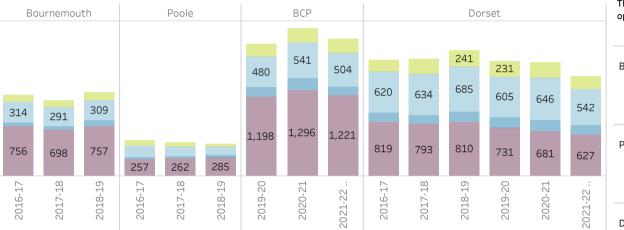
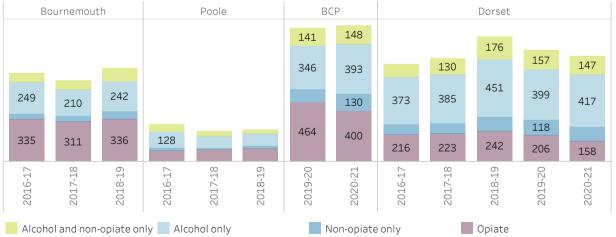


## Number of Clients in Structured Treatment (2021-22 data is as at Q2)



#### Number of New Presentations to Structured Treatment



#### **Estimates of Unmet Need**

The estimated proportion of people in each area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

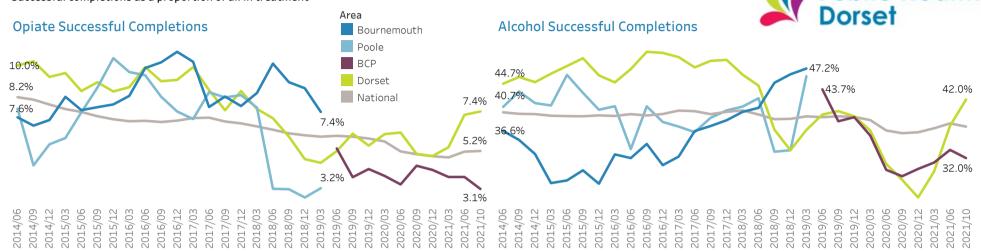
		2015-16	2016-17	2017-18	2018-19
Bournemouth	Alcohol	87.2%	86.1%	87.0%	84.9%
	Opiates and/or crack	49.7%	57.8%	60.9%	59.2%
Poole	Alcohol	85.7%	83.7%	85.9%	87.8%
	Opiates and/or crack	52.9%	51.1%	49.8%	55.2%
Dorset	Alcohol	77.9%	77.0%	75.4%	72.9%
	Opiates and/or crack	46.9%	48.6%	50.0%	43.7%
National	Alcohol	81.3%	78.1%	82.9%	82.6%
	Opiates and/or crack	49.2%	49.6%	51.7%	54.0%

**Dorset:** Numbers in treatment remain fairly stable, although the drop in opiate clients in treatment and accessing treatment will be continued to be monitored as it continues to fall gradually.

**BCP:** Number for opiates and primary alcohol misuse have slighted reduced, this is due to some of the homeless population bouncing in and out of treatment, although the vast majority have continued and engaged with treatment. New presentations to treatment for primary alcohol misuse continues to increase, but retention for Q2 is a issue which needs further investigation.

Created and maintained by the Public Health Dorset Intelligence Team. Data Source: NDTMS DOMES & Adult Activity Report

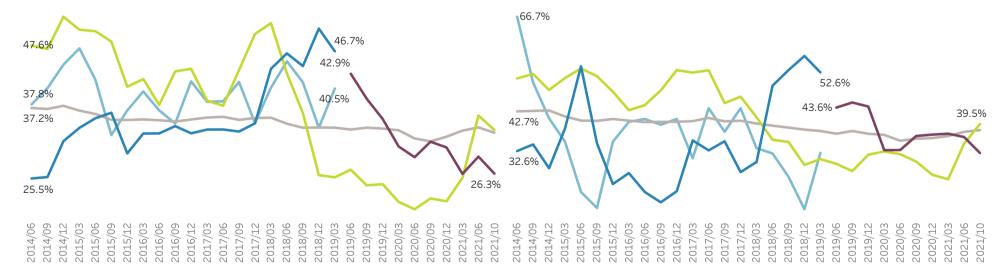
Successful completions as a proportion of all in treatment



Alcohol & Non-Opiate Successful Completions

Non-Opiate Successful Completions

**Public Health** 



**Dorset:** We are starting to see increases in successful completions in most areas. There has however been a steady fall in alcohol and non-opiate successful completions, likely still due to the impact of reduction/speed/offer of detoxification and compromise of aftercare support due to Covid.

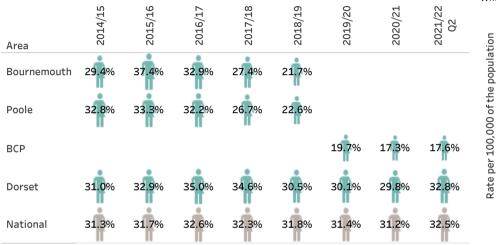
**BCP:** Opiate successful completions continue to remain low as more opiate users enter into treatment which keeps successful completions low. Alcohol completions have decreased slightly due to Poole Hospital being closed for elective detoxes long period of time due to Covid. Long waiting times for detoxification impacts on completions. Nationally waiting times for inpatient detoxification and residential rehabilitation are an issue. The new Inpatient Unit at Fareham opened its doors in January 2022, and should reduce waiting times and impact on outcomes. It is envisaged the new treatment system in BCP, once bedded in, will start to see outcomes improving.

Time in treatment & alcohol related hospital admissions

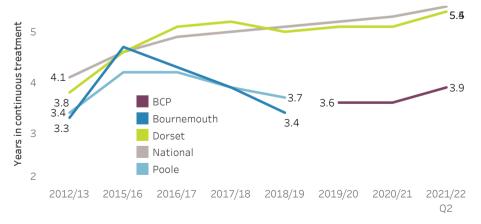


## Opiate Clients in treatment for 6 years or more

Number of clients in treatment for stated time period / all clients in treatment at the end of the period

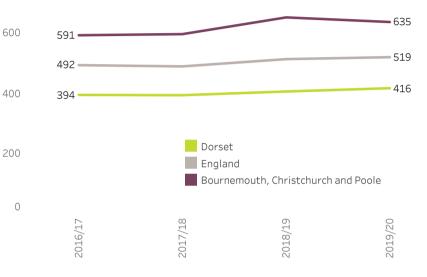


### Opiate Clients - Average Time in Continuous Treatment (in years)



#### **Alcohol Related Hospital Admissions**

Rate per 100,000 of the population all ages - Narrow (Local Alcohol Profiles for England Indicator 10.01) Where an alcohol-related illness was the main reason for admission or identified as an external cause



**Dorset**: Generally mirrors the national average for opiate clients in treatment. The rate of alcohol related hospital admissions have increased slightly in line with the national trend. Exploration of an alcohol related death panel is being explored between CCG/PHD and acute hospitals.

**BCP:** Individuals in long term opiate treatment continue to remain below national average. The complexity and lifestyle of individuals does impact on individuals remaining in treatment. BCP have introduced an more assertive approach if people disengage, and are due to participate in a national project with Alcohol Change UK around Cognitive Brain Functioning and decision making which lessons learnt from the project will be rolled out across agencies in BCP. Alcohol related admissions have continued to rise, potentially due to lack of inpatient detox facilities being fully open due Covid.

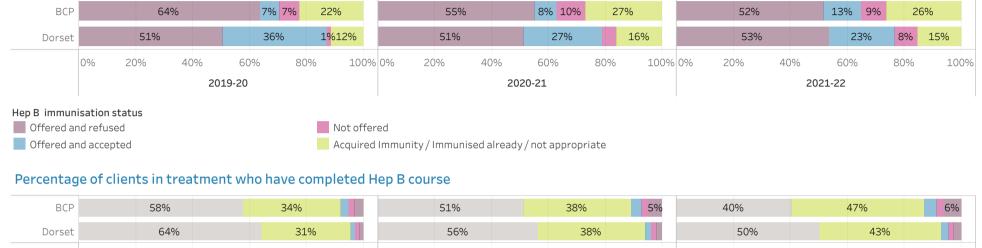
Created and maintained by the Public Health Dorset Intelligence Team Data Source: NDTMS DOMES and Local Alcohol Profiles for England (LAPE)

1 vaccination

**Blood Borne Viruses** 



## Percentage of Clients in treatment who accepted Hep B immunisation

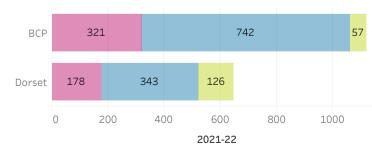




#### Hep B Course status

No vaccination recorded Course completed





#### 2 vaccinations

Hep C Date within last year Hep C test within 1 year Hep C tested over 1 year ago No Hep C test date recorded

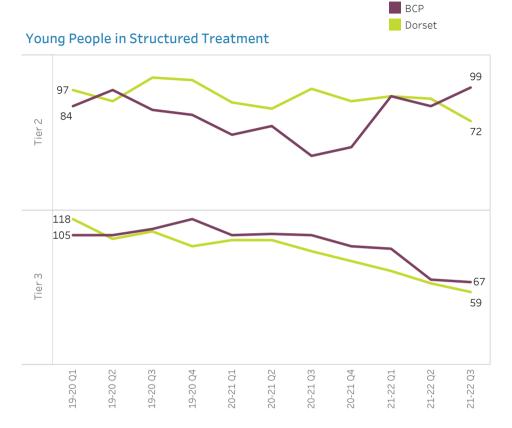
3 vaccinations

**Dorset:** Blood borne virus prevention - vaccination and testing has been adversely affected by the consequences of Covid19. A Hepatitis C Roadshow took place in November 2021 and this was seen as a huge success to those involved, encouraging the use of self-testing and identifying individuals Hep-C positive requiring treatment. We would expect to see an improvement in these figures next quarter as a result.

**BCP:** Testing during covid has remained low, unless undertaken by targeted work due to the majority of service users not being seen face to face. BCP are undertaking an audit in January 2022, to identify all individuals that require testing, and February/March BCP will target to see and re-test everyone who has not had a Hep C test. Hep B provision has recently changed due to the new commissioning of services in BCP and it is envisaged that this will improve.

Created and maintained by the Public Health Dorset Intelligence Team Data Source: Halo Substance Misuse Case Management System

Young people in treatment



seen a continued reduction of young people in tier 3 with providers working to find more engaging ways to work with young people. Schools are not currently permitting professionals to come in to work with young people due to Covid restrictions. Work due to take place to explore options of an MDT panel similar to adult service to support young people into treatment.

**BCP:** Numbers for tier 2 interventions continue to gradually rise now that services have access to young people in schools. Tier 3 interventions continue to remain low, but the young people who are engaging have multiple complexities which require multi agency working long term. Outcomes for young people remain steady.

### Young People - Closures



**Public Health** 

#### **Closure Reason**

- Transferred in Custody
- Transferred not Custody
- Planned Exit

Drug related deaths and Naloxone provision





## **Drug Related Deaths Locations**

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Bournemouth	20	21	19	19	27	18	21	24	30
Weymouth and Portland	8	4	8	3	12	7	4	13	6
Poole	6	5	3	7	7	9	8	3	4
West Dorset	3	1	2	3	4	4	5	3	6
North Dorset	1		3	3	6	5	3	3	
Purbeck			2		2		2	3	2
Christchurch			2	2	4	2	1	1	1
East Dorset			1	1	1		4	2	1
Grand Total	38	31	40	38	63	45	48	52	50

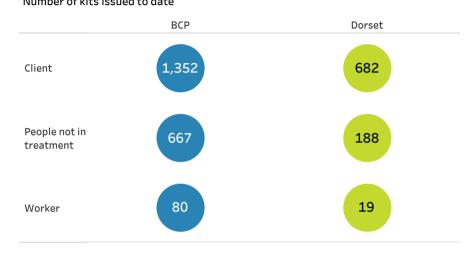
### Please note 2021 figures are draft and subject to coroners conslusions.

**Dorset:** Drug related deaths continue to be a priority locally and are being closely monitored. 2020 figures are generally in line with 2019. April 2020 being the only major outlier. There is still work to do to improve Naloxone distribution particularly in relation to people not currently in treatment.

**BCP:** Drug related deaths remain high in the BCP area. Drug related deaths is a national issue with deaths continuing to rise year on year since 1993. Naloxone continues to be issued in BCP. Housing providers staff, security officers in B&B/hotels and BCP Housing officers have all been trained in Naloxone and been offer kits if they wish to carry one. BCP Council have just agreed that all front line staff ie beach, car parks & parks staff, social workers and community safety workers should be trained in Naloxone and that both injectable Naloxone and Nasal Nyxoid kits to be made available if required.

Created and maintained by the Public Health Dorset Intelligence Team Data Source: Dorset Police DRD Coordinator and Halo

Naloxone Provision



### Naloxone kits used since start of project

