



Public Health  
England

Protecting and improving the nation's health

# Adults - drugs JSNA support pack: key data

Key data to support planning for effective drugs prevention, treatment and recovery in 2017-18

Northumberland  
(using latest available data)

## ABOUT THIS JSNA 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), the Treatment Outcomes Profile (TOP), 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.

Some of the data presented below is split by gender to assist local areas in considering and meeting women's needs. 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. They are more likely to be carers of children.

## VALUE FOR MONEY

Later this year, we will be publishing an updated Commissioning Tool containing data from 2015-16. The Tool will comprise an improved Cost Calculator and Cost Effectiveness Analysis (CEA) to support areas in estimating local spend on treatment interventions and cost-effectiveness. For the first time, the Tool will include alcohol and drugs prevalence data and a scenario planning function. Local Authorities are encouraged to use the Commissioning Tool to consider how well they are meeting need, to help improve cost effectiveness and to plan service provision going forward.

The Value for Money Team will also be releasing the 2015-16 Social Return on Investment (SROI) Tool. Focusing on SROI can help local authorities make informed decisions about how to spend their money effectively on services that improve lives, opportunities, health and wellbeing. SROI analysis is also in keeping with The Public Services (Social Value) Act 2012, which recommends that all public bodies, including local authorities, consider how their commissioning decisions benefit society. The SROI Tool will contain information on the impact of treatment on offending, health and quality of life to help local authorities make the case for treatment locally.

## 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).



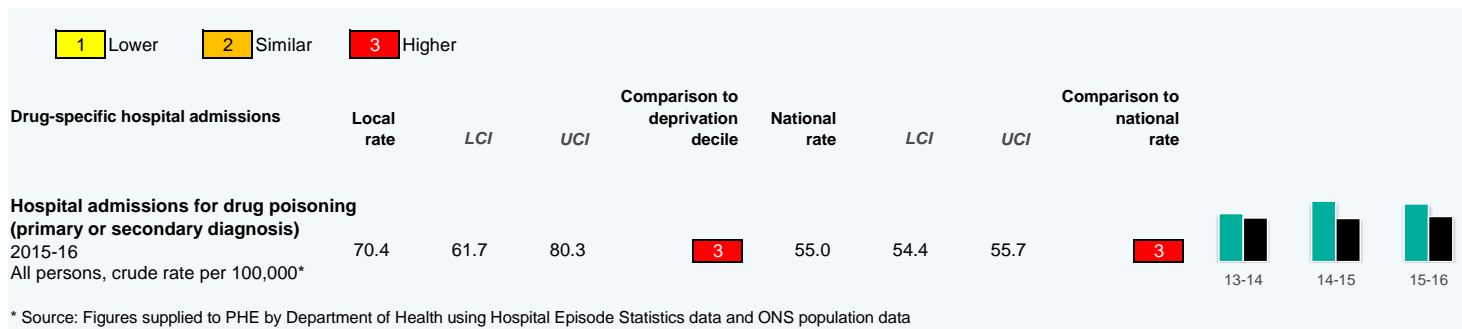
## HOSPITAL ADMISSIONS DUE TO DRUG POISONING

Local ● National ●

As well as being a key issue to be addressed in themselves, individual poisoning admissions can be an indicator of future deaths. Evidence shows that people who experience non-fatal overdoses are more likely to experience a future fatal overdose. Drug treatment services should be actively assessing and managing overdose (including suicide) risks. Providing naloxone can help prevent an opioid overdose from becoming a fatal overdose.

It should be noted that this indicator includes poisonings by 'other opioids', which may include poisonings by non-illicit or prescribed opioids.

Rates of hospital admission due to drugs correlate strongly with area deprivation. It is therefore useful to compare the local rate to other local authorities which experience similar levels of deprivation as well as to the national rate. For this comparison, local authorities are grouped into deciles (ten evenly sized groups) by deprivation. Northumberland is in the fifth least deprived decile among local authorities.



## 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

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

The NDTMS data presented in this pack covers the period 1 April 2015 to 31 March 2016 unless otherwise stated. Percentages are rounded and may not sum to 100%. In addition, proportions based on low numbers may also appear as 0%.

### Key factors influencing your treatment outcomes 2015-16 compared to 2014-15

	Successful completions	Waiting times under 3 weeks	Non re-presentations
Opiate	▼ Down 1%	▲ Up 3%	▲ Up 3%
Non-opiate	▲ Up 9%	▲ Up 3%	▼ Down 2%
Non-opiate and alcohol	▲ Up 11%	▲ Up 3%	▼ Down 6%
All	▲ Up 1%	▲ Up 3%	◀ No Change

### Overall activity in 2015-16 compared to 2014-15

Numbers in treatment	New presentations to treatment
844 ▲ Up 1%	207 ▲ Up 7%
133 ▲ Up 2%	76 ▼ Down 7%
126 ▼ Down 9%	58 ▼ Down 38%
1,103 ▼ Down 0%	341 ▼ Down 8%

## 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.



## TREATMENT ENGAGEMENT

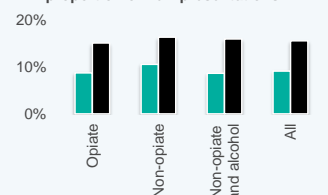
Local ● National ●

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 2015-16 who left treatment in an unplanned way before 12 weeks, commonly referred to as early drop outs.

### Early unplanned exits in 2015-16

	Local	Proportion of new presentations	Proportion by gender		National	Proportion of new presentations	Proportion by gender	
	n		M	F	n		M	F
Opiate	18	9%	8%	11%	6,537	15%	15%	14%
Non-opiate	8	11%	9%	17%	2,940	16%	17%	13%
Non-opiate and alcohol	5	9%	10%	0%	2,994	16%	17%	14%
All	31	9%	8%	11%	12,471	16%	16%	14%

### Early unplanned exits as a proportion of new presentations



## ROUTES INTO TREATMENT

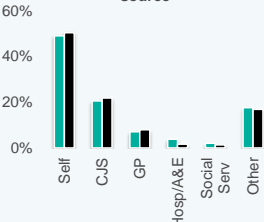
Local ● National ●

The table below shows the routes into drug treatment in 2015-16. 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	Proportion of referrals	Proportion by gender		National	Proportion of referrals	Proportion by gender	
	n		M	F	n		M	F
Self-referral	167	49%	50%	45%	40,229	50%	50%	52%
Referred through CJS	70	21%	24%	11%	17,421	22%	25%	13%
Referred by GP	24	7%	6%	10%	6,361	8%	8%	9%
Hospital/A&E	13	4%	3%	6%	1,303	2%	2%	2%
Social services	7	2%	1%	5%	1,067	1%	1%	3%
All other referral sources	60	18%	16%	23%	13,486	17%	16%	20%

### Proportion of referrals by source



\* Individuals with a missing referral source are not counted.

## SAFEGUARDING

The data below show the number of drug users who entered treatment in 2015-16 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 female clients entering treatment in 2015-16 is presented.

	Local		Proportion of new presentations		Proportion by gender		National	Proportion of new presentations		Proportion by gender	
	n		M	F	n			M	F		
Living with children (own or other)	51	15%	12%	26%	15,292	19%	16%	29%			
Parents not living with children	139	41%	41%	40%	26,405	33%	33%	32%			
Not a parent/no child contact	151	44%	47%	34%	37,764	47%	50%	38%			
Incomplete data	0	0%	0%	0%	897	1%	1%	1%			

	Local		Proportion of children by client gender		National	Proportion of children by client gender	
	n		M	F		n	M
Number of children living with drug users entering treatment in 2015-16	84		62%	38%	28,399	63%	37%

	Local		Proportion of new female presentations		National	Proportion of new female presentations	
	n					n	
New female presentations who were pregnant	5	6%			783	4%	
Incomplete data	0	0%			1,123	6%	

## 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				M	F
	n	%	n	%	n	%	n	%		
Community	809	100%	1,099	100%	686	100%	1,103	100%	100%	100%
Inpatient unit	4	0%	1	0%	1	0%	4	0%	0%	0%
Primary care	2	0%	0	0%	0	0%	2	0%	0%	0%
Residential	0	0%	1	0%	0	0%	1	0%	0%	0%
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	0	0%	0	0%	0	0%	0	0%	0%	0%
<b>Total individuals*</b>	<b>809</b>		<b>1,099</b>		<b>687</b>		<b>1,103</b>			

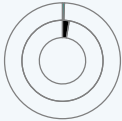
	n	Proportion of pharmacological interventions
Number and % of individuals who were in treatment for the entire year and had only pharmacological interventions	1	0%
Of which, the number who received maintenance only interventions	1	0%

\* 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

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 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.

	Local		Numerical split by gender		National	Proportion of treatment population		Proportion of treatment population who attended residential rehabilitation
	n	Proportion of treatment population	M	F		n	Proportion of treatment population	
Number of adults who attended residential rehabilitation	6	1%	5	1	5,441	3%		

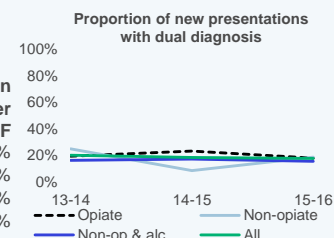
## CO-EXISTING SUBSTANCE MISUSE AND MENTAL HEALTH ISSUES

Local ● National ●

The data below shows the number of drug users who entered treatment in 2015-16 and received care from a mental health service for reasons other than substance misuse. It is included to help you to understand the prevalence of co-occurring mental health conditions among your drug using population, and should be considered alongside other relevant data sources. Please note that data completeness for this item is variable, with variation across partnerships in how this field is defined in practice.

### Adults who entered treatment in 2015-16 and received care from a mental health service for reasons other than substance misuse

	Local		Proportion of new presentations*		National		Proportion of new presentations*		Proportion by gender	
	n	Proportion of new presentations*	M	F	n	Proportion of new presentations*	M	F	M	F
Opiate	37	18%	18%	17%	8,223	20%	18%	24%	24%	24%
Non-opiate	14	19%	19%	17%	4,109	24%	22%	31%	22%	31%
Non-opiate and alcohol	9	16%	15%	20%	4,610	26%	23%	35%	23%	35%
All	60	18%	18%	17%	16,942	22%	20%	28%	20%	28%



\* The proportion of new presentations does not include those clients with a missing/incomplete dual diagnosis status. There were 1 clients locally with a missing/incomplete status.

## 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		Numerical split by gender		National		Proportion of treatment population citing POM/OTC use	
	n	Proportion of treatment population	M	F	n	Proportion of treatment population	Proportion of treatment population citing POM/OTC use	
Number of adults citing POM/OTC use:								
Illicit use	384	35%	275	109	24,798	12%		
No illicit use	65	6%	41	24	6,621	3%		
Total	449	41%	316	133	31,419	15%		

## 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%	86	8%		
	Ketamine	0	0%	88	9%		
	GHB/GBL	0	0%	15	1%		
	Methamphetamine	0	0%	32	3%		
	Mephedrone	0	0%	274	27%		
	NPS other	0	0%	546	54%		
	Predominantly cannabinoid	0	0%	308	30%		
	Predominantly stimulant	0	0%	76	7%		
	Predominantly sedative/opioid	0	0%	33	3%		
	Predominantly hallucinogenic	0	0%	21	2%		
	Predominantly dissociative	0	0%	5	0%		
Other	0	0%	110	11%			
Any club drug use**	0	0%	1,015	2%			
Adults new to treatment citing club drug use (no additional opiate use)	Ecstasy	4	27%	1,232	27%		
	Ketamine	0	0%	462	10%		
	GHB/GBL	0	0%	374	8%		
	Methamphetamine	0	0%	293	6%		
	Mephedrone	7	47%	1,373	30%		
	NPS other	5	33%	1,496	33%		
	Predominantly cannabinoid	0	0%	716	16%		
	Predominantly stimulant	1	7%	338	7%		
	Predominantly sedative/opioid	0	0%	61	1%		
	Predominantly hallucinogenic	0	0%	62	1%		
	Predominantly dissociative	0	0%	22	0%		
Other	4	27%	341	8%			
Any club drug use**	15	11%	4,522	12%			

\* 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.

## BLOOD-BORNE VIRUSES

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 opioid substitution therapy (OST) and sterile injecting equipment and antiviral treatments protects them and communities, and provides long-term health savings.

	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 2015-16 eligible for a HBV vaccination who accepted one	101	40%	38%	46%	21,398	39%	39%	41%
Of those:								
the proportion who started a course of vaccination	18	18%	19%	14%	4,062	19%	19%	19%
the proportion who completed a course of vaccination	20	20%	21%	17%	4,788	22%	23%	21%
Previous or current injectors in treatment in 2015-16 eligible for a HCV test who received one	387	72%	72%	73%	79,531	83%	82%	84%

## EMPLOYMENT

Local ● National ●

The data below shows self-reported employment status at the start of treatment in 2015-16 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 Programme (and its successor during 2017, the Work and Health Programme) providers.

Employment status at the start of treatment	Local	Proportion of new presentations	National		Proportion of new presentations	Employment status at the start of treatment by proportion									
	n		n	n		n	Employed	Unemployed	Unpaid voluntary work	Long term sick	Education	Other	Not stated / Missing		
Regular employment	41	12%	16,152	20%											
Unemployed/Economically inactive	213	62%	34,295	43%											
Unpaid voluntary work	0	0%	206	0%											
Long term sick or disabled	80	23%	20,962	26%											
In education	4	1%	1,158	1%											
Other	1	0%	2,427	3%											
Not stated/Missing	2	1%	5,158	6%											

Employment outcomes	Local				National				Unplanned exit			
	Start	Review	Start	Planned exit	Start	Planned exit	Start	Unplanned exit	Start	Review	Start	Planned exit
<b>Local</b>	n	%	n	%	n	%	n	%	n	%	n	%
Irregular work (1-7 days)	3	1%	2	1%	0	0%	2	2%	1	5%	1	5%
Part-time work (8-15 days)	2	1%	10	4%	3	3%	3	3%	1	5%	0	0%
Full time work (16+ days)	30	11%	30	11%	23	23%	23	23%	1	5%	2	9%
Not working	245	88%	238	85%	74	74%	72	72%	19	86%	19	86%
<b>National</b>	n	%	n	%	n	%	n	%	n	%	n	%
Irregular work (1-7 days)	1,794	2%	1,792	2%	1,008	2%	894	2%	150	1%	112	1%
Part-time work (8-15 days)	3,980	4%	4,034	4%	2,482	5%	2,282	5%	298	3%	212	2%
Full time work (16+ days)	17,236	16%	19,664	18%	10,856	22%	13,172	27%	1,170	11%	1,240	12%
Not working	84,268	79%	81,788	76%	35,032	71%	33,030	67%	8,614	84%	8,668	85%

## 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), 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	Accommodation status at the start of treatment by proportion			
	n		M	F	n		Urgent problem	Housing problem	No housing problem	Other / Not stated / Missing
Urgent problem (NFA)	24	7%	6%	10%	7,380	9%				
Housing problem	30	9%	10%	6%	10,897	14%				
No housing problem	286	84%	84%	84%	59,086	74%				
Other	1	0%	0%	0%	1,636	2%				
Not stated/Missing	0	0%	0%	0%	1,359	2%				
	<b>Local</b>	<b>Rate per 1,000 households</b>			<b>National</b>	<b>Rate per 1,000 households</b>				
Overall number of decisions taken by the local authority on homelessness applications*	n				n					
	359	2.54			114,790	5.00				

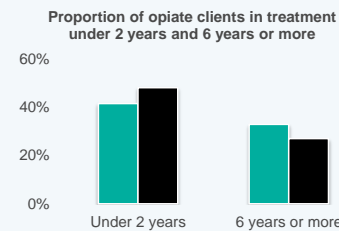
\* Source - <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

## 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) 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.

	Local	Proportion by gender		National
	%	M	F	%
Proportion of opiate clients in treatment under two years	42%	43%	37%	48%
Proportion of opiate clients in treatment for six years or more	33%	32%	34%	27%
Proportion of non-opiate clients in treatment for two years or more:				
- Non-opiate	4%	3%	7%	3%
- Non-opiate and alcohol	8%	7%	13%	4%



## 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, 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 who continue to use.

Six month review outcomes	Local	Abstinence				National	Local	Significant reductions in use				National
		Proportion	Proportion by gender		%			Proportion	Proportion by gender		%	
			M	F					M	F		
	n					n						
Opiate	77	63%	62%	68%	39%	20	16%	18%	13%	25%		
Crack	6	86%	83%	100%	45%	0	0%	0%	0%	13%		
Cocaine	20	77%	83%	63%	67%	4	15%	11%	25%	9%		
Amphetamines	17	77%	86%	63%	61%	1	5%	7%	0%	6%		
Cannabis	43	52%	52%	50%	46%	6	7%	9%	0%	13%		
Alcohol (adjunctive)	20	29%	27%	35%	31%	13	19%	20%	18%	16%		

### Injecting use and housing need

	Local	Proportion	Proportion by gender		National	Proportion	Proportion by gender	
	n		M	F	n		M	F
Adults no longer injecting at six month review	42	74%	72%	82%	4,270	55%	56%	54%
Adults successfully completing treatment no longer reporting a housing need	6	86%	100%	50%	2,713	86%	86%	86%

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

## 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 2013-14 to 2015-16
		%	M	F	%	
Successful completions as a proportion of total number in treatment	Opiate	4.7%	4.3%	6.0%	7.0%	
	Non-opiate	29.3%	30.8%	24.1%	40.8%	
	Non-opiate and alcohol	24.6%	22.5%	33.3%	35.3%	
	All	10.0%	9.9%	10.1%	15.2%	
Proportion who successfully completed treatment and did not return within 6 months*	Opiate	88.7%	88.9%	88.2%	81.6%	
	Non-opiate	90.6%	89.3%	100.0%	94.7%	
	Non-opiate and alcohol	88.2%	85.2%	100.0%	92.0%	
	All	89.1%	87.9%	92.9%	89.1%	

\* Re-representation data is based on successful completions between 1 January 2015 and 31 December 2015 with a re-representation period up to 30 June 2016, presented as a proportion of successful completions.

## 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.

### Alcohol and Drugs 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/ValueForMoney.aspx>

### Social Return on Investment (SROI) tool

*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/ValueForMoney.aspx>

### Estimates of the prevalence of opiate use and/or crack cocaine use, 2011/12

*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/drug-misuse-findings-from-the-2015-to-2016-csew>

### Deaths Related to Drug Poisoning in England and Wales: 2015 registrations

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

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

### 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: 2016 to 2017 individual local authority data

*Contains budget estimates of local authority revenue expenditure and financing for the financial year April 2016 to March 2017.*

<https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2016-to-2017-budget>

### 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 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#qid/1000042/pat/6/atit/102/page/0/par/E12000004/are/E06000015>

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## 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 late October 2016 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 JSNA 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 JSNA disclosure control document entitled "How to apply disclosure control (JSNA)" available on the NDTMS.Net Report Viewer.

<https://www.ndtms.net/phereportviewer.aspx>

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

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

The restricted status of this data will be lifted after the release of the annual report planned for late October 2016.

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