



Public Health
England

Protecting and improving the nation's health

Drug data: JSNA support pack

Key data for planning for effective drugs prevention, treatment and recovery in 2015-16

East Sussex

(using latest available data)

ABOUT THIS JSNA SUPPORT PACK

This pack provides key performance and recovery outcomes information about your treatment system with 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), matched data from NDTMS and local market system data used by Jobcentre Plus 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 the most complex problems, so separate data is provided for them.

Nationally, women make up 27% of the adults in drug treatment. Women presenting to treatment often experience poor mental health, domestic violence and for mothers (most in treatment are), the challenge of being a lone parent. Some of the data presented here is split by gender to help local planning consider and meet women’s needs in recovery services.

KEY FACTORS INFLUENCING YOUR TREATMENT OUTCOMES

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 can be demonstrated to be very good predictors of successful completion and non re-presentation especially 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 PHOF indicators 2.15i and 2.15ii

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/par/E12000004/ati/102/page/0>

Key factors influencing your treatment outcomes 2013-14 compared to 2012-13

	Completions	Waiting times under 3 weeks	Non re-presentations
Opiate	▼ Down 3%	↔ No Change	↔ No Change
Non-opiate	▼ Down 1%	↔ No Change	↔ No Change

PREVALENCE ESTIMATES

The estimated number of opiate and/or crack users (OCU) and injectors in your area is set out below. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.

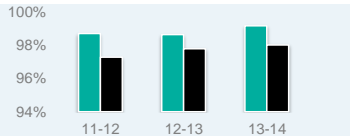
Prevalence estimates	Local n	Lower confidence interval	Upper confidence interval	Rate per 1000	Lower confidence interval	Upper confidence interval	Treatment Penetration	Treatment Penetration Gender split (M/F)
(Aged from 15-64)								
OCU	2,152	1,850	2,641	6.69	5.75	8.21	52%	47% / 68%
Opiate	1,672	1,530	1,869	5.20	4.76	5.81	65%	
Crack	1,121	929	1,399	3.49	2.89	4.35	35%	
Injecting	825	560	1,100	2.57	1.74	3.42	52%	
Prevalence estimates	National n	Lower confidence interval	Upper confidence interval	Rate per 1000	Lower confidence interval	Upper confidence interval	Treatment Penetration	Treatment Penetration Gender split (M/F)
(Aged from 15-64)								
OCU	293,879	291,029	302,146	8.40	8.32	8.63	53%	50% / 63%
Opiate	256,163	253,751	263,501	7.32	7.25	7.53	60%	
Crack	166,640	161,621	173,706	4.76	4.62	4.96	39%	
Injecting	87,302	85,307	90,353	2.49	2.44	2.58	54%	

WAITING TIMES

Local  National 

This data shows the number of drug users who waited less than three or 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.

	Local n	Proportion of all initial waits	National n	Proportion of all initial waits
Adults waiting under three weeks to start treatment	469	99%	68,626	98%
Adults waiting over six weeks to start treatment	<5	--	379	1%

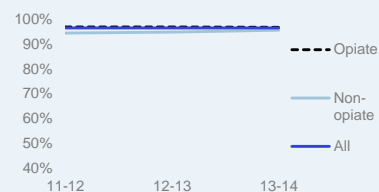


TREATMENT ENGAGEMENT

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 in your area in 2013-14 who have been in treatment for three months or more – a measure for effective treatment engagement.

Adults effectively engaged in treatment 2013-14

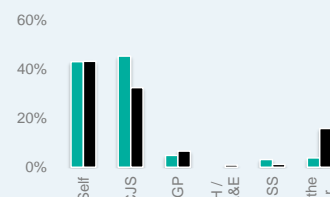
	Local n	Growth from 12-13	Proportion of treatment population	National n	Growth from 12-13	Proportion of treatment population
Opiate	1,058	1%	97%	146,001	-2%	95%
Non opiate	227	16%	95%	35,477	5%	88%
All	1,285	3%	96%	181,478	0%	94%



ROUTES INTO TREATMENT

The table below shows the routes into drug treatment. Understanding these gives an indication of the levels of referrals from criminal justice (and others sources) into specialist treatment. 'Referred through CJS' means referred through an arrest referral scheme or via a Drug Rehabilitation Requirements (DRR), prison or the probation service.

Source of referral into treatment	Local n	Proportion of referrals	Gender split (M/F)	National n	Proportion of referrals	Gender split (M/F)
Self-referral	204	43%	43% / 44%	30,625	43%	42% / 46%
Referred through CJS	215	45%	49% / 31%	23,005	32%	35% / 22%
Referred by GP	23	5%	4% / 7%	4,656	7%	6% / 8%
Hospital/A&E	<5	--	-- / --	645	1%	1% / 1%
Social services	15	3%	1% / 9%	835	1%	1% / 3%
All other referral sources (including missing)	18	4%	2% / 8%	11,207	16%	15% / 19%





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 in detail what treatment staff in your area actually do with service users, and in what settings. The last item focuses on those who receive pharmacological interventions only, something not recommended in guidance. Paying attention to these interventions invites us to consider how much we are doing to promote and facilitate real recovery options.

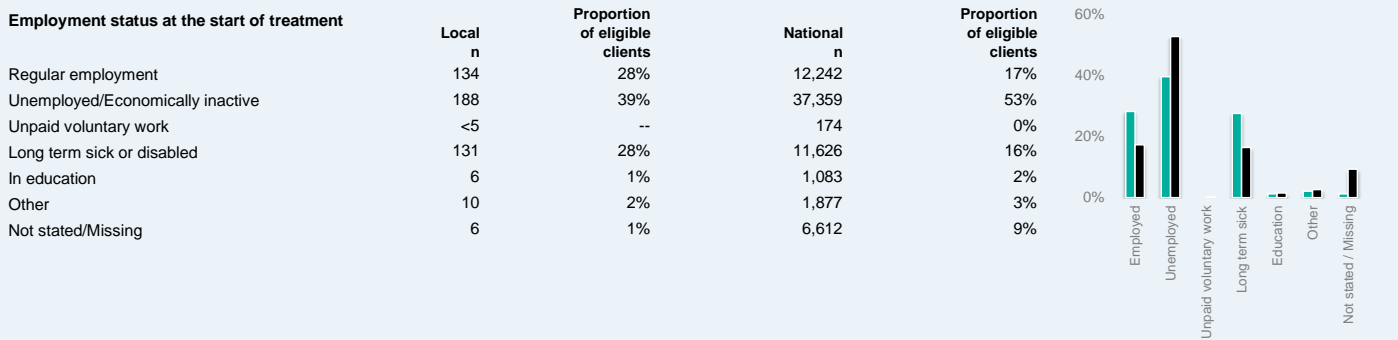
Setting	Local high level interventions							Total individuals	
	Pharmacological		Psychosocial		Recovery Support				
Community	830	86%	1076	88%	167	97%	1171	90%	
Inpatient unit	53	5%	<5	--	<5	--	53	4%	
Primary care	157	16%	186	15%	<5	--	215	16%	
Residential	0	0%	27	2%	<5	--	27	2%	
Recovery house	0	0%	0	0%	0	0%	0	0%	
Young person setting	0	0%	0	0%	0	0%	0	0%	
Missing	0	0%	0	0%	0	0%	0	0%	
Total individuals	968		1226		172		1305		

Number and % of individuals who were in treatment for the entire year and have only pharmacological interventions: 0 (0%) Of which received maintenance only interventions

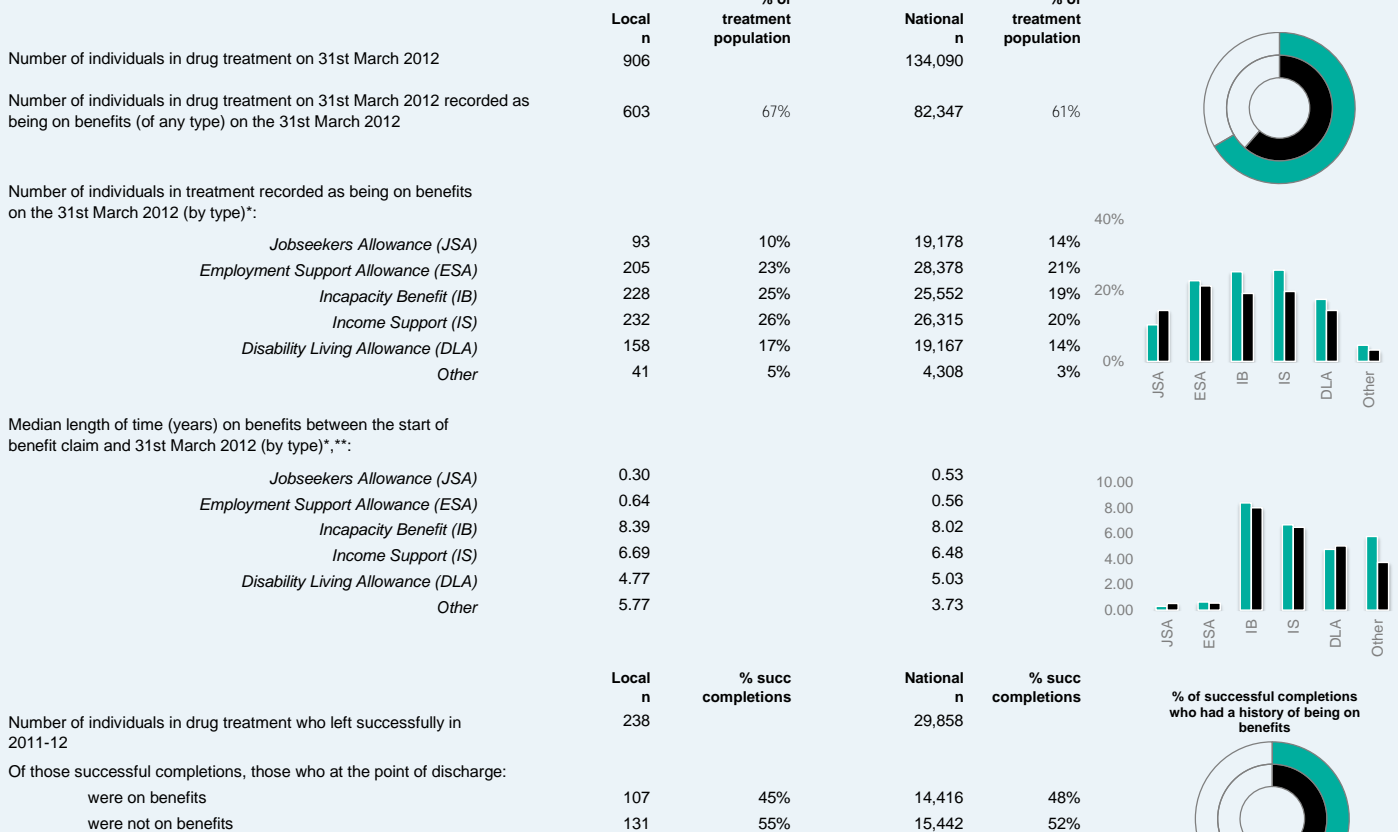
EMPLOYMENT AND BENEFITS

Local  National 

The first data item below shows self-reported employment status of adults in your treatment system when they started treatment. All subsequent items show the benefit profile of your in-treatment population on 31 March 2012 (taken from a match between treatment and local market system data used by Jobcentre Plus). Employment is key to sustaining recovery. However, nationally, employment outcomes for clients exiting treatment remain low. Improving job outcomes for this group requires improved multi-agency responses; achievable through good joint working between Jobcentre Plus and Work Programme Providers.



Benefit profile of treatment population



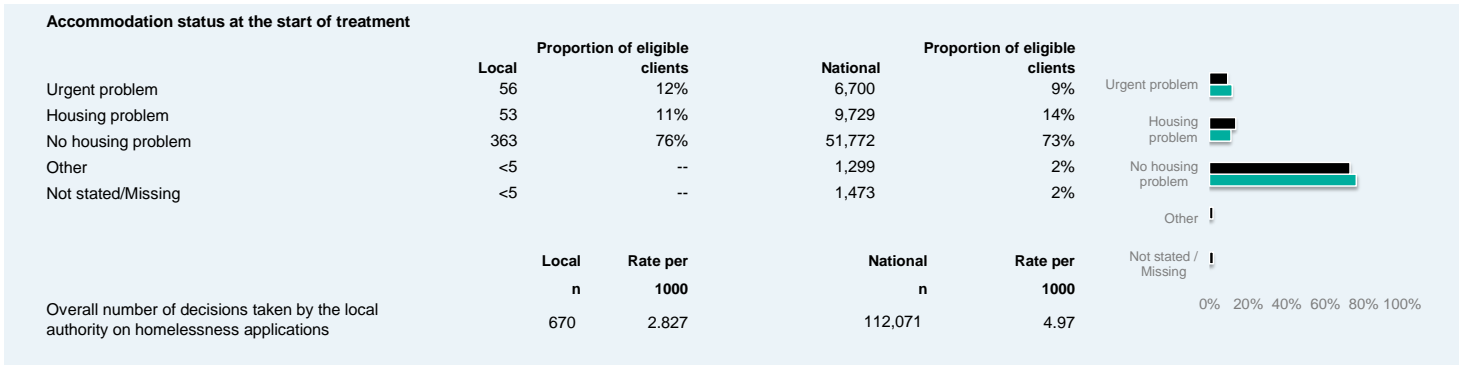
* Individuals are counted once under each type of benefit they received

** Length of time on benefits counted as the length of the benefits spell from the start until 31st March 2012, regardless of the length of time spent in treatment

HOUSING AND HOMELESSNESS

Local ● National ●

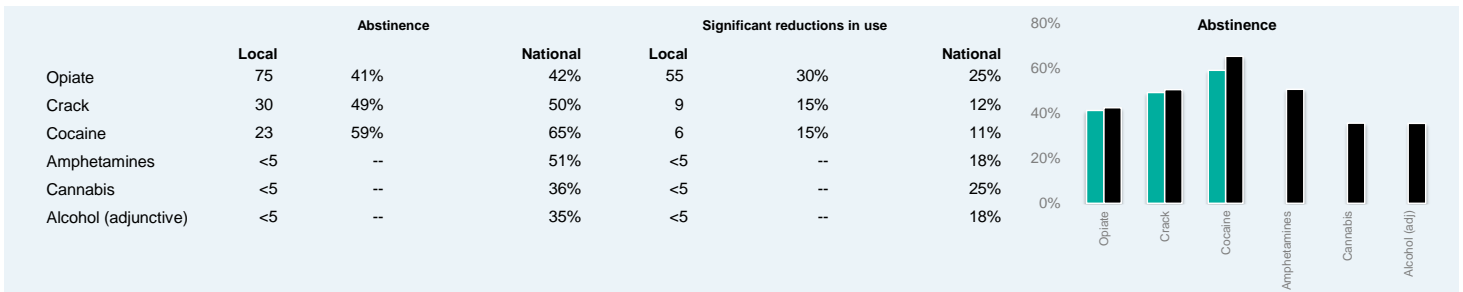
The first data item below shows self-reported housing status of adults when they started in your treatment services. The second, the overall number of homelessness decisions made in your area (unavailable for drug users only), to give a sense of housing need in your area. A safe, stable home environment enables people to sustain their recovery; insecure housing or homelessness threatens it. Addiction and homelessness do not exist in isolation. People experiencing both are likely to have a range of needs cutting across health and social care, substance use and criminal justice. The Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) can be used to identify and commission across these interdependencies. 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 and those at risk of homelessness.



IN TREATMENT OUTCOMES

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. 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 that continue to use.



Injecting use, housing need and employment	Local		Gender split (M/F)		National		Gender split (M/F)	
	n	%	M	F	n	%	M	F
Adults no longer injecting at review	35	42%	42%	41%	4,913	57%	57%	55%
Adults successfully completing treatment no longer reporting a housing need	35	85%	89%	77%	4,605	88%	88%	88%
Adults working ten or more days in the month before successfully completing treatment	58	32%	39%	14%	7,028	27%	31%	16%

Please note that all data is displayed here, regardless of TOP compliance in the local area

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. The drug strategy asks local areas to increase the number of people successfully leaving treatment having overcome dependence. 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.

Also below is the proportion of adults who have been in treatment for more than two years – the data tells us that the likelihood of clients completing treatment and not re-presenting decreases the longer they remain in treatment over 2 years.

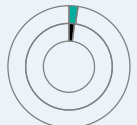
		Local	Gender split (M/F)	National	Gender split (M/F)	
Successful completions as a proportion of total number in treatment	Opiate	7%	6% / 9%	8%	8% / 9%	
	Non opiate	69%	74% / 52%	41%	42% / 40%	
	All	18%	20% / 15%	15%	15% / 15%	
Proportion who successfully completed treatment and did not return within 6 months	Opiate	81%	80% / 83%	81%	80% / 85%	
	Non opiate	96%	98% / 89%	95%	95% / 95%	
	All	91%	92% / 86%	89%	88% / 90%	
Growth in successful completions since 2012-13	Opiate	-24%	Gender split not available in 2012-2013	-7%	Gender split not available in 2012-2013	
	Non opiate	15%		7%		
	All	-2%		0%		
Proportion of adults in treatment for two years or more	Opiate	55%	52% / 61%	53%	52% / 58%	
	Non opiate	2%	1% / 4%	4%	4% / 6%	
	All	45%	42% / 53%	43%	41% / 48%	

RESIDENTIAL REHABILITATION

Local ● National ●

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 with 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.

	Local	Proportion of treatment population	National	Proportion of treatment population
Number of adults who attended residential rehabilitation	32	2%	3,970	2%

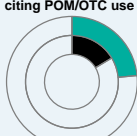


PRESCRIPTION ONLY MEDICINE/OVER THE COUNTER MEDICINE (POM/OTC)

Local ● National ●

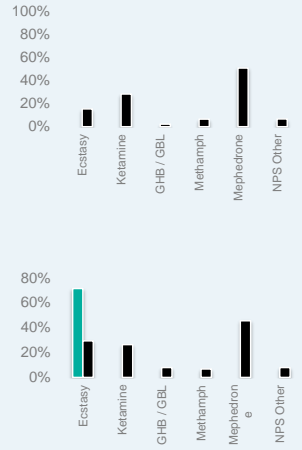
People in treatment for prescription-only medicines (POM) or over the counter medicines (OTC), and drug users who have a problem with these as well as illicit drugs are presented below. Health and public health commissioners will want to understand local need in relation to misuse of and dependence on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

		Local	Proportion of treatment population	National	Proportion of treatment population
Number of adults citing POM/OTC use	Illicit use	255	19%	26,563	14%
	No illicit use	58	4%	5,171	3%
	Total	313	23%	31,734	16%



The data below covers the main ‘club’ drugs reported by new treatment entrants who are also using opiates (first table) or using club drugs and 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. From April 2013 NDTMS collected information on additional new psychoactive substances, and will report these next year.

		Local	Proportion ¹	National	Proportion ¹
Number of adults new to treatment citing club drug use and opiate use	Ecstasy	0	0%	84	15%
	Ketamine	0	0%	154	28%
	GHB/GBL	0	0%	12	2%
	Methamphetamine	0	0%	36	7%
	Mephedrone	<5	--	277	51%
	NPS Other	0	0%	37	7%
	Any club drug use ²	<5	--	545	1%
Number of adults new to treatment citing club drug use (no additional opiate use)	Ecstasy	10	71%	880	29%
	Ketamine	<5	--	790	26%
	GHB/GBL	0	0%	237	8%
	Methamphetamine	0	0%	204	7%
	Mephedrone	<5	--	1,364	45%
	NPS Other	<5	--	238	8%
	Any club drug use ²	14	7%	2,998	11%



¹ 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%.
² Any club drug use is a percentage of all new treatment entrants.

BLOOD-BORNE VIRUSES AND DRUG-RELATED DEATHS

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 share injecting equipment can spread blood-borne viruses. Providing methadone and sterile injecting equipment protects them and communities, and provides long-term health savings. Although local drug-related death data is not provided, understanding and preventing deaths is an important measure of how well your recovery-orientated drug treatment system is protecting people while increasing ambition.

	Local	Proportion of eligible clients	National	Proportion of eligible clients
Adults new to treatment eligible for a HBV vaccination who accepted one	65	45%	20,803	43%
Of those:				
the proportion who started a course of vaccination	45	69%	5,384	26%
the proportion who completed a course of vaccination	17	26%	6,668	32%
Previous or current injectors eligible for a HCV test who received one	612	95%	79,001	80%

SAFEGUARDING

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 (60,949 people) has a child living with them at least some of the time.

	Local	Proportion of treatment population	Gender split (M/F)	National	Proportion of treatment population	Gender split (M/F)
Living with children (own or other)	304	23%	17% / 36%	60,949	32%	27% / 45%
Parents not living with children	502	38%	39% / 33%	46,230	24%	25% / 21%
Not a parent/no child contact	528	40%	43% / 31%	82,365	43%	46% / 32%
Incomplete data	-	0%	0% / 0%	3,716	2%	2% / 2%

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.

Primary and secondary care data

Estimates of the prevalence of opiate use and/or

Provides estimates of the prevalence of opiate and/or crack cocaine use at the regional and national level in England for 2011/12.

<http://www.nta.nhs.uk/uploads/estimates-of-the-prevalence-of-opiate-use-and-or-crack-cocaine-use-2011-12.pdf>

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/tables-for-drug-misuse-findings-from-the-2013-to-2014-csew>

Deaths related to drug poisoning in England and Wales, 2013

National Statistics on deaths related to drug poisoning (both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales for the last five years (2009 to 2013).

<http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/england-and-wales---2013/stb---deaths-related-to-drug-poisoning-in-england-and-wales--2013.html>

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: 2013 to 2014 individual local authority data

Contains budget estimates of local authority revenue expenditure and financing for the financial year April 2013 to March 2014.

<https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2013-to-2014-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/Reports.aspx#>

Wider Public Health Data

Public Health Outcomes Framework (PHOF)

A collection of outcomes indicators covering the full spectrum of public health. The drugs PHOF indicators (2.15i and 2.15ii) 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#qid/1000042/pat/6/ati/102/page/0/par/E12000004/are/E06000015>

RESTRICTED STATISTICS

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 27th November 2014 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 Jonathan Knight, via 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 the JSNA after 27th November 2014 you must restrict all figures under 5 and any associated figures to prevent deductive disclosure.

The restricted status of this data will be lifted after the release of the Adult Drug Annual Report on 27th November 2014.