



Classification	Item No.
Open / Closed	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	21 st October 2021
Title of report:	Health related behaviour: Substance misuse (Drugs & Alcohol)
Report by:	Sarah Turton (Public Health Practitioner) and Jon Hobday (Consultant in Public Health)
Decision Type:	For information
Ward(s) to which report relates	All wards

1.0 Executive Summary

1.1 People with untreated drug and alcohol dependencies have a disproportionate impact on our communities, nationally, regionally and locally. Parental substance misuse affects children, their lives, and prospects. Drugs and alcohol affect the homeless and their chances of recovery, as well as causing an increase in homicides, crime, deaths, and unemployment. Inequalities is also a large issue, as drug and alcohol use is usually higher in deprived communities. Due to how cross cutting substance misuse is with other areas, no one organisation can address this issue and collaborative and partnership working is key within this sector.

1.2 Recent investment into this sector, as well as the newly published Dame Carol Black Review of drugs, have cast light on substance misuse and increased the awareness of the need for drugs, alcohol and inequalities to be addressed further and current practices reviewed. Within Bury, we are currently reviewing our Substance Misuse Action Plan and continuing with the important work we do in this field, focusing on prevention, recovery and a holistic approach to tackling issues within this area.

2.0 Recommendation(s)

2.1 That the Bury Health and Wellbeing Board continue to support the ongoing work around drugs and alcohol and reducing inequalities.

3.0 Key Considerations:

3.1 Introduction / Background

3.1.1 The harm caused by drugs and alcohol affects individuals, families, communities, and places pressure on many public services. Therefore, it is extremely important to address this public health field and work towards decreasing this harm within Bury, using a holistic, collaborative approach.

3.1.2 In January 2021, the government announced a new package of funding to tackle drug related crime. This included an additional £80 million for drug treatment in the form of universally available grants. This comprised of funding to support the collaborative commissioning of medically managed inpatient detox programmes, helping to stabilise or stop drug (or alcohol) use in those with the most complex health needs.

3.1.3 Drug and alcohol treatment reduces the burden on local authority services in many ways. Dame Carol Black's independent review estimated the costs of drug use to social care at £630 million a year and noted that treatment for dependent drug users can reduce the cost of drug related social care by 31 per cent. [1] Public Health England estimate that most people are not being treated for their addiction – about half of opiate and crack users and only one in five dependent drinkers. Being in treatment reduces offending behaviour, drug and alcohol related deaths, and the spread of blood borne diseases.

Below is a link to a publication from the Local Government Association (LGA), aimed at elected members:

[1] [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](#)

3.2 Our position in Bury

3.2.1 In Bury, we saw an increase in drug related deaths due to drug poisoning in 2018, with 27 deaths recorded. However, in 2019, 13 deaths were recorded and 8 in 2020, showing a decrease over this timeframe. The same pattern can be seen with the number of deaths related to drug misuse, with 23 deaths recorded in 2018, 12 in 2019 and 5 in 2020.

The age-standardised mortality rate for deaths relating to drug poisoning stood at 8.8 per 100,000 for 2018-20, which was a decrease from 10.6 per 100,000 recorded in 2017-19. For 2018-20, the Northwest rate was higher than Bury, at 10.4 per 100,000. However,

Bury is above the national average in this category with the rate being 7.6 per 100,000 for England during this time period.

Similarly, reductions were seen in Bury regarding the age-standardised mortality rate for deaths relating to drug misuse, from 8.6 per 100,00 in 2017-19 to 7.3 per 100,000 in 2018-20. However, in the period of 2018-20, Bury (7.3 per 100,000) was higher than both the regional and national rates, with the Northwest at 7.1 per 100,000 and England at 5.0 per 100,000.

3.2.2 Looking at the data around people currently in treatment for alcohol and drugs in Bury, there seems to have been a general decrease from previous years, except for opiate service users. In terms of people receiving treatment for opiates, this has increased in 2019/20 (475) from 2018/19 (465). In contrast, when looking at non-opiate (125 in 2017/18 and 85 in 2019/20), alcohol (315 in 2017/18 and 275 in 2019/20) and non-opiate plus alcohol (125 in 2018/19 and 110 in 2019/20) service users, numbers have decreased.

Nationally, a reduction in people in substance misuse treatment services has been seen over the past few years, with a significant drop in service users in treatment relating to alcohol. There has also been a noticeable decrease in the number of men and women in treatment regarding alcohol. A PHE Inquiry into the fall in treatment numbers indicated that perceptions of services as drug services, a lack of alcohol specialist expertise and alcohol specific interventions as probable barriers. [2]

In terms of treatment outcomes, successful completions in 2019-20 (47%) have reduced slightly from 2018-19 (51%) and the number of people who dropped out or left stayed relatively stable (from 33% to 34%). This slight drop in successful completions appears to be due to the male cohort, with the female figures remaining the same for successful completions between 2018-19 (52%) and 2019-20 (52%). While the overall proportions of individuals dropping out of service remained stable, when comparing by gender the number of females that dropped out or left decreased during this time period (from 41% to 33%), in contrast the males increased (from 31% to 34%). Regarding overall successful completions for 2019-20, Bury was the same as the national average (47%) and below the regional average (51%).

3.2.3 With regard to people who are not currently accessing treatment, data from the Public Health Dashboard shows that the proportion of dependent drinkers not in treatment as of 2018/19 in Bury stands at 78.8%. This is slightly below the regional and national averages, with the North West at 81.7% and England at 82.4%. On the other hand, the proportion of opiates and/or crack cocaine users not in treatment are slightly above the regional and national averages for 2018/19, with Bury standing at 54.6%, the North West at 47.9% and England at 52.1%. [3] Further research is needed to fully understand these cohorts of people not currently accessing treatment and the reasons behind this. In the meantime, raising awareness of the current support that is available and trying to reach these harder to engage populations is key.

3.3 Dame Carol Black Review of drugs - phase 2 report:

The report suggested that significant changes need to be made in four areas, including: radical reform of leadership, funding, and commissioning, rebuilding of services, an increased focus on prevention and early intervention and improvements to research and how science informs policy, commissioning, and practice. [4]

Dame Carol Black suggested funding is to be allocated to local authorities based on a needs assessment and then protected. The review concluded, based on current evidence of prevalence, that an additional £552 million is needed from DHSC by year 5 on top of the baseline annual expenditure of £680million from the public health grant, for drug treatment and recovery services. An additional £15 million by year 5 is needed for employment support.

In terms of commissioning, the review recommends a National Commissioning Quality Standard to be set up, to help specify the full range of treatment services that should be available in each local area. Commissioners should work collaboratively with providers and have longer commissioning cycles of at least 5 years, to encourage stability and quality improvements.

The review also emphasised the importance of rebuilding and improving services and their links to substance misuse services, such as: workforce, treatment, recovery support, criminal justice system, employment, housing, mental health, and physical healthcare. As well as the importance of prevention and early intervention; thinking about schools and age-appropriate services.

Overall, there were 32 recommendations set out by the Dame Carol Black, based on the main categories mentioned above. An initial government response has been issued; however, we are still awaiting the formal response from the government, which should provide more information and further direction. The spending review, which will hopefully be released soon, will also aid with further direction on this report.

3.4 What we do in Bury currently

3.4.1 In Bury, we have commissioned services for alcohol, drugs, with 'Achieve Bury' (Greater Manchester Mental Health Trust) providing our substance misuse service. As Part of the service 'Achieve Bury' provide they subcontract 'Early Break' to provide the family and children and young people elements of the service and 'Big Life' to provide the assertive outreach and prison in reach components of their work. Bury's commissioners work in close partnership with our providers, regularly reviewing performance, strategy, and our system approach.

Prevention is a key part of reducing harm from drugs and alcohol and both our Adult (Achieve) and Young People (Early Break) substance misuse services carry out an abundance of work around this. Early Break have good links with local schools and can deliver sessions to students and staff around drugs and alcohol. Early Break also have an

Outreach team, who engage with young people wherever they are in the community i.e., parks, youth clubs, streets or events. Part of this role is to safeguard young people, raise awareness of substance misuse issues, and offer any support needed to help them make positive decisions, thus minimising risks to their physical and emotional health and wellbeing. Achieve offer a range of training and awareness sessions to external organisations such as primary care and educational settings. The Big Life Group work alongside Achieve to support service users to rebuild their lives and work towards an optimistic future. The Big Life group have an assertive outreach team where peers and volunteers identify and target at risk individuals and engage with vulnerable people, as well as those who are poor engagers, with a robust missed appointment pathway in place. The Big Life team attend various neighbourhood meetings to enable targeted work where needed, as well as multi-disciplinary meetings to enable a holistic approach to drug and alcohol treatment. In terms of prevention work, The Big Life group carry out drug and alcohol awareness sessions and drop-in sessions at various organisations and community venues including Manna House (food bank) and ABEN (A Bed Every Night). Work is also in progress to expand these sessions in to other community venues and organisations.

Lived experience is an important aspect of drug and alcohol treatment services and plays a pivotal role. It was also referenced in Dame Carols Black's report, where she recommends that 'Services should include people with lived experience of drug dependence working as recovery champions and recovery coaches.'^[4] Achieve incorporates lived experience into their treatment and recovery model by having both volunteer and paid opportunities, including peer mentor schemes, available for people with lived experience. There is a robust volunteer workforce development pathway in place, to support and encourage volunteers to develop workforce readiness skills. Furthermore, service user and carer feedback are reported on as part of performance every month. Having people with lived experience is beneficial, as it a form of visible recovery that current service users can see and relate to.

Recovery work is just as important as the treatment itself when it comes to drugs and alcohol and our substance misuse services incorporate this into their treatment models. Achieve's community development team do a lot of work around recovery. They have a social recovery group called Kaleidoscope, as well as focused groups around areas such as education, training and employment (ETE). Achieve also support and link with mutual aid groups, such as Alcoholics Anonymous (AA), and have recovery fund grants available to service users to aid with many aspects of recovery. Early Break offer the 'Holding Families' programme, which provides whole family support for children and family members affected by parental substance misuse, working with parents and carers at any stage of their recovery from drugs and alcohol use. Furthermore, Early Break also offer the 'Holding Families+' programme, working with children and families of alcohol and substance dependent parents who are in prison.

3.4.2 The Bury Substance Misuse Action Plan is currently being refreshed, based around the Greater Manchester Drug & Alcohol Strategy, which includes 6 key priorities:

1. Prevention and early intervention
2. Reducing drug and alcohol related harm
3. Building recovery in communities
4. Reducing drug and alcohol related crime and disorder
5. Managing accessibility and availability to drugs and alcohol
6. Establishing diverse, vibrant and safe night-time economies

This process involves ongoing engagement between treatment providers, GMP, GMFRS, DWP, community safety, primary care representatives, licensing, and housing, to name a few. Once the action plan is finalised, it will be launched, and action points tracked and continuously reviewed. In addition, our service providers do a lot of work with people who have lived experience. We are currently looking at ways that lived experience could be further incorporated into the action plan and our approach to recovery, as this is essential in supporting individuals through treatment and back into housing and employment.

3.4.3 From a system perspective Bury Council works collaboratively with Greater Manchester (GM) and regularly discusses collaborative work and bids. In addition, Bury have a Substance Misuse Partnership Delivery Group meeting every month. This brings together many of the services and teams involved (directly and indirectly) with substance misuse within Bury. This is where we focus on our system response and work to reduce inequalities.

3.4.4 Furthermore, we are doing work around Alcohol-Exposed Pregnancies (AEP) and Foetal Alcohol Spectrum Disorder (FASD). A recent prevalence study [5] conducted within GM found that FASD may affect 1-3.6% of children, with a crude prevalence rate of 1.8% identified. Therefore, using the finding of a 1.8% prevalence rate, based on live births, potentially 40 children are born every year in Bury with FASD and there are potentially 3438 people with FASD (undiagnosed and diagnosed) based on our population. Therefore, we have been working to increase awareness of FASD and the harms that drinking alcohol during pregnancy can cause. This has involved a communications strategy to raise awareness, which included, social media ads, liaising with relevant teams and services to spread the message and an advertisement in our local magazine (Your Local Bury). In addition, we are working with services, such as probation, to provide FASD training to staff members, so that they can have discussions around alcohol during pregnancy and FASD, and signpost people to the relevant services if needed.

A link to the FASD Health Needs assessment, where the GM AEP programme is cited as good practice, is below:

[6] [Fetal alcohol spectrum disorder: health needs assessment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614442/fetal-alcohol-spectrum-disorder-health-needs-assessment.pdf)

3.4.5 At Bury Council we ensure we are part of all the relevant campaigns to help raise awareness of issues around drugs and alcohol. For example, we have various communications scheduled for FASD Awareness Day on the 9th September and are in the process of organising a communication plan for Stoptober, Go sober for October, as well as Alcohol Awareness Week in November.

The Bury Directory is a large resource which contains information pages and referral details linked to our substance misuse treatment providers and lifestyle service (Live Well), as well as many mutual aid groups, which anyone (professional or general public) can access.

3.4.6 The work that is underway around drugs and alcohols contributes to the Public Service Reform agenda and the neighbourhood working model, as well as the 'Let's do it' Strategy for 2030. The vision for 2030 has been developed and tested with our communities. Local people have said this vision will achieve a better future for the children of the borough and a better quality of life. The work ongoing around substance misuse will contribute to these achievements, both directly and indirectly. There are also links with the Community Safety Partnership Agenda, with drug related offending listed as one of their priorities for the next 3 years. Furthermore, links can be seen to the 'Thriving in Bury' mental health strategy, due to the prevalence of dual diagnosis.

3.5 What we are doing to reduce inequalities

3.5.1 When it comes to drugs and alcohol, certain groups and populations are often disproportionately affected, and therefore inequalities need to be addressed within these areas.

Local data shows how inequalities play a role within these fields. For the year 2019/20, when looking at service users who began treatment for drugs or alcohol, 195 were unemployed / economically inactive and 115 were long-term sick / disabled, compared to 140 being in regular employment. The numbers being higher for unemployed, versus employed, is a trend that has been constant since 2009/10.

In addition to this, in terms of ethnicity, the figures for the year 2019/20 are listed below:

- White: 955
- Mixed / multiple ethnic group: 20
- Asian / Asian British: 30
- Black/African/Caribbean/Black British: 10
- Other ethnic group: 10

The trend regarding people of white ethnicity in treatment being substantially higher than other ethnicities has been a continuous trend since 2009/10, which may suggest other ethnicities may be underrepresented within drug and alcohol treatment services.

Since 2009/10, there has always been more males starting drug and alcohol treatment within Bury, with the figures for 2019/20 showing 700 males accessed our adult drug and alcohol treatment service, compared to 240 females.

There have been links made between having a mental health condition and misusing drugs and alcohol (dual diagnosis), and some people that are dependent on alcohol or drugs often have underlying mental health illnesses. [7]

Opiate and crack use is also strongly linked to deprivation. In England, we saw 58% of people in treatment for crack and 57% of those in treatment for opiates living in areas ranked in the 30% most deprived areas (2018-19). Similarly, to the opiate and crack prevalence rates, the higher prevalence rates of alcohol dependency are concentrated in the north of England. Nearly half of alcohol only clients in treatment (47%) were living in areas ranked in the 30% most deprived areas (2018-19). [3]

In light of these inequalities, we are reviewing our provision and doing engagement work to better understand why certain groups are underrepresented in services. We will then look to shape services appropriately to make them as accessible and appealing to those groups who are less likely to engage e.g., BAME community, those in the most deprived community, women and those with mental health issues.

3.5.2 We are currently reviewing our Shared Care model, which previously saw substance misuse workers seeing clients within GP practices. We are looking at producing more of a community approach by looking at community venues in deprived areas with high need, which would have easy access and feel comfortable for the clients. The new model aims to provide care for all drug and alcohol patients and reduce inequalities.

A key focus of our action plans will be how we effectively reduce inequalities in those that misuse substances and the impact of substance misuse.

4.0 Conclusion

By the end of the year, we hope to have finalised the refreshed Bury Substance Misuse Action Plan for release. In addition, we plan to continue with the work mentioned above and aim to improve provision around drugs and alcohol, whilst reducing inequalities.

Community impact/links with Community Strategy

- Let's Do It strategy
- Bury Substance Misuse Action Plan

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

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Background papers:

1. Local.gov.uk. 2021. Must Know: Treatment and recovery for people with drug or alcohol problems. [online] Available at: <https://www.local.gov.uk/publications/must-know-treatment-and-recovery-people-drug-or-alcohol-problems>
2. Nih.ac.uk. 2021. Policy Research Programme - Unmet need for substance misuse treatment Research Specification. [online] Available at: <https://www.nih.ac.uk/documents/policy-research-programme-unmet-need-for-substance-misuse-treatment-research-specification/27632>
3. GOV.UK. 2021. Adult substance misuse treatment statistics 2018 to 2019: report. [online] Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2018-to-2019/adult-substance-misuse-treatment-statistics-2018-to-2019-report>
4. GOV.UK. 2021. Review of drugs: phase two report. [online] Available at: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>
5. McCarthy, R., Mukherjee, R. A. S., Fleming, K. M., Green, J., Clayton-Smith, J., Price, A. D., Allely, C. S., & Cook, P. A. (2021). Prevalence of fetal alcohol spectrum disorder in Greater Manchester, UK: An active case ascertainment study. *Alcoholism: Clinical and Experimental Research*, 00, 1– 11. <https://doi.org/10.1111/acer.14705>
6. GOV.UK. 2021. Fetal alcohol spectrum disorder: health needs assessment. [online] Available at: <https://www.gov.uk/government/publications/fetal-alcohol-spectrum-disorder-health-needs-assessment/fetal-alcohol-spectrum-disorder-health-needs-assessment>
7. GOV.UK. 2021. Adult substance misuse treatment statistics 2019 to 2020: report. [online] Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2019-to-2020/adult-substance-misuse-treatment-statistics-2019-to-2020-report>

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
LGA	Local Government Association
GM	Greater Manchester
GMP	Greater Manchester Police
GMFRS	Greater Manchester Fire and Rescue Service
DWP	Department of Work and Pensions
AEP	Alcohol-Exposed Pregnancies
FASD	Foetal Alcohol Spectrum Disorders
PHE	Public Health England
ETE	Education, training and employment

AA	Alcoholics Anonymous
ABEN	A Bed Every Night