

**National target to increase the number of treatment places by 54,500 a 20% increase**

[Link back to notes and guidance](#)

Please enter the planned numbers in treatment for each of the next three years for adults (by the three substance groups) and for young people

Capacity	Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
All adults "in structured treatment"	<b>968</b>	0	0	0
Opiates	360	To be populated by you	To be populated by you	To be populated by you
Non opiates (combined non-opiate only and non-opiates and alcohol)	323	To be populated by you	To be populated by you	To be populated by you
Alcohol	285	To be populated by you	To be populated by you	To be populated by you
Young people "in treatment"	<b>134</b>	To be populated by you	To be populated by you	To be populated by you

There is a national target to increase the number of treatment places by 54,500 by the end of FY 2024-25. Local councils should agree with their provider/s a three-year trajectory that contributes towards the national ambition. In developing your trajectories, you should draw on your most recent Commissioning Support Pack published on ndtms.net to understand the levels of unmet need in your population for drug and alcohol treatment.

When planning it is important to keep in mind that, when the grant rises, as well as expanding treatment capacity, there is an expectation that the grant will be invested in improving quality – including by reducing caseloads and increasing the professional staff mix. This is reflected in the menu of interventions.

Baseline 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
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**Partnership plan to reduce drug and alcohol deaths**

[Link back to notes and guidance](#)

National	2016	%	2017	%	2018	%	2019	%	2020	%
Drug related deaths	2,386	100%	2,310	100%	2,670	100%	2,685	100%	2,830	100%
Alcohol specific deaths	1,671	100%	1,758	100%	1,685	100%	1,710	100%	2,074	100%
<b>Deaths in treatment</b>	<b>2016-17</b>	<b>%</b>	<b>2017-18</b>	<b>%</b>	<b>2018-19</b>	<b>%</b>	<b>2019-20</b>	<b>%</b>	<b>2020-21</b>	<b>%</b>
Death in treatment - opiate users	1,741	100%	1,712	100%	1,897	100%	2,010	100%	2,418	100%
Death in treatment - non-opiate users	172	100%	174	100%	193	100%	178	100%	244	100%
Death in treatment - alcohol only	767	100%	774	100%	799	100%	741	100%	1064	100%
<b>Barking and Dagenham number of deaths</b>	<b>2016</b>	<b>%</b>	<b>2017</b>	<b>%</b>	<b>2018</b>	<b>%</b>	<b>2019</b>	<b>%</b>	<b>2020</b>	<b>%</b>
Drug specific deaths	1	0%	5	0%	6	0%	8	0%	6	0%
Alcohol specific deaths	7	0%	0	0%	9	1%	0	0%	9	0%
<b>Deaths in treatment*</b>	<b>2016-17</b>	<b>%</b>	<b>2017-18</b>	<b>%</b>	<b>2018-19</b>	<b>%</b>	<b>2019-20</b>	<b>%</b>	<b>2020-21</b>	<b>%</b>
Death in treatment - opiate users	10	1%	7	0%	0	0%	0	0%	7	0%
Death in treatment - non-opiate users	0	0%	0	0%	0	0%	0	0%	0	0%
Death in treatment - alcohol only	7	1%	0	0%	0	0%	0	0%	0	0%

\*if value of 0 returned for death in treatment, this may be due to numbers being suppressed for your area.

Provide narrative on outline 3-year plans to reduce drug and alcohol related deaths, focusing on:

- system wide approaches to reduce deaths
  - in and out of treatment populations
- overdose and drug/alcohol related all-cause mortality
- how risk is identified and reported
- how deaths and non-fatal overdoses are reviewed
- what resources and interventions will be deployed.

Alcohol related deaths:

To be populated by you

Drug related deaths:

To be populated by you

There is a national ambition to prevent nearly 1,000 deaths in the next 3 years, reversing the upward trend in drug deaths for the first time in a decade. Local council and their partners should set out how the grant funding they receive will reduce drug deaths locally, both in and out of treatment.

Local councils should also work to reduce alcohol deaths. In 2020-21, there was a 20% increase in alcohol specific deaths in England, and a 44% increase in deaths (all causes) in people in treatment for alcohol-only compared to 2018-19.

This should be set out in a narrative form, describing system wide approaches to reduce deaths (including among those in the treatment and recovery system), how risk is identified and reported, how deaths and non-fatal overdoses are reviewed, and what resources will be deployed.