now collected directly from treatment providers' databases in the North West. This method of electronic data transfer [EDT] reduces discrepancies between NDTMS results and figures produced locally by treatment services and allows for more timely reporting.

This paper is the first publication of NDTMS results in the North West since the implementation of EDT, and it will form part of a series of reports from the regional NDTMS team. Future papers will have a more analytical and explanatory content, while this paper is simply intended as a descriptive summary of the most pertinent results for the North West in 2003/04. Therefore, the majority of the paper concentrates on results for the whole region; some D[A]AT level figures are included [see, in particular, Table 2 in the Appendix], but these are only included to illustrate the variations in service provision within the region, not as assessments of service provision at local levels. More detailed results – described at D[A]AT level – are published on the NDTMS regional centre website at [www.cph.org.uk/ndtms](http://www.cph.org.uk/ndtms).

Where analyses are reported at D[A]AT level, the results are presented in terms of the geographic areas in which clients were resident [D[A]AT of residence], irrespective of where, in the North West, the treatment was provided. Other than Figure 1 [where a small calculation has been made to account for missing data], all data are solely based on records provided by treatment services; no results are estimates nor were any produced using statistical modelling.

The NDTMS only records data from structured drug treatment providers [i.e. high threshold, Tier 3 and 4 services, as defined by Models of Care, see NTA [2002]]. Low threshold interventions, such as syringe exchange and open access services, are therefore not recorded. Further methodological details are provided at the end of the paper.

The results were compiled by the NDTMS regional team based in the North West Public Health Observatory in the Centre for Public Health [CPH][Methodological Note 1 - see the end of the paper], at Liverpool John Moores University, who manage the regional database on behalf of the National Treatment Agency for Substance Misuse [NTA].

## Section 1

### Numbers of people in contact with treatment services and prevalence

#### Regional results

There are now more people in structured drug treatment in the North West than ever before; during 2003/04, 27909 people were in contact with services, an increase of 25% from 2001/02, when the equivalent figure was 22308 [2] [see Jones and Beynon, 2003 and Table 1, below]. The number of people [14745] presenting for a new treatment episode in 2003/04 was also significantly greater [26%] than in 2001/02 [n=10472].

The results also show that there are now more people in contact with treatment services in the North West [22% of the national total [NTA [2004]] than in any of the other eight government regions. This is a disproportionately high contribution to the number of people in contact with treatment services nationally as the North West accounts for 13% of England's population aged 16-44 [ONS 2004].

#### Variations between local areas

During 2003/04, some people recorded by the NDTMS were resident in more than one D[A]AT area. Each of these individuals is counted once in each area in which they lived.

There were considerable variations between the number of residents from the 22 D[A]ATs in contact with structured drug treatment services, ranging from 511 in Trafford to 3782 in Lancashire. Similarly, there were variations in the proportions of new and ongoing individuals: from 35% new individuals from Wirral to 59% from Bury.

Counts of individuals in treatment, as discussed above, fail to take into consideration variations in the populations of the D[A]ATs. Consequently, the number of people in contact with treatment services per 1000 [aged 16-44] of the population of each D[A]AT are also presented in Table 1. These results show that ten in every thousand [1%] North West residents aged between 16 and 44 were in contact with services. The equivalent rate varies considerably across the region, from 4.88 per 1000 in Cumbria to 19.88 in Blackpool [see Table 1].

To avoid any misunderstanding, it is vital to be clear that these results do not illustrate 'penetration levels' of drug

treatment services into problematic drug-using [PDU] populations [i.e. the proportion of PDUs in contact with treatment services]. Calculations of penetration levels rely on accurate recent estimates of the PDU populations. And as these are only available for parts of the region [see, for example, Beynon et al. [2001]], a precise quantification of treatment penetration levels is not possible.

The size of PDU populations rely on a combination of factors: the actual size of the whole population is clearly one of these, but a range of other socio-demographic factors also have an impact, deprivation in particular. Consequently, deprivation scores have been included in Table 1 to provide the reader with the fullest possible understanding of the reasons for the variations in levels of treatment engagement across the 22 D[A]AT areas. Although prevalence levels do not precisely correlate with deprivation scores, the inclusion of these scores shows the significant engagement of PDUs in treatment services among residents of some of the most deprived

**Table 1:** Number of people in contact with treatment services, prevalence, deprivation scores and ranks, by D(A)AT of residence

D[A]AT	New [3]		Ongoing [3]		Total in contact [4]		Prevalence [per 1000 aged 16-44] [5]	Deprivation score [6]	Deprivation rank [1 = highest 354 = lowest] [6]
	No.	Row %	No.	Row %	No.	Col %			
Blackburn with Darwen	359	46.90	406	53.10	765	2.63	12.2	32.28	34
Blackpool	447	41.20	639	58.80	1086	3.74	19.88	33.91	24
Bolton	620	52.60	559	47.40	1179	4.06	10.49	29.41	50
Bury	504	59.10	349	40.90	853	2.94	10.31	23.53	97
Cheshire	737	41.60	1036	58.40	1773	6.10	6.64	*	*
Cumbria	464	50.10	462	49.90	926	3.19	4.88	*	*
Halton	246	45.70	292	54.30	538	1.85	10.33	34.29	21
Knowsley	313	45.10	381	54.90	694	2.39	10.9	46.57	3
Lancashire	1926	50.90	1856	49.10	3782	13.02	7.9	*	*
Liverpool	1589	57.30	1182	42.70	2771	9.54	13.47	49.78	1
Manchester	1089	40.00	1633	60.00	2722	9.37	12.86	48.91	2
Oldham	406	50.00	406	50.00	812	2.80	8.68	30.73	43
Rochdale	760	57.00	573	43.00	1333	4.59	14.35	33.69	25
Salford	601	44.30	756	55.70	1357	4.67	13.3	38.19	12
Sefton	557	48.10	601	51.90	1158	3.99	10.56	26.12	78
St Helens	435	54.60	362	45.40	797	2.74	11	31.95	36
Stockport	265	43.00	351	57.00	616	2.12	5.02	18.06	159
Tameside	478	49.30	491	50.70	969	3.34	10.77	29.81	49
Trafford	214	41.90	297	58.10	511	1.76	5.64	20.15	136
Warrington	312	51.50	294	48.50	606	2.09	7.29	19.39	147
Wigan	688	47.40	763	52.60	1451	5.00	11.12	29.26	53
Wirral	731	34.50	1386	65.50	2117	7.29	17.22	30.06	48

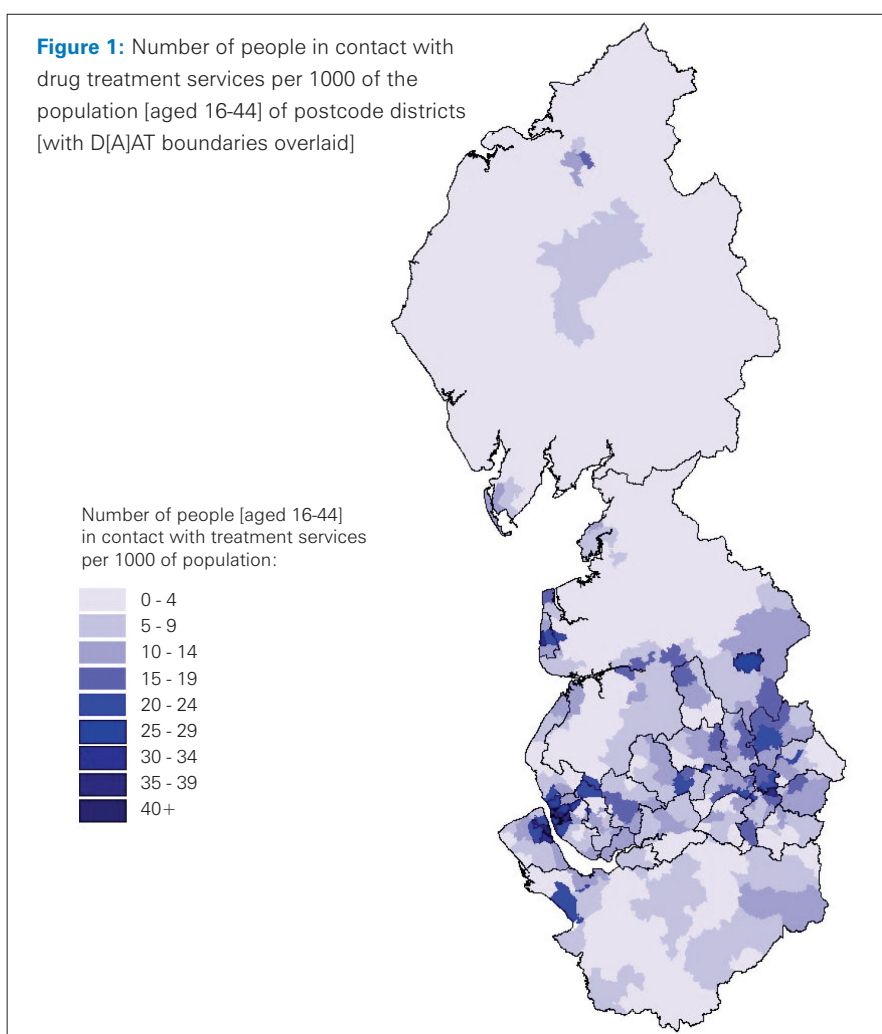
\* Deprivation scores and ranks are calculated at unitary local authority levels and are not available at county level.

areas; the ONS scores describe Liverpool and Manchester, respectively, as the two most deprived areas in the country, and these areas have among the highest rates [13.47 and 12.86 per 1000 aged 16-44, respectively] of people in contact with treatment services across the region. Conversely, Trafford and Warrington are shown to be less deprived areas and they have among the lowest prevalence levels [5.64 and 7.29, respectively] in the region.

Figure 1 illustrates the number of people per 1000 of population [aged 16-44] from each postcode district ['incodes' – e.g. L1 or BL1] in the region in contact with treatment services during 2003/04. Clients who lived in more than one postcode district are counted once in each area in which they lived.

The map shows that there were high concentrations of people from the more urban areas of the region, particularly in Merseyside and Greater Manchester, in contact with treatment services.

The postcode area CH41, in the Birkenhead area of Wirral, had the highest proportion of residents, 68/1000 [aged 16-44], in contact with structured treatment services, followed by 37/1000 from both M11 [central Manchester] and L5 [central Liverpool].



## Section 2

### Demographics and primary drug use

This section describes the demographic characteristics of each individual in contact with structured drug treatment services in 2003/04. Each person is counted once [n=27909] irrespective of whether they were resident in more than one area during the reporting period.

#### Gender

The gender composition of those in contact with treatment services was consistent with previous regional and national findings: over two-thirds [71%] of all individuals in contact with treatment services during 2003/04 were male, and there was little variation from this rate between the 22 D[A]ATs – from 67% males in Cumbria to 75% males in Oldham [see Table 2 in the Appendix].

#### Age [7]

The average [mean] age of individuals in contact with treatment services during 2003/04 was 32, the same rate as in 2001/02. Almost two-thirds [62%: n=17348] of the people in contact with treatment services during 2003/04 were aged 30 or older; 46% [n=12930] were in their thirties, while 16% [n=4418] were 40 or above. People in their twenties accounted for 31% [n=8539] of the overall total, while 5% [n=1333] were under 18 and 2% [n=602] aged 18 or 19. The proportions of people in each of the individual age bands in contact

with treatment services in 2001/02 and 2003/04 are presented in Figure 2 below.

As shown in Section 1, there were considerably [25%] more people in contact with treatment services in 2003/04, compared with 2001/02. And, although not illustrated in Figure 2, there were increased numbers of people in each of the age bands in 2003/04, compared with 2001/02. However, the rate of this increase varies between the different age groups: the proportion [5%] of people under the age of 18 was higher in 2003/04 compared with the equivalent rate [3%] in 2001/02, but the proportions of people in each of the other age bands under 35 were higher in 2001/02. Conversely, the proportions of people in each of the age bands of 35 and over were higher in 2003/04. In short, there were proportionately more young [under 18] and older [35+] people but less 18-34 year olds in contact with treatment services in 2003/04 compared with 2001/02.

#### Ethnicity [8]

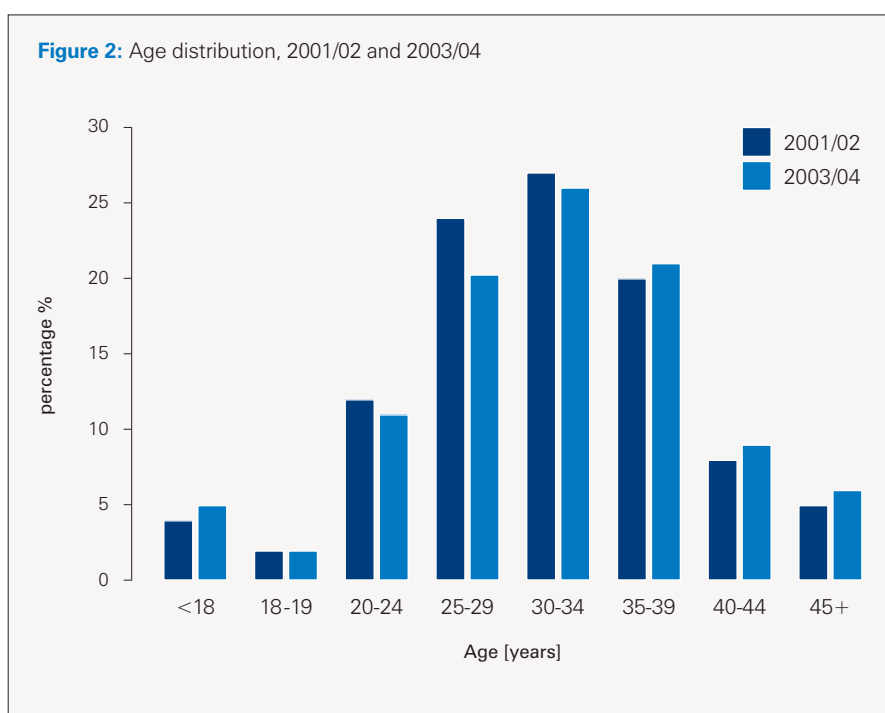
The vast majority [95%] of all individuals were recorded as 'White British'; while no other ethnic group accounted for more than one percent of those in contact with treatment services.

However, there was greater ethnic diversity among the residents of some

D[A]ATs [see Table 2 in the Appendix]. For example, in Cumbria, Blackpool and St Helens less than one percent of all clients fell into non-White ethnic categories; whereas, there were considerably more non-White people in contact with treatment services from Oldham, Rochdale and Trafford [9%, 7% and 8%, respectively].

#### Drug use

In common with previous regional and national findings, a large majority [79%] of individuals presenting for treatment cited opiates [predominately heroin] as their main problem drug. However, evidence from historical regional monitoring data [results from the regional Drugs Misuse Database [rDMD] going back to the mid 1990s are published on the Centre for Public Health website, at [www.cph.org.uk](http://www.cph.org.uk)] and local analysis in Cheshire and Merseyside [McVeigh et al., 2003] indicates a continuing upward trend in poly-drug use [crack and heroin combined, in particular]. It is therefore difficult to distinguish which drugs are a user's primary problem and which are secondary. An adequate understanding of this area requires more detail than is available in this paper. Consequently, a future themed report will explore this area in greater depth.



# Section 3

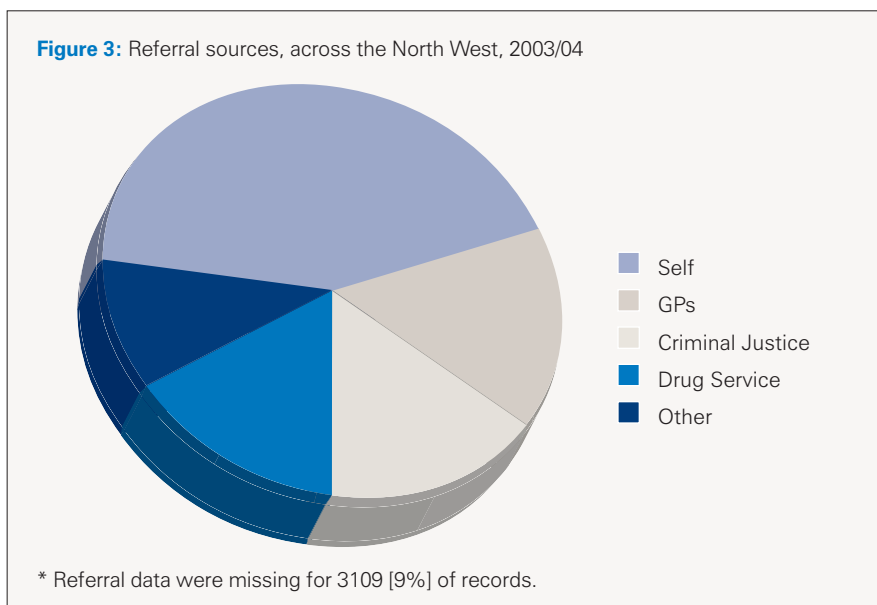
## Referral sources, modality types and treatment outcomes

Many of the 27909 people in contact with treatment services in 2003/04 made contact with more than one agency. Therefore, to provide the fullest possible understanding of the ways in which people are referred into services, the types of treatment provided and the outcomes of these services, results for each recorded episode are presented here [n=33377]. However, these figures still only paint a partial picture of the total treatment activity in the reporting period as some individuals had multiple episodes at the same agency, but only one episode per agency were recorded by the NDTMS in 2003/04 [although all episodes are now recorded].

### Referrals

Of the treatment 'episodes' recorded by the NDTMS in the North West in 2003/04, the largest source [43%] of referral was 'self', followed by referrals from GPs [16%], the criminal justice system [16%] and other drugs interventions [15%], see Figure 3.

The increasingly significant role played by the criminal justice system in drug treatment engagement is illustrated by the recent commitment made by the government in the *White Paper Choosing Health: making healthier choices easier*:

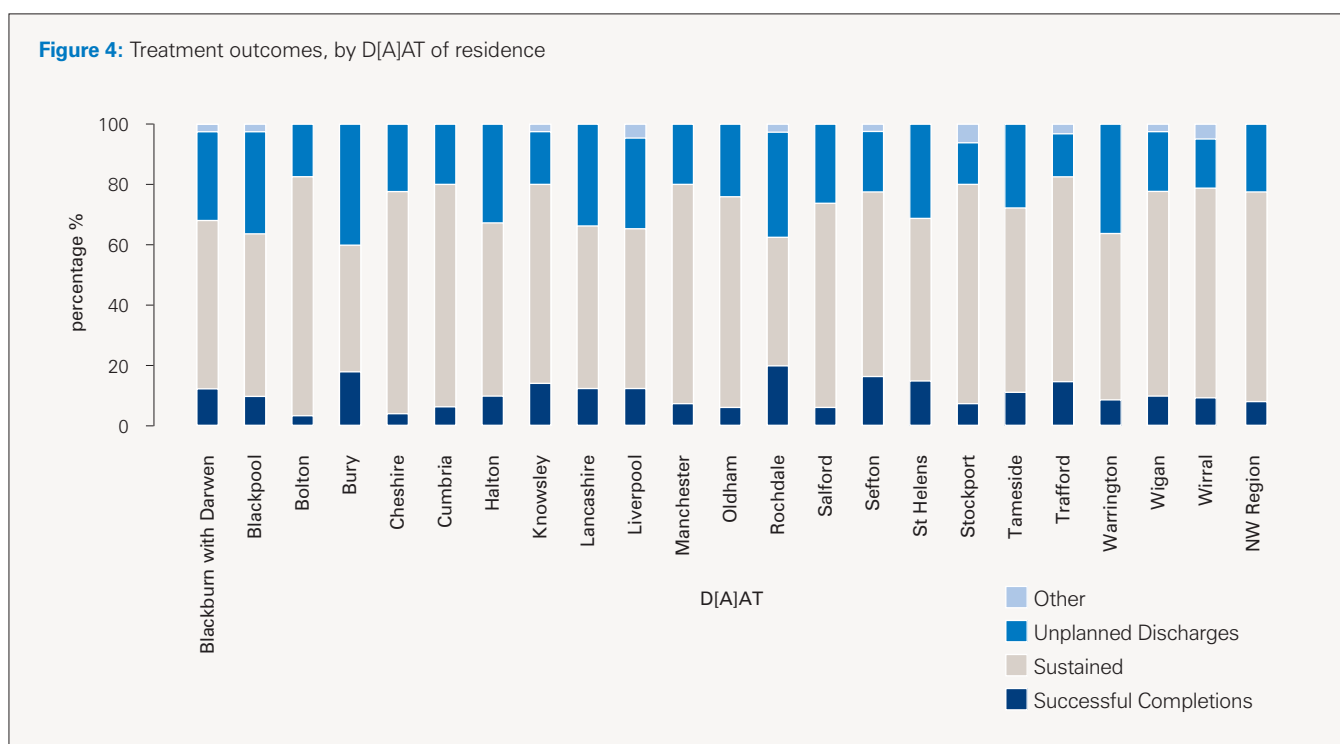


**“We will have delivered if... we ‘reduce the harm caused by illegal drugs, including substantially increasing the number of drug misusing offenders entering treatment through the Criminal Justice System’ [2004 Government PSA target].” [Department of Health, 2004]**

At the heart of this commitment is the government’s Drugs Interventions Programme [DIP, formerly the Criminal Justice Interventions Programme – CJIP], which, amongst other things, has built on existing measures to refer people from the criminal justice system

into drug treatment. This programme was introduced in five North West D[A]ATs [Bolton, Liverpool, Manchester, Rochdale and Salford] in April 2003 and a further three areas [Oldham, Tameside and Trafford] in April 2004. And, while it is too soon to quantify the precise impact of this programme, a significant proportion [16%] of recorded structured drug treatment episodes were referred from the criminal justice system during 2003/04.

The proportion of recorded episodes referred from the criminal justice



system varied greatly across the region, from less than one per cent in Trafford to 32% in Bolton [see Table 2 in the Appendix]. Given the centrality of criminal justice involvement in the drug treatment sector a future themed report is to explore this topic in greater detail.

### Treatment modalities [9]

The specific types [or 'modalities'] of treatment provided by the services with whom individuals were in contact with are reported here for the first time in the North West. The results presented here only refer to the first modality in each recorded episode [episodes may contain multiple modalities]. Nonetheless, the results provide an interesting addition to our understanding of nature of drug treatment in the region.

A large majority [83%] were in contact with services providing 'Community Prescribing', while a further 7% were in contact with 'Structured Counselling' services and 4% for 'GP prescribing'.

### Treatment outcomes [10]

The treatment outcomes described in this section relate to clients' reasons for leaving [if applicable] each recorded episode. The majority [76%] of treatment episodes were either ongoing [65%] at the end of 2003/04 or had successful outcomes [11%]; under a quarter [22%] of episodes resulted in unplanned discharges.

Outcomes varied considerably across the 22 D[A]ATs [see Figure 4 - on page 5]. Sustention [those still in treatment at 31st March 2004] levels ranged from 43% in Bury to 80% in Bolton; while successful completion rates were highest in Rochdale [20%] and lowest in Bolton [4%]; and unplanned discharges varied from 14% in Trafford to 39% in Bury.

### Methodology

The NDTMS is the official national method of monitoring the prevalence of drug treatment in England. It is commissioned by the NTA and managed through nine regional centres. The system was established in March 2001 and replaced the Drug Misuse Database [DMD].

The NDTMS measures the number of people 'in contact' with structured drug treatment services [i.e. Tier 3 and 4 services, as defined by Models of Care [NTA, 2002]]. An individual is deemed to be in contact with a treatment agency once they have presented for structured drug treatment. However, some individuals do not subsequently start treatment, and so NDTMS results are described in terms of the number of individuals *in contact* with services rather than numbers of people actually *in treatment*. For more information about the NDTMS see Beynon et. al. [2003], [www.cph.org.uk/ndtms](http://www.cph.org.uk/ndtms) or [www.nta.org.uk](http://www.nta.org.uk).

Data were collected using two methods: paper forms and extracts from databases. [Approximately half of the 104 service providers in the North West used each method.] The paper-based system involved service providers completing forms for all individuals presenting for treatment and sending these to the regional databases to be inputted. The inputted data were later sent back to the providers for verification. The database system involves information being extracted directly from service providers' information systems – this was also returned for verification.

### Methodological notes

- 1 CPH took responsibility for the NDTMS in the whole of the North West in April 2004. Previously, data were collected in Greater Manchester, Lancashire and Cumbria by the Drug Misuse Research Unit [DMRU, now NDEC] and in Cheshire and Merseyside by CPH. However, the verification, collation and analysis of the data were conducted by CPH, in conjunction with Sam Weston, who is based at NDEC.
- 2 There were methodological differences between the data

collection procedures used during the two periods. A greater emphasis was placed on data verification and a greater proportion of the data were collected directly from agency databases in 2003/04. These differences may have had some impact on the results.

- 3 'New' individuals are those whose latest treatment episode began in 2003/04. Therefore, they may not be starting treatment for the first time but could also be returning to services after having previously been in contact. 'Ongoing' individuals are those who began their treatment episode before 2003/04.
- 4 The results described in this section differ slightly from the figures published nationally by NDEC, as part of the CHAI exercise. This is due to two minor methodological differences. Firstly, the NDEC figures include North West residents who received treatment outside of the region, while the CPH figures do not. Secondly, the two centres used a different method of determining areas of residence where this was not recorded: NDEC interpolated the missing figure by calculating the proportion of people resident in D[A]AT areas found in complete records and applying this to the missing data [see [www.nta.org.uk](http://www.nta.org.uk)]; while the CPH figures used an individual's D[A]AT of treatment if their D[A]AT of residence was missing. Again, the differences between the two sets of figures are minimal as there were only 176 out of 33377 records where the D[A]AT of residence was missing.
- 5 Population data came from the 2001 Census, see: [www.statistics.gov.uk/census2001](http://www.statistics.gov.uk/census2001)
- 6 For further details see: [http://www.odpm.gov.uk/stellent/groups/odpm\\_urbanpolicy/documents/page/odpm\\_urbpol\\_029534.pdf](http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_029534.pdf), as accessed on February 8th 2005.
- 7 These results refer to clients' ages on the final day of the reporting period, March 31st 2004.
- 8 Ethnicity data were missing from 3885 [14%] records.

- 9 The results in Section 3 refer once to each client's final treatment episode at each agency they presented to. Therefore, not every modality is recorded and reported – as clients may make multiple presentations to agencies and have multiple modalities within each episode. However, very few agencies in the North West provide more than one type of treatment modality and so the impact on the accuracy of the results from the second point will be minimal.
- 10 The NDTMS employs 12 outcomes; for the purposes of this paper, these have been collapsed into 4 categories, in the following manner: Successful Completion comprises 'Treatment Completed Drug Free', 'Treatment Complete' and 'Referred On'; Sustained includes anyone still in contact with the service on the 31st of March 2004; Unplanned

Discharge comprises 'Treatment Withdrawn/Breached', 'No appropriate treatment', 'Dropped Out/Left', 'Prison', 'Moved away' and 'Not known'; while Other includes 'Other' and 'Died' [see the core dataset at: [www.cph.org.uk/ndtms](http://www.cph.org.uk/ndtms)].

Where agencies did not complete a discharge date a client was assumed to be still in contact at the end of the year. It is not possible to determine whether there were some missing data in this field [which appears to be an open episode]. However, the importance of completing this field was continually stressed to treatment providers and so the authors are confident that the results based on it are accurate.

## Appendix 1

### Summary results for the 22 D[A]ATs

Table 2 provides a summary of results for each of the 22 North West D[A]ATs in terms of gender, ethnicity, age and referral source. In order to conserve space in this summary paper [full results are presented on the Centre website at [www.cph.org.uk/ndtms](http://www.cph.org.uk/ndtms)] the results for each of these four areas are reduced into two categories: gender - male/female; ethnicity - white/non-white; age - under 25/25+; referral source – criminal justice system [CJS] referrals/ non-CJS referrals [gender, ethnicity and age are presented in terms of the number of *people* in contact with services from each D[A]AT, while referral source is counted in terms of the number of *episodes* of treatment – see the introductory paragraphs of Section 2 and 3 for the rationale for this difference].

**Table 2:** Gender, ethnicity, age and referral source, by D[A]AT area

DAT of Residence	Male		White*		Under 25		Total people	CJS referrals		Total episodes
	No.	%	No.	%	No.	%	%	No.	%	No.
Blackburn with Darwen	552	72.2	632	96.2	187	24.4	765	159	20.7	823
Blackpool	747	68.8	985	99.4	138	12.7	1086	290	25.3	1323
Bolton	868	73.6	1117	95.1	359	30.5	1179	447	32.1	1398
Bury	620	72.7	627	93.9	260	30.6	853	208	19.8	1053
Cheshire	1249	70.4	1653	98.7	307	17.3	1773	131	7.1	1860
Cumbria	617	66.6	901	100.0	222	24.1	926	137	14.5	978
Halton	375	69.7	441	98.9	91	16.9	538	53	8.9	605
Knowsley	496	71.5	581	98.1	101	14.6	694	37	6.7	751
Lancashire	2550	67.4	3275	96.7	828	21.9	3782	762	19.0	4152
Liverpool	1856	67.0	2158	96.1	177	6.4	2771	552	18.2	3669
Manchester	1922	70.6	2192	89.5	285	10.7	2722	440	14.8	3028
Oldham	610	75.1	457	91.4	139	17.1	812	60	29.3	894
Rochdale	941	70.6	1149	92.6	337	25.3	1333	334	20.8	1630
Salford	1005	74.1	979	95.3	269	19.9	1357	98	8.3	1442
Sefton	798	68.9	934	98.8	111	9.6	1158	164	11.7	1615
St Helens	593	74.4	680	99.4	112	14.1	797	98	11.6	928
Stockport	457	74.2	584	95.1	108	17.5	616	127	19.4	659
Tameside	714	73.7	861	95.9	245	25.3	969	249	25.2	1046
Trafford	375	73.4	459	92.0	49	9.6	511	3	0.6	558
Warrington	443	73.1	591	98.7	72	11.9	606	46	6.9	694
Wigan	1063	73.3	762	98.7	431	29.7	1451	252	17.5	1688
Wirral	1506	71.1	1945	99.0	131	6.2	2117	229	10.1	2345
<b>Regional total**</b>	<b>19704</b>	<b>70.6</b>	<b>24202</b>	<b>96.1</b>	<b>4870</b>	<b>17.5</b>	<b>27909</b>	<b>4917</b>	<b>16.2</b>	<b>33377</b>

\* Ethnicity data were missing from 3885 (14%) records.

\*\* The regional total does not equal the sum of the D(A)AT figures as some individuals were resident in more than one D(A)AT but are only counted once in the regional figure.

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