



Public Health
England

Protecting and improving the nation's health

Adults - drugs commissioning support pack 2019-20: key data

Planning for drug prevention, treatment and recovery in adults

Wirral

(using latest available data)

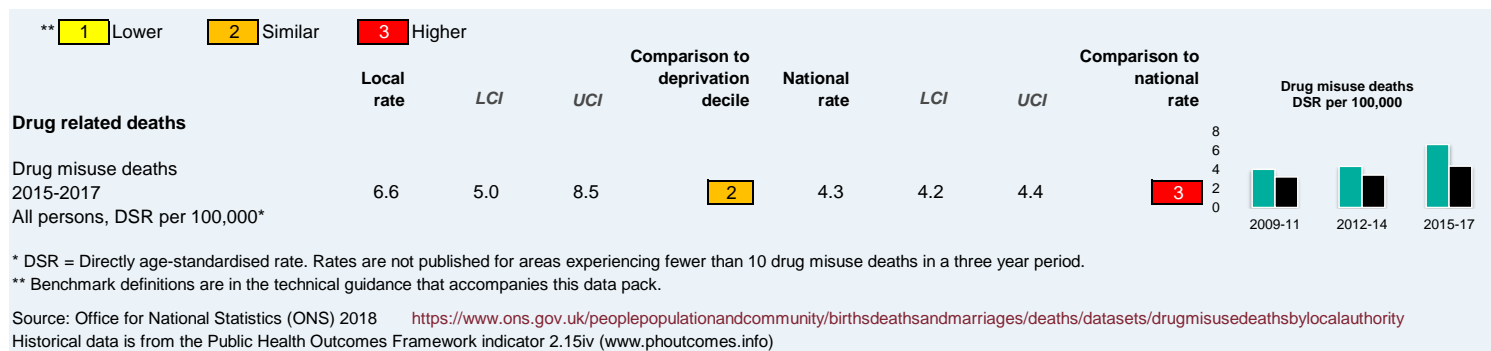
About this commissioning support pack

This pack provides key indicators and recovery outcomes information about your treatment system with national data for comparison. It presents data from the National Drug Treatment Monitoring System (NDTMS), drug related death data and hospital admission data. Although drug treatment services treat dependence for all drugs, heroin users remain the group with the most complex problems and the majority of those in treatment use heroin, so separate data is provided for them.

Drug-related deaths

Local ● National ●

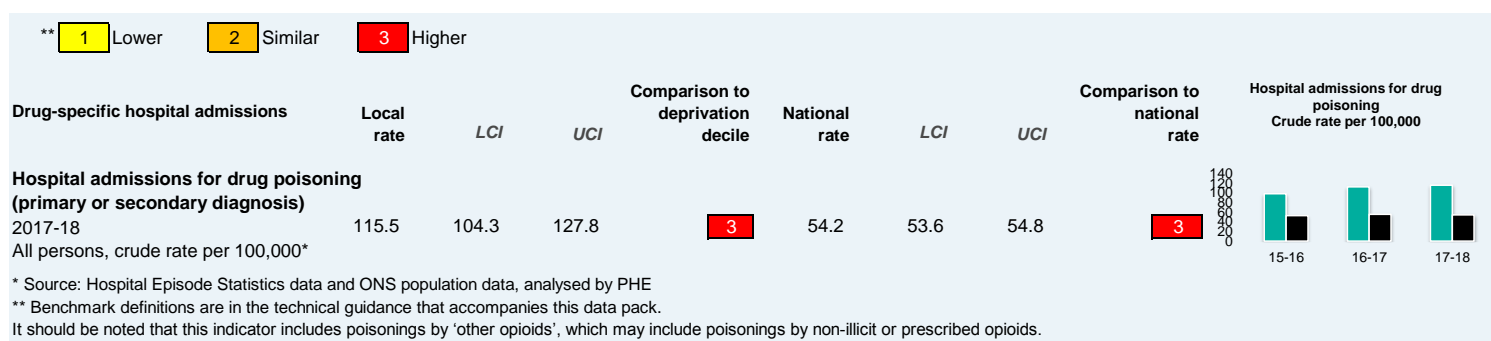
Understanding and preventing drug-related deaths (DRDs) is an important function of a recovery-orientated drug treatment system. This is even more pressing in the light of recent increases in such deaths. Concern about this has led drug misuse deaths to be included in the Public Health Outcomes Framework (PHOF 2.15iv).



Hospital admissions due to drug poisoning

Local ● National ●

As well as being a key issue to be addressed in themselves, poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose. Drug treatment services should be assessing and managing overdose (including suicide) risks. Also see naloxone provision in 'Blood-borne virus and overdose death prevention'.



Prevalence estimates and rates of unmet need

Set out below are the estimated number of opiate and / or crack users (OCUs) in your local authority area and rate of unmet need. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.

These prevalence estimates give an indication of the number of OCUs in your local area that are in need of specialist treatment and the rate of unmet need gives the proportion of those not currently in treatment. This data can be used to inform commissioning and any subsequent plans to address unmet treatment need. Specific rates for addressing unmet need will be determined locally.

Local prevalence estimates (2014-15)									
(Aged from 15-64)	Local	Lower confidence interval	Upper confidence interval	Rate per 1000	Lower confidence interval	Upper confidence interval	Unmet need	Unmet need by gender	
	n							M	F
OCU	2,837	2,565	3,404	14.25	12.88	17.10	39%		
Opiate	2,662	2,281	3,020	13.37	11.46	15.17	37%	40%	29%
Crack	1,188	1,017	1,474	5.97	5.11	7.40	39%		
National prevalence estimates (2014-15)									
(Aged from 15-64)	National	Lower confidence interval	Upper confidence interval	Rate per 1000	Lower confidence interval	Upper confidence interval	Unmet need	Unmet need by gender	
	n							M	F
OCU	300,783	297,986	311,128	8.57	8.49	8.86	51%		
Opiate	257,476	255,440	266,643	7.33	7.28	7.60	46%	48%	38%
Crack	182,828	176,675	190,782	5.21	5.03	5.43	62%		

Data from your local drug treatment system

The following section provides detailed information on individuals who are receiving structured drug treatment. The National Drug Treatment Monitoring System (NDTMS) data presented in this pack covers the period 1 April 2017 to 31 March 2018 and individuals who cited an illicit substance misuse problem. Percentages are rounded and may not sum to 100%. In addition, proportions based on low numbers may also appear as 0%.

This data is restricted until the release of the National NDTMS substance misuse statistics, please see the guidelines at the end of this report entitled "Restricted statistics - information disclosure guidelines" for further information.

Key factors influencing recovery

Data within this pack presents outcomes for clients during their time in treatment and also longer-term recovery outcomes. The outcomes achieved while in treatment are demonstrated to be very good predictors of successful completion and non re-presentation, especially in housing and employment and abstinence from illicit drug use.

In addition the latest successful completion and non re-presentation rates are a very good indicator of future performance in the Public Health Outcomes Framework (PHOF) indicators 2.15i and 2.15ii

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#gid/1000042/par/E12000004/ati/102/page/0>

Key factors influencing your treatment outcomes 2017-18 compared to 2016-17

	Successful completions	Waiting times under 3 weeks	Non re-presentations
Opiate	▲ Up 2%		◀ No Change
Non-opiate	▲ Up 10%		▲ Up 9%
Non-opiate and alcohol	▲ Up 8%		
All	▲ Up 3%	◀ No Change	

Overall activity in 2017-18 compared to 2016-17

Numbers in treatment	New presentations to treatment
1,700 ▼ Down 1%	352 ▲ Up 12%
340 ▲ Up 8%	246 ▲ Up 16%
345 ▼ Down 11%	219 ▼ Down 16%
2,385 ▼ Down 1%	817 ▲ Up 4%

Client profile

Local  National 

This section describes the characteristics of people who were in treatment in 2017-18. It includes gender and age for all those in treatment and then goes on to describe the characteristics of those who started treatment in the year.

Nationally, women make up 27% of adults in drug treatment. Women presenting to treatment often experience poor mental health, domestic violence and abuse, which may impact upon their recovery, and they are more likely to be carers of children. Some of the data presented below is split by gender to assist local areas in considering and meeting the needs of women in treatment.

Number in treatment

	Local		Proportion by gender		National		Proportion by gender	
	n		M	F	n		M	F
Number of adults in drug treatment in 2017-18	2,385		72%	28%	192,603		73%	27%

Age of all adults in drug treatment in 2017-18

	Local		Proportion of all clients		Proportion by gender		National		Proportion of all clients		Proportion by gender	
	n		M	F	n		M	F	n		M	F
18-29	338	14%	15%	13%	33,349	17%	16%	20%				
30-39	499	21%	20%	22%	70,438	37%	36%	39%				
40-49	876	37%	36%	40%	61,320	32%	33%	28%				
50-59	607	25%	27%	22%	23,270	12%	13%	10%				
60-69	58	2%	2%	3%	3,841	2%	2%	2%				
70-79					340	0%	0%	0%				
80+					45	0%	0%	0%				

This data shows information on demographic groups that presented to treatment in 2017-18. Directly comparable data on the prevalence of each socio-cultural group in your local authority is not currently available. However where it can be sourced locally it should be used to draw comparisons against the data presented here.

Number and proportion of adults starting drug treatment in 2017-18

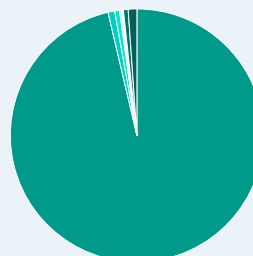
	Local	Proportion of all clients	Proportion by gender		National	Proportion of all clients
	n		M	F	n	
New presentations to treatment	817	34%	36%	31%	76,651	40%

New presentations by ethnicity

Most common ethnic groups in treatment for your local authority

	Local	Proportion of new presentations	Proportion by gender	
	n		M	F
White British	787	96%	96%	96%
Other White				
White Irish				
African				
Caribbean				
Missing / incomplete				

New presentations by ethnicity



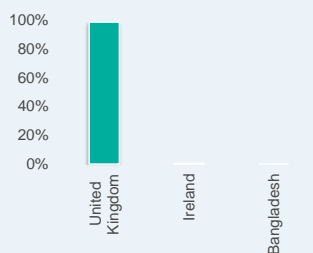
- White British
- Other White
- White Irish
- African
- Caribbean
- Missing / incomplete
- All other ethnic groups

New presentations by country of origin

Most common nationality groups in treatment for your local authority

	Local	Proportion of new presentations	Proportion by gender	
	n		M	F
United Kingdom	805	99%	98%	99%
Ireland				
Bangladesh				
Greece				
Iran Islamic Republic of				
Missing / incomplete				

New presentations by country of origin



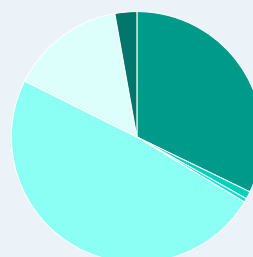
- United Kingdom
- Ireland
- Bangladesh
- Greece
- Iran Islamic Republic of

New presentations by religion

Most common religious groups in treatment for your local authority

	Local	Proportion of new presentations	Proportion by gender	
	n		M	F
Christian	263	32%	32%	34%
Buddhist				
Pagan				
No Religion	398	49%	49%	49%
Missing / incomplete	121	15%	15%	13%

New presentations by religion



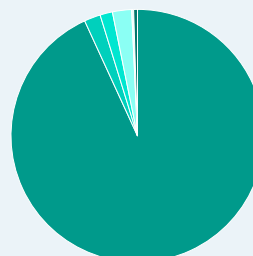
- Christian
- Buddhist
- Pagan
- No Religion
- Missing / incomplete
- All other religions

New presentations by sexuality

	Local	Proportion of new presentations	Proportion by gender	
	n		M	F
Heterosexual	761	93%	95%	87%
Gay/Lesbian				
Bisexual				
Not stated / Not known				
Missing / incomplete				

Individuals that stated "Other" are not displayed.

New presentations by sexuality



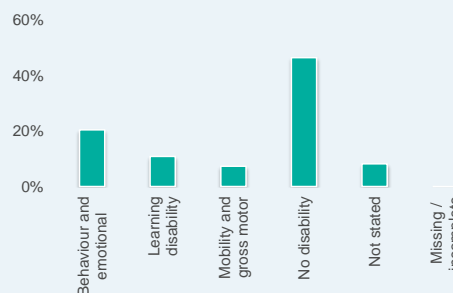
- Heterosexual
- Gay/Lesbian
- Bisexual
- Not stated / Not known
- Missing / incomplete
- All other sexuality groups

New presentations by disability

Most common disabilities reported by those in treatment for your local authority

	Local	Proportion of new presentations	Proportion by gender	
	n		M	F
Behaviour and emotional	167	20%	19%	24%
Learning disability	89	11%	12%	8%
Mobility and gross motor	60	7%	7%	8%
No disability	380	47%	47%	45%
Not stated				
Missing / incomplete				

New presentations by disability



Clients may cite multiple disabilities, numbers may sum to greater than number of clients.

Number of individuals with at least one disability	372	46%
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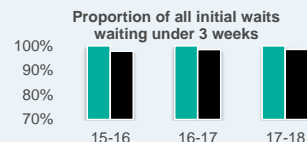
Waiting times

Local ● National ●

This data shows intervention waiting times of less than three weeks and more than six weeks to start treatment. Drug users need prompt help if they are to recover from dependence. Local efforts to keep waiting times low mean that the national average waiting time is less than one week. Keeping waiting times low will play a vital role in supporting recovery in local communities.

Waiting time for the first intervention

	Local n	Proportion of all initial waits	National n	Proportion of all initial waits
Initial waits under three weeks to start treatment	910	100%	97,473	99%
Initial waits over six weeks to start treatment	0	0%	426	0%



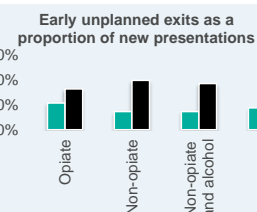
Treatment engagement

Local ● National ●

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better – which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue. The information below shows the proportion of adults entering treatment in your area in 2017-18 who left treatment in an unplanned way before 12 weeks, commonly referred to as early drop outs.

Early unplanned exits in 2017-18

	Local n	Proportion of new presentations	Proportion by gender		National n	Proportion of new presentations	Proportion by gender	
			M	F			M	F
Opiate	38	11%	10%	13%	6,776	16%	17%	16%
Non-opiate	18	7%	7%	7%	3,319	20%	21%	15%
Non-opiate and alcohol	16	7%	8%	6%	3,489	19%	20%	15%
All	72	9%	9%	9%	13,584	18%	19%	15%



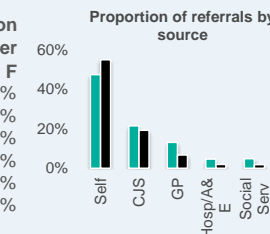
Routes into treatment

Local ● National ●

The table below shows the routes into drug treatment in 2017-18. These give an indication of the levels of referrals from criminal justice and other sources into specialist treatment. 'Referred through CJS' means referred through a police custody or court based referral scheme, prison or the probation/CRC service.

Source of referral into treatment

	Local n	Proportion of referrals	Proportion by gender		National n	Proportion of referrals	Proportion by gender	
			M	F			M	F
Self-referral	388	47%	48%	45%	42,180	55%	55%	56%
Referred through CJS	176	22%	26%	8%	14,733	19%	22%	12%
Referred by GP	107	13%	11%	18%	5,179	7%	6%	8%
Hospital/A&E	38	5%	4%	6%	1,506	2%	2%	2%
Social services	40	5%	2%	13%	1,424	2%	1%	4%
All other referral sources	68	8%	8%	9%	11,629	15%	14%	18%



Clients who are parents/carers and their children

The data below shows the number of drug users who entered treatment in 2017-18 who live with children and the stated number of children who live with them. Users who are parents but do not live with children and users for whom there is incomplete data are also included. In addition, the number of pregnant women entering treatment in 2017-18 is presented, as is the number of clients whose children are involved in the safeguarding process. The data can help you identify the need to engage with social services to ensure appropriate management of families at risk.

Parental status	Local n	Proportion of new presentations	Proportion by gender		National n	Proportion of new presentations	Proportion by gender	
			M	F			M	F
Living with children (own or other)	118	14%	11%	26%	13,626	18%	14%	27%
Parents not living with children	239	29%	31%	24%	25,946	34%	34%	34%
Not a parent/no child contact	459	56%	58%	50%	36,623	48%	51%	38%
Missing / incomplete	1	0%	0%	0%	456	1%	1%	1%

Living with children	Local n	Proportion of children by client gender		National n	Proportion of children by client gender	
		M	F		M	F
Number of children living with drug users entering treatment in 2017-18	231	58%	42%	25,205	61%	39%

Clients' children receiving early help or in contact with children's social care

	Local n	Proportion of clients with child contact	Proportion by gender		National n	Proportion of clients with child contact	Proportion by gender	
			M	F			M	F
Early help	5	1%	1%	2%	920	2%	2%	4%
Child in need	14	4%	2%	8%	1,111	3%	2%	5%
Child protection plan in place	34	10%	7%	17%	2,975	8%	5%	13%
Looked after child	22	6%	4%	12%	2,115	5%	3%	10%

Pregnancy data

	Local n	Proportion of new female presentations	National n	Proportion of new female presentations
New female presentations who were pregnant	1	1%	896	4%
Missing / incomplete	1	1%	596	3%

Tobacco use

Smoking in people who use drugs and alcohol is highly prevalent and a major cause of illness and death. With the support of treatment services, many people successfully recover from drug and alcohol dependence only to later die of their untreated smoking dependence. Services should offer (or work with stop smoking services to offer) stop smoking support (Nicotine Replacement Therapy (NRT) and psychosocial), and harm reduction for people unable or unwilling to stop smoking.

Clients identified as smoking tobacco at the start of treatment

	Local		Proportion of all in treatment		Proportion by gender		National		Proportion of all in treatment		Proportion by gender	
	n		M	F	n		M	F				
Opiate	211 / 258	82%	83%	78%	19,117	68%	69%	67%				
Non-opiate	143 / 185	77%	77%	79%	5,447	57%	56%	58%				
Non-opiate and alcohol	128 / 158	81%	79%	91%	6,896	61%	61%	62%				
All	482 / 601	80%	80%	81%	31,460	64%	64%	64%				

Clients' smoking status at treatment outcome review

Clients identified as abstinent from tobacco at review

	Local		Proportion of reviewed clients smoking at start of treatment		Proportion by gender		National		Proportion of reviewed clients smoking at start of treatment		Proportion by gender	
	n		M	F	n		M	F				
Opiate	38 / 211	18%	15%	27%	4,038	21%	21%	22%				
Non-opiate	30 / 143	21%	16%	40%	1,705	31%	32%	29%				
Non-opiate and alcohol	42 / 128	33%	35%	24%	2,173	32%	32%	30%				
All	110 / 482	23%	21%	30%	7,916	25%	25%	25%				

Clients identified as starting to smoke tobacco at review who were abstinent from tobacco at start of treatment

	Local		Proportion of reviewed clients abstinent at start of treatment		Proportion by gender		National		Proportion of reviewed clients abstinent at start of treatment		Proportion by gender	
	n		M	F	n		M	F				
Opiate	14 / 47	30%	41%	7%	3,588	41%	42%	38%				
Non-opiate	14 / 42	33%	35%	25%	943	23%	22%	24%				
Non-opiate and alcohol	6 / 30	20%	19%	33%	1,090	25%	24%	27%				
All	34 / 119	29%	32%	15%	5,621	32%	32%	32%				

Smoking cessation interventions provided to clients who smoke tobacco

	Local		Proportion of clients identified		Proportion by gender		National		Proportion of clients identified		Proportion by gender	
	n		M	F	n		M	F				
Opiate	5 / 211	2%	3%	2%	586	3%	3%	3%				
Non-opiate					98	2%	2%	2%				
Non-opiate and alcohol					277	4%	4%	4%				
All	8 / 482	2%	1%	3%	961	3%	3%	3%				

Interventions

We know that the types of intervention delivered to service users will have an impact on their achievement of recovery outcomes. The table below shows what interventions are delivered locally and in what setting. The last item focuses on those who receive pharmacological interventions only, something not recommended in guidance. Paying attention to these interventions will let you consider how much is being done to promote and facilitate real recovery options.

Setting	Local high level interventions						Total individuals**		Proportion by gender	
	Pharmacological		Psychosocial		Recovery Support		n	%	M	F
Community	1,516	92%	2,373	100%	1,407	96%	2,376	100%	100%	100%
Inpatient unit	136	8%	135	6%	129	9%	136	6%	5%	7%
Primary care	528	32%	507	21%	34	2%	592	25%	24%	26%
Residential	30	2%	34	1%	28	2%	34	1%	2%	1%
Recovery house	0	0%	0	0%	1	0%	1	0%	0%	0%
Young person setting	0	0%	0	0%	0	0%	0	0%	0%	0%
Missing / incomplete	0	0%	0	0%	0	0%	0	0%	0%	0%
Total individuals*	1,649		2,384		1,460		2,384			
							Proportion of pharmacological interventions			
							n			
Number and % of individuals who were in treatment for the entire year and had only pharmacological interventions							0		0%	
Of which, the number who received maintenance only interventions							0		0%	
Supervised pharmacological interventions	Local		Proportion of all prescribing		National		Proportion of all prescribing			
	n	%	n	%	n	%	n	%		
Client prescribed supervised methadone	410	25%	53,161	38%						
Client prescribed supervised buprenorphine	83	5%	14,059	10%						
Client prescribed supervised buprenorphine / naloxone (e.g. Suboxone)	9	1%	1,738	1%						

* This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.

** This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns.

Residential rehabilitation

The data below shows the number of adult drug users in your area who have been to residential rehabilitation during their latest period of treatment (as a proportion of your whole treatment population and against the national proportion). Drug treatment mostly takes place in the community, near to users' families and support networks. Residential rehabilitation may be cost effective for someone who is ready for active change and a higher intensity treatment at any stage of their treatment, and local areas are encouraged to provide this option as part of an integrated recovery-orientated system.

Residential treatment	Local	Proportion of treatment population	Numerical split by gender		National	Proportion of treatment population
	n		M	F	n	
Number of adults who attended residential rehabilitation	44	2%	36	8	4,604	2%

Blood-borne virus and overdose death prevention

Sharing injecting equipment can spread blood-borne viruses. Providing opioid substitution treatment (OST), sterile injecting equipment and antiviral treatments protects people who use drugs and communities, and provides long-term health savings. Eliminating hepatitis C as a major public health threat requires the identification and treatment of many more infected people who use drugs. Hepatitis C testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to providers and where/how hep C treatment is provided, so it needs to be assessed and understood locally more than compared to national figures.

Hepatitis B	Local	Proportion of eligible clients	Proportion by gender		National	Proportion of eligible clients	Proportion by gender	
	n		M	F	n		M	F
Adults new to treatment in 2017-18 eligible for a HBV vaccination who accepted one	164	62%	62%	62%	18,928	37%	36%	39%
Of those:								
the proportion who started a course of vaccination	39	24%	24%	24%	2,074	11%	11%	11%
the proportion who completed a course of vaccination	13	8%	8%	7%	2,609	14%	14%	12%
Hepatitis C								
Previous or current injectors new to treatment in 2017-18 eligible for a HCV test who received one	113	13%	13%	12%	18,123	20%	21%	20%
Clients who have a positive hep C antibody test					3,288	4%	4%	0%
Clients who have a positive hep C PCR (RNA) test					2,042	2%	2%	0%
Clients referred to hep C treatment					337	0%	0%	0%
Take home naloxone and overdose training								
	Local	Rate per opiate user	Proportion by gender		National	Rate per opiate user	Proportion by gender	
	n		M	F	n		M	F
Clients in treatment in 2017-18 issued with naloxone and overdose training	152	9%	9%	10%	14,907	11%	10%	11%

Co-occurring mental health and substance misuse conditions

This new data shows the number of drug clients who started treatment in 2017-18 who were identified as having a mental health treatment need and, of those, the number who were receiving treatment from mental health services. Comparing prevalence with treatment received can help you assess whether need is being met.

Adults who entered treatment in 2017-18 and were identified as having a mental health treatment need

	Local	Proportion of new presentations	Proportion by gender		National	Proportion of new presentations	Proportion by gender	
	n		M	F	n		M	F
Opiate	211	60%	59%	61%	15,976	39%	36%	47%
Non-opiate	143	58%	54%	73%	6,907	41%	38%	52%
Non-opiate and alcohol	141	64%	60%	80%	8,725	47%	43%	58%
All	495	61%	58%	69%	31,608	41%	38%	51%

Clients identified as having a mental health treatment need and receiving treatment for their mental health

	Local	Proportion of clients identified	Proportion by gender		National	Proportion of clients identified	Proportion by gender	
	n		M	F	n		M	F
Already engaged with the Community Mental Health Team/other mental health services					7,273	23%	22%	26%
Engaged with IAPT (Improving Access to Psychological Therapies)					576	2%	2%	2%
Receiving mental health treatment from GP	337	68%	66%	74%	13,728	43%	42%	45%
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem					760	2%	3%	2%
Has an identified space in a health-based place of safety for mental health crises					247	1%	1%	1%
Total individuals receiving mental health treatment	419	85%	83%	88%	22,325	71%	69%	75%

Prescription only medicine/over-the-counter medicine (POM/OTC)

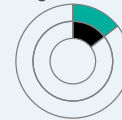
Local ● National ●

People in treatment for prescription-only medicines (POM) or over-the-counter medicines (OTC), and drug users who have a problem with these as well as illicit drugs are presented below. Health and public health commissioners will want to understand local need in relation to misuse of and dependence on prescription and over-the-counter medicines, so that together they can commission appropriate responses.

Number of adults citing POM/OTC use

	Local	Proportion of treatment population	Numerical split by gender		National	Proportion of treatment population
	n		M	F	n	
Illicit use	261	11%	177	84	21,170	11%
No illicit use	82	3%	26	56	6,719	3%
Total	343	14%	203	140	27,889	14%

Proportion of treatment population citing POM/OTC use



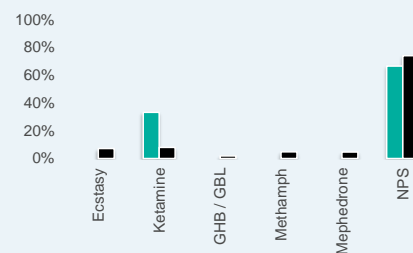
NPS and club drugs

Local ● National ●

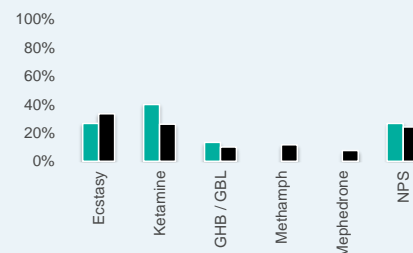
The data below covers the main new psychoactive substances and 'club' drugs reported by new treatment entrants who are (1) also using opiates (first table) or (2) using NPS/club drugs and perhaps other drugs but not opiates (second table). Opiate users still dominate adult treatment, and generally face a more complex set of challenges and are much harder to treat. Non-opiate-using, adult club drug users typically have good personal resources – jobs, relationships, accommodation – that mean they are more likely to make the most of treatment.

		Local	Proportion*	National	Proportion*
		n		n	
Adults new to treatment citing club drug use and opiate use	Ecstasy	0	0%	57	7%
	Ketamine	1	33%	63	8%
	GHB/GBL	0	0%	15	2%
	Methamphetamine	0	0%	38	5%
	Mephedrone	0	0%	37	5%
	NPS other	2	67%	584	74%
	Predominantly cannabinoid	1	33%	348	44%
	Predominantly stimulant	0	0%	29	4%
	Predominantly sedative/opioid	0	0%	23	3%
	Predominantly hallucinogenic	0	0%	19	2%
	Predominantly dissociative	0	0%	9	1%
	Other	1	33%	163	21%
Any club drug use**	3	1%	788	2%	
Adults new to treatment citing club drug use (no additional opiate use)	Ecstasy	4	27%	882	33%
	Ketamine	6	40%	689	26%
	GHB/GBL	2	13%	265	10%
	Methamphetamine	0	0%	307	12%
	Mephedrone	0	0%	199	8%
	NPS other	4	27%	639	24%
	Predominantly cannabinoid	3	20%	355	13%
	Predominantly stimulant	0	0%	57	2%
	Predominantly sedative/opioid	0	0%	27	1%
	Predominantly hallucinogenic	0	0%	34	1%
	Predominantly dissociative	0	0%	14	1%
	Other	1	7%	159	6%
Any club drug use**	15	3%	2,640	7%	

Proportion of club drug use and opiate use of those citing use at treatment start (opiate use)



Proportion of club drug use and opiate use of those citing use at treatment start (no additional opiate use)



* Proportions of ecstasy, ketamine, GHB/GBL, methamphetamine, mephedrone and NPS Other as a percentage of any club drug use. Clients citing the use of multiple club drugs will be counted once under each drug they cite. Therefore figures may exceed the total (labelled any club drug use) and proportions may sum to more than 100%.

** Any club drug use is a percentage of all new treatment entrants.

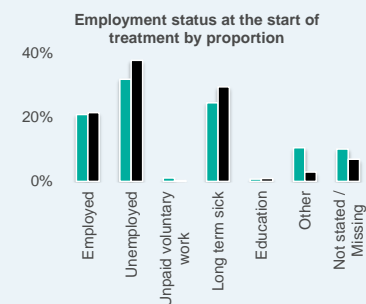
Employment

Local ● National ●

The data below shows self-reported employment status at the start of treatment in 2017-18 along with review and exit status from the Treatment Outcomes Profile (TOP). Improving job outcomes is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and Work and Health Programme providers.

Employment status at the start of treatment

	Local n	Proportion of new presentations	National n	Proportion of new presentations
Regular employment	171	21%	16,499	22%
Unemployed/Economically inactive	261	32%	29,001	38%
Unpaid voluntary work	9	1%	222	0%
Long term sick or disabled	201	25%	22,675	30%
In education	6	1%	700	1%
Other	86	11%	2,241	3%
Missing / incomplete	83	10%	5,313	7%



Employment outcomes

	Start		Review		Start		Planned exit		Start		Unplanned exit	
	n	%	n	%	n	%	n	%	n	%	n	%
Local												
Irregular work (1-7 days)	5	1%	10	2%	3	1%	6	1%	0	0%	1	4%
Part-time work (8-15 days)	26	4%	17	3%	28	6%	11	3%	2	8%	1	4%
Full time work (16+ days)	76	13%	104	17%	73	17%	107	24%	3	13%	2	8%
Not working	495	82%	471	78%	335	76%	315	72%	19	79%	20	83%
National												
Irregular work (1-7 days)	831	2%	814	2%	519	2%	403	2%	67	1%	46	1%
Part-time work (8-15 days)	1,926	4%	1,818	4%	1,243	5%	1,073	5%	143	3%	108	2%
Full time work (16+ days)	8,350	17%	9,533	19%	5,685	24%	6,707	28%	582	12%	603	13%
Not working	37,962	77%	36,904	75%	16,321	69%	15,585	66%	3,865	83%	3,900	84%

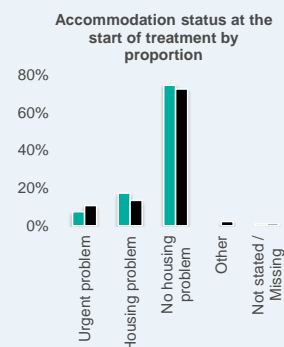
Housing and homelessness

Local ● National ●

The first data item below shows the self-reported housing status of adults when they started in your treatment services. The second, the overall number of homelessness decisions made in your area (unavailable for drug users only) is presented, to give a sense of wider housing need in your area. A safe, stable home environment enables people to sustain their recovery. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood and picked up: from statutorily homeless, single homeless people, rough sleepers to those at risk of homelessness.

Accommodation status at the start of treatment

	Local	Proportion of new presentations	Proportion by gender		National	Proportion of new presentations
	n		M	F	n	
Urgent problem (NFA)	61	7%	8%	4%	8,243	11%
Housing problem	141	17%	16%	21%	10,356	14%
No housing problem	608	74%	75%	73%	55,542	72%
Other	0	0%	0%	0%	1,722	2%
Missing / incomplete	7	1%	1%	1%	788	1%
	Local	Rate per 1,000 households			National	Rate per 1,000 households
Overall number of decisions taken by the local authority on homelessness applications*	211	1.5			109,411	4.7



* Source - <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

No longer reporting a housing need at planned exit

	Local	Proportion	Proportion by gender		National	Proportion
	n		M	F	n	
Adults successfully completing treatment no longer reporting a housing need	44	94%	90%	100%	2,457	86%

Please note that outcome data is displayed here regardless of local area TOP compliance

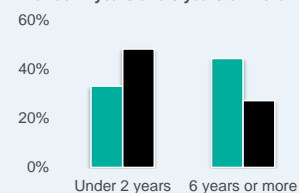
Length of time in treatment

Local ● National ●

The data below shows the proportion of drug clients, split by opiate clients in treatment under two years and six years or over and non-opiate clients in treatment for over two years. Clients that have been in treatment for long periods of time (six years or over for opiate clients and over two years for non-opiate clients) are most likely to be entrenched users who will find it harder to successfully complete treatment. Current data shows that opiate clients who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery.

Time in treatment	Local		Proportion by gender		National	
	%	M	F	%		
Proportion of opiate clients in treatment under two years	33%	34%	31%	48%		
Proportion of opiate clients in treatment for six years or more	44%	43%	48%	27%		
Proportion of non-opiate clients in treatment for two years or more:						
- Non-opiate	0%	0%	0%	3%		
- Non-opiate and alcohol	2%	2%	1%	3%		

Proportion of opiate clients in treatment under 2 years and 6 years or more



In treatment outcomes

The data below is drawn from the Treatment Outcomes Profile (TOP), which tracks the progress drug users make in treatment. This includes information on rates of abstinence from drugs and statistically significant reductions in drug use and injecting. Data from NDTMS suggests that clients who stop using illicit opiates in the first six months of treatment are almost five times more likely to complete successfully than those who continue to use.

Six month review outcomes	Abstinence					Significant reductions in use						
	Local	Proportion		Proportion by gender		National	Local	Proportion		Proportion by gender		National
		n	%	M	F			%	n	%	M	
Opiate	89	41%	39%	49%	40%	45	21%	22%	18%	25%		
Crack	46	37%	38%	33%	40%	16	13%	12%	17%	17%		
Cocaine	100	64%	64%	62%	66%	26	17%	17%	14%	10%		
Amphetamines	15	65%	73%	50%	57%	0	0%	0%	0%	7%		
Cannabis	82	38%	39%	37%	44%	40	19%	18%	20%	13%		
Alcohol (adjunctive)	58	32%	30%	38%	32%	36	20%	20%	18%	17%		

Injecting use	Local					National				
	n	Proportion		Proportion by gender		n	Proportion		Proportion by gender	
		%	M	F	%		M	F		
Adults no longer injecting at six month review	14	48%	54%	20%	3,960	55%	56%	52%		

Successful completions

Local ● National ●

The data below shows the proportion of drug users who complete their treatment free of dependence, the progress your area has made on people successfully completing treatment, and those successfully completing who do not relapse and re-enter treatment. Helping people to overcome drug dependence is a core function of any local drug treatment system. Although many individuals will require a number of separate treatment episodes spread over many years, most individuals who complete successfully do so within two years of treatment entry.

		Local		Proportion by gender		National		Trend in performance 2015-16 to 2017-18			
		%	M	F	%	Opiate	Non-opiate	Non-opiate and alcohol	All		
Successful completions as a proportion of total number in treatment	Opiate	7.5%	7.5%	7.7%	6.6%						
	Non-opiate	54.4%	55.3%	51.3%	39.4%						
	Non-opiate and alcohol	44.1%	45.5%	39.8%	35.5%						
	All	19.5%	20.4%	17.0%	14.8%						
Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF 2.15 i/ii)	2.15i - Opiate	6.2%	5.9%	6.8%	6.5%						
	2.15ii - Non-opiate	43.7%	44.8%	40.4%	36.9%						

Additional drugs data

The following links provide information regarding additional drug-related data sources which may be available to you either locally or via national surveys or data collection systems.

Adult Alcohol and Drug Treatment Commissioning Tool

The commissioning tool comprises a cost calculator and cost effectiveness analysis (CEA) to support areas in estimating local spend on treatment interventions and cost-effectiveness

<https://www.ndtms.net/VFM>

The Social Return on Investment (SROI) of Adult Alcohol and Drug Interventions

The SROI tool estimates the crime, health and social care benefits of investing in drug and alcohol services at a local level.

<https://www.ndtms.net/VFM>

Estimates of the prevalence of opiate use and/or crack cocaine use, 2014/15

Provides estimates of the prevalence of opiate and/or crack cocaine use at the regional and national level in England for 2014/15 (available from 27th Sept 2017).

<https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

Crime survey for England and Wales: Drug misuse declared

Contains information about drug use by region, including information about levels of use of particular drugs in different parts of the country.

<https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2017-to-2018-csew>

Deaths Related to Drug Poisoning in England and Wales: 2017 registrations

National Statistics on deaths related to drug poisoning (both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales.

<https://www.ons.gov.uk/releases/deathsrelatedtodrugpoisoninginenglandandwales2017registrations>

Shooting Up: infections among people who inject drugs in the UK

Describes the extent of infections among people who inject drugs (PWID) in the United Kingdom.

<https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk>

Local authority revenue expenditure and financing England: 2017 to 2018 individual local authority data

Contains budget estimates of local authority revenue expenditure and financing for the financial year April 2017 to March 2018.

<https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2017-to-2018-budget-individual-local-authority-data>

National Drug Treatment Monitoring System performance reports

A collection of reports available on a monthly, quarterly and annual basis, providing detailed information on those in structured drug and alcohol treatment from the NDTMS. Access is partially restricted and granted to PHE staff, commissioners and local authorities.

<https://www.ndtms.net/Monthly>

Wider public health data

Public Health Outcomes Framework (PHOF)

A collection of outcomes indicators covering the full spectrum of public health. The alcohol and drugs PHOF indicators (2.15i, 2.15ii, 2.15iii and 2.15iv) are presented in the 'health improvement' domain. Comparisons with a benchmark and trend data are provided and information is updated on a quarterly basis.

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E1200004/are/E06000015>

RESTRICTED STATISTICS - INFORMATION DISCLOSURE GUIDELINES

You are reminded that the data provided in this document are official statistics to which you have privileged access in advance of release. Such access is carefully controlled and is provided for management, quality assurance, and briefing purposes only. Release into the public domain or any public comment on these statistics prior to official publication planned for 1st November 2018 would undermine the integrity of official statistics. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as "favourable" or "unfavourable". If in doubt you should consult EvidenceApplicationTeam@phe.gov.uk, who can advise. Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided. If you intend to publish figures from this commissioning support pack after official publication you must restrict all figures under 5 and any associated figures to prevent deductive disclosure. For further information please refer to the data disclosure control document entitled "How to apply disclosure control (commissioning support pack)" available on the NDTMS.Net Report Viewer.

<https://www.ndtms.net/ReportViewer>

For additional guidance please refer to the NHS Digital Anonymisation standard, ISB 1523 entitled "Anonymisation Standard for Publishing Health and Social Care Data".

<http://content.digital.nhs.uk/isce/publication/isb1523>

The restricted status of this data will be lifted after the release of the annual report planned for 1st November 2018.