



Public Health
England

Protecting and improving the nation's health

Adults - drugs commissioning support pack 2020-21: key data

Planning for drug prevention, treatment and recovery in adults

Wirral

(using latest available data)

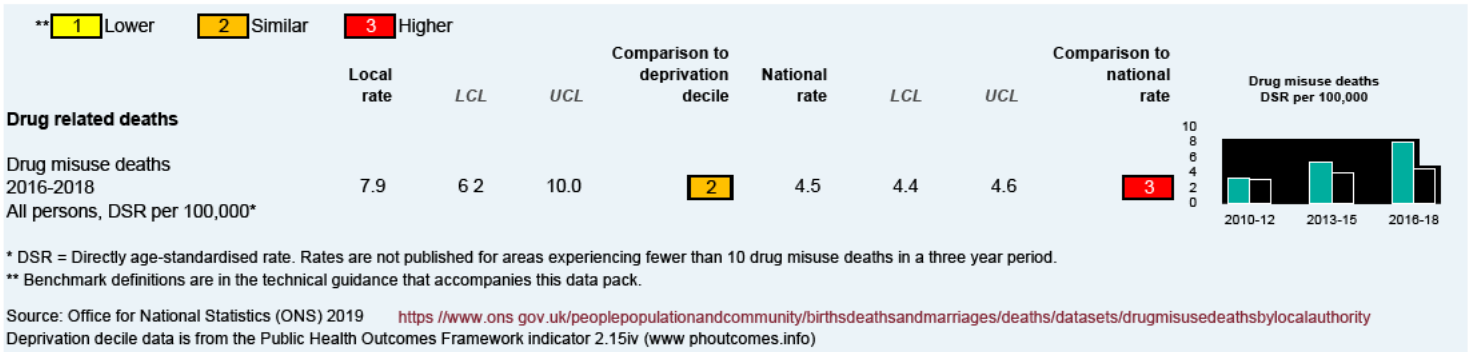
About this commissioning support pack

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 ●

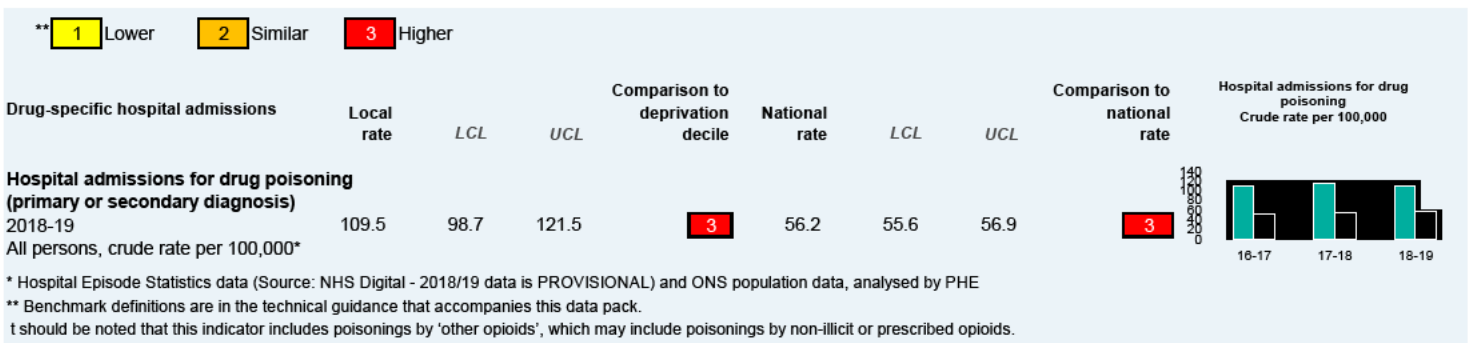
Understanding and preventing drug-related deaths (DRDs) is an important function of a recovery-orientated drug treatment system. This is even more pressing in the light of recent increases in such deaths. Concern about this has led drug misuse deaths to be included in the Public Health Outcomes Framework (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 (2016-17)								Unmet need by sex	
(Aged from 15-64)	Local	LCL	UCL	Rate per 1000	LCL	UCL	Unmet need	M	F
OCU	3,090	2,508	3,659	15.63	12.68	18.50	44%	40%	31%
Opiate	2,643	2,291	3,015	13.37	11.59	15.25	37%		
Crack	1,321	1,134	1,566	6.68	5.74	7.92	42%		

National prevalence estimates (2016-17)								Unmet need by sex	
(Aged from 15-64)	National	LCL	UCL	Rate per 1000	LCL	UCL	Unmet need	M	F
OCU	313,971	309,242	327,196	8.85	8.72	9.23	54%	48%	39%
Opiate	261,294	259,018	271,403	7.37	7.30	7.65	47%		
Crack	180,748	176,583	188,066	5.10	4.98	5.30	60%		

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 2018 to 31 March 2019 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-representation, especially in housing and employment and abstinence from illicit drug use.

In addition the latest successful completion and non-representation 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 2018-19 compared to 2017-18

	Successful completions	Waiting times under 3 weeks	Non re-presentations
Opiate	▼ Down 2%		◀ No Change
Non-opiate	▲ Up 4%		▲ Up 7%
Non-opiate and alcohol	▲ Up 1%		
All	◀ No Change	◀ No Change	

Overall activity in 2018-19 compared to 2017-18

Numbers in treatment		New presentations to treatment	
1,688	▼ Down 1%	368	▲ Up 5%
348	▲ Up 2%	270	▲ Up 10%
330	▼ Down 4%	249	▲ Up 14%
2,366	▼ Down 1%	887	▲ Up 9%

Client profile

Local  National 

This section describes the characteristics of people who were in treatment in 2018-19. It includes sex 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 sex to assist local areas in considering and meeting the needs of women in treatment.

Number in treatment

	Local	Proportion by sex		National	Proportion by sex	
	n	M	F	n	M	F
Number of adults in drug treatment in 2018-19	2,366	73%	27%	192,696	73%	27%

Age of all adults in drug treatment in 2018-19

	Local	Proportion of all clients	Proportion by sex		National	Proportion of all clients	Proportion by sex	
	n		M	F	n		M	F
18-29	341	14%	15%	13%	32,105	17%	16%	20%
30-39	489	21%	20%	23%	68,175	35%	34%	38%
40-49	799	34%	33%	37%	62,330	32%	34%	29%
50-59	667	28%	30%	23%	25,503	13%	14%	11%
60-69	65	3%	3%	3%	4,212	2%	2%	2%
70-79	■	■	■	■	345	0%	0%	0%
80+	■	■	■	■	26	0%	0%	0%

This data shows information on demographic groups that presented to treatment in 2018-19. 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.

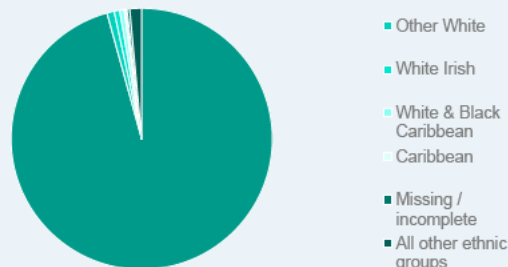
Number and proportion of adults starting drug treatment in 2018-19

	Local	Proportion of all clients	Proportion by sex		National	Proportion of all clients
	n		M	F	n	
New presentations to treatment	887	37%	39%	33%	79,817	41%

New presentations by ethnicity

Most common ethnic groups in treatment for your local authority	Local	Proportion of new presentations	Proportion by sex	
	n		M	F
White British	849	96%	95%	97%
Other White				
White Irish				
White & Black Caribbean				
Caribbean				
Missing / incomplete				

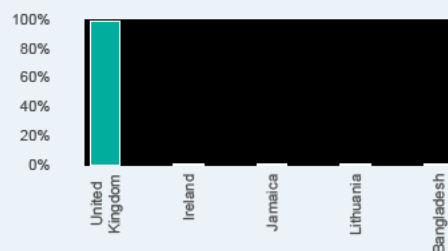
New presentations by ethnicity



New presentations by country of origin

Most common nationality groups in treatment for your local authority	Local	Proportion of new presentations	Proportion by sex	
	n		M	F
United Kingdom	875	99%	98%	100%
Ireland				
Jamaica				
Lithuania				
Bangladesh				
Missing / incomplete				

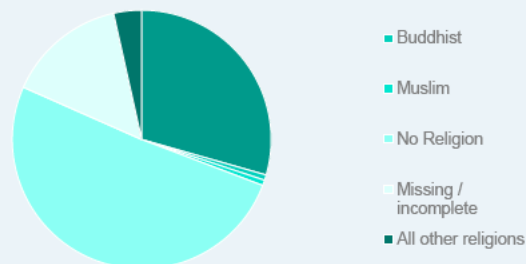
New presentations by country of origin



New presentations by religion

Most common religious groups in treatment for your local authority	Local	Proportion of new presentations	Proportion by sex	
	n		M	F
Christian	261	29%	30%	27%
Buddhist				
Muslim				
No Religion	451	51%	50%	52%
Missing / incomplete	132	15%	15%	15%

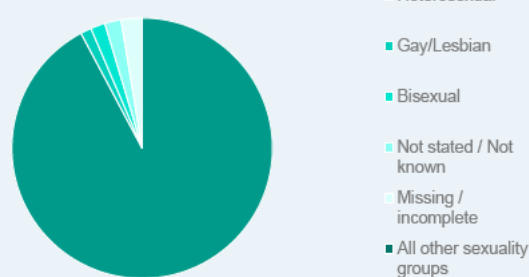
New presentations by religion



New presentations by sexuality

	Local	Proportion of new presentations	Proportion by sex	
	n		M	F
Heterosexual	818	92%	95%	84%
Gay/Lesbian	12	1%	1%	3%
Bisexual	16	2%	1%	5%
Not stated / Not known	18	2%	2%	3%
Missing / incomplete	23	3%	2%	4%

New presentations by sexuality

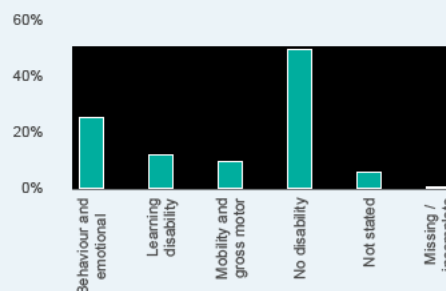


Individuals that stated "Other" are not displayed.

New presentations by disability

Most common disabilities reported by those in treatment for your local authority	Local	Proportion of new presentations	Proportion by sex	
	n		M	F
Behaviour and emotional	225	25%	23%	32%
Learning disability	105	12%	13%	8%
Mobility and gross motor	84	9%	9%	11%
No disability	439	49%	51%	44%
Not stated	52	6%	6%	5%
Missing / incomplete	6	1%	0%	3%

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	409	46%
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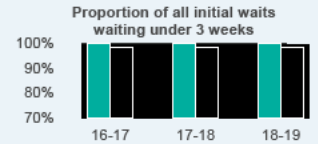
Waiting times

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	1,003	100%	100,786	99%
Initial waits over six weeks to start treatment	0	0%	474	0%



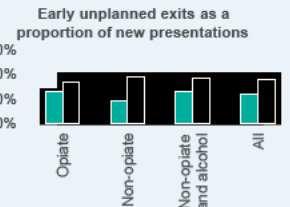
Treatment engagement

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 2018-19 who left treatment in an unplanned way before 12 weeks, commonly referred to as early drop outs.

Early unplanned exits in 2018-19

	Local n	Proportion of new presentations	Proportion by sex		National n	Proportion of new presentations	Proportion by sex	
			M	F			M	F
Opiate	48	13%	12%	16%	7,129	17%	17%	16%
Non-opiate	25	9%	10%	5%	3,396	19%	21%	15%
Non-opiate and alcohol	32	13%	16%	3%	3,756	19%	20%	15%
All	105	12%	13%	9%	14,281	18%	19%	16%



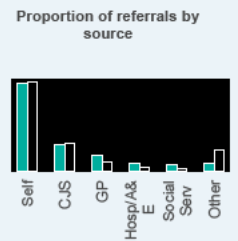
Routes into treatment

Local ● National ●

The table below shows the routes into drug treatment in 2018-19. 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 National Probation Service/community rehabilitation company (CRC).

Source of referral into treatment

	Local n	Proportion of referrals	Proportion by sex		National n	Proportion of referrals	Proportion by sex	
			M	F			M	F
Self-referral	519	59%	56%	67%	47,069	59%	58%	61%
Referred through CJS	157	18%	21%	8%	14,331	18%	20%	11%
Referred by GP	88	10%	11%	7%	4,662	6%	6%	6%
Hospital/A&E	46	5%	5%	5%	1,610	2%	2%	2%
Social services	33	4%	2%	8%	1,396	2%	1%	4%
All other referral sources	44	5%	5%	6%	10,749	13%	13%	16%



Clients who are parents/carers and their children

The data below shows the number of drug users who entered treatment in 2018-19 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 2018-19 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 sex		National n	Proportion of new presentations	Proportion by sex	
			M	F			M	F
Living with children (own or other)	126	14%	10%	28%	14,515	18%	15%	27%
Parent not living with children	275	31%	32%	28%	26,936	34%	33%	35%
Not a parent/no child contact	484	55%	58%	44%	38,065	48%	51%	38%
Missing / incomplete	2	0%	0%	0%	301	0%	0%	0%

Living with children	Local n	Proportion of children by client sex		National n	Proportion of children by client sex	
		M	F		M	F
Number of children living with drug users entering treatment in 2018-19	232	55%	45%	27,160	62%	38%

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

	Local n	Proportion of clients with child contact	Proportion by sex		National n	Proportion of clients with child contact	Proportion by sex	
			M	F			M	F
Early help	1	1%	0%	0%	1,106	3%	2%	4%
Child in need	21	5%	4%	8%	1,409	3%	2%	6%
Child protection plan in place	40	10%	8%	15%	3,192	8%	5%	13%
Looked after child	28	7%	4%	15%	2,493	6%	4%	11%

Pregnancy data

	Local n	Proportion of new female presentations	National n	Proportion of new female presentations
New female presentations who were pregnant	8	4%	904	4%
Missing / incomplete	0	0%	207	1%

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 sex		National	Proportion of all in treatment		Proportion by sex	
	n		M	F	n			M	F		
Opiate	243 / 299	81%	81%	83%	19,863	70%	70%	71%			
Non-opiate	115 / 146	79%	76%	88%	5,919	60%	60%	61%			
Non-opiate and alcohol	108 / 148	73%	73%	74%	7,466	63%	63%	65%			
All	466 / 593	79%	78%	82%	33,248	67%	66%	68%			

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 sex		National	Proportion of reviewed clients smoking at start of treatment		Proportion by sex	
	n		M	F	n			M	F		
Opiate	45 / 243	19%	16%	25%	4,240	21%	21%	21%			
Non-opiate	30 / 115	26%	18%	50%	1,688	29%	28%	29%			
Non-opiate and alcohol	33 / 108	31%	26%	43%	2,173	29%	30%	28%			
All	108 / 466	23%	19%	35%	8,101	24%	24%	24%			

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 sex		National	Proportion of reviewed clients abstinent at start of treatment		Proportion by sex	
	n		M	F	n			M	F		
Opiate	22 / 56	39%	43%	29%	3,426	41%	42%	40%			
Non-opiate	9 / 31	29%	30%	25%	844	22%	21%	23%			
Non-opiate and alcohol	8 / 40	20%	17%	30%	1,034	24%	23%	26%			
All	39 / 127	31%	31%	29%	5,304	32%	32%	32%			

Smoking cessation interventions provided to clients who smoke tobacco

	Local		Proportion of clients identified		Proportion by sex		National	Proportion of clients identified		Proportion by sex	
	n		M	F	n			M	F		
Opiate	1 / 243	0%	0%	0%	491	2%	2%	3%			
Non-opiate	1 / 115	1%	0%	0%	111	2%	2%	2%			
Non-opiate and alcohol	1 / 108	1%	0%	0%	309	4%	4%	4%			
All	9 / 466	2%	0%	0%	911	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 sex	
	Pharmacological		Psychosocial		Recovery Support		n	%	M	F
Community	1,511	93%	2,354	100%	1,927	98%	2,356	100%	100%	100%
Inpatient unit	115	7%	115	5%	108	6%	115	5%	4%	6%
Primary care	477	29%	459	19%	33	2%	536	23%	22%	24%
Residential	10	1%	17	1%	15	1%	17	1%	1%	1%
Recovery house	0	0%	0	0%	0	0%	0	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*	1,625		2,365		1,961		2,365			
							Proportion of pharmacological interventions			
Number and % of individuals who were in treatment for the entire year and had only pharmacological interventions							n			
Of which, the number who received maintenance only interventions							0		0%	0%
Supervised pharmacological interventions		Local		Proportion of all prescribing		National		Proportion of all prescribing		
		n		n	%	n	%			
Client prescribed supervised methadone		668		41%		62,744		46%		
Client prescribed supervised buprenorphine		134		8%		17,862		13%		
Client prescribed supervised buprenorphine / naloxone (e.g. Suboxone)		11		1%		2,240		2%		

* 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 sex		National	Proportion of treatment population
	n		M	F	n	
Number of adults who attended residential rehabilitation	27	1%	19	8	4,180	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 sex		National	Proportion of eligible clients	Proportion by sex	
	n		M	F	n		M	F
Adults new to treatment in 2018-19 eligible for a HBV vaccination who accepted one	191	59%	57%	66%	21,871	40%	39%	42%
Of those:								
the proportion who started a course of vaccination	21	11%	12%	9%	1,819	8%	8%	8%
the proportion who completed a course of vaccination	19	10%	12%	6%	2,320	11%	11%	9%
Hepatitis C	Local	Proportion of eligible clients	Proportion by sex		National	Proportion of eligible clients	Proportion by sex	
	n		M	F	n		M	F
Previous or current injectors new to treatment in 2018-19 eligible for a HCV test who received one	128	85%	82%	97%	18,633	76%	76%	77%
Clients who have a positive hep C antibody test*	29	38%	39%	35%	3,723	33%	32%	36%
Clients who have a positive hep C PCR (RNA) test*	11	21%	21%	21%	2,216	25%	24%	27%
Clients referred to hep C treatment	10	8%	7%	10%	762	4%	4%	5%
Take home naloxone and overdose training	Local	Rate per opiate user	Proportion by sex		National	Rate per opiate user	Proportion by sex	
	n		M	F	n		M	F
Clients in treatment in 2018-19 issued with naloxone and overdose training	537	32%	31%	35%	26,886	19%	19%	20%

* The stated proportions are of those tested for whom either a positive or negative result is recorded on NDTMS (i.e. 'unknown' or 'not recorded' have been removed from the denominator).

Co-occurring mental health and substance misuse conditions

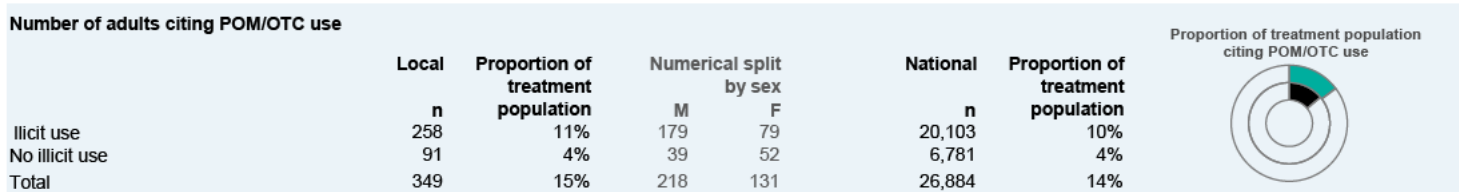
This new data shows the number of drug clients who started treatment in 2018-19 who were identified as having a mental health treatment need and, of those, the number who were receiving treatment from mental health services. Comparing prevalence with treatment received can help you assess whether need is being met.

Adults who entered treatment in 2018-19 and were identified as having a mental health treatment need									
	Local	Proportion of new presentations	Proportion by sex		National	Proportion of new presentations	Proportion by sex		
	n		M	F			n	M	F
Opiate	240	65%	62%	74%	20,696	49%	46%	59%	
Non-opiate	151	56%	53%	67%	9,486	54%	49%	65%	
Non-opiate and alcohol	166	67%	62%	82%	11,883	59%	55%	71%	
All	557	63%	59%	74%	42,065	53%	49%	63%	
Clients identified as having a mental health treatment need and receiving treatment for their mental health									
	Local	Proportion of clients identified	Proportion by sex		National	Proportion of clients identified	Proportion by sex		
	n		M	F			n	M	F
Already engaged with the Community Mental Health Team/o her mental health services	■	■	■	■	8,476	20%	19%	22%	
Engaged with IAPT (Improving Access to Psychological Therapies)	■	■	■	■	610	1%	1%	2%	
Receiving mental health treatment from GP	369	66%	64%	73%	20,106	48%	47%	50%	
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem	■	■	■	■	705	2%	2%	2%	
Has an identified space in a health-based place of safety for mental health crises	■	■	■	■	253	1%	1%	1%	
Total individuals receiving mental health treatment	437	78%	76%	84%	29,836	71%	69%	75%	

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

Local ● National ●

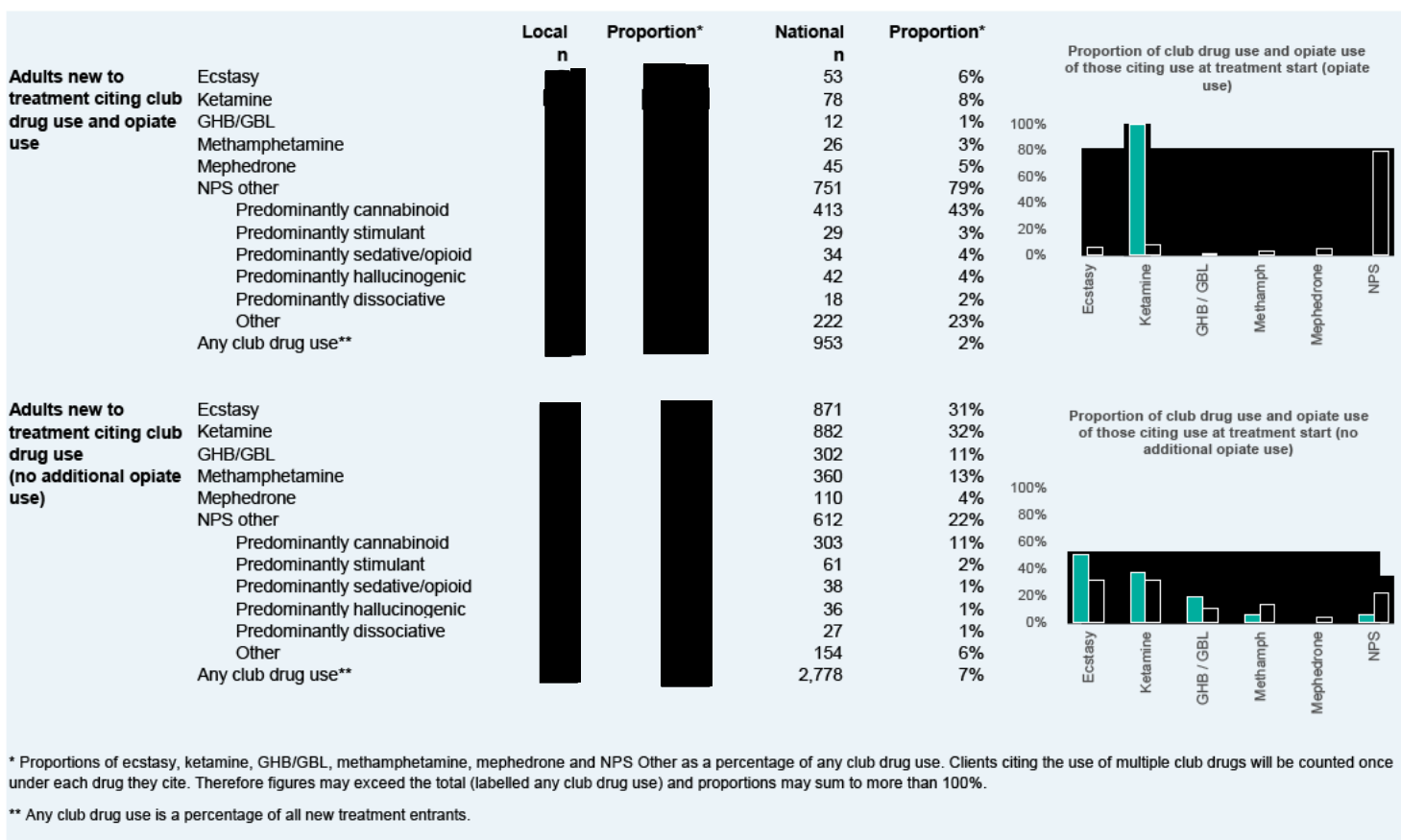
People in treatment for prescription-only medicines (POM) or over-the-counter medicines (OTC), and drug users who have a problem with these as well as illicit drugs are presented below. Health and public health commissioners will want to understand local need in relation to misuse of and dependence on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



NPS and club drugs

Local ● National ●

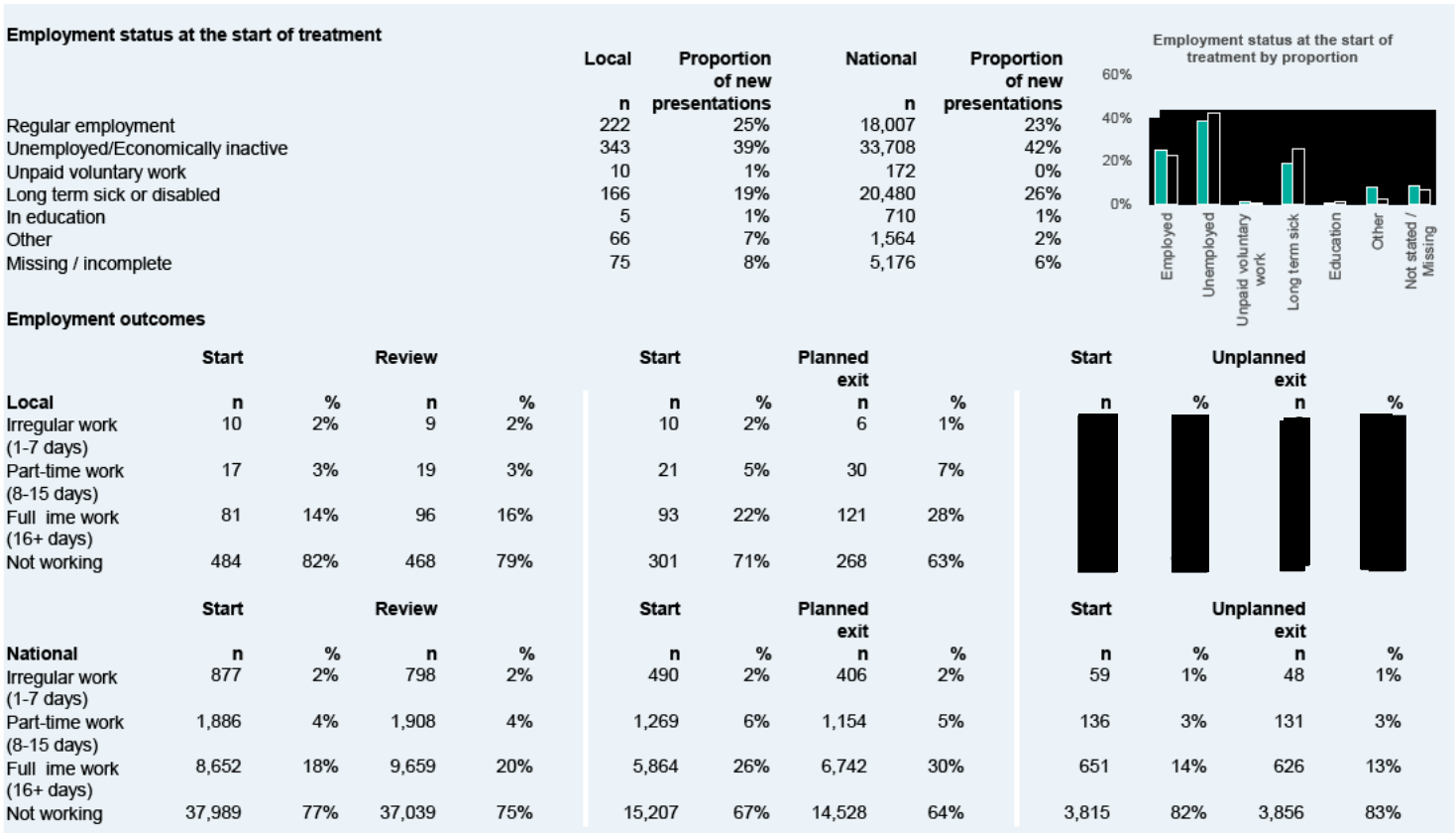
The data below covers the main new psychoactive substances and 'club' drugs reported by new treatment entrants who are (1) also using opiates (first table) or (2) using NPS/club drugs and perhaps other drugs but not opiates (second table). Opiate users still dominate adult treatment, and generally face 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.



Employment

Local ● National ●

The data below shows self-reported employment status at the start of treatment in 2018-19 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.

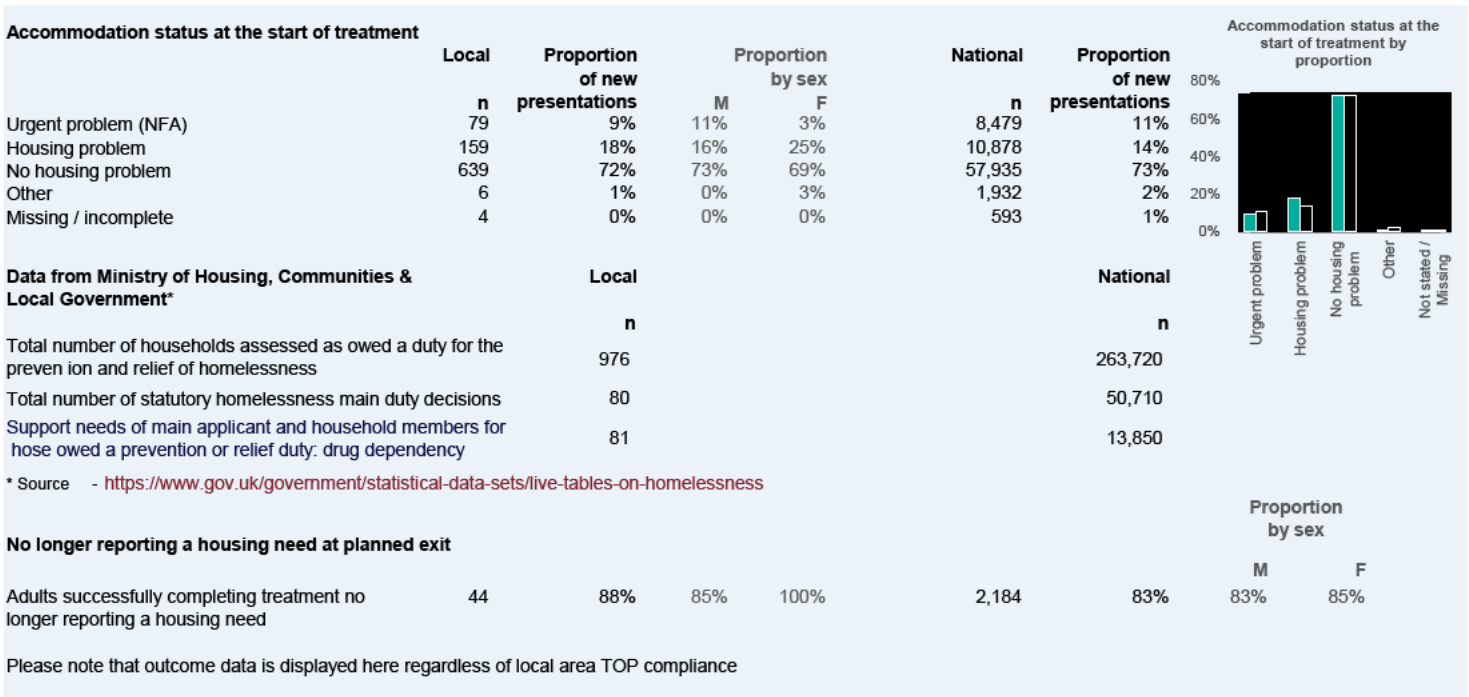


Housing and homelessness

Local ● National ●

The first part of 'Accommodation status' below shows self-reported housing status of adults when they started in your treatment services. The second presents key data from MHCLG on the overall homelessness decisions made and gives a wider sense of housing need in your area. This includes the numbers owed a prevention or relief duty with a support need of drug dependency. The final section, 'No longer reported a housing need', shows those clients who successfully completed treatment with no housing problem reported.

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 statutory homeless, single homeless people, rough sleepers to those at risk of homelessness.



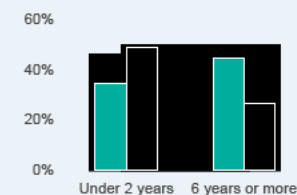
Length of time in treatment

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) will usually 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 sex		National %
		M	F	
Proportion of opiate clients in treatment under two years	34%	36%	32%	49%
Proportion of opiate clients in treatment for six years or more	45%	44%	48%	27%
Proportion of non-opiate clients in treatment for two years or more:				
- Non-opiate	0%	0%	0%	2%
- 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	Local n	Abstinence			National %	Local n	Significant reductions in use			National %
		Local Proportion %	Proportion by sex				Local Proportion %	Proportion by sex		
			M	F				M	F	
Opiate	110	43%	40%	49%	39%	56	22%	21%	24%	24%
Crack	61	39%	36%	45%	38%	23	15%	14%	17%	18%
Cocaine	77	55%	50%	71%	66%	40	28%	32%	16%	11%
Amphetamines	13	59%	80%	42%	59%	4	18%	0%	33%	8%
Cannabis	61	37%	34%	50%	43%	33	20%	23%	6%	13%
Alcohol (adjunctive)	50	28%	26%	33%	32%	49	27%	30%	17%	18%

Injecting use	Local n	Local Proportion %	Proportion by sex		National n	National Proportion %	Proportion by sex	
			M	F			M	F
			Adults no longer injecting at six month review	15			58%	56%

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 sex		National %	Trend in performance 2016-17 to 2018-19			
			M	F		Opiate	Non-opiate	Non-opiate and alcohol	All
Successful completions as a proportion of total number in treatment	Opiate	5.7%	5.6%	6.0%	6.1%				
	Non-opiate	57.8%	58.4%	55.4%					
	Non-opiate and alcohol	44.5%	44.1%	45.9%					
	All	18.8%	19.4%	17.0%					
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	5.6%	5.7%	5.4%	5.8%				
	2.15ii - Non-opiate	51.5%	52.4%	48.5%					

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, 2016/17

Provides estimates of the prevalence of opiate and/or crack cocaine use at the regional and national level in England for 2016/17.

<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-2018-to-2019-csew>

Deaths Related to Drug Poisoning in England and Wales: 2018 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/deathsrelatedtodrugpoisoninginenglandandwales2018registrations>

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: 2018 to 2019 individual local authority data

Contains budget estimates of local authority revenue expenditure and financing for the financial year April 2018 to March 2019.

<https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2018-to-2019-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, 2.15 iii 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/E12000004/are/E06000015>

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<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>