



JSNA SUPPORT PACK FOR STRATEGIC PARTNERS

THIS SUPPORTING INFORMATION

This pack sets out the investment in drug treatment in your area and the benefits this brings. It also gives key performance information about your treatment system and national data for comparison. It presents data from the National Drug Treatment Monitoring System (NDTMS), the Treatment Outcomes Profile (TOP), the Drug Interventions Programme (DIP) and estimates of the prevalence of opiate and/or crack cocaine use. Although drug treatment services treat dependence for all drugs, heroin users remain the group with most complex problems, so separate data is provided for them.

INVESTMENT

Investment in drug treatment in your area for 2010-11 and 2011-12 is set out below. This includes allocations for the Pooled Treatment Budget (PTB, central Government funding for adult treatment); the Drug Interventions Programme (DIP, which engages drug-using offenders in treatment); prison drug treatment (where there is a prison in your area, 2010-11 funding not included); and, where it has been provided to the NTA, mainstream PCT contributions to drug treatment; plus other local funding sources. Your total funding pot is provided below. Some local areas have not provided 'mainstream' and 'other' figures, in which case the total is likely be higher than that shown.

Drug treatment funding allocations are changing. In recent years central Government drug treatment funding was made up of contributions from the Home Office, the Department of Health, the Ministry of Justice and the Department for Education, which were pooled with local funding. To integrate and align spending on offenders and non-offenders in the community, and better bridge the gap between prison and community treatment, the Government has signalled that it wants one pot of money with one purpose. As a result, the Department of Health now provides all national treatment resources with the exception of a continuing Home Office contribution to DIP.

PTB allocations are based on drug treatment system performance. By effectively engaging more people in treatment, local areas may attract more drug treatment funding. We have provided two years of allocation figures to show the year-on-year differences in your PTB. The Government is changing the treatment funding formula to reward areas that have increased the number of individuals who successfully complete treatment and do not return. From 2012-13, 20% of the PTB allocation (To Be Confirmed) will be based on the growth in successful treatment completions. Alcohol treatment is currently funded locally by PCTs and is not outlined below. The Department of Health has made no formal decisions about Public Health England's (PHE) funding and budget arrangements.

	2011-12	2010-11	Change from 2010-11
PTB			
DIP			
Mainstream			
Prison			
Other			
Total			

VALUE FOR MONEY

Drug addiction leads to significant economic and social costs. Evidenced-based drug treatment reduces these and delivers real savings, particularly in crime costs, but also through health improvements, including reduced drug-related deaths and lower blood-borne disease transmission rates. This strong value for money case was recently endorsed by the National Audit Office and is the foundation of central Government's significant ongoing investment.

To help local areas assess the benefits this investment brings to them, the NTA's local Value for Money tool - which is already available to commissioners - provides value for money calculations using locally supplied financial data. This includes estimated crime and health savings, including number of crimes prevented. Designed to be flexible, the tool also allows areas to consider the consequences of disinvestment in terms of increased crime and disorder, poorer health outcomes, increased risk to communities and poorer outcomes for families with multiple needs. The model - and the underpinning assumptions - has been approved by senior economists in the Home Office and Department of Health.

PREVALENCE ESTIMATES

Local  National 

The estimated number of opiate and/or crack users (OCU) and injectors in your area is set out below. Collectively, they have a big impact on crime, unemployment, safeguarding children and welfare dependency.

Prevalence estimates (Aged from 15-64)	Local n	Rate per 1000	National n	Rate per 1000
OCU				
Opiate				
Crack				
Injecting				



WAITING TIMES

Local  National 

This data shows the number of drug users who waited no more than three weeks to access treatment. Drug users need prompt help if they are to recover from dependency. Local efforts to keep waiting times low means that the national average waiting time is only one week. Keeping waiting times low will play a vital role in supporting recovery in local communities. The number of drug users waiting more than six weeks to start treatment has also been provided.

	Local	Proportion of all initial waits	National	Proportion of all initial waits
Adults waiting under three weeks to start treatment				
Adults waiting over six weeks to start treatment				

TREATMENT ENGAGEMENT

Local  National 

When engaged in treatment, people use fewer 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 in your area in 2010-11 who have been in treatment for three months or more – a measure for effective treatment engagement. The numbers of individuals in 'effective treatment' based on the proportion of the national population reported by your area is part of the calculation for local PTB allocations. Your local commissioning lead can provide more detail about how this funding works.

Adults effectively engaged in treatment 2010-11						
	Local	Growth from 09-10	Proportion of treatment population	National	Growth from 09-10	Proportion of treatment population
Opiate						
Non opiate						
All						

IN TREATMENT

Local  National 

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, and those successfully leaving treatment with secure housing and in work.

If there is missing data below, this denotes less than 80% compliance with the TOP – this is the threshold at which this data can be published.

Abstinence	Local	National
Opiate abstinence		
Crack abstinence		
Cocaine abstinence		

Significant reductions in use
Opiate significant reductions in use
Crack significant reductions in use
Cocaine significant reductions in use

Injecting use, housing need and employment
Adults no longer injecting at review
Adults successfully completing treatment no longer reporting a housing need
Adults working ten or more days in the month before successfully completing treatment

SUCCESSFUL COMPLETIONS

Local  National 

The data below shows the proportion of drug users who complete their treatment free of dependency, the progress your area has made on people successfully completing treatment, and those successfully completing who do not relapse and re-enter treatment. The drug strategy asks local areas to increase the number of people successfully leaving treatment having overcome dependency. 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. The Government proposes to change treatment funding for 2012-13 to reward areas that increase successful completions during 2011-12.

Also below is the proportion of adults who have been in treatment for more than two years – a measure of longer term treatment cases. If the proportion of long term treatment cases in your area exceeds the national average, this may prompt a consideration of your local system's efforts to ensure that all the drug users it treats have the best chance of achieving abstinence from their drug of dependence.

		Local	National
Successful completions as a proportion of total number in treatment	Opiate		
	Non opiate		
	All		
Proportion who successfully completed treatment and did not return within 6 months	Opiate		
	Non opiate		
	All		
Growth in successful completions since 2009-10	Opiate		
	Non opiate		
	All		
Proportion of adults in treatment for more than two years	Opiate		
	Non opiate		
	All		

RESIDENTIAL REHAB

Local  National 

The data below shows the number of adult drug users in your area who have been to residential rehab 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. However, in line with NICE recommendations, a stay in residential rehab is appropriate for the most serious cases, and local areas are encouraged to provide this option as part of an integrated recovery-orientated system.

	Local	Proportion of treatment population	National	Proportion of treatment population
Number of adults who attended residential rehab				

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. The drug strategy encourages local areas to ensure their services have the capacity to help people get the support that they need for POM and OTC dependence.

Number of adults citing POM/OTC use		Proportion of treatment population		Proportion of treatment population	
		Local	National	Local	National
	Illicit use				
	No illicit use				
	Total	-			

BLOOD-BORNE VIRUSES AND DRUG-RELATED DEATHS

Local National

The data below shows the drug users in treatment in your area who have had a hepatitis B vaccination and current or past injectors who have been tested for hepatitis C. Drug users who inject can spread blood-borne viruses. Providing methadone and sterile needles and syringes protects them and communities, and provides long-term health savings. Statistics about drug-related deaths in your area are not provided. However, preventing more of these deaths will be an important measure of how well your recovery-orientated drug treatment system is doing.

Adults new to treatment who accepted HBV vaccinations	Previous or current injectors in treatment who received a HCV test	Proportion of treatment population		Proportion of treatment population	
		Local	National	Local	National

PARENTS AND FAMILIES

Local National

The data below shows the number of drug users in treatment who live with children; users who are parents but do not live with children; and users for whom there is incomplete data. This last item is included to help you consider the possible hidden population(s) of drug-dependent parents, or those with childcare responsibilities in contact with local treatment services. An estimated one in three of the English treatment population, some 69,000, has a child living with them at least some of the time. The Department for Education estimates that parental drug use is a factor for around a third of the 120,000 most troubled families in England.

Adults who live with children	Adults who are parents but do not live with any children	Adults with incomplete data	Proportion of treatment population		Proportion of treatment population	
			Local	National	Local	National

The data below shows the number of adults in contact with alcohol treatment in the last year; how many have been to residential rehab during their latest period of treatment; average treatment duration and waiting times. Also shown is the severity of drinking reported by adults in contact with your alcohol system (by alcohol units drunk in the month before starting treatment); how many adults complete their treatment free of dependency and the proportion of your drug treatment population who also require alcohol treatment. Your alcohol commissioning lead can provide more information about current alcohol treatment need and provision.

These statistics are restricted and provided for briefing purposes only. They cannot be released into the public domain until after the publication of the national alcohol treatment statistics for 2010-11 which are scheduled for release in February 2012.

Treatment entry		Local		National				
The number of adults in contact with alcohol treatment in 2010-11								
Units consumed in 28 days prior to entering treatment	0	1-199	200-399	400-599	600-799	800-999	1000+	Missing
Proportion of new presentations								
National proportions for comparison								
	Local	Proportion of all initial waits		National proportion of all initial waits				
Adults waiting over three weeks to start their first alcohol intervention in 2010-11								

In treatment		Local		National	
Average length of latest treatment for all adults in alcohol treatment in 2010-11 (years)					
	Local	Proportion of treatment population	National	Proportion of treatment population	
Adult alcohol users who attended residential rehab in 2010-11					

Successful completions		Local		National	
	Local	Proportion of treatment population	National	Proportion of treatment population	
Successful completions as a proportion of total number in treatment					

Adult drug users with alcohol dependency		Local		National	
	Local	Proportion of treatment population	National	Proportion of treatment population	
Adults in drug treatment who also have an alcohol problem					

RESTRICTED STATISTICS

You are reminded that the alcohol 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 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 Malcolm Roxburgh or Jonathan Knight, via ndtmsadmin@nta-nhs.org.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.