
‘There has been a big drop in the number of young women entering drug treatment addicted to heroin. For those under 25, the number fell by a quarter between 2005 and 2009’

WOMEN IN DRUG TREATMENT: WHAT THE LATEST FIGURES REVEAL

Contents

Introduction and key findings	3
The gender split	4
Key differences	4
Complex problems	5
Statistical overview	6
Tables	10

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

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Women in drug treatment: what the latest figures reveal

There has been a big drop in the number of young women entering drug treatment addicted to heroin. For those under 25, the number fell by a quarter between 2005 and 2009

Women make up over half the adult population. However, only a quarter of the adults in drug treatment programmes are women. On the face of it, there is a striking shortfall, and it has existed for some years.

One of the consequences of having more male addicts in the system is that there is legitimate concern it is not suitable for women. Anecdotally, for example, drug workers often report that women drug-users are reluctant to come forward for treatment because they are afraid their children will be 'taken into care'. This is a powerful perception, and one that fuels persistent concerns that female drug-users have specific experiences and complex needs that are not always recognised by treatment services.

Back in 2005, the NTA commissioned a study into what was known about gender differences in treatment in order to try and resolve the conundrum around the three-to-one disparity between male and female clients. This project reviewed all the available evidence, and tentatively concluded there was no clear evidence to suggest that women were under-represented in drug treatment services in England, largely because the available prevalence data showed more men than women used illegal drugs.

However, the study was hampered because the supply of accurate, comprehensive monitoring data was then in its infancy. It had figures for only one year, and these were provisional.

The development of the National Drug Treatment Monitoring System (NDTMS) in the intervening four years has provided us with a wealth of data that enables us to look afresh at the gender split, see what more we can uncover about the profile of women drug-users, and highlight any trends in their treatment.

The earlier study acknowledged there was a vigorous debate about whether drug-using women were 'hidden' and therefore under-represented in treatment. Some in the field clearly believed there were specific barriers to women accessing treatment services; others felt there were obstacles within the system that meant women did not do as well out of it.

There is no doubt the drug-related problems that women face can be extremely complex. The NTA believes that the best place to resolve the qualitative issues around access to treatment for women, and the appropriateness of treatment services for them, is through the local needs-assessments carried out annually by the 149 local partnerships responsible for commissioning treatment services.

Nevertheless the quantitative data we present in this bulletin indicates at a national level that women are proportionally well-represented in drug treatment programmes throughout England, and that services reflect the specific needs of women and their changing patterns of drug use.

The key findings from the data for 2008-09

The number of women in structured drug treatment has remained stable over the past few years; women have made up around 25% of the total adult population in treatment for the past five years

The number of women successfully completing treatment for their drug problems has doubled since 2005-06. Over the same period, the number dropping out of treatment has fallen by a third

While women start using drugs at a younger age than men, they are more adept at seeking help for themselves and tend to come into treatment earlier

Most women who enter treatment are mothers – 61% have children, and half of those live with their children. Parents are also likely to do better in treatment than non-parents

‘Women are a little more likely to engage with treatment, to stay in longer, and to get better results’

The gender split

The proportion of women in structured drug treatment has remained stable over the past five years, at around 25% of the adult treatment population. This split between men and women is consistent across the nine English regions and is broadly reflective of the numbers of women who use drugs in society.

In 2005-06, the NDTMS collected the first reliable set of statistics for the gender split among people coming into drug treatment. There were almost 83,000 new presentations that year. Slightly fewer than 22,000 – or 26% – were women. The most recent figures, for 2008-09, reveal that of all the adults who entered structured drug treatment for the first time, around 25% were women. The total number of adults in treatment during the same period was 210,815 – 57,457 of those, or 27%, were women.

Accumulated national and international evidence suggests that these proportions are largely representative of the numbers of women who take drugs, since women are not only less likely than men to use drugs but also less likely to become dependent¹.

The most recent British Crime Survey (BCS) for 2008-09 said that reported use by women of any illicit drug in the last year was about half the level reported by men (7% versus 13.5%)

Among adults, women were also half as likely to have taken stimulants as men (2.8% to 6.1%) or class A drugs (2.3% to 5.1%). In the long term, these ratios have been fairly stable.

However, the BCS measures the prevalence of drug-use, not treatment need. By its nature, regular drug misuse is a risky activity to which men are more attracted. Regional drug treatment monitoring, which preceded NDTMS from 1996, consistently showed a three-to-one split. Given that most adults in treatment are problem drug users (PDUs – heroin and crack

addicts) this is not surprising. The best available estimates², suggest that roughly a quarter of PDUs in England are women. Researchers commissioned by the Home Office confirm the three-to-one split in the estimated PDU population occurred across the three years of the study, 2004-05 to 2006-07.

The remainder of this study suggests that not only do fewer women need help but those who get into treatment are more effectively engaged and have better outcomes.

Key differences

A closer look at the NDTMS data for 2008-09 reveals a few notable differences between the profiles of men and women entering drug treatment in England.

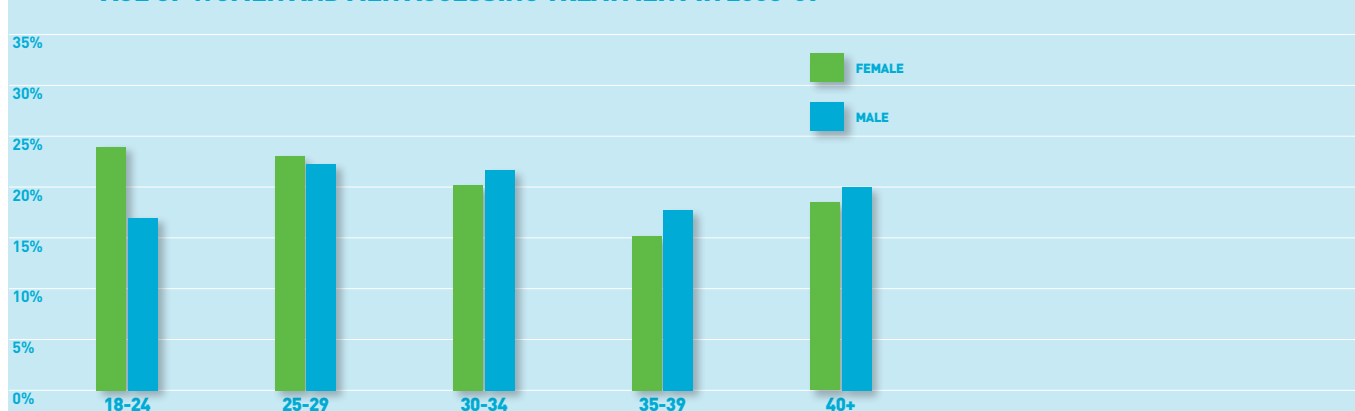
For example, women tend to enter treatment at an earlier age than men. The average³ is 30 for women and 32 for men. This has been a consistent trend, supported by figures from previous years.

The latest data also shows that women tend to enter treatment at an earlier stage – on average, seven years after first taking their drug of dependency, compared to nine for men. Furthermore, the figures for self-referral suggest that women are better than men at seeking help for themselves. They are also a little more likely to engage with treatment, to stay in longer, and to get better results.

Fewer women than men come into drug treatment via the criminal justice system and the Drug Interventions Programme (DIP), which identifies offenders who use class A drugs and then refers them to treatment.

Just over half of the adults who enter drug treatment are parents. Of the women who are parents, just under half have their children living with them. The implications of being a parent tend

AGE OF WOMEN AND MEN ACCESSING TREATMENT IN 2008-09



‘While women appear to be well represented, this is not to suggest the many issues they face are fully addressed’

to be greater for women drug users, as they are much more likely than men to be the primary carer.

For some women drug users, parenthood can be a barrier to treatment, as they fear the involvement of children's services could mean their children will be taken away. But for others it can be a driver for engaging and staying with treatment: they do it because they want to be better parents to their children.

The Advisory Council on the Misuse of Drugs (ACMD) believes drug treatment can stabilise parents who are affected by drug use. And because treatment can help them become better parents, it is a protective factor for children. Parents in treatment are continually asked about their family situation – it begins when they first come into treatment and continues at every review stage.

Given the number of parents in treatment, a key focus of the 2008 national drug strategy is to protect families, and particularly children, from the impact of drug use. The ‘Think Family’ approach has come out of this, and aims to improve the support offered to vulnerable families and children. Over the coming year, the NTA will lead a cross-government effort to embed ‘Think Family’ within treatment systems, with a focus on recovery and reintegration.

NDTMS data reveals that male and female drug users alike get better results from treatment when they are parents.

Complex problems

Qualitatively, women's problems with drugs – direct and associated – can be more complex than men's. A 2002 Home Office report identified many of these, including childcare and maternity issues, physical and sexual abuse, prostitution, sexual and mental health, and a strong risk of stigmatisation.

Any one of these issues can be a powerful barrier that will prevent a drug-dependent woman from seeking and accessing treatment – particularly among those who have no previous experience of the system. This situation can be exacerbated by less than ideal arrangements between local drug treatment services, social workers, childcare facilities, and other support services.

Drugs services have attempted to address these issues by providing women-only services and sessions, along with accessible childcare and maternity services. They have also established better links between the various agencies involved in helping women to deal with drug dependency and related problems.

So while women appear to be well represented in drug treatment – and even though the figures show they achieve slightly better outcomes than men – this is not to suggest the many issues they face are fully addressed as a result.

Women's involvement with drugs can be extremely complex, beginning with the reasons they start taking drugs in the first place, and continuing with the factors that affect and are affected by their drug use, through to the experiences they have with the treatment system.

But the treatment system is working hard to respond to the needs of drug-dependent women. Structures are in place to ensure it gives full attention to family issues, for example. It is also alert to any changing patterns of drug use among women, so that it remains responsive to their needs and does its best to promote the recovery and reintegration of every woman who needs its help.

A woman's story: Helen, 38

“I struggled with addiction for six years. It began when I met D, who was addicted to amphetamines. He was moody and paranoid, and I became his punch bag. He knocked any remaining confidence out of me. Then one night a friend offered me amphetamines. I gave it a go and soon I was bingeing all weekend.

“My drug taking got worse and worse. Next it was coke. Then it was heroin. As

I smoked it, I felt I needed nothing except my fix. Heroin numbed my thoughts. I used it day after day. Holding down a job was impossible. In no time at all those tiny specks of brown powder were controlling my life.

“I swore blind I didn't have a habit. But anyone could see the weight loss, the dark rings around my eyes, my lank hair. The next year was a blur. Then I became pregnant. I lied to the midwives, I didn't want social services involved.

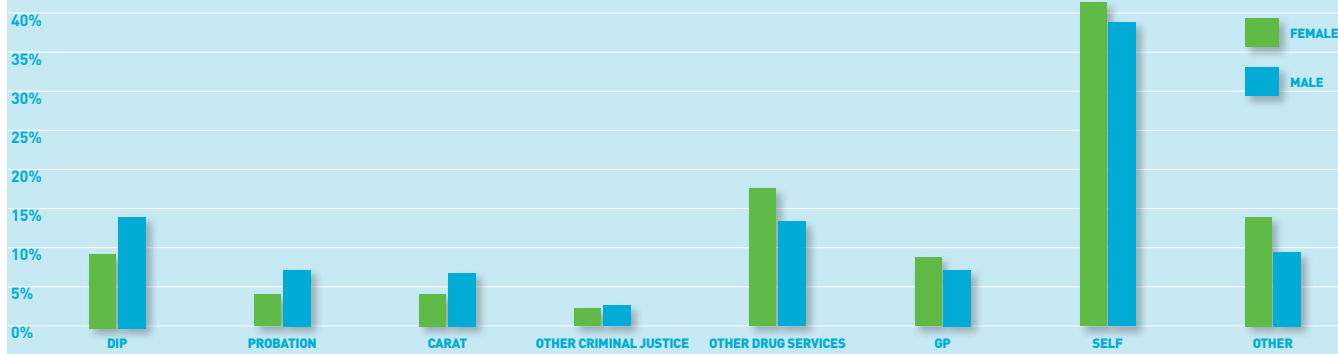
When she was born, my daughter was wired up in the baby unit, being weaned off heroin. As soon as I got out of hospital, I went and scored.

“Seven o'clock one morning armed police broke down the front door. It was terrifying and humiliating. I got a caution for possession, but with little money to feed the habit I started injecting the heroin. I sat on the lounge floor one afternoon in total despair. I felt totally alone. I was dragging down those

who mattered the most to me. Enough was enough. It was time to get help.

“After an appointment at the alcohol and drug service, I was prescribed Subutex. I took stock of my life for the sake of my girls. I enrolled at college, I retrained my thoughts and behaviour, and regained my self worth. That was the beginning of the rest of my life. I haven't touched drugs since.”

PROPORTION OF REFERRALS TO TREATMENT FROM EACH SOURCE IN 2008-09



Statistical overview

Total numbers

The number of women entering drug treatment in England dropped by 4% between 2005-09, from 21,878 to 21,038. During the same period the number of men went up by 4%, to 63,488.

Age profile

In 2008-09, 47% of women entering treatment were under 30, and 33% were 35 and over. The average age was 30. Data from 2005-09 shows that women entering treatment have tended to be younger than men. The proportion of those under 30 has fallen (51% to 47%) while those 35 and over has risen (29% to 33%).

Time to enter treatment

Women who came into treatment for the first time in 2008-09 were slightly older than men when they first started using their drug of dependency, and slightly younger when starting treatment. Around 36% of women first used between the ages of 15 and 19; 12% before they were 15; and 18% over 30. These women took an average of seven years to seek treatment (men took nine).

Treatment by substance

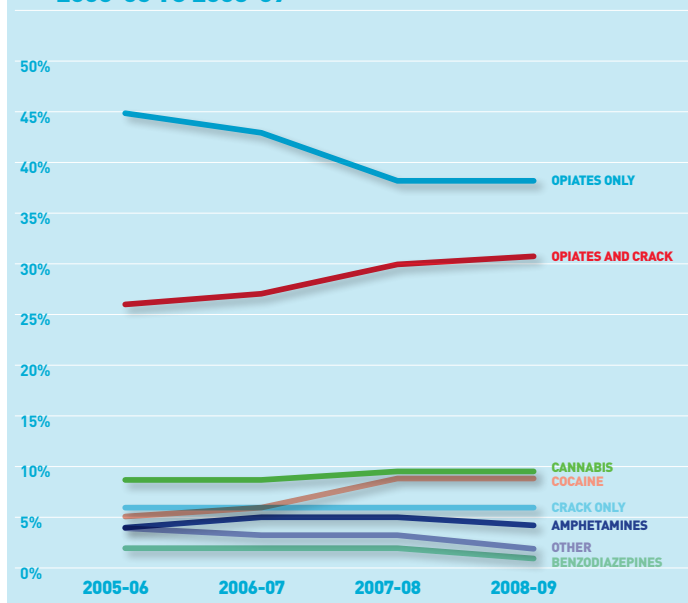
The number of women entering drug treatment for heroin addiction has fallen significantly over the last four years, a 7% reduction overall, representing 1,138 fewer heroin addicts. This is true for all ages, but particularly for younger adults using opiates.

There has been a big drop in the number of young women entering drug treatment addicted to heroin. For those under 25, the number fell by just over a quarter between 2005 and 2009. For those aged 25-29, the number fell by 13%. This means an overall reduction in the number of women aged under 30 of around one fifth (19%).

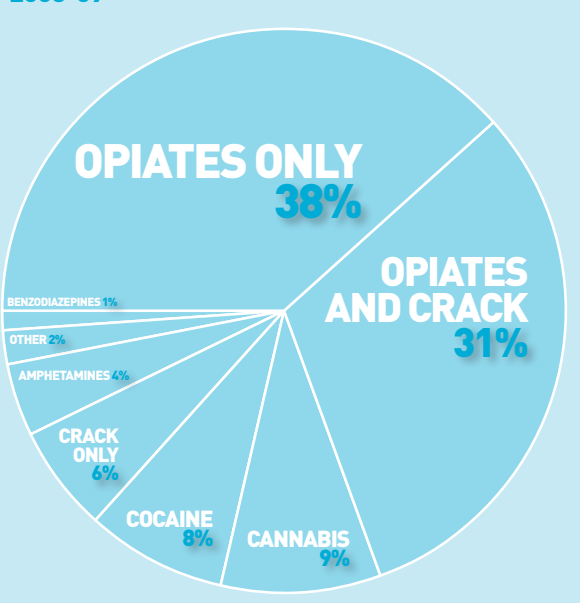
The fall in the numbers addicted to heroin alone is even more dramatic, but part of this reduction is offset by a modest increase in the numbers addicted to crack as well as heroin.

Almost seven out of ten women entering treatment in 2008-09 were heroin addicts, of whom almost half were also addicted to crack. The proportion addicted to crack alone remained stable at about 6% throughout the period.

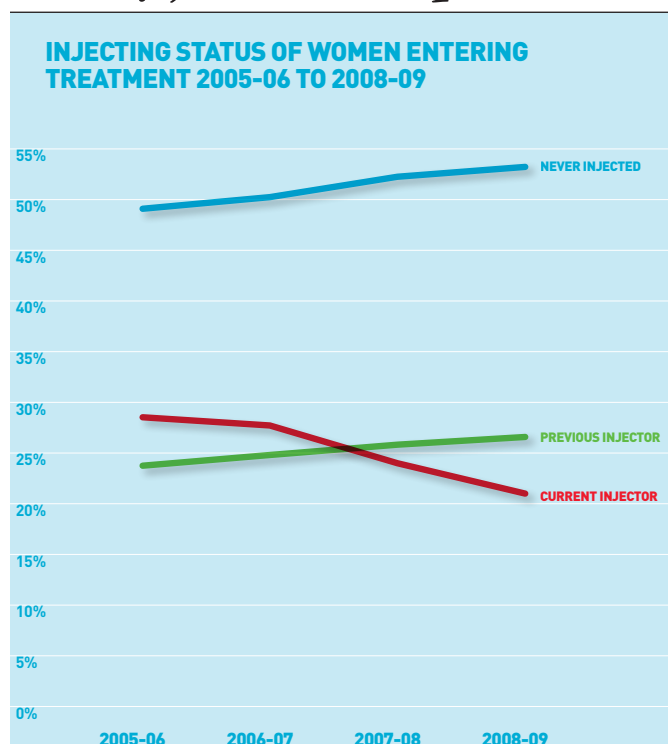
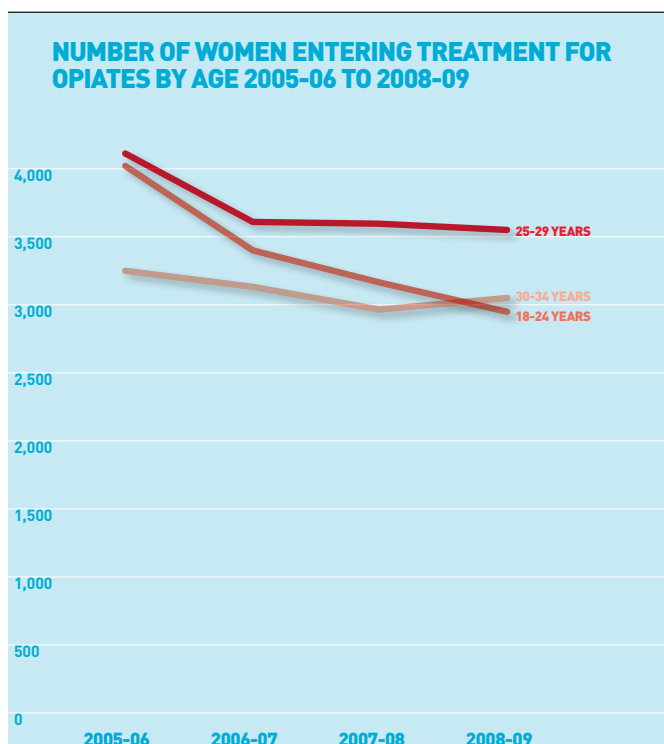
WOMEN ENTERING TREATMENT BY SUBSTANCE 2005-06 TO 2008-09



WOMEN ENTERING TREATMENT BY SUBSTANCE 2008-09



‘There has been a big drop in the number of young women entering treatment addicted to heroin. For those under 25, the number fell by just over a quarter’



Referrals to treatment

Women were less likely than men to come from a criminal justice source, but more likely to refer themselves or be referred by a GP.

Drug profile

The proportions entering treatment for opiates (with or without crack) were similar for both sexes (68.5%). Roughly 30% of both entered using opiates and crack cocaine, while the proportion of women using crack cocaine was slightly higher.

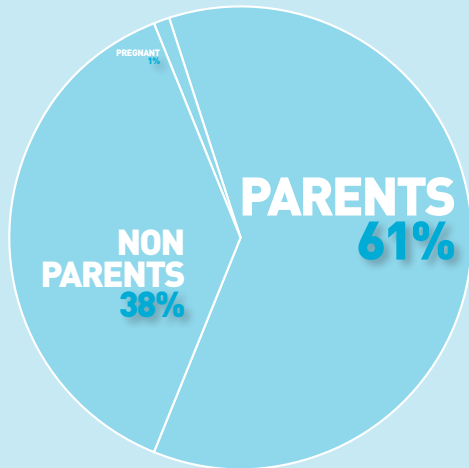
Injecting status

A slightly lower proportion of women than men entered treatment currently injecting and a higher proportion had never injected. However, 24% of women who said they were injecting at treatment start also said they shared equipment (17% of men).

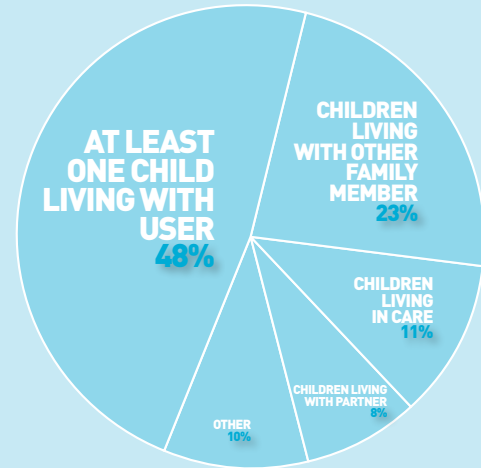
Parental status

More than half (61%) of women entering treatment were parents, and over half of those said their children were living with them. In most other cases the children were either living with another family member or were in care.

PARENTAL STATUS OF WOMEN ENTERING DRUG TREATMENT 2008-09



CHILDCARE STATUS OF WOMEN ENTERING TREATMENT WHO ARE PARENTS 2008-09



Effective engagement

Women had a slightly higher rate of effective engagement than men (84% compared to 82%). Individuals who had children living with them were more likely to engage in effective treatment (88% of women and 86% of men).

Treatment received

Of those entering treatment during the year, 56% of women received a substitute prescription, and 27% psychosocial help. Three per cent had treatment as inpatients, and 2% went into residential rehabilitation.

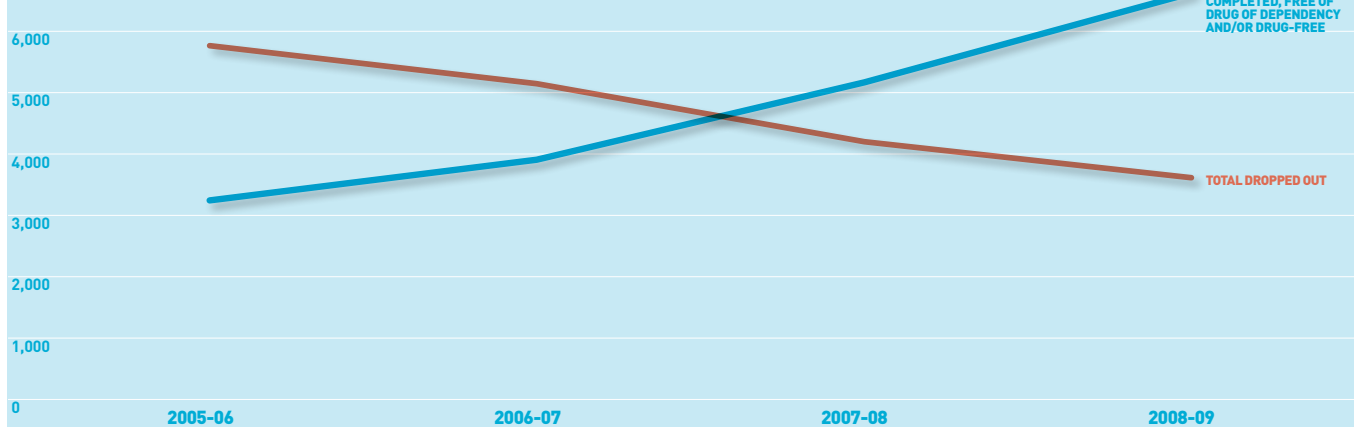
Successful treatment

The number of women successfully completing their treatment (that is, free of their drug of dependency) has doubled over the past four years. The number of women PDUs completing their treatment successfully has also doubled. What's more, the proportion of all women who drop out of treatment has almost halved, from 41% in 2005-06 to 24% in 2008-09. This comes against a background of improved performance by both sexes. However, the figures show that over the past few years women have been slightly more likely to succeed in treatment than men (for example, 44% compared to 40% in 2008-09).

Time in treatment

Women left the treatment system after an average⁴ of 388 days – 48% had been in treatment for six months or more.

REASONS FOR WOMEN LEAVING THE TREATMENT SYSTEM 2005-06 TO 2008-09



'One third (34%) of women who used opiates were abstinent by the time of their six-month review'

Treatment outcomes

The 2008-09 NDTMS data incorporates information from the Treatment Outcomes Profile (TOP) for the first time. This supplements routine monitoring with an assessment of effectiveness in key areas set out in care planning guidance; drug use, injecting risk behaviour, crime and health, and social functioning. A further methodology, the Reliable Change Index, enables us to assess whether changes in behaviour recorded between starting treatment and TOP review (between five and 26 weeks later) exceeded any prospect of measurement error.

Women in treatment for opiates, crack cocaine or powder cocaine all had similar outcomes at the time of their review.

One third (34%) of women who used opiates were abstinent by the time of their six-month review. A further 29% cut their use to an extent where they could be considered 'reliably improved'.

At review, 42% of female crack users were abstinent and 15% reliably improved. For cocaine, 59% were abstinent at review, 9% were reliably improved.

The average number of days' use in the past 28 days for women in treatment for opiates dropped from 23 days at the start to nine days at review – a reduction of 58%. With crack cocaine: women's use fell from 14 days at the start to seven days at review.

Those being treated for powder cocaine reduced their use from ten days to around 2.5 days.

Women made similar reductions in injecting between the start of treatment and review – female injectors went from an average of 21 days of injecting to eight. The Reliable Change Index shows the rate of abstinence for women was 51%, while 17% reliably improved their injecting behaviour.

The proportion of female injectors who reported sharing equipment at treatment start was 24%, but 86% of these had stopped sharing by the time of the treatment review. The proportion with an acute housing problem was 21% at treatment start, but 63% of these no longer had a problem at the time of their review.

Women saw good and reliable improvements in their psychological health (24%), physical health (19%) and quality of life (26%). However, on a scale of 0-20 women had lower mean scores than men at treatment start on all three items and still had lower mean scores at review.

A woman's story: Amy, 27

"I was about 13 when I started smoking cannabis at school. I met an older man who plied me with drink and drugs. I left home at 15 and moved in with him. I was 16 when I started on heroin.

"When I was single I was stable and didn't use any more than I could afford. But the fathers of both my children were abusive and I was chaotic when I was with them.

"I always used to tell people I was clean, but really I wasn't.

I was working in a pub and when I wasn't using heroin and crack it would be alcohol and cocaine.

"About a year ago, I got in to a right mess. It was all about my daughter being removed from my care. I got charged with neglect because I'd left her in a house with two alcoholics. She was now my priority – to get her back.

"I approached drug services myself and got on a script. I think social services fast-tracked it. After I was charged

for shoplifting, my probation officer sat me down and told me I had to sort myself out or I was going to lose my daughter for good.

"I cut down, only used once a week. We sat down again a couple of months later and talked about the next steps. She got me on a 'reduction and motivation' programme. I wanted to detox but was advised to work through my issues first. With help, I addressed the domestic abuse and went to narcotics

anonymous meetings.

"Now I've finished detox and have a nice house on a nice road. I got a private rental with the help of social services. They knew if I could kick the drugs and my problems with men, I was a good parent. I have a great circle of friends and a brilliant support network of service users. I've started an OU degree and my daughter should be back with me by the summer. And now I can spot an abusive man a mile off."

Tables

5. INJECTING STATUS OF WOMEN AND MEN NEW TO TREATMENT IN 2008-09

	F	M	Total	F%	M%
Current injector	4,336	15,001	19,337	22	25
Previously injecting	4,937	15,372	20,309	25	26
Never injected	10,510	29,675	40,185	53	49
All	19,783	60,048	79,831		

6. INJECTING STATUS OF WOMEN AND MEN OPIATE USERS NEW TO TREATMENT IN 2008-09

	F	M	Total	F%	M%
Current injector	4,160	14,306	18,466	30	34
Previously injecting	4,478	13,701	18,179	33	33
Never injected	5,087	13,502	18,589	37	33
All	13,725	41,509	55,234		

7. EFFECTIVE TREATMENT STATUS OF PROBLEM DRUG USERS NEW TO TREATMENT IN 2008-09

		F	M	Total	F%	M%
ALL	Not in effective treatment	2,229	7,260	9,489	14	15
	In effective treatment	13,847	40,196	54,053	86	85
	All in group	16,076	47,456	63,532	100	100
CHILDREN LIVING WITH USER	Not in effective treatment	347	622	969	9	10
	In effective treatment	3,486	5,376	8,862	91	90
	All in group	3,833	5,998	9,831	100	100

8. EFFECTIVE TREATMENT STATUS OF ALL DRUG USERS NEW TO TREATMENT IN 2008-09

		F	M	Total	F%	M%
ALL	Not in effective treatment	3,277	11,132	14,409	16	18
	In effective treatment	17,761	52,356	70,117	84	82
	All in group	21,038	63,488	84,526	100	100
CHILDREN LIVING WITH USER	Not in effective treatment	682	1,152	1,834	12	14
	In effective treatment	4,879	7,204	12,083	88	86
	All in group	5,561	8,356	13,917	100	100

9. CHILDCARE STATUS OF WOMEN AND MEN NEW TO TREATMENT IN 2008-09

	F	M	Total	F%	M%
Some or all children living with user	5,561	8,356	13,917	29	15
Children living with partner	927	12,613	13,540	5	22
Children living with other family member	2,639	3,343	5,982	14	6
Children in care	1,343	825	2,168	7	1
Other	1,105	3,123	4,228	6	5
Parents total	11,575	28,260	39,835	61	50
Client pregnant, no other children	251	0	251	1	0
Not a parent	7,194	28,586	35,780	38	50

10. REASONS FOR LEAVING TREATMENT, WOMEN AND MEN, 2005-06 TO 2008-09

		Over 18			
		F	F%	M	M%
2005-06	Treatment completed (drug free)	1,096	8	2,850	7
	Treatment completed (free of dependency)	2,151	15	5,098	13
	Referred on	1,643	12	4,089	10
	Dropped out / left	5,759	41	17,086	43
	Prison	419	3	2,943	7
	Treatment declined by client	24	0	125	0
	Treatment withdrawn/breach of contract	650	5	1,787	4
	Moved away	560	4	1,303	3
	Died	139	1	374	1
	No appropriate treatment available	192	1	502	1
	Other	820	6	2,320	6
	Not known	604	4	1,620	4
	Planned exits	3,247	23	7,948	20
All exits	14,057	100	40,097	100	
2006-07	Treatment completed (drug free)	1,389	10	3,454	9
	Treatment completed (free of dependency)	2,560	18	6,286	16
	Referred on	2,131	15	5,483	14
	Dropped out / left	5,152	36	14,652	36
	Prison	487	3	3,310	8
	Treatment declined by client	138	1	429	1
	Treatment withdrawn/breach of contract	516	4	1,469	4
	Moved away	570	4	1,482	4
	Died	144	1	483	1
	No appropriate treatment available	163	1	518	1
	Other	571	4	1,622	4
	Not known	364	3	1,060	3
	Planned exits	3,949	28	9,740	24
All exits	14,185	100	40,248	100	
2007-08	Treatment completed (drug free)	1,818	12	4,505	10
	Treatment completed (free of dependency)	3,307	22	8,614	20
	Referred on	2,791	19	7,540	17
	Dropped out / left	4,220	28	12,487	29
	Prison	490	3	3,584	8
	Treatment declined by client	353	2	1,233	3
	Treatment withdrawn/breach of contract	432	3	1,274	3
	Moved away	583	4	1,451	3
	Died	185	1	619	1
	No appropriate treatment available	149	1	461	1
	Other	529	4	1,436	3
	Not known	96	1	348	1
	Planned exits	5,125	34	13,119	30
All exits	14,953	100	43,552	100	
2008-09	Treatment completed (drug free)	2,493	16	6,655	14
	Treatment completed (free of dependency)	4,183	27	11,638	25
	Referred on	2,417	16	6,771	15
	Dropped out / left	3,689	24	11,392	25
	Prison	530	3	3,948	9
	Treatment declined by client	439	3	1,341	3
	Treatment withdrawn/breach of contract	336	2	1,050	2
	Moved away	552	4	1,345	3
	Died	198	1	725	2
	No appropriate treatment available	138	1	381	1
	Other	299	2	709	2
	Not known	43	0	115	0
	Planned exits	6,676	44	18,293	40
All exits	15,317	100	46,070	100	

Tables

11. REASONS FOR LEAVING TREATMENT, PARENTS, 2008-09

	F	M	Total	F%	M%
Treatment completed (drug free)	727	849	1576	17	21
Treatment completed (free of dependency)	1,005	1,327	2,332	27	28
Referred on	512	646	1,158	13	14
Dropped out / left	848	1,242	2,090	25	24
Prison	56	372	428	7	2
Treatment declined	121	181	302	4	3
Treatment withdrawn	65	110	175	2	2
Moved away	95	100	195	2	3
Died	28	45	73	1	1
No appropriate treatment available	33	37	70	1	1
Other	42	77	119	2	1
Not known	10	20	30	0	0
All exits	3,542	5,006	8,548		

12. TIME SPENT IN TREATMENT BY USERS IN 2008-09

	ALL USERS		PDU's	
	Number	Mean days	Number	Mean days
F	15,316	387.7	10,511	465.3
M	46,069	330.7	31,515	405.7
Total	61,385	344.9	42,026	420.6

13. NUMBERS OF WOMEN AND MEN IN TREATMENT FOR MORE THAN SIX MONTHS IN 2008-09

	Number	In →6m	%
F	15,316	7,339	48%
M	46,069	19,559	42%
Total	61,385	26,898	44%

14. OUTCOMES FOR USERS OF OPIATES, CRACK AND COCAINE IN 2008-09

		n	CHANGE IN DAYS		RELIABLE CHANGE INDEX			
			Mean days at start	Mean days at review	% abstinent	% improved	% uncertain	% deteriorated
Opiates	F	5,482	22.6	9.4	34.2	29.3	32.9	3.6
	M	16,142	22.1	8.8	34.6	30.3	31.3	3.9
Crack	F	2,576	14.5	6.6	41.8	14.6	39.8	3.7
	M	6,801	13.3	5.2	49.2	11.8	35.8	3.2
Cocaine	F	774	9.9	2.6	59.3	8.7	31.1	0.9
	M	3,133	10.1	2.7	61.7	9.3	27.6	1.4
Injecting	F	1,895	20.6	7.7	51.4	16.7	28.2	3.7
	M	6,550	20.7	7	51.5	17.4	28.1	3.1

15. HEALTH CHANGES REPORTED BY USERS IN 2008-09

		n	CHANGE IN DAYS		RELIABLE CHANGE INDEX			
			Mean days at start	Mean days at review	% abstinent	% improved	% uncertain	% deteriorated
Psychological health	F	9,466	9.6	11.7	Not applicable	24.2	68.6	7.2
	M	28,049	10.8	12.6		22.2	70	7.7
Physical health	F	9,463	11	12.5	Not applicable	19.1	73.8	7.1
	M	28,021	11.8	13.2		17.3	75.7	6.9
Quality of Life	F	9,455	10	12.4	Not applicable	25.7	67.4	6.9
	M	28,014	10.7	12.8		23.9	69.5	6.6

16. EQUIPMENT SHARING STATUS FOR USERS IN 2008-09

		REPORTING AT START OF TREATMENT		
		n	% start	% exit
Sharing	F	439	24	3
	M	1,116	17	2
Acute housing problem	F	1,928	21	8
	M	5,737	21	8

Data source:

- The National Drug Treatment Monitoring System (NDTMS)
- Treatment Outcomes Profile (TOP)

Notes

- Best D. et al. (2005) 'Women in drug treatment'.
- Hay, G. et al (2008) 'National and regional estimates of the prevalence of opiate use and/or crack cocaine use 2006/07: a summary of key findings.'
- All averages used are median figures, unless otherwise stated.
- Mean figure.