



Department
of Health &
Social Care

Addictive Behaviours Workshop: Drugs and Alcohol Policy and Practice

**West Midlands Public Health Alliance Conference:
“Weathering Uncertainty Through Innovation”**

16th October 2024, Wolverhampton Wanderers Football Stadium

Content

1. Update on current drugs and alcohol policy, including alignment with the new Government missions: Karen Saunders, Consultant in Health and Wellbeing, Office for Health Improvement and Disparities - karen.saunders@dhsc.gov.uk
2. Continuity of care for alcohol and drugs and work with prisons to ensure that people can continue their drug and alcohol treatment in the community: Sarah Burwood, Health and Justice Programme Manager, Healthcare Public Health, NHS England West Midlands - sarah.burwood1@nhs.net and Debbie Edwards-Jones, Health and Justice Partnership Lead, West Midlands Probation Region - Debbie.Edwards-Jones@justice.gov.uk
3. Wolverhampton Council - innovation in delivering alcohol priorities in the drugs strategy using the Supplemental Substance Misuse Treatment and Recovery grant: Michelle Marie-Smith, Principal Public Health Specialist, Wolverhampton Council - Michelle.Marie-Smith@wolverhampton.gov.uk
4. Questions and Discussion e.g. new policy opportunities, examples of other local practice to accelerate progress and solutions to challenges and risks. Regional colleagues are also interested to hear where we can continue to add value to work in places.

2021 - Dame Carol Black completed her independent review of drugs with recommendations. Led to publication of a drugs strategy in 2021 and this has provided the basis for much of the Departments work on drugs since then

- This strategy aimed to cut off **drug supply, improve treatment and recovery** and **reduce the demand for drugs** and provided an additional £780m of funding, including **£532m for treatment and recovery**, over three years (22/25) following a period of disinvestment.
- **Local authorities commission drug and alcohol treatment services in local areas.** The strategy created Combatting Drugs Partnerships (CDPs) to ensure all relevant partners are brought together to understand local issues and the changes needed to address them. CDPs are predominantly led by Directors of Public Health and Police and Crime Commissioners; they include other local authority officers such as children’s services and housing; the probation service; representatives from Integrated Care Boards; senior police officers; and people with lived experience.

Key elements of funding for local services between 2022 – 2025:

<p>Supplemental Substance Misuse Treatment and Recovery Grant</p> <p>£487m</p>	<ul style="list-style-type: none"> • Funding was prioritised to the areas with highest need (determined by prevalence, deaths, crime and deprivation) • Conditional on continued investment of Public Health Grant money into drugs
<p>Inpatient Detoxification Grant</p> <p>£30m</p>	<ul style="list-style-type: none"> • Focused on people with high levels of dependency and other complex needs (e.g. homelessness) • Conditional on working collaboratively in regional or sub-regional consortia, and funding allocated based on the size of the treatment system • Supported a 36% increase in inpatient detoxification episodes

Money has also been invested into treatment and recovery systems by other Government departments. For example:

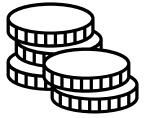
- **£186.5m** for the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) for specialist substance misuse treatment for people sleeping rough or at risk of sleeping rough. (MHCLG)
- **£39.8m** for Individual Placement and Support to help people find and stay in work as part of their substance misuse recovery. (DWP)
- Up to **£53m** for the Housing Support Grant (MHCLG), piloting targeted housing support for people in drug and alcohol treatment.

Funding – National Lines

- Funding certainty for drug and alcohol services is a frequent request.
- The Chancellor launched the next Spending Review (SR), which will settle 2025-26 budgets on 30th October 2024.
- The government also committed to a multi-year SR in Spring 2025, which will set departmental allocations i.e. allocate the overall envelope for a minimum of three further years (from 2026–27 to at least 2028–29).
- Until there is clarity about the resources available for 2025 - 26 we are not in a place to be able to assess any need for exit costs. Should that be needed we would expect to have detailed conversations about this at national and local levels.

Good progress with the drug and alcohol treatment and recovery system but strategic challenges and emerging threats endure

1. System fundamentals



Future funding uncertainty impacts service planning and workforce retention



Workforce challenges. 1 in 10 posts were vacant in 2023 with a 25% turnover rate

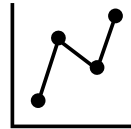


Service quality varies across the country and there are high levels of unmet treatment needs, particularly amongst opiate and crack users

2. Synthetic opioids



Synthetic opioids are often more potent and therefore more deadly

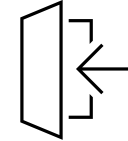


Intelligence suggests they are **increasingly prevalent in the drugs market**, including non-opiate drugs being adulterated

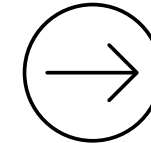


Awareness and media interest are increasing

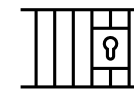
3. Criminal Justice System (CJS)



Referrals to treatment from the CJS halved between 2009-10 and 2022-23.



Continuity of care. Currently, just over half of people continue treatment within 3 weeks of leaving prison treatment



Prison capacity and early release. Offenders can leave prison after serving 40% of their sentence, rather than 50% under previous guidelines.

Progress and Success – OHID Deep Dive

- Commend you on the progress
- Important to celebrate and share good practice and reflect on learning
- Combatting Drugs Partnerships are action orientated and engaged with performance data
- Partnerships ensure the voice of lived experience provides feedback on barriers and facilitators to treatment and recovery
- The front door for treatment and recovery is more accessible and staff are more aware of different vulnerabilities and trauma informed
- Better understanding of what makes a successful referral
- Providers are reviewing and strengthening the wellbeing and development offer for frontline staff, including the quality of supervision
- Emerging policy

Mission-driven government

- Mission-driven government means focusing on ambitious, measurable, long-term objectives that provide a driving sense of purpose for the country. They represent the ultimate purpose of the government, and the story it aims to tell
- Bold visions for change, inspiring collaboration across government, the system and society to break down silos and work towards a common goal
- Driving public service innovation, shaping markets and harnessing collective intelligence to improve decision making.
- Five key areas: growth, the NHS, clean energy, safer streets and opportunity

Labour's five missions to rebuild Britain

1) Kickstart economic growth

to secure the highest sustained growth in the G7 – with good jobs and productivity growth in every part of the country making everyone, not just a few, better off.

2) Make Britain a clean energy superpower

to cut bills, create jobs and deliver security with cheaper, zero-carbon electricity by 2030, accelerating to net zero.

3) Take back our streets

by halving serious violent crime and raising confidence in the police and criminal justice system to its highest levels.

4) Break down barriers to opportunity

by reforming our childcare and education systems, to make sure there is no class ceiling on the ambitions of young people in Britain.

5) Build an NHS fit for the future

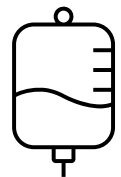
that is there when people need it; with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer.





Drugs and alcohol are a leading cause of death in people under 50, and drug misuse deaths have almost doubled over the past 10 years

3.2 million people report taking drugs a year*. This is equivalent to:



The number of people living with cancer in the UK

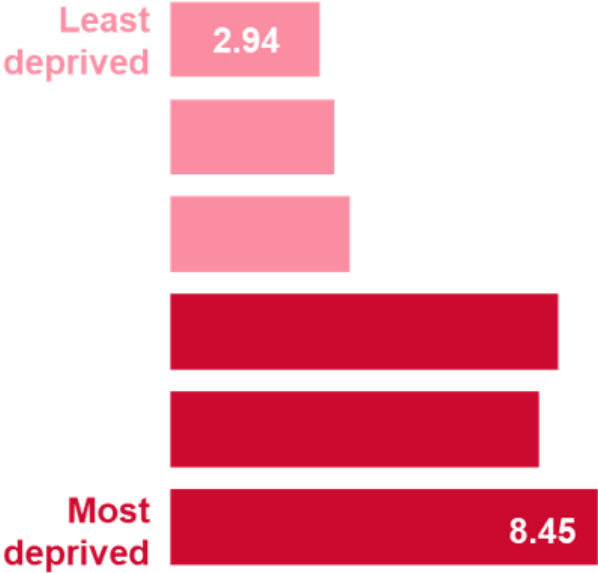


The number of NHS and social care staff in England



Three times the number of people living with heart failure in the UK

*in England and Wales



Rate of drug misuse deaths per 100,000 people by deprivation quintile, England, 2020-22

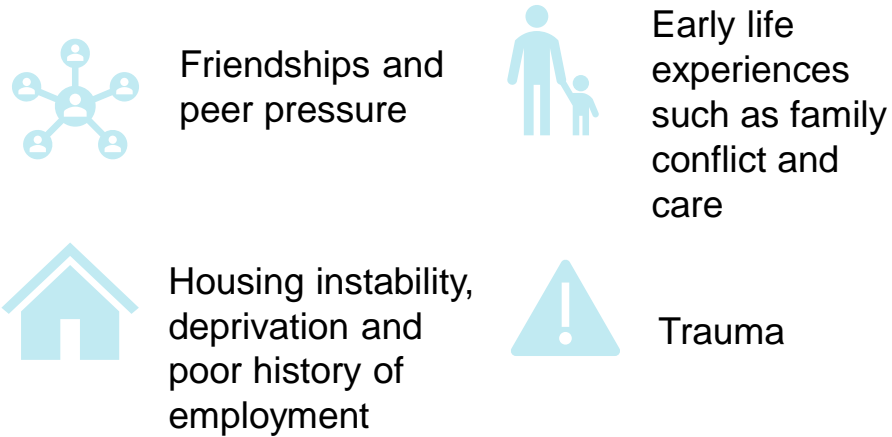
- The rate of drug misuse deaths in the most deprived areas of England is almost **3 times higher** than the least deprived
- The most **deprived areas have seen a continuous yearly rise in drug deaths** since 2010-12, whereas rates per 100,000 population in the least deprived areas have plateaued since 2018-20


Almost **3000** people died of drug misuse in England in 2022 – the highest number recorded since the series began in 1993.

People who die from drug misuse die extremely prematurely; the average age for drug misuse deaths in 2022 was **44.5** for males and **46.5** for females.

There are strong links between drugs, alcohol, other needs and the wider determinants of health

A range of **social and environmental factors** influence the development of substance use disorders:

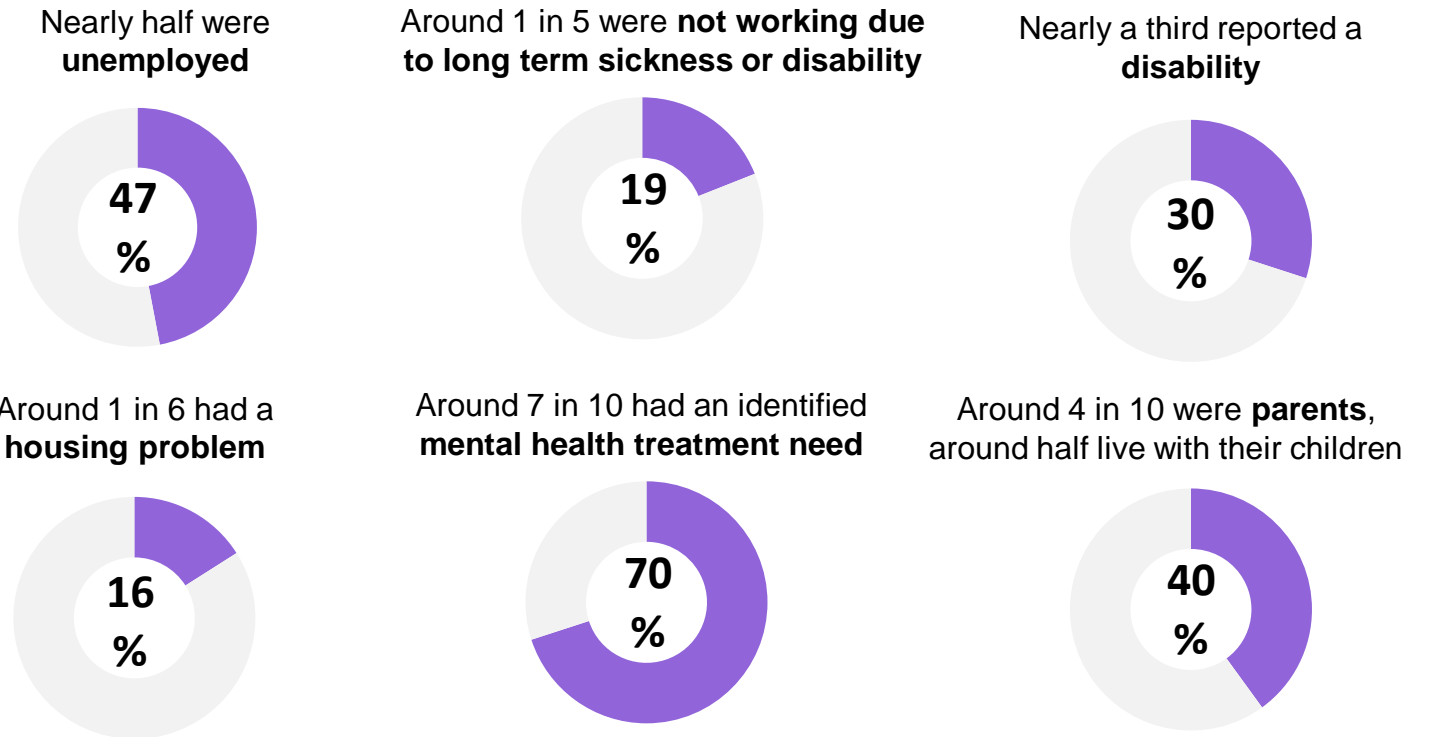


 **Mental health problems often co-occur because of these same factors**

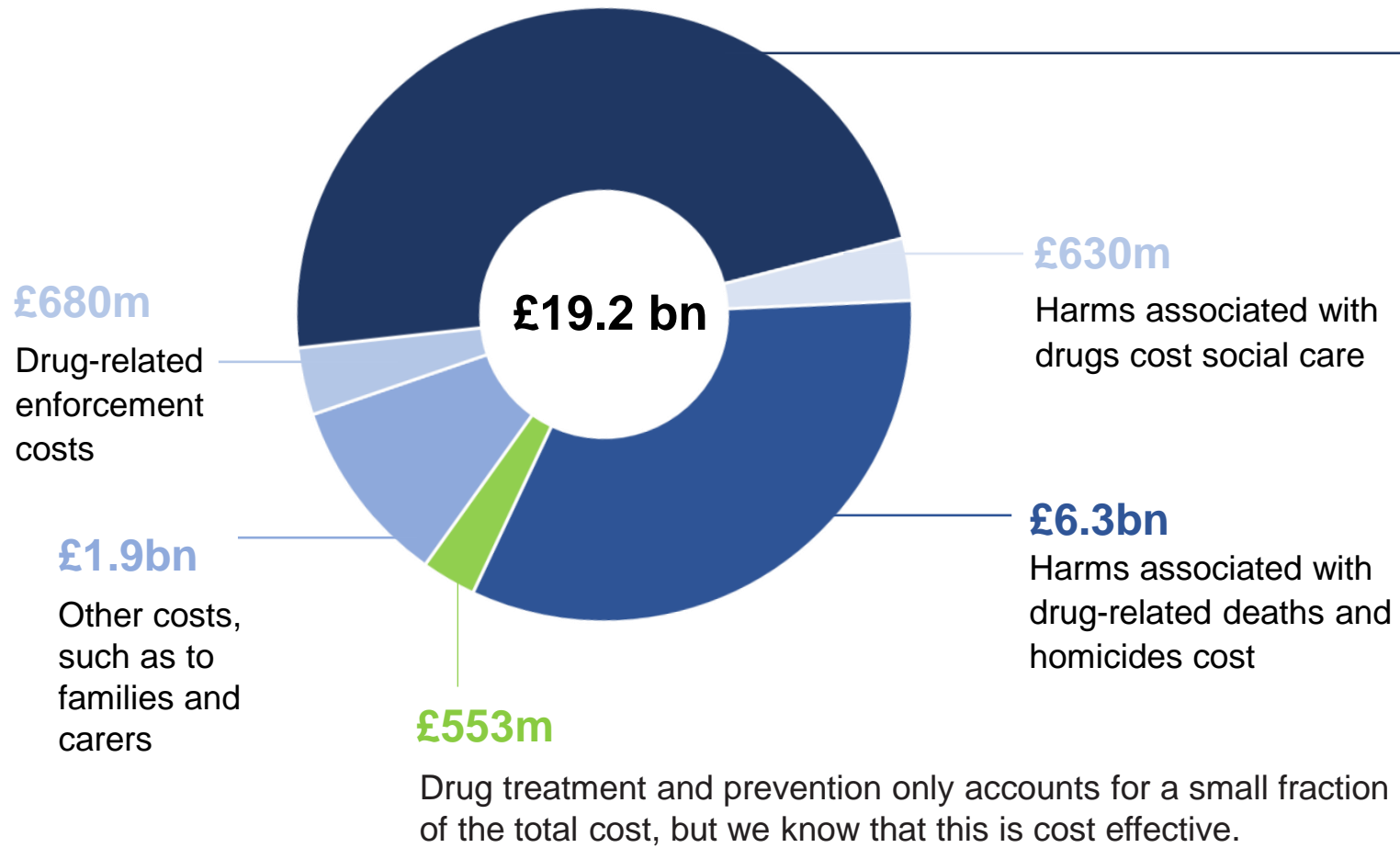
Genetic factors are known to play a role in an individual's risk of addiction, but evidence for this remains less conclusive than evidence for the role of environmental factors

Many people use drugs and alcohol without this becoming 'problematic' or developing an addiction. However, the population in treatment often **have multiple and complex needs**.

Of the c.290k adults starting treatment in 2022-23:



Substantial social and economic costs related to illicit drug use



£9.2bn

Drug-related crime costs associated with recorded offences in 2017/18, including £733m of criminal justice service costs.






Half of acquisitive crime is driven by drug use, and more than a third of people in prison are there due to crimes relating to drug use.

The treatment and recovery agenda is critical for delivering the Government's safer streets mission.

Drug treatment and prevention only accounts for a small fraction of the total cost, but we know that this is cost effective.

For every £1 invested in treatment, £4 is returned.

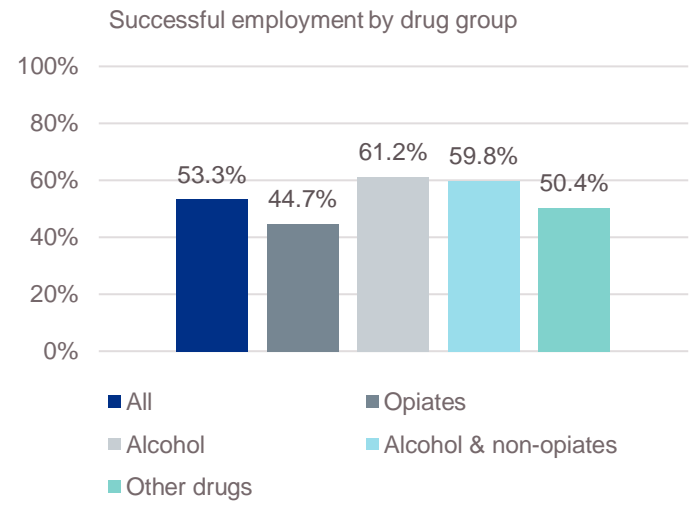
Cross-government nature of the drugs strategy

We look to other departments for support with:	
<ul style="list-style-type: none"> Prevention Long-term recovery support, including housing and employment support 	 Department for Education  Ministry of Housing, Communities & Local Government  Department for Work & Pensions
<ul style="list-style-type: none"> Tackling supply Delivering effective and seamless pathways from custody to treatment Referrals into treatment which divert people from the criminal justice system. 	 Ministry of Justice  Home Office
Other departments look to us to:	
<ul style="list-style-type: none"> Provide alternatives to custody and support rehabilitation Reduce crime, including through the provision of opioid substitution therapy Early intervention with children and young people Supporting parents who use drugs to prevent harm Enable people to return to work and live independently. 	

Individual Placement and Support (IPS) is a joint DWP and DHSC drug and alcohol programme which has seen huge success and demonstrates the importance of cross-government working. IPS helps people find and stay in work, as part of their substance misuse recovery.

Analysis from Spring 2024 which involved almost 3,400 people found that **53% of IPS clients find work** (45% for opiate clients), with **79% of those sustaining work for 13 weeks or longer** (78% for opiate clients)

Building on evidence from previous trials, **IPS is now available in most local authority areas in England**, but future funding is uncertain





England

Continuity of care for drugs and alcohol

West Midlands

Presented by:

Sarah Burwood

16th October 2024





Background

What do we mean and why is this important?

- Supporting people on release from prison to continue their drug and/or alcohol treatment within the community. This could be continuation of an opiate substitution prescription, long acting Buprenorphine, alcohol treatment, drug and alcohol recovery support, etc.
- Real opportunity to ensure that people are well supported on release from prison and can continue their recovery journey. Support people to maintain the progress they may have made.
- So many other issues that people need to deal with – if we can support around alcohol and drugs, that allows people to focus on other issues, such as accommodation, employment, benefits, probation appointments, health appointments, etc.
- High levels of alcohol and drug dependency.
 - 80% of those estimated to be dependent on alcohol are not in treatment.
 - The Drug Strategy – From Harm to Hope – has focused on increasing the number of people accessing treatment but more work is needed.

Continuity of care – drugs and alcohol

West Midlands approach – what have we done?

- WM continuity of care network – based on national continuity of care resources. [Continuity of care for prisoners who need substance misuse treatment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441212/Continuity_of_care_for_prisoners_who_need_substance_misuse_treatment.pdf)
- Focus on building the links between prison and community drug and alcohol services.
- Standardised the processes - 4 in 1 referral form.
- Raise awareness and understanding of the needs of drug and alcohol clients.
- What support is out there? Tried to make it clearer about what the offer is from community services.
- Looked in detail at individual journeys in conjunction with NDTMS to identify missed opportunities.
- **What else should we be doing?**

Alcohol and drugs and continuity of care

What works?

- Co-ordinated approach between all services. Reconnect, Probation, etc.
- Real understanding of what support is available on release. National SPOC can be useful.
- Understanding of individual needs.
- Accurate recording of any interventions.
- Preparation in prison well before release. Start as soon as someone comes into prison.
- Ongoing support post release.
 - Treatment
 - Recovery support
 - Relapse prevention
 - Mutual aid
- Family support.
- Somewhere to live.
- Meaningful activity.

Thank you!

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Community Sentence Treatment Requirements (CSTR)

An introduction to substance use sentencing options within the Criminal Justice System

Debbie Edwards-Jones

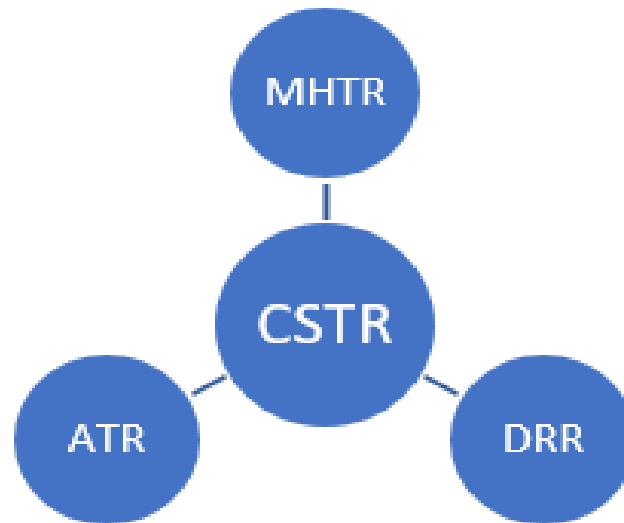
Health and Justice Partnership Lead

West Midlands Probation Service



Community Sentence Treatment Requirements (CSTRs) – What are they?

- Community Sentence Treatment Requirements (CSTRs) is the collective name given to Court ordered Mental health Treatment Requirements (MHTRs), Alcohol Treatment Requirements (ATRs) and / or Drug Rehabilitation Requirements (DRR).
- CSTRs were introduced as part of the Criminal Justice Act 2003 to offer an alternative to custodial sentences for these individuals.



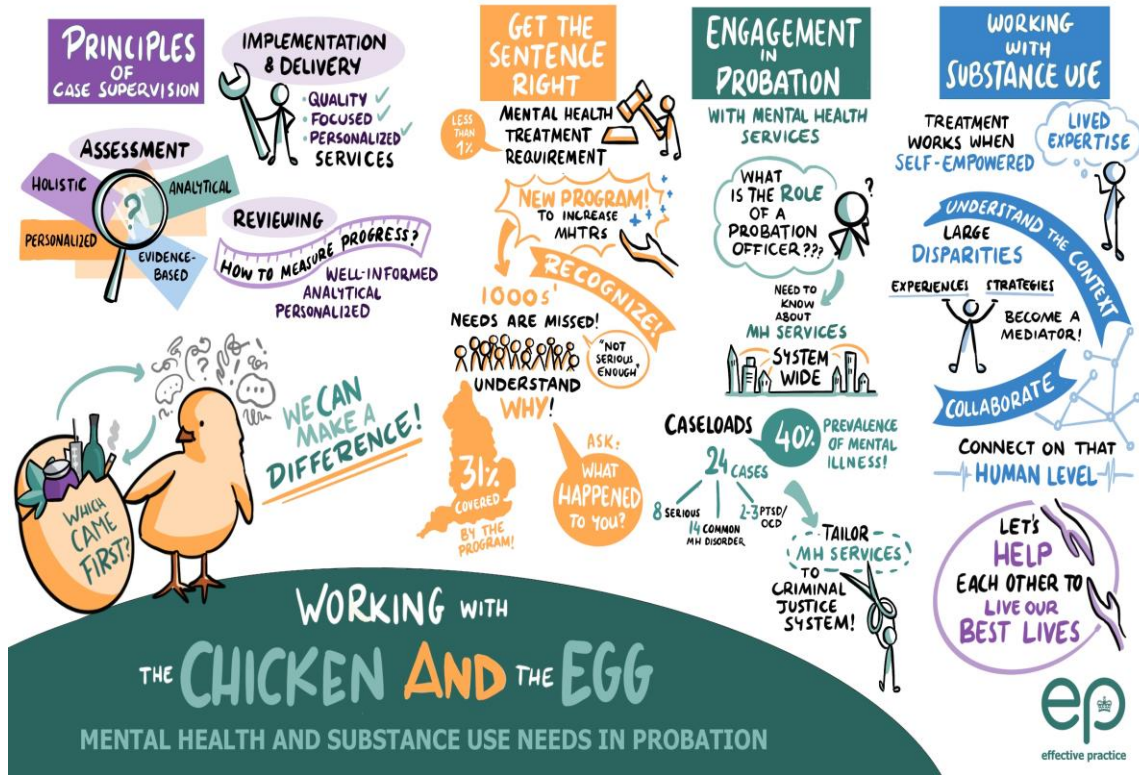
What is a DRR?



What is an ATR?



How can we combine CSTRs?



Dual Orders – The benefits

- Address multiple needs
- Sentence is more responsive
- Treatment can be sequenced

Any Questions?





Wolverhampton Local Practice – Alcohol

16 October 2024

Presenter:

Michelle Smith

Principal Public Health
Specialist

Purpose

To offer a local perspective of how SSMTRG funding has been used to further tackle unmet need

To detail the Love your Liver initiative which ran as part of Alcohol Awareness Week in 2023



Alcohol Profile for Wolverhampton

Indicator	Period	Wolves			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Mortality								
Alcohol-related mortality	2022	→	122	50.1	39.7	73.7		25.3
Alcohol-specific mortality	2022	→	56	22.5	14.5	28.3		6.3
Under 75 mortality rate from alcoholic liver disease (1 year range)	2022	→	40	17.7	11.6	24.4		4.9
Under 75 mortality rate from alcoholic liver disease (3 year range)	2020 - 22	—	139	20.8	11.3	24.1		4.6
Mortality from chronic liver disease, all ages (1 year range)	2022	→	46	18.6	14.7	33.0		6.6
Mortality from chronic liver disease, all ages (3 year range)	2017 - 19	—	133	19.0	12.2	31.9		5.4
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2022	→	1,884	1,551	1,211	2,263		639
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2022	→	1,099	864	536	1,196		199
Admissions								
Admission episodes for alcohol-specific conditions	2022/23	↑	1,985	801	581	1,981		220
Admission episodes for alcohol-related conditions (Narrow)	2022/23	→	1,801	731	475	856		247
Admission episodes for alcohol-related conditions (Broad)	2022/23	↑	5,876	2,431	1,705	3,430		994
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	35	18.7	26.0	75.5		3.8

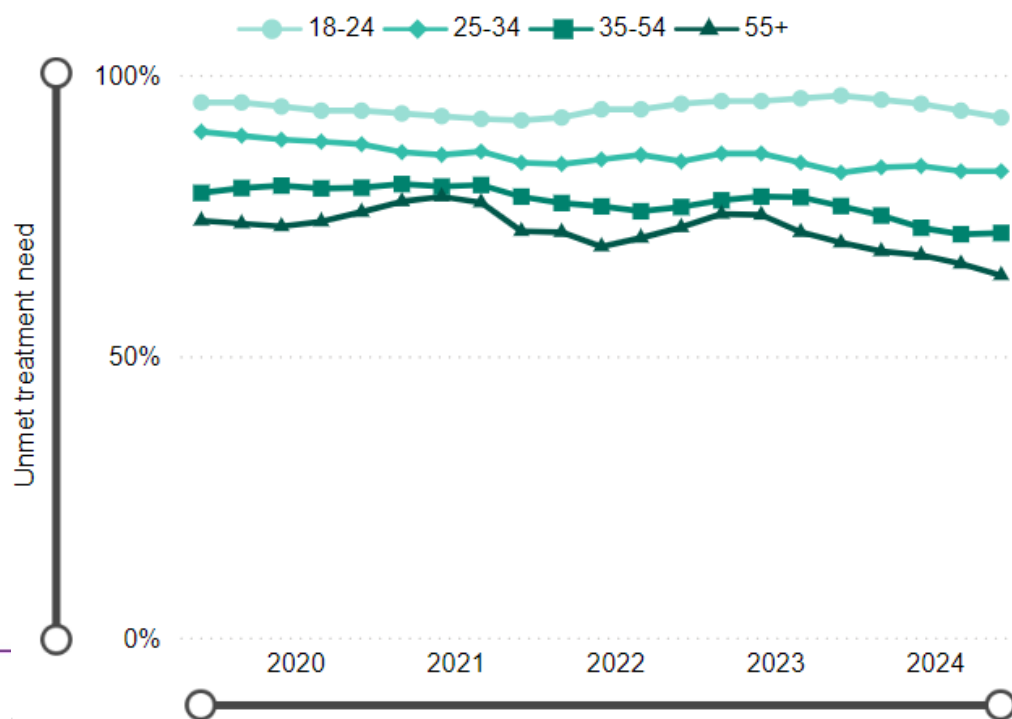
Alcohol unmet need and prevalence estimates

Wolverhampton

Alcohol unmet need by age group (Jul 2023 to Jun 2024)

Age group	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
18-24	92.4%	31	410
25-34	82.9%	146	853
35-54	71.9%	517	1,841
55+	64.4%	209	587
Total	75.5%	903	3,691

Alcohol unmet treatment need - broken down by age group

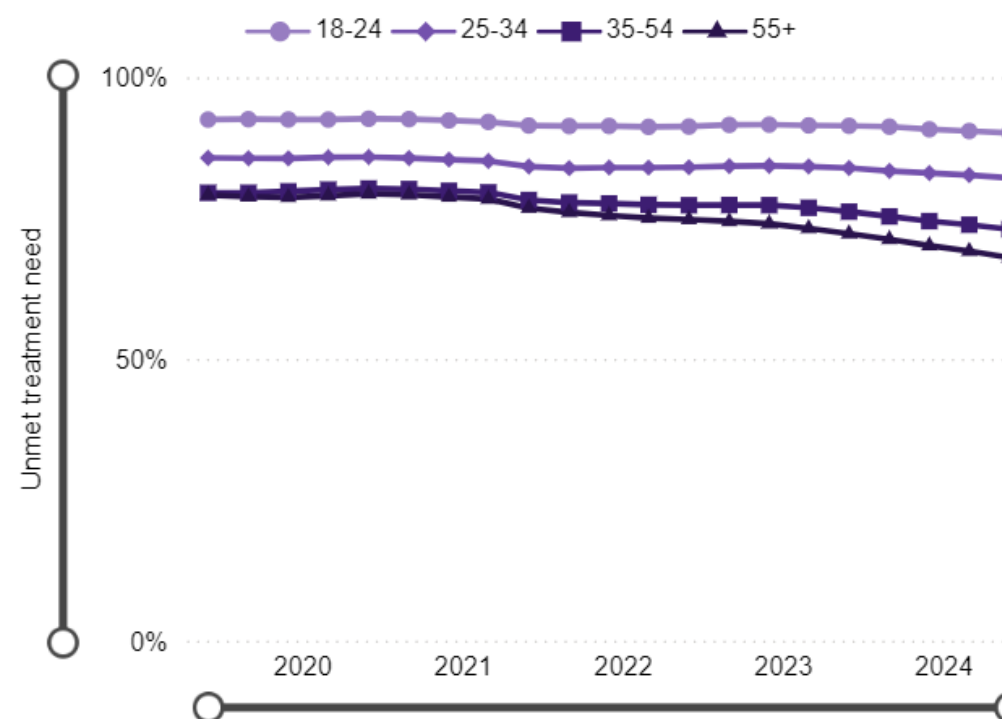


England

Alcohol unmet need by age group (Jul 2023 to Jun 2024)

Age group	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
18-24	90.2%	8,683	88,393
25-34	82.1%	27,578	154,408
35-54	73.1%	73,936	274,423
55+	68.0%	29,163	91,207
Total	77.1%	139,360	608,431

Alcohol unmet treatment need - broken down by age group



How have we used SSMTRG to further help reduce unmet need?

Case finding

Love your liver initiative - fibroscanner

Multi-agency daily outreach patrols

Specialist Lived Experience Outreach posts (Punjabi and Eastern European outreach workers)

Specialist Alcohol Nurses operating from selected GP practices

- Screening
- Brief and enhanced interventions
- Fibroscanning
- Assessment for psychosocial interventions

Engagement

Opiate drop in days (same day assessments and prescribing)

Access to Buvidal

Prison in-reach and joint clinics with probation

Fast track pathway (homeless and other vulnerable groups)

Retention

Care co-ordination

- Access to rehab, in-patient and community detox, employment support, SUIT peer-delivered support/groupwork, buddy system, RESET programme, social prescribing



Alcohol Awareness Week 3-9 July 2023

Alcohol Awareness Week

3-9 July 2023

Drop by for information, support, activities and advice including health assessments, please see a list of events and locations to get involved

Day	Location	Activity
Monday 3rd July	Bilston Indoor Market 8:30am-4pm	RNY and SUI provide support, advice, brief intervention and fun activities to raise awareness of alcohol and cost
	Central Library 10am-2pm	
Tuesday 4th July	Low Hill Community Centre 9am-5pm	RNY and SUI provide support, advice, brief intervention and fun activities to raise awareness of alcohol and cost Love your Liver Bus
	Victoria Square 10am-4pm	
Wednesday 5th July	Wolverhampton Market Stall 8:30am-4pm	RNY and SUI provide support, advice, brief intervention and fun activities to raise awareness of alcohol and cost Love your Liver Bus
	Bob Jones Community Centre 10am-2pm	
Thursday 6th July	Victoria Square 10am-4pm	Love your Liver Bus Hep C Bus
	Queens Street 9am-7pm	
Friday 7th July	Victoria Square 10am-4pm	Love your Liver Bus Hep C Bus
	Queens Street 9am-7pm	
Sunday 9th July	Cannock Road, Gudwara 10am-2pm Dudley Road, Gudwara 10am-2pm	RNY and SUI provide support, advice, brief intervention and fun activities to raise awareness of alcohol and cost

recoverynearyou.org.uk



Alcohol Awareness Week

Sat 8 July, 12pm – 6pm
Queen Square

Join Recovery Near You and City of Wolverhampton Council for:

- Alcohol treatment service advice
- Free liver scan
- Live entertainment
- Face painting
- Health & wellbeing advice
- Food stalls
- Mocktails



Love Your Liver Initiative

5 day hire of the Love your Liver mobile unit from the British Liver Trust to offer Liver Fibroscanning to promote liver health and the impact of alcohol

Two city centre locations

Unit staffed by Recovery Near You (RNY) and Royal Wolverhampton NHS Trust nurses.

The fibro scanner enabled staff to check for non-alcohol fatty liver disease (NAFLD).

Advice was given on how to manage alcohol unit reduction and drinking within safer limits.

- Treatment assessments offered and completed for those who needed assistance with reduction or abstinence. Advice was offered and literature given on healthy lifestyle choices and improving diet.
- **404** fibro scans were completed over 5 days.

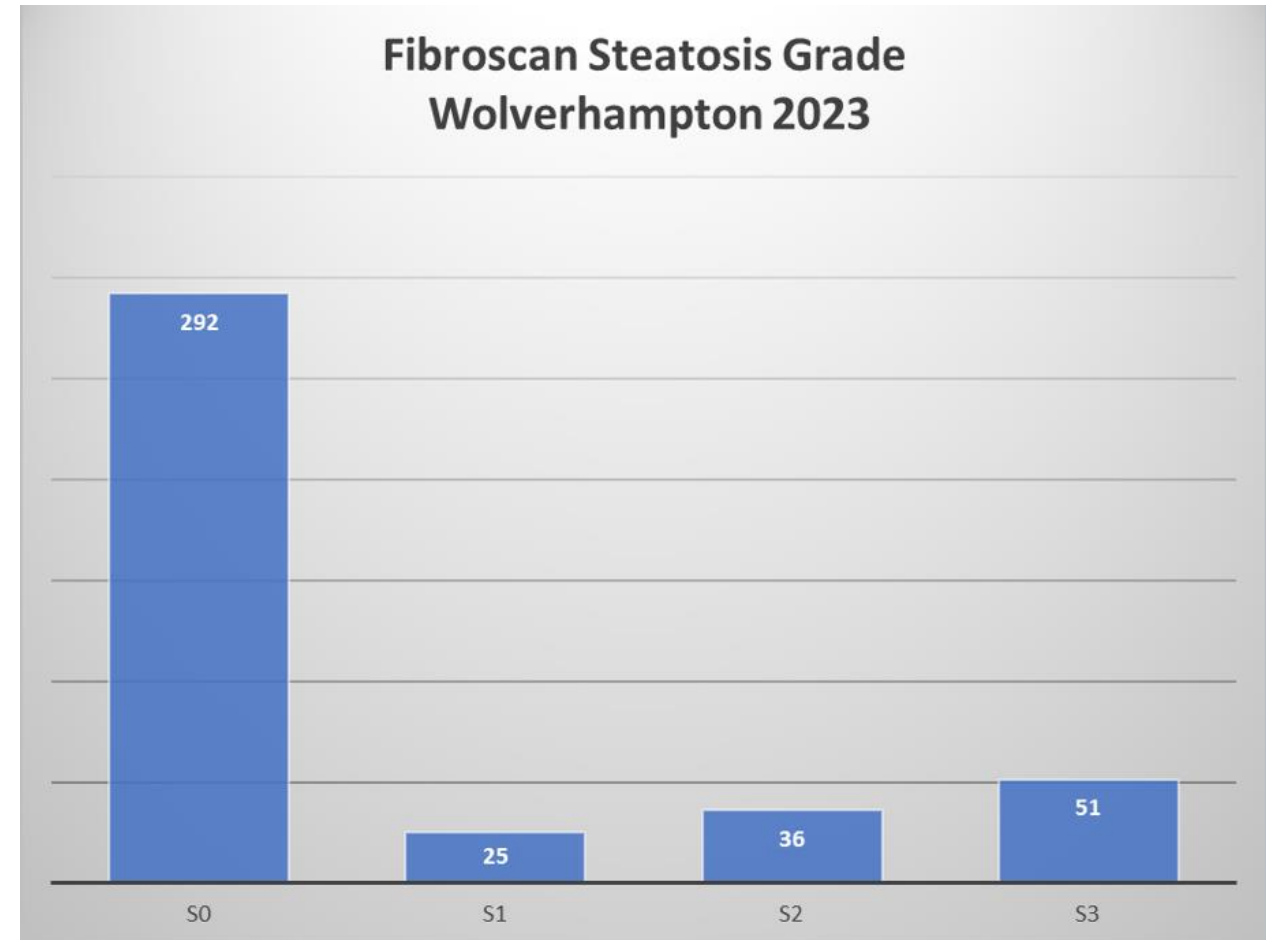


Findings

The fibro scanner can aid the early detection of non-alcohol fatty liver disease by measuring the Controlled Attenuation Parameter (CAP). Ideally the CAP measurement should be 150 dB/m, only 3% of those scanned measured at 150 or below.

Fibrosis of the liver is measured in kilopascals (kPa), ideally the parameters are between 4 and 7 kPa. **81% of those scanned had a kPa measurement within these parameters.**

The CAP and kPa measurements were inputted into an interpretation guide application, myFibroScan, to determine classification of the steatosis and fibrosis grade.



The steatosis grades are; S0 healthy, S1 mild, S2 moderate, S3 severe. Steatosis S3 was mostly found in the age groups, 60-69 and

Summary

Fibroscan readings outside of recommended parameters, were referred to Royal Wolverhampton NHS Trust hepatology nurses. **10% (40 people) had abnormal readings and were referred for further investigation.**


The most popular age group of those requesting a fibroscan was 60-69 (21%).

Those age groups ranging from 30-79 years were all of approximate equal proportion, demonstrating that the majority of the public have an interest in their liver health.

Only 3% of those scanned had a CAP measurement at the recommended level, indicating that lifestyle changes need to be made, to prevent Non Alcoholic Fatty Liver Disease.

81% of those scanned had a fibrosis score within 2 and 7kPa with the majority at the very top end.

The age group 60-69 showed more signs of liver damage than any other age group. This may be due to long term damage caused by the diet followed when they were younger, for example cooking in high fat content and/or long-term alcohol use.



Conclusion

- The findings highlight that as a city, everybody can make reasonable adjustments to their lifestyle by reducing alcohol intake, following a balanced diet and increasing physical activity. This would impact on the levels of steatosis and fibrosis by reducing the rate of abnormal readings and improving liver health overall.
- Initiative was very popular – large queues during busy periods with long waiting times. Two fibroscanners was insufficient to meet demand and popularity.
- The level of engagement and interest during AAW showed a large amount of the public do care about their health and wellbeing and are keen to listen and seek advice from health professionals.
- Great appreciation of the availability of the scanner, it being a non-invasive procedure and having a result immediately. Many asked if this was going to be a regular service in the city, as they would be keen for their friends and family members to attend as well.

What has happened since?

- Purchased a fibroscanner which is used in community pop-ups, outreach events and GP surgeries.
- Since using the fibroscanner, the specialist services have been able to start at least 2 new service users a week on Hepatitis C treatment.
- The treatment pathway has improved in terms of time, the team are no longer waiting for blood results to come through, the fibroscan result is instant.
- Since the fibroscanner has been purchased 80 service users have been scanned and 33 have been referred to the New Cross Liver Team.

Thank you
Questions?