

## Needs Assessment

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# 1 Executive summary

- (i) Misuse of drugs and/or alcohol can have significant health implications, impacting on both the individual and the wider community. This health needs assessment covers two key areas: substance misuse and alcohol misuse. For most indicators, Rotherham is currently performing worse than the national average and/or their CIPFA “nearest neighbours” model which compares neighbouring local authorities. It should, however, be noted that some data is several years out of date and therefore may not accurately represent a ‘true picture’ of what is happening in Rotherham at present. The more recent impact of the COVID-19 pandemic is likely to be significant and this has been considered throughout the document.
- (ii) Key points:
- 31.1% of adults in Rotherham drink over 14 units of alcohol per week (2015-18 data)
  - It is estimated there are 1,946 opiate and/or crack cocaine users in Rotherham (2016/17)
  - There is a high unmet need for services, particularly alcohol misuse (estimates for 2018/19 at 82% based on 2014 data)
  - Successful completion of non-opiate drug treatment was 22% in 2020/21, compared to a national average of 33%. Successful completion of opiate drug treatment was 2% in 2020/21 compared to a national average of 5%.
  - The majority of service users also have a mental health need (76% for drug dependence, and 71% for alcohol in 2020/21)
  - 85% of Rotherham drug service users and 42% for alcohol report smoking, but only 1% engage in smoking cessation services for both (2020/21)
  - The majority of service users were not in employment at the time of presentation (81% of those with drug dependence and 66% of those for alcohol were not in employment in 2020/21)
  - Many children or young people in treatment have experience of one or more adverse childhood experiences

## 1.1 Key recommendations from the HNA

1. Alcohol is an issue in Rotherham both for uptake, treatment and education/prevention. There needs to be a review of the alcohol pathway for all ages and with prevention at the core.
2. Non Opiate drug treatment within Rotherham had less than half the successful completions of treatment in 2019 compared to the England average, ranking the lowest of all CIPFA nearest neighbours. Until 2016, Rotherham was performing better or similar to the England average but since then there has been a consistent decline in successful completions of treatment. This will need to be one of the priorities going forward.
3. Smoking within the current service users is particularly high but smoking cessation is not taken up which may be for valid reasons depending on the priority of the individual in treatment and coping with their care plan. However, this will need to be explored further to understand the cohort needs for smoking cessation.
4. The majority of service users also have mental health needs. This will need to be addressed regarding dual diagnosis and what this pathway looks like now and how it can be improved in the future. Consideration also be given to commissioning substance misuse services to treat some mental health co-morbidities without referring people on to specialist mental health

services. Need to be clear of the pathways into related services (e.g. child and adult mental health services, domestic abuse services).

5. The majority of service users were not in employment so a better relationship with the DWP and Jobcentre Plus would be supported by equipping staff to reach out into the community and work more intensively with those with complex needs, including working in drug and alcohol treatment services with people with addictions.
6. For those young people who experience adverse childhood experiences to look to invest in age-appropriate evidence-based services and support all young people to build resilience and to avoid substance misuse. To identify and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply.
7. National evidence suggests a need for more harm reduction advice particularly targeting those in the 55-64 year old age group, and those from more affluent backgrounds, who may not identify as having a 'problem' with alcohol, or be aware of the cumulative harm of regular consumption over the recommended limits.
8. Nationally there is a need for further data collection/analysis with regards to alcohol consumption in pregnancy to gain a better understanding of its prevalence and what can be done to reduce risks to the unborn child and for further work to understand the local evidence of alcohol and drug use within this cohort of women and families.
9. Promote the use of AUDIT-C questionnaire across a wider range of primary care/community services locations, including those reaching older adults and to support professionals with education/information and training on brief interventions for alcohol and substance misuse interventions.
10. Continue to address the wider determinants of health and inequalities which contribute to the higher rates of mortality seen in deprived areas, for example, collaborative working with R&E on licensing and alcohol related road traffic accidents within the borough.
11. A co-ordinated borough wide approach to alcohol prevention and intervention is needed for the health and wellbeing of the population.

## **1.2 Introduction to the Health Needs Assessment**

- (i) A health needs assessment is a systematic method of identifying the unmet health and health care needs of a population and making changes to meet those needs. The purpose of this Health Needs Assessment (HNA) is to outline the current service provision and any gaps within this current provision to inform the upcoming recommissioning of the Drugs and Alcohol services for Rotherham. It will therefore help RMBC with the needs analysis to better provide a service fit for purpose and reflecting the needs of the local population. It will also inform the market with the needs that Rotherham have and therefore the tender application.

### 1.2.1 Methodology

- (ii) The HNA uses existing data sources nationally firstly, data on the impact on health of alcohol from PHE Fingertips data on the Local Alcohol Profiles for England (LAPE) and secondly, the Need and Treatment data from the National Drug Treatment Monitoring System (NDTMS).

### 1.3 About Rotherham

- (i) Rotherham is located in Yorkshire and Humber in the north of England. The total population of Rotherham is 262,214 (2017) of which 56,593 are under the age of 18 years (22% of the population). The age profile is similar to that of England. Deprivation in Rotherham is amongst the highest 20% in England. Rotherham is a relatively deprived local authority, ranking 44th of 317 local authorities according to the 2019 Index of Multiple Deprivation score (a slight relative increase from 52nd in 2017). Deprivation is linked to a wide variety of poor health outcomes. As such, Rotherham often fares significantly worse than the national average when considering markers of 'good health' throughout this document. Comparisons have also been made with statistical 'nearest neighbours' to compare how well Rotherham is doing relatively to similar local authorities.
- (ii) The link below provides information regarding the population age range of Rotherham (Local Authority Health Profiles - Data – PHE)

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/12/gid/1938132696/pat/6/par/E12000003/ati/201/are/E08000018/id/90366/age/1/sex/1/cid/4/tbm/1>

## 2 Drugs – Introduction

- (i) This section provides key indicators and recovery outcomes information about Rotherham's 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.
- (ii) Using NDTMS data for the period **1 April 2020 to 31 March 2021** and latest available data from other data sources

### 2.1 Impact of COVID-19 on drug treatment

- (i) Like other services, drug treatment services were affected by the need to protect their staff and service users in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. For example, most patients whose opioid substitution prescriptions prior to the pandemic included a requirement for their consumption of this medication to be supervised were transferred to take home doses from March 2020. Fewer service users were able to access inpatient detoxification for drugs. Beyond drug treatment itself, testing and treatment for blood-borne viruses were also greatly reduced. These and other changes to service provision will have had impacted on many of the indicators included in this report.

- (ii) It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to an increase in the number of service users who died while in treatment during 2020/21.

### 3 Drug-related deaths

- (i) 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 continued very high numbers of such deaths. Concern about this led drug misuse deaths to be included in the Public Health Outcomes Framework (PHOF C19d).

Drug related deaths	Drug misuse deaths 2018-2020	Local DSR per 100,000*	LCL	UCL
Drug misuse deaths 2018-2020	46	6.4	4.7	8.6

Note:

\*DSR = Directly age-standardised rate: All persons - DSR per 100,000. Rates are not published for areas experiencing fewer than 10 drug misuse deaths in a three year period.

LCL = 95% Lower confidence limit

UCL = 95% Upper confidence limit

Figure 1 Drug related deaths for Rotherham in 2018-20.

### 4 Hospital admissions due to drug poisoning

- (i) 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'.

Hospital admissions*	Number of admissions	Local rate	LCL	UCL	Number of admissions	National rate	LCL	UCL
Hospital admissions for drug poisoning**	162	61.14	52.08	71.31	28,398	50.22	49.63	50.8

Note:

\*Hospital admissions for drug poisoning(primary or secondary diagnosis): All persons, crude rate per 100,000

\*\*Hospital Episode Statistics data (Source: NHS Digital) and ONS population data, analysed by PHE

LCL = 95% Lower confidence limit

UCL = 95% Upper confidence limit

Figure 2 Drug specific hospital admissions Rotherham in 2020-21.

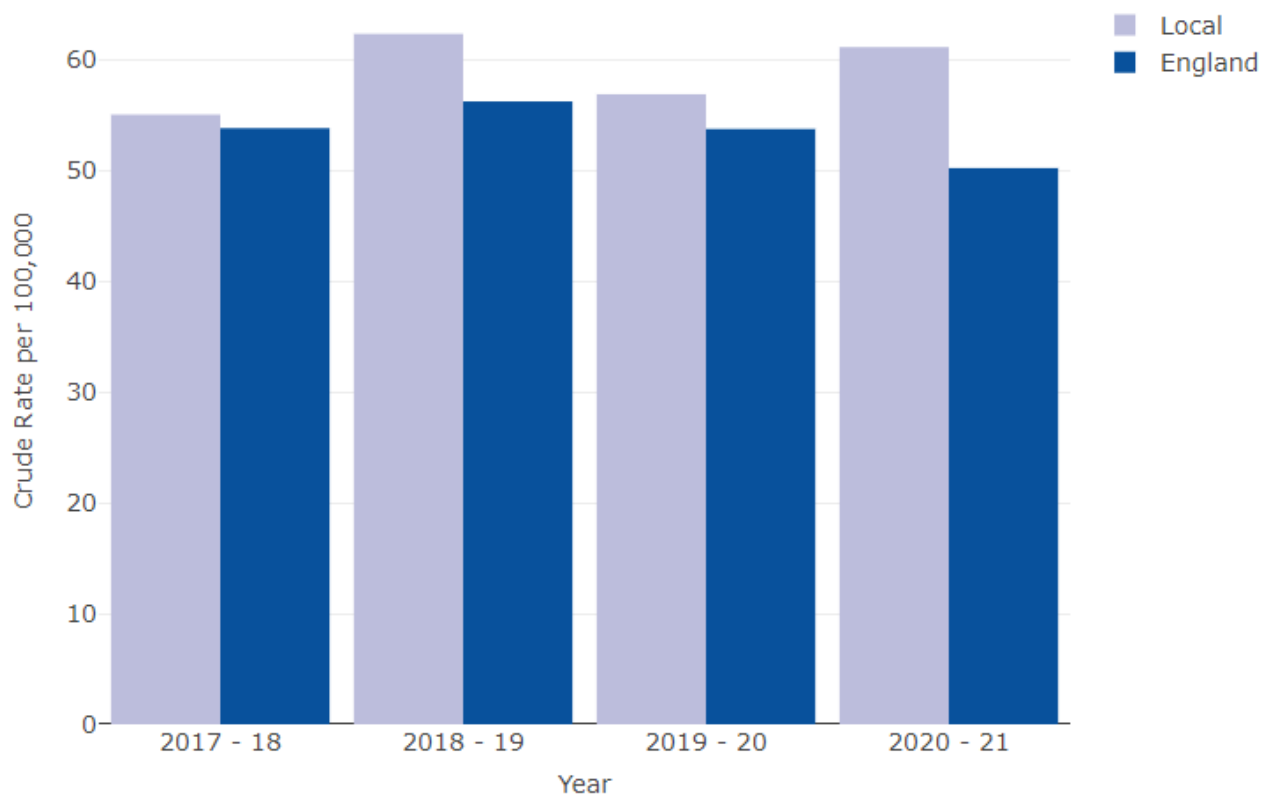


Figure 3 Hospital admissions due to drug poisoning in Rotherham and England, 2017-18 to 2020-21.

## 5 OCU prevalence estimates and rates of unmet need

- (i) Set out below are the estimated numbers of opiate and / or crack users (OCUs) in your local authority area and rates of unmet need. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.
- (ii) These prevalence estimates give an indication of the numbers of OCUs in Rotherham that are in need of specialist treatment and the rates of unmet need gives the proportion of those not currently in treatment. This data can be used to inform any subsequent plans to address unmet treatment need. Specific rates for addressing unmet need will be determined locally.



Drug groups	Local estimate	LCL	UCL	Rate per 1,000*	LCL	UCL
Crack	812	633	1,091	4.9	3.9	6.6
Opiates	1,656	1,332	1,942	8.1	10.1	11.8
OCU	1,946	1,734	2,266	11.8	10.6	13.8

Note:

\*Prevalence estimates 2016-17, rate per 1,000 of the population aged 15-64.

Figure 4 Prevalence estimates and rates per 100,000 for Rotherham in 2016-17.

Drug groups	England estimate	LCL	UCL	Rate per 1,000*	LCL	UCL
Crack	180,748	176,583	188,066	5.1	5.0	5.3
Opiates	261,294	259,018	271,403	7.3	7.4	7.7
OCU	313,971	309,242	327,196	8.9	8.7	9.2

Note:

\*Prevalence estimates 2016-17, rate per 1,000 of the population aged 15-64.

Figure 5 Prevalence estimates and rates per 100,000 for England in 2016-17.

Drug groups	Rate of unmet need*
Crack	41%
OCU	43%
Opiates	36%

Note:

\*Drug treatment numbers for 2020-21 has been used to calculate rate of unmet need.

Figure 6 Rates of unmet need of drug dependent adults for Rotherham.

Drug groups	Rate of unmet need*
Crack	58%
OCU	53%
Opiates	47%

Note:

\*Drug treatment numbers for 2020-21 has been used to calculate rate of unmet need.

Figure 7 Rates of unmet need for drug dependent adults for England.

## 6 Data from Rotherham's treatment system

- (i) 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 needs assessment covers the period 2020-21 (1 April 2020 to 31 March 2021) 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%.

## 7 Key factors influencing your treatment outcomes in 2020-21 compared to 2019-20

- (i) Data within this pack presents outcomes for adults 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, 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 C19a and C19b.

Drug group	Successful completions
Alcohol and non-opiates	↓ -9%
Non-opiates	↓ -7%
Opiates	↓ -2%
Total	↓ -3%

Figure 8 Successful completions as a proportion of total number in treatment in 2020-21 compared to 2019-20 by drug group, for Rotherham.

Drug groups	Non-representations
Alcohol and non-opiates	↑ 11%
Non-opiates	↓ -1%
Opiates	↓ -3%
Total	↑ 0%

Figure 9 Number of clients who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b) in 2020-21 compared to 2019-20, for Rotherham.

Waiting time	Waiting times under 3 weeks
Under 3 Weeks	↑ 0%

Figure 10 Waiting time for the first intervention in 2020-21 compared to 2019-20, for Rotherham.

## 8 Overall activity in 2020-21 compared to 2019-20

Drug group	Percentage difference
Alcohol and non-opiate	↑ 41.2%
Non-opiate	↑ 6.0%
Opiate	↑ 2.7%
Total	↑ 6.0%

Figure 11 Adults in drug treatment in 2020-21 compared to 2019-20 by drug group, for Rotherham.

Drug group	Percentage difference
Alcohol and non-opiates	↑ 49.2%
Non-opiates	↑ 7.8%
Opiates	↑ 2.0%
Total	↑ 10.6%

Figure 12 Adults new to drug treatment in 2020-21 compared to 2019-20 by drug group, for Rotherham.

## 9 Client profile

- (i) This section describes the characteristics of people who were in treatment in 2020-21. 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.

## 9.1 Adults in drug treatment in 2020-21

### 9.1.1 In treatment split by sex



Area	Total adults	Male (%)	Female (%)	Local trend 2009-10 to 2020-21
Local	1,367	74%	26%	
England	199,156	71%	29%	

Figure 13 Numbers and proportion of adults in drug treatment by sex for Rotherham and England, 2020-21.

### 9.1.2 In treatment split by drug group and sex





Drug Group	Local (n)	Male (%)	Female (%)	England (n)	Male (%)	Female (%)	Local trend 2009-10 to 2020-21
Alcohol and non-opiate	137	82%	18%	30,688	70%	30%	
Non-opiate	160	73%	27%	27,605	68%	32%	
Opiate	1,070	73%	27%	140,863	72%	28%	
Total	1,367	74%	26%	199,156	71%	29%	

Figure 14 Numbers and proportion of adults in drug treatment by drug groups for Rotherham and England, 2020-21.

### 9.1.3 In treatment split by age and sex

Age group	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
18-29	170	12%	11%	17%	31,920	16%	15%	20%
30-39	459	34%	31%	41%	64,332	32%	31%	36%
40-49	532	39%	42%	31%	66,667	33%	35%	30%
50-59	173	13%	14%	9%	30,388	15%	17%	12%
60-69	30	2%	3%	1%	5,322	3%	3%	2%
70-79	3	0%	0%	0%	500	0%	0%	0%
80+	0	0%	0%	0%	27	0%	0%	0%

Figure 15 Age of adults in drug treatment for Rotherham and England, 2020-21.

## 9.2 Most commonly cited substances by adults in drug treatment

Substances	Local (n)	Proportion of treatment population	England (n)	Proportion of treatment population
Alcohol	331	24%	54,651	27%
Amphetamine (other than ecstasy)	65	5%	7,569	4%
Benzodiazepines	72	5%	15,229	8%
Cannabis	350	26%	54,009	27%
Cocaine	154	11%	32,339	16%
Crack cocaine	481	35%	77,041	39%
Ecstasy	6	0%	1,297	1%
Hallucinogens	4	0%	2,382	1%
New psychoactive substances	8	1%	2,394	1%

Figure 16 Most commonly cited substance(s) of all adults in treatment for problems with all drugs for Rotherham and England, 2020-21.

## 9.3 Most commonly cited substance(s) of all adults in treatment for problems with all drugs for Rotherham and England, 2020-21.



Area	Total new presentations	Proportion of all in treatment	Male (%)	Female (%)	Local trend 2009-10 to 2020-21
Local	469	34%	35%	31%	
England	78,270	39%	39%	40%	

Figure 17 Most commonly cited substance(s) of all adults in treatment for problems with all drugs for Rotherham and England, 2020-21.

## 9.4 Most commonly cited substances by adults starting drug treatment

Substances	Local (n)	Proportion of new presentations	England (n)	Proportion of new presentations
Alcohol	135	29%	26,461	34%
Amphetamine (other than ecstasy)	20	4%	2,647	3%
Benzodiazepines	18	4%	4,321	6%
Cannabis	161	34%	27,304	35%
Cocaine	85	18%	19,209	25%
Crack cocaine	199	42%	25,853	33%
Ecstasy	4	1%	693	1%
Hallucinogens	2	0%	1,611	2%
New psychoactive substances	5	1%	1,283	2%

Figure 18 Most commonly cited substance(s) of all adults starting treatment for problems with all drugs for Rotherham and England, 2020-21.

## 9.5 Protected characteristics of adults presenting to treatment in 2020-21

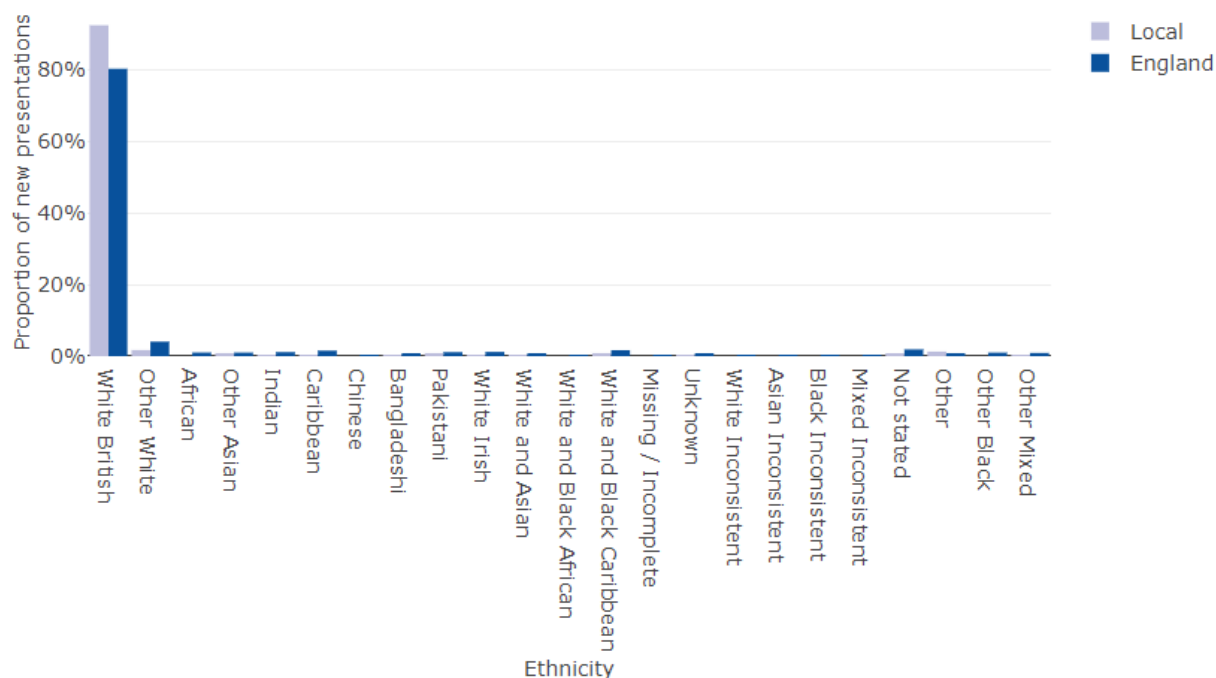


Figure 19 Proportion of adults presenting to treatment by ethnicity for Rotherham and England, 2020-21.

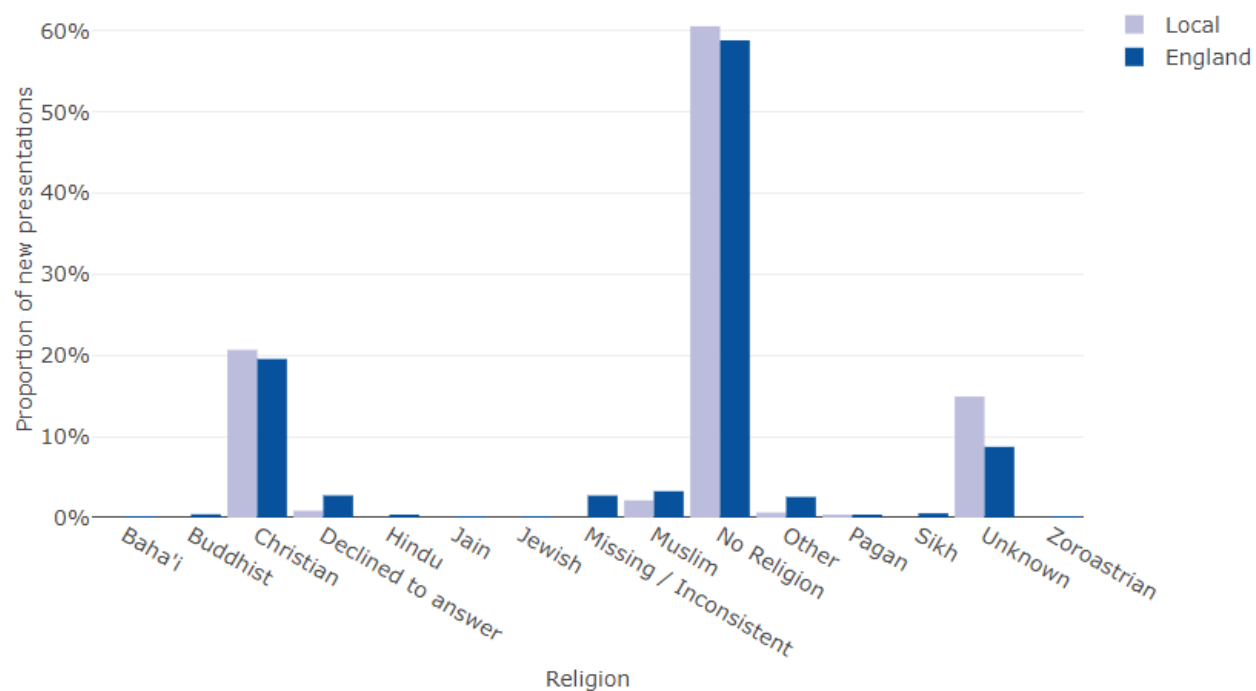


Figure 20 Proportion of adults presenting to treatment by religion for Rotherham and England, 2020-21.

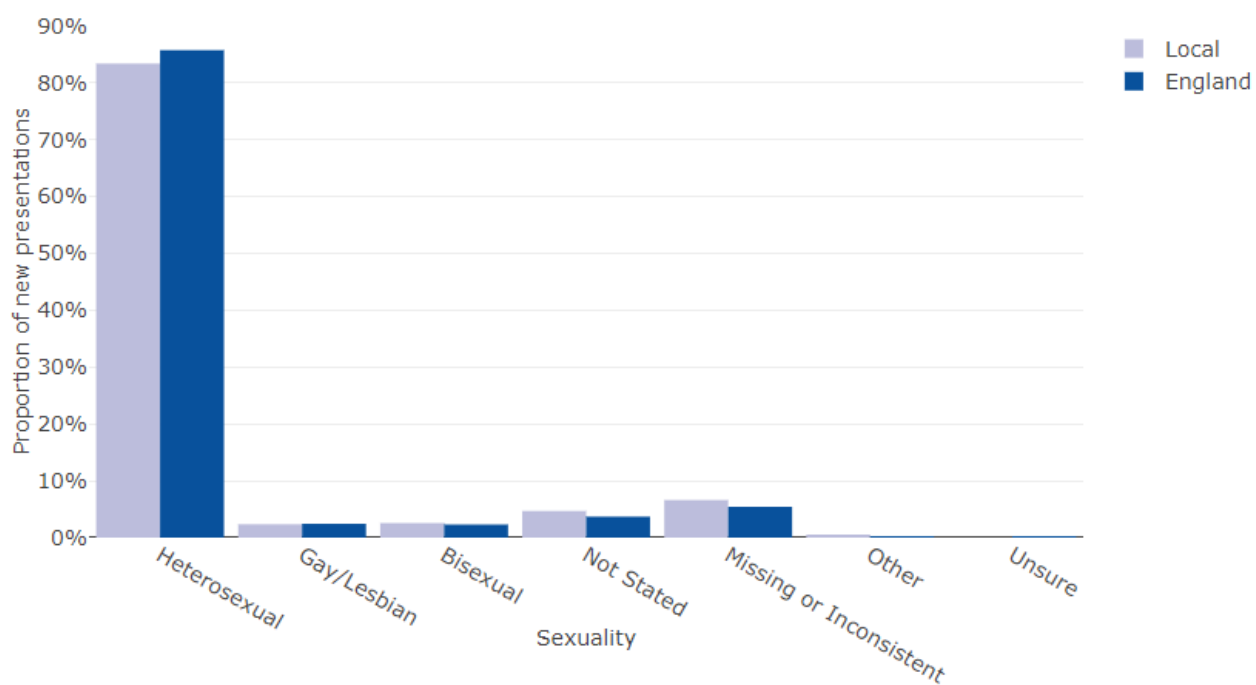


Figure 21 Proportion of adults presenting to treatment by sexuality for Rotherham and England, 2020-21.



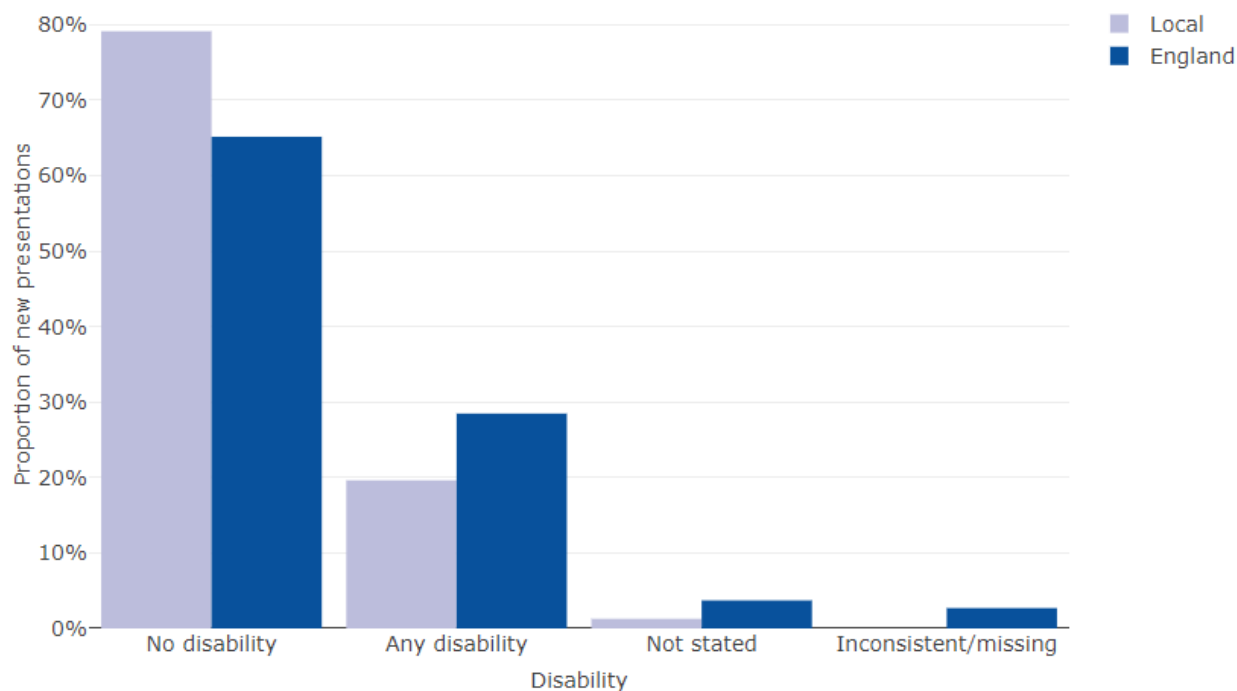


Figure 22 Proportion of adults presenting to drug treatment by disability for Rotherham and England, 2020-21.

Disability type*	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Behaviour and emotional	43	9%	9%	10%	13,309	17%	16%	20%
Hearing	2	0%	1%	0%	502	1%	1%	1%
Learning	7	1%	2%	1%	2,539	3%	3%	3%
Manual	0	0%	0%	0%	438	1%	1%	1%
Mobility and gross motor	22	5%	5%	5%	4,249	5%	5%	6%
Perception	0	0%	0%	0%	107	0%	0%	0%
Personal	1	0%	0%	1%	283	0%	0%	1%
Progressive	19	4%	3%	7%	3,047	4%	4%	5%
Sight	3	1%	1%	0%	488	1%	1%	1%
Speech	1	0%	0%	0%	121	0%	0%	0%
Other	12	3%	3%	2%	2,464	3%	3%	3%

Note:

\* Please note adults may cite multiple disabilities, numbers may sum to greater than number of adults

Figure 23 Breakdown of disability in adults presenting to drug treatment for Rotherham and England, 2020-21.

## 9.6 Waiting times

- (i) 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 to first intervention	Local		England	
	Total interventions started	Proportion of all interventions started	Total interventions started	Proportion of all interventions started
Under 3 Weeks	558	100%	98,661	99%
3 - 6 Weeks	0	0%	754	1%
Over 6 Weeks	0	0%	470	0%

Figure 24 Waiting time for the first intervention, for Rotherham and England, 2020-21.

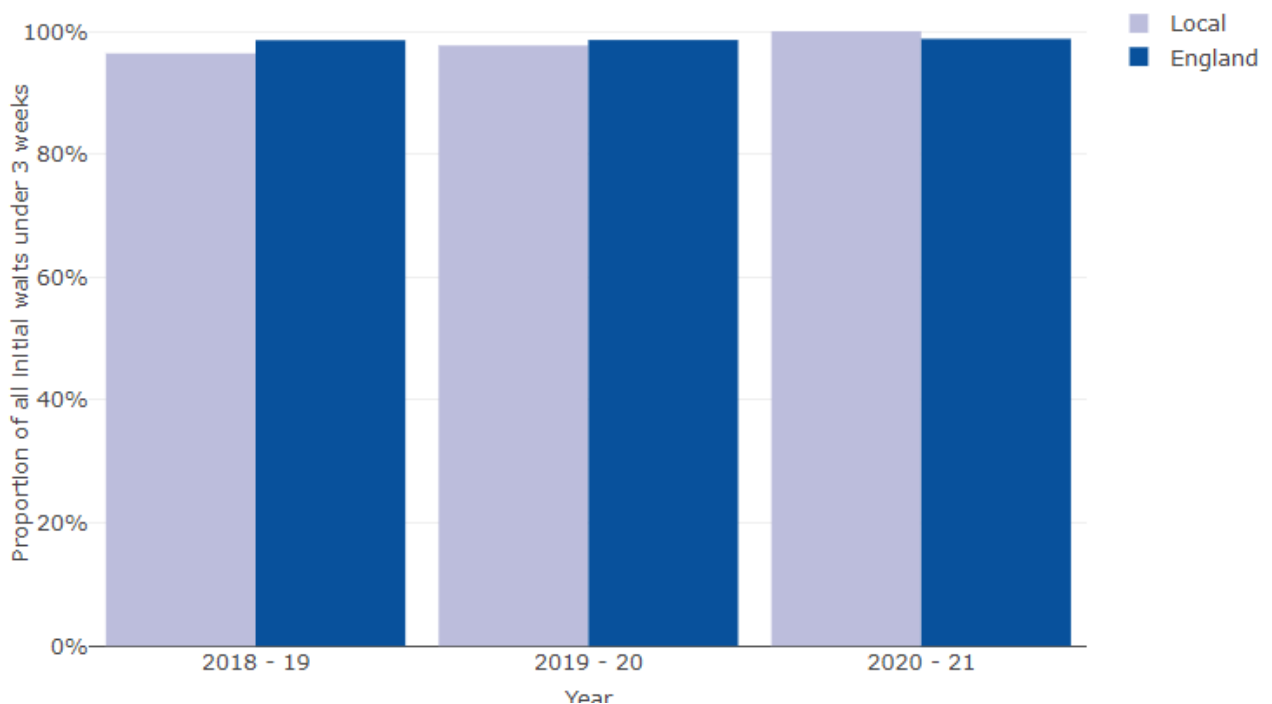


Figure 25 Proportion of all initial waits (waiting under 3 weeks) for Rotherham and England, 2018-19 to 2020-21.

## 9.7 Routes into treatment

- (i) The table below shows the routes into drug treatment in 2020-21. 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 Service.

Referral	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Self-referral	322	69%	69%	69%	46,199	59%	59%	61%
Referred through CJS	70	15%	16%	11%	12,247	16%	19%	8%
Referred by GP	17	4%	4%	2%	3,128	4%	4%	4%
Hospital/A&E	18	4%	3%	6%	1,850	2%	2%	3%
Social Services	6	1%	1%	4%	2,395	3%	2%	6%
All other referral sources	36	8%	8%	8%	12,193	16%	15%	18%

Figure 26 Sources of referral for those starting treatment for Rotherham and England, 2020-21.

Referral	Local (n)	Proportion of CJS referrals	Male (%)	Female (%)	England (n)	Proportion of CJS referrals	Male (%)	Female (%)
Arrest referral	1	1%	2%	0%	974	8%	8%	9%
Alcohol treatment requirement (ATR)	0	0%	0%	0%	218	2%	2%	2%
Community Rehabilitation Company (CRC)	5	7%	3%	25%	684	6%	5%	6%
Drug Rehabilitation Requirement (DRR)	9	13%	16%	0%	529	4%	4%	4%
Liaison diversion	1	1%	0%	8%	236	2%	2%	3%
National Probation Service	5	7%	9%	0%	2,254	18%	19%	14%
Other criminal justice	3	4%	5%	0%	443	4%	4%	4%
Prison	46	66%	66%	67%	6,840	56%	56%	58%
Probation	0	0%	0%	0%	66	1%	1%	0%

Figure 27 Breakdown of types of CJS referrals for Rotherham and England, 2020-21.

## 9.8 Treatment engagement

- (i) 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 Rotherham in 2020-21 who left treatment in an unplanned way before 12 weeks, commonly referred to as early drop outs.

Drug groups	Local				England			
	Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
Alcohol and non-opiate	12	12%	13%	11%	3,299	16%	17%	14%
Non-opiate	15	14%	16%	6%	3,374	17%	18%	14%
Opiate	31	12%	11%	13%	5,598	15%	16%	13%
Total	58	12%	13%	11%	12,271	16%	17%	14%

Figure 28 Early unplanned exits by drug groups for Rotherham and England, 2020-21.

## 9.9 Treatment population with prior convictions

- (i) This section displays the proportion of adults in treatment with a prior conviction, calculated at the latest available date (December 2012). The cohort is comprised of all adults in treatment at that point but also includes all adults who were in treatment at any point within the preceding year.

Drug group	Proportion of local treatment population	Proportion of national treatment population
Opiate	34%	32%
Alcohol and non-opiate	53%	36%
Non-opiate	36%	39%
Total*	28%	29%

Note:

\*Please note total comprises of all drug groups and alcohol only

Figure 29 Adults in the treatment population in 2012 with convictions in the two-years preceding treatment for Rotherham and England.

## 9.10 Criminal justice pathway

- (i) Criminal Justice Integrated Teams (CJIT) were established in 2003 as part of the Drug Interventions Programme (DIP) as a dedicated resource refer, assess and case manage substance misusing offenders into treatment. When DIP was discontinued as a centrally funded national programme in 2012, some local authorities continued to maintain dedicated teams while others integrated CJIT posts into mainstream community-based treatment services. However, many areas have continued to report activity in relation to this group and this section shows the number of adults who were in contact with both a CJIT and community-based treatment. Also included are the proportion of these adults against the

total treatment population and a breakdown by the offence which brought them into the criminal justice referral pathway and how they entered the pathway. A mandatory referral pathway implies referral from probation services for an assessment by the CJIT.

Drug group	Local(n)	Proportion	England (n)	Proportion
Alcohol and non-opiates	2	1%	1,723	6%
Non-opiates	1	1%	1,296	5%
Opiates	167	16%	19,207	14%
<b>Total*</b>	<b>170</b>	<b>12%</b>	<b>22,226</b>	<b>11%</b>

Note:

\*Please note the total is comprised of all drug groups: Opiate, Non-opiate only, Non-opiate and alcohol

Figure 30 CJIT adults in contact with the treatment system for Rotherham and England, 2020-21.

### 9.11 Crimes saved

- (ii) A joint PHE/MoJ (<https://www.gov.uk/government/publications/the-effect-of-drug-and-alcohol-treatment-on-re-offending>) study on the impact of community-based treatment on re-offending found that, overall, there was a reduction of 44% in the number of people who were recorded as re-offending in the two years following the start of treatment and a reduction of 33% in the number of offences. Opiate users showed the smallest decreases in both re-offenders (a reduction of 31%) and re-offending (a reduction of 21%). Alcohol only users showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively). The data below provides an estimate of the overall number of offences committed by adults before accessing treatment and the benefit in terms of the social and economic costs accrued.

Offence type	Local (estimated number)
Total	90,000

Figure 31 Estimated crime committed before treatment entry for Rotherham (based on 2016-17 data).

Gross benefits	Estimated alcohol adults (£)
Social and economic gross	5,500,000

Figure 32 Gross benefits for Rotherham (based on 2016-17 data).

### 9.12 Adults leaving prison and engaging in community treatment (PHOF C20)

- (i) This table shows the percentage of individuals in 2020-21 who at the point of release from prison were transferred to a community treatment provider for structured treatment interventions and other support and were successfully engaged. This is the same as the Public Health Outcomes Framework (PHOF) indicator C20 (formerly 2.16).

- (ii) Further information on this indicator can be found on the Fingertips website:  
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/qid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92544/age/168/sex/4>.

Substance type	Local transfer (n)	Local engaged (n)	Proportion engaged (%)	England transfer (n)	England engaged (n)	Proportion engaged (%)
Alcohol and non-opiate	11	3	27%	1,546	211	14%
Non-opiate only	13	0	0%	1,332	248	19%
Opiate	91	29	32%	13,892	6,289	45%
<b>Total*</b>	<b>115</b>	<b>32</b>		<b>16,770</b>	<b>6,748</b>	

Note:

Please note the total is comprised of all drug groups including: Opiate, Non-opiate only and Non-opiate and alcohol

Figure 33 Released from prison, transferred to a community treatment provider for structured treatment and successfully engaged for Rotherham and England, 2020-21.

### 9.13 Adults who are parents/carers and their children

- (i) The data below shows the number of drug users who entered treatment in 2020-21 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 adults entering treatment in 2020-21 is presented, as is the number of parents or carers engaging with Early Help or children's social care.

Parental Status	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Parents living with children	55	12%	10%	17%	10,071	13%	9%	21%
Parents not with children	133	28%	27%	34%	17,016	22%	22%	22%
Other contact, living with children	7	1%	2%	1%	3,434	4%	5%	4%
Not parent - no contact with children	274	58%	62%	48%	46,652	60%	63%	52%
Missing / incomplete	0	0%	0%	0%	1,097	1%	1%	1%

Figure 34 Number and proportion of adults presenting drug treatment by parental status, for Rotherham and England, 2020-21

Living with children	Local	Proportion of children by client sex		England	Proportion of children by client sex	
		Male (%)	Female (%)		Male (%)	Female (%)
Type	N			N		
Number of children living with drug users	115	75%	25%	25,007	59%	41%

Figure 35 Number of children living with drug users entering treatment, for Rotherham and England, 2020-21.

EHCSC Group	Local (n)	Proportion of adults with child contact	Proportion of		England (n)	Proportion of adults with child contact	Proportion of	
			Male (%)	Female (%)			Male (%)	Female (%)
Early help	9	5%	4%	5%	1,303	4%	3%	6%
Child in need	12	6%	4%	11%	1,619	5%	4%	8%
Child protection plan in place	21	11%	9%	16%	3,548	12%	8%	19%
Looked after child	14	7%	4%	16%	2,167	7%	4%	13%
No early help	136	70%	78%	51%	19,967	65%	74%	49%
Missing	3	2%	1%	2%	1,917	6%	7%	5%

Figure 36 Client's children receiving early help or in contact with children's social care for Rotherham and England, 2020-21.

Pregnancy data	Local (n)	Proportion of new female presentations	England (n)	Proportion of new female presentations
Missing/Incomplete	0	0%	99	0%
New female presentations who were pregnant	5	5%	1,125	5%

Figure 37 Number and proportion of female adults by pregnancy status for Rotherham and England, 2020-21.

## 9.14 Tobacco use

- (i) Smoking rates in the adult general population are now below 14% in England but much higher in people in people who use drugs and alcohol, in whom smoking is 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 be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction

approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are three times as likely to quit as those who try to quit unaided.

- (ii) Stop smoking support is commissioned by local authorities, in dedicated stop smoking services and, increasingly, in integrated services where people can access support to quit smoking and treatment for other dependencies. Smoking is often seen as the more difficult addiction to break and is not prioritised. However, around 60% of smokers say that they would like to quit, and around 40% try to do so each year. By offering support from trained professionals, combined with access to the latest evidence-based stop smoking products (including electronic cigarettes), we can increase the proportion of smokers successfully quitting.

Drug group	Local				England			
	Total adults	Proportion of all in treatment	Male (%)	Female (%)	Total adults	Proportion of all in treatment	Male (%)	Female (%)
Alcohol and non-opiate	38/51	75%	74%	75%	7,017	60%	59%	62%
Non-opiate	43/63	68%	64%	85%	8,585	64%	64%	64%
Opiate	196/212	92%	94%	88%	19,664	69%	69%	69%
Total	277/326	85%	85%	84%	35,266	65%	65%	66%

Figure 38 Number of adults identified as smoking tobacco at the start of treatment for Rotherham and England, 2020-21.

Drug group	Local				England			
	Total adults	Proportion of reviewed adults smoking at start of treatment	Male (%)	Female (%)	Total adults	Proportion of reviewed adults smoking at start of treatment	Male (%)	Female (%)
Alcohol and non-opiate	2/38	5%	4%	7%	1,862	27%	27%	26%
Non-opiate	8/43	19%	16%	27%	2,380	28%	28%	28%
Opiate	21/196	11%	12%	8%	3,851	20%	20%	20%
Total	31/277	11%	11%	11%	8,093	23%	23%	23%

Figure 39 Number and proportion of adults identified as abstinent from tobacco at review for Rotherham and England, 2020-21.



Drug groups	Local				England			
	Total adults	Proportion of adults identified	Male (%)	Female (%)	Total adults	Proportion of adults identified	Male (%)	Female (%)
Alcohol and non-opiate	0/51	0%	0%	0%	166	1%	1%	2%
Non-opiate	2/63	3%	4%	0%	219	2%	2%	2%
Opiate	1/212	0%	1%	0%	459	2%	2%	2%
Total	3/326	1%	1%	0%	844	2%	1%	2%

Figure 40 Number of adults receiving smoking cessation interventions for Rotherham and England, 2020-21.

## 9.15 Interventions

- (i) 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 item after the first table focuses on those who receive pharmacological interventions only, something not recommended in guidance.

Setting	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
Type	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion
Community	841	81%	1,061	80%	465	78%	1,172	86%
Inpatient Unit	29	3%	30	2%	26	4%	34	2%
Primary Care	438	42%	430	33%	135	23%	449	33%
Residential	1	0%	5	0%	0	0%	5	0%
Recovery House	0	0%	1	0%	0	0%	1	0%
Young Persons Setting	0	0%	0	0%	0	0%	0	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
Total individuals*	1,043	100%	1,322	100%	599	100%	1,363	100%

Figure 41 Number and percentage of adults in treatment in high level interventions and settings across the treatment journey for Rotherham, 2020-21.

- (ii) Note  
 :\*This is the total number of adults receiving each intervention type and not a summation of the setting the intervention was delivered in.  
 \*\*This is the total number of adults receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns.

OST, intervention and status	Local		England	
	Total adults	Proportion	Total adults	Proportion
<b>Opioid substitute therapy (OST) interventions</b>				
<b>All prescribing interventions</b>	<b>999</b>		<b>131796</b>	
Any OST interventions	941	94%	116360	88%
Methadone intervention	794	79%	93803	71%
Buprenorphine intervention	212	21%	36130	27%
Buprenorphine with naloxone intervention	46	5%	6634	5%
Diamorphine intervention	1	0%	403	0%
<b>OST supervision status</b>				
<b>All clients with an OST supervised status</b>	<b>928</b>		<b>115504</b>	
Any supervised OST	527	57%	72838	63%
Any unsupervised OST	842	91%	95335	83%
Supervised methadone	473	51%	61254	53%
Unsupervised methadone	695	75%	75035	65%
<b>OST prescribing intention</b>				
<b>All clients with an OST prescribing intention</b>	<b>950</b>		<b>117318</b>	
Maintenance - methadone	611	64%	67147	57%
Assessment & stabilisation - methadone	145	15%	19387	17%
Withdrawal - methadone	102	11%	9802	8%
Maintenance - buprenorphine	148	16%	22246	19%
Assessment & stabilisation - buprenorphine	39	4%	7448	6%
Withdrawal - buprenorphine	19	2%	3528	3%
Maintenance - unspecified OST	784	83%	81604	70%
Assessment & stabilisation - unspecified OST	246	26%	46794	40%
Withdrawal - unspecified OST	256	27%	23265	20%

Figure 42 Number and percentage of adults who were in treatment for opiates in the year and had pharmacological sub-interventions, for Rotherham, 2020-21.

## 9.16 Residential Rehabilitation

- (i) The data below shows the number of adult drug users in your area who have been to residential treatment, including residential rehab or treatment in a recovery house, 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 (n)	Proportion of treatment population	Male (n)	Female (n)	England (n)	Proportion of treatment population
Number of adults who attended residential rehabilitation	10	1%	7	3	3,278	2%

Figure 43 Number and proportion of adults in residential rehabilitation, for Rotherham and England, 2020-21.

Drug group	Local (n)	Proportion of treatment population	Male (n)	Female (n)	England (n)	Proportion of treatment population
Alcohol and non-opiate	3	2%	3	0	1,053	3%
Non-opiate	0	0%	0	0	250	1%
Opiate	7	1%	4	3	1,975	1%
Total	10	1%	7	3	3,278	2%

Figure 44 Number and proportion of adults in residential rehabilitation by drug group, for, Rotherham and England, 2020-21.

## 9.17 Blood-borne virus and overdose death prevention

- (i) 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 hepatitis C treatment is provided, so it needs to be assessed and understood locally more than compared to national figures.

### 9.17.1 Hepatitis B

Hepatitis B	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults eligible for a HBV vaccination who accepted one	42	14%	13%	15%	15,264	29%	29%	30%

Figure 45 Latest status of adults in drug treatment in 2020-21 eligible for HBV vaccination who accepted one for Rotherham and England, 2020-21.

Hepatitis B	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults in treatment who accepted and completed a course of vaccination	3	7%	7%	8%	1,376	9%	9%	8%
Adults in treatment who accepted and started a course of vaccination	5	12%	10%	17%	851	6%	5%	6%

Figure 46 Latest status of adults in drug treatment in 2020-21 eligible for HBV vaccination who accepted one for Rotherham and England, 2020-21.

### 9.17.2 Hepatitis C

Hepatitis C	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults eligible for a HCV test who accepted one	211	47%	47%	47%	26,399	41%	41%	39%

Figure 47 Latest status of adults in drug treatment in 2020-21 eligible for HCV test who accepted one for Rotherham and England, 2020-21.

Hepatitis C Antibody Test	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	% of eligible adults	Male (%)	Female (%)
Adults who have a positive hep C antibody test*	72	38%	38%	37%	4,790	21%	21%	22%

Figure 48 Latest status of adults in drug treatment 2020-21 who have a positive hep C antibody test, for Rotherham and England.

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

Hepatitis PCR Test	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults who have a positive hep C PCR (RNA) test*	32	18%	19%	15%	2,187	11%	11%	12%

Figure 49 Adults in drug treatment 2020-21 who have a positive hep C PCR (RNA) test in, for Rotherham and England.

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

Hepatitis Treatment	Local				England			
	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults referred to Hep C treatment	3	1.42%	1.86%	0.00%	553	2.09%	2.18%	1.86%

Figure 50 Adults in drug treatment in 2020-21 referred to Hepatitis C treatment, for Rotherham and England.

## 9.18 Co-occurring mental health and substance misuse conditions

- (i) This data shows the number of adults who started drug treatment in 2020-21 who were identified as having a mental health treatment need and, of those, the number who were receiving treatment from health services.

Drug group	Local(n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Alcohol and non-opiates	80	82%	80%	94%	14,836	71%	67%	81%
Non-opiates	78	70%	62%	91%	12,852	64%	59%	75%
Opiates	176	67%	64%	80%	21,307	57%	53%	67%
Total	334	71%	67%	85%	48,995	63%	58%	73%

Figure 51 Adults who entered drug treatment in 2020-21 and were identified as having mental health treatment need, for Rotherham and England.

	Local (n)	Proportion of adults identified	Male (%)	Female (%)	England (n)	Proportion of adults identified	Male (%)	Female (%)
Health-based place	0	0%	0%	0%	266	1%	1%	1%
NICE	0	0%	0%	0%	510	1%	1%	1%
Engaged with IAPT	6	2%	2%	1%	583	1%	1%	1%
Already engaged	23	7%	6%	10%	9,320	19%	17%	22%
GP	218	65%	66%	64%	24,360	50%	48%	52%
Total individuals receiving mental health treatment	247	74%	74%	74%	34,780	71%	68%	77%

Figure 52 Adults in drug treatment identified as having a mental health treatment need and receiving treatment for their mental health, for Rotherham and England, 2020-21.

(ii) Note:

Already engaged - Already engaged with the Community Mental Health Team/Other mental health services

Engaged with IAPT (Improving Access to Psychological Therapies)

GP - Receiving mental health treatment from GP

NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem

Health-based place - Has an identified space in a health-based place of safety for mental health crises

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

- (i) 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 better personal resources – jobs, relationships, accommodation – that mean they are more likely to be able to make the most of treatment.

## 9.20 NPS and club drugs

- (i) 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 better personal resources – jobs, relationships, accommodation – that mean they are more likely to be able to make the most of treatment.

Club drugs	Local (n)	Proportion*	England (n)	Proportion*
Any club drug use**	4	2%	900	2%
GHB/GBL	0	0%	13	1%
Ketamine	0	0%	80	9%
Mephedrone	0	0%	18	2%
Methamphetamine	1	25%	37	4%
Ecstasy	0	0%	35	4%
Any NPS	3	75%	722	80%
Predominantly cannabinoid	0	0%	390	43%
Predominantly dissociative	2	50%	17	2%
Predominantly hallucinogenic	0	0%	30	3%
Other	1	25%	232	26%
Predominantly sedative/opioid	0	0%	19	2%
Predominantly stimulant	0	0%	39	4%

Figure 53 Adults new to drug treatment citing club drug use and opiate use, for Rotherham and England, 2020-21.

- (ii) **Note:**  
 \*Proportions of ecstasy, ketamine, GHB/GBL, methamphetamine, mephedrone and Any NPS as a percentage of any club drug use. Adults 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.

Club drugs	Local (n)	Proportion*	England (n)	Proportion*
Any club drug use**	7	3%	3,130	8%
GHB/GBL	0	0%	327	10%
Ketamine	1	14%	1,364	44%
Mephedrone	0	0%	71	2%
Methamphetamine	0	0%	468	15%
Ecstasy	4	57%	658	21%
Any NPS	2	29%	561	18%
Predominantly cannabinoid	1	14%	267	9%
Predominantly dissociative	0	0%	24	1%
Predominantly hallucinogenic	0	0%	45	1%
Other	1	14%	137	4%
Predominantly sedative/opioid	0	0%	26	1%
Predominantly stimulant	0	0%	66	2%

*Figure 54 Adults new to drug treatment citing club drug use (no additional opiate use), for Rotherham and England, 2020-21.*

(iii) *Note:*

\*Proportions of ecstasy, ketamine, GHB/GBL, methamphetamine, mephedrone and Any NPS as a percentage of any club drug use. Adults 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.



## 9.21 Employment

Employment Status	Local		National	
	Total adults	Proportion of new presentation	Total adults	Proportion of new presentations
In education	1	0%	779	1%
Long term sick or disabled	136	29%	16,132	21%
Not stated/missing	14	3%	4,324	6%
Other	2	0%	990	1%
Regular employment	87	19%	16,590	21%
Unemployed	229	49%	39,349	50%
Unpaid voluntary work	0	0%	106	0%

Figure 55 Employment status of adults in drug treatment at the start of treatment, for Rotherham and England, 2020-21.

Outcome	Planned Start		Planned Exit		Unplanned Start		Unplanned Exit	
	N	%	N	%	N	%	N	%
Employment								
Irregular (1-7 days)	0	0%	0	0%	1	3%	1	3%
Part-time (8-15 days)	6	10%	1	2%	0	0%	1	3%
Full time (16+ days)	13	21%	21	34%	1	3%	0	0%
Not working	42	69%	39	64%	33	94%	33	94%

Figure 56 Employment outcomes in Rotherham, 2020-21.

Outcome	Planned Start		Planned Exit		Unplanned Start		Unplanned Exit	
	N	%	N	%	N	%	N	%
Employment								
Irregular (1-7 days)	570	2%	437	2%	77	2%	59	1%
Part-time (8-15 days)	1,130	5%	1,062	5%	153	3%	149	3%
Full time (16+ days)	5,408	23%	5,831	25%	594	12%	521	10%
Not working	16,061	69%	15,839	68%	4,253	84%	4,348	86%

Figure 57 Employment Outcomes in England, 2020-21.

## 9.22 Housing and Homelessness

- (i) 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 DLUHC 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 adults 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: from homelessness prevention to rough sleeping.

Housing Status	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations
Urgent problem (NFA)	28	6%	82%	18%	6308	8%
Housing Problem	68	14%	66%	34%	11244	14%
No housing problem	373	80%	78%	22%	60244	77%
Other	0	0%	0%	0%	31	0%
Missing / Incomplete	0	0%	0%	0%	443	1%

Figure 58 Accommodation status of adults in drug treatment at the start of treatment, for Rotherham and England, 2020-21.

Local				National			
Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
2	50%	67%	0%	2,069	83%	83%	84%

Figure 59 Adults successfully completing treatment but no longer reporting a housing need, for Rotherham and England, 2020-21.

## 9.23 Length of time in treatment

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

Length of time in treatment	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment
Proportion of adults with opiate problems in treatment for under two years	431	40%	40%	40%	65496	46%
Proportion of adults with opiate problems in treatment for six years or more	352	33%	34%	32%	37800	27%

Figure 60 Length of time in treatment for adults with opiate problems (under 2 years and six years or more), for Rotherham and England, 2020-21.

Drug group	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment
Alcohol and non-opiates	6	4%	4%	4%	1039	3%
Non-opiates	7	4%	0%	6%	704	3%

Figure 61 Length of time in treatment for adults with non-opiate problems for two years or more, for Rotherham and England, 2020-21.

## 9.24 In treatment outcomes

- (i) 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 adults 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.

Drug group	Local				England			
	Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
Alcohol use (adjunctive)	22	27%	28%	23%	5,026	32%	31%	33%
Amphetamine use	4	80%	100%	50%	689	65%	64%	65%
Cannabis use	18	26%	28%	20%	5,769	42%	42%	40%
Cocaine use	15	54%	62%	29%	5,931	69%	69%	70%
Crack use	33	34%	38%	25%	6,953	48%	50%	43%
Opiate use	81	46%	49%	38%	11,022	51%	52%	49%

Figure 62 Rates of abstinence from drugs at six months review, for Rotherham and England, 2020-21.

Drug group	Local				England			
	Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
Alcohol use (adjunctive)	9	11%	8%	18%	2,761	17%	18%	17%
Amphetamine use	0	0%	0%	0%	79	7%	7%	7%
Cannabis use	7	10%	10%	10%	1,744	13%	12%	13%
Cocaine use	1	4%	0%	14%	898	10%	11%	9%
Crack use	18	19%	19%	18%	2,509	17%	17%	18%
Opiate use	33	19%	19%	18%	4,428	21%	21%	20%

Figure 63 Rates of abstinence from drugs at six months review, for Rotherham and England, 2020-21.

Injecting use	Local				England			
	Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
Adults no longer injecting at six month review	32	54%	58%	44%	3,599	63%	63%	61%

Figure 64 Rates of abstinence from drugs at six months review, for Rotherham and England, 2020-21.

## 9.25 Successful completions

- (i) 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.

Drug group	Local (n)	Proportion of treatment population			England (n)	Proportion of treatment population		
			Male (%)	Female (%)			Male (%)	Female (%)
Non-opiate	68	22%	20%	26%	18,699	33%	33%	32%
Opiate	25	2%	2%	3%	6,701	5%	5%	5%

Figure 65 Proportion of all in opiate treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b), for Rotherham and England, 2017-18 to 2020-21.

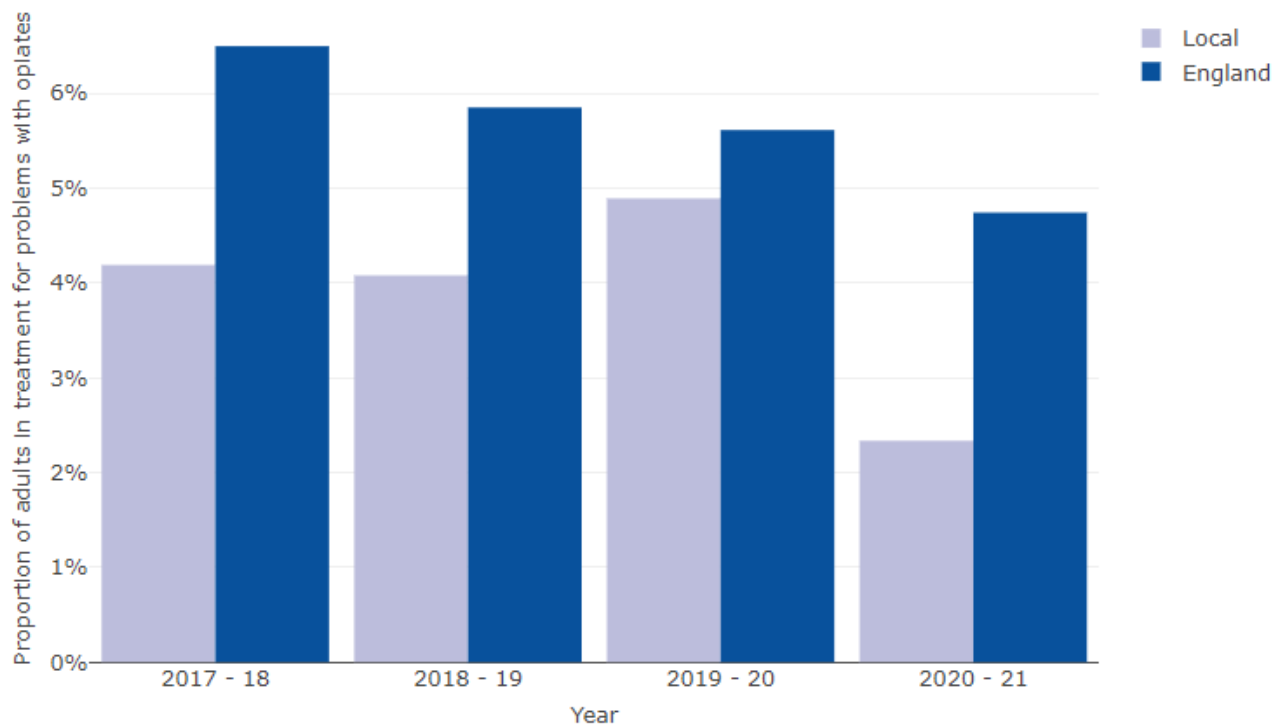


Figure 66 Proportion of all in opiate treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b), for Rotherham and England, 2017-18 to 2020-21.

Drug group	Local (n)	Proportion of treatment population			England (n)	Proportion of treatment population		
		Male (%)	Female (%)			Male (%)	Female (%)	
Alcohol and non-opiate	17	12%	11%	20%	10,191	33%	34%	33%
Non-opiate	31	19%	20%	19%	9,991	36%	36%	36%
Opiate	26	2%	2%	3%	6,936	5%	5%	5%
Total	74	5%	5%	6%	27,118	14%	13%	14%

Figure 67 Successful completions as a proportion of total number in treatment, for Rotherham and England, 2020-21.

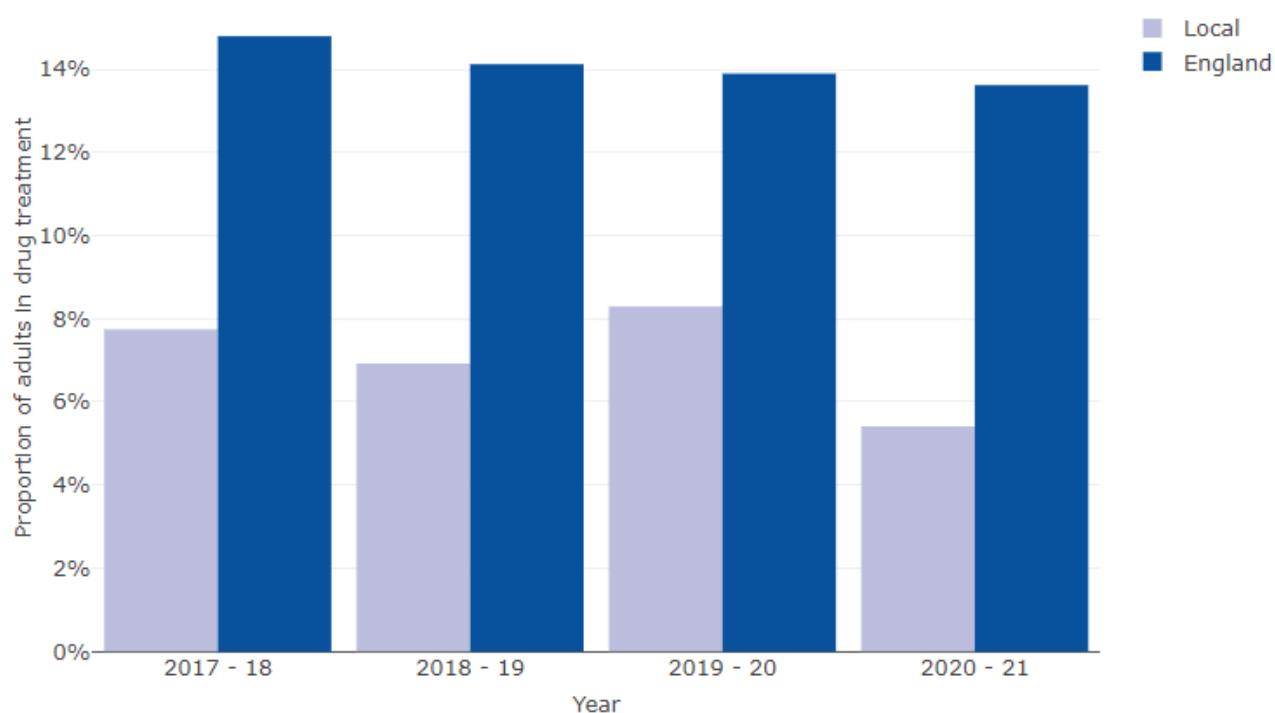


Figure 68 Successful completions as a proportion of total number in treatment (for all drug groups), for Rotherham and England, 2017-18 to 2020-21.

## 9.26 Deaths in treatment

- (i) This data shows the number of people in drug treatment who were recorded as having died while in treatment within the year (based on NDTMS discharge reason field).
- (ii) In 2020-21, there was a 18% increase at a national level in the number of people recorded as having died while in treatment for drug misuse, with wide local variation. It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to this increase. Commissioners and providers are encouraged to consider any actions they can take towards reducing deaths in treatment.

Drug group	Local (n)	Proportion of treatment population			England (n)	Proportion of treatment population		
			Male (%)	Female (%)			Male (%)	Female (%)
Alcohol and non-opiate	1	0.7%	0.9%	0.0%	169	0.6%	0.6%	0.4%
Non-opiate	1	0.6%	0.9%	0.0%	75	0.3%	0.3%	0.2%
Opiate	18	1.7%	1.7%	1.7%	2,418	1.7%	1.8%	1.6%
Total	20	1.5%	1.5%	1.4%	2,662	1.3%	1.4%	1.2%

Figure 69 Number and proportion of deaths in drug treatment by drug group for Rotherham and England, 2020-21.

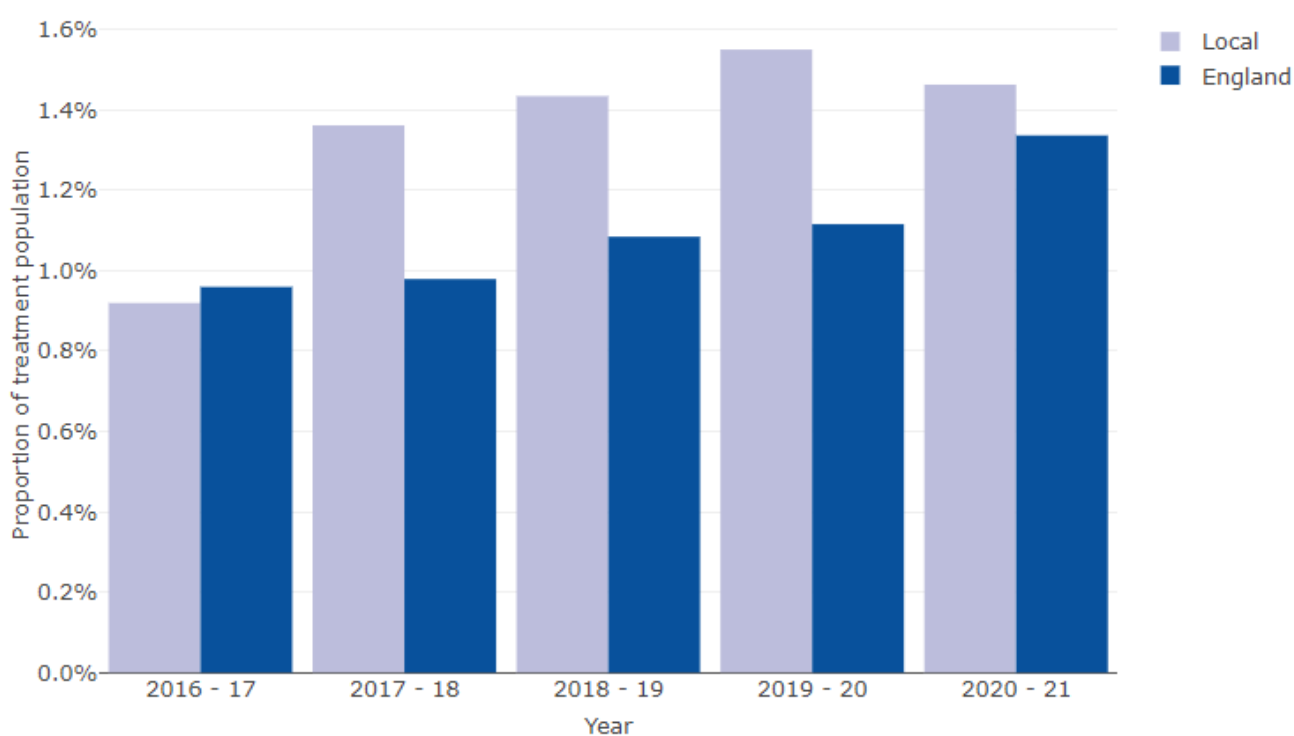


Figure 70 Number and proportion of deaths in drug treatment by drug group for Rotherham and England, 2020-21.

## 10 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.

- (iii) 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>
- (iv) 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>
- (v) 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>
- (vi) 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>
- (vii) Deaths Related to Drug Poisoning in England and Wales: 2020 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/deathsrelatedtodrugpoisoninginenglandandwales2020registrations>
- (viii) 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>
- (ix) Local authority revenue expenditure and financing England: 2019 to 2020 individual local authority data - outturn *Contains provisional outturn data of local authority revenue expenditure and financing for the financial year April 2019 to March 2020.*  
<https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2019-to-2020-individual-local-authority-data-outturn>
- (x) 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>

## 11 Wider public health data

- (xi) Public Health Outcomes Framework (PHOF) *A collection of outcomes indicators covering the full spectrum of public health. The alcohol and drugs PHOF indicators (C19a, C19b, C19c*



and C19d) are presented in the 'health improvement' domain. Comparisons with a benchmark and trend data are provided and information is updated on a quarterly basis.

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000004/ati/302/are/E06000015/iid/90244/age/168/sex/4/cid/4>

## 12 Alcohol - Introduction

- (i) The health harms associated with alcohol consumption in England are widespread, with around 10.4 million adults ([Health Survey for England 2019, NHS Digital](#)) drinking at levels that pose some level of risk to their health; of these, around 1.8 million are higher risk drinkers. Due to the breadth of these problems, this Needs Assessment provides a range of alcohol-related data. Firstly, in relation to different levels of alcohol-related harm in the Rotherham local population and secondly data in Rotherham's local alcohol treatment system.
- (ii) The data in this section has been taken from the Local Alcohol Profiles for England (LAPE) and comparisons to local and national benchmarks are provided. Further information on alcohol-related harm in your local area can be found on the Public Health Profiles (Health Profiles) tool at:  
  
<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- (iii) In the second section of this report there is key information about adult alcohol clients in Rotherham's alcohol treatment system during 2020-21, alongside national data for comparison. The data is taken from the National Drug Treatment Monitoring System (NDTMS) and reflects activity reported for individuals in structured alcohol treatment (this does not include data from hospital-based alcohol care teams).

### 12.1 Data on alcohol-related harm in Rotherham

- (i) The following sections that use LAPE data make comparisons against the national average.
- (ii) Where cells appear with an asterisk (\*), small numbers have been suppressed to prevent disclosure or values cannot be calculated as the number of cases is too small. Please refer to the technical guidance for further information on this.

### 12.2 The impact of COVID-19 on alcohol-related harm

- (i) When reviewing this data to gauge the extent to which alcohol is impacting on the health of your local population, commissioners are also encouraged to consider how alcohol consumption and alcohol-related harm may have changed in the local area over the course of the COVID-19 pandemic.
- (ii) The population health data set out in this report does not cover the year of the pandemic, except some initial earlier analysis of the latest available data which is set out in section xx. While not currently available at the local level, there is useful data published by OHID (formerly PHE) on the Wider Impacts for COVID-19 on Health (WICH) dashboard which supports exploration of the indirect effects of the pandemic on the population's health.

- (iii) Analysis of the WICH data for the PHE report shows a reduction in the rate of unplanned admissions to hospital for alcohol-specific causes in 2020, down by 3.2% compared to 2019. This drop was largely driven by reduced admissions for mental and behavioural disorders due to alcohol use. Unplanned admissions for alcoholic liver disease were the only alcohol-specific unplanned admissions to increase between 2019 and 2020, with significant increases showing from June 2020 onwards. There were rapid decreases in the rate of alcohol-specific admissions that coincided with the start of the pandemic and the first national lockdown. It is important to note that this pattern was not unique to alcohol. All unplanned admissions, irrespective of cause, sharply decreased as the pandemic took hold. This 'lockdown effect' likely relates to psychological factors where people reported avoiding hospitals to ease the pressure on the NHS and because they were perceived as high-risk settings for catching COVID.
- (iv) The data reported on WICH also shows an increase in total alcohol-specific disease deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Between 2019 and 2020, death from alcoholic liver disease increased by 20.8% compared to an increase of 2.9% between 2018 and 2019. Between 2019 and 2020, deaths from mental and behavioural disorders due to alcohol use and alcohol poisonings increased by 10.8% and 15.4% respectively, compared to a respective 1.1% increase and 4.5% decrease between 2018 and 2019.
- (v) A detailed commentary on changes in alcohol-specific hospital admissions and deaths during the pandemic can be found in PHE's report and the WICH dashboard. The data can be broken down further, for example by age, sex, or deprivation.

### **12.3 Impact of COVID-19 on drug and alcohol treatment**

- (i) Like other services, drug and alcohol treatment services were affected by the need to protect their service users and staff in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. Fewer service users were able to access community and inpatient detoxification for alcohol. Beyond drug and alcohol treatment itself, testing and treatment for blood-borne viruses and liver disease were also greatly reduced. These, and other changes to service provision, will have impacted on many of the indicators included in this report.
- (ii) In 2020-21 there was an 44% increase at a national level in the number of people recorded as having died while in treatment for alcohol alone. There is wide local variation in this increase in deaths in treatment. These deaths are not likely to be predominantly attributable to COVID-19 infection and occurred within the context of an increase in alcohol-specific deaths in the wider population.
- (iii) It is likely that changes to alcohol and drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to an increase in the number of service users who died while in treatment during 2020-21. Commissioners and providers are encouraged to consider any actions they can take towards reducing deaths in treatment.

### **12.4 Hospital admissions due to alcohol**

- (i) The data below reflects the general impact of alcohol on population health. Alcohol-related hospital admissions can be due to regular alcohol use that is above low risk levels and are

most likely to involve increasing risk drinkers, higher risk drinkers, dependent drinkers and binge drinkers. Health conditions in which alcohol plays a causative role can be classified as either 'alcohol-specific' or 'alcohol-related'.

- (ii) The first two indicators below refer to 'alcohol-specific' conditions, where alcohol is causally implicated in all cases, e.g. alcohol poisoning or alcoholic liver disease. The subsequent two indicators are for 'alcohol-related conditions' which include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases, for example high blood pressure, various cancers and falls.
- (iii) **Admissions episodes for alcohol-specific conditions - under 18s / all ages** give an indication of the direct health impact of alcohol on the health of that group (includes both male and female).
- (iv) **Admission episodes for alcohol-related conditions** was developed as a measure of pressures from alcohol on health systems. For this indicator the alcohol-attributable fractions\* are applied in order to estimate the number of admissions, rather than the number of people. Within this there are two types of measure; broad and narrow. 'Broad' is an indication of the totality of alcohol health harm in the local adult population. 'Narrow' shows the number of admissions where an alcohol-related illness was the main reason for admission. This definition is more responsive to change resulting from local action on alcohol and is included as an indicator in the [Public Health Outcomes Framework \(PHOF\)](#).
- (v) The alcohol-attributable fraction estimates have recently been updated to take account of the latest academic evidence and more recent alcohol consumption figures. The result has been that the national hospital admission rates for alcohol-related conditions are lower than previously estimated. This does not mean the risk from alcohol consumption to individuals has decreased. (A fuller explanation is available here: <https://www.rsph.org.uk/about-us/news/quest-blog-alcohol-attributable-deaths-and-hospital-admissions-in-england-when-the-information-changes.html>).
- (vi) The data for admission episodes for alcohol-related conditions has been revised back to 2016-17, using the latest alcohol-attributable fractions, so trend data shown in the tables below is comparable.
- (vii) To address the harm reflected in this data, successful plans will employ what is known to work in terms of: effective prevention; health improvement interventions for those at risk; treatment and recovery services for dependent drinkers; and action to reduce binge drinking and the harms associated with it.
- (viii) \*[Guidance overview: Alcohol-attributable fractions for England: an update - GOV.UK \(www.gov.uk\)](#)  
\*[Proposed changes for calculating alcohol-related mortality - GOV.UK \(www.gov.uk\)](#)  
The data displayed below is sourced from [LAPE,PHE](#).

## 12.4.1 Alcohol-specific conditions

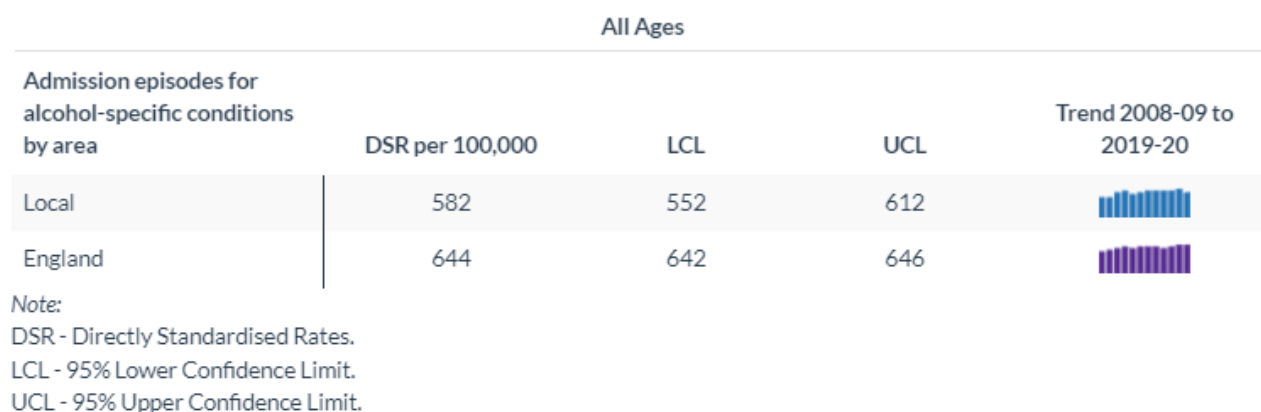


Figure 71 All Ages admissions in Rotherham and England, 2019-20

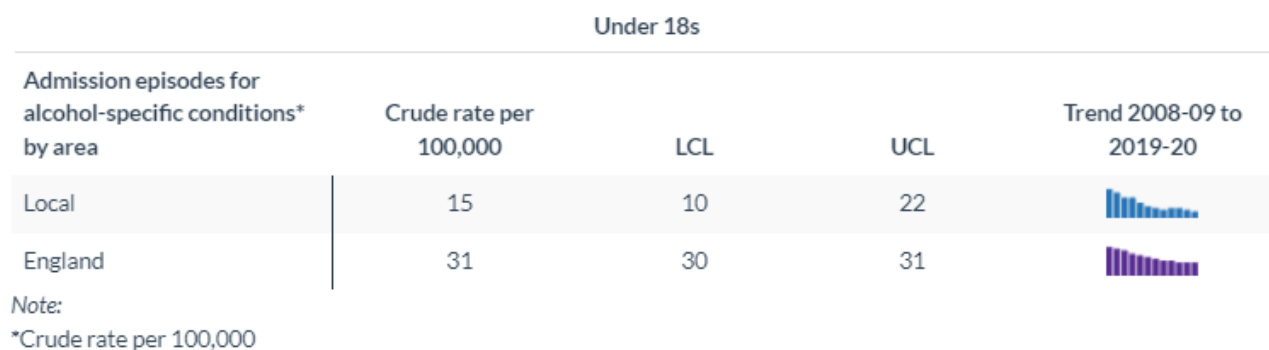


Figure 72 Under 18s admissions in Rotherham and England, 2017-18 to 2019-20

## 12.4.2 Alcohol-related conditions

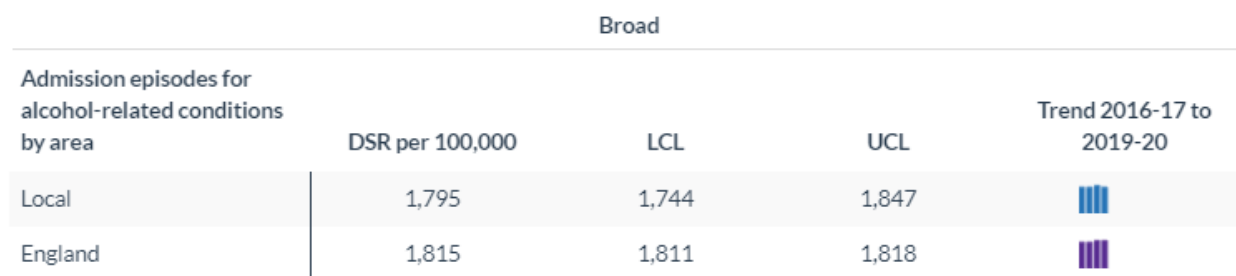


Figure 73 Admission episodes for alcohol-related conditions (Broad) for Rotherham and England, 2019-20



Narrow				
Admission episodes for alcohol-related conditions by area	DSR per 100,000	LCL	UCL	Trend 2016-17 to 2019-20
Local	583	554	614	
England	519	517	521	

Figure 74 Admission episodes for alcohol-related conditions (Narrow) (PHOF C21\*) for Rotherham and England, 2019-20

(ix) Note:

There is currently dual reporting of indicator C21 on the Public Health Outcomes Framework – based on both the old and new methodologies. To view the data based on the new methodology select the geography version for the most recent geography (from April 2021). From the end of 2021 all reporting of this indicator will be based on the new methodology.

## 13 Alcohol-related conditions

- (i) Alcohol has been identified as a factor in more than 60 medical conditions, many leading to hospital admission. The conditions below have been selected because of their prevalence or because they are of particular concern for some local areas and may be the focus of wider strategic action. The final indicator looks at the incidence rate of cancer by sex. This is based on data from NCRAS (National Cancer Registration and Analysis Service) as this is more indicative of the incidence of alcohol-related cancer in Rotherham.
- (ii) Men account for the majority (65%) of alcohol-related admissions. This reflects a higher level of harmful drinking among men compared to women overall ([Statistics on alcohol 2019, NHS Digital](#)). The indicators here are provided by sex in order to reflect this differential harm.
- (iii) The data displayed below is sourced from [LAPE,PHE](#).

### 13.1.1 Alcohol-related cardiovascular disease (Broad)

Local			
Admission episodes for alcohol-related cardiovascular disease (Broad) by sex	DSR per 100,000	LCL	UCL
Female	233	208	259
Male	1,440	1,373	1,510

Figure 75 Admission episodes for alcohol-related cardiovascular disease (Broad) for Rotherham, 2019-20

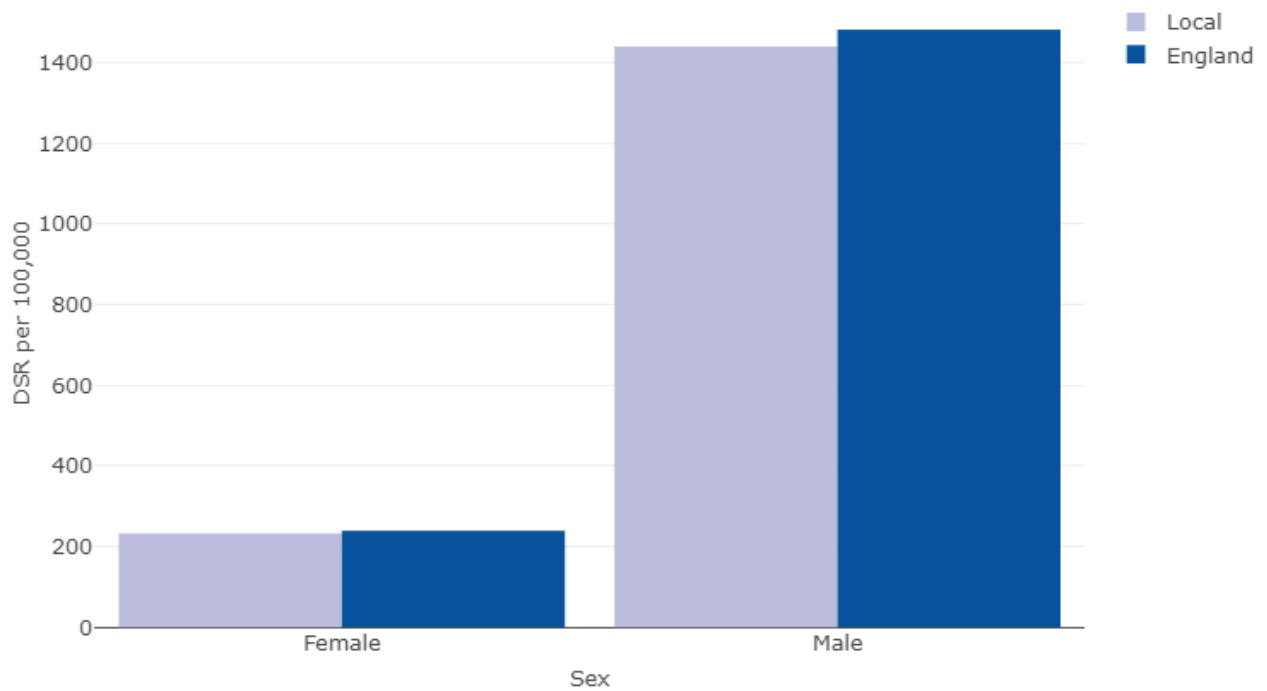


Figure 76 Admission episodes for alcohol-related cardiovascular disease (Broad) by sex for Rotherham and England, 2019-20

### 13.1.2 Alcoholic liver disease (Broad)

Local			
Admission episodes for alcoholic liver disease (Broad) by sex	DSR per 100,000	LCL	UCL
Female	83.0	68.1	100.3
Male	176.3	153.9	201.0

Figure 77 Admission episodes for alcoholic liver disease (Broad) for Rotherham, 2019-20

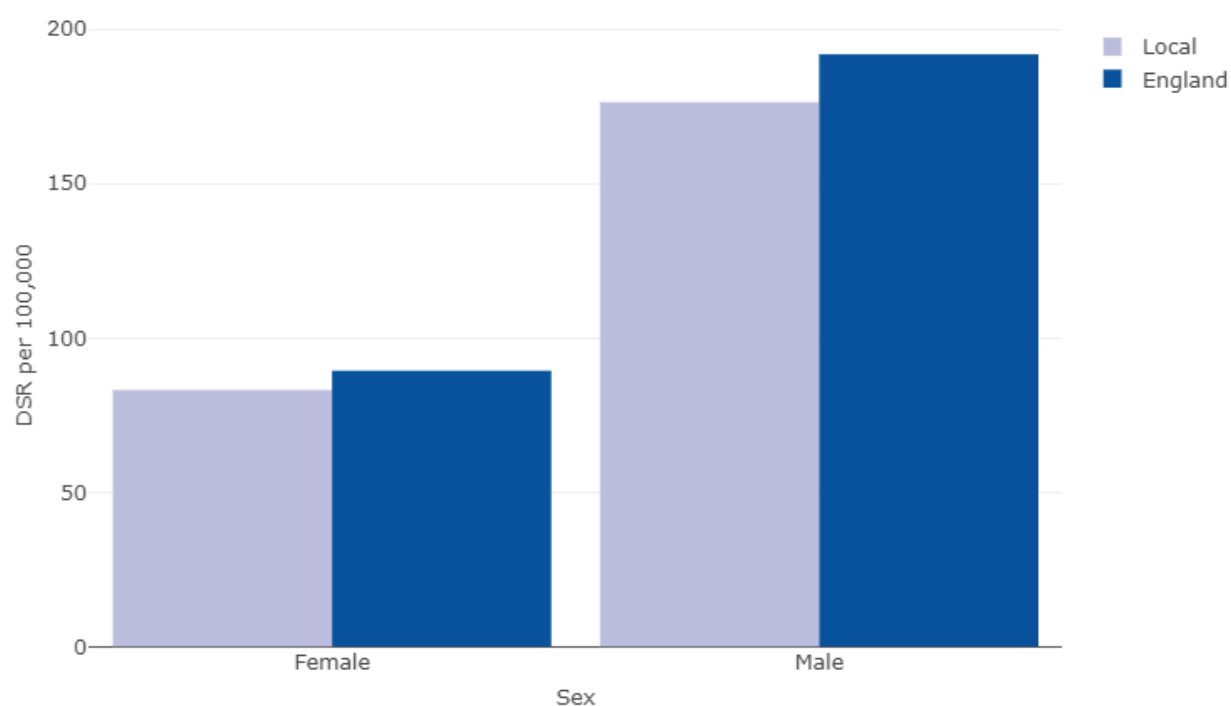


Figure 78 Admission episodes for alcoholic liver disease (Broad) for Rotherham, 2019-20

### 13.1.3 Alcohol-related unintentional injuries (Narrow)

Local			
Admission episodes for alcohol-related unintentional injuries (Narrow) by sex	DSR per 100,000	LCL	UCL
Female	13.8	8.2	21.8
Male	96.0	79.8	114.6

Figure 79 Admission episodes for alcohol-related unintentional injuries (Narrow) for Rotherham, 2019-20

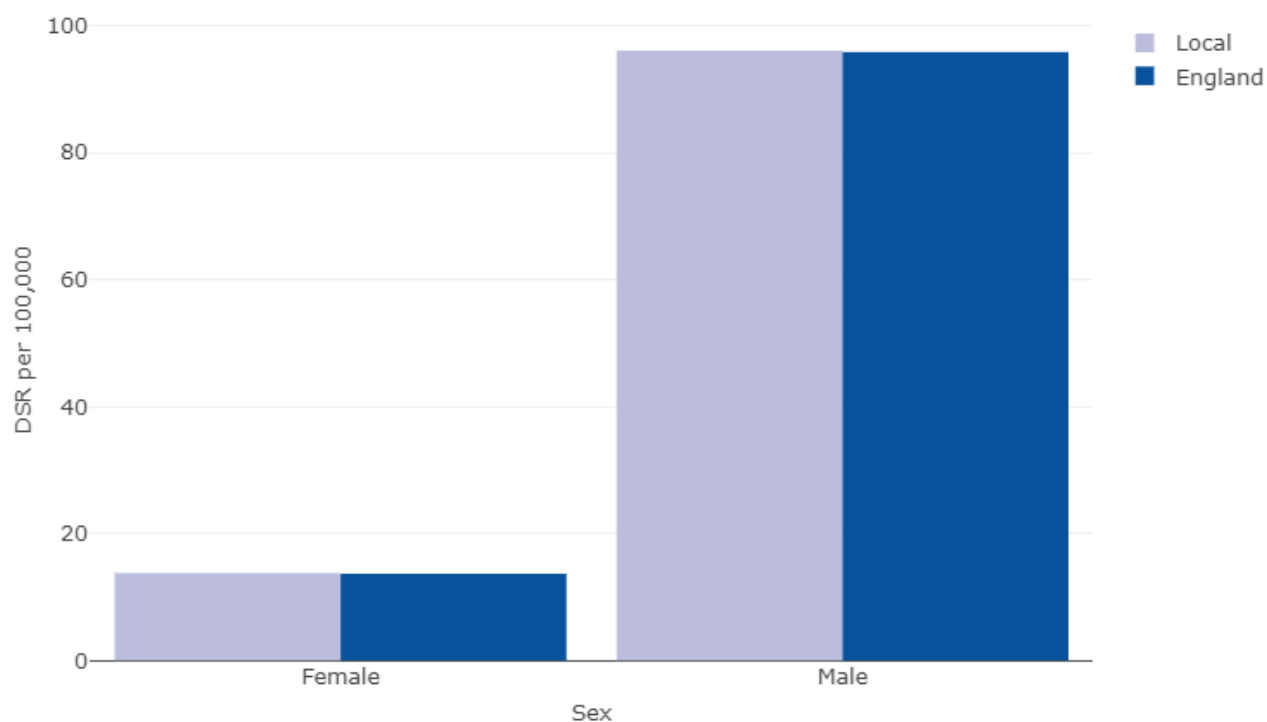


Figure 80 Admission episodes for alcohol-related unintentional injuries (Narrow) for England, 2019-20

#### 13.1.4 Mental and behavioural disorders due to use of alcohol (Narrow)

Local			
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) by sex	DSR per 100,000	LCL	UCL
Female	51.5	39.6	65.7
Male	79.7	64.6	97.2

Figure 81 Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) for Rotherham, 2019-20



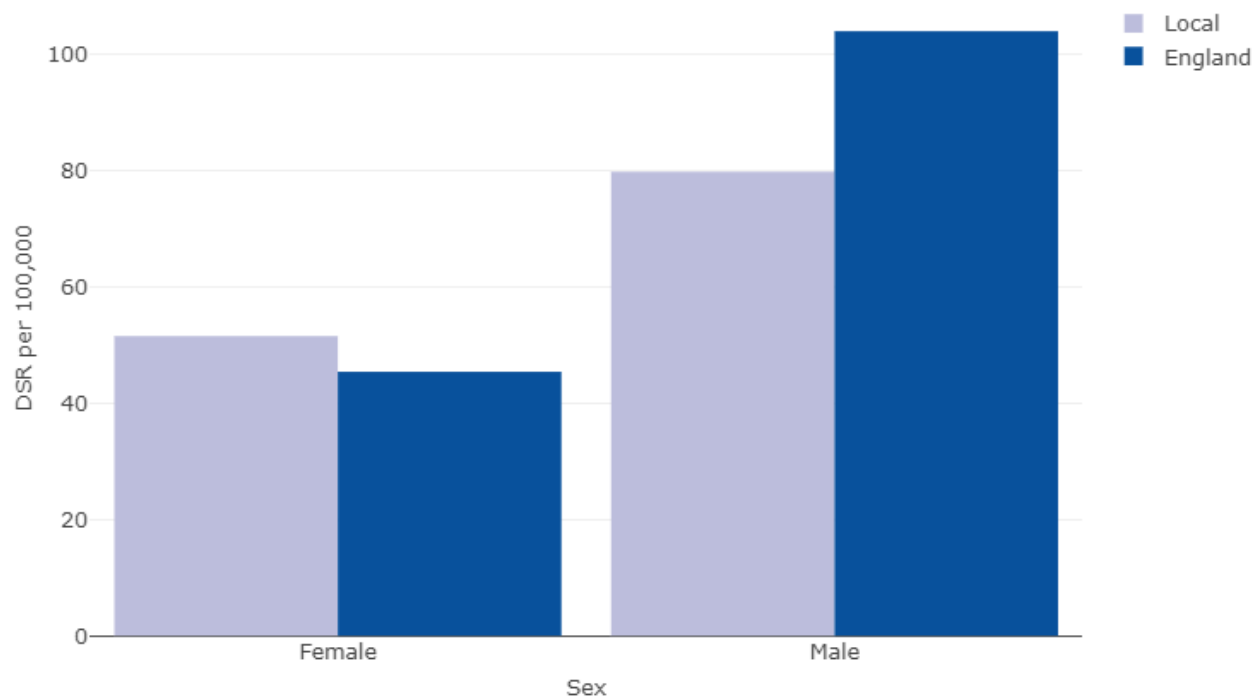


Figure 82 Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) by sex for Rotherham and England, 2019-20

### 13.1.5 Intentional self-poisoning by and exposure to alcohol (Narrow)

Local			
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) by sex	DSR per 100,000	LCL	UCL
Female	40.4	30	53.2
Male	50.8	39	65.1

Figure 83 Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) for Rotherham, 2019-20

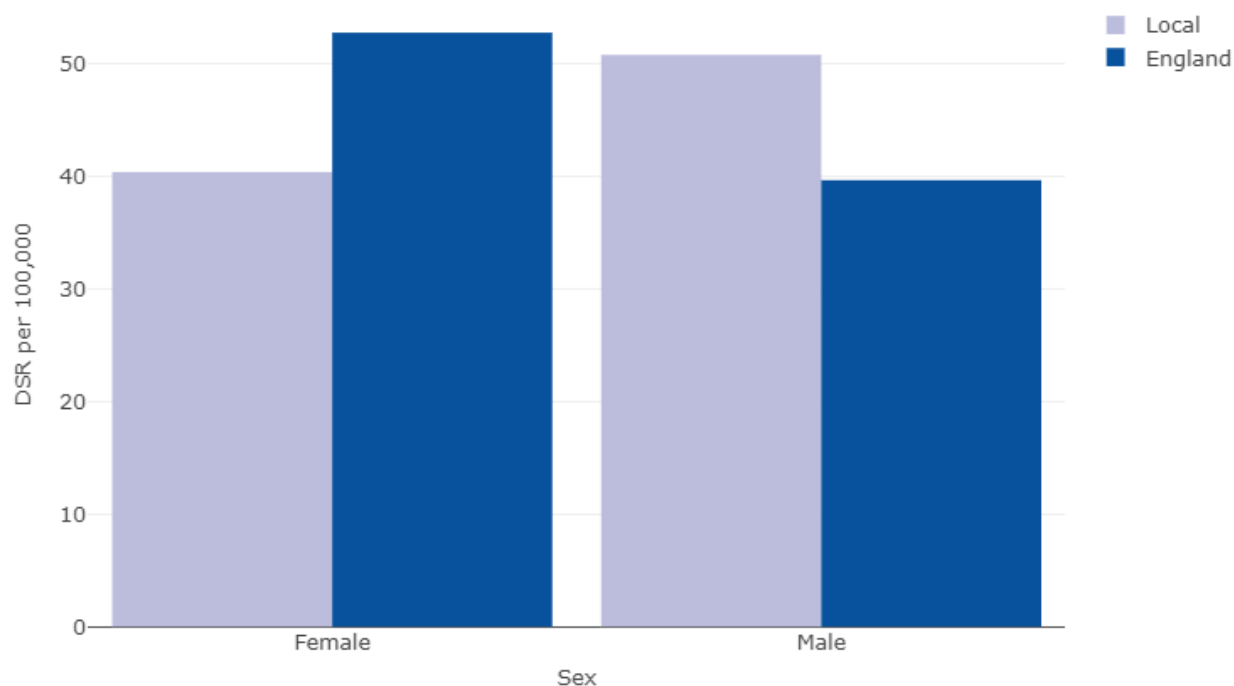


Figure 84 Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) for Rotherham, 2019-20

## 14 Frequent hospital admissions

- (i) Data on individuals who are admitted to hospital frequently for alcohol-specific conditions has been included to give an indication of the number of drinkers who place a heavy burden on health services and, very often, on social, housing and criminal justice services. The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, it is likely that services have not engaged with them for long enough for them to achieve sustained abstinence. The data below shows, for those individuals who had an alcohol specific hospital admission in 2020-21, the number of previous alcohol-specific admissions they had in the preceding 24 months.

- (ii) The data displayed below has been sourced [from Hospital Episode Statistics data \(Source: NHS Digital\)](#) and ONS population data, analysed by PHE.

Type	Local (n)	Local rate per 100,000	LCL	UCL	England (n)	England rate per 100,000	LCL	UCL
No prior admission	875	422	396	451	101,440	228	227	230
1 prior admission	255	123	109	139	30,657	69	68	70
2 prior admissions	115	55	45	65	16,085	36	36	37
3+ prior admissions	175	84	73	98	38,200	86	85	87

Figure 85 Adults (18+) with alcohol-specific hospital admissions in 2020-21 and number of admissions in the preceding 24 months for Rotherham and England

- (iii) Note: In order to protect patient confidentiality local values between 1-7 have been replaced with '<7' for all local authority breakdowns where it is possible to calculate a value between 1 and 7 from the data presented. Also, all other Local (n) numbers have been rounded to the nearest 5. NA - Data not available

## 15 Mortality and years of life lost

- (i) The data here reflects the level of chronic heavy drinking in the population and is most likely to be found in higher risk drinkers and dependent drinkers
- (ii) Years of life lost indicate the contribution of alcohol misuse to premature death. Early death from chronic conditions is disproportionately prevalent in lower socio-economic groups and is likely to place demand on health and social care services prior to death. The death of people of working age will additionally impact on productivity.
- (iii) High rates of alcohol-specific mortality and mortality from chronic liver disease are likely to indicate a significant population who have been drinking heavily and persistently over the past 10 - 30 years (obesity is also a key factor for liver disease). Although not yet reflected in the data provided in this Needs Assessment, at a national level there has been an unprecedented increase in the rate of alcohol-specific deaths recorded in 2020 during the pandemic compared with 2019. This increase in total alcohol-specific deaths was brought about in the main by increases in deaths from alcoholic liver disease and high mortality rates have been sustained into 2021.
- (iv) As previously indicated, the alcohol-attributable fraction estimates have recently been updated to take account of the latest academic evidence and more recent alcohol consumption figures. Because of this, at the population level, the number of deaths attributed to alcohol is lower than it was before. This doesn't mean the risk from alcohol consumption to individuals has decreased.

[Guidance overview: Alcohol-attributable fractions for England: an update - GOV.UK \(www.gov.uk\)](#)

[Proposed changes for calculating alcohol-related mortality - GOV.UK \(www.gov.uk\)](#)

- (v) Alcohol-related deaths made up around 4% of all deaths in 2019 ([ONS, 2021](#)). Of these, about a quarter are alcohol-specific deaths – e.g. from alcohol poisoning, alcoholic liver disease, alcoholic pancreatitis. The remaining alcohol-related deaths are from conditions partially related to alcohol, roughly two thirds of which are from chronic conditions – e.g. cardiovascular diseases and cancers, with the remainder caused by acute consequences such as road traffic accidents or intentional self-harm. The rate of chronic liver disease mortality in the most deprived quintile (17.6 per 100,000 of the population) is almost double the rate in the least deprived (9.1) ([Source: LAPE, PHE](#)).
- (vi) *The data displayed below is sourced from [LAPE, PHE](#).*

### 15.1.1 Years of life lost due to alcohol-related conditions

Local			
Years of life lost due to alcohol-related conditions (Old Method) by sex	DSR per 100,000	LCL	UCL
Female	449	255	702
Male	1,046	734	1,413

*Figure 86 Years of life lost due to alcohol-related conditions for Rotherham, 2018*

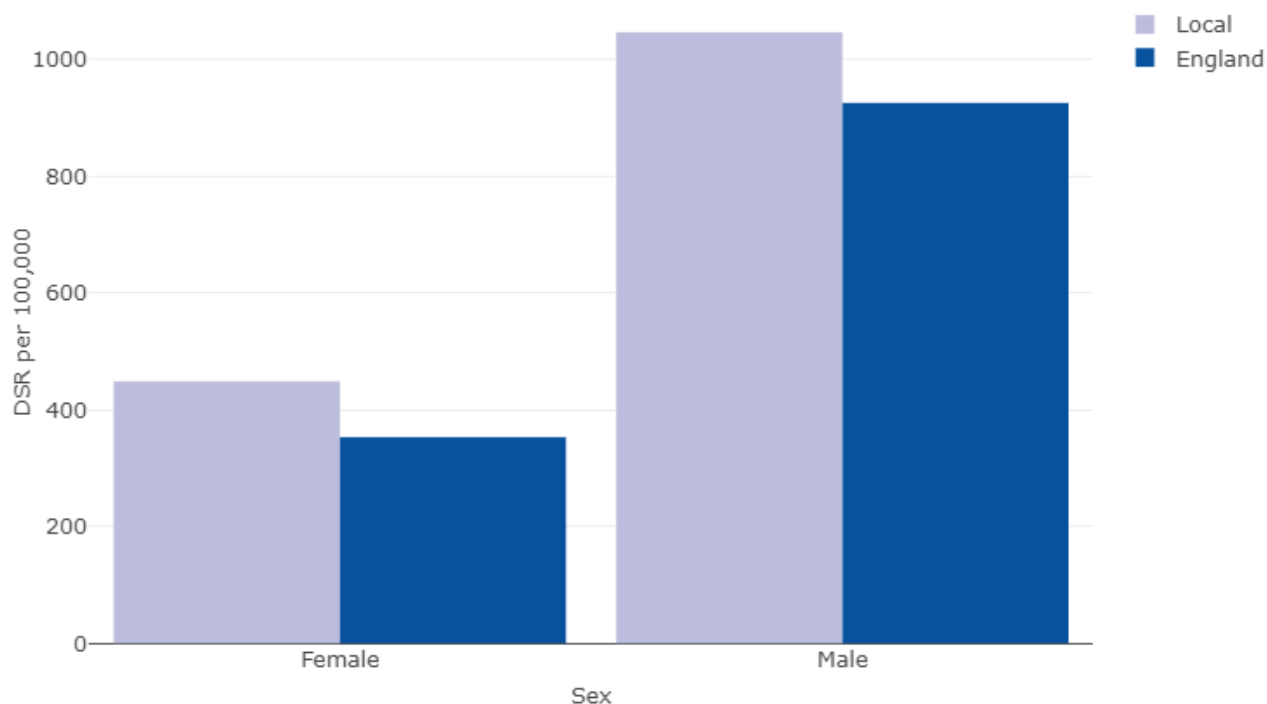


Figure 87 Years of life lost due to alcohol-related conditions by sex for Rotherham and England, 2018

### 15.1.2 Alcohol-specific mortality

Alcohol-specific mortality				
Area	DSR per 100,000	LCL	UCL	Trend 2006-08 to 2017-19
Local	13.3	10.8	16.1	
England	10.9	10.7	11.1	

Figure 88 Alcohol-specific mortality for Rotherham and England, 2017-19

Mortality from chronic liver disease				
Area	DSR per 100,000	LCL	UCL	Trend 2006-08 to 2017-19
Local	13.5	11.1	16.4	
England	12.0	11.8	12.2	

Figure 89 Mortality from chronic liver disease for Rotherham and England, 2017-19



Alcohol-related mortality				
Area	DSR per 100,000	LCL	UCL	Trend 2016 to 2019
Local	40.5	33.2	49.0	
England	35.7	35.2	36.2	

Figure 90 Alcohol-related mortality for Rotherham and England, 2019

## 16 Alcohol specific morbidity and mortality in 2020

- (i) The graphs below set out monthly trend in the directly standardised rate per 100,000 population of:
- Total alcohol-specific unplanned hospital admissions for England and your region during 2021, 2020 and a baseline made up of weighted data from the years 2018 and 2019.
  - Total alcohol-specific deaths for England and your region during 2021, 2020 and a baseline made up of weighted data from the years 2018 and 2019
- (ii) The data displayed below is sourced from the [Wider Impacts for COVID-19 on Health \(WICH\) dashboard](#).

### 16.1.1 Alcohol-specific unplanned admissions

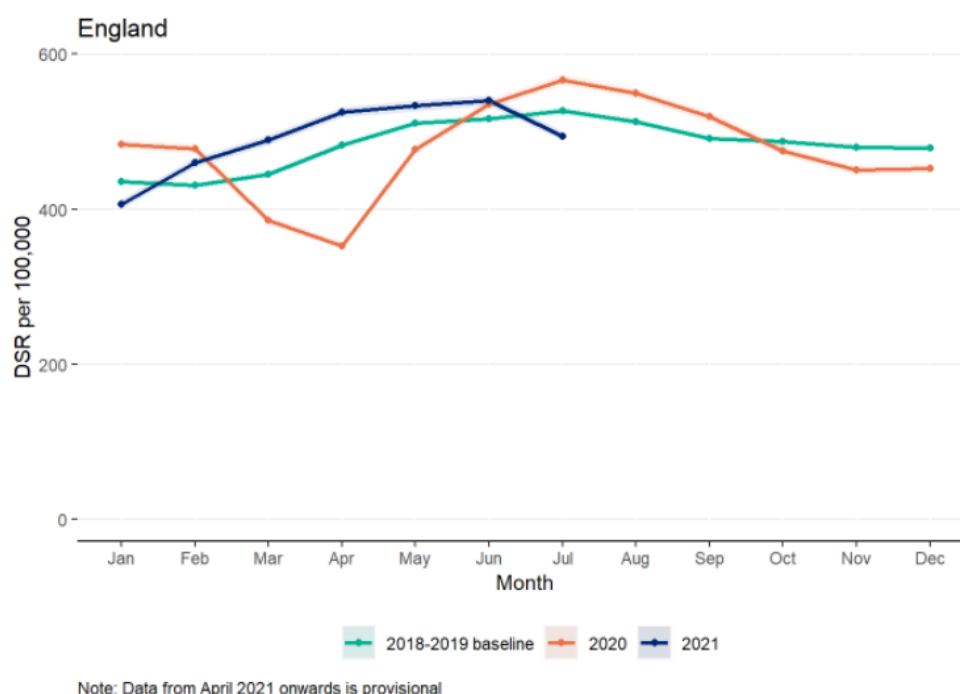


Figure 91 All ages, all persons, monthly rate of all cause alcohol-specific unplanned admissions and 95% confidence intervals for 2018-19 baseline, 2020 and 2021 for England

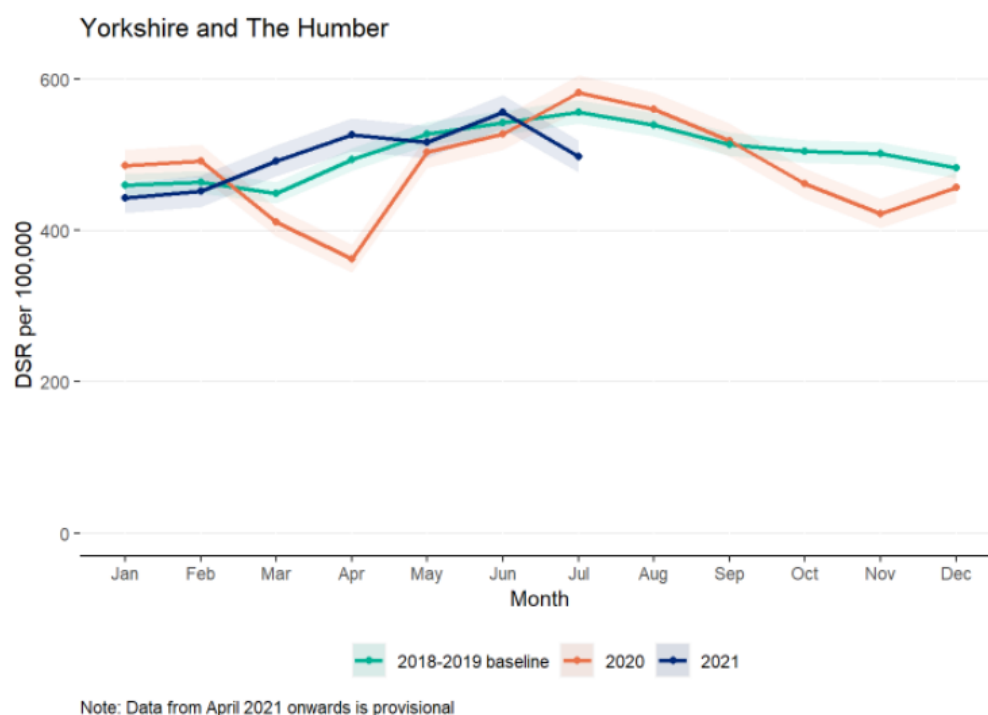


Figure 92 All ages, all persons, monthly rate of all cause alcohol-specific unplanned admissions and 95% confidence intervals for **2018-19 baseline**, **2020** and **2021** for Yorkshire and Humber region.

### 16.1.2 alcohol-specific deaths

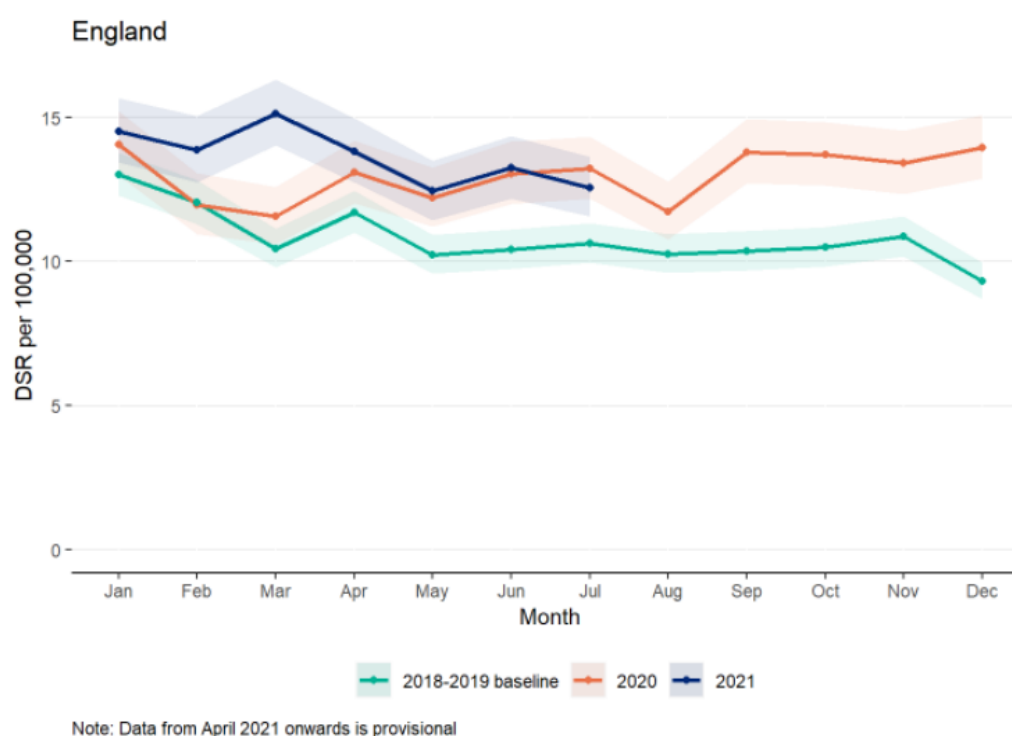


Figure 93 All ages, all persons, monthly rate of all cause alcohol-specific deaths and 95% confidence intervals for 2018-19 baseline, 2020 and 2021 for England

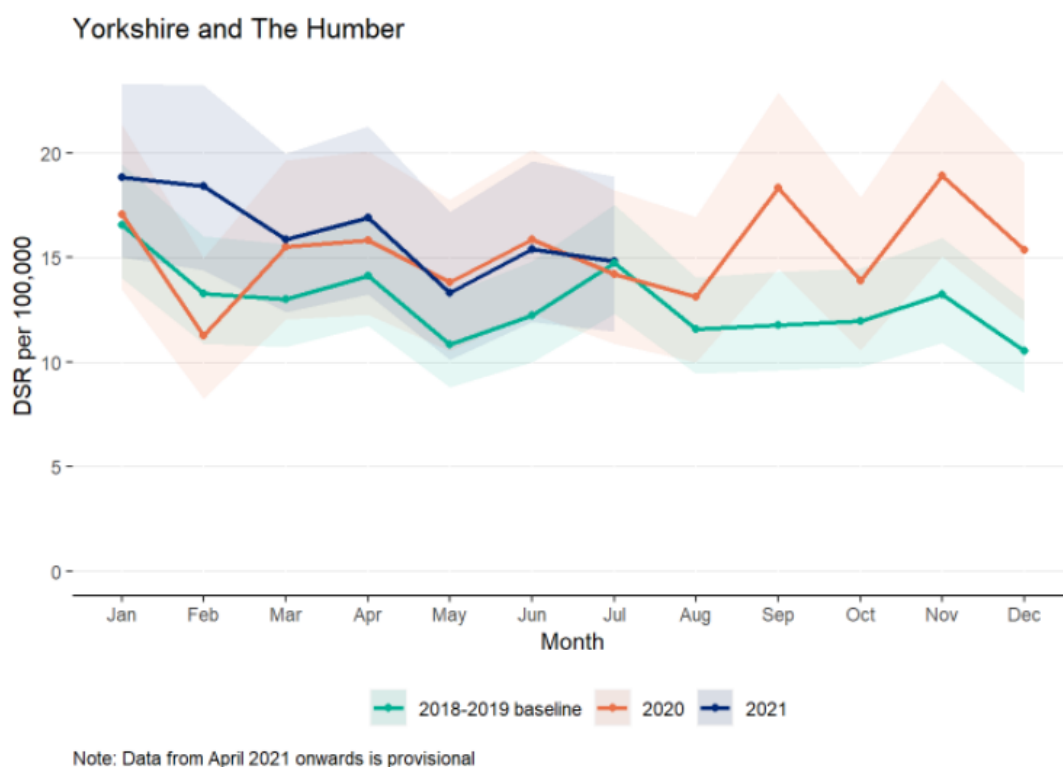


Figure 94 All ages, all persons, monthly rate of all cause alcohol-specific deaths and 95% confidence intervals for 2018-19 baseline, 2020 and 2021 for Yorkshire and Humber region.

## 17 Patterns of alcohol consumption

- (i) Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. However, there can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where it can take many years. In January 2016 the Chief Medical Officer issued revised guidance on alcohol consumption, which advises that in order to keep to a low level of risk of alcohol-related harm, adults should not regularly drink more than 14 units of alcohol a week.
- (ii) In England, 22% of the population are drinking at above low risk levels so may benefit from some level of intervention. However, harm can be short-term and instantaneous, due to intoxication or long-term, from continued exposure to the toxic effect of alcohol or from developing dependence. This requires a multi-component response and pathways will differ from area to area. The data presented here gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the [Health Survey for England \(2015-2018 combined\)](#).
- (iii) The data displayed below is sourced from [LAPE,PHE](#).



Indicator	Local (%)	LCL	UCL	England (%)	LCL	UCL
Proportion of adults who abstain from drinking alcohol	12.0	7.8	17.9	16.2	15.8	16.6
Proportion of adults drinking over 14 units of alcohol a week	31.1	23.8	39.7	22.8	22.4	23.3

Note:

NA - data not available

Figure 95 Patterns of alcohol consumption for Rotherham and England

## 18 Prevalence estimates and rates of unmet need for alcohol treatment

- (i) Set out below are the estimated numbers of people with alcohol dependence in Rotherham and rate of unmet need. The prevalence estimate gives an indication of the number of adults in your local area that are in need of specialist alcohol 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.
- (ii) Specific rates for addressing unmet need will be determined locally. Effective structured treatment for alcohol dependent adults will be an essential element of a local integrated alcohol harm reduction strategy. Ambition for addressing unmet need for treatment will be based on local need in the context of that strategy.
- (iii) The data displayed below on prevalence is sourced from [\(PHE, 2021\)](#).

Area	Local estimate	Local rate per 1,000 of population	No. in treatment*	Unmet need (%)	LCL	UCL
Local	3,627	17.5	654	82%	77%	86%
England	602,391	13.7	107,428	82%	78%	86%

Figure 96 Prevalence estimates and rates of unmet need for alcohol treatment in Rotherham and England

- (iv) **Note:**  
Current rates are based on the population of alcohol dependent adults potentially in need of specialist treatment, while previous models used the (much larger) population of harmful drinkers. Prevalence estimates 2018-19, rate per 1,000 of the population. 'Adults' refers to people 18 and over.  
\*Alcohol only and alcohol/non-opiate treatment numbers for 2020-21 has been used to calculate unmet need. All subsequent treatment data focuses solely on adults in alcohol only treatment, unless otherwise stated

## 19 Data from Rotherham's alcohol treatment system

- (i) The following pages provide detailed information on adults who are receiving structured alcohol treatment. The National Drug Treatment Monitoring System (NDTMS) data presented in this pack covers the period 1 April 2020 to 31 March 2021 and adults who cited alcohol as their only substance misuse problem, unless otherwise stated. Percentages are rounded and may not sum to 100%. In addition, proportions based on low numbers may also appear as 0%.

## 19.1 Client profile

- (i) This section describes the characteristics of people who were in treatment in 2020-21. 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.

### 19.1.1 Adults in treatment in 2020-21

#### 19.1.1.1 In alcohol split by sex



Area	Total adults	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Local	517	59%	41%	
England	76,740	58%	42%	

Figure 97 Numbers and proportion of adults in alcohol only treatment for Rotherham and England, 2020-21

#### 19.1.1.2 In treatment split by age and sex

Age	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
18-29	29	6%	7%	4%	6,928	9%	9%	10%
30-39	138	27%	25%	30%	17,901	23%	23%	24%
40-49	165	32%	30%	35%	22,244	29%	29%	29%
50-59	127	25%	29%	18%	20,050	26%	27%	25%
60-69	53	10%	9%	12%	7,870	10%	10%	10%
70-79	5	1%	1%	0%	1,628	2%	2%	2%
80+	0	0%	0%	0%	119	0%	0%	0%

Figure 98 Age of adults in alcohol only treatment for Rotherham and England, 2020-21

### 19.1.2 Adults starting alcohol only treatment in 2020-21

Area	Total new presentations	Proportion of all in treatment	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Local	312	60%	60%	60%	
England	52,220	68%	68%	68%	

Figure 99 Number and proportion of new presentations to alcohol only treatment for Rotherham and England, 2020-21

### 19.1.3 Protected characteristics of adults starting treatment in 2020-21

This data shows information on demographic groups that presented to treatment in 2020-21. Directly comparable data on the prevalence of each socio-cultural group in Rotherham is not currently available.

#### 19.1.3.1 Ethnicity

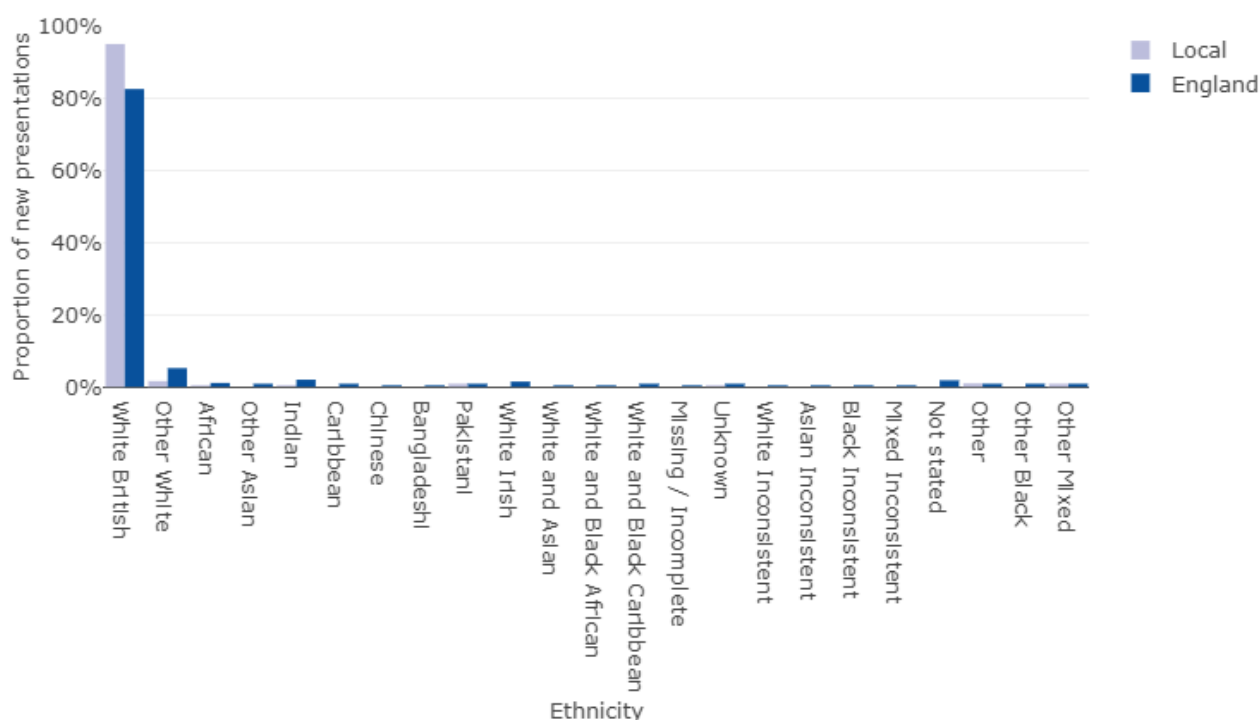


Figure 100 Proportion of adults presenting to alcohol only treatment by ethnicity for Rotherham and England, 2020-21

### 19.1.3.2 Religion

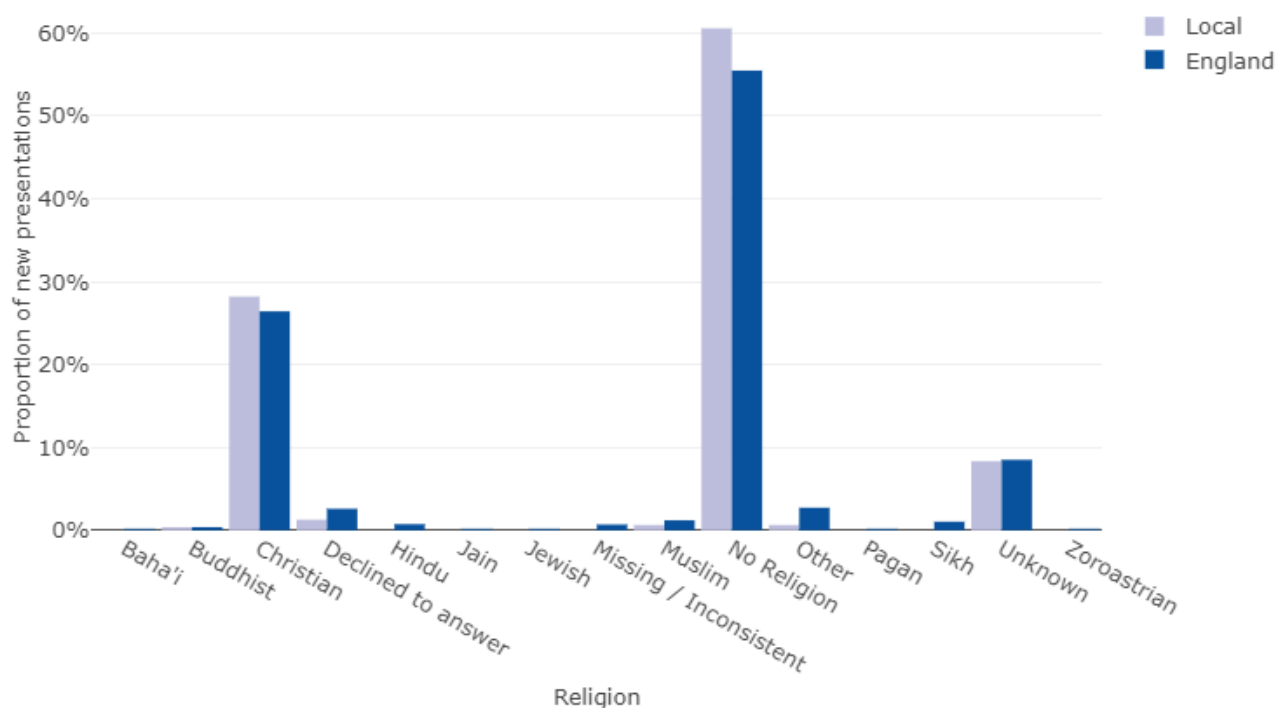


Figure 101 Proportion of adults presenting to alcohol only treatment by religion for Rotherham and England, 2020-21

### 19.1.3.3 Sexuality

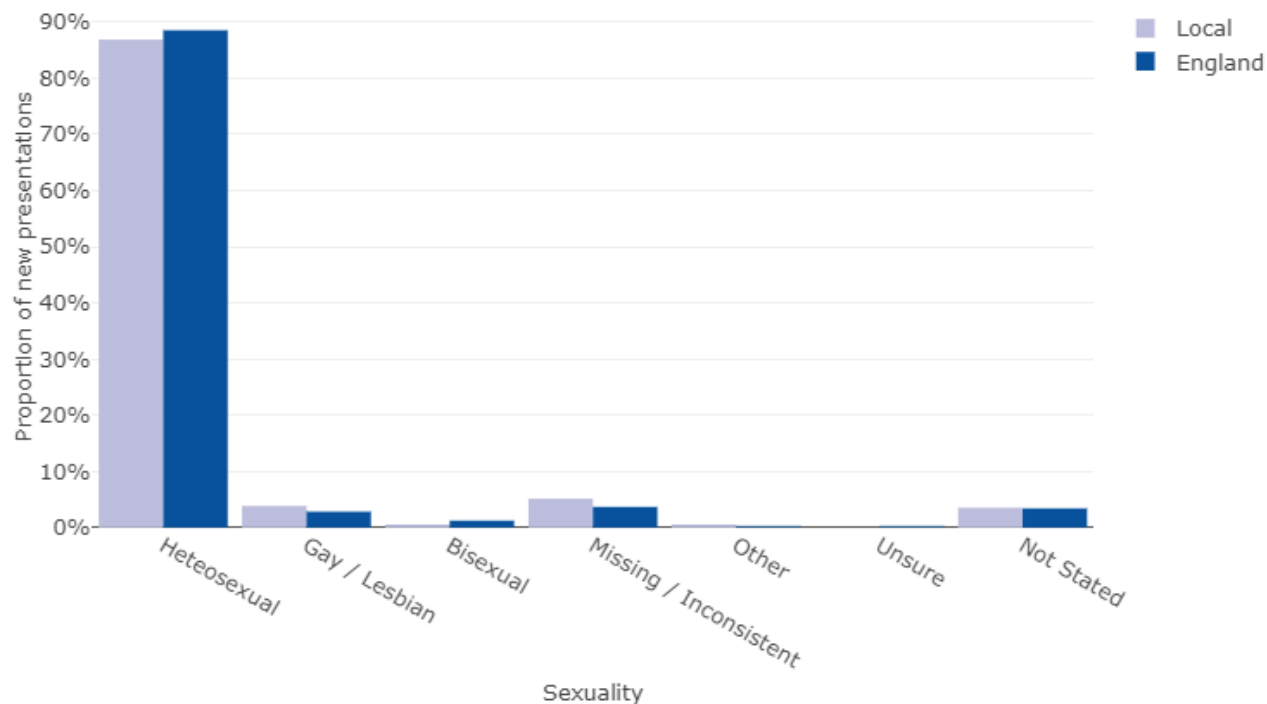


Figure 102 Proportion of adults presenting to alcohol only treatment by sexuality for Rotherham and England, 2020-21

### 19.1.3.4 Disability

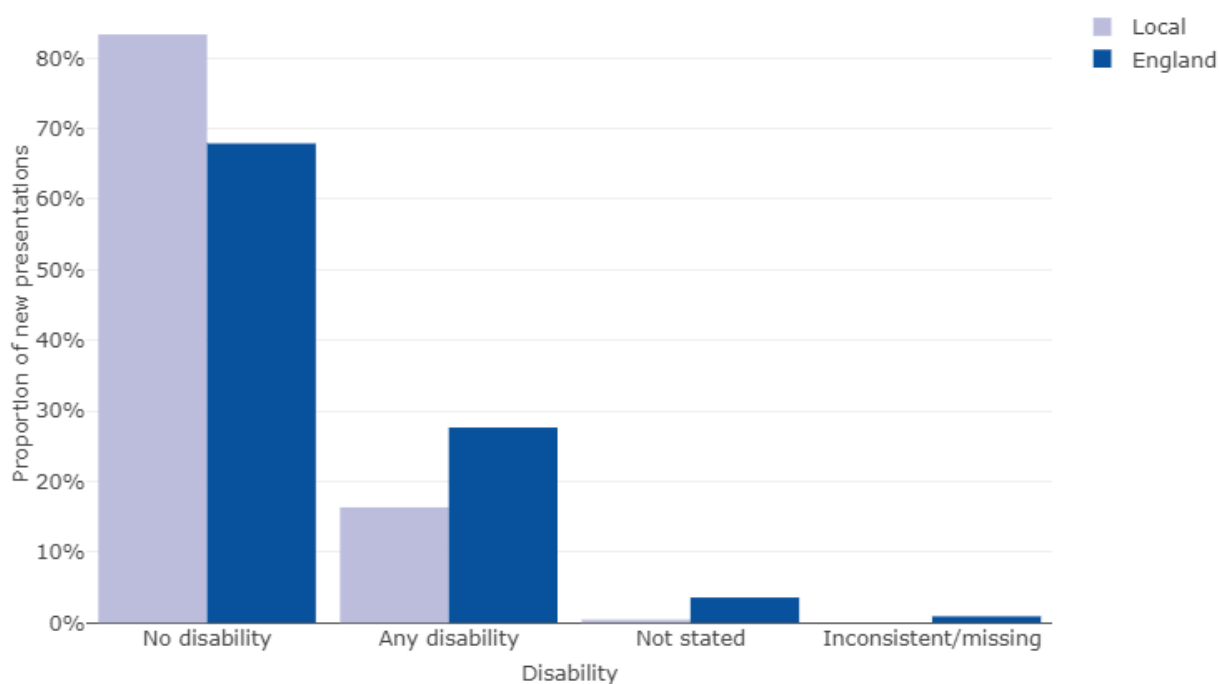


Figure 103 Proportion of adults presenting to alcohol only treatment by disability for Rotherham and England, 2020-21

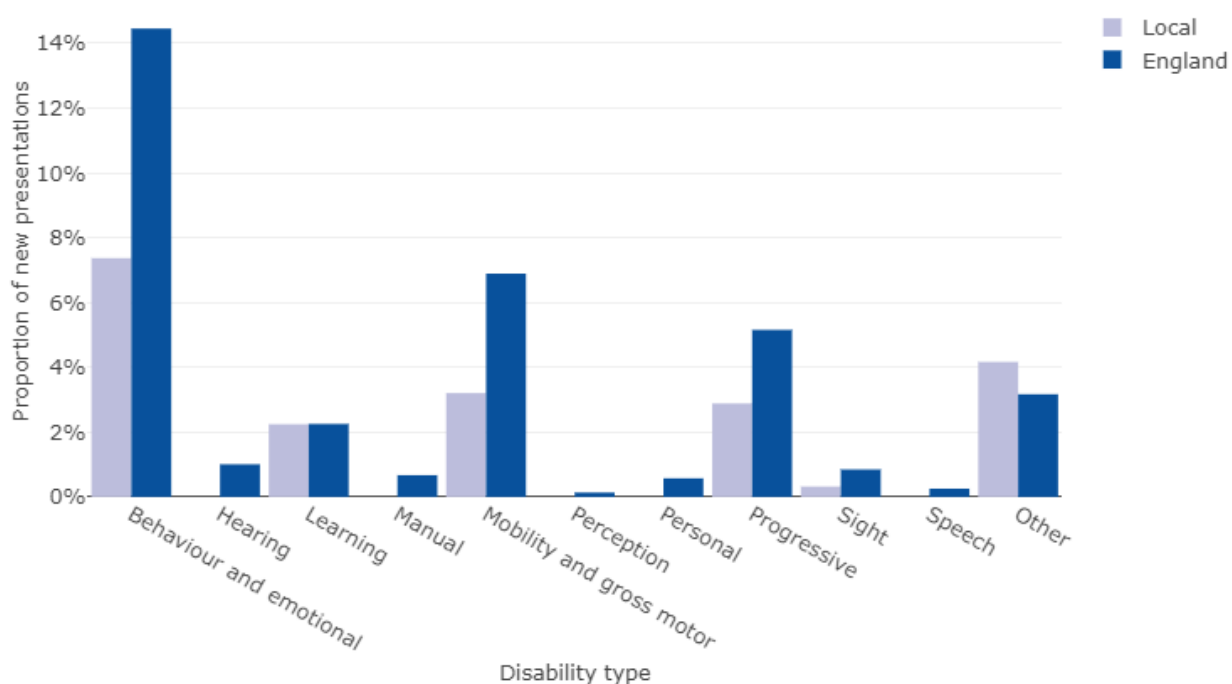


Figure 104 Proportion of adults presenting to alcohol only treatment by disability type for Rotherham and England, 2020-21

## 19.2 Waiting times

- (i) This section provides information relating to the waiting times for first treatment interventions. People who need alcohol treatment need prompt help if they are to engage in treatment and recover from dependence. Keeping waiting times short will play a vital role in supporting recovery from alcohol dependence.

Waiting time to first intervention	Local		England	
	Total interventions started	Proportion of all interventions started	Total interventions started	Proportion of all interventions started
Under 3 Weeks	332	99%	53,365	98%
3 - 6 Weeks	2	1%	706	1%
Over 6 Weeks	0	0%	404	1%

Figure 105 Waiting times for first interventions for Rotherham and England, 2020-21

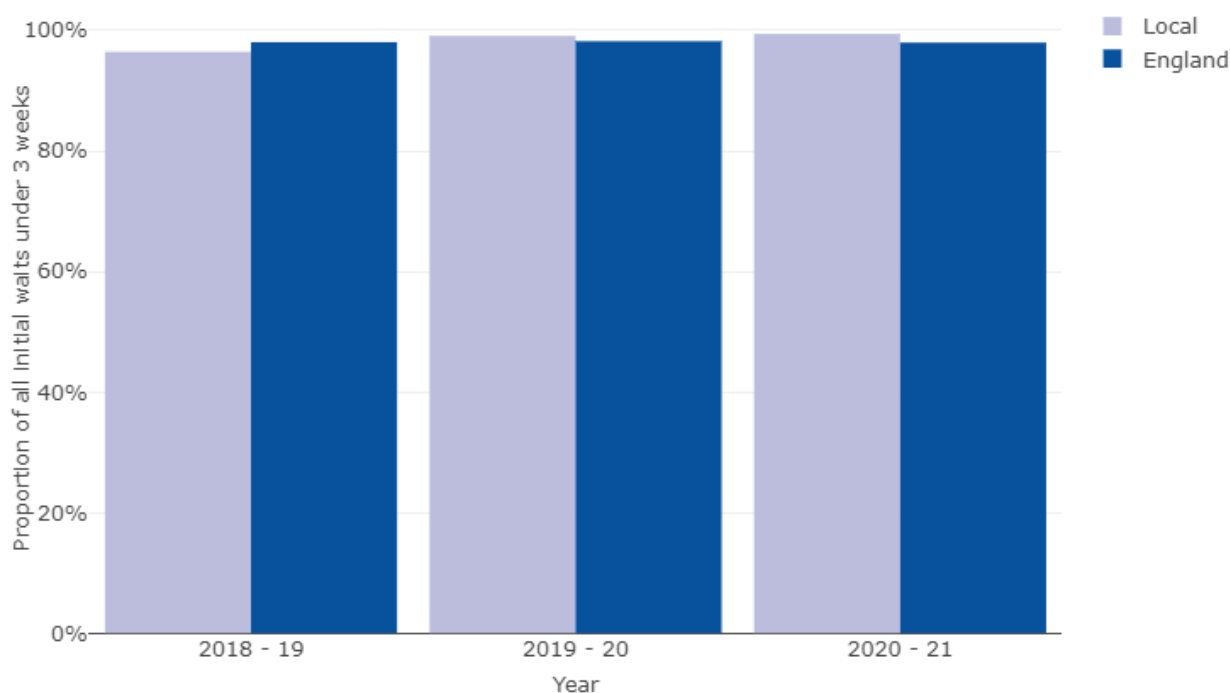


Figure 106 Waiting times for first interventions for Rotherham and England, 2020-21

## 19.3 Treatment engagement

- (i) When engaged in treatment, people use alcohol and illegal drugs less, commit less crime, improve their health, and manage their lives better – which also benefits the community. Preventing unplanned 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 Rotherham in 2020-21 who left treatment in an

unplanned way before 12 weeks, but it is important to review any unplanned exits from treatment in order to develop a better understanding of what is happening within the Rotherham system.

Local				England			
Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
29	9%	10%	9%	6,552	13%	14%	11%

Figure 107 Early unplanned exits for Rotherham and England, 2020-21

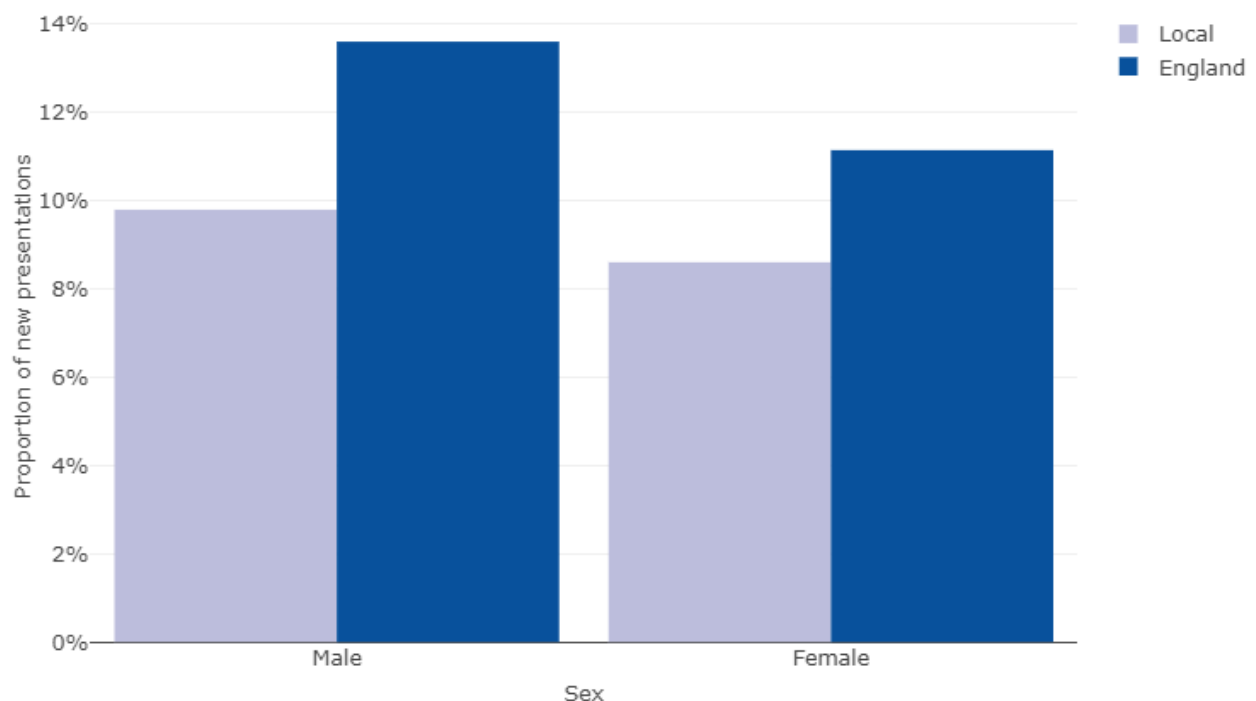


Figure 108 Early unplanned exits for Rotherham and England, 2020-21

## 19.4 Routes into treatment

- (ii) The table below shows the routes into alcohol treatment in 2020-21. Understanding these, gives an indication of the level of referrals from various settings into specialist treatment. Referrals from hospitals includes referrals from alcohol care teams and other people identified as potentially dependent by clinicians in hospital. Criminal Justice System (CJS) means referred through an arrest referral scheme, via an Alcohol Treatment Requirement (ATR), prison or the probation service

Referral	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Self-referral	237	76%	74%	79%	32,574	63%	62%	64%
Referred through criminal justice system (CJS)	7	2%	3%	2%	3,014	6%	8%	3%
Referred by GP	10	3%	3%	4%	4,342	8%	8%	9%
Hospital/A&E	40	13%	15%	10%	3,420	7%	7%	6%
Social Services	1	0%	1%	0%	2,000	4%	3%	5%
All other referral sources	17	5%	5%	5%	6,722	13%	13%	13%

Figure 109 Sources of referral for those starting treatment for Rotherham and England, 2020-21

Referral	Local (n)	Proportion of referrals	Male (%)	Female (%)	England (n)	Proportion of referrals	Male (%)	Female (%)
A&E	0	0%	0%	0%	157	5%	4%	5%
Hospital	38	95%	96%	92%	2,506	73%	72%	75%
Hospital ACT* Liaison	2	5%	4%	8%	757	22%	23%	20%
Total	40				3,420			

Figure 110 Breakdown of hospital/A&E referrals for Rotherham and England, 2020-21

## 19.5 Treatment population with prior convictions

- (i) This section displays the proportion of adults in treatment with a prior conviction, calculated at the latest available date (December 2012). The cohort is comprised of all adults in treatment at that point but also includes all adults who were in treatment at any point within the preceding year.

Type	Proportion of local treatment population %	Proportion of national treatment population %
Alcohol only	17%	21%
Total	28%	29%

Figure 111 Adults in the treatment population in 2012 with convictions in the two-years preceding treatment for Rotherham and England, 2020-21

- (ii) Note:  
Please note the total is comprised of all substances including: Opiate, Non-opiate only, Non-opiate and alcohol, Alcohol only



## 19.6 Crimes saved

- (i) A joint PHE/MoJ study in 2017 (<https://www.gov.uk/government/publications/the-effect-of-drug-and-alcohol-treatment-on-re-offending>) on the impact of community-based treatment on re-offending found that, overall, there was a reduction of 44% in the number of people who were recorded as re-offending in the two years following the start of treatment and a reduction of 33% in the number of offences. Opiate users showed the smallest decreases in both re-offenders (a reduction of 31%) and re-offending (a reduction of 21%). Alcohol only users showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively). The data below provides an estimate of the overall number of offences committed by adults before accessing treatment and the benefit in terms of the social and economic costs accrued.

Offence type	Local (estimated number)
Total	1,000

Figure 112 Estimates number of crimes committed before treatment entry for Rotherham (based on 2016-17 data)

Gross benefits	Estimated alcohol adults (£)
Social and economic gross	360,000

Figure 113 Gross benefits for Rotherham (based on 2016-17 data)

## 19.7 Adults leaving prison and engaging in community treatment (PHOF C20)

- (i) This table shows the proportion of adults in 2020-21 who at the point of release from prison were transferred to a community treatment provider for structured treatment interventions and other support and were successfully engaged. This is the same as the Public Health Outcomes Framework (PHOF) indicator C20 (formerly 2.16).

Further information on this indicator can be found on the Fingertips website [here](#).

Substance type	Local transfer (n)	Local engaged (n)	Proportion engaged %	England transfer (n)	England engaged (n)	Proportion engaged %
Alcohol only	11	0	0%	1,406	181	13%
Total	126	32	25%	18,176	6,929	38%

Figure 114 Released from prison, transferred to a community treatment provider for structured treatment and successfully engaged for Rotherham and England, 2020-21

- (ii) *Note*  
:Please note the total is compromised of all substances including: Opiate, Non-opiate only, Non-opiate and alcohol, Alcohol only

## 19.8 Adults who are parents/carers and their children

- (i) The data below shows the number of alcohol adults who entered treatment in 2020-21 who live with children and the stated number of children who live with them. Alcohol adults 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 adults entering treatment in 2020-21 is presented, as is the number of parents/ carers engaging with Early Help or children's social care (EHCS).

### 19.8.1 Parental status

Parental Status	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Parents Living With Children	63	20%	15%	27%	11,626	22%	17%	29%
Parents Not With Children	67	21%	24%	18%	9,389	18%	20%	15%
Other Contact Living With Children	12	4%	5%	2%	1,222	2%	3%	2%
Not Parent No Contact With Children	168	54%	55%	52%	28,974	55%	58%	51%
Missing / Incomplete	2	1%	1%	1%	1,009	2%	2%	2%

Figure 115 Numbers and proportion of new presentations to alcohol treatment by parental status for Rotherham and England, 2020-21

### 19.8.2 Children living with adults

Living with children	Local	Proportion of children by adult sex		England	Proportion of children by adult sex	
Type	Total adults	Male (%)	Female (%)	Total adults	Male (%)	Female (%)
Number of children living with alcohol adults	116	50%	50%	22,681	47%	53%

Figure 116 Children living with adults entering alcohol only treatment for Rotherham and England, 2020-21

### 19.8.3 Early help and children's social care

EHSCSC Type	Local (n)	Proportion of adults with child contact			England (n)	Proportion of adults with child contact		
			Male (%)	Female (%)			Male (%)	Female (%)
Early Help	9	7%	1%	14%	1,238	6%	4%	8%
Child In Need	6	4%	4%	5%	1,243	6%	4%	8%
Child Protection Plan In Place	12	9%	4%	15%	1,843	9%	6%	12%
Looked After Child	3	2%	0%	5%	581	3%	2%	4%
No Early Help	101	75%	86%	61%	14,997	70%	77%	62%
Missing	4	3%	5%	0%	1,459	7%	8%	6%

Figure 117 Adult's children receiving early help or in contact with early help and children's social care for Rotherham and England, 2020-21

### 19.8.4 Pregnancy status

Pregnancy data	Local (n)	Proportion	England (n)	Proportion
New female presentation who were pregnant	2	2%	283	1%
Incomplete data	0	0%	212	1%

Figure 118 Number and proportion of female adults by pregnancy status for Rotherham and England, 2020-21

## 19.9 Tobacco use

- (i) There is a high prevalence of smoking in people who use drugs and alcohol and this is a major cause of illness and death. Whilst smoking rates in the adult general population are below 14% in England, we know that smoking rates are typically much higher in people with multiple dependencies. 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 be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are three times as likely to quit as those who try to quit unaided.
- (ii) Stop smoking support is commissioned by local authorities and can be delivered in a variety of settings by trained professionals. In addition to dedicated stop smoking services, many localities now commission integrated services where people can access support to quit smoking as well as treatment for other dependencies, in order to make them more accessible. Often smoking can be seen as the more difficult addiction to break, and so is not always seen as the priority. However, we know that around 60% of smokers say that they would like to quit, and around 40% try to do so each year. By offering support from trained professionals, combined with access to the latest evidence-based stop smoking products

(including electronic cigarettes), we can increase the proportion of smokers making a quality quit attempt and successfully quitting.

### 19.9.1 Tobacco at start of treatment

Local				England			
Total adults	Proportion of all in treatment	Male (%)	Female (%)	Total adults	Proportion of all in treatment	Male (%)	Female (%)
98/233	42%	46%	36%	15,758	43%	44%	42%

Figure 119 Adults identified as smoking tobacco at start of treatment for Rotherham and England, 2020-21

### 19.9.2 Abstinent from tobacco at review

Local				England			
Total adults	Proportion abstinent at review of those smoking at start of treatment	Male (%)	Female (%)	Total adults	Proportion abstinent at review of those smoking at start of treatment	Male (%)	Female (%)
41/98	42%	38%	49%	4,704	30%	29%	31%

Figure 120 Adults identified as abstinent from tobacco at review for Rotherham and England, 2020-21

### 19.9.3 Smoking cessation interventions

Local				England			
Total adults	Proportion of adults	Male (%)	Female (%)	Total adults	Proportion of adults	Male (%)	Female (%)
1/233	0.4%	0.7%	0.0%	349	1.0%	1.0%	0.9%

Figure 121 Adults receiving smoking cessation interventions for Rotherham and England, 2020-21

## 19.10 Drinking levels

- (i) This section shows the number of units consumed by people in treatment in the 28 days prior to commencing treatment. Most people who require structured treatment for alcohol dependence will be drinking at higher risk levels. Drinking levels can be used as a rough proxy for level of dependence and levels of alcohol health risk. An indication of drinking levels in treatment may be useful in understanding which groups of adults are receiving treatment and whether those with the highest levels of harm are receiving effective interventions.
- (ii) There is a strong association between levels of consumption and severity of dependence but they are not equivalent. For example, women are likely to become dependent at lower levels of consumption than men.

- (iii) Consumption is based on drinking levels over the 28 days prior to assessment. There will be some moderately or severely dependent adults who have stopped or reduced consumption prior to treatment (for example in hospital or prison) so will appear in the lowest category even though they are alcohol dependent and will require treatment.
- (iv) A number of areas are recording scores taken from the Severity of Alcohol Dependence Questionnaire (SADQ) assessment tool and in those areas local data on levels of dependence within the treatment population will be available.

#### 19.10.1 Units consumed in the 28 days prior to entering treatment

Units	Proportion of				Proportion of			
	Local (n)	adults	Male (%)	Female (%)	England (n)	adults	Male (%)	Female (%)
0	41	8%	8%	8%	3,864	6%	5%	6%
1-199	96	19%	17%	22%	13,453	19%	16%	23%
200-399	109	21%	17%	27%	15,600	22%	20%	25%
400-599	105	21%	21%	20%	15,927	23%	22%	23%
600-799	72	14%	17%	10%	7,639	11%	12%	9%
800-999	38	7%	9%	6%	5,853	8%	10%	6%
1000+	50	10%	12%	7%	7,805	11%	14%	8%
<b>Total</b>	<b>511</b>				<b>70,141</b>			

*Figure 122 Number and proportion of adults in alcohol treatment by drinking level units for Rotherham and England, 2020-21*

## 19.10.2 Severity of alcohol dependence questionnaire (SADQ)

SADQ	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
0-15: Mild	104	33%	32%	35%	14,137	27%	26%	29%
16-30: Moderate	98	31%	32%	31%	10,501	20%	20%	20%
31+: Severe	67	21%	24%	18%	10,284	20%	22%	17%
Declined to answer	0	0%	0%	0%	223	0%	0%	0%
Not stated / Not known	41	13%	12%	15%	10,157	19%	19%	20%
Missing/ Incomplete	2	1%	1%	1%	6,918	13%	13%	14%
<b>Total</b>	<b>312</b>				<b>52,220</b>			

*Figure 123 Adults presenting to alcohol only treatment by Severity of alcohol dependence questionnaire (SADQ) for Rotherham and England, 2020-21*

## 19.11 Alcohol dependent adults and drug use

- (i) Whilst the NDTMS data in this Needs Assessment focuses specifically on those adults who are in treatment for alcohol only, it is important to take into account the wider cohort of alcohol users who also have drug problems. The needs of these adults are particularly complex and extra consideration needs to be given to what additional support they may require.
- (ii) Presented first here is the number and proportion of adults in your treatment system who have a problem with alcohol only. This is followed by the number and proportion of adults who have a problem with both alcohol and drugs and then the most commonly cited drugs by these adults; crack, cocaine and cannabis.

Alcohol and drug users in treatment	Local		England	
	Total adults	Proportion of all adults receiving alcohol treatment	Total adults	Proportion of all adults receiving alcohol treatment
All alcohol adults	848	100%	131,391	100%
Alcohol only adults	517	61%	76,740	58%
Alcohol and opiate adults	77	9%	6,590	5%
Alcohol and non-opiate adults	137	16%	30,688	23%
Alcohol, opiates and non-opiate adults	117	14%	17,373	13%
Cited crack*	96	11%	15,565	12%
Cited cocaine*	63	7%	17,207	13%
Cited cannabis*	114	13%	18,805	14%

Note:

Figure 124 Proportion of alcohol adults in the treatment system for Rotherham and England, 2020-21

- (iii) \*Please note adults may cite more than one additional substance and are counted once under each relevant category

## 19.12 Interventions

- (i) 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 received a pharmacological intervention and whether it was for withdrawal or relapse prevention. This has been separated in this way so as to distinguish between prescription for initial medically assisted withdrawal (detox) and that to reduce craving and maintain sustained abstinence.

### 19.12.1 High level interventions

Setting	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
Type	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion
Community	128	91%	504	99%	350	98%	509	99%
Inpatient Unit	31	22%	32	6%	31	9%	32	6%
Primary Care	7	5%	8	2%	1	0%	10	2%
Residential	0	0%	7	1%	1	0%	7	1%
Recovery House	0	0%	0	0%	0	0%	0	0%
Young Persons Setting	0	0%	0	0%	0	0%	0	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
<b>Total*</b>	<b>141</b>	<b>100%</b>	<b>511</b>	<b>100%</b>	<b>358</b>	<b>100%</b>	<b>513</b>	<b>100%</b>

Figure 125 Number and proportion of adults in treatment in high level interventions and settings across the treatment journey for Rotherham, 2020-21

Setting	Pharmacological		Psychosocial		Recovery Support		Total Adults**	
Type	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion	Total adults	Proportion
Community	9,978	80%	74,231	98%	59,516	98%	74,669	99%
Inpatient Unit	2,631	21%	2,607	3%	2,108	3%	2,690	4%
Primary Care	221	2%	439	1%	251	0%	660	1%
Residential	514	4%	1,107	1%	776	1%	1,311	2%
Recovery House	5	0%	22	0%	55	0%	64	0%
Young Persons Setting	0	0%	5	0%	0	0%	5	0%
Missing / Incomplete	0	0%	0	0%	0	0%	0	0%
<b>Total*</b>	<b>12,547</b>	<b>100%</b>	<b>75,458</b>	<b>100%</b>	<b>60,564</b>	<b>100%</b>	<b>75,778</b>	<b>100%</b>

Figure 126 Number and proportion of alcohol adults in High level interventions and settings for England, 2020-21

- (ii) Note: \*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



## 19.12.2 Pharmacological intervention

Pharmacological intervention type	Local		England	
	Total adults	Proportion	Total adults	Proportion
Withdrawal	25	18%	3,156	25%
Relapse prevention	102	72%	5,455	43%

Figure 127 Adults with a pharmacological intervention by intention for Rotherham and England, 2020-21

## 19.13 Residential rehabilitation

- (i) The data below shows the number of adult alcohol users in Rotherham who have been to residential rehabilitation during their latest period of treatment (as a proportion of the local alcohol treatment population and against the national proportion). Structured alcohol treatment mostly takes place in the community, near to users' families and support networks. However, in line with NICE recommendations, a stay in residential rehabilitation is appropriate for those with the most complex needs, and should be an option as part of an integrated recovery-orientated system.

Local		England	
Total adults	Proportion of treatment population	Total adults	Proportion of treatment population
7	1%	1,503	2%

Figure 128 Numbers and proportion of alcohol only adults in residential treatment for Rotherham and England, 2020-21

## 19.14 Co-occurring mental health and alcohol conditions

- (i) This data shows the number of alcohol adults who started treatment in 2020-21 who were identified as having a mental health treatment need and, of these the number who were receiving treatment from health services. Comparing prevalence with treatment received shows whether need is being appropriately met.

Local				England			
Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
237	76%	71%	84%	33,618	64%	59%	71%

Figure 129 Adults who entered alcohol only treatment in 2020-21 and were identified as having mental health treatment need, for Rotherham and England

Treatment type	Local (n)	Proportion of new presentation	Male (%)	Female (%)	England (n)	Proportion of new presentation	Male (%)	Female (%)
Already engaged*	13	5%	6%	5%	5,516	16%	15%	18%
GP*	181	76%	74%	79%	20,681	62%	59%	64%
Health-based place*	2	1%	1%	1%	142	0%	1%	0%
NICE*	0	0%	0%	0%	338	1%	1%	1%
Engaged with IAPT	10	4%	3%	6%	535	2%	1%	2%
<b>Total</b>	<b>205</b>	<b>86%</b>	<b>83%</b>	<b>91%</b>	<b>27,027</b>	<b>80%</b>	<b>77%</b>	<b>84%</b>

*Figure 130 Adults in alcohol only treatment identified as having a mental health treatment need and receiving treatment for their mental health, for Rotherham and England, 2020-21*

(ii) Note:

The total number is the number of individuals receiving mental health treatment and not a summation of treatment type.

\*Already engaged - Already engaged with the Community Mental Health Team/Other mental health services.

GP - Receiving mental health treatment from GP.

NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem.

Health-based place - Has an identified space in a health-based place of safety for mental health crises.

## 19.15 Employment

- (i) The data below shows self-reported employment status at the start of treatment in 2020-21 along with 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 the Work and Health Programme providers.

### 19.15.1 Employment status

Status	Local		England	
	Total adults	Proportion of new presentations	Total adults	Proportion of new presentations
Regular employment	106	34%	18,793	36%
Unemployed / Economically inactive	126	40%	21,436	41%
Unpaid voluntary work	0	0%	121	0%
Long term sick or disabled	71	23%	9,278	18%
In education	0	0%	355	1%
Other	0	0%	646	1%
Missing / Incomplete	9	3%	1,591	3%

Figure 131 Employment status for alcohol only adults at the start of treatment for Rotherham and England, 2020-21

### 19.15.2 Employment Outcomes

Outcome	Start		Planned exit		Start		Unplanned exit	
	Total	%	Total	%	Total	%	Total	%
Employment								
Irregular (1-7 days)	5	4%	0	0%	1	8%	1	8%
Part-time (8-15 days)	7	6%	6	5%	1	8%	0	0%
Full time (16+ days)	32	28%	26	22%	1	8%	1	8%
Not working	72	62%	84	72%	10	77%	11	85%

Figure 132 Employment Outcomes for Rotherham, 2020-21

Outcome	Start		Planned exit		Start		Unplanned exit	
	Total	%	Total	%	Total	%	Total	%
Employment								
Irregular (1-7 days)	678	3%	509	2%	48	2%	27	1%
Part-time (8-15 days)	1,482	6%	1,275	5%	106	4%	79	3%
Full time (16+ days)	6,381	25%	6,589	26%	452	18%	380	15%
Not working	17,258	67%	17,426	68%	1,936	76%	2,056	81%

Figure 133 Employment Outcomes for England, 2020-21

## 19.16 Housing and homelessness

- (ii) The first part of 'Accommodation status' below shows self-reported housing status of adults when they started in your treatment services. The final section, 'No longer reporting a housing need at planned exit', shows those adults who successfully completed treatment with no housing problem reported. A safe, stable home environment enables people to sustain their recovery. This shows the importance of engaging with local housing and homelessness agencies to ensure that the full spectrum of homelessness is understood: from homelessness prevention to rough sleeping.

### 19.16.1 Accommodation status at the start of treatment

Housing Status	Local (n)	Proportion of new presentations	England (n)	Proportion of new presentations
Urgent problem (NFA)	3	1%	1,055	2%
Housing Problem	18	6%	3,886	7%
No housing problem	291	93%	46,983	90%
Other	0	0%	1	0%
Missing / Incomplete	0	0%	295	1%

Figure 134 Accommodation status of adults in alcohol treatment at the start of treatment for Rotherham and England, 2020-21

### 19.16.2 No longer reporting a housing need at planned exit

Local				England			
Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
1	100%	NA	100%	1,178	84%	83%	85%

Figure 135 Adults successfully completing treatment no longer reporting a housing need for Rotherham and England, 2020-21

## 19.17 Length of time in treatment

- (i) NICE Clinical Guideline CG115 recommends that mildly dependent and some higher risk drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should usually receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment. The optimum time in treatment will be agreed based on individual assessment of adult need.

- (ii)
- (iii) The length of a typical treatment period is just over 6 months, although nationally 12% of adults remained in treatment for at least a year. Retaining adults for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of adults in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

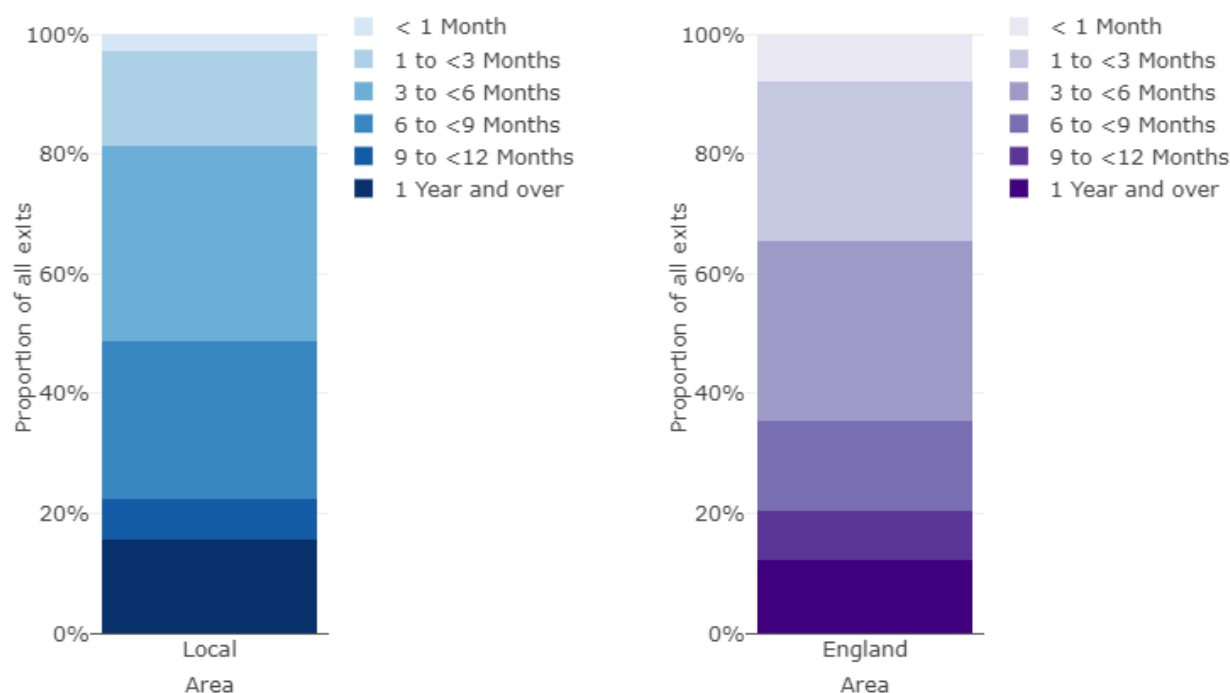


Figure 136 Proportion of length of time in treatment for Rotherham (left) and England (right), 2020-21

## 19.18 In treatment outcomes

- (i) The data below is drawn from the Treatment Outcomes Profile (TOP) and Alcohol Outcomes Record (AOR), which track the progress alcohol users make in treatment. This includes information on rates of abstinence from alcohol and changes in average days use. This is useful as these recovery assets are predictors of continued recovery.

### 19.18.1 Abstinence rates at planned exit

Local				England			
Total adults	Proportion	Male (%)	Female (%)	Total adults	Proportion	Male (%)	Female (%)
64	60%	56%	69%	12,965	53%	53%	54%

Figure 137 Adults who became abstinent for Rotherham and England, 2020-21

### 19.18.2 Days if drinking

Local			England		
Total	Average days at start	Average days at exit	Total	Average days at start	Average days at exit
107	21.3	11.5	24,252	20.3	11.5

Figure 138 Change in drinking days between start and planned exit for Rotherham and England, 2020-21

### 19.19 Successful completions

- (i) The following section relates to adults completing their period of treatment in 2020-21, and shows whether they completed successfully and did not return within 6 months.
- (ii) The PHE alcohol evidence review indicates that treatment is effective and cost-effective and is a necessary part of any overall approach to reduce alcohol related harm. Although there is no single measure of effective treatment for alcohol dependence, the following data gives an indication of how well the current system is working in treating those who are receiving structured treatment. A high proportion of successful completions and a low number of re-presentations to treatment indicate that treatment services are responding well to the needs of those in treatment.

#### 19.19.1 Leaving alcohol treatment

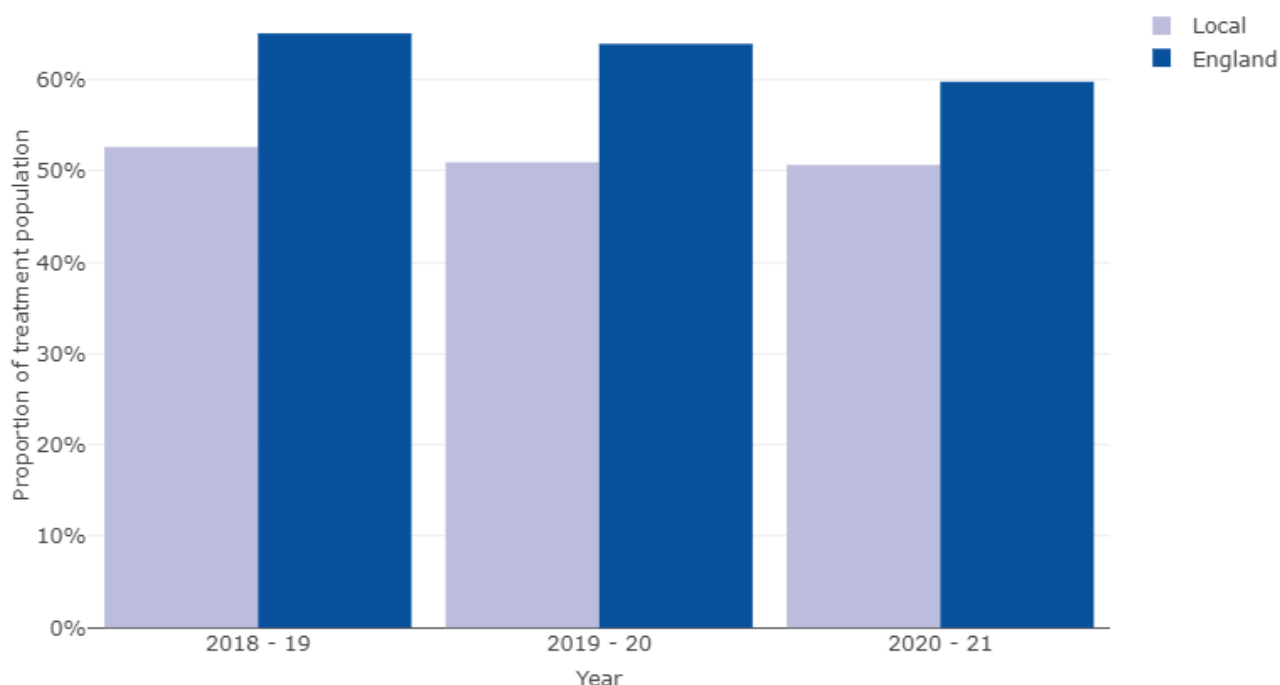


Figure 139 Proportion of treatment population leaving alcohol treatment for Rotherham and England, 2018-19 to 2020-21

### 19.19.2 Leaving alcohol treatment successfully

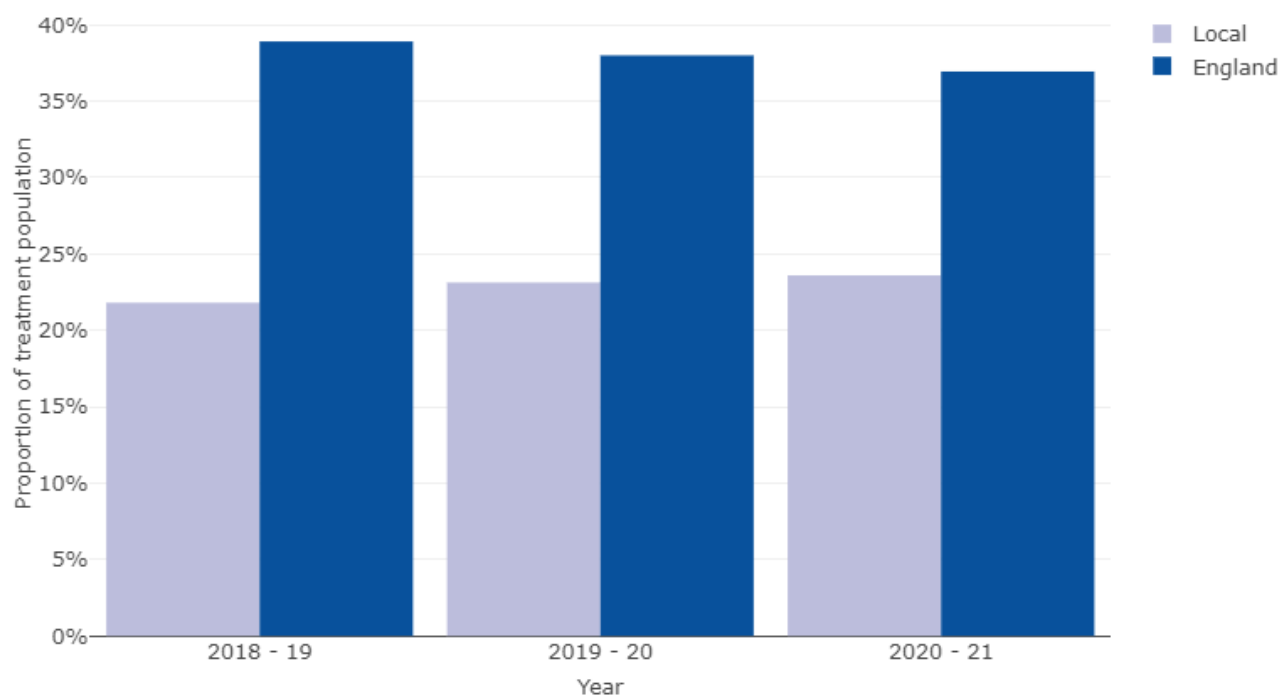


Figure 140 Proportion of treatment population leaving alcohol treatment successfully for Rotherham and England, 2018-19 to 2020-21

### 19.19.3 Leaving treatment successfully, as a proportion of all exits

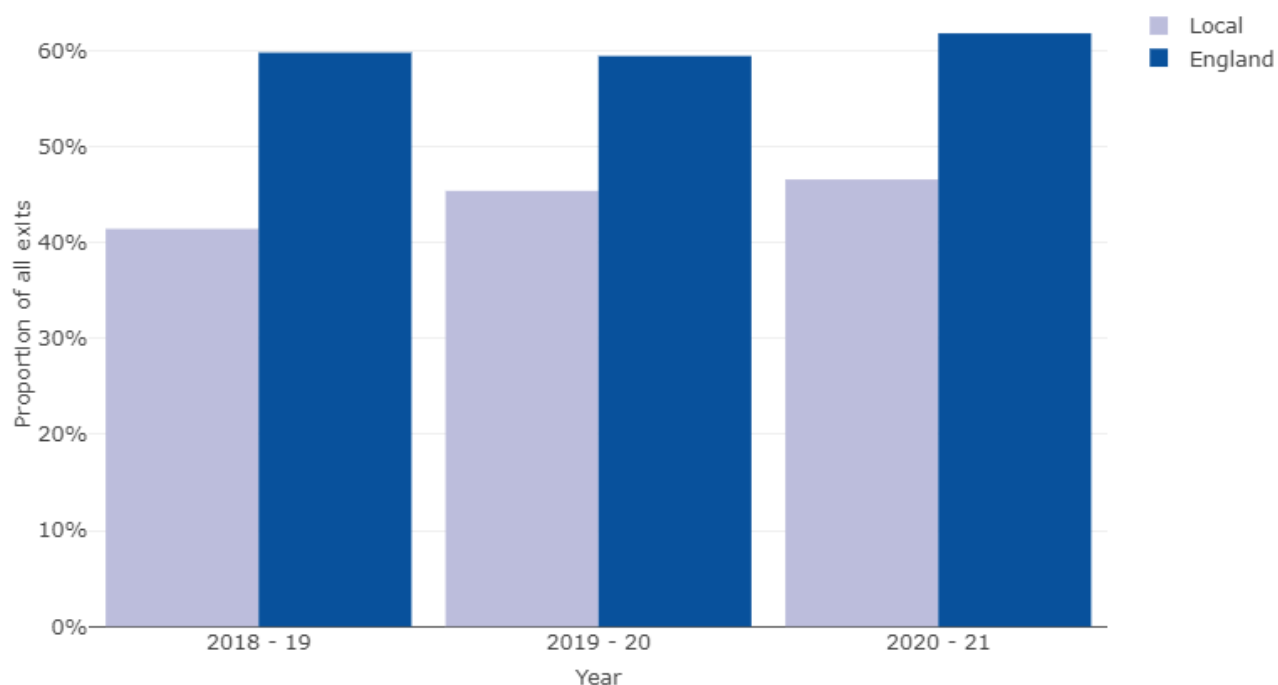


Figure 141 Proportion of all adults in treatment who completed successfully as a proportion of all exits for Rotherham and England, 2018-19 to 2020-21

### 19.19.4 Successful completion and non re-presentation

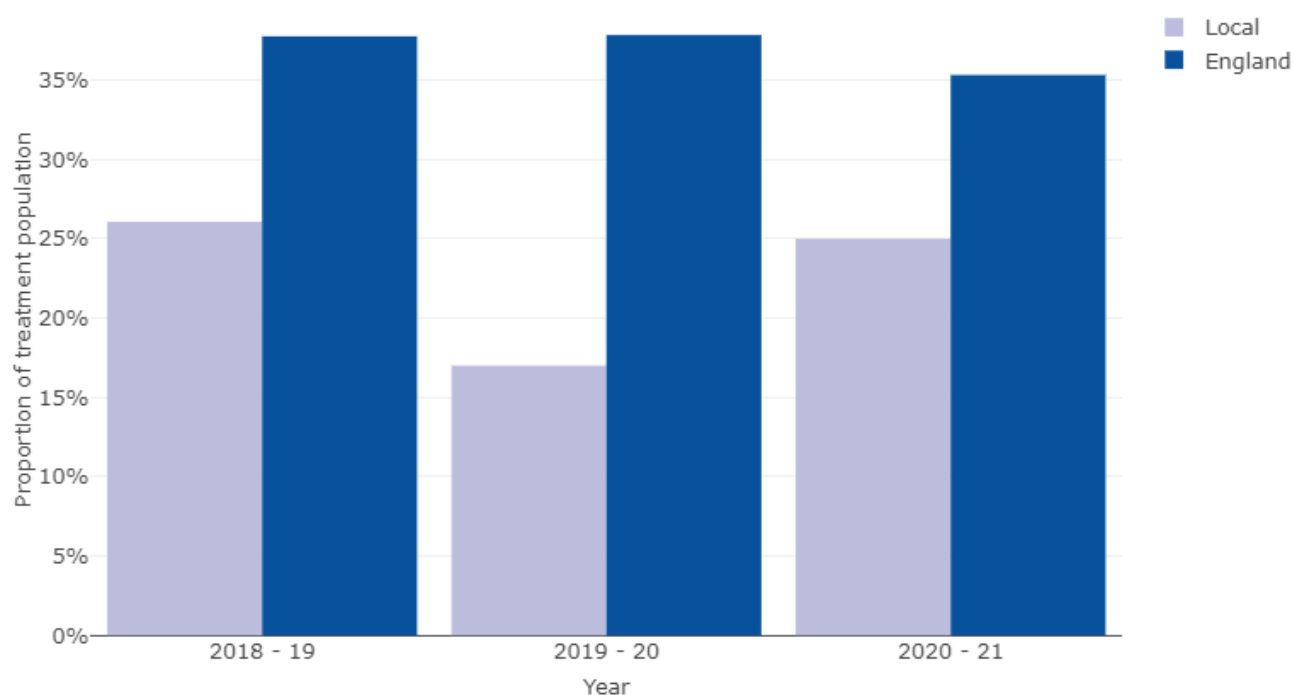


Figure 142 Proportion of all in treatment who completed successfully and did not return within 6 months for Rotherham and England, 2018-19 to 2020-21

### 19.20 Deaths in treatment

- (i) The following section shows data on deaths in treatment. In 2020-21 there was an 44% increase at a national level in the number of adults recorded as having died while in treatment for alcohol alone, with wide local variation. It is likely that changes to alcohol and drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to this increase. Commissioners and providers are encouraged to consider any actions they can take towards reducing deaths in treatment.
- (ii) This shows the number of adults in treatment for alcohol who were recorded as having died while in treatment within the year (based on NDTMS discharge reason field).

Area	Total number	Proportion of treatment population	Male (%)	Female (%)
Local	10	1.93%	2.30%	1.42%
England	1,064	1.39%	1.54%	1.18%

Figure 143 Deaths in alcohol treatment for Rotherham and England, 2020-21



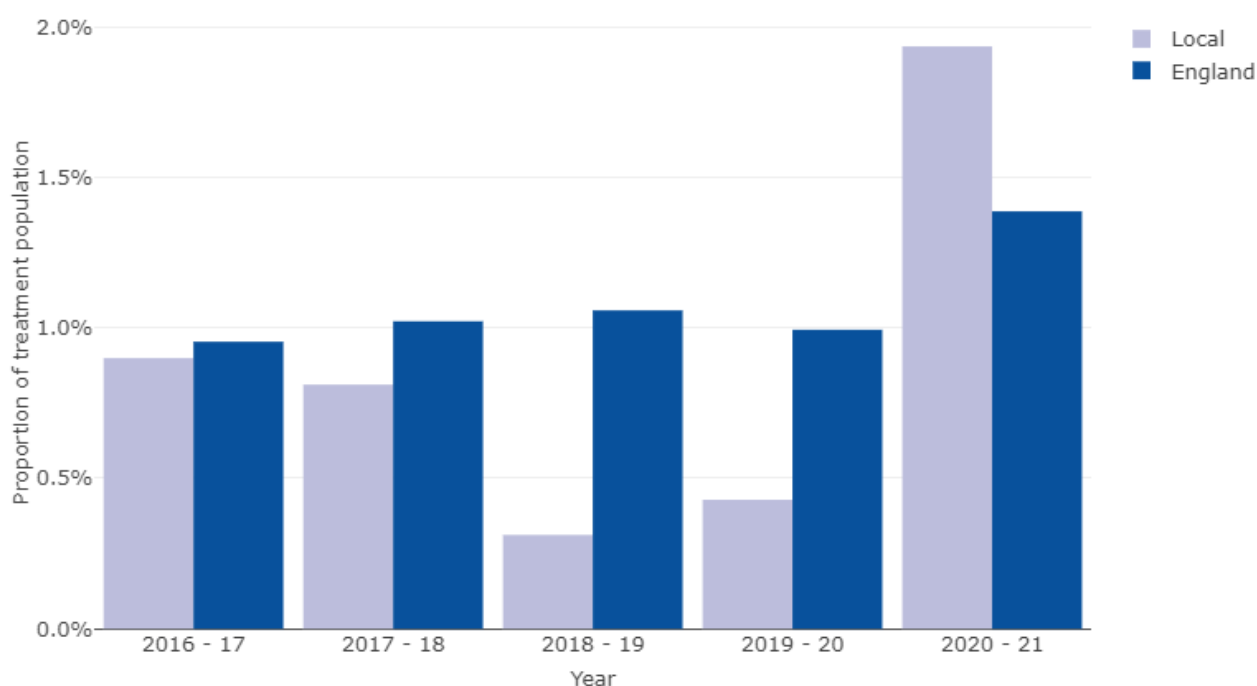


Figure 144 Proportion of deaths in alcohol treatment for Rotherham and England, 2016-17 to 2020-21

## 19.21 Wider Public Health Data

- (i) Public Health Outcomes Framework A collection of outcomes indicators covering the full spectrum of public health. Data is presented under four domains: 'wider determinants of health', 'health improvement', 'health protection' and 'healthcare and premature mortality'. Comparisons with a benchmark and trend data are provided and information is updated on a quarterly basis.  
<https://www.gov.uk/government/collections/public-health-outcomes-framework>
- (ii) Statistics on Alcohol in England 2020 (NHS Digital) An annual report acting as a reference point for health issues relating to alcohol use and misuse. Combines the results from several national surveys including: the Opinions and Lifestyle Survey (OPN) and Smoking drinking and drug use (SDD).  
<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020>
- (iii) Health Profiles Contained within the Fingertips data tool. These present summary health information to support local authority members, officers and community partners to improve health and reduce health inequalities. Intended as 'conversation starters' to highlight local issues and priorities for members, and for discussion at Health and Wellbeing Boards. Updated annually and available in a data tool or as a summary PIG document.  
<http://fingertips.phe.org.uk/profile/health-profiles>
- (iv) Local Alcohol Profiles for England (LAPE) *Contained within the Fingertips data tool. Profiles containing 31 alcohol-related indicators for every local authority. The majority are also available for all Public Health England (PHE) centres in England and former*

*government office regions.*

<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

- (v) ONS Alcohol-related deaths in the United Kingdom 2019 Latest figures for alcohol-related deaths in the UK, its four constituent countries and regions of England for 2019.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2019>

- (vi) Estimates of alcohol dependence in England based on APMS 2014, including estimates of children living in a household with an adult with alcohol dependence, Price et al; University of Sheffield 2017 The full report on prevalence estimates for alcohol dependent adults potentially in need of specialist treatment, including estimates of parental alcohol dependence and numbers of children living with an alcohol dependent adult published by the University of Sheffield at the request of PHE. Characteristics of children in need: 2020-2021, DoE/ONS Oct 2021 Annual data on the numbers of Children in Need including numbers of Children in Need where alcohol or drug use is a factor. Data in this Needs Assessment uses updated estimates that are unpublished.

<https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

## **20 Young People substance misuse – Introduction**

- (i) While the majority of young people do not use drugs, and most of those who do are not dependent, substance misuse can have a major impact on young people's health, their education, their families and their long-term chances in life. It is for these reasons that local authorities are strongly encouraged to continue to invest in substance related service provision across the different levels of need from schools to treating young people's substance misuse.
- (ii) This section provides key performance information about young people (under the age of 18 years) accessing specialist substance misuse interventions in your area alongside national data for comparison. Much of the data is taken from the National Drug Treatment Monitoring System (NDTMS) which, for young people, reflects specialist treatment activity reported for those with problems around substance misuse.
- (iii) Although most of the data in this section focuses solely on specialist interventions, the emphasis within the Reducing Demand section of the 2021 Drug Strategy\* is also on preventing the onset of substance misuse by building resilience in young people and supporting young people and families at risk of substance misuse. The strategy advocates for the provision of good quality education, for targeted support to prevent substance misuse, and for early interventions to avoid any escalation of risk and harm when such problems first arise. The data in this pack should therefore be considered in conjunction with the wider health and wellbeing data that are available nationally and locally to support the substance misuse strategies.
- (iv) Evidence suggests that effective specialist substance misuse interventions contribute to improved health and wellbeing, better educational attainment, reductions in the numbers of young people not in education, employment or training (NEET) and reduced risk taking behaviour, such as offending (Department for Education, 2010)\*\*. The data in this section

provides a comprehensive overview of these specialist interventions.

- (v) The Office for Health Improvement and Disparities (OHID) provides information and intelligence about the health of children and young people at local authority and Clinical Commissioning Group (CCG) level to help commissioners and other healthcare professionals improve their services. This includes information about alcohol and other substance misuse. More broadly, information is available about young people's mental and physical health and their health behaviours. These can help inform the effective commissioning and delivery of services for young people and their families. For further information on these resources, see:

<https://www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals>

- (vi) Please note that the percentages given in this section are rounded to the nearest per cent. Totals may not add up to 100 due to rounding. Figures displayed here are based on the methodology used in the national statistics publication and so may differ slightly from previously released figures in periodic reporting. Please be mindful that small numbers in this report may lead to large changes in local proportions over time which do not reflect significant change.

\*HM Government (2021) 2021 Drug Strategy. Available at:

<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

\*\*Department for Education (2010) Specialist drug and alcohol services for young people: a Cost Benefit Analysis. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182312/DFE-RR087.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf)

## 20.1 Value for money

- (i) Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis\* found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services.
- (ii) This indicates that investing in specialist interventions is a cost-effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services.
- (iii) The data in this section is based on young people accessing specialist substance misuse services in the community. Local needs assessments can also provide further information about the needs of young people who are not in contact with young people's specialist substance misuse services to help assess if there is unmet need. Information about smoking, drinking and drug use below the threshold for a specialist intervention can be obtained via this link:

National and regional level data on school-aged children in England is available from the

Smoking, Drinking and Drug Use among Young People Survey:

<https://www.gov.uk/government/statistics/smoking-drinking-and-drug-use-among-young-people-in-england-2018>

\*Department for Education (2010) Specialist drug and alcohol services for young people: a Cost Benefit Analysis. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182312/DFE-RR087.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf)

## 20.2 Impact of COVID-19

- (i) The population health and education data set out in this report largely does not cover the period of the pandemic. When reviewing the data in this pack to gauge the extent to which substance misuse is impacting on the health, offending and education of your local population, commissioners are also encouraged to consider how substance misuse and related harm and the provision of services may have changed in the local area over the course of the COVID-19 pandemic.
- (ii) A detailed commentary on changes in alcohol-specific hospital admissions and deaths during the pandemic can be found in [PHE's report](#) and the [WICH dashboard](#). The data can be broken down further, for example by age, sex, or deprivation.
- (iii) Like other services, substance misuse treatment services were affected by the need to protect their service users and staff in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. The wider systems that substance misuse treatment providers integrate with, particularly education and youth justice, saw major changes to their service provision that led to reductions in the numbers of young people they referred to treatment. The pandemic will have impacted on many of the indicators included in this report, and the effects of this will undoubtedly be felt into 2022-23.

## 21 Wider data about young people in Rotherham

- (iv) The following section provides population data relating to substance misuse about young people in Rotherham. Please note that the period and age group the data applies to depends on the indicator. Detailed methodology is available by following the data source link. Percentages are rounded and may not sum to 100%. In addition, proportions based on low numbers may also appear as 0%. Where data is unavailable or percentages cannot be calculated, tables will show "NA"

### 21.1 Hospital admissions

- (i) These indicators show young people's substance misuse causing hospital admissions. The first indicator shows hospital admissions due to substance misuse for 15-24-year-olds; data on under-15s is not available. The second indicator is an 'alcohol-specific' indicator, where alcohol is causally implicated in all cases, this is as opposed to a broad indicator that includes conditions where alcohol causes some but not all cases adjusted by an alcohol-attributable fraction. This means the second indicator shows a direct health impact of alcohol on the health of under-18s (both males and females). Both indicators are given over three-year periods, the current period is 2017-18 to 2019-20. These indicators are sourced from

the Fingertips Public Health Profiles published by OHID, available here:  
<https://fingertips.phe.org.uk/>

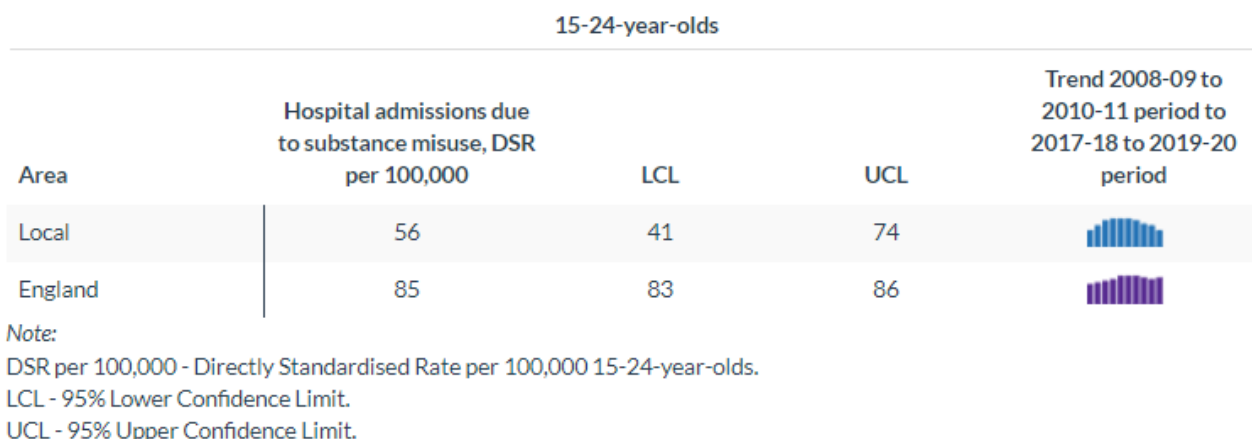


Figure 145 Hospital admissions due to substance misuse (15-24 years) for Rotherham and England, 2017-18 to 2019-20



Figure 146 Admission episodes for alcohol-specific conditions - under 18s for Rotherham and England, 2017-18 to 2019-20

## 21.2 Youth justice

- (i) First time entrants to the youth justice system are children aged 10-17 who receive their first youth caution or court sentence. 13% of offences committed by these young people were drug offences, and substance misuse may be a factor in other offences. Youth justice, particularly Youth Offending Teams, are a major source of referrals into substance misuse treatment for young people. Detailed statistics on entrants to the youth justice system are available here:  
<https://www.gov.uk/government/collections/youth-justice-statistics>
- (ii) This indicator is sourced from the Fingertips Public Health Profiles published by OHID, and is available here:  
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#gid/1000041>

## 21.3 Children looked after

- (i) Children looked after are a vulnerable group who are at higher risk of substance misuse. Nationally, 44% of children looked after with an identified substance misuse problem received an intervention, this includes non-structured interventions that aren't included in Section 3. Nationally, 8% of young people in community structured substance misuse treatment are children looked after.
- (ii) This indicator is sourced from the Children looked after in England including adoptions report published by the Department for Education. This report includes detailed statistics on children looked after and is available here: <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021>
- (iii) Please note that figures under 6 are suppressed in these indicators and will appear as NA in the tables.



Children looked after for at least 12 months				
Area	Number of children looked after	Number of children looked after identified as having a substance misuse problem	Proportion of children identified as having a substance misuse problem	Trend in number of children identified as having a substance misuse problems 2017-18 to 2020-21
Local	459	24	5%	
England	59,050	1,760	3%	

Figure 147 Children looked after for at least 12 months identified as having a substance misuse problem Rotherham and England, 2020-21



Children looked after for at least 12 months identified as having a substance misuse problem				
Area	Number of children looked after identified as having a substance misuse problem	Number of children who received an intervention for their substance misuse problem	Proportion of children who received an intervention for their substance misuse problem	Trend in number of children receiving an intervention for their substance misuse problem 2017-18 to 2020-21
Local	24	13	54%	
England	1,760	770	44%	

Figure 148 Children looked after receiving an intervention for their substance misuse problem Rotherham and England, 2020-21

## 21.4 Permanent exclusions and suspensions from school

- (i) In England, there were 5097 permanent exclusions and 310,733 suspensions from state-funded schools in the 2019-20 academic year, including 513 drug and alcohol related permanent exclusions and 8099 drug and alcohol related suspensions. Schools are an important part of any young people's drug strategy, for building resilience, for early prevention, to identify substance misuse and refer into specialist substance misuse services. Being excluded and or suspended from school can have a negative effect on young people

and increase their vulnerability to problematic substance misuse.

- (ii) This indicator is sourced from the Permanent exclusions and suspensions in England data published by the Department for Education. This report includes detailed statistics on exclusions and is available here:  
<https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england/2019-20>



State-funded school pupils				
	Total number of suspensions	Number of suspensions related to drugs and alcohol	Proportion of suspensions related to drugs and alcohol	Trend 2014-15 to 2019-20 in proportion of suspensions related to drugs and alcohol
Local	3,144	26	1%	
England	310,733	8,099	3%	

Figure 149 Suspensions from school related to drugs and alcohol for Rotherham and England, 2019-20

State-funded school pupils				
	Total number of permanent exclusions	Number of permanent exclusions related to drugs and alcohol	Proportion of permanent exclusions related to drugs and alcohol	Trend 2014-15 to 2019-20 in proportion of permanent exclusions related to drugs and alcohol
Local	30	1	3%	
England	5,057	513	10%	

Figure 150 Permanent exclusions from school related to drugs and alcohol for Rotherham and England, 2019-20

## 22 Data from Rotherham's treatment system

- (i) The following section provides detailed information on young people who are receiving structured treatment in 2020-21. It includes demographics like age and sex, numbers starting treatment, and treatment details and outcomes. The National Drug Treatment Monitoring System (NDTMS) data presented in this pack covers the period 1 April 2020 to 31 March 2021 for young people in treatment. The data in this section refers to community structured treatment only, for under 18s and 18-24s in young people's services. Unless otherwise stated other figures in this report are for under-18s. Young people's substance misuse services also deliver unstructured interventions such as brief interventions, these are not included as records are not collected nationally.
- (ii) Percentages are rounded and may not sum to 100%, and proportions based on low numbers may also appear as 0%. Where data is unavailable or percentages cannot be calculated,



tables will show “NA”. Unless otherwise stated, male and female columns show the percentage of males and females within the given category.

## 22.1 Young people in treatment in 2020-21

- (i) The data in this section shows numbers of young people in community structured treatment, for under 18s and 18-24s in young people’s services. 18-24s in adult substance misuse services are not included. It includes young people in treatment during any part of 2020-21.

### 22.1.1 In treatment split by sex



Area	Total young people	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Local	30	70%	30%	
England	14,340	64%	36%	

Figure 151 Numbers and proportion of young people in treatment, including young adults in young people’s services for Rotherham and England, 2020-21

### 22.1.2 In treatment split by service type and sex




Service type	Total in treatment	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Young people (aged under 18)	29	72%	28%	
Young adults (aged 18-24)	1	0%	100%	
Total	30	70%	30%	

Figure 152 Numbers and proportion of young people and young adults in specialist substance misuse services, for Rotherham,

### 22.1.3 In treatment split by age and sex




Service type	Total in treatment	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Young people (aged under 18)	11,013	66%	34%	
Young adults (aged 18-24)	3,327	59%	41%	
Total	14,340	64%	36%	

Figure 153 Numbers and proportion of young people and young adults in specialist substance misuse services, for England, 2020-21

## 22.2 Young people starting treatment in 2020-21

- (i) The data in this section shows numbers of young people starting community structured treatment in 2020-21, for under 18s and 18-24s in young people’s services. 18-24s in adult substance misuse services are not included.



### 22.2.1 New to treatment split by service type and sex




Service type	Total new to treatment	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Young people (aged under 18)	15	67%	33%	
Young adults (aged 18-24)	0	NA	NA	
Total	15	67%	33%	

Figure 154 Numbers and proportion of young people and young adults newly presenting to specialist substance misuse services, for Rotherham, 2020-21

- (ii) Note: Breakdowns by sex for these statistics show the percentage of all clients who are male or female.

### 22.2.2 New to treatment split by age and sex

Age	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Under 14	0	0%	0%	0%	468	5%	5%	5%
14-15	6	40%	50%	20%	2,575	28%	27%	30%
16-17	9	60%	50%	80%	3,916	43%	46%	37%
18-24	0	0%	0%	0%	2,229	24%	22%	28%
All ages	15				9,188			

Figure 155 Age of young people and young adults newly presenting to treatment for Rotherham and England, 2020-21

### 22.3 Routes into treatment

- (i) Young people come to specialist services from various routes but are typically referred by education, youth justice, children and family services and self, family and friends. If your performance differs significantly from the national figure, The data can be used to identify shifts in the volume and sources of referrals. Changes in universal and targeted young people's services may affect screening, referrals and demand for specialist interventions.

### 22.3.1 All routes into treatment

Referral type	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
Education services	6	21%	24%	12%	2,735	25%	24%	27%
Children and family services	14	48%	43%	62%	2,474	22%	20%	28%
Youth justice (incl. secure estate)	5	17%	24%	0%	2,385	22%	29%	9%
Self, family and friends	1	3%	5%	0%	1,356	12%	12%	12%
Health and mental health services (excl. A&E)	2	7%	0%	25%	1,210	11%	9%	16%
Other substance misuse services	0	0%	0%	0%	528	5%	5%	5%
Other	1	3%	5%	0%	203	2%	2%	2%
A&E	0	0%	0%	0%	95	1%	1%	1%
Missing / inconsistent	0	0%	0%	0%	26	0%	0%	0%

Figure 156 Sources of referral for those young people (under 18) in treatment for Rotherham and England 2020-21

### 22.4 Ethnicity of young people in treatment

- (i) This data shows information on ethnicity split by sex of groups of young people (under 18) in treatment. Directly comparable data on the prevalence of each socio-cultural group in Rotherham is not currently available.

Ethnicity	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
White British	24	83%	86%	75%	8,027	73%	71%	77%
Other White	1	3%	5%	0%	458	4%	4%	4%
Not Stated	0	0%	0%	0%	346	3%	3%	3%
Caribbean	1	3%	5%	0%	322	3%	3%	2%
White and Black Caribbean	0	0%	0%	0%	303	3%	3%	3%
Other Mixed	0	0%	0%	0%	235	2%	2%	2%
African	1	3%	0%	12%	220	2%	2%	1%
Other Asian	1	3%	5%	0%	156	1%	2%	1%
Other Black	0	0%	0%	0%	154	1%	2%	1%
Pakistani	0	0%	0%	0%	152	1%	2%	1%
Missing / Incomplete	0	0%	0%	0%	145	1%	1%	1%
Other	0	0%	0%	0%	136	1%	1%	1%
White and Asian	1	3%	0%	12%	109	1%	1%	1%
Bangladeshi	0	0%	0%	0%	77	1%	1%	0%
White and Black African	0	0%	0%	0%	65	1%	1%	1%
Indian	0	0%	0%	0%	61	1%	1%	0%
White Irish	0	0%	0%	0%	44	0%	0%	0%
Chinese	0	0%	0%	0%	3	0%	0%	0%

Figure 157 Young people (under 18) in treatment by ethnicity for Rotherham and England, 2020-21

## 22.5 Substance misuse

- (i) The data below also includes those aged 18-24 in specialist substance misuse services for young people. Cannabis is typically the most common substance for young people's substance misuse, followed by alcohol. Service planning should take account of other substances, including educating young people about their dangers, and planning for some young people requiring prescribing as part of their substance misuse treatment.
- (ii) Specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people.\* Services should be based on developmental need rather than age. The needs of 18-24s are different to those of under-18s, as is the legislative framework. Every effort should be made to assess the risk of children and young people interacting with older service users. Clear transitional arrangements and joint care plans will ensure continuity of care.\*\*

- (iii) The Crime Survey for England and Wales for 2019-20 estimated that around one in five 16-24-year-olds had taken a drug in the last year, data on younger people is not available. The survey found that cannabis was the most common drug, used by 19% of 16-24-year-olds, and nitrous oxide was the second most common, used by 9%. Drug use was more common in low-income households. The survey results are available here:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020>
- (iv) \*Gilvarry, McArdle, O'Herlihy, Mirza, Bevington & Malcolm (2012) Practice Standards for young people with Substance Misuse Problems. Available at:  
[https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/child-and-adolescent-community-teams-cahms/practice-standards-for-young-people-with-substance-misuse-problems.pdf?sfvrsn=1f333692\\_0](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/child-and-adolescent-community-teams-cahms/practice-standards-for-young-people-with-substance-misuse-problems.pdf?sfvrsn=1f333692_0)
- (v) \*\*National Institute for Health and Care Excellence (2016) Transition from children's to adults' services for young people using health or social care services:  
<https://www.nice.org.uk/guidance/ng43>

#### **22.5.1 Any citation by age**

- (i) Proportions are of all young people in specialist substance misuse treatment and may sum to more than 100% as an individual may have cited more than one problematic substance.

Substance type	Under 14	14-15	16-17	18-24	Total	Proportion of all in treatment
Cannabis	2	8	15	1	26	87%
Alcohol	0	2	4	0	6	20%
Cocaine	0	0	1	0	1	3%
Nicotine	0	2	1	0	3	10%
Ecstasy	0	1	2	0	3	10%
Ketamine	0	0	0	0	0	0%
Benzodiazepines	0	0	0	0	0	0%
Other drugs	0	0	0	0	0	0%
Solvents	0	1	0	0	1	3%
Other opiates (incl. codeine)	0	0	0	0	0	0%
Crack	0	0	0	0	0	0%
Amphetamines	0	0	0	0	0	0%
Heroin	0	0	0	0	0	0%
Any new psychoactive substances (NPS)	0	0	0	0	0	0%
<b>Total</b>	<b>2</b>	<b>9</b>	<b>18</b>	<b>1</b>	<b>30</b>	<b>100%</b>

*Figure 158 Age of young people (including 18-24 in young people's services) in treatment by reported problem substance (any citation) for Rotherham, 2020-21*

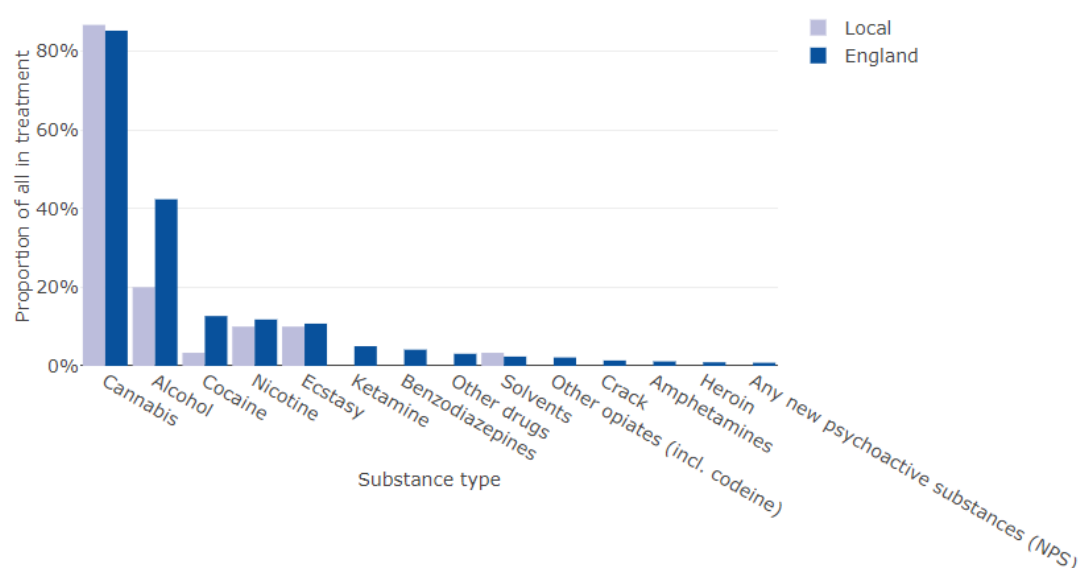


Figure 159 Proportion of young people (including 18-24 in young people's services) in treatment reporting problem substances for Rotherham and England, 2020-21

## 22.6 Young people who are parents/carers and their children

- (i) The data below shows the number of young people in treatment in 2020-21 who live with children and the stated number of children who live with them, along with the total number of young people in treatment for context. Young people who are parents but do not live with children and young people for whom there is incomplete data are also included. In addition, the number of female young people in treatment in 2020-21 who were pregnant is presented, as is the social care help the client's children and/or children living with the client are receiving.
- (ii) Parental status is calculated based on the highest level of parental responsibility throughout the treatment journey, based on assessments and review forms. Number of children living with the young people in treatment, early help and children's social care status of those children, and pregnancy of young people in treatment are the status at treatment start.

## 22.6.1 Parental status

Parental Status	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
Not a parent, not living with children	27	93%	90%	100%	6,443	59%	59%	58%
Not a parent, living with children	2	7%	10%	0%	3,918	36%	35%	37%
Parent, not living with children	0	0%	0%	0%	222	2%	2%	2%
Parent, living with children	0	0%	0%	0%	126	1%	1%	1%
Missing / incomplete	0	0%	0%	0%	304	3%	3%	2%

Figure 160 Numbers and proportion of young people (under 18) in treatment by parental status throughout their treatment journey (showing their highest level of parental responsibility) for Rotherham and England, 2020-21

## 22.6.2 Living with children

Living with children	Local	England
Type	Total number of children	Total number of children
Number of children living with young people in treatment	2	6,675

Figure 161 Children living with young people (under 18) in treatment for Rotherham and England, 2020-21

	Local	England
Type	Total young people	Total young people
Total young people in treatment	29	11,013

Figure 162 Numbers of young people (under 18) in treatment for Rotherham and England, 2020-21

### 22.6.3 Early help and children's social care

Early help and social care type	Local (n)	Proportion of young people with child contact			England (n)	Proportion of young people with child contact		
			Male (%)	Female (%)			Male (%)	Female (%)
No early help	1	100%	100%	NA	2,554	64%	68%	58%
Early help	0	0%	0%	NA	407	10%	10%	11%
Child In Need	0	0%	0%	NA	381	10%	9%	12%
Looked After Child	0	0%	0%	NA	209	5%	5%	7%
Child protection plan in place	0	0%	0%	NA	208	5%	4%	7%
Missing	0	0%	0%	NA	205	5%	5%	5%

Figure 163 Young people's (under 18) children receiving early help or children's social care for Rotherham and England, 2020-21

### 22.6.4 Pregnancy

Pregnancy data	Local (n)	Proportion of females in treatment	England (n)	Proportion of females in treatment
New female presentations who were pregnant	0	0%	56	1%
Incomplete data	0	0%	12	0%

Figure 164 Number and proportion of young females (under 18) pregnant at the start of treatment for Rotherham and England, 2020-21

## 22.7 Tobacco use

- (i) Services should screen and record the smoking status of all service users, offer advice on effective methods to quit to all smokers (access to effective stop smoking products combined with behavioural support) and act on the individual's decision. To do this effectively recording systems, access to stop smoking aids and treatment pathways should be optimised.
- (ii) Smoking rates in the adult general population are now below 14% in England but much higher in adults who misuse substances such as drug and alcohol, in whom smoking is a major cause of illness and death. Surveys of school pupils show rates of smoking that have strongly decreased over the last two decades, with 16% of pupils aged 11-15 having ever smoked (2018 data). However, that survey also showed that pupils who misuse substances are more likely to smoke as well; a quarter of those who recently used alcohol also recently smoked, and a third of those who recently took drugs also recently smoked. For further information, see:

<https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018>



### 22.7.1 Smokers at treatment start

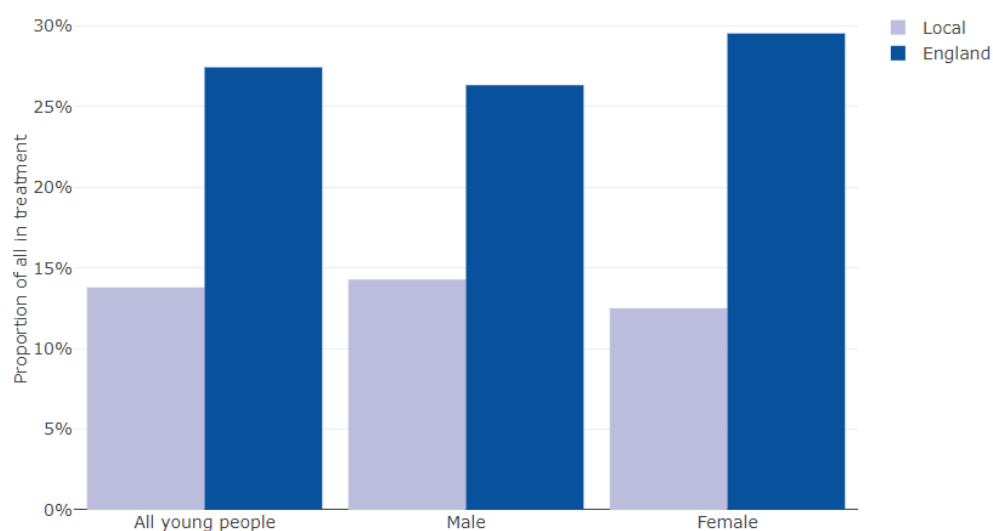


Figure 165 Proportion of young people (under 18) in treatment identified as smoking tobacco at the start of treatment for Rotherham and England, 2020-21

### 22.7.2 Smoker at review

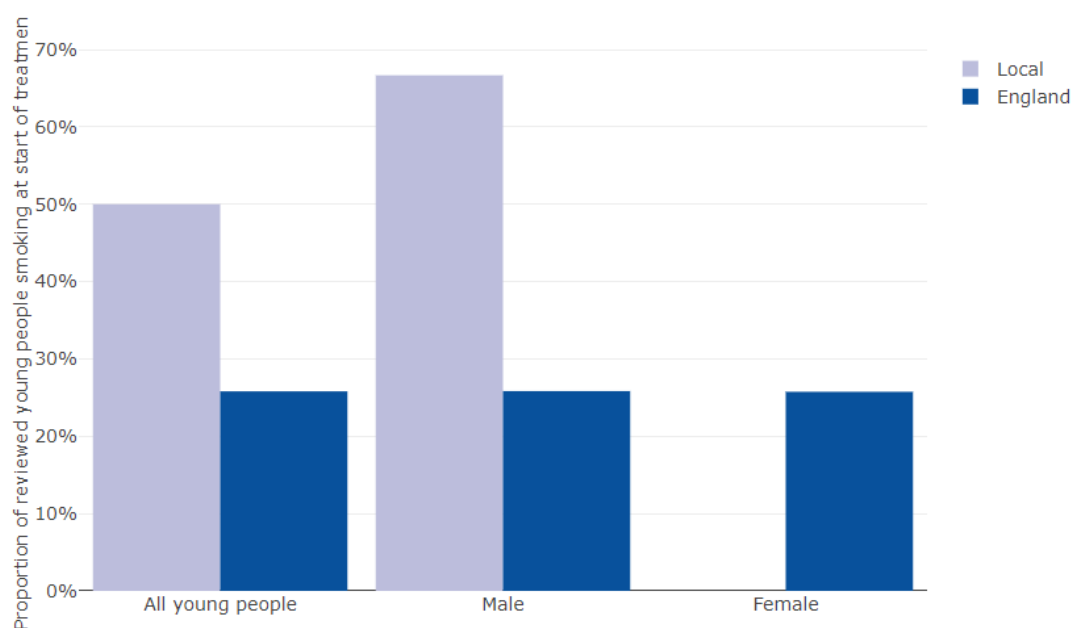


Figure 166 Proportion of young people (under 18) identified as abstinent from tobacco at review out of those smoking tobacco at the start of treatment by sex for Rotherham and England, 2020-21

### 22.7.3 Smoking cessation

Local				England			
Total young people	Proportion of young people	Male (%)	Female (%)	Total young people	Proportion of young people	Male (%)	Female (%)
0/4	0.0%	0.0%	0.0%	118/3,021	3.9%	3.6%	4.4%

Figure 167 Young people (under 18) receiving smoking cessation interventions, out of those smoking tobacco at the start of treatment for Rotherham and England, 2020-21

### 22.8 Drinking levels

- (i) This section shows the number of units of alcohol consumed by young people in the 28 days prior to commencing treatment. Most young people who require structured treatment for alcohol dependence will be drinking at higher risk levels. Drinking levels can be used as a rough proxy for level of dependence and levels of alcohol health risk. An indication of drinking levels in treatment may be useful in understanding which groups of young people are receiving treatment and whether those with the highest levels of harm are receiving effective interventions.
- (ii) There is a strong association between levels of consumption and severity of dependence, but they are not equivalent. For example, women are likely to become dependent at lower levels of consumption than men.
- (iii) Consumption is based on drinking levels over the 28 days prior to assessment. There may be some moderately or severely dependent young people who have stopped or reduced consumption prior to treatment (for example in hospital or prison) so will appear in the lowest category even though they are alcohol dependent and will require treatment.
- (iv) Please note young people with missing units data are not included in this section.

Units	Local				England			
	(n)	Proportion of young people	Male (%)	Female (%)	(n)	Proportion of young people	Male (%)	Female (%)
0	16	70%	80%	50%	4,518	50%	57%	38%
1-199	6	26%	20%	38%	3,999	44%	40%	53%
200-399	1	4%	0%	12%	353	4%	3%	6%
400-599	0	0%	0%	0%	91	1%	1%	2%
600-799	0	0%	0%	0%	34	0%	0%	1%
800-999	0	0%	0%	0%	13	0%	0%	0%
1000+	0	0%	0%	0%	24	0%	0%	0%
Total	23				9,032			

Figure 168 Number and proportion of young people (under 18) in treatment by drinking level units for Rotherham and England, 2020-21

## 22.9 Co-occurring mental health and substance misuse issues

- (i) This data shows the number of young people in treatment in who were identified as having a mental health treatment need at the start of treatment, and, of these the number who were receiving treatment from health services. Comparing prevalence with treatment received can help you assess whether need is being appropriately met.

Local				England			
Total young people with mental health need	Proportion of all in treatment	Male (%)	Female (%)	Total young people with mental health need	Proportion of all in treatment	Male (%)	Female (%)
12	41%	38%	50%	4,645	42%	35%	56%

Figure 169 Young people (under 18) in treatment in 2020-21 and identified as having a mental health treatment need at the start of treatment, for Rotherham and England

Treatment type	Local (n)	Proportion of those with mental health need	Male (%)	Female (%)	England (n)	Proportion of those with mental health need	Male (%)	Female (%)
Already engaged*	3	25%	25%	25%	2,547	55%	53%	56%
GP*	1	8%	12%	0%	333	7%	7%	8%
NICE*	2	17%	12%	25%	154	3%	4%	3%
Engaged with IAPT*	0	0%	0%	0%	49	1%	1%	1%
Place of safety*	0	0%	0%	0%	48	1%	1%	1%
Total	6	50%	50%	50%	3,121	67%	66%	69%

Figure 170 Young people (under 18) in treatment identified as having a mental health treatment need and receiving treatment for their mental health, for Rotherham and England, 2020-21

- (ii) **Note:** The total number is the number of individuals receiving mental health treatment and not a summation of treatment type.
- \*Already engaged - Already engaged with the Community Mental Health Team/Other mental health services,
- GP - Receiving mental health treatment from GP,
- NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services,
- IAPT - Improved Access to Psychological Therapies,
- Place of safety - Has an identified space in a health-based place of safety for mental health crises

## 22.10 Education and employment

- (i) These data show the education and employment status of young people at the start of treatment. This includes those not in education, employment or training and who are persistent absentees or excluded. Being NEET can have adverse effects on young people's wellbeing and life chances.

Status	Local		England	
	Total young people	Proportion of all in treatment	Total young people	Proportion of all in treatment
Mainstream education	14	48%	6,184	56%
Alternative education	9	31%	1,981	18%
Not in education, employment or training	5	17%	1,736	16%
Apprentice	1	3%	390	4%
Employed (inlc. volunteers)	0	0%	304	3%
Persistent absentee / excluded	0	0%	170	2%
Economically inactive*	0	0%	16	0%
Missing / incomplete	0	0%	232	2%

*Figure 171 Education and employment status for young people (under 18) in treatment at the start of their treatment for Rotherham and England, 2020-21*

## 22.11 Housing and homelessness

- (i) The accommodation status section below shows self-reported housing status of young people when they started in your treatment services. 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, from homelessness prevention to rough sleeping.

Housing Status	Local (n)	Proportion of all in treatment	England (n)	Proportion of all in treatment
Living with parents	26	90%	9,040	82%
Living in care	1	3%	750	7%
Living in supported housing	0	0%	480	4%
Settled accommodation	0	0%	294	3%
Unsettled accommodation	2	7%	82	1%
Living in secure care	0	0%	67	1%
Urgent problem (NFA)	0	0%	25	0%
Missing / incomplete	0	0%	275	2%

Figure 172 Accommodation status of all young people (under 18) in treatment at the start of their treatment for Rotherham and England, 2020-21

## 22.12 Length of time in treatment

- (i) This shows the time young people in your area spent receiving specialist interventions (latest contact). Young people generally spend less time in specialist interventions than adults because their substance misuse is not as entrenched. However, those with complex care needs often require support for longer.

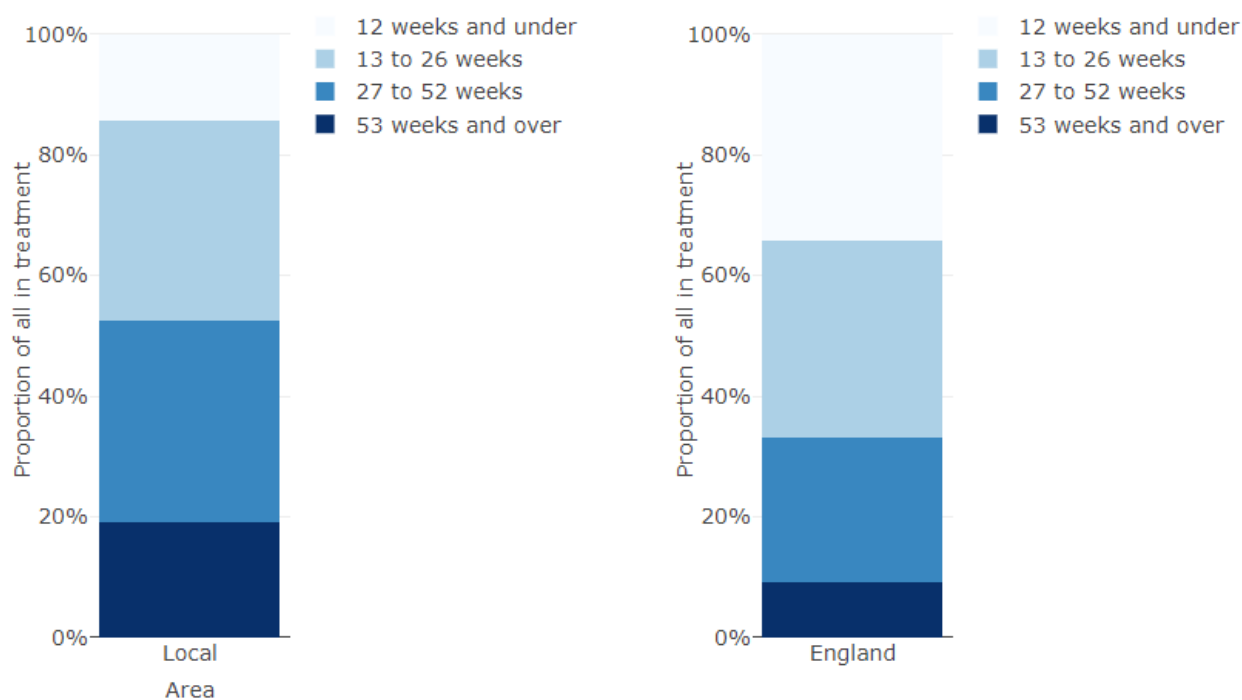


Figure 173 Proportion of length of time in treatment for young people (under 18) exiting treatment for Rotherham (left) and England (right), 2020-21

## 22.13 Interventions delivered

- (i) Young people have better outcomes when they receive a range of interventions as part of their package of care. If a pharmacological intervention is required, it should always be delivered alongside appropriate psychosocial support.
- (ii) Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. In the below table, psychosocial interventions include family interventions and harm reduction as well as other specific psychosocial intervention types. Harm reduction interventions are also shown broken out.
- (iii) 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.
- (iv) Drug misuse and dependence: UK guidelines on clinical management: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/628634/clinical\\_guidelines\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf)

	Local			England		
	Psychosocial	Harm Reduction	Prescribing	Psychosocial	Harm Reduction	Prescribing
Proportion with this intervention*	100%	100%	0%	100%	66%	0%

Figure 174 Proportion of young people (under 18) in treatment in high level interventions across the treatment journey for Rotherham and England, 2020-21

Setting	Number of young people with this intervention type				Proportion with this setting
	Psychosocial	Harm Reduction	Prescribing	Any intervention	
Community	29	29	0	29	100%
Home	0	0	0	0	0%
Residential rehab	0	0	0	0	0%
Inpatient	0	0	0	0	0%
Any setting	29	29	0	29	100%

Figure 175 Number and proportion of young people (under 18) in treatment in high level interventions and settings across the treatment journey for Rotherham, 2020-21

Setting	Number of young people with this intervention type				Proportion with this setting
	Psychosocial	Harm Reduction	Prescribing	Any intervention	
Community	10,658	6,973	27	10,658	98%
Home	259	202	1	260	2%
Residential rehab	8	5	0	8	0%
Inpatient	3	1	0	3	0%
Any setting	10,881	7,174	28	10,881	100%

*Figure 176 Number and proportion of young people (under 18) in treatment in high level interventions and settings across the treatment journey for England, 2020-21*

## 22.14 Vulnerabilities of young people in specialist substance misuse services

- (i) Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. Examples of the types of vulnerabilities / risks young people report having at the start of treatment include: not in education, employment or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation. Substance misuse, for example, is associated with early sexual initiation and other risky sexual behaviours.\*
- (ii) Universal and targeted services have a role to play in building resilience and providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and/or is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services.
- (iii) This section shows some areas where, nationally, the presenting needs of girls seem to differ from boys when entering specialist services.
- (iv) Substance misuse services for young people may need to consider sex differences in the treatment population. There are a number of specific issues facing girls, including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic abuse, and affected by sexual abuse including exploitation.\* Boys also experience domestic abuse, sexual exploitation and self-harm, and this should be explored by services.
- (v) Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols.
- (vi) \*Public Health England (2017) Child Sexual Exploitation: how Public Health can support Prevention and Intervention. Available at: <https://www.gov.uk/government/publications/child-sexual-exploitation-prevention-and-intervention>

Jackson, C., Sweeting, H., & Haw, S. (2012) Clustering of substance use and sexual risk behaviour in adolescence: analysis of two cohort studies. *BMJ Open*, 2(1), pp.1-10

- (vii) *Proportions are of all young people entering services for specialist substance misuse interventions in the year and may sum to more than 100% as an individual may have more than one recorded vulnerability.*

### 22.14.1 Wider Vulnerabilities











Local					
Wider vulnerabilities	Total young people	Proportion of all in treatment	Male (%)	Female (%)	Trend in proportion 2017-18 to 2020-21
Anti-social behaviour	4	14%	14%	12%	
Involved in self-harm	5	17%	10%	38%	
Affect by domestic abuse	2	7%	10%	0%	
Affected by others' substance misuse	3	10%	10%	12%	
Child in need	2	7%	10%	0%	
Looked after child	0	0%	0%	0%	
Subject to a child protection plan	1	3%	5%	0%	
Affected by sexual exploitation	0	0%	0%	0%	
Pregnant and/or parent	0	0%	0%	0%	
NFA/unsettled housing	1	3%	5%	0%	

Figure 177 Young people (under 18) in treatment with wider vulnerabilities for Rotherham, 2020-21



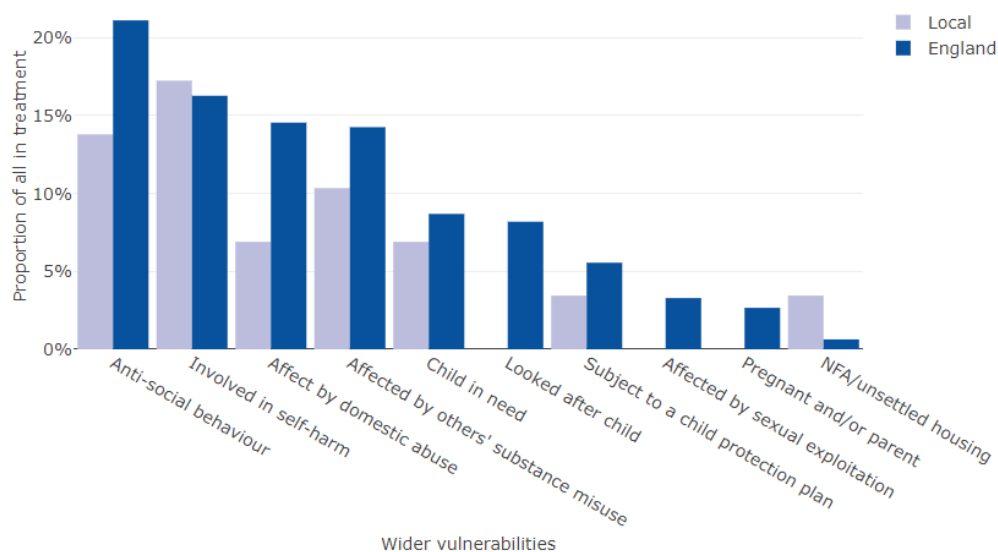


Figure 178 Proportion of young people (under 18) in treatment with wider vulnerabilities Rotherham and England, 2020-21

## 22.14.2 Substance specific vulnerabilities

Local					
Substance specific vulnerabilities	Total young people	Proportion of all in treatment	Male (%)	Female (%)	Trend in proportion 2017-18 to 2020-21
Early onset**	10	34%	33%	38%	
Using two or more substances (incl. alcohol)	6	21%	19%	25%	
High risk alcohol users*	1	3%	0%	12%	
Opiate and/or crack	0	0%	0%	0%	
Injecting	0	0%	0%	0%	

Figure 179 Young people (under 18) in treatment by substance specific vulnerabilities for Rotherham, 2020-21

(i) **Note:**

\*There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week (CMO, 2009).

This measure captures young people drinking on an almost daily basis (27+ days out of 28) and those drinking above eight units per day (males) or six units per day (females), on 13 or more days a month.

\*\*Early onset means substance use starting before age 15, either by the age of first use of their reported primary substance, a substance they are currently using (reported on an outcome form), or the young person's age.

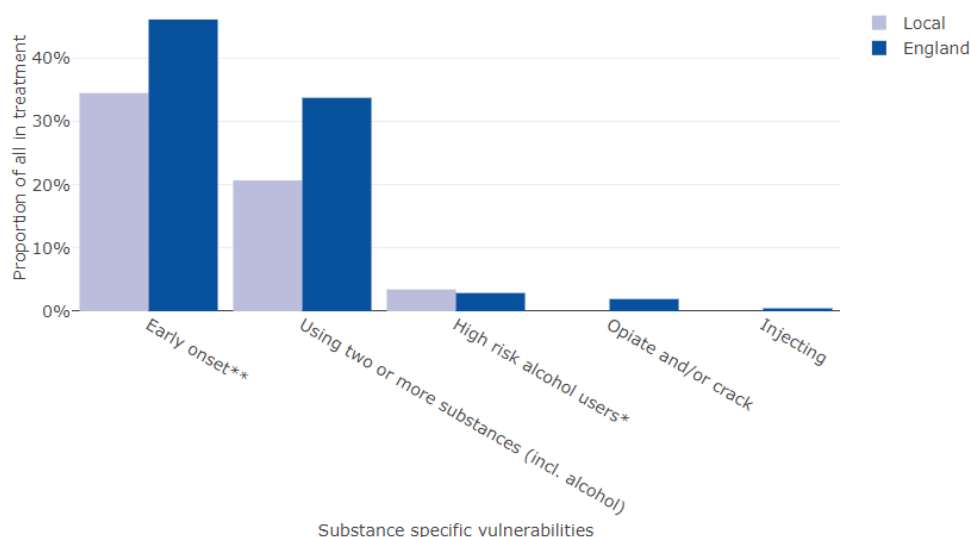


Figure 180 Proportion of young people (under 18) in treatment by substance specific vulnerabilities for Rotherham and England, 2020-21

## 22.15 Successful completions

- (i) This section shows the number of young people who have left specialist interventions successfully and the proportion that return to treatment, referred to as re-presentations.
- (ii) Young people's circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they should be rapidly re-assessed to inform a new care plan that addresses all their problems.
- (iii) The re-presentation information is based on planned exits between 1 January 2020 and 31 December 2020, with re-presentations up to 6 months after exiting. It is included to help with monitoring the effectiveness of specialist interventions; a high re-presentation rate may suggest a problem with the treatment system, or an outside factor driving young people to need to return to treatment.

### 22.15.1 Leaving treatment

Area	Total leaving treatment	Proportion of treatment population	Male (%)	Female (%)
Local	21	72%	67%	88%
England	7,237	66%	67%	64%

Figure 181 Total young people (under 18) leaving treatment for Rotherham and England, 2020-21

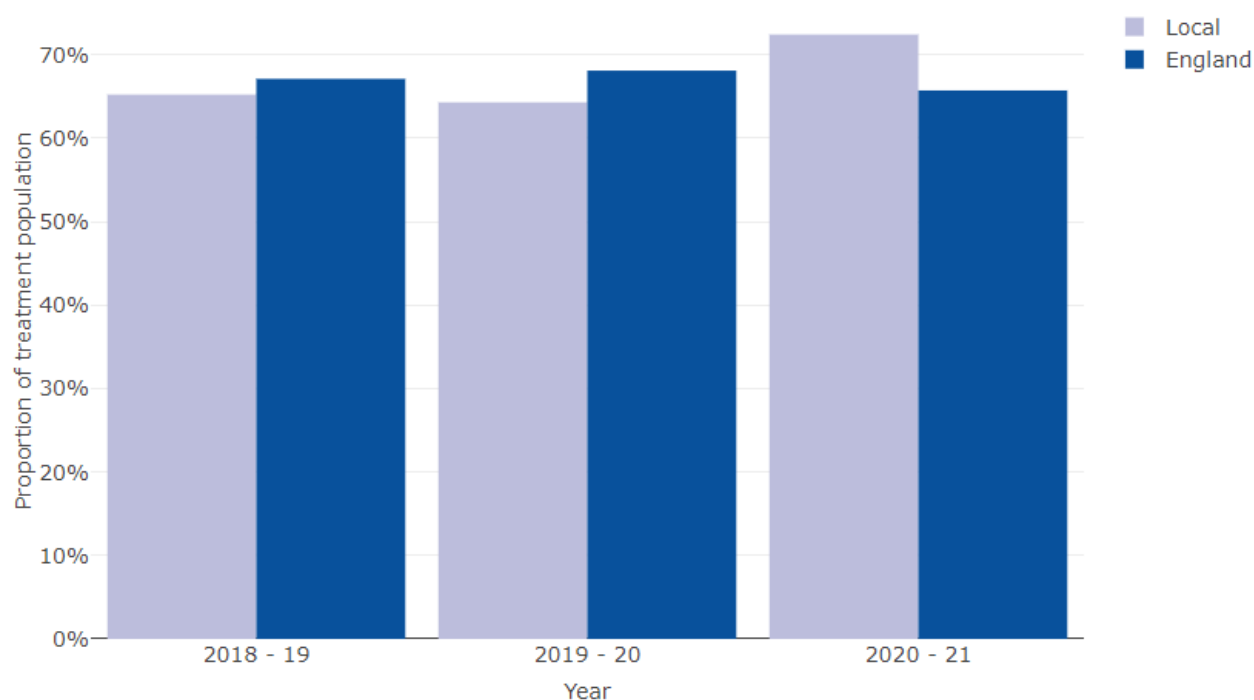


Figure 182 Proportion of young people (under 18) treatment population leaving treatment for Rotherham and England, 2018-19 to 2020-21

## 22.15.2 leaving treatment successfully

Area	Total leaving treatment successfully	Proportion of treatment population	Male (%)	Female (%)
Local	17	59%	48%	88%
England	5,725	52%	53%	50%

Figure 183 Young people (under 18) leaving treatment successfully for Rotherham and England, 2020-21

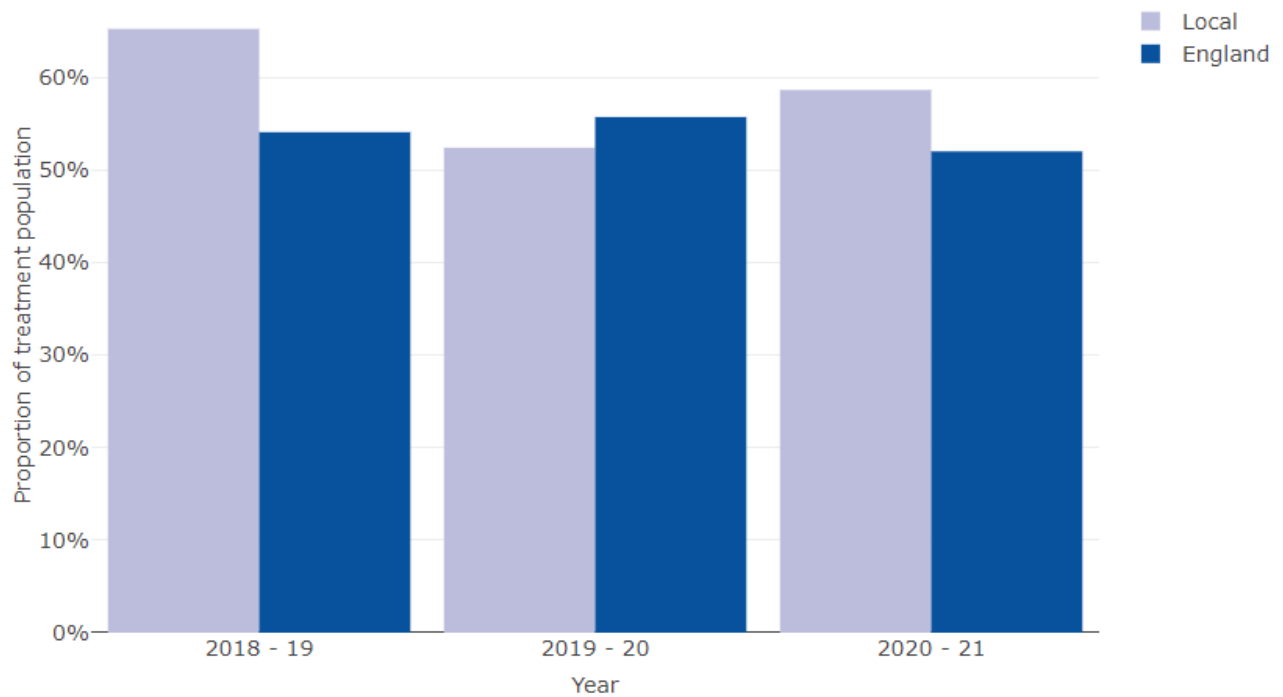


Figure 184 Proportion of young people (under 18) treatment population leaving treatment successfully for Rotherham and England, 2018-19 to 2020-21

### 22.15.3 leaving treatment successfully, as a proportion of all exits

Area	Total leaving treatment successfully	Total exiting treatment	Proportion of all exits	Male (%)	Female (%)
Local	17	21	81%	71%	100%
England	5,725	7,237	79%	79%	78%

Figure 185 Young people (under 18) leaving treatment successfully, as a proportion of all exits for Rotherham and England, 2020-21

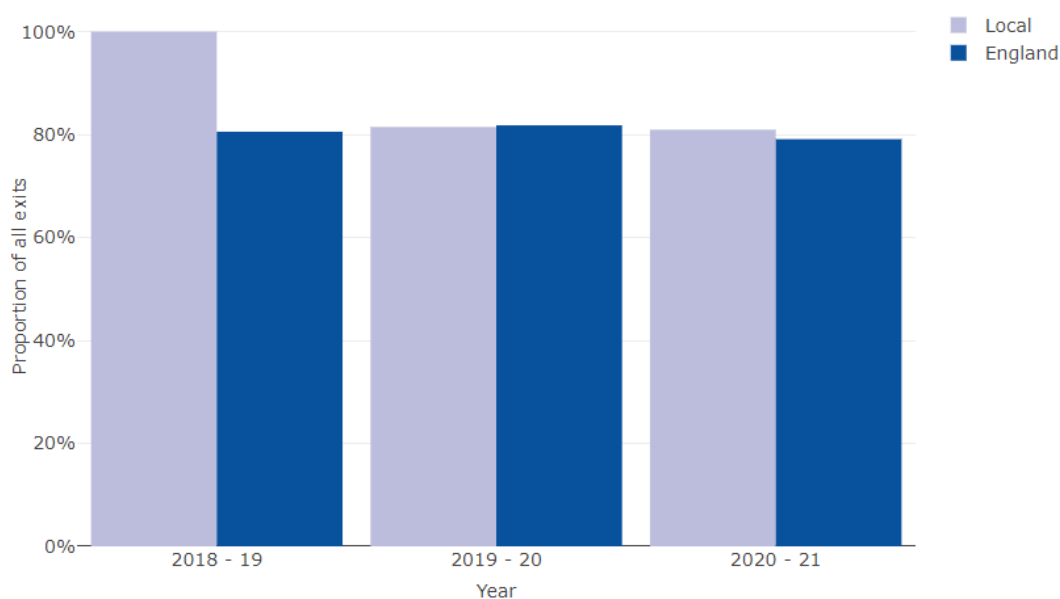
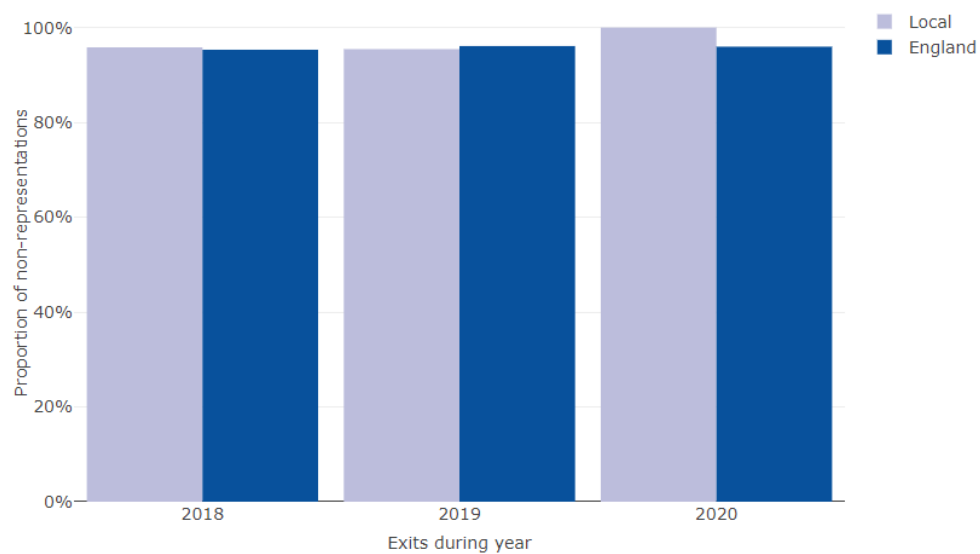


Figure 186 Proportion of all young people (under 18) in treatment who completed successfully as a proportion of all exits for Rotherham and England, 2018-19 to 2020-21

#### 22.15.4 Successfully completing treatment and not re-representation

Area	Total successful completions	Total non-representing	Proportion non-representing	Male (%)	Female (%)
Local	16	16	100%	100%	100%
England	5,936	5,697	96%	96%	97%

Figure 187 Young people (under 18) successfully completing treatment and not re-presenting to young people's specialist services within six months for Rotherham and England, exits during 2020



*Figure 188 Proportion of young people (under 18) successfully completing treatment and not re-presenting to young people’s specialist services within six months for Rotherham and England, exits during 2018 to 2020*

**END**